A STUDY OF STIGMA, HUMILIATION AND IN-GROUP IDENTIFICATION AMONG SCHEDULED CASTE AND PHYSICALLY CHALLENGED STUDENTS

Dissertation submitted to Jawaharlal Nehru University

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MASTER OF PHILOSOPHY

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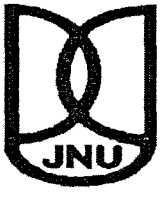

ZAKIR HUSAIN CENTRE FOR EDUCATIONAL STUDIES

SCHOOL OF SOCIAL SCIENCES

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DECLARATION

I, **SHARMILA RATHEE**, declare that this dissertation entitled **"A STUDY OF STIGMA, HUMILIATION AND IN-GROUP IDENTIFICATION AMONG SCHEDULED CASTE AND PHYSICALLY CHALLENGED STUDENTS"** submitted by me in partial fulfillment of the requirements for the award of the degree of Master of Philosophy of Jawaharlal Nehru University, is my bonafide work. I further declare that the dissertation has not been submitted for any other degree of this university or any other university.

Sharmila

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CERTIFICATE

We recommend that this dissertation be placed before the examiners for evaluation.

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"The problem is not how to wipe out the differences but how to unite with the differences intact"

-Rabindranath Tagore

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Research for new scholar is likely to find out little lamp in wide and dense darken land. Some time scholar does not fine any way to move forward, and many times s/he find many ways where s/he get confused to chose right one. Like many other research scholars, I also faced many ups and downs in expedition of this project. But fortunately, I have agglomeration of supportive hands which sustained my exhort to complete present work, along with many useful lessons. Not to pay gratitude towards them will be betrayal with their impinge efforts and palmy behavior.

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ABSTRACT

Research and theory in field of stigma and humiliation suggest that devalued experiences result into a range of negative emotional experiences for members of stigmatized groups (Elison & Harter, 2007; Hartling & Luchetta, 1999); and members of stigmatized groups cope with identity threats by approaching, or identifying more closely with their in-group (Leach et al, 2010); Schmitt & Branscombe, 2002; Branscombe, Schmitt & Harvey, 1999). Present study examined the relation between stigma, humiliation and emotional reactions of disrespect, shame, anger, rejection and powerlessness; emotional reactions of stigma and humiliation were explored further to examine inter group differences among scheduled caste and physically challenged students, and intra-group differences among orthopedically challenged and visually challenged sub-categories of disability group; and the extent of in-group identification among these groups was examined. Forty (N=40) scheduled caste students and forty (N=40) physically challenged students reported their stigma consciousness, internal experience, fear of humiliation, emotional experiences, in-group identification with in-group. Disrespect, rejection, powerlessness and anger were found as high degree and shame as low degree negative emotional correlates of humiliation and stigma. In comparison to scheduled caste groups, disability group was found to have low in-group identification. Within disability group differences were found on the basis of degree of disability and impact of disability on autonomy and participation. Results also reported macro and micro level variations on social-psychological constructs among members of stigmatized groups. Results are discussed in light of social identity theory, stigma theory, rejection-identification model, in-group identification model, relative deprivation theory and attribution theory.

Key terms: Stigma, Humiliation, Emotional experience, In-group identification, Caste, Disability, Impact on autonomy and participation.

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Chapter 1

INTRODUCTION

Human community is embraced with a truly wonderful diversity of human differences in terms of shapes, sizes, colors, beliefs, customs and many other qualities as well as diversity in terms of religion, ethnicity, caste, etc. On the basis of some characteristics, circumstances, values and beliefs with other members, individuals consider themselves as members of a particular group where other members also share those specific attributes. Individuals and groups, both dimensions are considered central facts of society and the structure of a society is characterized mainly through these two. Understanding relationship between these two has been considered as the master problem of social psychology (McGrathy, Yzerbyt & Spears, 2002). These two facts are very much related with the concept that structure of the society emerges only when individuals perceive themselves to belong to some group or groups. Group-membership can include a wide range of affiliations such as ethnicity, race, religion, caste, gender, particular physical deformity, health condition, age and economic status etc. While the majority of these attribute differences are ignored and, therefore, considered as socially irrelevant (Link & Phelan, 2001), some of these make it overwhelmingly tempting to divide groups characterizing us and them (Kirshbaum, 1991).

In the field of social psychology there has been a clear and deep emphasis given on studying group membership processes even while focusing on an individual's dimensions, as individual's membership in groups has serious implications for their experience and behavior; also individuals' identification with in-groups, is psychologically important and socially consequential (Leach, Zomeren, Zebel, Vlick, Pennekamp, Doosje, Ouwerkerk and Spears, 2008). While identification with a group may work as a source of support and have implications for well being of individuals; it may act as a cause of negative experiences. In this reference, social identity theory (Tajfel & Turner, 1979) and stigma theory (Crocker & Major, 1989; Crocker, Major & Steele, 1998) contend that belonging to or identifying with a group may lead to

humiliation and stigma; they also suggest that individuals and groups don't passively accept these devaluing remarks rather they deal with these devaluing experiences and protect, maintain or even enhance their self-esteem (personal as well as collective) by employing and actively engaging in a wide number of strategies. One such strategy and resource reported to be employed by members of devalued, which has been considerably highlighted in recent social psychology literature is in-Group identification.

Although some studies suggest that identification with a stigmatized group has, simultaneously, both direct negative and indirect positive consequences (Crabtree, Haslam, Postmes & Haslam, 2010; McCoy & Major, 2003), a highly significant number of researches have been in favor of considering group-identification as a moderator to responses of devaluation, a collective coping strategy, a stress-buffering mechanism and an important factor in predicting individuals' willingness to engage in resistance and rejection of stigma, stereotype, humiliation and a provision of social support on behalf of their in-group (Leach, Mosquera, Vilek & Hirt, 2010; Leach, Van Zomeren, Zebel, Vlick, Pennekam & Doosje, 2008; Latrofa, Vaes, Pastore, & Cadinu, 2009; Hinshaw, 2007; Schmitt & Branscombe, 2002; Branscombe, Schmitt, and Harvey, 1999; Allport, 1954). Further adoption of group identification as a coping strategy for protection from consequences of devaluing experiences as a result of stigma and humiliation has been validated across a number of groups like ethnic groups (Branscombe et al. 1999 with African Americans), age-groups (Garstka, Schmitt, Branscombe & Hummert, 2004 with older adults), gender (Schmitt & Branscombe, 2002 with women), caste (Jogdand, 2010) and health-groups (Hinshaw, 2007 with individuals with mental disorders) and most of these studies suggest that group-identification has positive consequences for stigmatized individuals. But ironically no empirical work in sight has attempted to investigate in-group identification as a coping measure against stigma, humiliation and related experiences among disability group and very rare studies are available with scheduled caste group. Although some studies have been done in stigma field with individuals with concealable (invisible) disabilities (Smart & Wegner, 1996; Chaudoir & Quinn, 2010),

there is a serious dearth of research in this field related to unconcealable (visible) disabilities.

Despite that the classical and landmark work of Goffman (1963) on stigma (which is cited almost in every study related to stigma) and comparatively recent work of Major & O'Brien (2005) consider physical deformities as one of the significant group of characteristics that are likely to receive stigmatization and devalued treatment, individuals with physical disability are among one of those groups who have been under researched in social psychology discipline in general and specifically in field of stigma, where much of literature stigma has essentially ignored this group (Hinshaw, 2007). It is not only that disability group has been a neglected one area in field of stigma and social psychology; it has not received considerable attention even in whole psychology field (Mehrotra, 2005)[1]. Although concerns to relate disability and psychology (Meyerson, 1948[2]; Wright, 1960[3]) and importance of studying disability through social psychological perspective have been highlighted for a long time, despite repeated concerns shown and priority with the recognition that most people meet the challenge of disability at some point of time, either directly or indirectly, disability group has remained continuously out of mainstream area. Examination of social psychological processes related to physical disability is important as it focuses attention to important areas of general human behavior and other more externalized and contextualized phenomenon that otherwise tends to be neglected (Wright,

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[1] Nilika Mehrotra (2005) in review of book *Exploring Differences: Women, Disability and Identity*, contends that disability studies are a relatively new field in India. She also points to apathetic attitude shown by Indian social scientists to the disability question and the paucity of academic literature in this regard.

[2] Meyerson (1948) in *Journal of Social Issues* describes that scientific research in the social psychological aspects of disability has been meager and theories having operational and conceptual clarity with which to order and explain commonly observed behavioral phenomena have been lacking. He further states that it is easy to find medical, educational, sociological, vocational and mental hygiene discussions of the problems related to physical disability, but attempts to understand variations in physique systematically and to integrate this problem more adequately into the established field of social psychology are very rare.

[3] During 1960, Wright in his book *Physical Disability – A Psychological Approach*, also contends that scientific psychology has not been much concerned in relating physique and behavior, and understanding disability in light of psychological perspectives. Whatever limited work is available, has been in terms of rather unsystematic and recondite processes.

1960). Although social psychology has been concerned with diversity to some extent, it has significantly ignored disability. Despite well established consideration of social constructionist nature of disability, disability group has left unattended in social psychological field. Goodley & Lawthom (2006) claim that disability studies have never really been represented in crises of psychology[4] and field of social psychology. An area like stigma which is considered to be the most dramatically increased area of research in social psychology has also ignored disability group. Hebl & Kleck (2000) also describe that social psychology has been remiss for not considering barriers which contribute to stigmatizing effects of physical disabilities. While the disciplines of sociology, social policy, humanities, education, history and politics have been critically engaged with disability studies, psychology has remained conspicuously absent from issues related to disability (Goodley & Lawthom, 2006)[5]. Very few psychologists have regarded disability as a serious area of investigation which is even truer in case of social psychologists.

Similar concerns have been drawn for scheduled caste group, which is a notional entity based group. Scheduled caste group is based on affiliation of particular caste, has a low but significant place in hierarchal structure of Indian society. Like disability group, this group as well has not been adequately studied in social identity tradition (Jogdand, 2010) as well as in any other social psychological tradition. Mishra, Akoijam & Misra (2009), in recent survey of Indian council of social science research have also shown concern on rare studies on this group in social psychology. Although caste is similar to other social categories like race, ethnicity, and gender, as a marker social identity it differ from these groups as it not characterized by physical characteristics like race and gender, caste is a notional entity (Rodriguez Ed., 2002). Though there may be some commonality between the kinds of exclusion members of different groups undergo, due to difference in social context and structure of group, experiences of members of scheduled caste may differ

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[4] Acc to Goodley & Lawthom (2006), crises in psychology refers to increased dissatisfaction with psychological functionalism; individualistic and consensus understandings of people that view them as atomistic beings in socio-political vaccums.

[5] Goodley & Lawthom (2006) claim their edited book "Disability and Psychology: Critical Introductions and Reflections" as the first book to bring together the disciplines of psychology and disability studies. This claim itself states the paucity of psychological linkages with disability area.

from those of other social identity groups. Members of scheduled caste are often reported to have been victim of exclusion and humiliation (Guru, 2009). Like disability group, this group also deserves attention in social psychological theorization.

This is to be noted that the studies in the field of stigma have provided generalized conclusions and haven't acknowledge the variation across groups. Although differences in the nature of stigma experienced and treatment faced by the members of various groups (due to unique characteristics and nature of stigmatized attribute) have been well acknowledged (World Bank, 2007; Santuzzi, Metzger & Ruscher, 2006; Hebl & Kleck, 2000) and cautious suggestions for not generalizing and equating (without testing) a particular model of stigma conceptualized for a specific group over other groups have been often drawn upon (Santuzzi, Metzger & Ruscher, 2006; Hebl & Kleck, 2000), yet such measures have not been adequately taken care of in researches related to stigma and in-group identification. Work by Hinshaw (2007) has been a slight exception in this regard; he has given a slight indication of such difference[6]. However, this work didn't examine the dimensions of in-group identification comprehensively. Ville et al. (2003) have also expressed his concern over lack of studies on disability group related to this domain and a lack of clarity about how larger populations of disabled persons identify themselves with disability group.

In view of dearth of empirical research on in-group identification among disability group and scheduled caste group, the present work is an attempt to examine experiences of stigma, humiliation, consequent emotional reactions and in-group identification among two highly devalued, underprivileged and marginalized groups in Indian society: disability group and scheduled caste group; both of which differ from each other in terms of stigmatized attribute, kind of stigma attached and nature of group. Further, considering the substantial difference in stigma attached to various sub-categories of disability and varied social-psychological consequences of different form of disabilities, this study will

[6] He has slightly indicated such difference in his work with individuals with mental disorders, he has suggested that while racial, ethnic, and sexual minorities can embrace such strategies, with consequent building of group identity, but there has been little opportunity for such identification with others suffering from mental disorders.

examine variation among these sub-groups on above mentioned social psychological processes.

1. Group Membership, Stigma, Humiliation and Related Emotional Reactions

Affiliation or belongingness to a group is not restricted to grouping and group-membership phenomenon only, it further influences the way individuals of a particular group being judged (Singletary, Ruggs & Hebl, 2009). Separation of us and them which occurs on the basis of social labels often leads to stigmatization of devalued groups (Morone 1997, Devine et al 1999). Based on the criteria of substantial oversimplification and social selection of qualities, differences used to get distinguished, then these differences are labeled, and further labeled differences are associated with some attributes (positive or negative) and linked to stereotypes (Link & Phelan, 2001). This linking of labels to undesirable attributes becomes the rationale for believing that negatively labeled persons are fundamentally different from those who don't share the label, which further results in setting of them (so called different people) apart, devaluing, rejecting, and excluding them.

In this regard Social identity theory postulates that due to self-enhancement tendency one may be biased in favor of one's own group and against other groups. This tendency among individuals and groups often results into prejudice, intergroup conflicts and stereotyping (Crocker, Thompson, McGraw & Ingerman, 1987) and whenever an individual or group possesses or believed to possess some attribute which may be linked to appearance (e.g., a physical deformity), behavior (e.g., child abuser), or group membership (e.g., African American) or any other characteristic that conveys a devalued social identity in a particular context, it gets associated with discrediting dispositions, negative evaluations and stereotypes which further leads to stigmatization (Crocker, Major & Steele, 1998), which can be visible or invisible, controllable or uncontrollable (Major & O'Brien, 2005).

The word stigma was first used by ancient Greeks, which refers to a mark made on a socially inferior person who should be avoided (Goffman, 1963). Erving Goffman (1963)

in his classic book *Stigma: Notes on the Management of a Spoiled Identity* defines stigma as an attribute that extensively discredits an individual, reducing him or her "from a whole and usual person to a tainted, discounted one." In accordance with Goffman's conceptualization of stigma, a significant number of other definitions of stigma conceptualized by various scholars also have a central focus on the assumption that people who are stigmatized have (or are believed to have) an attribute that marks them as different and leads them to be devalued in the eyes of others.[7] Link & Phelan (2001), while conceptualizing the stigma, added the component of discrimination and power. According to them, the term stigma applies when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold. Negative evaluations and stereotypes against particular stigmatized group become a basis for exclusion, rejection and devaluation (Leary & Schreindorfer, 1998; Major & Eccleston, 2004). It has been argued that rejection, devaluation and exclusion which are consequences of belonging to a group that is stigmatized in society, lead to deleterious psychological consequences and can potentially affect a wide range of psychological, health, and behavioral outcomes.

Stigma affects the stigmatized via various mechanisms which work directly or indirectly to affect stigmatized like through negative treatment and direct discrimination, expectancy confirmation processes, automatic stereotype activation (Steele & Aronson, 1995), and identity threat processes (Major & O'Brien, 2005; Steele, Spencer & Aronson 2002; Crocker, Major & Steele (1998), Steele & Aronson, 1995; Crocker & Major, 1989). Although impact of social stigma on the self has been one of the most researched topics in the field of stigma research, yet despite the quantity and quality of work produced in this area, disparate findings abound and remain hard to reconcile (Barreto & Ellemers, 2010). However, it has been well maintained in this field that stigma results into negative

[7] Crocker, Major, & Steele (1998) also proposed that stigmatization occurs when a person possesses (or is believed to possess) "some attribute or characteristic that conveys a social identity that is devalued in a particular social context". Allport (1954) also suggested that those who are stigmatized must bear the "mark" of stigma in some way. Jones, Farina, Hastrof, Markus, Miller & Scott (1984) present similar view by conceptualizing that in stigmatization, "marks" become associated with "discrediting dispositions" - negative evaluations and stereotypes.

consequences in various domains of life. Studies by Branscombe, Schmitt, & Harvey (1999) and Schmitt & Branscombe (2002) suggest that social stigma has both direct and indirect effect on self. It directly impacts self by implying devaluation of an important part of the self-concept and by limiting opportunities and outcomes that could afford a positive sense of self. It has severe indirect effects on self-views of an individual. Other than self-esteem, consequences of stigma had been established among many other domains like performance, academic achievement (Major & O'Brien 2005; Spencer, Steele & Quinn, 1999; Steele, 1997; Steele & Aronson 1995); health related outcomes such as depression, hypertension, coronary heart disease, and stroke (Major & O'Brien, 2005).

Collectively stereotypes and stigmatized remarks also lead to humiliation[8], which includes experience of humiliation and the fear of humiliation[9], and is a family of self-conscious emotions[10] which includes shame, guilt, pride and embarrassment (Hartling & Luchetta, 1999). Social stigma has been considered as an important theoretical perspective to understand humiliation (Crocker & Major, 1989; Crocker, Major & Steele, 1998). Humiliation is often conceptualized as an experience which members of stigmatized group experience as consequence of stigma (Hinshaw, 2007) and that social stigma leads to humiliation (Reyles,2007; Puhl, Moss-Racusin, Schwartz & Brownell, 2008; Brouwers, Van Brakel, Cornielje, Pokhrel, Dhakal & Banstola,2011), which results into a number of emotional reactions like emotions of shame, embarrassment, anger, sadness and depression (Goldman, 2008; Elison & Harter, 2007; Frijda, 1986), reactions in terms of

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[8] Humiliation can be considered as a protracted conflict and more specifically as identity-based conflicts which tend to be rooted in individuals' need for dignity, recognition, safety and control (Gurr, 2000) and a central emotion experienced by those in protracted conflict settings (Lindner, 2002; Coleman, 2003; Klein, 1991)

[9] Klein (1991) suggests that the experience of humiliation and the fear of humiliation are implicated in a variety of manifestations, both which is experienced and which is feared, play an important part in perpetuating international tensions and violence. Miller (1993) also discussed fear of humiliation as an important dimension to humiliation; he contends that people put a lot of efforts to avoid the incidents of being humiliated.

[10] According to Tangney & Fischer (1995), self-conscious emotions are characterized by consciousness and some form of evaluation of the self. These emotions are different than basic emotions like anger, fear and happiness. Self- conscious emotions are considered to be cognitively more complex than basic emotions.

feeling wiped out, helpless, confused, paralyzed, filled with rage, excluded, invaded, attacked, made to feel inferior, experienced a loss of face, wanted to hide (Klein, 1991).

However contrary to above mentioned studies, some studies suggest that shame being a self-blame construct is not necessary to accompany stigma and humiliation. Elison & Harter (2007)'s work also suggest low degree of shame involvement in process of humiliation. Although, Klein (1991) and Hartling & Luchetta (1999) suggest shame to be an emotion involved in humiliation, but they also suggest different dynamics involved with shame and humiliation. Also it is not always that target of stigma self-blame for stigmatization and humiliation experiences. These arguments may account for low degree of shame involved with stigma and humiliation.

Although studies have related a number of experiences with stigma and humiliation, but issue of measurement of these construct is an important aspect, which need consideration. As above mentioned are the emotions which target of stigma and humiliation experiences, hence self-reported measures with targets play an important role in understanding the emotions involved in these processes. Also the awareness of stereotypes attached with the group and consciousness about stigma may account for variation in experience of these emotions. In an effort to explore the degree to which individuals are sensitive to or conscious of stigmas to which they are subjected, Pinel (1999, 2002) presented the concept of stigma consciousness. According to Pinel (1999, 2002) everyone is exposed to stigmas as a result of behaviors they adopt, activities they participate in, or groups to which they belong whether by choice or circumstance, but individuals react to and internalize stigmas differently. Stigma consciousness reflects individual differences (either dispositional or situationally induced) - the extent to which targets of widespread stereotypes focus on their stereotyped status and believe that it pervades their life experiences (Pinel, 1999). Further, Pinel (2004) added a new dimension to previous definition of stigma consciousness by suggesting that stigma consciousness does not simply refer to awareness of one's stereotyped status; rather, it refers to one's focus on one's stereotyped status, which suggests that stigma consciousness represents a form of self-consciousness.

A significant number of studies have reported difference on the impact of stigma in various domains with respect to difference in degree of stigma consciousness (Santuzzi, Metzger & Ruscher, 2006; Brown & Pinel, 2003; Brown, Pinel, Rentfrow, & Lee, 2002; Mosley & Rosenberg, 2007)[11]. Based on literature reviewed on stigma, its impact, difference in experience of stigma, relation between stigma and humiliation and related consequences, in this study it may be hypothesized that there would be a positive correlation between stigma consciousness, humiliation and emotional reactions: disrespect, anger, rejection and powerlessness **(H1a)** and a comparatively low correlation of shame with stigma and humiliation **(H1b)**.

2. Dealing and Coping with Stigma and Humiliation

It has been much of interest among social psychologists to research who is stigmatized and why; however, in recent times the focus has shifted more on the question about how targets of stigma cope with evidence that they and their group are stigmatized and devalued by society. A number of strategies and mechanisms have been addressed across studies, which can be divided into individual level mechanism versus group level mechanisms or as engagement versus disengagement strategies (Major & O'Brien, 2005). While some strategies are employed while being with the group, others are more towards disengaging self from stigmatized group. For example, out of three mechanisms suggested by Tajfel & Turner (1979)[12] in this regard, individual mobility which is an individual level

[11] Brown et al. (2002) while analyzing the effects of reminders of one's stereotyped status on students of color at a large university suggested that for students high in stigma consciousness, the reminders had a negative effect and these reminders drastically lowered their self-reports of intelligence and scholastic ability which also lowered their performance. In their study as compare to students low in stigma consciousness, students high in stigma consciousness performed considerably worse on an excerpt of a standardized test when they were reminded of their stigmatized status than when they

received no such reminder. Similar results have been obtained in a study by Brown & Pinel (2003) related to women and their performance in the domain of math. Results of the study suggested that in cases of high levels of stigma consciousness, women experienced impaired performance when their gender was made salient by reminders of their stereotyped status.

strategy is to pass from a stigmatized group to a more valued group, leads to decreased group identification, while process of protecting against the threat and coping with the threat are employed along with identification with in-group. However, individual mobility is possible only if devalued group have permeable boundaries. In case of non-permeable boundaries, individual mobility is typically not an option.

Major & O'Brien (2005) while categorizing engagement versus disengagement strategies, suggest that engagement strategies are those strategies where an individual or group approaches or fights motivation, on the other hand, in case of disengagement strategies, individual/group opts to avoid or flight motivation. In response to an identity-threat condition due to stigma, an individual copes with situation either by engaging her/himself in a particular process or by disengaging. Major & O'Brien (2005) have discussed three such engagement versus disengagement strategies; attributing negative events to discrimination versus attributing negative events to the self; disengaging self-esteem and effort from identity-threatening domains versus engaging and striving in these domains; and increasing identification with one's stigmatized group versus distancing oneself from the group.

A number of recent researches have studied the group identification versus group dis-identification as a coping strategy to deal with the consequences faced due to belongingness to a devalued group. Although conceptualization of group identification has been varied slightly across studies,[13] a significant number of researches have

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[12] Social identity theory (Tajfel & Turner, 1979) argues that in reaction to negative or threatened social identity, members of the devalued groups engage in at least three different social identity processes. These are individual mobility, protecting against the threat and coping with the threat.

[13] McCoy & Major (2003) define group identification as the importance, or centrality, of the group in the self-concept. A similar definition has been presented by Tropp & Wright (2001), when they define group identification as inclusion of the group in the self-concept and by Luhtanen & Crocker (1992) as the importance of the group to the self. Tajfel (1981) defines group identification as "that part of an individual's self concept which derives from his knowledge of his membership in a social group (or

groups) together with the value and emotional significance attached to that group membership". His definition of group identification included not only a cognitive component but also an affective component.

considered group-identification as a moderator to responses of stigma (Allport,1954)[14], devaluation (Leach et al, 2010; Leach et al, 2008) and perceived prejudice (Branscombe, Schmitt & Harvey, 1999); an important factor in predicting individuals' willingness to engage in resistance on behalf of their in-group (Leach, et al., 2008); in enhancing individuals' willingness to challenge the legitimacy of an out-group's views and actions (Schmitt & Branscombe, 2002), for positive implications for well being (Latrofa, Vaes, Pastore, & Cadinu, 2009; Tajfel, 1978)[15] and a positive correlate of self-esteem (Rowley, Sellers, Chavous & Smith, 1998; Bat-Chava (1994).

Branscombe, Schmitt, and Harvey's (1999), rejection– identification model has been proved to be very comprehensive to describe the process of feeling prejudiced, devaluation as a result of group membership and identifying with the in-group. It points that in response to perceived prejudice against the in-group, group identification increases and this increased in-group identification partially offsets the negative effects on personal self-esteem. According to them, devaluation is psychologically painful because it implicates a core aspect of the self—one's social identity, and by identifying with the in-group, individual protect, maintain or even enhance their self-esteem. While Branscombe et al.'s (1999) model implies that higher identification (when given this opportunity) predict lower felt rejection, recent work of Leach, Mosquera, Vilek & Hirt (2010) have added new dimensions in the body of knowledge in this field. Instead of considering in-group identification as a response (result) to devaluation, Leach et al. (2010) consider in-group identification as a preexisting psychological resource, which is used to counter the demands made by societal devaluation. They conclude that the increased in-group identification is an assertion of a (pre-existing) positive social identity that counters the negative social identity

[14] Allport (1954) suggests that members of stigmatized groups may cope with identity threat by approaching, or identifying more closely with, their group.

[15] Latrofa, Vaes, Pastore, & Cadinu (2009) argue that identification with a stigmatized group can have positive implications for well-being because it is a basis for self-stereotyping that creates a positive sense of "oneness" with other in-group members. Tajfel's (1978) argument of enhancing individuals' sense of collective self-efficacy to increase psychological well-being also favors the above argument.

implied in societal devaluation. So their explanation suggests that instead of group devaluation → group identification, the process can be most appropriately explained as group identification→ (perceived) group devaluation→ group identification.

While most of the studies favor positive impact of in-group identification, few studies have suggested the negative impact of group identification on self-evaluative emotions like depression and self-esteem (McCoy & Major 2003)[16]. Work by Crabtree, Haslam, Postmes & Haslam (2010) also suggests that identification with a stigmatized group has, simultaneously, both direct negative and indirect positive consequences for self-esteem. They suggest that identification with a stigmatized group can have negative implications for self-esteem but that these are suppressed because such identification also serves as a basis for collective coping strategies (i.e., rejection of stigma, rejection of stereotypes, and provision of social support) that protect individuals from the negative implications of their group membership.

Although some studies have directly or indirectly established correlation between stigma, devaluation and in-group identification (Leach et al, 2010; Crocker, Major & Steele, 1998), these studies have not confirmed (tested) similar kind of relation of in-group identification with humiliation and further with emotional reactions of humiliation i.e. disrespect, shame, anger, rejection and powerlessness. Based on the reviewed literature, which suggest that humiliation, disrespect, shame, anger, rejection and powerlessness are related to (or are consequence of) stigma, discrimination, prejudice and devaluation and on the basis of predictions by social identity theory (Tajfel & Turner, 1979); stigma theory (Crocker, Major & Steele, 1989) and proposed model of group devaluation & group identification by Leach et al (2010), it seems plausible to assume that higher degree of negative experiences (and their awareness) could result in higher in-group identification.

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[16] McCoy & Major (2003) in their study while testing the prediction that group identification (importance of the group in the self-concept) moderates the impact of perceived discrimination on self-evaluative emotions (depression and self-esteem) concluded that for highly group identified individuals, prejudice against the in-group is a threat against the self and thus, the self-protective strategy of attributing negative feedback to discrimination may be primarily effective for individuals who do not consider the group a central aspect of self.

However as discussed above also that shame is a self-blame construct and is not always necessary to be involved as an emotional experience in process of stigma and humiliation, its association with in-group identification may not be positive. With these arguments, it is hypothesized that along with positive correlation between stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), disrespect, anger, and rejection, powerlessness among each other, there exist a positive correlation between these variables and in-group identification **(H2a)**, and a comparatively low correlation of shame and in-group identification **(H2b)**.

Further, with acknowledgement of differences in group attributes which cause negative experiences, difference in degree and kind of treatment, discrimination, exclusion and devaluation received as a consequence of that attribute, difference of position in hierarchy in society and difference in structure of group. It is further hypothesized that due to these differences, difference may exist in degree of correlation between these variables across different target groups **(H3).**

3. Measurement of Stigma, Humiliation and Emotional Reactions:

Research in social psychology often emphasizes to take insider's perspective. Due to this consideration, constructs of stigma and humiliation have been measured from insider's perspective. While stigma has been measured by adapting Stigma Consciousness Scale (Pinel, 1999); which assumes stigma consciousness as degree to which individuals are sensitive to or conscious of stigmas to which they are subject; and reflects individual differences—either dispositional or situationally induced—in the extent in which targets of widespread stereotypes focus on their stereotyped status and believe it pervades their life experiences.

Humiliation has been measured using Hartling & Luchetta's (1999) Humiliation inventory (HI), which assumes feeling of humiliation as a deep dysphoric feeling associated with being, or perceiving oneself as being, unjustly degraded, ridiculed, or put down, which also results in demeaning and devaluation of one's identity. This self-reported inventory

consists of two sub-scales which measure cumulative (past) experience of humiliation and current fear of humiliation.

Jogdand (2010) suggests that humiliation inventory has a major limitation that it does not measure disrespect or devaluation which is central aspect of humiliation. Further review of literature in present work suggests some other important constructs which are related to humiliation and stigma, these are disrespect (Nandy, 2009; Klein, 1991), shame (Elison & Harter, 2007; Miller, 1993; Frijda, 1986), anger (Elison & Harter, 2007; Hebl, Tickle & Heatherton, 2000; Frijda, 1986), rejection (Guru, 2009) and powerlessness (Barreto, Ellemers, and Fiske, 2010; Major & O'Brien, 2005; Link & Phelan, 2001).

However, there are overlapping constructs in social psychology like stigma, humiliation, devaluation, shame, disrespect etc., although conceptually these constructs differ from each other. For example, stigma is comparatively group level process and can be considered as an attack on a person's group level identity, humiliation differ from them on this conceptual note as it is considered more as an individualistic construct than a group level construct. Stigma is more subtle and less readily defined concept while humiliation involves comparatively overt practices. Although at conceptual level stigma and humiliation differ, review of related literature leads to hypothesize a positively correlation between these two constructs.

Similarly, shame and humiliation are related but are different constructs; while shame has an emphasis on individualistic evaluation which results from personal judgment; humiliation is inherently interactional and involves the belief by the target that he or she does not deserve the typical treatment that is being given to him/her. Also both of these constructs differ on the responses that they generate, while shame results in an inwardly directed focus of attention and withdrawal responses; humiliation responses typically arouse an outwardly directed focus (Hartling & Luchetta, 1999; Jackson, 1999). Klein (1991) and Hartling & Luchetta (1999) while relating humiliation and shame, conclude that both of these involve different dynamics and should be considered differently.

Goldman (2008) and Frijda (1986) distinguish shame and anger, by indicating that while shame is a result of self-blame; anger is associated with other-blame. Drawing upon this

definitional framework, present work measures appraisal of disrespect, shame, anger, rejection and powerlessness separately using the scales developed by Jogdand (2010)[17].

Different components have been related to the construct of in-group identification, for example affective ties (Jackson, 2002); Centrality (Cameron, 2004; Luhtanen & Crocker, 1992); in-group ties (Cameron, 2004); perceiving themselves in terms of their group membership (Spears, Doosje, & Ellemers, 1997); perceiving similarity to in-group members; having commitment (Ellemers, Kortekaas, & Ouwerkerk, 1999); perceiving in-group homogeneity and commonality with other members (Spears et al., 1997); self-categorization (Tajfel, 1978).

Leach et.al (2008) argue that most research treats identification as general connection to an in-group and operationalises this phenomenon as a unitary scale, which is inadequate both conceptually and empirically. In reply to this criticism, Leach et.al (2008) have proposed a two-dimensional hierarchical multi-component approach of in-group identification. This model comprises five distinct components of in-group identification: (i) *Individual self-stereotyping* component assesses the degree to which individuals perceive themselves as similar to, and having things in common with, average in-group members; (ii) component of *in-group homogeneity* assesses the perception that group is a homogeneous entity that is coherent and cohesive; (iii) *solidarity* component measures a sense of belonging and the feeling of a bond with the in-group; (iv) *centrality* component assesses the salience and perceived importance of the group for individual's self-concept and; (v) component of *satisfaction* assesses the individuals' positive feelings about belonging to the in-group. Leach et al (2008) have further conceptualized these components as fitting within two, more general dimensions of in-group identification, group-level self-definition and self-investment. Individual self-stereotyping and in-group homogeneity assess group-level self-definition, whereas group-level self-investment is assessed by solidarity, satisfaction, and centrality.

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[17] Yashpal Jogdand, in a personal conversation suggested some changes in the scales developed by him during his work. Present work has incorporated those changes after justifying those in light of review of literature.

After review of some measures of in-group identification across studies, Leach et al.'s (2008) In-group Identification scale which is a relatively recent and comprehensive blend of various measures has been selected for measuring in-group identification.

4. Status of Disability Group and Scheduled Caste Group in Indian Society:

In Indian context, group affiliations are mainly centered on caste, class, religion, region and physical ability, which are also endorsed by Indian constitution in the form of reservation policy. Social organization based on each of the above has resulted in marginalization, exclusion and discrimination of those who belonged to low status groups. For example, scheduled caste on the basis of caste, muslims on the basis of religion, scheduled tribes on the basis of culture and physically disabled on the basis of physical characteristics. Scheduled caste constitutes 16% of Indian population (one sixth of total Indian population) i.e. about 150 millions (Michael, 2007; Shah et al, 2006). There is a great variation in estimates of individuals with disability across studies; however, there is growing evidence that people with disabilities comprise between 4 and 8 percent of the Indian population, that is, around 40-90 million individuals (World Bank, 2007).

Members of scheduled caste group face discrimination and exclusion owing to their so-called collective impurity, whereas individuals with disability receive similar treatment because of their physical differences. In Indian society, physical disability is often tagged with punishment for misdeeds in the past lives or the wrongdoings of their parents, and at a profoundly spiritual level, as a form of divine justice. Individuals with disability are typically stigmatized as a result of physical and functional attributes that set them apart from others and which mark them out as inferior in some sense. As a result of this stigmatization and stigmatized treatment, they face negative attitudes, discrimination, exclusion, and inequality of treatment. World Bank (2007) reports that, research in India has consistently found substantial social marginalization of people with disabilities and a great deficit of dignified life for individuals with disabilities.

Much of the literature on disability in India points to the importance of the concept of karma in attitudes to disability, with disability perceived either as punishment for

misdeeds of their past lives, or the wrongdoings of their parents (Mehrotra, 2011; Bacquer & Sharma, 1997; Miles, 1995). At a profoundly serious and spiritual level, disability represents divine justice and at a more mundane level, people with disabilities are traditionally perceived as somehow inauspicious. World Bank (2007) reports that stigma aroused because of such notions is so intense and problematic that it even hinders identification and reporting to health professionals to cure the problems.

Wright (1960) observes that individuals with disability suffer experiences like devaluation, frustration, shame, inferiority, rejection and often made to feel and act likes a less fortunate being. They are often debarred from engaging in social and recreational activities and often found to be treated as "non-persons", often stared at, ignored, talked to in a degrading manner or subjected to inappropriate, and sometimes hostile comments and gazes by able-bodied others (Cahill and Eggleston 1995; Connors and Stalker 2007). Whether it is leisure setting or work place, educational institutions or everyday social gatherings, individuals with disabilities continue to struggle with and against the humiliation of marginalization (Goodley & Lawthom, 2007).

Kirshbaum (1991) mentions that disabled people are not only viewed as different but also as deficient. They are often not counted as full-fledged human being and face high degree of demeaning remarks. They are often referred to in derogatory terms like "afflicted", "stricken", "deformed", "invalids" which typically depict them as tainted, sick and less than whole. Even the recent available and frequently used terminology "disabled" suggest an inability to measure up to some appropriate level that is, being "not able". Other terms like "handicapped", "impaired", "differently able", and "physically challenged or limited" are also hardly better and exhibit notions of less considered and excluded ones (Heatherton, Kleck, Hebl & Hull, 2000)[18].

The terms like *ashakth* and *viklang* in the Indian context denote that individuals with disabilities are either without strength or disfigured or the ones with deformed capabilities.

[18] Researcher is not in favor of using any of these terms but because of unavailability of any other non-derogatory nomenclature, she is forced to use terms like "physically challenged", "disabled" and "individuals with disabilities".

These words do not simply represent language rather recognition as ashakth and viklang represent the difference that exists between abled and disabled persons and a hegemonic characterization of so-called able-bodied individuals, law and culture that privileges its ability over the de-privileged abilities of citizens with disabilities (Kumar & Anuradha, 2009). In the Indian context, vocabulary has undergone major shifts over decades, from "crippled" to "handicapped" to "physically challenged" or differently abled to finally "disabled" to designate persons with impairments (Mehrotra, 2011).

In Indian culture, the extent of negative attitude towards individuals with disability is so intense that even after achieving recommendable success and name in their life, individuals with disabilities could not move out of curse of disability and don't receive respectful place in society. Two significant examples in this regard are of "Surdas"[19] and "Om Prakash Chautala"[20], who have achieved significant place in Indian philosophy and Indian politics respectively despite their respective visual and orthopedic challenges, yet their names are often used in derogatory sense. While individuals with visual impairments are often called as "Surdas", those with orthopedic challenges frequently report of being called as "Chautala".

Similarly members of scheduled caste are also often referred to by the derogatory terms like '*achhuth*' which means untouchable. They are often made to feel inferior and small in a number of instances and are often debarred to participate in social gatherings and networks. Although both groups face prejudice and discrimination of same kind, yet their experiences can't be equated because of difference in group structure.

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[19] Surdas (Hindi: सूरदास)(1478/1479 - 1581/1584 in Braj, near Mathura), was an eminent Indian saint and profilic composer, who has written and composed a hundred thousand songs in his magnum opus

the 'Sur Sagar' (Hindi: सूरसागर Literal :Ocean of Melody). He was visually challenged since birth. (this description has been cited from the Wikipedia article Surdas)

[20] Om Prakash Chautala (born 1 January 1935) is an Indian politician from the state of Haryana and the leader of the Indian National Lok Dal political party. He is a former Chief Minister of Haryana. Presently, he is the Leader of Opposition in Haryana Vidhan Sabha. (this Description has been cited from the Wikipedia article Om Prakash Chautala)

5. Differences between Physically Disabled Group and Scheduled Caste Group[21]:

Positions of persons with disability have been often equated and generalized with that of social identity based minority groups (Wright, 1960) as well as their experiences of prejudice and discrimination are considered comparable to those of social identity based minority groups (Safilios-Rothschild, 1970). Also social minorities and the physically disabled in particular, can be classified as a minority group in the same dominant-subordinate relationship, disabled versus non-disabled and white versus black. Further one more thing that the physically disabled have in common with other minority groups is that both are frequently blamed for being in the position that they are in.

Despite these similarities of experiences, differences in structure of two groups are noteworthy. Social identity groups differ from disability group on the following dimensions: the first, very important difference is that, in maximum cases, physically disabled are not self-perpetuating through reproduction as are members of social identity based group (Kirshbaum, 1991)). While members of social identity based group members share same construct of being minority with their family members and other significant others who they interact with, however this is not the case with disability group. So in case of disabled, stigmatization can be experienced even within the family if devalued attribute possessed by stigmatized individual is not shared by other family members. Because of this reason, Kirshbaum (1991) considers disability group doubly isolated as compared to other disempowered groups. They are typically isolated from other groups of people, even from other groups of disabled persons; secondly they are usually isolated within their own families because they are different from other family members who are typically able bodied.

Sharing of same attribute with family members and growing up in families that also belong to same group provide a degree of support that other groups such as ethnic and racial groups receive and is not available to disabled individuals (Kirshbaum, 1991).

[21] Although caste is a notional entity and is not based on any physical characteristic like as in the case of racial groups (Gorringe & Rafanell, 2007), however structure of Schedule caste group is quite much similar to the structure of other social identity groups like religious groups, ethnic groups and racial groups. With this assumption, instead of specifically relating dimensions of schedule caste group, a comparison between disability group and social identity group in general have been analyzed here.

While grouping in other minority may have a comparatively high pleasant feeling and pride component, studies suggest that identification with the disability community appears to be based more upon discontentment associated with the experience of disability, an accumulation of difficulties and negative experiences, than on any sharing of positive values (Mehnert et al. 1990; Ville et al. 2003).

Stigma among social identity group is mainly associated to a group attribute, but the disabled are stigmatized due the physical appearance and partial functioning caused by the disability. Though the problems of physical disability is borne by the physically disabled person, yet physically disabled persons share social stigma as a group, and their problems bear on them as a group, Therefore, stigma is both a personal and group attribute in case of disability group. Santuzzi, Metzger & Ruscher (2006) also suggest difference in stigma related to body image and physique which have a much greater internal focus than stigmas related to attributes such as race, gender, and homosexuality.

Further, while individuals with disability have a possibility of personal mobility from the group, it is not possible at any cost for those belonging to social identity based group. Also there are subtle differences in terms of out-group behavior towards them. For example, in the manifestation of prejudice and discrimination, seldom there is any overt hostility shown towards a disabled person if s/he fails to perform her/his expected social roles and tasks, which is a possibility in case of other minority group and difference in out-group behavior further results in difference in terms of response to it. Another major difference between the two groups is that the physically disabled are not homogeneous as a group, nor do they all come from the same racial, ethnic, social class, religious group, and age group. Disability group is not homogenous because of difference in nature, degree, impact, onset of disability among its members and as a consequence of these, difference in stigma attached (World Bank, 2007) and social-psychological consequences (Hebl & Kleck,2000).[22]

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[22] Hebl & Kleck (2000) suggest that social-psychological consequences of any particular type or form of disability varies depending on the nature and impact of that disability, along with it, there are some other moderating factors like how visually obvious the disability is, the degree to which visibility draws

6. In-group identification among Scheduled Caste and Disability group

Miller & Major (2000) suggest that members of the groups in which stigma is more collective in nature (have a recognized group identity) are more likely to identify with that group than members of those groups where stigma is more individual in nature. As disability stigma is more individual in nature as compared to caste stigma, due to characteristics like self-perpetuating, permeable boundaries, heterogeneity, comparatively personal, associated discontentment etc. It is hypothesized that the degree of in-group identification among disability group will be lower as compare to that among scheduled caste group **(H4).**

Following Leach's model of in-group identification, in the present study differences between disability group and scheduled caste group on each components of group-identification will also be examined. Individual self-stereotyping component assesses the degree to which individuals perceive themselves as similar to, and having things in common with, average in-group members. Leach et al. (2008) consider this component especially important in leading individuals to share emotionally their in-group's failures and misdeeds. They further argue that without this form of group-level self-definition, individuals may prefer to avoid suffering as a result of their group membership. As Dixon (1977) and Tierney (1998), suggest that individuals with disability don't consider themselves similar to other disabled persons, it is being hypothesized that, the members of disability group should be lower on the dimension of individual self-stereotyping as compared to the members of scheduled castes **(H4a).**

In-group homogeneity component of Leach et al. (2010) model, assesses the perception that group is a homogeneous entity that is coherent and cohesive, e.g. in-group people have a lot common with each other. Studies suggest that a hierarchy of impairments exists among disability group (Antonak & Livneh, 1995; Mastro, Burton, Rosendahl & Sherrill, 1996; Charlton, 2000). Further, it is important to consider that the disability group

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attention, the perceived condition of onset of the disability, and amount of effort disabled individual must devote to overcome their physical limitations.

comprises various subgroups like orthopedically challenged, visually impaired and hearing impaired, etc. While members of these sub-groups may consider themselves as the member of disability group (in-group) when compared with non-disabled group (out-group) but when compared with another disability sub-group, i.e. individuals with other type of impairment, it can create a dissonance among them and may prefer to distance themselves from other disability sub-groups. Dixon (1977) also points towards desire to be amongst one's own impairment group. Morris (1989) also pointed that disabled people of a particular sub-group do not wish to be associated with other disabled people due to the negative connotations that disability brings with it. Based on these studies it was hypothesized that as compared to scheduled caste groups, disability group would be lower on the dimension of in-group homogeneity **(H4b)**.

The component of solidarity in Leach et al.'s model measures a sense of belonging and the feeling of a bond with the in-group. Based on the studies of Livneh and Antonak (1997) and Watson (2002), which suggest that many disabled people often do not regard themselves as having a disability, it was hypothesized that as compared to scheduled caste group whose non-permeable boundary does not leave any scope for non-belongingness, disability group would has low degree of solidarity **(H4c)**.

Component of centrality assesses the salience and perceived importance of the group for individual's self-concept, e.g., "Being in-group is an important part of how I see myself". Corker, Davis and Priestly (1999) refuse a culture of pride and identity among individuals with disability. Clare (1999) also suggests that disabled tend to distance disability component away from their identity. It is often suggested that disabled persons don't prefer to view their identity in terms of disability and impairment. Kirshbaum (1991) also contends similar view, according to him, some people with disability doesn't think them in terms of disability at all. Those who have minimal level of disability prefer to pass out of disability and sometimes succeed also in passing. Based on these findings, it was hypothesized that as compare to scheduled caste group, disability group would show lower centrality **(H4d)**.

Satisfaction component of Leach's model assesses the individuals' positive feelings about belonging to the in-group, e.g., proud, glad and pleasant. Mehnert et al. (1990) and Ville et al. (2003) refuse any such feeling of pride and positive associations among disability group. So, it was hypothesized that as compared to scheduled caste group, disability group would be lower on the dimension of satisfaction **(H4e)**.

Further analysis of character of orthopedically challenged and visually challenged disability sub-groups suggests comparatively more homogeneity in case of visually challenged group. In orthopedically challenged disability sub-group, one may easily observe that each individual in this group has a different kind of disability than another individual in this group. Further degree of disability and impact of that on functioning and kind of barriers faced vary within this group. This variation and heterogeneity can lead to low in-group identification. On basis of these arguments, it was hypothesized that visually challenged group would show higher in-group identification as compared to orthopedically challenged group **(H4f)**.

There is a dearth of work that has assessed the individual differences with regard to degree of in-group identification among disability group. In Ville et al.'s (2003) study, community identification was high among those individuals with disability who had little social participation and had accumulated disadvantages. Those disabled persons who were well integrated into the social networks of "normals", who were most integrated in terms of the conventional criteria for social integration, and who suffered less frequently from complications, tended to distance themselves from the disabled community and showed very low in-group identification. Ville et al. (2003) suggest that, as long as a minimum level of social participation is possible, disabled persons prefer assimilation via normalization in belonging to a disabled community. Autonomy has also been associated with degree of group-identification. In Ville et al. (2003) work, it has been found that people who have retained a great deal of autonomy, either due to incomplete tetraplegia or due to recovery, recognized the existence of the disability community but didn't considered themselves as a part of it. Also, how much participation an individual with disability has in society as well as the extent of independence he/she has in own work, is also influential in shaping people's attitude towards disabled.

The degree to which disability impairs mobility is also another important feature that needs to be taken into consideration. The ease at which an individual can move around not only has physical consequences but also social and psychological consequences. A person with severe mobility limitations is always faced with various challenges including stares which constantly remind the individual of the stigma. This societal reaction is further related to the stigma attached as well as stigma perceived, and consequently coping strategies.

Dixon (1981) suggested strong group identification on the part of persons with more visible handicaps and a tendency towards dissociation on the part of those with less visible handicaps. Further literature on hierarchy of impairment suggest that impairment groups who have less problem in daily life functioning are more favored by non-disabled as compared to those with high functioning problems. So review of related studies suggests that those who have more chances of passing out of their disability conditions tend to disassociate from disability group and are more likely to employ alternative strategies to maintain their self-esteem, while others for whom, passing out is not possible may show higher group-identification as a strategy to maintain self-esteem. In this light, it was hypothesized that those who had low degree of impairment, and were high on autonomy and participation would be lower on in-group identification as compared to those with high degree of disability and low autonomy and participation; which means a positive correlation between degree of disability, impact of disability and in-group identification **(H5a)**.

Along with degree of disability which impacts the experiences of stigmatization and social exclusion via factors like physical limitations, mobility restrictions, reliance on others to perform everyday tasks, autonomy and participation in various domains etc., gender can also cause difference in experiences. Disability affects males and females differently in different spheres due to stereotypical roles they are expected to play. It is often argued that impairment (a medical term for disability) differentially affects men's and women's ability to enact gender.

While masculinity being a central tenet in male's life and they are expected to be strong, physically fit, youthful, independent, self-reliant and rational (Robertson 2004; Gerschick 2000), other hand, women are expected to be good looking, perfect home manager and caring towards others. Mehrotra, (2004) contends that women with disabilities in India face double discrimination due to prevalence of traditional gender roles and expectations. Hanna & Rogovsky (1991) suggest that disabled women face the convergence of two devalued statuses, one being a women and another being a disabled, along with restrictions due to disability, they are also denied traditional female roles because of stereotypes which consider them lacking in resources necessary to be a suitable partner, mother and to achieve female beauty ideals.

While some studies consider females to be more vulnerable to impact of disability, others suggest men to more suffering because of this condition and view them at a greater risk of identity loss when it comes to their gendered identities than do women (Charmaz 1994; Miner 1997). Along with preventing them from enacting their masculine identities, they are also reported to experience an identity crisis (Gerschick and Miller 1995). Charmaz (1994) and Miner (1997) suggest that women use to be more resilient than men in terms of adopting new identities when their gendered identities are threatened due to disability. Studies have shown that disabled women are more likely to be socially isolated than are disabled men.

Mehrotra (2004) suggest that disabled women's prospects in marriage and parenthood are marred more than their counterparts. Hanna & Rogovsky (1991) in their study have also found women to be less likely to marry, more likely to divorce, less likely to have children, less likely to be employed, less likely to have access to resources, less likely to have educational resources than disabled men. However, due to paucity of research in related domains, it is difficult to understand how gender impacts the in-group identification among disability group. It was hypothesized that women may be less inclined to identify as disabled, as than men the former view it as having more negative ramifications **(H5b)**.

Chapter 2

METHOD

Participants:

The objectives of the study demanded assessment of following domains -Humiliation, stigma consciousness, in-group identification and impact of disability on autonomy and participation and a comparison of these domains among disability group and a scheduled caste group and further between two sub-groups of disability group (orthopedically challenged & visually challenged). Based on these objectives, focus of the present study was on a group of scheduled caste students and a group of disabled students involving both orthopedically challenged and visually challenged.

Along with keeping the objectives into consideration, in order to keep control over potentially effective variables, some inclusion and exclusion criteria formed the basis of involving or excluding the candidate as a sample in present study. Among scheduled caste group, inclusion and exclusion criteria were mainly that those students who at the time of data collection were studying in central universities of Delhi, (Jawaharlal Nehru University and Delhi University), were between age-group 20-30, and belonged to scheduled caste category, constituted sample of the study.

Among disability group, the criterion for the same was that those students, who were selected in these universities under Physically Challenged reservation (PH Quota) i.e whose degree of disability was at least forty percent, belonged to the same age-group as the age-group for scheduled caste group were participant of the study. Students who were fulfilling the criteria of inclusion in both the categories were not included in the study as it was beyond the scope of this research to consider this special category. Within disability group, students belonging only to orthopedically challenged category (at least 40 percentage of degree of disability) and visually challenged category (both partially challenged and total loss of vision) had been a focus in present study and other disability sub-groups were excluded in the present study.

Procedure:

In initial phase, departments of respective universities had been contacted to ask about the potential candidates fulfilling criteria to be included as participant in the study. After seeking required information through departments, some students fulfilling above mentioned criteria were contacted, later chain referral technique was used to contact other eligible participants, and already involved students were asked for other participants fulfilling the criteria of inclusion, who were then contacted and same chain referral had been used to contact other participants.

After taking informed consent from participants, they had been asked some preliminary information about them and after that a set of questionnaires had been handed over to these participants individually to get filled up by them. Participants were helped in a neutral manner wherever they had any doubt about the statement. In case of visually challenged students, questionnaires were also e-mailed to them which they responded after hearing that using talking software.

Measures:

Study involved variables namely: Stigma consciousness, humiliation, emotional reactions to the experience of humiliation, in-group identification and impact of disability on autonomy and participation (only in case of disability Group). In order to measure the above mentioned variables, following measures were used in the study in the same sequence as presented here -

Preliminary Information about Participants: Participants were asked some preliminary information about them; it had been done mainly to serve two purposes, one to understand the impact and difference on account of different variables (if any), and another to make caste membership and disability membership of the participants (respectively in caste group and disability group) salient. While participants in scheduled caste group were asked to write their castes and sub-castes, participants in disability

group were asked about their disability group, sub-group, nature of disability and degree of disability.

Stigma Consciousness: In order to measure stigma consciousness in two groups involved in the study i.e. scheduled caste group and disability group, Pinel's (1999) stigma consciousness questionnaire (SCQ) consisting of 10 items which had originally been developed to determine the degree to which women believed their stereotyped status impacted their interactions with men, was adapted. The scale spans two broad content areas i.e. a person's phenomenological experience when interacting with majority members, and beliefs about how minority members are viewed by majority members.

Two adapted versions for caste and disability are named caste stigma consciousness and disability stigma consciousness scale respectively. In order to customize the questionnaire for use with these two groups, changes had been made in terms of the in-group and the out-group to which each item refers. In case of caste stigma consciousness scale in-group had been changed from women (as was in original SCQ) to schedule caste and out-group had been changed from men (as was in original SCQ) to non scheduled caste. Similarly in case of disability stigma consciousness scale, in-group had been changed from women (as was in original SCQ) to disabled and out-group had been changed from men (as was in original SCQ) to non-disabled. These measures asked respondents to indicate their level of agreement to statements pertaining to the extent to which stereotypes about their group affect them and play a role in their interactions with members of the out-group.

Samples from the caste SCQ are respectively "When interacting with non-scheduled caste people, I feel as though they interpret all of my behaviors in terms of the fact that I am a scheduled caste" and "Stereotypes about scheduled caste have not affected me personally"; and those of disability SCQ are "When interacting with non disabled people, I feel as though they interpret all of my behaviors in terms of the fact that I am a disabled" and "Stereotypes about disabled have not affected me personally". Participants responded the extent to which they were in agreement to each statement on a 7-point

scale where 1 is "strongly disagree," 4 is "neither agree nor disagree," and 7 is "strongly agree".

Humiliation: In order to measure the experience of humiliation, Hartling and Luchetta's (1999) Humiliation Inventory consisting of two sub-scales was used for both groups (schedule caste and disability group). Inventory consist two subscales namely Cumulative Humiliation Subscale (CHS) consisting 12 items, which measures past experience of humiliation and Fear of Humiliation Subscale (FHS) consisting 20 items, which measures current fear of Humiliation. Responses on the scale were given on a five point Likert-type scale which range from 1 (Not at all) to 5 (very seriously/very much/extremely).

Emotional Reactions to the Experience of Humiliation: In order to measure the emotional reactions to the experience of humiliation, a scale, consisting of five subscales namely Appraisal of Disrespect subscale (6 items), Shame (5 items), Anger (6 items), Rejection (4 items) and Powerlessness (4 items); developed by Jogdand (2010) was used. Participants were asked to report how seriously they have felt and experienced the feelings on corresponding items. Responses on the scale were given on a five point Likert-type scale which ranges from 1 (Not at all) to 5 (very seriously).

Appraisal of Disrespect Subscale: This subscale measures the extent to which one has felt disrespected, devalued, insulted, humiliated, demeaned and assaulted due to the humiliation because of their membership. It consists of six items- Disrespected, Devalued, Insulted, Humiliated, Demeaned, and Assaulted.

Shame: This subscale measures the feeling of shame. There are 5 items under this subscale, these are - Ashamed, Wish to hide face, Wish to disappear, Dishonored, and Disgraced.

Anger: This subscale measures the experience of anger due to experience of humiliation. It consists of these 6 items - Angry, Annoyed, Irritated, Indignant, Outraged and Furious.

Rejection: Rejection subscale measures the extent of feeling of rejection due to experience of humiliation. It includes 4 items - Offended, Upset, Distressed and Hurt.

Powerlessness: The extent of experience of feeling of powerlessness was measured using this sub-scale. Items that constitute this subscale are - Powerless, Frail, Weak and Helpless.

In-group Identification: Leach et al.'s (2008) In-group identification scale which is based on two-dimensional hierarchical multi-component approach was used to measure In-group Identification. This 14 itemed scale comprises of five distinct components of in-group identification: Solidarity (consist of 3 items), Satisfaction (4 items) Centrality (3 items), Individual Self-Stereotyping (2 items) and In-group Homogeneity (2 items). These components are conceptualized as fitting within two, more general, dimensions of In-group Identification, Group-level Self-definition (Solidarity, Satisfaction and Centrality) and Self-investment (Individual Self-Stereotyping and In-group Homogeneity).

In order to customize the scale for use in caste group and disability group, adaptations were made in terms of in-group. In case of scheduled caste participants, the term in-group (as in original Leach's scale) had been replaced by the term caste for each statement and in case of participants belonging to disability group, same has been replaced by disability group. All responses were recorded on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7(strongly agree).

Impact on Participation and Autonomy: An English version of, impact on participation and autonomy scale (IPA) originally developed by Cardol & Jong (2007), and translated and validated by Universities of Southampton and Nottingham, was used to measure the extent to which disability has impacted an individual on the domains of participation and autonomy. This measure was used only among individuals in disability group.

This questionnaire contains questions about daily activities and aims to get views on the way health condition or disability of a person affects his/her ability to live life the way he/she wants to – the idea of "autonomy" and how much choice one has in the way he/she takes part in activities that are important to him/her – the idea of "participation". The IPA questionnaire contains 39 items in 8 areas: (*i*) mobility (5 items), (*ii*) self-care (6 items), (*iii*) household tasks and family role (7 items), (*iv*) spending money (2 items), (*v*) leisure (2 items), (*vi*) social relations (8 items), (*vii*) paid work and voluntary work (6 items), and (*viii*) education and learning (2 items).

Each of the 8 areas begins with one or several questions, each having the same format, about perceived participation in different life situations (for example: "My chances of getting around in my home are..."). Respondents recorded their response on each question on a continuum scale of - very good, good, fair, poor or very poor. At the end of each section of questions, there is a final question addressing the person's perceived extent of problems with participation within that area (for example: "With regard to mobility, to what extent health or disability cause problems?"). The response options were: no problem, minor problems or severe problems. Further items in these 8 areas were clubbed under five more general domains, these are- Autonomy Roles, Family Roles, Autonomy Outdoors, Social life and Relationships and Work & Education.

Chapter 3

RESULTS

1. Demographical Variables:

In present study factor of age and SES had been controlled during selection of sample (participants) and Gender had been analyzed to insure its relationship with other variables in the study. Results in this regard are presented below:

(a) Stigma, Humiliation and Emotional Experiences.

Table 1

Mean Scores, Standard Deviation, Standard Error Mean, Calculated t-value, Corresponding p-values and Effect Size, for Male and Female group on stigma consciousness, Humiliation (cumulative humiliation and fear of humiliation), appraisal of disrespect, shame, rejection, powerlessness and anger.

Construct (Measure)	Components	Male Group (N=40)			Female Group (N=40)			t	p	r
		M	S.D.	S.E	M	S.D.	S.E			
Stigma Consciousness (adopted version of Pinel (1999))	-	3.83	1.09	.17	3.86	1.24	.20	-1.15	.909	.13
Humiliation (Hartling and Luchetta's (1999) Humiliation Inventory)	Cumulative Humiliation	2.36	.80	.13	2.25	.87	.14	.63	.530	.07
	Fear of Humiliation	2.24	.80	.13	2.22	.75	.12	.12	.908	.01
Emotional Experiences (Sub-scales developed by Jogdand (2010)	Disrespect	2.36	1.04	.16	2.00	.96	.15	1.62	.109	.18
	Shame	1.51	.48	.08	1.44	.55	.09	.63	.531	.07
	Rejection	2.44	1.11	.18	2.57	1.24	.20	.50	.616	.06
	Powerlessness	1.90	.61	.10	1.71	.50	.08	1.52	.132	.17
	Anger	2.45	.73	.12	1.92	.76	.12	3.23**	.002	.34

Note – M, S.D, S.E, r, respectively stands for Means, Standard Deviation, Standard Error Mean, Effect Size

** Significant at the 0.01 level. df = 78

(b) In-group Identification and its Components

Table 2

Mean Scores, Standard Deviation, Standard Error Mean, Calculated t-value, Corresponding p-value and Effect Size[1], for Male and Female group on In-group Identification and its components i.e. Solidarity, Satisfaction, Centrality, and Self-Stereotyping and In-group homogeneity.

Construct (Measure)	Component	Male Group (N=40)			Female Group (N=40)			t	P	r
		M	S.D.	S.E	M	S.D.	S.E			
In-Group Identification (Leach et al.'s (2008), In-group Identification scale)	Total	4.15	1.08	.17	4.48	1.17	.19	-1.31	.194	.15
	Solidarity	4.02	1.76	.28	4.81	1.70	.27	-2.02*	.047	.22
	Centrality	4.29	1.46	.23	4.74	1.75	.28	-1.23	.221	.14
	Satisfaction	4.08	1.29	.20	4.13	1.45	.23	-0.16	.871	.18
	Self-Stereotyping	4.36	1.30	.21	4.46	1.06	.17	-0.37	.707	.04
	In-group Homogeneity	4.46	1.69	.27	4.51	1.37	.22	-0.14	.891	.02

Note–M, S.D, S.E, r, respectively stands for Means, Standard deviation, Standard Error Mean & Effect Size

* Significant at the 0.05 level. df = 78

Results in table 1 and 2, suggest that gender had significant relationship only with anger, and solidarity component of in-group identification. Both groups differ significantly on construct of anger, male group, (M = 2.45, S.E = .12) scored higher on the anger sub-scale (t = 3.23, p < .01, r = .34) than female group, (M = 1.92, S.E = .12), which suggest that in response to stigma and humiliation, members of male group experience anger more than female group. Gender was also significantly related to solidarity, female group, (M = 4.81, S.E = .27) scored higher on the solidarity component (t = -2.02[2], p < .05, r = .34) than female group, (M = 4.02, S.E = .28).

[1] Effect size was calculated by converting t-value into r-value using the following equation r = square root of $[t^2/(t^2+df)]$ (see Field 2009, p. 332)

Although as a whole construct, gender had no significant relationship with in-group identification. Differences in mean scores between male group and female group were also computed separately for between scheduled caste male (Mean = 3.96, Median = 3.85) and female group (Mean = 3.93, Median = 4.0); U = 195.5, Z = -.122, p = .904, r = .02; and disabled male (Mean = 4.35, Median = 4.65) and female (Mean = 5.03, Median = 4.9); U = 135, Z = -1.768, p = .08, r = .28; differences in both cases were not significant, which suggests rejecting H5b.

2. Stigma Consciousness, Humiliation, Emotional Experiences, Degree of Disability and In-Group Identification:

With the help of SPSS, Bivariate Correlation Coefficients between all possible combinations of following variables had been calculated: Stigma Consciousness (SC), Humiliation [Cumulative Humiliation (CH) and Fear of Humiliation (FH)], and Emotional Reactions [Appraisal of Disrespect (ER1), Shame (SR2), Rejection (ER3), Powerlessness (ER4) and Anger (ER5)], degree of disability (DD) and In-Group Identification (IGI). Same has been done separately for Total Sample Population; Scheduled Caste Student Population; Physically Challenged Student Population (OH & VH together); and Orthopedically Challenged & Visually Challenged Student Population Separately. Results in this regard are presented here:

I. *Stigma Consciousness, Cumulative Humiliation, Fear of Humiliation, Emotional Reactions: Disrespect, Shame, Rejection, Powerlessness, Anger.*

II. *Stigma consciousness, Cumulative Humiliation, Fear of Humiliation, and In-Group Identification & its five components: Solidarity, Centrality, Satisfaction, Individual Self-Stereotyping & In-group Homogeneity.*

III. *Degree of Disability and Impact on Participation and Autonomy & its Components: Impact on Autonomy Roles , Impact on Family Roles), Impact on Autonomy Outdoors, Impact on Social Life & Relationship and Impact on Education and In-Group Identification*

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[2] While acc to Field (2005), (-) sign in t-value doesn't indicate any direction; it is due to the SPSS programming which codes dichotomous values into 0 and 1; Field (2009) suggest that the *t*-value is a negative number tells us that the first condition had a smaller mean than the second.

(I) Stigma Consciousness, Cumulative Humiliation, Fear of Humiliation, Emotional Reactions

Table 3

Means, Standard Deviation, correlation coefficients and p-value for Stigma Consciousness (SC), Cumulative Humiliation (CH), Fear of Humiliation (FH), Emotional Reactions: Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4), Anger (ER5) and In-Group Identification (IGI) in case of Total Student Population:

Variable	SC	CH	FH	ER1	ER2	ER3	ER4	ER5	IGI
SC	-	.86*** (.00)	.79*** (.00)	.35** (.001)	.19 (.101)	.44*** (.00)	.46*** (.00)	.39*** (.00)	.76*** (.00)
CH		-	.88*** (.00)	.45*** (.00)	.21 (.067)	.52*** (.00)	.46*** (.00)	.42*** (.00)	.66*** (.00)
FH			-	.47*** (.00)	.30** (.006)	.57*** (.00)	.58*** (.00)	.47*** (.00)	.63*** (.00)
ER1				-	.42*** (.00)	.64*** (.00)	.33** (.003)	.56*** (.00)	.25* (.027)
ER2					-	.33** (.003)	.32** (.004)	.32** (.004)	.07 (.550)
ER3						-	.43*** (.00)	.51*** (.00)	.40*** (.00)
ER4							-	.43*** (.00)	.45*** (.00)
ER5								-	.29** (.008)
IGI									-
Max. Possible Range	1-7	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-7
Mean	3.85	2.30	2.23	2.18	1.48	2.51	1.81	2.18	4.32
Std Dev.	1.16	0.83	0.77	1.01	0.51	1.17	0.56	0.79	1.13

Note-Score in brackets under each correlation coefficient represent corresponding p-value

***. Significant at the 0.01 level (2-tailed)

**. Significant at the 0.01 level (2-tailed) N=80

*. Significant at the 0.05 level (2-tailed)

Results had shown significant correlation between stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and emotional reactions of appraisal of disrespect, shame, rejection, powerlessness, anger, and in-group identification.

(a). Stigma Consciousness (SC), Humiliation (Cumulative Humiliation CH and Fear of Humiliation FH), and Emotional Experiences of appraisal of disrespect (ER1), shame (ER2), rejection (ER3), powerlessness (ER4) and anger (ER5):

Results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.86**, $p < .001$; 2-tailed) & fear of humiliation (**.79**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed), which are two dimensions of humiliation. Further appraisal of disrespect had significant positive correlation with stigma consciousness (**.35**, $P < .01$; 2-tailed), cumulative humiliation (**.45**, $p < .001$; 2-tailed) and fear of humiliation (**.47**, $p < .001$; 2-tailed) which suggest that feeling of disrespect is an emotional experience in context of stigma and humiliation. Along with feeling disrespected, other emotional experiences of feeling rejected, powerlessness and anger had also been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other.

Significant positive correlations of rejection, powerlessness and anger, with stigma consciousness (**.44**, $P < .001$; 2-tailed), (**.52**, $p < .001$; 2-tailed) & (**.57**, $p < .001$; 2-tailed) respectively; with cumulative humiliation (**.46**, $P < .001$; 2-tailed), (**.46**, $p < .001$; 2-tailed) & (**.58**, $p < .001$; 2-tailed) respectively and with fear of humiliation (**.39**, $P < .001$; 2-tailed), (**.42**, $p < .001$; 2-tailed) & (**.47**, $p < .001$; 2-tailed) respectively (table 1), suggest that along with feeling disrespected; stigma and humiliation are also related to emotional experiences of feeling rejected, powerlessness and also lead to feeling of anger. However, correlation of shame with stigma consciousness (**.19**, $p = .10$; 2-tailed) and cumulative humiliation (**.21**, $p = .067$; 2-tailed) had been non-significant (although positively correlated), while shame was significantly positively correlated with fear of humiliation (**.30**, $p < .01$; 2-tailed).

(b) Appraisal of Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4) and Anger (ER5)

Correlation between all possible combinations of appraisal of disrespect, shame, rejection, powerlessness and anger was calculated (Table 3) to understand the relation between these emotional experiences. Appraisal of disrespect was found to significantly positively correlated with feelings of shame (**.42**, $p < .001$; 2-tailed), rejection (**.64**, $p < .001$; 2-tailed), powerlessness (**.33**, $p < .01$; 2-tailed) and anger (**.56**, $p < .001$; 2-tailed) respectively. Shame was also found significantly correlated with rejection (**.33**, $p < .01$; 2-tailed), powerlessness (**.32**, $p < .01$; 2-tailed) and anger (**.32**, $p < .01$; 2-tailed) respectively. Correlation of rejection with powerlessness (**.43**, $p < .001$; 2-tailed) and anger (**.51**, $p < .001$; 2-tailed) was also significantly correlated in a positive direction. Similarly powerlessness was found to have significant positive correlation with anger (**.43**, $p < .001$; 2-tailed).

(c). In-Group Identification and Stigma consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Emotional reactions of Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

In-group identification had been found highly significantly correlated (positive) with stigma consciousness (**.76**, $p < .001$; 2-tailed), cumulative humiliation (**.66**, $p < .001$; 2-tailed) and fear of humiliation (**.63**, $p < .001$; 2-tailed); moderately significantly correlated with emotional experience of rejection (**.40**, $p < .001$; 2-tailed) and powerlessness (**.45**, $p < .001$; 2-tailed); comparatively low significantly correlated with feeling of anger (**.29**, $p < .01$; 2-tailed) and disrespect (**.25**, $p < .01$; 2-tailed) and no significant correlation was found between in-group identification and shame. To conclude, in-group identification was found positively correlated with all other variables except shame. Above mentioned results support H2a and H2b, which predict a positive correlation of stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), disrespect, anger, and rejection, powerlessness and in-group identification.

Table 4

Means, Standard Deviation, correlation coefficients and p-value for Stigma Consciousness (SC), Cumulative Humiliation (CH), Fear of Humiliation (FH), Emotional Reactions: Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4), Anger (ER5) and In-Group Identification (IGI) in case of Scheduled Caste Population:

Variable	SC	CH	FH	ER1	ER2	ER3	ER4	ER5	IGI
SC	-	.91*** (.00)	.82*** (.00)	.21 (.195)	-.09 (.598)	.50** (.001)	.49** (.001)	.39** (.090)	.69*** (.00)
CH		-	.88*** (.00)	.29 (.075)	-.06 (.707)	.50** (.001)	.47** (.002)	.33* (.040)	.59*** (.00)
FH			-	.23 (.162)	.01 (.937)	.50** (.001)	.59*** (.00)	.38* (.016)	.57*** (.00)
ER1				-	.12 (.469)	.46** (.003)	.11 (.497)	.50** (.001)	-.03 (.856)
ER2					-	.22 (.018)	.13 (.442)	.09 (.598)	-.20 (.215)
ER3						-	.36* (.025)	.40* (.011)	.36* (.022)
ER4							-	.39* (.013)	.50** (.001)
ER5								-	-.05 (.756)
IGI									-
Max Possible Range	1-7	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-7
Mean	4.05	2.44	2.36	2.25	1.38	2.69	1.87	2.42	4.69
Std. Dev.	1.11	0.82	0.72	1.04	0.39	1.19	0.58	0.83	1.02

Note-Score in () under each correlation coefficient represent corresponding p-value

***. Significant at the 0.01 level (2-tailed)

**. Significant at the 0.01 level (2-tailed) N=40

*. Significant at the 0.05 level (2-tailed)

(a). Stigma Consciousness (SC), Humiliation (Cumulative Humiliation CH and Fear of Humiliation FH), and Emotional Experiences of appraisal of disrespect (ER1), shame (ER2), rejection (ER3), powerlessness (ER4) and anger (ER5):

Results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.91**, $p < .001$; 2-tailed) & fear of humiliation (**.82**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed). Appraisal of disrespect had positive but not significant correlation with stigma consciousness (**.21**, $p = .195$; 2-tailed), cumulative humiliation (**.29**, $p = .075$; 2-tailed) and fear of humiliation (**.23**, $p = .162$; 2-tailed).

Similarly correlation of shame with stigma consciousness (**-.09**, $p = .598$; 2-tailed), cumulative humiliation (**-.06**, p = 707; 2-tailed) and fear of humiliation (**.01**, $p = .937$; 2-tailed) was not significant. Other emotional experiences of feeling rejected, powerlessness and anger had also been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other. Correlation of rejection with stigma consciousness, cumulative humiliation and fear of humiliation had found to be (**.50**, $P < .01$; 2-tailed), (**.50**, $p < .01$; 2-tailed) & (**.50**, $p < .01$; 2-tailed) respectively. Correlation of powerlessness with stigma consciousness, cumulative humiliation and fear of humiliation had found to be (**.49**, $P < .01$; 2-tailed), (**.47**, $p < .01$; 2-tailed) & (**.59**, $p < .001$; 2-tailed) respectively and Correlation of anger with stigma consciousness, cumulative humiliation and fear of humiliation had found to be (**.39**, $P < .05$; 2-tailed), (**.33**, $p < .05$; 2-tailed) & (**.38**, $p < .05$; 2-tailed) respectively. So results had shown significant positive correlations of rejection, powerlessness and anger, with stigma consciousness, cumulative humiliation and with fear of humiliation (table 4), which suggest that among scheduled caste group, stigma and humiliation are related to emotional experiences of feeling rejected, powerlessness and also lead to feeling of anger. Correlation of disrespect and shame with stigma consciousness, cumulative humiliation and fear of humiliation was non-significant.

(b) Appraisal of Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4) and Anger (ER5)

Correlation between all possible combinations of appraisal of disrespect, shame, rejection, powerlessness and anger was calculated (Table 4) among scheduled caste group members. Appraisal of disrespect was found to be positively correlated but not significantly with feelings of shame (**.12**, p = .469; 2-tailed) and powerlessness (**.11**, p = .497; 2-tailed), significantly and positively correlated with rejection (**.46**, p < .01; 2-tailed) and anger (**.50**, p < .01; 2-tailed) respectively. Shame was found to be non-significantly although positively correlated with rejection (**.22**, p = .018; 2-tailed), powerlessness (**.13**, p = .044; 2-tailed) and anger (**.09**, p = .598; 2-tailed). Correlation of rejection with powerlessness (**.36**, p < .05; 2-tailed) and anger (**.40**, p < .05; 2-tailed) was significantly correlated in a positive direction and powerlessness was also found to have significant positive correlation with anger (**.39**, p < .05; 2-tailed). Hence while rejection, powerlessness and anger had been found to be positively correlated with each other, disrespected have significant positive correlation with rejection and anger but non-significant positive correlation with shame and powerlessness, while shame was not found to have significant correlation with any of mentioned emotional experiences.

(c). In-Group Identification and Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Emotional Reactions of Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

In-group identification had been found significantly correlated (positive) with stigma consciousness (**.69**, p < .001; 2-tailed), cumulative humiliation (**.59**, p < .001; 2-tailed) and fear of humiliation (**.57**, p < .001; 2-tailed), emotional experience of rejection (**.36**, p < .05; 2-tailed) and powerlessness (**.50**, p < .01; 2-tailed); and in-group identification had found to have negative but non-significant correlation with disrespect (**-.03**, p = .856; 2-tailed), shame (**-.20**, p = .215; 2-tailed) and anger (**-.05**, p = .756; 2-tailed). To conclude, in case of scheduled caste group, in-group identification was found significantly positively correlated with stigma consciousness, cumulative humiliation, fear of humiliation and emotional reactions of rejection and powerlessness, but non-significantly negatively correlated with feelings of disrespect, shame and anger.

Table 5

Means, Standard Deviation, correlation coefficients and p-value for Stigma Consciousness (SC),Cumulative Humiliation (CH), Fear of Humiliation (FH), Emotional Reactions: Disrespect (ER1),Shame (ER2)Rejection (ER3), Powerlessness (ER4), Anger (ER5), In-Group Identification (IGI) and Degree of Disability (DD) in case of Physically Challenged Student Population (OH & VH together):

Variable	SC	CH	FH	ER1	ER2	ER3	ER4	ER5	IGI	DD
SC	-	.80*** (.00)	.76*** (.00)	.48** (.002)	.43** (.006)	.35* (.025)	.42** (.007)	.47** (.002)	.73** (.00)	.50** (.001)
CH		-	.88*** (.00)	.45** (.004)	.51** (.001)	.44** (.004)	47** (.002)	.33* (.040)	.72*** (.00)	.37* (.019)
FH			-	.69*** (.00)	.55*** (.00)	.61*** (.00)	.57*** (.00)	.53*** (.00)	.65*** (.00)	.36* (.024)
ER1				-	.69*** (.00)	.84*** (.00)	.55*** (.00)	.67*** (.00)	.49** (.001)	.48** (.002)
ER2					-	.50** (.001)	.52** (.00)	.70*** (.00)	.35* (.027)	.40** (.010)
ER3						-	.50** (.001)	.60*** (.00)	.39* (.014)	.33* (.037)
ER4							-	.46** (.003)	.39* (.013)	.32* (.043)
ER5								-	.51** (.001)	.60*** (.00)
IGI									-	.64*** (.00)
DD										-
Max. Possible Range	1-7	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-7	40-100
Mean	3.64	2.17	2.11	2.11	1.58	2.32	1.75	1.94	3.94	73.63
Std Dev.	1.18	0.83	0.80	0.99	0.60	1.13	0.55	0.67	1.13	19.87

Note-Score in () under each correlation coefficient represent corresponding p-value

***. Significant at the 0.01 level (2-tailed)

**. Significant at the 0.01 level (2-tailed) N=40

*. Significant at the 0.05 level (2-tailed)

In case of Disability group, Results had shown significantly positive correlation between all combinations of stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and emotional reactions of appraisal of disrespect, shame, rejection, powerlessness, anger, and in-group identification.

(a). Stigma Consciousness (SC), Humiliation (Cumulative Humiliation CH and Fear of Humiliation FH), and Emotional Experiences of Appraisal of Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4) and Anger (ER5):

Among disability group, Results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.80**, $p < .001$; 2-tailed) & fear of humiliation (**.76**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed). Further appraisal of disrespect had significant positive correlation with stigma consciousness (**.48**, $P < .01$; 2-tailed), cumulative humiliation (**.45**, $p < .01$; 2-tailed) and fear of humiliation (**.69**, $p < .001$; 2-tailed) which shows that feeling of disrespect is an emotional experience in context of stigma and humiliation among disability group.

Along with feeling disrespected, other emotional experiences of feeling shame, rejected, powerlessness and anger had also been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other. Significant positive correlations of shame, rejection, powerlessness and anger, with stigma consciousness (**.43**, $P < .01$; 2-tailed), (**.35**, $P < .05$; 2-tailed), (**.42**, $p < .01$; 2-tailed) & (**.47**, $p < .01$; 2-tailed) respectively; with cumulative humiliation (**.51**, $P < .01$; 2-tailed), (**.44**, $p < .01$; 2-tailed), (**.47**, $p < .01$; 2-tailed) & (**.33**, $P < .05$; 2-tailed) respectively; and with fear of humiliation (**.55**, $P < .01$; 2-tailed), (**.61**, $P < .01$; 2-tailed), (**.57**, $p < .01$; 2-tailed) & (**.53**, $p < .01$; 2-tailed) respectively (table 5), suggest that in case of disability group, stigma and humiliation are also related to emotional experiences of disrespect, shame, rejected, powerlessness and anger.

(b) Appraisal of Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4) and Anger (ER5)

Correlation between all possible combinations of appraisal of disrespect, shame, rejection, powerlessness and anger was calculated (Table 5) to understand the relation between these emotional experiences in case of individuals with disability who are stigmatized and humiliated because of disability attribute. Appraisal of disrespect was found to significantly positively correlated with feelings of shame (**.69**, $p < .001$; 2-tailed), rejection (**.84**, $p < .001$; 2-tailed), powerlessness (**.55**, $p < .001$; 2-tailed) and anger (**.67**, $p < .01$; 2-tailed) respectively. Shame was also found significantly correlated with rejection (**.50**, $p < .01$; 2-tailed), powerlessness (**.52**, $p < .01$; 2-tailed) and anger (**.70**, $p < .001$; 2-tailed) respectively. Correlation of rejection with powerlessness (**.50**, $p < .01$; 2-tailed) and anger (**.60**, $p < .001$; 2-tailed) was also significantly correlated in a positive direction. Similarly powerlessness was found to have significant positive correlation with anger (**.51**, $p < .01$; 2-tailed).

(c). In-Group Identification and Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Emotional Reactions of Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

Results in case of disability group showed that in-group identification has been found highly significantly correlated (positive) with stigma consciousness (**.73**, $p < .001$; 2-tailed), cumulative humiliation (**.72**, $p < .001$; 2-tailed) and fear of humiliation (**.65**, $p < .001$; 2-tailed); moderately significantly correlated with emotional experience of disrespect (**.49**, $p < .01$; 2-tailed) and anger (**.51**, $p < .01$; 2-tailed); and comparatively low significantly correlated with feeling of shame (**.35**, $p < .05$; 2-tailed), rejection (**.39**, $p < .05$; 2-tailed) and powerlessness (**.39**, $p < .05$; 2-tailed). To conclude, in-group identification was found positively correlated with all variables in the study i.e. stigma consciousness, cumulative humiliation, fear of humiliation, emotional reactions of disrespect, shame, rejection, powerlessness and anger.

(d). Degree of Disability, In-Group Identification, Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Emotional Reactions of Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

Correlation had been calculated between all possible combinations of degree of disability, in-group identification, stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and emotional reactions of appraisal of disrespect, shame, rejection, powerlessness and anger. Along with in-group identification, degree of disability was found positively correlated with all other variables in the study i.e. stigma consciousness, cumulative humiliation, fear of humiliation, emotional reactions of disrespect, shame, rejection, powerlessness and anger.

(i) Results in case of disability group showed that degree of disability had been found significantly correlated in positive direction with stigma consciousness (**.50**, $p < .01$; 2-tailed), cumulative humiliation (**.37**, $p < .05$; 2-tailed), fear of humiliation (**.36**, $p < .05$; 2-tailed), with emotional experience of disrespect (**.48**, $p < .01$; 2-tailed), shame (**.40**, $p < .01$; 2-tailed), rejection (**.33**, $p < .05$; 2-tailed), powerlessness (**.32**, $p < .05$; 2-tailed) and comparatively highly correlated with anger (**.60**, $p < .001$; 2-tailed). To conclude, degree of disability was found positively correlated with all variables in the study i.e. stigma consciousness, cumulative humiliation, fear of humiliation, emotional reactions of disrespect, shame, rejection, powerlessness and anger, which implies degree of stigma, humiliation and negative emotional experiences increases with increase in degree of disability.

(ii) While degree of disability was positively correlated with negative experiences, this variable had also found to be positively correlated with in-group identification. Correlation of degree of disability with in-group identification had found to be highly significant (**.64**, $p < .001$; 2-tailed).

Results described under (i) and (ii) together suggest that degree of disability is positively correlated with all other above mentioned variables, which means higher degree of disability lead to more negative emotional experiences and also more identification with in-group.

Table 6

Means, Standard Deviation, Correlation Coefficients and Corresponding p-values for Stigma Consciousness (SC),Cumulative Humiliation (CH), Fear of Humiliation (FH), Emotional Reactions: Disrespect (ER1),Shame (ER2)Rejection (ER3), Powerlessness (ER4), Anger (ER5), In-Group Identification (IGI) and Degree of Disability (DD) in case of Orthopedically Challenged (OH) Student Population :

Variable	SC	CH	FH	ER1	ER2	ER3	ER4	ER5	IGI	DD
SC	-	.88*** (.00)	.80*** (.00)	.51* (.020)	.32 (.163)	.46* (.041)	.51* (.020)	.45* (.046)	.83*** (.00)	.67** (.001)
CH		-	.88*** (.00)	.70** (.001)	.32 (.172)	.58** (.007)	.60** (.005)	.46* (.040)	.80*** (.00)	.79*** (.00)
FH			-	.76*** (.00)	.51* (.022)	.73*** (.00)	.63** (.003)	.58** (.006)	.67** (.001)	.69** (.001)
ER1				-	.62** (.004)	.83*** (.00)	.56* (.011)	.57** (.009)	.63** (.003)	.60** (.006)
ER2					-	.50* (.023)	.55* (.012)	.65** (.002)	.28 (.235)	.22 (.355)
ER3						-	.54* (.015)	.54* (.014)	.54* (.014)	.46* (.042)
ER4							-	.52* (.020)	.48* (.033)	.43 (.058)
ER5								-	.46* (.040)	.53* (.017)
IGI									-	.85*** (.00)
DD										-
Max. Possible Range	1-7	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-7	40-100
Mean	3.44	2.23	2.11	1.94	1.44	2.30	1.68	1.74	3.83	71.25
Std Dev.	1.48	0.86	0.92	1.03	0.61	1.27	0.58	0.69	1.34	16.00

Note-Score in () under each correlation coefficient represent corresponding p-value

***. Significant at the 0.01 level (2-tailed)

**. Significant at the 0.01 level (2-tailed) N=20

*. Significant at the 0.05 level (2-tailed)

(a). Stigma Consciousness (SC), Humiliation (Cumulative Humiliation CH and Fear of Humiliation FH), and Emotional Experiences of appraisal of disrespect (ER1), shame (ER2), rejection (ER3), powerlessness (ER4) and anger (ER5):

Among orthopedically challenged group, results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.88**, $p < .001$; 2-tailed) & fear of humiliation (**.80**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed). Further appraisal of disrespect had significant positive correlation with stigma consciousness (**.51**, $P < .05$; 2-tailed), cumulative humiliation (**.70**, $p < .01$; 2-tailed) and fear of humiliation (**.76**, $p < .001$; 2-tailed) which show that feeling of disrespect is an emotional experience in context of stigma and humiliation among orthopedically challenged group.

Along with feeling disrespected, other emotional experiences of feeling rejected, powerlessness and anger had also been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other. Significant positive correlations of rejection, powerlessness and anger, with stigma consciousness (**.46**, $P < .05$; 2-tailed), (**.51**, $p < .05$; 2-tailed) & (**.45**, $p < .05$; 2-tailed) respectively; with cumulative humiliation (**.58**, $P < .01$; 2-tailed), (**.60**, $p < .01$; 2-tailed) & (**.46**, $p < .05$; 2-tailed) respectively and with fear of humiliation (**.73**, $P < .001$; 2-tailed), (**.63**, $p < .01$; 2-tailed) & (**.58**, $p < .01$; 2-tailed) respectively (table 6), suggest that along with feeling disrespected; stigma and humiliation are also related to emotional experiences of feeling rejected, powerlessness and also lead to feeling of anger.

However, correlation of shame with stigma consciousness (**.32**, $p = .163$; 2-tailed) and cumulative humiliation (**.32**, $p = .172$; 2-tailed) have also found to be positively correlated but not significantly positive, while shame was significantly positively correlated with fear of humiliation (**.51**, $p < .05$; 2-tailed).

(b) Appraisal of Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4) and Anger (ER5)

Correlation between all possible combinations of appraisal of disrespect, shame, rejection, powerlessness and anger was calculated (Table 6) to understand the relation between these emotional experiences in case of individuals with orthopedic disability. Appraisal of disrespect was found to significantly positively correlated with feelings of shame (**.62**, $p < .01$; 2-tailed), rejection (**.83**, $p < .001$; 2-tailed), powerlessness (**.56**, $p < .01$; 2-tailed) and anger (**.57**, $p < .01$; 2-tailed) respectively. Shame was also found significantly correlated with rejection (**.50**, $p < .05$; 2-tailed), powerlessness (**.55**, $p < .05$; 2-tailed) and anger (**.65**, $p < .01$; 2-tailed) respectively. Correlation of rejection with powerlessness (**.54**, $p < .05$; 2-tailed) and anger (**.54**, $p < .05$; 2-tailed) was also significantly correlated in a positive direction. Similarly powerlessness was found to have significant positive correlation with anger (**.52**, $p < .05$; 2-tailed).

(c). In-Group Identification and Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Emotional Reactions of Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

Results in case of orthopedically challenged group showed that In-group identification had been found highly significantly correlated (positive) with stigma consciousness (**.83**, $p < .001$; 2-tailed), cumulative humiliation (**.80**, $p < .001$; 2-tailed) and fear of humiliation (**.67**, $p < .01$; 2-tailed); moderately significantly correlated with emotional experience of disrespect (**.63**, $p < .01$; 2-tailed) and rejection (**.54**, $p < .05$; 2-tailed); and comparatively low significantly correlated with feeling of powerlessness (**.48**, $p < .05$; 2-tailed) and anger (**.46**, $p < .05$; 2-tailed) and non-significantly (although positively) correlated with shame (**.28**, $p = .235$; 2-tailed). To conclude, in-group identification was found positively correlated with all variables in the study i.e. stigma consciousness, cumulative humiliation, fear of humiliation, emotional reactions of disrespect, rejection, powerlessness and anger except shame.

(d). Degree of Disability, In-Group Identification, Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Emotional Reactions of Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

Correlation had been calculated between all possible combinations of degree of disability, in-group identification, stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and emotional reactions of appraisal of disrespect, shame, rejection, powerlessness and anger. Along with in-group identification, degree of disability was found significantly positively correlated with following variables in the study - stigma consciousness, cumulative humiliation, fear of humiliation, emotional reactions of disrespect, rejection and anger, but non-significantly (but positively) correlated with shame and powerlessness.

(iii) Results in case of orthopedically challenged group showed that degree of disability had been found significantly correlated in positive direction with stigma consciousness (**.67**, $p < .01$; 2-tailed), cumulative humiliation (**.79**, $p < .001$; 2-tailed), fear of humiliation (**.69**, $p < .05$; 2-tailed), with emotional experience of disrespect (**.60**, $p < .01$; 2-tailed), rejection (**.46**, $p < .05$; 2-tailed) and with anger (**.53**, $p < .05$; 2-tailed). Correlation of degree of disability with shame (**.22,** $p = .355$; 2-tailed) and powerlessness (**.43**, $p = .058$; 2-tailed) had also found to be positively correlated but value is not significant. To conclude, among orthopedically challenged group, degree of disability was found positively correlated with stigma consciousness, cumulative humiliation, fear of humiliation, emotional reactions of disrespect, rejection and anger, but non-significantly (but positively) correlated with shame and powerlessness.

(iv) While degree of disability was positively correlated with negative experiences of stigma consciousness, cumulative humiliation, fear of humiliation and emotional experience of disrespect, rejection and anger, it had found to be highly significantly (positively) correlated with in-group identification. Correlation of degree of disability with in-group identification had found to be highly significant (**.85**, $p < .001$; 2-tailed).

Table 7

Means, Standard Deviation and correlation coefficients for Stigma Consciousness (SC),Cumulative Humiliation (CH), Fear of Humiliation (FH), Emotional Reactions: Disrespect (ER1),Shame (ER2)Rejection (ER3), Powerlessness (ER4), Anger (ER5), In-Group Identification (IGI) and Degree of Disability (DD) in case of Visually Challenged (VH) Student Population :

Variable	SC	CH	FH	ER1	ER2	ER3	ER4	ER5	IGI	DD
SC	-	.82*** (.00)	.76*** (.00)	.42 (.068)	.61** (.004)	.13 (.589)	.25 (.289)	.48* (.034)	.81*** (.00)	.28 (.226)
CH		-	.88*** (.00)	.55* (.013)	.67** (.001)	.42 (.065)	.28 (.226)	.59** (.006)	.65** (.002)	.20 (.403)
FF			-	.63** (.003)	.65** (.002)	.41 (.071)	.51* (.022)	.52* (.018)	.62** (.003)	.14 (.568)
ER1				-	.75*** (.00)	.88*** (.00)	.53* (.017)	.78*** (.00)	.26 (.272)	.35 (.132)
ER2					-	.53* (.016)	.46* (.041)	.72*** (.00)	.44 (.051)	.49* (.042)
ER3						-	.46* (.041)	.75*** (.00)	.09 (.703)	.30 (.199)
ER4							-	.36 (.119)	.23 (.322)	.18 (.456)
ER5								-	.56* (.011)	.56* (.011)
IGI									-	.54* (.014)
DD										-
Max. Possible Range	1-7	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-7	40-100
Mean	3.85	2.12	2.10	2.28	1.72	2.35	1.82	2.15	4.06	76
Std Dev.	0.77	0.81	0.71	0.95	0.57	1.01	0.52	0.61	0.89	18.10

Note-Score in () under each correlation coefficient represent corresponding p-value

***. Significant at the 0.01 level (2-tailed)

**. Significant at the 0.01 level (2-tailed) N=20

*. Significant at the 0.05 level (2-tailed)

(a). Stigma Consciousness (SC), Humiliation (Cumulative Humiliation CH and Fear of Humiliation FH), and Emotional Experiences of Appraisal of Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4) and Anger (ER5):

Among visually challenged group, results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.82**, $p < .001$; 2-tailed) & fear of humiliation (**.76**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed). Appraisal of disrespect had significant positive correlation with both dimensions of humiliation i.e. cumulative humiliation (**.55**, $p < .05$; 2-tailed) and fear of humiliation (**.63**, $p < .01$; 2-tailed) which shows that feeling of disrespect is an emotional experience of humiliation among orthopedically challenged group; but correlation of appraisal of disrespect with stigma consciousness (**.42**, $p = .065$; 2-tailed) was non-significant (although positive). Shame had found to be positively and significantly correlated with stigma consciousness (**.61**, $p < .01$; 2-tailed), cumulative humiliation (**.67**, $p < .01$; 2-tailed) and fear of humiliation (**.65**, $p < .01$; 2-tailed).

Rejection and powerlessness were not significantly correlated with stigma consciousness (**.13**, $p = .589$; 2-tailed) & (**.25**, $p = .289$; 2-tailed) respectively and with cumulative humiliation (**.42**, $p = .065$; 2-tailed) & (**.28**, $p = .226$; 2-tailed) respectively. Rejection was not significantly correlated with fear of humiliation as well (**.41**, $p = .071$; 2-tailed), but powerlessness had significant positive correlation with fear of humiliation (**.51**, $p < .05$; 2-tailed). Anger had significantly positive correlation with stigma consciousness (**.48**, $p < .05$; 2-tailed), cumulative humiliation (**.59**, $p < .01$; 2-tailed) and with fear of humiliation (**.52**, $p < .05$; 2-tailed).

(b) Appraisal of Disrespect (ER1), Shame (ER2), Rejection (ER3), Powerlessness (ER4) and Anger (ER5)

Correlation between all possible combinations of appraisal of disrespect, shame, rejection, powerlessness and anger was calculated (Table 7) to understand the relation between these emotional experiences in case of individuals with Visual disability.

Appraisal of disrespect was found to significantly positively correlated with feelings of shame (**.75**, $p < .001$; 2-tailed), rejection (**.88**, $p < .001$; 2-tailed), powerlessness

(**.53**, $p < .05$; 2-tailed) and anger (**.78**, $p < .001$; 2-tailed) respectively. Shame was also found significantly correlated with rejection (**.53**, $p < .05$; 2-tailed), powerlessness (**.46**, $p < .05$; 2-tailed) and anger (**.72**, $p < .001$; 2-tailed) respectively. Correlation of rejection with powerlessness (**.46**, $p < .05$; 2-tailed) and anger (**.75**, $p < .001$; 2-tailed) was also significantly correlated in a positive direction. However, correlation of powerlessness with anger (**.36**, $p = .119$; 2-tailed) was not significant (although positive). Hence except combination of powerlessness and anger, significant positive correlations had been found between all other possible combinations of appraisal of disrespect, shame, rejection, powerlessness and anger.

(c). In-Group Identification and Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Emotional Reactions of Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

Results in case of visually challenged group showed that in-group identification had been found highly significantly correlated (positive) with stigma consciousness (**.81**, $p < .001$; 2-tailed), cumulative humiliation (**.65**, $p < .01$; 2-tailed) and fear of humiliation (**.62**, $p < .01$; 2-tailed) and moderately significantly correlated with emotional experience of anger (**.56**, $p < .05$; 2-tailed). Correlation of in-Group identification with all other emotional experiences (involved in study) had found to be non-significant (although positive). Correlation of in-Group identification with disrespect, shame, rejection and powerlessness was (**.26**, $p = .272$; 2-tailed), (**.44**, $p = .051$; 2-tailed), (**.09**, $p = .703$; 2-tailed) and (**.23**, $p = .332$; 2-tailed) respectively. To conclude, in-group identification was found significantly (positively) correlated with stigma consciousness, cumulative humiliation, fear of humiliation and anger.

(d). Degree of Disability, In-Group Identification, Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Emotional Reactions of Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

Correlation had been calculated between all possible combinations of degree of disability, in-group identification, stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and emotional reactions of appraisal of disrespect, shame, rejection, powerlessness and anger. Along with in-group

identification, degree of disability was found significantly positively correlated with shame and anger, but non-significantly (but positively) correlated with following variables in the study - stigma consciousness, cumulative humiliation, fear of humiliation, emotional reactions of disrespect, rejection and powerlessness.

(v) Results in case of visually challenged group showed that degree of disability had been found significantly correlated in positive direction with shame (**.48**, $p < .05$; 2-tailed) and anger (**.56**, $p < .05$; 2-tailed). Correlation of degree of disability with stigma consciousness (**.28**, $p = .226$; 2-tailed), cumulative humiliation (**.20**, $p = .226$; 2-tailed), fear of humiliation (**.14**, $p = .568$; 2-tailed), disrespect (**.35**, $p = .132$; 2-tailed), rejection (**.30**, $p = .199$; 2-tailed), and powerlessness (**.18**, $p = .456$; 2-tailed) had also found to be positive but non-significant. To conclude, among visually challenged group, degree of disability was found positively correlated only with shame and anger, but non-significantly (but positively) correlated with stigma consciousness, cumulative humiliation, fear of humiliation, emotional reactions of disrespect, rejection and powerlessness.

(vi) With in-group identification, degree of disability had found to be significantly (positively) correlated with in-group identification. Correlation of degree of disability with in-group identification was (**.54**, $p < .05$; 2-tailed).

Comparisons of Correlations among Scheduled Caste Group and Disability Groups:

A comparison of significant correlation combinations have been drawn upon to see the difference between scheduled caste group versus disability group. In both groups stigma, cumulative humiliation and fear of humiliation had found highly correlated, suggesting an inter-relation of stigma and humiliation. In case of disability group, stigma and humiliation had significant correlation with emotional experiences of disrespect, shame, rejection, powerlessness and anger, which implies that in this group stigma and humiliation involve all these experiences. In case of scheduled caste group, only rejection, powerlessness and anger had found to be in positive correlation with stigma and humiliation; shame and disrespect didn't have significant correlation with stigma and humiliation, which suggest that humiliation in scheduled caste group

involve emotional reactions of feeling rejected, powerlessness and anger, and not the feelings of disrespect and shame.

Similarly, in-group identification in case of disability group had significantly correlated with all variables (stigma, humiliation, disrespect, shame, rejection, powerlessness and anger) but in case of scheduled caste group disrespect, shame and anger didn't have significant correlation with in-group identification. Such differences suggest that stigma and humiliation lead to different kind of emotional reactions in both groups and their emotional experiences are different. Also their identification with in-group was related to different emotional experiences.

To conclude, results in table 3-7, suggest that stigma, humiliation (both cumulative humiliation and fear of humiliation) and emotional experiences of disrespect, rejection, powerlessness and anger were positively correlated with each other, but shame was not significantly correlated with stigma consciousness and cumulative humiliation. Results also suggested that individuals with lower degree of disability and higher autonomy and participation would be lower on in-group identification as compared to those with higher degree of disability and lower autonomy and participation. Result didn't showed significant difference between in-group identification between male group and female group. Although not significant yet contrary to hypothesis, results in present study showed lower in-group identification among disabled male group than disabled female group.

Results suggest a variation in emotional experiences due to stigma and humiliation, while in case of scheduled caste group, along with shame, disrespect was also not associated with stigma consciousness, cumulative humiliation and fear of humiliation, but in case of disability group all emotional experiences (accommodated in the study) were associated with stigma and humiliation. Further there were differences within disability group i.e. between sub-groups of disability group.

II. Stigma Consciousness, Humiliation and In-Group Identification

To test H2 further, correlation between stigma consciousness, humiliation and In-group identification and its components had been computed. Same had been done in total, as well as individually for each group.

Table 8

Means, Standard Deviation, correlation coefficients and p-values for Stigma consciousness (SC), Cumulative Humiliation (CH), Fear of Humiliation (FH), and In-Group Identification (IGI) & its five components: Solidarity (SO), Centrality (CE), Satisfaction (SA), Individual Self-Stereotyping (ISS) & In-Group Homogeneity (IGH) in case of Total Student Population:

Variable	SC	CH	FH	IGI	SO	CE	SA	ISS	IGH
SC	-	.86*** (.00)	.79*** (.00)	.76*** (.00)	.65*** (.00)	.71*** (.00)	.57*** (.00)	.49*** (.00)	.46*** (.00)
CH		-	.88*** (.00)	.66*** (.00)	.58*** (.00)	.59*** (.00)	.51*** (.00)	.40*** (.00)	.35** (.001)
FH			-	.63*** (.00)	.57*** (.00)	.58*** (.00)	.45*** (.00)	.36** (.001)	.35** (.001)
IGI				-	.81*** (.00)	.77*** (.00)	.81*** (.00)	.64*** (.00)	.58*** (.00)
SO					-	.63*** (.00)	.65*** (.00)	.38*** (.00)	.29** (.008)
CE						-	.42*** (.00)	.39*** (.00)	.32** (.003)
SA							-	.45*** (.00)	.36** (.001)
ISS								-	.58*** (.00)
IGH									-
Mean	3.85	2.30	2.23	4.32	4.42	4.11	4.52	4.41	4.49
Std. Dev.	1.16	0.83	0.77	1.13	1.77	1.36	1.62	1.18	1.53

Note-Score in () under each correlation coefficient represent corresponding p-value

***. significant at the 0.001 level (2-tailed)

**. significant at the 0.01 level (2-tailed). N=80

Results in table 8, suggest that all possible combinations between these variables was significant, which means that stigma and humiliation lead to in-group identification in all domains. Stigma consciousness was positively associated with solidarity (**.65**, $p < .001$; 2-tailed), centrality (**.71**, $p < .001$; 2-tailed), satisfaction (**.57**, $p < .001$; 2-tailed), self-stereotyping (**.49**, $p < .001$; 2-tailed), and in-group homogeneity (**.47**, $p < .001$; 2-tailed). Similarly cumulative humiliation had positive association with solidarity (**.58**, $p < .001$; 2-tailed), centrality (**.59**, $p < .001$; 2-tailed), satisfaction (**.51**, $p < .001$; 2-tailed), self-stereotyping (**.40**, $p < .001$; 2-tailed), and in-group homogeneity (**.35**, $p < .01$; 2-tailed). And also fear of humiliation was positively associated with solidarity (**.57**, $p < .001$; 2-tailed), centrality (**.58**, $p < .001$; 2-tailed), satisfaction (**.45**, $p < .001$; 2-tailed), self-stereotyping (**.36**, $p < .01$; 2-tailed), and in-group homogeneity (**.35**, $p < .01$; 2-tailed).

Same pattern of results emerged when checked individually with scheduled caste group (table 9). Stigma consciousness was positively associated with solidarity (**.45**, $p < .01$; 2-tailed), centrality (**.59**, $p < .001$; 2-tailed), satisfaction (**.53**, $p < .001$; 2-tailed), self-stereotyping (**.38**, $p < .05$; 2-tailed), and in-group homogeneity (**.49**, $p < .01$; 2-tailed). Similarly cumulative humiliation had positive association with solidarity (**.37**, $p < .05$; 2-tailed), centrality (**.49**, $p < .01$; 2-tailed), satisfaction (**.46**, $p < .01$; 2-tailed), self-stereotyping (**.33**, $p < .05$; 2-tailed), and in-group homogeneity (**.43**, $p < .01$; 2-tailed). And also fear of humiliation was positively associated with solidarity (**.33**, $p < .05$; 2-tailed), centrality (**.47**, $p < .01$; 2-tailed), satisfaction (**.37**, $p < .05$; 2-tailed), self-stereotyping (**.35**, $p < .05$; 2-tailed), and in-group homogeneity (**.51**, $p < .01$; 2-tailed).

However, when these results were checked for disability group, it showed a slight difference. While stigma was significantly associated with each component, solidarity (**.78**, $p < .001$; 2-tailed), centrality (**.81**, $p < .001$; 2-tailed), satisfaction (**.54**, $p < .001$; 2-tailed), self-stereotyping (**.53**, $p < .001$; 2-tailed), and in-group homogeneity (**.38**, $p < .05$; 2-tailed); cumulative humiliation and fear of humiliation were not found to be associated with in-group homogeneity. Correlation of cumulative humiliation with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity was respectively (**.72**, $p < .001$; 2-tailed), (**.68**, $p < .001$; 2-tailed), (**.52**, $p < .01$; 2-tailed), (**.43**, $p < .01$; 2-tailed), and (**.19**, $p = .237$; 2-tailed) and that of fear of humiliation with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity

was respectively (**.73**, p < .001; 2-tailed), (**.67**, p < .001; 2-tailed), (**.48**, p < .01; 2-tailed), (**.33**, p < .05; 2-tailed), and (**.13**, p = .423; 2-tailed) (table 10).

Table 9

Means, Standard Deviation, Correlation Coefficients and p-values for Stigma Consciousness (SC), Cumulative Humiliation (CH), Fear of Humiliation (FH), and In-Group Identification (IGI) & its five components: Solidarity (SO), Centrality (CE), Satisfaction (SA), Individual Self-Stereotyping (ISS) & In-Group Homogeneity (IGH) in case of Scheduled caste Population:

Variable	SC	CH	FH	IGI	SO	CE	SA	ISS	IGH
SC	-	.91*** (.00)	.82*** (.00)	.69*** (.00)	.45** (.003)	.59*** (.00)	.53*** (.00)	.38* (.015)	.49** (.00)
CH		-	.88*** (.00)	.59*** (.00)	.37* (.019)	.49** (.001)	.46** (.003)	.33* (.040)	.43** (.006)
FH			-	.57*** (.00)	.33* (.040)	.47** (.002)	.37* (.019)	.35* (.027)	.51** (.001)
IGI				-	.82*** (.00)	.77*** (.00)	.78*** (.00)	.49** (.001)	.47** (.002)
SO					-	.43** (.006)	.79*** (.00)	.35* (.027)	.28 (.075)
CE						-	.43** (.006)	.14 (.383)	.36* (.024)
SA							-	.40* (.011)	.19 (.237)
ISS								-	.58*** (.00)
IGH									-
Mean	4.05	2.44	2.36	4.69	4.92	4.24	5.08	4.68	5.01
Std. Dev.	1.11	0.82	0.72	1.02	1.55	1.39	1.53	0.91	1.48

Note-Score in () under each correlation coefficient represent corresponding p-value

***. significant at the 0.001 level (2-tailed)

**. significant at the 0.01 level (2-tailed). N=40

*. significant at the 0.05 level (2-tailed).

Table 10

Means, Standard Deviation, Correlation Coefficients and p-values for Stigma Consciousness (SC), Cumulative Humiliation (CH), Fear of Humiliation (FH), Degree of Disability and In-Group Identification (IGI) & its five components: Solidarity (SO), Centrality (CE), Satisfaction (SA), Individual Self-Stereotyping (ISS) & In-Group Homogeneity (IGH) in case of Disability Group:

Variable	SC	CH	FH	DD	IGI	SO	CE	SA	ISS	IGH
SC	-	.80*** (.00)	.76*** (.00)	.50** (.001)	.73*** (.00)	.78*** (.00)	.81*** (.00)	.54*** (.00)	.53*** (.00)	.38* (.015)
CH		-	.88*** (.00)	.37* (.019)	.72*** (.00)	.72*** (.00)	.68*** (.00)	.52** (.001)	.43** (.006)	.19 (.237)
FH			-	.36* (.024)	.65*** (.00)	.73*** (.00)	.67*** (.00)	.48** (.002)	.33* (.040)	.13 (.423)
DD				-	.64*** (.00)	.45** (.004)	.49** (.001)	.51** (.001)	.43** (.006)	.39* (.013)
IGI					-	.78*** (.00)	.80*** (.00)	.79*** (.00)	.70*** (.00)	.58*** (.00)
SO						-	.82*** (.00)	.48** (.002)	.34* (.031)	.15 (.359)
CE							-	.39* (.0113)	.55*** (.00)	.25 (.122)
SA								-	.43** (.006)	.36* (.025)
ISS									-	.69*** (.00)
IGH										-
Mean	3.64	2.17	2.11	73.63	3.94	3.91	3.97	3.95	4.15	3.96
Std. Dev.	1.18	0.83	0.80	19.87	1.13	1.84	1.33	1.52	1.36	1.42

Note-Score in () under each correlation coefficient represent corresponding p-value

***. significant at the 0.001 level (2-tailed)

**. significant at the 0.01 level (2-tailed). N=40

*. significant at the 0.05 level (2-tailed).

Results in table 10, reveals that among disability group, degree of disability was also positively associated with all components of in-group identification, correlation of degree of disability with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity was respectively (**.45**, $p < .01$; 2-tailed), (**.49**, $p < .01$; 2-tailed), (**.51**, $p < .01$; 2-tailed), (**.43**, $p < .01$; 2-tailed), and (**.39**, $p < .05$; 2-tailed).

Analysis with orthopedically challenged group, suggest that stigma consciousness was positively associated with each component, solidarity (**.84**, $p < .001$; 2-tailed), centrality (**.83**, $p < .001$; 2-tailed), satisfaction (**.61**, $p < .01$; 2-tailed), self-stereotyping (**.54**, $p < .05$; 2-tailed), and in-group homogeneity (**.50**, $p < .05$; 2-tailed); cumulative humiliation was not found to be significantly associated with in-group homogeneity; and fear of humiliation was not significantly associated with individual self-stereotyping and in-group homogeneity. Correlation of cumulative humiliation with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity was respectively (**.78**, $p < .001$; 2-tailed), (**.73**, $p < .001$; 2-tailed), (**.61**, $p < .01$; 2-tailed), (**.50**, $p < .05$; 2-tailed), and (**.38**, $p = .097$; 2-tailed) and that of fear of humiliation with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity was respectively (**.78**, $p < .001$; 2-tailed), (**.73**, $p < .001$; 2-tailed), (**.51**, $p < .05$; 2-tailed), (**.40**, $p = .083$; 2-tailed), and (**.18**, $p = .445$; 2-tailed) (table 11).

However, when these results were checked for visually challenged group, stigma was found significantly associated with each component except in-group homogeneity; solidarity (**.66**, $p < .01$; 2-tailed), centrality (**.77**, $p < .001$; 2-tailed), satisfaction (**.48**, $p < .05$; 2-tailed), self-stereotyping (**.58**, $p < .01$; 2-tailed), and in-group homogeneity (**.17**, $p = .484$; 2-tailed); cumulative humiliation and fear of humiliation were not found to be associated with, satisfaction, self-stereotyping and in-group homogeneity. Correlation of cumulative humiliation with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity was respectively (**.70**, $p < .01$; 2-tailed), (**.69**, $p < .01$; 2-tailed), (**.41**, $p = .071$; 2-tailed), (**.33**, $p = .157$; 2-tailed), and (**-.02**, $p = .930$; 2-tailed) and that of fear of humiliation with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity was respectively (**.70**, $p < .01$; 2-tailed), (**.59**, $p < .01$; 2-tailed), (**.42**, $p = .068$; 2-tailed), (**.24**, $p = .318$; 2-tailed), and (**.06**, $p = .796$; 2-tailed) (table 10).

Table 11

Means, Standard Deviation, Correlation Coefficients and p-values for Stigma Consciousness (SC), Cumulative Humiliation (CH), Fear of Humiliation (FH), Degree of Disability and In-Group Identification (IGI) & its five components: Solidarity (SO), Centrality (CE), Satisfaction (SA), Individual Self-Stereotyping (ISS) & In-Group Homogeneity (IGH) in case of Orthopedically Challenged Group:

Variable	SC	CH	FH	DD	IGI	SO	CE	SA	ISS	IGH
SC	-	.88*** (.00)	.80*** (.00)	.67** (.001)	.83*** (.00)	.84*** (.00)	.83*** (.00)	.61** (.004)	.54* (.014)	.50* (.023)
CH		-	.88*** (.00)	.79*** (.00)	.80*** (.00)	.78*** (.00)	.74*** (.00)	.61** (.004)	.50* (.023)	.38 (.097)
FH			-	.69** (.001)	.67** (.001)	.78*** (.00)	.73*** (.00)	.51* (.022)	.40 (.083)	.18 (.445)
DD				-	.85*** (.00)	.66** (.002)	.69** (.001)	.77*** (.00)	.66** (.002)	.46* (.041)
IGI					-	.79*** (.00)	.85*** (.00)	.82*** (.00)	.80*** (.00)	.67** (.001)
SO						-	.84*** (.00)	.53* (.016)	.49* (.042)	.29 (.215)
CE							-	.50* (.023)	.70** (.001)	.42 (.068)
SA								-	.54* (.014)	.46* (.041)
ISS									-	.76*** (.00)
IGH										-
Mean	3.44	2.23	2.11	71.25	3.83	3.70	3.70	3.99	4.18	3.92
Std. Dev.	1.48	0.86	0.92	16.00	1.34	2.05	1.54	1.63	1.51	1.48

Note-Score in () under each correlation coefficient represent corresponding p-value

***. significant at the 0.001 level (2-tailed)

**. significant at the 0.01 level (2-tailed). N=20

*. significant at the 0.05 level (2-tailed).

Table 12

Means, Standard Deviation, Correlation Coefficients and p-values for Stigma Consciousness (SC), Cumulative Humiliation (CH), Fear of Humiliation (FH), Degree of Disability and In-Group Identification (IGI) & its five components: Solidarity (SO), Centrality (CE), Satisfaction (SA), Individual Self-Stereotyping (ISS) & In-group Homogeneity (IGH) in case of Visually Challenged Group:

Variable	SC	CH	FH	DD	IGI	SO	CE	SA	ISS	IGH
SC	-	.82*** (.00)	.76*** (.00)	.28 (.226)	.81*** (.00)	.66** (.002)	.77*** (.00)	.48* (.033)	.58** (.007)	.17 (.484)
CH		-	.88*** (.00)	.20 (.409)	.65** (.002)	.70** (.001)	.69** (.001)	.41 (.071)	.33 (.157)	-.02 (.930)
FH			-	.14 (.568)	.62** (.004)	.70** (.001)	.59** (.006)	.42 (.068)	.24 (.318)	.06 (.796)
DD				-	.54* (.014)	.23 (.257)	.19 (.413)	.47* (.036)	.38 (.101)	.43 (.058)
IGI					-	.76*** (.00)	.68** (.002)	.78*** (.00)	.54* (.014)	.44 (.051)
SO						-	.78*** (.00)	.43 (.058)	.13 (.588)	-.48* (.033)
CE							-	.26 (.272)	.35 (.132)	-.02 (.940)
SA								-	.28 (.227)	.23 (.322)
ISS									-	.61** (.004)
IGH										-
Mean	3.85	2.12	2.10	76	4.06	4.13	4.25	3.91	4.12	4.00
Std. Dev.	.77	0.81	0.71	18.10	0.89	1.63	1.06	1.44	1.23	1.39

Note-Score in () under each correlation coefficient represent corresponding p-value

***. significant at the 0.001 level (2-tailed)

**. significant at the 0.01 level (2-tailed). N=20

*. significant at the 0.05 level (2-tailed).

Further when degree of disability had been checked for its association with in-group identification and its components. Among orthopedically challenged group, it was found that, degree of disability was positively associated with all components of in-group identification, correlation of degree of disability with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity was respectively (**.66**, $p < .01$; 2-tailed), (**.69**, $p < .01$; 2-tailed), (**.77**, $p < .001$; 2-tailed), (**.66**, $p < .01$; 2-tailed), and (**.46**, $p < .05$; 2-tailed)(table 11). However results had shown different pattern with visually challenged group, degree of disability was positively associated only with satisfaction, correlation of degree of disability with solidarity, centrality, satisfaction, self-stereotyping and in-group homogeneity was respectively (**.23**, $p = .257$; 2-tailed), (**.19**, $p = .413$; 2-tailed), (**.47**, $p < .05$; 2-tailed), (**.38**, $p = .101$; 2-tailed), and (**.43**, $p = .058$; 2-tailed) (table 12). Results suggest difference in patterns among different groups.

III. Degree of Disability, Impact on Participation and Autonomy and In-Group Identification:

In order to check whether degree of disability, impact of disability on autonomy and participation and in-group identification had any relation, correlations were calculated between all possible combinations of following variables: Degree of disability, impact on participation and autonomy in five areas: impact on autonomy roles, impact on family roles, impact on autonomy outdoors, impact on social life and relationships and impact on education, and in-group identification.

Results under section II had shown that there is a significant positive correlation between degree of disability and in-group identification (table 5, table 6 and table 7). When checked for whole disability group together results suggest a significant correlated value (**.64**, $p < .001$; 2-tailed), in case of orthopedically challenged group it was (**.85**, $p < .001$; 2-tailed) and for visually challenged group value was (**.54**, $p < .05$; 2-tailed). To explore the relation further between degree of disability and impact on participation and autonomy, correlations were computed between degree of disability, impact on participation and autonomy in five areas: impact on autonomy roles, impact on family roles, impact on autonomy outdoors, impact on social life and relationships and impact on education, and in-group identification.

A. Degree of Disability, Impact on Participation and Autonomy and In-Group Identification among Disability Group:

Table 13

Means, Standard Deviation and Correlation Coefficients for Degree of Disability (DD) and Impact on Participation and Autonomy (IPA) & its Components: Impact on Autonomy Roles (IAR), Impact on Family Roles (IFR), Impact on Autonomy Outdoors (IAO), Impact on Social Life and Relationship (ISLR) & Impact on Education (IE) and In-Group Identification in case of Disability Group (OH & VH together):

Variables	DD	IPA	IAR	IFR	IAO	ISLR	IE	IGI
DD	-	.72*** (.00)	.67*** (.00)	.56*** (.00)	.64*** (.00)	.63*** (.00)	.57*** (.00)	.64*** (.00)
IPA		-	.77*** (.00)	.88*** (.00)	.91*** (.00)	.86*** (.00)	.76*** (.00)	.60*** (.00)
IAR			-	.69*** (.00)	.60*** (.00)	.65*** (.00)	.47** (.002)	.51** (.001)
IFR				-	.80*** (.00)	.63*** (.00)	.57*** (.00)	.41** (.009)
IAO					-	.77*** (.00)	.61*** (.00)	.59*** (.00)
ISLR						-	.57*** (.00)	.60*** (.00)
IE							-	.45** (.004)
IGI								-
Mean	73.63	0.96	0.66	0.87	1.13	1.06	1.09	3.94
Std. Dev.	19.87	0.59	0.49	0.68	0.88	0.74	0.76	1.13

Note-Score in () under each correlation coefficient represent corresponding p-value

***. Significant at the 0.01 level (2-tailed)

**. Correlation is significant at the 0.01 level (2-tailed). N=40

*. Correlation is significant at the 0.05 level (2-tailed).

(a) Degree of Disability and Impact on Participation & Autonomy and its five Sub- areas

Results in table 13 suggest that degree of disability was highly significantly (positively) related with impact on participation & autonomy (**.72**, $p < .001$; 2-tailed), which implies that impact on participation & autonomy increases with increase in degree of disability. Further this relation of degree of disability was analyzed with impact on different domains: impact on autonomy roles, impact on family roles, impact on autonomy outdoors, impact on social life and relationships and impact on education. Degree of disability was found to be significantly positively correlated with these domains, and correlation statistics of degree of disability with these five domains were (**.67**, $p < .001$; 2-tailed), (**.56**, $p < .001$; 2-tailed), (**.64**, $p < .001$; 2-tailed), (**.63**, $p < .001$; 2-tailed) and (**.57**, $p < .001$; 2-tailed) respectively.

These domains were also significantly correlated with each other (table 13). Correlation of impact on autonomy roles was significantly correlated with impact on family roles (**.69**, $p < .001$; 2-tailed), impact on autonomy outdoors (**.60**, $p < .001$; 2-tailed), impact on family life (**.65**, $p < .001$; 2-tailed) and relationships and impact on education (**.47**, $p < .01$; 2-tailed). Impact on family roles was significantly correlated with impact on autonomy outdoors (**.80**, $p < .001$; 2-tailed), impact on social life and relationships (**.63**, $p < .001$; 2-tailed) and impact on education (**.57**, $p < .001$; 2-tailed). Correlation of impact on autonomy outdoors, with impact on social life and relationships and impact on education was (**.61**, $p < .001$; 2-tailed) and (**.77**, $p < .001$; 2-tailed) respectively; and correlation between impact on social life and relationships and impact on education was (**.57**, $p < .001$; 2-tailed).

(b) Impact on Participation & Autonomy and In-Group Identification:

To check, whether there is a relation between In-group Identification and impact on participation & autonomy, and to further check relation of impact in different domains with In-group Identification; correlations were calculated between above mentioned five domains and In-group Identification. It was found that In-group identification was significantly correlated with impact on participation and autonomy (**.60**, $p < .001$; 2-tailed). Also when checked individually with separate domains, correlation of In-group Identification with impact on autonomy roles (**.51**, $p < .01$; 2-tailed), impact on

family roles (**.41**, $p < .01$; 2-tailed), impact on autonomy outdoors (**.59**, $p < .001$; 2-tailed), impact on social life and relationships (**.60**, $p < .001$; 2-tailed) and impact on education (**.45**, $p < .01$; 2-tailed) was significantly positive. Although a comparison of these correlation suggest that as compare to other domains, In-group Identification had higher correlation with impact on autonomy outdoors and impact on social life and relationship, which means impact in these domains are more related to In-group Identification.

B. Degree of Disability, Impact on Participation and Autonomy and In-Group Identification among Orthopedically Challenged Group:

(a) Degree of Disability and Impact on Participation & Autonomy and its five Sub- areas

Degree of disability was highly significantly (positively) related with impact on participation & autonomy (**.80**, $p < .001$; 2-tailed). Degree of disability was also found to be significantly positively correlated with different domains of impact on participation and autonomy, and correlation degree of disability with these domains were (**.73**, $p < .001$; 2-tailed), (**.75**, $p < .001$; 2-tailed), (**.74**, $p < .001$; 2-tailed), (**.75**, $p < .001$; 2-tailed) and (**.83**, $p < .001$; 2-tailed) respectively. These domains were also significantly correlated with each other (table 14).

(b) Impact on Participation & Autonomy and In-Group Identification:

Among orthopedically challenged group, In-group identification was significantly correlated with impact on participation and autonomy (**.68**, $p < .01$; 2-tailed). Correlation of In-group Identification with impact on autonomy roles (**.72**, $p < .01$; 2-tailed), impact on family roles (**.52**, $p < .01$; 2-tailed), impact on autonomy outdoors (**.59**, $p < .01$; 2-tailed), impact on social life and relationships (**.66**, $p < .01$; 2-tailed) and impact on education (**.50**, $p < .05$; 2-tailed) was significantly positive.

Table 14

Means, Standard Deviation, Correlation Coefficients and p-value, for Degree of Disability (DD) and Impact on Participation and Autonomy (IPA) & its Components: Impact on Autonomy Roles (IAR), Impact on Family Roles (IFR), Impact on Autonomy Outdoors (IAO), Impact on Social Life and Relationship (ISLR) & Impact on Education (IE) and In-Group Identification in case of Orthopedically Challenged Group:

Variables	DD	IPA	IAR	IFR	IAO	ISLR	IE	IGI
DD	-	.80*** (.00)	.73*** (.00)	.75*** (.00)	.74*** (.00)	.75*** (.00)	.83*** (.00)	.85*** (.00)
IPA		-	.77*** (.00)	.92*** (.00)	.94*** (.00)	.89*** (.00)	.81*** (.00)	.68** (.001)
IAR			-	.64** (.003)	.65** (.002)	.66** (.002)	.49* (.042)	.72*** (.00)
IFR				-	.91*** (.00)	.73*** (.00)	.71** (.001)	.52** (.020)
IAO					-	.82*** (.00)	.69** (.001)	.59** (.006)
ISLR						-	.62** (.004)	.66** (.002)
IE							-	.50* (.027)
IGI								-
Mean	71.25	0.77	0.51	0.70	0.95	0.87	0.83	3.83
Standard Deviation	16.00	0.64	0.49	0.70	0.90	0.81	0.83	1.34

Note-Score in () under each correlation coefficient represent corresponding p-value

***. Significant at the 0.01 level (2-tailed)

**. Correlation is significant at the 0.01 level (2-tailed). N=20

*. Correlation is significant at the 0.05 level (2-tailed).

C. Degree of Disability, Impact on Participation and Autonomy and In-Group Identification among Visually Challenged Group:

Table 15

Means, Standard Deviation, Correlation Coefficients and Corresponding p-values, for Degree of Disability (DD) and Impact on Participation and Autonomy (IPA) & its Components: Impact on Autonomy Roles (IAR), Impact on Family Roles (IFR), Impact on Autonomy Outdoors (IAO), Impact on Social Life and Relationship (ISLR) & Impact on Education (IE) and In-Group Identification in case of Visually Challenged Group:

Variables	DD	IPA	IAR	IFR	IAO	ISLR	IE	IGI
DD	-	.58** (.008)	.54* (.014)	.29 (.215)	.55* (.012)	.45* (.047)	.47* (.036)	.54* (.014)
IPA		-	.73*** (.00)	.82*** (.00)	.88*** (.00)	.77*** (.00)	.59** (.007)	.46* (.041)
IAR			-	.69** (.001)	.51* (.022)	.57** (.009)	.30 (.199)	.20 (.409)
IFR				-	.64** (.002)	.44 (.051)	.28 (.226)	.20 (.389)
IAO					-	.68** (.001)	.45* (.046)	.59** (.007)
ISLR						-	.37 (.153)	.47* (.035)
IE							-	.32 (.164)
IGI								-
Mean	76	1.15	0.81	1.05	1.30	1.25	1.35	4.06
Standard Deviation	18.10	0.48	0.46	0.64	0.83	0.63	0.60	0.89

Note-Score in () under each correlation coefficient represent corresponding p-value

***. Significant at the 0.01 level (2-tailed)

**. Correlation is significant at the 0.01 level (2-tailed). N=20

*. Correlation is significant at the 0.05 level (2-tailed).

(a) Degree of Disability and Impact on Participation & Autonomy and its five Sub- areas:

Results in table 15, suggest that degree of disability was significantly (positively) related with impact on participation & autonomy (**.58**, $p < .01$; 2-tailed), which implies that impact on participation & autonomy increases with increase in degree of disability. Further this relation of degree of disability was analyzed with impact on different domains: impact on autonomy roles, impact on family roles, impact on autonomy outdoors, impact on social life and relationships and impact on education. Correlation of degree of disability was found to be significantly positive with impact on autonomy roles (**.54**, $p < .05$; 2-tailed), impact on autonomy outdoors (**.55**, $p < .01$; 2-tailed), impact on social life and relationships (**.45**, $p < .05$; 2-tailed) and impact on education (**.47**, $p < .05$; 2-tailed), but non-significantly (although positive) with impact on family roles (**.29,** $p = .215$; 2-tailed)

Correlation of impact on autonomy roles was significantly correlated with impact on family roles (**.69**, $p < .01$; 2-tailed), impact on autonomy outdoors (**.51**, $p < .05$; 2-tailed), impact on social life and relationships (**.57**, $p < .01$; 2-tailed) but non-significantly (although positive) with impact on education (**.30,** $p = .199$; 2-tailed). Impact on family roles was significantly correlated with impact on autonomy outdoors (**.80**, $p < .001$; 2-tailed), but had non-significant (although positive) correlation with impact on social life and relationships (**.44,** $p = .051$; 2-tailed) and impact on education (**.28,** $p = .226$; 2-tailed). Correlation of impact on autonomy outdoors, with impact on social life and relationships and impact on education was (**.68**, $p < .01$; 2-tailed) and (**.45**, $p < .05$; 2-tailed) respectively; and correlation between impact on social life and relationships and impact on education was non-significant (**.37,** $p = .153$; 2-tailed).

(b) Impact on Participation & Autonomy and In-Group Identification:

To check the relation between in-group identification and impact on participation & autonomy, and to further check the relation between impacts in different domains with in-group identification; correlations were calculated between above mentioned five domains and In-group Identification. It was found that In-group identification is significantly correlated with impact on participation and autonomy (**.46**, $p < .05$; 2-tailed). When checked individually with separate domains, correlation of in-group

identification with impact on autonomy outdoors (**.59**, $p < .01$; 2-tailed) and impact on family life and relationships (**.47**, $p < .05$; 2-tailed) was significantly positive, but correlation with impact on autonomy roles (**.20,** $p = .409$; 2-tailed), impact on family roles (**.20,** $p = .389$; 2-tailed and impact on education (**.32,** $p = .164$; 2-tailed) was non-significant. Result suggest that in-group identification had significant correlation with impact on autonomy outdoors and impact on social life and relationship, which means impact in these domains play an important role in process of in-group identification.

Results under section II, have shown that all combinations of stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and emotional reactions of appraisal of disrespect, shame, rejection, powerlessness, anger, are significantly correlated, except correlation of shame with stigma and humiliation. Results have shown that along with positive correlation between stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), disrespect, anger, and rejection, powerlessness among each other as there exist a positive correlation between these variables and in-group identification. Comparison of correlation coefficients among different sets suggests variation in degree of correlation among different target groups (table 3-7). Results described under section 2 and section 3, where correlation between degree of disability, impact on participation and In-group identification are discussed suggest a positive correlation between degree of disability, impact on participation and in-group identification.

Results again suggested differences across groups, in case of scheduled caste group; members increased in-group identification by increasing solidarity, centrality, satisfaction, self-stereotyping and by in-group homogeneity. Among disability group, members showed this association by increasing solidarity, centrality, satisfaction, self-stereotyping, but not through increased in-group homogeneity.

3. Mean Score Differences between Scheduled Caste Group and Disability Group

To check whether scheduled caste group and disability group differ on a particular construct or not, t-test was administered on scores of two groups on following constructs:

(a) Stigma, Humiliation and Emotional Experiences.

Table 16

Mean Scores; Standard Deviation, Calculated t-value, Corresponding p-values and Effect size, for Scheduled Caste group and Disability group on Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

Construct (Measure)	Component	Mean N=80	Std. Dev. S.D	Scheduled Caste Group (N=40)			Disability Group (N=40)			t	p	r
				M	S.D.	S.E	M	S.D.	S.E			
Stigma Consciousn-ess (adopted version of Pinel (1999))	-	3.85	1.16	4.05	1.11	0.18	3.64	1.18	0.19	1.60	.115	.18
Humiliation (Hartling and Luchetta's (1999) Humiliation Inventory)	Cumulative Humiliation	2.30	0.83	2.44	0.82	0.13	2.17	0.83	0.13	1.42	.158	.16
	Fear of Humiliation	2.23	0.77	2.36	0.72	0.11	2.11	0.81	0.13	1.49	.139	.17
Emotional Experience (Sub-scales developed by Jogdand (2010)	Disrespect	2.18	1.01	2.25	1.04	0.16	2.11	0.99	0.16	0.63	.531	.07
	Shame	1.48	0.51	1.38	0.39	0.06	1.58	0.60	0.09	-1.79	.077	.20
	Rejection	2.51	1.17	2.69	1.19	0.19	2.32	1.13	0.18	1.41	.162	.16
	Powerless	1.81	0.56	1.87	0.58	0.09	1.75	0.55	0.09	0.92	.344	.10
	Anger	2.18	0.79	2.42	0.83	0.13	1.94	0.67	0.11	2.86**	.005	.31

Note – M, S.D, S.E, r, respectively stands for Means, Standard Deviation, and Standard Error Mean & Effect Size

** Significant at the 0.01 level. df = 78

Results in table 16 describe a comparison of mean scores between scheduled caste group and disability group on stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and appraisal of disrespect, shame, rejection, powerlessness and anger. Both groups differ significantly only on construct of anger and don't differ significantly on stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and appraisal of disrespect, shame, rejection and powerlessness. Scheduled caste group, (M = 2.42, S.E = .13) scored higher on the anger sub-scale (t = 2.86, p < .01, r = .31) than disability group, (M = 1.94, S.E = .11), which suggest that in response to stigma and humiliation, members of scheduled caste group experience anger more than disability group.

(b) In-group Identification and its Components

Table 17

Mean Scores, Standard Deviation, Calculated t-value, Corresponding p-value and Effect size for Scheduled Caste group and Disability group on In-Group Identification and its Components i.e. Solidarity, Satisfaction, Centrality, and Self-Stereotyping and In-Group Homogeneity.

Construct (Measure)	Component	Mean N=80	Std. Dev. S.D	Scheduled Caste Group (N=40)			Disability Group (N=40)			t	p	r
				M	S.D.	S.E	M	S.D.	S.E			
In-Group Identification (Leach et al.'s (2008), In-group Identification scale)	Total	4.32	1.13	4.69	1.02	0.16	3.94	1.13	0.18	3.10**	.003	.33
	Solidarity	4.42	1.77	4.92	1.55	0.24	3.91	1.84	0.29	2.65**	.010	.29
	Centrality	4.11	1.36	4.24	1.39	0.22	3.97	1.33	0.21	0.89	.379	.10
	Satisfaction	4.52	1.62	5.08	1.53	0.24	3.95	1.52	0.24	3.31**	.001	.35
	Self Stereotyping	4.41	1.18	4.68	0.91	0.14	4.15	1.36	0.22	2.03*	.046	.22
	In-group Homogeneity	4.49	1.53	5.01	1.48	0.23	3.96	1.42	0.22	3.24**	.002	.34

Note–M, S.D, S.E, r, respectively stands for Means, Standard deviation, Standard Error Mean & Effect Size

** significant at the 0.01 level. df = 78

* significant at the 0.05 level.

Results in table 17, describes a comparison of mean scores between scheduled caste group and disability group on in-group identification and its components - solidarity, satisfaction, centrality, and self-stereotyping and in-group homogeneity. Calculated t-value for all these constructs suggest that mean scores of both groups differ significantly on in-group identification construct. Scheduled caste group (M=4.69, S.E=0.16) scored significantly higher on the In-group Identification scale (t =3.10, p < .01, r = .33) than disability group (M=3.94, S.E = 0.18), which suggest that in comparison to disability group, in-group identification is higher among scheduled caste group.

Results in table 17, suggest that both groups differ significantly on each component of in-group identification, except that of centrality. In comparison to disability group, scheduled caste group scored significantly higher on solidarity (t = 2.65, p < .01, r = .29), satisfaction (t = 3.31, p <.01, r = .35), self-stereotyping (t = 2.03, p < .05, r = .22), and in-group homogeneity (t = 3.24, p < .01, r = .34), which suggest that in comparison to disability group, scheduled caste group report more solidarity, satisfaction, self-stereotyping and in-group homogeneity. However on the dimension of centrality, difference in mean scores of two groups was not significant (t = 0.89; 2-tailed, r = .10), although mean score of scheduled group (M = 4.24, S.E = 0.22) was higher than that of disability group (M = 3.97, S.E = 0.21), but t-test doesn't suggest this difference as significant.

4. Mean Score Differences between Orthopedically Challenged Group and Visually Challenged Group

To check whether orthopedically challenged group and visually challenged group differ on a particular construct or not, Mann-Whitney U-test was administered on scores of two groups on following constructs: stigma consciousness; humiliation (cumulative humiliation and fear of humiliation); appraisal of disrespect, shame, rejection, powerlessness and anger; group identification and its components i.e. solidarity, satisfaction, centrality, and self-stereotyping and in-group homogeneity; degree of disability, impact on participation and autonomy and its domains i.e. autonomy roles, family roles, autonomy outdoors, social life and relationships and education.

(a) Stigma, Humiliation and Emotional Experiences.

Table 18

Mean Score, Mean rank, Sum of ranks, calculated U-value, Corresponding p-value and Effect size for Orthopedically Challenged group and Visually Challenged group on Stigma Consciousness, Humiliation (Cumulative Humiliation and Fear of Humiliation), Appraisal of Disrespect, Shame, Rejection, Powerlessness and Anger.

Construct (Measure)	Component	Orthopedically Challenged group (N=20)			Visually Challenged group (N=20)			U	z	p	r
		M	M.R.	S.R	M	M.R.	S.R				
Stigma Consciousness (adopted version of Pinel (1999))	-	3.44	19.50	390.0	3.85	21.50	430.0	180.0	-.05	.602	.09
Humiliation (Hartling and Luchetta's (1999) Humiliation Inventory)	Cumulative Humiliation	2.23	21.33	426.5	2.12	19.68	393.5	183.5	-.45	.659	.07
	Fear of Humiliation	2.11	20.35	407.0	2.10	20.65	413.0	197.0	-.81	.947	.13
Emotional Experiences (Sub-scales developed by Jogdand (2010)	Disrespect	0.92	18.33	366.0	2.28	22.68	453.5	156.5	-1.19	.242	.19
	Shame	1.94	16.45	329.0	1.72	24.55	491.0	119.0*	-2.24	.028	.35
	Rejection	1.44	19.43	388.5	2.35	21.58	431.5	178.5	-.59	.565	.09
	Powerlessn ess	2.30	19.03	380.5	1.82	21.98	439.5	170.5	-.87	.429	.14
	Anger	1.68	17.50	350.0	2.15	23.50	470.0	140.0	-1.74	.108	.28

Note – M, M.R, S.R, r, respectively stands for Mean, Standard Deviation, Standard Error Mean, & Effect Size

* significant at the 0.05 level.

Results in table 18, describe a comparison between orthopedically challenged group and visually challenged group on stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and appraisal of disrespect, shame, rejection, powerlessness and anger using Mann-Whitney test. Both groups had significant difference only on construct of shame and didn't differ on stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), and appraisal of disrespect, shame, rejection and powerlessness. Orthopedically challenged group, (M = 2.30) scored higher on the shame sub-scale (U = 119, Z = -2.24, $p < .05$, r = .35)[3] than visually challenged group, (M = 1.82), which suggest that in response to stigma and humiliation, members of orthopedically challenged group experience shame more than visually challenged group.

(b) Degree of Disability and Impact on Participation and Autonomy and its Domains

Results in table 18, describe a comparison between orthopedically challenged group and visually challenged group on degree of disability, impact on autonomy and participation and its domains- autonomy roles, family roles, autonomy outdoors, social life & relationships and education, using Mann-Whitney test. Both groups differed significantly on scale of impact on participation and autonomy (IPA), visually challenged group, (M = 1.15) scored higher on IPA scale (U = 126.0, Z = -1.99, $p < .05$, r = .37) than orthopedically challenged group. When checked for particular domains, calculated U-value suggested that visually challenged group, (M = 1.35) scored higher on the education domain (U = 118, Z = -2.28, $p < .05$, r = .36) than orthopedically challenged group, (M = 0.87), which suggest that impact of disability is more on visually challenged group than orthopedically challenged. However both groups differed on degree of disability also, (OH, M=71.25; VH, M=76), although difference was not significant, so this difference of impact can also be a result of difference in degree of disability.

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[25] Effect size in Mann-Whitney test was calculated by converting a *z*-score into the effect size estimate, *r*, using this equation, r = z/ (square root of N), where *z* is the *z*-score that SPSS produces and *N* is the size of the study (i.e. the number of total observations) on which *z* is based. (See Field 2009, p. 550)

Table 19

Mean Score, Mean rank, Sum of ranks, Calculated U-value, Z-Score and Corresponding p-value and Effect size for Orthopedically Challenged group and Visually Challenged group on Degree of Disability, Impact on Autonomy and Participation and its domains- Autonomy Roles, Family Roles, Autonomy Outdoors, Social Life & Relationships and Education.

Construct (Measure)	Components	Orthopedically Challenged group (N=20)			Visually Challenged group (N=20)			U	z	p	r
		M	M.R	S.R	M	M.R	S.R				
Degree of Disability	-	71.25	18.38	367.5	76.0	22.62	452.5	157.5	-1.17	.249	.19
Impact on Participation and Autonomy (Cardol & Jong (2007)	Total	0.77	16.82	336.5	1.15	24.18	483.5	126.0*	-1.99	.072	.37
	Autonomy Roles	0.51	17.12	342.5	0.81	23.88	477.5	132.5	-1.85	.065	.29
	Family Roles	0.70	17.22	344.5	1.05	23.78	475.5	134.5	-1.78	.076	.28
	Autonomy Outdoors	0.95	18.20	364.0	1.30	22.80	456.0	154.0	-1.25	.215	.20
	Social Life & Relationship	0.87	17.45	349.0	1.25	23.55	471.0	139.0	-1.66	.102	.26
	Education	0.83	16.40	328.0	1.35	24.60	492.0	118.0*	-2.28	.026	.36

Note – M, M.R, S.R, r, respectively stands for Mean, Standard Deviation, Standard Error Mean, & Effect Size

* significant at the 0.05 level.

(c) In-Group Identification and its Components

Table 20

Mean Score, Mean rank, Sum of ranks, calculated U-value, Corresponding p-value and Effect Size for Orthopedically Challenged group and Visually Challenged group on in-group identification and its components i.e. solidarity, satisfaction, centrality, and self-stereotyping and in-group homogeneity

Construct (Measure)	Components	Orthopedically Challenged group (N=20)			Visually Challenged group (N=20)			U	Z	p	r
		M	M.R	S.R	M	M.R	S.R				
In-Group Identification (Leach et al.'s (2008), In-group Identification scale)	Total	3.83	20.20	404.0	4.06	20.80	416.0	194.0	-.16	.883	.03
	Solidarity	3.70	19.33	386.5	4.13	21.68	433.5	176.5	-.64	.529	.10
	Centrality	3.70	20.38	407.5	4.25	20.63	412.5	197.5	-.07	.947	.01
	Satisfaction	3.99	18.85	377.0	3.91	22.15	443.0	167.0	-.90	.383	.14
	Self-Stereotyping	4.18	20.75	415.0	4.12	20.25	405.0	195.0	-.14	.904	.02
	In-group Homogeneity	3.92	20.20	404.0	4.00	20.80	416.0	194.0	-.16	.883	.03

Note – M, M.R, S.R, r, respectively stands for Mean, Standard Deviation, Standard Error Mean, & Effect Size

Results in table 20, presents a comparison between orthopedically challenged group and visually challenged group on in-group identification and its components - solidarity, satisfaction, centrality, and self-stereotyping and in-group homogeneity. Calculated U-value for all these constructs suggest that mean scores of both groups don't differ significantly on in-group identification construct as a whole as well as there is no difference between two groups on different components of in-group identification.

To summarize, results in table 16-20, suggest that there exist differences between groups as well as within groups on different dimensions of social psychological constructs. These results suggest the differences between scheduled caste group and disability group on the construct of in-group identification and its components. Members of scheduled caste exhibited significant higher in-group identification than members of disability group. Former group was higher on the dimension of solidarity, satisfaction, individual self-stereotyping and in-group homogeneity than later group (table 17).

Summary of the findings:

This section presents the summary of main findings:

1. Stigma consciousness and humiliation were positively correlated with emotional reactions: disrespect, anger, rejection and powerlessness. However, stigma and humiliation had comparatively low correlation with shame.

2. Humiliation and stigma consciousness were positively correlated with In-Group Identification and emotional reactions of disrespect, anger, rejection and powerlessness. However, in-group identification had comparatively low correlation with shame.

3. Degree of correlation between above mentioned variables across different target groups i.e. scheduled caste and physically challenged group was different.

4. Degree of in-group identification among disability group was low compared to that among scheduled caste group. Further, on solidarity, satisfaction, self-stereotyping and in-group homogeneity components of in-group identification the physically challenged students had lower score than the scheduled caste students.

5. Students with lower degree of disability and higher autonomy and participation showed lower in-group identification than those with higher degree of disability and lower autonomy and participation.

CHAPTER-4

Discussion

Despite the quantity and quality of work produced in the field of social stigma, incongruent findings abound and remain hard to reconcile, and further left a number of questions unanswered. Consequences of stigmatization and in-group identification are two such controversial and unresolved key themes in field of social stigma, which involves a number of unresolved questions and raises controversial debate in current social psychology (Barreto & Ellemers, 2010).

After a review of such debates, in quest to answers some unresolved questions and to build a bridge on the existent gaps in stigma literature, present work was contextualized with two marginalized and devalued groups of Indian society: Scheduled caste group and disability group. Both groups differ from each other in terms of stigmatized attribute, nature of stigma as well as in terms of treatment received by respective out-groups. Also there were differences in both groups on structural dimensions like self-perpetuating versus non-perpetuating, permeable versus non-permeable boundaries, homogeneity versus heterogeneity, comparatively personal versus collective stigma, associated contentment versus discontentment etc. Following this context, present work attempted to explore the relation between stigma, humiliation and emotional reactions of disrespect, shame, anger, rejection and powerlessness; inter and intra-group differences among scheduled caste and physically challenged students, on emotional reactions of stigma and humiliation were explored; and the extent of in-group identification among these two groups.

Following review of related literature, present work proposed five hypotheses, H1, H2, H3, H4, and H5. Further sub-hypothesis were formulated under these hypothesizes H1a and H1b under hypothesis H1; H2a and H2b under hypothesis H2; H4a, H4b, H4c, H4d, H4e and H4f under hypothesis H4; and H5a and H5b under hypothesis H5. Following section of the chapter discusses these hypotheses in light of results of present study.

Hypothesis **H1**, proposed that there would be a positive correlation between stigma consciousness, humiliation and emotional reactions: disrespect, anger, rejection and powerlessness **(H1a)** and a comparatively low correlation of shame with stigma and humiliation **(H1b)**. To check these hypotheses correlation has been calculated between involved variables (table 3-7). Among total student population, results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.86**, $p < .001$; 2-tailed) & fear of humiliation (**.79**, $p < .001$; 2-tailed); highly significant positive correlation between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed), also appraisal of disrespect had significant positive correlation with stigma consciousness (**.35**, $P < .01$; 2-tailed), cumulative humiliation (**.45**, $p < .001$; 2-tailed) and fear of humiliation (**.47**, $p < .001$; 2-tailed) which suggest that feeling of disrespect is an emotional experience in context of stigma and humiliation.

Along with feeling disrespected, other emotional experiences of feeling rejected, powerlessness and anger had also been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other. Significant positive correlations of rejection, powerlessness and anger, with stigma consciousness (**.44**, $P < .001$; 2-tailed), (**.52**, $p < .001$; 2-tailed) & (**.57**, $p < .001$; 2-tailed) respectively; with cumulative humiliation (**.46**, $P < .001$; 2-tailed), (**.46**, $p < .001$; 2-tailed) & (**.58**, $p < .001$; 2-tailed) respectively and with fear of humiliation (**.39**, $P < .001$; 2-tailed), (**.42**, $p < .001$; 2-tailed) & (**.47**, $p < .001$; 2-tailed) respectively (table 1), suggest that along with feeling disrespected; stigma and humiliation are also related to emotional experiences of feeling rejected, powerlessness and also lead to feeling of anger.

Appraisal of disrespect was found to significantly positively correlated with feelings of shame (**.42**, $p < .001$; 2-tailed), rejection (**.64**, $p < .001$; 2-tailed), powerlessness (**.33**, $p < .01$; 2-tailed) and anger (**.56**, $p < .001$; 2-tailed) respectively. Shame was also found significantly correlated with rejection (**.33**, $p < .01$; 2-tailed), powerlessness (**.32**, $p < .01$; 2-tailed) and anger (**.32**, $p < .01$; 2-tailed) respectively. Correlation of rejection with powerlessness (**.43**, $p < .001$; 2-tailed) and anger (**.51**, $p < .001$; 2-tailed) was also significantly correlated in a positive direction. Similarly powerlessness was found to have significant positive correlation with anger (**.43**, $p < .001$; 2-tailed) (table 3).

Among scheduled caste group, results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.91**, $p < .001$; 2-tailed) & fear of humiliation (**.82**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed).

Appraisal of disrespect had positive but not significant correlation with stigma consciousness (**.21**, $p = .195$; 2-tailed), cumulative humiliation (**.29**, $p = .075$; 2-tailed) and fear of humiliation (**.23**, $p = .162$; 2-tailed). Other emotional experiences of feeling rejected, powerlessness and anger had been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other. Correlation of rejection with stigma consciousness, cumulative humiliation and fear of humiliation had found to be (**.50**, $P < .01$; 2-tailed), (**.50**, $p < .01$; 2-tailed) & (**.50**, $p < .01$; 2-tailed) respectively. Correlation of powerlessness with stigma consciousness, cumulative humiliation and fear of humiliation had found to be (**.49**, $P < .01$; 2-tailed), (**.47**, $p < .01$; 2-tailed) & (**.59**, $p < .001$; 2-tailed) respectively and Correlation of anger with stigma consciousness, cumulative humiliation and fear of humiliation had found to be (**.39**, $P < .05$; 2-tailed), (**.33**, $p < .05$; 2-tailed) & (**.38**, $p < .05$; 2-tailed) respectively. Correlation of disrespect with stigma consciousness, cumulative humiliation and fear of humiliation had also found to be positively correlated but not significantly positive.

So results had shown significant positive correlations of rejection, powerlessness and anger, with stigma consciousness, cumulative humiliation and with fear of humiliation (table 4), which suggest that among scheduled caste group, stigma and humiliation are related to emotional experiences of feeling rejected, powerlessness and also lead to feeling of anger, but not includes feeling of disrespect.

Appraisal of disrespect was found to be positively correlated but not significantly with feelings of shame (**.12**, $p = .469$; 2-tailed) and powerlessness (**.11**, $p = .497$; 2-tailed), significantly and positively correlated with rejection (**.46**, $p < .01$; 2-tailed) and anger (**.50**, $p < .01$; 2-tailed) respectively. Shame was found to be non-significantly although positively correlated with rejection (**.22**, $p = .018$; 2-tailed), powerlessness (**.13**, $p = .044$; 2-tailed) and anger (**.09**, $p = .598$; 2-tailed). Correlation of rejection with powerlessness

(**.36**, $p < .05$; 2-tailed) and anger (**.40**, $p < .05$; 2-tailed) was significantly correlated in a positive direction and powerlessness was also found to have significant positive correlation with anger (**.39**, $p < .05$; 2-tailed). Among total student population, Shame was also found significantly correlated with disrespect (**.42**, $p < .001$; 2-tailed), rejection (**.33**, $p < .01$; 2-tailed), powerlessness (**.32**, $p < .01$; 2-tailed) and anger (**.32**, $p < .01$; 2-tailed) respectively. Hence while rejection, powerlessness and anger had been found to be positively correlated with each other, disrespected have significant positive correlation with rejection and anger but non-significant positive correlation with shame and powerlessness, while shame was not found to have significant correlation with any of mentioned emotional experiences.

Among disability group, results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.80**, $p < .001$; 2-tailed) & fear of humiliation (**.76**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed). Further appraisal of disrespect had significant positive correlation with stigma consciousness (**.48**, $P < .01$; 2-tailed), cumulative humiliation (**.45**, $p < .01$; 2-tailed) and fear of humiliation (**.69**, $p < .001$; 2-tailed) which shows that feeling of disrespect is an emotional experience in context of stigma and humiliation among disability group.

Along with feeling disrespected, other emotional experiences of feeling shame, rejected, powerlessness and anger had also been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other. Significant positive correlations of shame, rejection, powerlessness and anger, with stigma consciousness (**.43**, $P < .01$; 2-tailed), (**.35**, $P < .05$; 2-tailed), (**.42**, $p < .01$; 2-tailed) & (**.47**, $p < .01$; 2-tailed) respectively; with cumulative humiliation (**.51**, $P < .01$; 2-tailed), (**.44**, $p < .01$; 2-tailed), (**.47**, $p < .01$; 2-tailed) & (**.33**, $P < .05$; 2-tailed) respectively; and with fear of humiliation (**.55**, $P < .01$; 2-tailed), (**.61**, $P < .01$; 2-tailed), (**.57**, $p < .01$; 2-tailed) & (**.53**, $p < .01$; 2-tailed) respectively (table 5), suggest that in case of disability group, stigma and humiliation are also related to emotional experiences of disrespect, shame, rejected, powerlessness and anger.

Among this group, appraisal of disrespect was found to significantly positively correlated with feelings of shame (**.69**, $p < .001$; 2-tailed), rejection (**.84**, $p < .001$; 2-tailed), powerlessness (**.55**, $p < .001$; 2-tailed) and anger (**.67**, $p < .01$; 2-tailed) respectively. Shame was also found significantly correlated with rejection (**.50**, $p < .01$; 2-tailed), powerlessness (**.52**, $p < .01$; 2-tailed) and anger (**.70**, $p < .001$; 2-tailed) respectively. Correlation of rejection with powerlessness (**.50**, $p < .01$; 2-tailed) and anger (**.60**, $p < .001$; 2-tailed) was also significantly correlated in a positive direction. Similarly powerlessness was found to have significant positive correlation with anger (**.51**, $p < .01$; 2-tailed).

Among orthopedically challenged group, results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.88**, $p < .001$; 2-tailed) & fear of humiliation (**.80**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed). Further appraisal of disrespect had significant positive correlation with stigma consciousness (**.51**, $P < .05$; 2-tailed), cumulative humiliation (**.70**, $p < .01$; 2-tailed) and fear of humiliation (**.76**, $p < .001$; 2-tailed) which show that feeling of disrespect is an emotional experience in context of stigma and humiliation among orthopedically challenged group.

Along with feeling disrespected, other emotional experiences of feeling rejected, powerlessness and anger had also been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other. Significant positive correlations of rejection, powerlessness and anger, with stigma consciousness (**.46**, $P < .05$; 2-tailed), (**.51**, $p < .05$; 2-tailed) & (**.45**, $p < .05$; 2-tailed) respectively; with cumulative humiliation (**.58**, $P < .01$; 2-tailed), (**.60**, $p < .01$; 2-tailed) & (**.46**, $p < .05$; 2-tailed) respectively and with fear of humiliation (**.73**, $P < .001$; 2-tailed), (**.63**, $p < .01$; 2-tailed) & (**.58**, $p < .01$; 2-tailed) respectively (table 6), suggest that along with feeling disrespected; stigma and humiliation are also related to emotional experiences of feeling rejected, powerlessness and also lead to feeling of anger.

Appraisal of disrespect was found to significantly positively correlated with feelings of shame (**.62**, $p < .01$; 2-tailed), rejection (**.83**, $p < .001$; 2-tailed), powerlessness (**.56**, $p < .01$; 2-tailed) and anger (**.57**, $p < .01$; 2-tailed) respectively. Shame was also found significantly correlated with rejection (**.50**, $p < .05$; 2-tailed), powerlessness (**.55**, $p < .05$; 2-tailed) and anger (**.65**, $p < .01$; 2-tailed) respectively. Correlation of rejection with powerlessness (**.54**, $p < .05$; 2-tailed) and anger (**.54**, $p < .05$; 2-tailed) was also significantly correlated in a positive direction. Similarly powerlessness was found to have significant positive correlation with anger (**.52**, $p < .05$; 2-tailed) (table 6).

Among visually challenged group, results had shown highly significant positive correlation of stigma consciousness with cumulative humiliation (**.82**, $p < .001$; 2-tailed) & fear of humiliation (**.76**, $p < .001$; 2-tailed). Also highly significant positive correlation had been found between cumulative humiliation and fear of humiliation (**.88**, $p < .001$; 2-tailed). Appraisal of disrespect had significant positive correlation with both dimensions of humiliation i.e. cumulative humiliation (**.55**, $p < .05$; 2-tailed) and fear of humiliation (**.63**, $p < .01$; 2-tailed) which shows that feeling of disrespect is an emotional experience of humiliation among orthopedically challenged group; but correlation of appraisal of disrespect with stigma consciousness (**.42**, $p = .065$; 2-tailed) was non-significant (although positive) (table 7).

Rejection and powerlessness were not significantly correlated with stigma consciousness (**.13**, $p = .589$; 2-tailed) & (**.25**, $p = .289$; 2-tailed) respectively and with cumulative humiliation (**.42**, $p = .065$; 2-tailed) & (**.28**, $p = .226$; 2-tailed) respectively. Rejection was not significantly correlated with fear of humiliation as well (**.41**, $p = .071$; 2-tailed), but powerlessness had significant positive correlation with fear of humiliation (**.51**, $p < .05$; 2-tailed). Anger had significantly positive correlation with stigma consciousness (**.48**, $p < .05$; 2-tailed), cumulative humiliation (**.59**, $p < .01$; 2-tailed) and with fear of humiliation (**.52**, $p < .05$; 2-tailed).

Appraisal of disrespect was found to significantly positively correlated with feelings of shame (**.75**, $p < .001$; 2-tailed), rejection (**.88**, $p < .001$; 2-tailed), powerlessness (**.53**, $p < .05$; 2-tailed) and anger (**.78**, $p < .001$; 2-tailed) respectively. Shame was also found

significantly correlated with rejection (**.53**, $p < .05$; 2-tailed), powerlessness (**.46**, $p < .05$; 2-tailed) and anger (**.72**, $p < .001$; 2-tailed) respectively. Correlation of rejection with powerlessness (**.46**, $p < .05$; 2-tailed) and anger (**.75**, $p < .001$; 2-tailed) was also significantly correlated in a positive direction. However, correlation of powerlessness with anger (**.36,** $p = .119$; 2-tailed) was not significant (although positive). Hence except combination of powerlessness and anger, significant positive correlations had been found between all other possible combinations of appraisal of disrespect, shame, rejection, powerlessness and anger.

Overall, across groups, results suggested that stigma, humiliation (both cumulative humiliation and fear of humiliation) and emotional experiences of disrespect, rejection, powerlessness and anger were positively correlated with each other, except disrespect with stigma and humiliation among scheduled caste group, above mentioned results favors H1a across groups.

In accordance with studies of Hinshaw (2007); Reyles (2007); Puhl et al. (2008) and Brouwers et al. (2011) which suggest humiliation as an experience of stigma, positive correlation between stigma and cumulative humiliation and fear of humiliation in present study (**.86**, $p < .001$, 2-tailed) and (**.79**, $p < .001$, 2-tailed) (table 3), support that humiliation can be conceptualized as an experience related to (consequence of) stigma. Also positive correlation between cumulative humiliation and fear of humiliation (**.88**, $p < .01$, 2-tailed) in present suggest that only being aware of stigma attached with in-group may create fear of humiliation, similar finding have been validated with stigma consciousness and perceived stereotype threat. Such relations favor the suggestions by Crocker & Major (1989) and Crocker, Major & Steele (1998) that social stigma has an important theoretical perspective to understand humiliation and favor the studies of Hartling & Luchetta (1999) and Elison & Harter (2007) which suggest that prediction of one's current fear of humiliation can be predicted by past experiences of humiliation.

Further appraisal of disrespect had significant positive correlation with stigma consciousness (**.35**, $P < .01$; 2-tailed), cumulative humiliation (**.45**, $p < .001$; 2-tailed) and fear of humiliation (**.47**, $p < .001$; 2-tailed) shows that feeling of disrespect is an

emotional experience in context of stigma and humiliation. Similar result was also supported by Klein (1991) in his work and he suggested that humiliation involves lowering of a person and debasement of his/her position. Along with feeling disrespected, other emotional experiences of feeling rejected, powerlessness and anger have also been found significantly correlated with stigma consciousness, cumulative humiliation and fear of humiliation as well as with each other.

Significant positive correlations of rejection, powerlessness and anger, with stigma consciousness suggest that along with feeling disrespected; stigma and humiliation are also related to emotional experiences of feeling rejected, powerlessness and also lead to feeling of anger (table 3). These results favor, Leary & Schreindorfer (1998) and Major & Eccleston (2004) findings of stigma being a basis of rejection; Link & Phelan (2001)'s conceptualization of power as an important component in process of stigmatization; Klein (1991)'s and Silver, Conte, Miceli & Poggi (1986)'s work which consider feeling powerless as an emotion in experience of humiliation; and Goldman(2008); Elison & Harter (2007); Hartling & Luchetta, (1999) and Frijda (1986)'s work which suggest anger as an emotional reaction linked with humiliation.

In order to test H1b, correlation of shame was checked with stigma consciousness, cumulative humiliation and fear of humiliation. Correlation of shame with stigma consciousness, cumulative humiliation and fear of humiliation, among total student population, scheduled caste group, disability group, orthopedically challenged group and visually challenged group was respectively {(**.19,** p = .10; 2-tailed), (**.21,** p = .067; 2-tailed), (**.30**, p < .01; 2-tailed)} (table 3); {(**-.09**, p = .598; 2-tailed), (**-.06**, p = .707; 2-tailed), (**.01**, p = .937; 2-tailed)}(table 4); {(**.43**, P < .01; 2-tailed), (**.51**, P < .01; 2-tailed), (**.55**, P < .01; 2-tailed)} (table 5); {(**.32,** p = .163; 2-tailed), (**.32,** p = .172; 2-tailed), (**.51**, p < .05; 2-tailed)} (table 6); {(**.61**, p < .01; 2-tailed), (**.67**, p < .01; 2-tailed), (**.65**, p < .01; 2-tailed)}(table 3-7).

Results suggest that correlation of shame was significant with stigma consciousness and cumulative humiliation only among disability group and visually challenged sub-group of disability group; same was significant with fear of humiliation among total student

population, disability group and both sub-groups of disability group. To conclude, as hypothesized in H1b, results under table 3-7, suggest correlation of shame was lower with stigma and humiliation than the same for other involved emotional reactions. Elison & Harter (2007) in their work on humiliation had also reported high level of anger and low level of shame as a result of humiliation. It may be possible that target of stigma don't self-blame them for stigmatization and humiliation experiences and as a result report low degree of shame when stigmatized and humiliated. Different dynamics involved with shame and humiliation, as suggested by Klein (1991) and Hartling & Luchetta (1999), can also account for such a difference.

Further, considering shame as a self-blame construct, it was hypothesized that, there would be a positive correlation of in-group identification with stigma consciousness, humiliation (cumulative humiliation and fear of humiliation), disrespect, anger, and rejection, powerlessness among each other, **(H2a)**, and a comparatively low correlation of shame and in-group identification **(H2b)**. To check, these hypothesis correlation between involved variables had been calculated (table 3-7).

Correlations of in-group identification with stigma consciousness, cumulative humiliation and fear of humiliation, among total student population, scheduled caste group, disability group, orthopedically challenged group and visually challenged group were respectively {(**.76**, $p < .001$; 2-tailed), (**.66**, $p < .001$; 2-tailed), (**.63**, $p < .001$; 2-tailed)}; {(**.69**, $p < .001$; 2-tailed), (**.59**, $p < .001$; 2-tailed), (**.57**, $p < .001$; 2-tailed)}; {(**.73**, $p < .001$; 2-tailed), (**.72**, $p < .001$; 2-tailed), (**.65**, $p < .001$; 2-tailed)}; {(**.83**, $p < .001$; 2-tailed), (**.80**, $p < .001$; 2-tailed), (**.67**, $p < .01$; 2-tailed)}; and {(**.81**, $p < .001$; 2-tailed), (**.65**, $p < .01$; 2-tailed), (**.62**, $p < .01$; 2-tailed)}(table 3-7).

Results suggested that correlations of in-group identification with disrespect, rejection, powerlessness and anger, among total student population, scheduled caste group, disability group, orthopedically challenged group and visually challenged group were respectively, {(**.25**, $p < .01$; 2-tailed), (**.40**, $p < .001$; 2-tailed), (**.45**, $p < .001$; 2-tailed), (**.29**, $p < .01$; 2-tailed)}; {(-**.03**, $p = .856$; 2-tailed), (**.36**, $p < .05$; 2-tailed), (**.50**, $p < .01$; 2-tailed), (-**.05**, $p = .756$; 2-tailed)}; {(**.49**, $p < .01$; 2-tailed), (**.39**, $p < .05$; 2-tailed), (**.39**, $p < .05$; 2-tailed), (**.51**, $p < .01$; 2-tailed)}; {(**.63**, $p < .01$; 2-tailed), (**.54**, $p < .05$; 2-tailed),

(**.48**, $p < .05$; 2-tailed), (**.46**, $p < .05$; 2-tailed)}; and {(**.26**, $p = .272$; 2-tailed), (**.09**, $p = .703$; 2-tailed), (**.23**, $p = .332$; 2-tailed), (**.56**, $p < .05$; 2-tailed)} (table 3-7).

Above mentioned results suggests that, in-group identification was found significantly (positively) correlated with stigma consciousness, cumulative humiliation, fear of humiliation across all groups; and with disrespect among total student population, disability group and visually challenged sub-group of disability; with rejection and powerlessness across all groups except among visually challenged group; and with anger among all groups except scheduled caste group. These results partially support H2a. Significant correlation of stigma and humiliation with in-group identification across groups favors studies of Leach et al. (2010); Latrofa, Vaes, Pastore, & Cadinu, (2009); Leach et al (2008); Schmitt & Branscombe (2002); Branscombe, Schmitt & Harvey (1999); Tajfel (1978); and Allport (1954), which suggest that members of stigmatized groups may cope with identity threat by approaching, or identifying more closely with, their group. However, there were inter-group variations between correlations of other emotional reactions with in-group identification, and this dimension needs further exploration.

Correlation of in-group identification with stigma consciousness, cumulative humiliation and fear of humiliation, among total student population, scheduled caste group, disability group, orthopedically challenged group and visually challenged group were respectively {(**.07**, $p = .550$; 2-tailed),(-**.20**, $p = .215$; 2-tailed), (**.35**, $p < .05$; 2-tailed), (**.28**, $p = .235$; 2-tailed), (**.44**, $p = .051$; 2-tailed)}(table 3-7). In comparison to other emotional reactions, correlation of shame had been found lower, also it had been found significant only in case of disability group. These results favor H2b which hypothesized a comparatively low correlation of shame and in-group identification.

Further, due to differences in group attributes which cause negative experiences, difference in degree and kind of treatment, discrimination, exclusion and devaluation received as a consequence of that attribute, difference of position in hierarchy in society and difference in structure of group; it was hypothesized that difference may exist in degree of correlation between these variables across different target groups

(H3). Results in table 3-7, were used to compare degree of correlation and correlation pattern across groups.

Results suggested variation across both groups in emotional experiences due to stigma and humiliation, correlations of emotional experiences and in-group identification and further suggested that experience of stigma and humiliation can elicit a range of emotions among targets, which are related to dimensions like self-evaluation (disrespected and devalued), self-blame and other-blame, and further inter-related with each other. For example, while in case of scheduled caste group, along with shame, disrespect was also not associated with stigma consciousness, cumulative humiliation and fear of humiliation (table 4), but in case of disability group all emotional experiences (accommodated in the study) were associated with stigma and humiliation (table 5). Also value of correlation coefficient varies across groups, which favors H3.

Due to differences in structural dimensions like self-perpetuating versus non-perpetuating, permeable versus non-permeable boundaries, homogeneity versus heterogeneity, comparatively personal versus collective stigma, associated contentment versus discontentment etc, it was hypothesized that the degree of in-group identification among disability group would be lower as compared to that among scheduled caste group **(H4).** Further it was hypothesized that, as compared to members of scheduled caste group, members of disability group would be lower on the dimension of individual self-stereotyping **(H4a),** in-group homogeneity **(H4b)**, solidarity **(H4c)**, centrality **(H4d)** and on the dimension of satisfaction **(H4e)**. Further it was hypothesized that visually challenged group would show higher in-group identification as compared to orthopedically challenged group **(H4f)**.

In order to test these hypothesizes; t-test was administered (table 17). Results suggested that disability group (M=3.94, S.E = 0.18), was significantly lower than scheduled caste group (M=4.69, S.E=0.16), on the construct of in-group identification (t =3.10, $p < .01$, r = .33). Further results in table 17; suggest that both groups differ significantly on each component of in-group identification, except that of centrality. In comparison to disability group, scheduled caste group scored significantly higher on solidarity (t = 2.65,

$p < .01$, $r = .29$), satisfaction ($t = 3.31$, $p < .01$, $r = .35$), self-stereotyping ($t = 2.03$, $p < .05$, $r = .22$), and in-group homogeneity ($t = 3.24$, $p < .01$, $r = .34$) (table 17), which suggest that in comparison to disability group, members of scheduled caste group report more solidarity, satisfaction, self-stereotyping and in-group homogeneity. However on the dimension of centrality, difference in mean scores of two groups was not significant ($t = 0.89$; 2-tailed, $r = .10$), although mean score of scheduled group ($M = 4.24$, $S.E = 0.22$) was higher than that of disability group ($M = 3.97$, $S.E = 0.21$).

Difference in degree of in-group identification among groups involved in present study can be attributed to difference in characteristics of two groups. While scheduled caste group has non-permeable boundaries, in case of disability group boundaries are comparatively permeable. According to social identity theory (Tajfel & Turner, 1979), members of devalued group can deal with negative and threatened events by engaging either in individual mobility, or protecting against the threat, or coping with the threat. Individual mobility is an attempt to pass from a stigmatized group to a more valued group, which is possible only if devalued group have permeable boundaries. Hogg & Abrams (1988) also posits that when group boundaries are viewed as permeable, members of low status or stigmatized groups will often try to pass into higher status groups. Hence along with engaging in other mechanisms, individual mobility is also a possibility for members of disability group; while members of scheduled caste group have only options of either protecting against the threat or coping with the threat.

Major & O'Brien (2005) suggest that processes of protecting against the threat and coping with the threat are employed while identifying with the in-group; and process of individual mobility leads to dis-identification with in-group or decreased in-group identification. Finding in the present study about low in-group identification among disabled group, support studies of Dixon (1977), Morris (1989), Mehnert et al. (1990), Kirshbaum (1999), Hooper (1994), Livneh & Antonak (1997), Clare (1999), Tierney (2001), Watson (2002) and Ville et al. (2003), which suggest that disabled don't consider self in terms of disability.

Morris (1991), Corbin (1994) and Shakespeare (1996) suggest that disabled try to eliminate the existence of disability to attain 'normality', however according to them this struggle to attain normality and escape from disabled identity adds further to the oppression of disabled people. According to (Shakespeare & Watson, 2001) this refusal is a result of internalized oppression. Hebl & Kleck (2000) contended that disabled individuals often try to hide or downplay their disabilities, or to "pass" as nondisabled. Wright (1960) in his book *Physical Disability-A Psychological Approach,* mentioned that disabled persons tends to hide, forget or deny their deficiency, and these behaviors are a direct expression of the fervent wish to change one's group identification from the disabled group to that of the favored majority.

Identification variation among groups can also be understood in view of attribute of stigma. Biernat & Dovidio (2000) suggested that individuals with stigma related to disability and disfigurement are less likely to function collectively, whereas functions of stigmatization based on tribal identities may be largely social and collective. Similarly Miller & Major (2000) suggested that people who possess stigmas that are collective in nature are more likely to identify with that group than are those whose stigmas are more individual.

To conclude, differences in the extent of in-group identification in present study, can be attributed to comparatively individualistic attribute of stigma which don't lead to collective functions of stigma, comparatively heterogeneous composition of population, absence of attached sense of pride, and being a permeable group, disabled individuals prefer to "mobile" or "pass out" of disability group, which is not possible for members of scheduled caste group.

In order to test H4f, Mann-Whitney U-test was administered between scores of orthopedically challenged and visually challenged group, on constructs of in-group identification and its components: solidarity, satisfaction, centrality, and self-stereotyping and in-group homogeneity (table 20). Results suggested that mean scores of both groups don't differ significantly on in-group identification construct as a whole; as well as there were no difference between two groups on different components of in-group

identification. Hence, results favor H4, H4a, H4b, H4c, and H4e; but didn't provide support for H4d and H4f.

Further, considering the intra-group differences, it was hypothesized that those having low degree of impairment, and high autonomy and participation would be lower on in-group identification as compared to their counter parts who have high degree of disability and low autonomy and participation **(H5a)**, further it was hypothesized that women would be less inclined to identify as disabled than men **(H5b)**.

In order to test H5a, correlations were calculated between degree of disability, impact on autonomy and participation, and in-group identification (table 5-7; table 13-15). Results in (table 5-7) suggested that degree of disability was positively correlated with in-group identification. Correlation of degree of disability with in-group identification among disability group, orthopedically challenged group and visually challenged group was respectively (**.64**, $p < .001$; 2-tailed), (**.85**, $p < .001$; 2-tailed) and (**.54**, $p < .05$; 2-tailed).

Further, results in table (13-15) suggested that degree of disability was highly significantly (positively) related with impact on participation & autonomy. Correlation coefficients for the same among disability group, orthopedically challenged group and visually challenged group were respectively (**.72**, $p < .001$; 2-tailed), (**.80**, $p < .001$; 2-tailed), and (**.58**, $p < .01$; 2-tailed), these significant correlations implies that impact on participation & autonomy increases with increase in degree of disability.

Further H5a involves a prediction of relation between impact on participation & autonomy and in-group participation. It was found that In-group identification was significantly correlated with impact on participation and autonomy. Correlation coefficients for the same among disability group, orthopedically challenged group and visually challenged group were respectively (**.60**, $p < .001$; 2-tailed), (**.68**, $p < .01$; 2-tailed) and (**.46**, $p < .05$; 2-tailed). Together these results provide support for H5a.

Hence, results in present study showed that individuals with lower degree of disability and higher autonomy and participation were lower on in-group identification as compared to those with higher degree of disability and lower autonomy and participation.

LoBianco & Sheppard-Jones (2007) explained this phenomenon of identifying or dis-identifying with disability group on the basis of social and medical models of disability. They suggest that indicators of disability from social and medical models of disability predict whether or not an individual claims a disabled identity. In their study they found that, having a visible functional limitation, the use of mobility aids and the inability to independently perform daily tasks increases the likelihood that individuals with impairments will identify as disabled; on the other hand, being in accommodating physical spaces, the ability to engage in social activities, decreases the likelihood that individuals with impairments will identify as disabled. Anspach (1979) also suggested that as long as a minimum level of social participation is possible, disabled persons prefer assimilation via normalization in belonging to a disabled community. On the same lines, Ville et al. (2003) suggested that those disabled persons who are well integrated into the social networks of "normals" tend to distance themselves from the disabled community and only those disabled individuals who have little social participation and have accumulated disadvantages, use to identify with disability group.

This process of negotiating or internalizing a disabled identity can be understood through interactionist approach to identity construction which contends that identity construction occurs through social interaction. According to Rosenberg (1986), social comparisons, self-presentations and reflected appraisals are three key elements that form identity. Watson (2002) and Priestley (1999) also consider social comparisons as an important part of the process of self-identification as disabled. Skar (2003), Watson (2002) & Reeve (2002)'s studies also suggest that these processes affect the likelihood of accepting or rejecting a disabled identity.

In order to test H5b, Mann-Whitney U-test was administered on scores of male froup and female group. Although not significant yet contrary to hypothesis, results in present study also showed gender differences, results showed lower in-group identification ($U = 135$, $Z = -1.768$, $p = .08$, $r = .28$), among disabled male group than disabled female group. This finding favors argument of Charmaz (1994). Charmaz had explained this difference in terms of threat to gender identity. According to him, men are more likely to try to disguise their disabilities, and they show such disguise behavior in order to put forth a

public persona of someone who is independent and strong; and females on the other hand are more resilient than males in terms of adopting new identities when their gendered identities are threatened by impairment.

Another explanation for this difference may be the Status Differences. As compared to male identity, female identity is already a devalued identity in our society. On the basis of already having a devalued status, it was hypothesized that female would be lower in identifying as member of disabled group as they may view it as having negative ramifications, but alternate argument in this regard can be that females may have more to gain from claiming a disabled identity, in terms of accessing various resources, than do males, hence they identify more as compare to males.

Along with above mentioned hypothesizes, results of the present study also suggested variation across both groups in emotional experiences due to stigma and humiliation, correlations of emotional experiences and in-group identification and further suggested that experience of stigma and humiliation can elicit a range of emotions among targets, which are related to dimensions like self-evaluation (disrespected and devalued), self-blame and other-blame, and further inter-related with each other. For example, while in case of scheduled caste group, along with shame, disrespect was also not associated with stigma consciousness, cumulative humiliation and fear of humiliation, but in case of disability group all emotional experiences (accommodated in the study) were associated with stigma and humiliation. In comparison to than disability group, (M = 1.94, S.E = .11), scheduled caste group, (M = 2.42, S.E = .13) scored higher on the anger sub-scale (t = 2.86, $p < .01$, r = .31), which suggest that in response to stigma and humiliation, members of scheduled caste group experience anger more than disability group. Further results supported that differences exists between groups as well as within groups on different dimensions of social psychological constructs. Results suggested differences within disability group i.e. between sub-groups of disability group. Orthopedically challenged group (M = 2.30) was higher on the shame sub-scale (U = 119, Z = -2.24, $p < .05$, r = .28) than visually challenged group (M = 1.82), which suggest that in response to stigma and humiliation, members of orthopedically challenged group experience shame more than visually challenged group.

There are some more features of the study, which are important and noteworthy for discussion. Results revealed that in response to stigma and humiliation, members of scheduled caste group reported higher emotional experience of anger ($t = 2.86$, $p < .01$, $r = .34$) than disability group; and disability group was higher than scheduled caste group on the experience of shame ($t = 3.23$, $p = .077$, $r = .20$). This difference can be explained on the basis of characteristics of attribute of stigma and humiliation and structure of group. Further insights from relative deprivation theory and attribution theory may contribute to build up understanding of such a difference.

Studies in field of attribution suggest that individuals use to make external causal attributions for negative events targeting collective-level characteristics (Applegryn & Nieuwoudt, 2001; Smith & Ortiz, 2002). Smith & Ortiz (2002) while explaining the process of external attribution suggested that individuals make external attributions for negative collective-level events because in collective level events, they have access to social and informational support suggesting that they should not feel personal blame for the event since it is regarding a shared characteristic. On the other hand, for negative events targeting personal-level characteristics, individuals use to make internal causal attributions because they don't have access to such information.

In case of personal-level situation, a social network is less likely to exist. In absence of such a network which may provide social support that protects people against negative self-evaluations, individual may blame self for negative events. So while external causal attributions involve blaming the other; in case of internal causal attributions, blame use to be directed towards self. Further theory and researches in field of attribution suggest that different causal attributions lead to different emotional and behavioral outcomes. It has been found that while internal attributions for negative events lead to depression; external attributions lead to anger (Carmony & DiGiuseppe, 2003; Neumann, 2000) and aggression (Applegryn & Nieuwoudt, 2001).

Difference in emotional response to stigma and humiliation in present study can also be explained in terms of relative deprivation theory. Crosby (1984) made a conceptual distinction between fraternal deprivation and egoistic deprivation, according to him,

while fraternal deprivation involves people's perceptions of their group's fortunes relative to what they expect for their group; egoistic deprivation is about people's perception of their personal fortunes relative to what they expect for themselves (Crosby, 1984). Both forms of deprivation have been found to elicit different emotional reactions. Walker & Mann (1987) suggested that fraternal or collective relative deprivation, as opposed to egoistic or personal relative deprivation leads to heightened levels of conflict and violence; in contrast, egoistic relative deprivation leads to higher levels of stress symptoms, including depression.

Applying the above arguments in present study, it can be argued that differences in reactions to humiliations and stigma involve collective- versus personal-level identity characteristics. As caste based stigma and humiliation involves collective identity, resulting into external attributions and more externally focused emotional reactions among members of scheduled caste group, hence higher anger than members of disability group. In case of disability group negative events of stigma and humiliation are due to personal level characteristic i.e. personal level identity, as a result members of disability group make internal causal attributions for a negative event are more likely to feel ashamed than members of scheduled caste group.

A similar pattern of difference was found between sub-groups within disability group, while orthopedically challenged group was higher on construct of shame ($U = 119$, $Z = -2.24$, $p < .05$, $r = .28$) than visually challenged group; on the other hand visually challenged group was higher (although not significant) than orthopedically challenged group on the construct of anger ($U = 140$, $Z = -1.74$, $p = .108$, $r = .28$).

Although without exploring further social and environmental factors, it is difficult to predict the processes which lead to such difference. Yet, some differences can be predicted on the basis of inputs that a particular group receives. In present study majority of the orthopedically challenged participants were educated in regular (non-segregated) schools, while mostly visually challenged members had their education in segregated settings. As mingling with the non-disabled can merge or lessen the difference between self and other, and on the other hand, segregation may lead to more gaps between self and

other, and more other-blame (external) attribution. So difference in social and environmental inputs can be a reason for such a difference between these two groups.

On the basis of results in present study, it can be established that emotional experiences of stigma and humiliation are not generalized experiences across groups. These emotional experiences may differ across groups due to factors like, variation in attribute of stigma and humiliation, difference in kind of treatment by out-group and differences in the power dynamics of the group's etc. It further implicate that the researches in field of stigma, humiliation and related processes like in-group identification should not consider generalized and uniform perspectives across group, rather work in this field should be grounded in social context. Social context play an important and inevitable role in social psychological process like stigma and humiliation. In context of humiliation, Guru (2009) contends that the context decides the nature, level and intensity of humiliation; it plays a far more defensive role in terms of deciding the form and content of humiliation. Tajfel (1972) also suggest the need of considering social context in understanding psychological processes.

Present work has attempted to contribute to field of stigma through conceptualizing stigma, humiliation and in-group identification in macro and micro level social contexts. Present work has an important feature of group specified conceptualization of emotional correlates of stigma and humiliation. Along with confirming the existent literature which consider involvement of a range of emotions, present study suggest further research towards a more widen conceptualization of consequences of social psychological processes like stigma and humiliation. Although research and theory in field of stigma and humiliation suggest that devalued experiences result into a range of negative emotional experiences, it does not address the variation to emotional experiences, in response to different kind of negative events.

Consistent with the previous researches (Elison & Harter, 2007; Hartling & Luchetta, 1999), which suggest a range of emotions attached with humiliation as negative experiences, present study also suggest disrespect, rejection, powerlessness and anger as negative emotional correlates of humiliation and stigma. In contrast to studies which

suggest shame as an emotion in instances of humiliation and stigma, present study suggest that shame is a low degree emotion; instances of humiliation and stigma doesn't necessarily involve emotion of shame.

Further it is being suggested that emotional correlates of stigma and humiliation may vary across groups and a fixed definition of humiliation or stigma don't validate across group. Present study suggests that different kind of stigmatized attribute can result into different experiences and consequently may provoke different emotional reactions. In present study, such a difference was based on the collective identity based threat versus personal identity based threat. While negative experiences related to collective level identity attributes among scheduled caste group are more likely to elicit emotional reaction of anger, negative experiences based on individual level identity attribute like physical characteristic among disability group, are more likely to extract feelings of shame.

Another significant contribution of the study is inter and intra- group conceptualizations, which advocate complex nature of social psychological processes. It connote that along with similarities, social psychological processes are also equipped with inter and intra group differences. Results in present work advise precautionary measures in generalizing phenomenon and theories across groups with different structures.

Consistent with stigma theory and social identity theory, present study suggest that, as reactions to threatened identity events, members of stigmatized and devalued groups may engage in various social identity processes. Present study have attempted to extend the literature in this field by suggesting that although devalued groups may engage in various strategies to deal with devalued status, however there are differences among groups in preference towards these strategies. Which social identity process or processes a devalued group prefers or predominately employ depends on a number of factors like comparative social status of the group, structure of the group and nature of attribute that cause stigma and humiliation. Present study focused on one such social identity process – in-group identification. It was found that in response to negative experiences of stigma and humiliation, members of scheduled caste group employ in-group identification technique in greater extent than do members of disabled group in such experiences.

Being members of an impermeable boundary group, members of scheduled caste group can't employ strategy of individual mobility and can't escape from devalued identity of being scheduled caste. Lack of this option necessitates developing other cognitive options and social identity processes by which they can deal with negative experiences of stigma and humiliation. On the other hand, in order to avoid negative experiences, physically challenged students may prefer individual mobility and dis-identification with disability group.

This difference is also evident in the course of different social identity movements. While progress of dalit movements in India symbolize their collective resistance to dehumanization and devaluation; low pace of disability movements have been ascribed to lack of collective efforts. Mehrotra (2011) compared these two movements, and contends that disability movements are at slower pace than the dalit movements. She ascribes complexity and diversity in disability issues as a reason for mutation and failure of disability movements. While scheduled caste group has collectively made dalit movements an important discourse in Indian context; lack of collective effort by physically challenged community has been considered responsible for subdued disability movements. Findings of the present study can help in understanding different social identity movements and difference in the progress of such movements.

Present study also has significant contribution for advancement of Branscombe et al's (1999) rejection-identification model. It provides insights for expansion of this model by elaborating its generalized conceptualization into group specific forms. Present study implicates that it is too simplistic to conclude that devalued groups employ in-group identification as a strategy to overcome the negative experiences of belonging to a devalued group, rather a number of factors are related to this phenomenon which decide or impact the feasibility and priority of such processes.

Along with this, present study has policy level implications - for educational practices in general and for education of children with special educational needs and inclusive education policy in particular. Around the world, a number of countries including India are initiating efforts to achieve goal of inclusive education system. Inclusive education is a growing concept, which is continually expanding to achieve the target of Education for

all. Although several novel initiatives have been taken up to address the issue of inclusion but review of these doesn't suggest an impressive contribution. While policies are important, it is educational outcomes that matter (World Report, 2007). Although, enrolment of children with disabilities in the mainstream increased and retention was high (Julka, 2005; Jangira & Ahuja, 1994), coverage has been miniscule with only 2-3% of children with disabilities integrated in mainstream institutions (Julka, 2005). World Bank (2007) reports that across all children with disabilities, attendance at school never raised above 70 percent for boys and around two thirds for girls.

To deal with these educational issues, government policies has often focused on resources and physical access (e.g. distribution of aids and appliances), or infrastructure such as ramps in schools (Thomas, 2005). Some researchers have criticized exclusive focus on infrastructure aspect and neglect of other dimensions and have urged for the need to focus on processes like pedagogy, curriculum or attitudes (Singal, 2005). However, it is very unfortunate that although external supports have been accounted by policy makers and educationists, social psychological needs and their assurance are completely neglected in designing and review of educational programmes.

Findings of the present work can provide insight in this direction. Educational issues like low attendance and drop-out rate are often viewed in light of access to education, and even when viewed in light of equity, social-psychological perspectives are never thought about. Students with disabilities often report practice of exclusion (World Bank, 2007) and have been found to face bullying in educational institutions by non-disabled students (Morris, 2000). Due to prevalent beliefs of medical model of disability and negative stereotypes attached with disability, a disabled student initially may face exclusion and non-acceptance among non-disabled peers. Non-disabled students having no personal experience of disability may develop incomprehensive attitude towards disabled peers. Ash, Bellew, Davies, Newman, & Richardson (1997) also reported limited friendships between disabled and able-bodied, which were largely restricted to time spent within college. In such circumstances a situation become more aggravated if disabled student acquires solo status. Present work

emphasize on the moderating role of social supports groups, and for creating enabling environments for the physically disabled as well as for students from other marginalized groups, by providing platforms to share their problems and experiences.

Present work contributes in this direction by suggesting provisions of support groups in educational institutions; where students facing similar kind of experiences may share their experiences. Such a sharing with similar ones would increase identification with each other and with the group they belong to. Also such support groups can work as helpful and supportive appendage for student belonging to same devalued group. It also argues for the provision to have at least a significant critical number of students from stigmatized group under reservation policy. Reservation policy of Indian constitution offers only 3% reservation for the students with disabilities, which is further divided in various sub-categories of disability group. In such circumstances, impact of disability on an individual becomes more goaded as disabled individuals don't find sufficient number with whom they can identify for protecting against negative experiences based on stigma.

Implications for practice would suggest that enrolling disabled students and having an inclusive education policy statement is not sufficient to create an inclusive education system. Along with providing physical and pedagogical support, educational institutions simultaneously need to develop an inclusive culture and practice by providing emotional and social-psychological support to the students from marginalized sections.

Although study has provided some key findings which are insightful and meaningful contribution to the field of stigma and humiliation, and also towards disability studies, further research is needed to explore the processes which account for differences on various social psychological processes. Due to time constraints present study was deliberately confined to few aspects of disability only, these limitations need further consideration in future work. One important limitation that needs to be addressed is that, present work has reduced dynamic and complex social phenomenon of stigma and humiliation into a linear relationships. Also, quantitative techniques are not sufficient to test relationships between involved variables and to comprehensively understand such

phenomenon. Rather a triangulation of quantitative and qualitative approaches should be used to thoroughly understand these phenomenon and related issues.

Another methodological limitation of the work that needs consideration is the design of the study. A within subject design using repeated measure effect would be useful to examine the difference between collective identity based experiences-versus-personal identity based experiences. Using such a design it would be helpful to see whether the same individual will differ in emotional reactions and strategies employed to overcome negative experiences, during instances of collective or personal identity threats.

Also in-group identification or dis-identification is related with a number of factors. As interactionist approach of identity construction, suggest that environmental factors, social factors and experience of belonging to a particular group affect claiming or rejecting identification with that group, future research should also explore how these experiences are reconciled in forming identification with a particular group. Also a qualitative exploration of within group differences on identification dimension and processes that account such differences, role of environmental and social barriers in affecting a particular group related identity would be helpful to further understand these processes and to fill the gaps in existing literature.

While further exploring the identity related phenomenon in disability group, along with degree and impact of disability, factors like onset of disability, nature and visibility of disability, educational experiences and resources available to deal with disabling conditions, should be considered as process of disablement may depend on these variables as well. Furthermore role of multiple identities in claiming of a particular identity is an important area of exploration. Individuals from varying stratified positions may experience their impairment in distinct ways as a result of the other oppressions they may experience because of their race, gender, age, and class status (Vernon 1998). Burke (2004) also suggest that ability to claim an identity as disabled is influenced by the other identities that individual claim and also by the salience and commitment an individual have for other identities. Hence future research should examine the multiple identities like disabled women, scheduled caste disabled and uneducated disabled scheduled caste

women in rural areas etc. and role of social statuses. Also a comparison between physically challenged persons living at home and persons living in an institution is an important area of consideration, as suggested by Ville et al. (2003); such a comparison would clarify the process of in-group identification.

To conclude, along with contributing to the existing literature, present research may serve as a beginning step for further intensive exploration in related field. Present study suggests that social stigma is an important theoretical perspective to understand humiliation, and is a basis of rejection of devalued group, and power works as an important component in process of stigmatization. It also delineated the importance of considering inter-group and intra-group differences in social psychological processes. Findings suggest that there exist differences between groups as well as within groups on different dimensions of social psychological constructs.

Taken together, the current study revealed several distinctive results that raise new questions for theory and practice related to social stigma. From a theoretical standpoint, the current study extends previous research on stigma by examining how macro and micro level differences in groups can result in variation of experiences of stigma and humiliation. Furthermore, by showing variation in extent of in-group identification among scheduled caste group and disability group, present study suggest that it may be too simplistic to conclude that in-group identification is a source of resilience for the members of all types of devalued groups.

From an applied standpoint, it suggests that researchers in field of social psychology should be conscious of drawing up generalized principles and should immensely consider social context. Conceptualizations of the present study may be helpful in understanding social movements, educational processes and differences in group behaviors of members having devalued identity.

General Conclusion

Stigma has been considered as a powerful phenomenon which has far-ranging effects on its targets (Crocker et al. 1998; Link &Phelan, 2001; Major & O'Brien, 2005). Unfortunately this area has suffered long term ignorance in social psychological field, this vivacious phenomenon received attention in field of social psychology only three decades ago. During this period, orientation of studying stigma has shifted from representing stigma and prejudice as a psychopathology to a consideration of it as a phenomenon involving normal processes which are consequences of social context (Dovidio, 2001; Shelton, Alegre & Son, 2010). Till last two decades, social psychologist researching in field of stigma were mainly interested in causes of stigma and related processes like stereotyping, prejudice and discrimination, that too from outsider's perspective. However, for the last few years, attention has been moved to psychological consequences of stigma and about how targets of stigma deal with their devalued and stigmatized status (Major & O'Brien, 2005). Since then researchers in field of social stigma has examined a variety of topics and have offered empirical evidences to contribute to a number of core scientific debates.

Although research in this field has been quite prolific, yet advancement of precise knowledge has been sturdy in some areas but fragile in others. Most of the researches in field of social stigma have focused mainly on group level impacts and while ignoring inter and intra-group level differences, fashioned generalized principles. Especially, researches drawing upon theoretical framework of social identity theory and stigma theory reveal paucity in recognizing group and individual level differences. Shelton, Alegre & Son (2010) suggest that social psychological research on stigma has been dominated by a western view and has ignored the cultural perspective. Such an approach delimits the dynamic and complex nature of stigma, which is a relational, interactional and socially constructed phenomenon.

Along with concern of delimitation, it's a matter of concern that most of the researches in social psychology focus on traditional topics in this field. While a few areas have been privileged with recurring researches, some other areas are left almost untouched and

unattended. A number of groups have either been considerably ignored or left unattended in field of social stigma. While Goffman (1963) in his classical work proposed three categories of stigmatizing attributes; blemishes of individual character, abominations of the body, and tribal stigma, since then social psychologists have conspicuously ignored the later two groups (Hinshaw, 2007). In Indian context, scheduled caste group and disability group are two such marginalized groups, which are under researched in the field of stigma study. Although both of these groups fall under categories mentioned by Goffman (1963), yet they remained continuously out of main-stream area.

Although with inputs from some classical works, this field has flourished well, but recent time seems to be a phase of stagnation. Growth of a field is characterized by quantitative as well qualitative progress of research, and a balance should be maintained between domains. Although quantitative growth in social psychology is quite flashing, but languish qualitative growth is a matter of concern. In present times, most of the social psychologists are over-prominently producing experimental works, most of which are not more than abstract theory testing, using the approaches of quantification and control. This kind of trend is shifting the focus of social psychology from understanding the social issues to establish epistemological certainty using experimentation. Further lack of application based research, skewed trend between area of researches, and failure to address and understand real life events and social issues, has unhinged the field of social psychology. Very few researches are being done in present scenario to enhance theoretical literature and to understand and explain real life issues from theoretical perspectives.

Promise to address and understand social issues, real life phenomenon and concern for social change lies at the heart of social psychology. It should be the prime concern of future researches to shift the present trend of reductionism in social psychology to a more realistic and progressive psychology which can spark ideas helpful to illuminate the ways which can bring social change and can improve the lives of members of stigmatized groups.

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APPENDIX:

Preliminary Information

(For disabled students)

Name:

Age:

Gender:

Educational Attainment:

Current Course of Study:

Caste:

Nature of Disability Challenge:

Disability Category:

Degree of Disability:

Present Residential Address:

Present Academic Address:

Mobile No:

Preliminary Information

(For scheduled caste students)

Name:

Age:

Gender:

Educational Attainment:

Current Course of Study:

Caste:

Sub-Caste:

Caste Category:

Present Residential Address:

Present Academic Address:

Mobile No:

Disability Stigma Consciousness Scale
(Pinel, 1999 adapted for disability)

Directions: Please indicate the extent to which you agree with each statement by clicking the number associated with your response.

1. Stereotypes about Disabled (Physically Challenged) people have not affected me personally.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

2. I never worry that my behaviors will be viewed as stereotypical of Disabled people.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

3. When interacting with Non-Disabled people, I feel like they interpret all my behaviors in terms of the fact that I am Disabled.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

4. Most Non-Disabled people do not judge Disabled people on the basis of their Disability.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

5. My being disabled does not influence how non-disabled individuals act with me.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

6. I almost never think about the fact that I am disabled when I interact with non-disabled people.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

7. My being disabled does not influence how people act with me.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

8. Most non-disabled people have a lot more anti-disability thoughts than they actually express.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree				agree strongly

9. I often think that non-disabled people are unfairly accused of having anti-Disability attitudes.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree				agree strongly

10. Most non-disabled people have a problem with viewing disabled people as equals.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree				agree strongly

Caste Stigma Consciousness Scale
(Pinel, 1999 adapted for Caste)

Directions: Please indicate the extent to which you agree with each statement by clicking the number associated with your response.

1. Stereotypes about Schedule Caste people have not affected me personally.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

2. I never worry that my behaviors will be viewed as stereotypical of Schedule Caste people.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

3. When interacting with Non- Schedule Caste people, I feel like they interpret all my behaviors in terms of the fact that I am Schedule Caste.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

4. Most Non- Schedule Caste people do not judge Schedule Caste people on the basis of their Caste.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

5. My being Schedule Caste does not influence how non- Schedule Caste individuals act with me.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

6. I almost never think about the fact that I am Schedule Caste when I interact with non- Schedule Caste people.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

7. My being Schedule Caste does not influence how people act with me.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree			agree strongly	

8. Most non- Schedule Caste people have a lot more anti-Schedule Caste thoughts than they actually express.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree				agree strongly

9. I often think that non-Schedule Caste people are unfairly accused of having anti-Schedule Caste attitudes.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree				agree strongly

10. Most non-Schedule Caste people have a problem with viewing Schedule Caste people as equals.

0	1	2	3	4	5	6	7
disagree strongly			neither agree nor disagree				agree strongly

HUMILIATION INVENTORY

(Hartling and Luchetta, 1999 adapted and translated)

This questionnaire asks you to summarize **your feelings** about the following questions.
Please read each item below carefully and tick the rating that best describes your feelings.

यह प्रश्नावली आपसे आपकी भावना या एहसास का सार पूछेगी। हर एक पद को ठीक से पढ़िए और जो मात्रा आपके एहसास को सही प्रस्तुत करे उसे चिन्हांकित कीजिए।

Throughout your life how seriously have you felt as ***harmed*** by being...

आपके समूचे जीवन में आपको कितनी गंभीरतासे *हानि/चोट* महसूस हुई है....

	Not at all	Sometimes	Moderately	Seriously	Very Seriously
(1.) **..teased?** छेड़े जाने से? (laughed and made jokes to annoy or embarrass you)	1	2	3	4	5
(2.) **...bullied?** किसी की दादागिरी/ धौंस से? (You got frightened or hurt by someone stronger)	1	2	3	4	5
(3.) **...scorned?** घृणा/ तिरस्कार होने से? (made you feel stupid or not good enough and not worthy of attention and respect)	1	2	3	4	5
(4.) **...excluded?** बहिष्कृत होने से ? (Prevented you from taking part, entering, talking, coming etc.)	1	2	3	4	5
(5.) **...laughed at?** आप पे हसे जाने से?	1	2	3	4	5
(6.) **put down?** निचा दिखाने से/ दबा देने से/ अप्रतिष्ठित होने से? (made you feel inferior and dirty)	1	2	3	4	5
(7.) **...ridiculed?** उपहास से? (passed comments to make fun of you)	1	2	3	4	5

(19.) ...excluded? बहिष्कृत होने से ? (prevented you from taking part, entering, talking, coming etc.)	1	2	3	4	5
(20.) ...laughed at? आप पे हसे जाने से?	1	2	3	4	5
(21.) ...cruelly criticized? निष्ठुरता या क्रूरता से आलोचना होने से?	1	2	3	4	5
(22.) ...cruelly disciplined? क्रूरता के साथ दमन या दण्डित होने से? (you are unjustly and very harshly disciplined)	1	2	3	4	5
(23.) ...made to feel like an outsider? आपको आगंतुक या बाहरी आदमी होने का एहसास होने से? (You are unduly neglected in a conversation, meeting etc. You want to mingle, meet and talk but nobody seems to be interested in meeting and talking to you)	1	2	3	4	5

At this point in your life, how concerned are you about being...

इस वक्त आपके वर्तमान जीवन में, आप कितनी मात्रा में सतर्क है..

	Not at all	Sometimes	Moderately	Highly	Extremely
(24.) ...teased? छेड़े जाने से?	1	2	3	4	5
(25.) ...embarrassed? अड़चन डालने से/ भार देने से/ शर्मिन्दा होने से?	1	2	3	4	5
(26.) ...treated as invisible? आपकी क़द्र या अभिस्वीकृति टाल के अदृश्य की तरह व्यवहार होने से? (You are not recognized and acknowledged)	1	2	3	4	5
(27.) ...discounted as a person? कोई आपको निम्न/ओछे किस्म का इन्सान समजने से? (To think and treat you as inferior being)	1	2	3	4	5
(28.) ..made to feel small or insignificant? आपको छोटा, क्षुद्र और तुच्छ महसूस होने से?	1	2	3	4	5

(29.) ...called names or referred to in derogatory terms? अपमानजनक शब्दों से बुलाने से या संकेत करने से?	1	2	3	4	5
(30.) ...unfairly denied access to some activity, opportunity, or service? अन्यायपूर्ण ढंग से किसी कृति, अवसर या सेवा से आपको दूर रखने से?	1	2	3	4	5

How worried are you about being... आप कितने चिंतित है....

	Not at all	Sometimes	Moderately	Highly	Extremely
(31.) ...viewed by others as inadequate? कोई आपको अपर्याप्त/अधुरा/अपूर्ण समजने से?	1	2	3	4	5
(32.) ...viewed by others as incompetent? कोई आपको असमर्थ/ अक्षम/ अप्रचुर समजने से?	1	2	3	4	5

In-group Identification Scale
(Leach et al., 2008, adapted for Disability)

Instructions: We all are members of different groups and categories. We would like you to consider your disability group in responding to the following statements. In all the statements below group signifies disability group. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following scale from 1 to 7:

S.No	Statement	Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
1.	I feel a bond with my group.	1	2	3	4	5	6	7
2.	I often think about my group.	1	2	3	4	5	6	7
3.	Overall, i do not feel committed to my group.	1	2	3	4	5	6	7
4.	I think that people of my group do not have anything to be proud of.	1	2	3	4	5	6	7
5.	I feel i don't have anything common with the average person of my group.	1	2	3	4	5	6	7
6.	In general, I'm glad to be a member of my group.	1	2	3	4	5	6	7
7.	I feel that it is pleasant to be one of my group.	1	2	3	4	5	6	7
8.	The group I belong to is unimportant to my identity.	1	2	3	4	5	6	7
9.	In general, people of my group do not have anything common with each other.	1	2	3	4	5	6	7
10.	Overall, being a member of my group is an important part of how I see myself.	1	2	3	4	5	6	7
11.	In general, I am similar to the average person of my group.	1	2	3	4	5	6	7
12.	Overall, i feel solidarity to my group.	1	2	3	4	5	6	7
13.	People of my group are not very similar to each other.	1	2	3	4	5	6	7
14.	I don't feel good being member of my group.	1	2	3	4	5	6	7

In-group Identification Scale

(Leach et al, 2008, Hindi and adapted for caste)

INSTRUCTIONS: We are all members of different castes and categories. We would like you to consider **your caste** in responding to the following statements. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following scale from 1 to 7:

हम सब किसी न किसी जाती या प्रवर्ग के सदस्य है | आपको आपकी जाती की सदस्यता को ध्यान में रखकर पूछे गए प्रश्नों का जवाब देना है| इन विधानों का कोई सही या गलत जवाब नहीं है| हमें सिर्फ आपका प्रमाणिक अभिप्राय एवं प्रतिक्रिया चाहिए| हर एक पद को ठीक से पढ़िए और 1-7 तक जो मात्रा आपके प्रतिसाद को सही प्रस्तुत करे उसे चिन्हांकित कीजिए|

		Strongly Disagree बिल्कुल असहमत	Disagree असहमत	Disagree Somewhat थोड़ा असहमत	Neutral तटस्थ	Agree Somewhat थोड़ा सहमत	Agree सहमत	Strongly Agree बिल्कुल सहमत
1.	I feel a bond with my caste. मुझे अपनी जाती के साथ एक जोड़ महसूस होता है|	1	2	3	4	5	6	7
2.	I often think about my caste . मैं अपनी जाती के बारे में प्रायः सोचता/सोचती हूँ|	1	2	3	4	5	6	7
3.	Overall, I do not feel committed to my caste. कुल,मैंअपनी जाती के प्रति वचनबद्ध महसूस नहीं करता/करती हूँ|	1	2	3	4	5	6	7
4.	I think that people of my caste do not have anything to be proud of. मैं सोचता/सोचती हूँ मेरे जाती के लोगों के पास गर्व करने जैसा कुछ भी नहीं है|	1	2	3	4	5	6	7

5.	I feel I don't have anything common with the average person of my caste. मुझे लगता है, मुझमें मेरे जाती के औसत सदस्य के समान कुछ भी नहीं है।	1	2	3	4	5	6	7
6.	In general, I'm glad to be a member of my caste group. कुल, मैं अपने जाती का/की सदस्य होने से हर्षित हूँ।	1	2	3	4	5	6	7
7.	I feel that it is really pleasant to be one of my caste. अपने जाती का सदस्य होना मुझे सुखद लगता है।	1	2	3	4	5	6	7
8.	The caste group I belong to is unimportant to my identity. मैं किस जाती का/की सदस्य हूँ इसका मेरे पहचान में कोई महत्व नहीं है।	1	2	3	4	5	6	7
9.	In general, people of my caste do not have anything common with each other. साधारणता से, मेरे जाती के लोगो में कुछ भी समान नहीं है।	1	2	3	4	5	6	7
10.	Overall, being a member of my caste is an important part of how I see myself. कुल, मेरी जाती की सदस्यता मैं खुद को कैसा देखता/देखती हूँ इसका महत्वपूर्ण हिस्सा हैं।	1	2	3	4	5	6	7
11.	In general, I am similar to the average person of my caste. साधारणता से, मैं अपने जाती के एक औसत सदस्य के जैसा/जैसी ही हूँ।	1	2	3	4	5	6	7

12.	Overall, I feel solidarity with my caste कुल, मुझे अपनी जाती के साथ एकता और संघिभाव महसूस होता है।	1	2	3	4	5	6	7
13.	People of my caste are not very similar to each other. मेरे जाती के लोग बिल्कुल भी एक दुसरे जैसे नहीं है।	1	2	3	4	5	6	7
14.	I don't feel good being a member of my caste अपने जाती का सदस्य होना मुझे अच्छा नहीं लगता है।	1	2	3	4	5	6	7

(Cardol and Jong 2007, English translated version)

THE IPA: Impact on participation and autonomy

A questionnaire about choice and participation in everyday life

Introduction This questionnaire contains questions about your daily activities. We are trying to get your views on the way your health condition or disability affects your ability to live life the way you want to – the idea of "autonomy". We would like to know how much choice you have in the way you take part in activities that are important to you – the idea of "participation".

When answering the questions, think about your **own** opinions and perceptions. There are no right or wrong answers. It is important that you give the answer that best fits your situation.

Please read the information and then answer by ticking the box. For instance, if you can get around in your house just where you choose to, you would answer the first question like this:

My chances of getting around in my house *where* I want to are

- ☑ very good
- ☐ good
- ☐ fair
- ☐ poor
- ☐ very poor

It will be very helpful if you try to answer all questions. Even when a question may seem difficult to answer, irrelevant or unimportant, please tick the box that best applies to you.

At the end of each section you can add further comments.

All your answers will be treated in strict confidence.

The questionnaire will take about 20 minutes to fill in.

We thank you for your time and help.

Impact on Participation and Autonomy (IPA)

Mobility: getting around where and when you want (with or without aids or assistance)

First we would like to ask some questions about your mobility: your chances of getting around where and when you want. We are interested in whether you can decide yourself where and when you want to go somewhere.

1a. My chances of getting around in my house *where* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

1b. My chances of getting around in my house *when* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

1c. My chances of visiting relatives and friends *when* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

1d. My chances of going on the sort of trips and holidays I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

1e. If your health or your disability affect your chances of getting around where and when you want, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further comments on your mobility (optional):

_____

_____

_____

Self care (with or without aids or assistance)

The next questions concern your personal care. When answering these questions, think about whether you can decide yourself when and how you want things done, even when you are assisted by someone else.

2a. My chances of getting washed and dressed *the way* I wish are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

2b. My chances of getting washed and dressed *when* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

2c. My chances of getting up and going to bed *when* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

2d. My chances of going to the toilet *when* I wish and need to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

2e. My chances of eating and drinking *when* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

2f. If your health or your disability affect your self care, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further comments on your self care (optional):

_____

_____

_____

Activities in and around the house (with or without aids or assistance)

The next questions are about the tasks and responsibilities you have at home, and the way your health or disability influences these. We would like to know whether you can decide when and how something is done, even if you don't do it yourself.

3a. My chances of contributing to looking after my home *the way* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

3b. My chances of getting light tasks done around the house (e.g. making tea or coffee), either by myself or by others, *the way* I want them done are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

3c. My chances of getting heavy tasks done around the house (e.g. cleaning), either by myself or by others, *the way* I want them done are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

3d. My chances of getting housework done, either by myself or by others, *when* I want them done are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

3e. My chances of getting minor repairs and maintenance work done in my house and garden, either by myself or by others, *the way* I want them done are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

3f. My chances of fulfilling my role at home *as* I would like are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

3g. If your health or your disability affect your activities in and around your home, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further comments on activities in and around the house (optional):

_____

_____

_____

Looking after your money (with or without aids or assistance)

The next questions deal with the effect of your health or disability on the control you have over spending your own money.

4a. My chances of choosing how I spend my own money are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

4b. If your health or your disability affect the opportunities you have over spending your own money, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further comments on your control over your financial situation (optional):

Leisure (with or without aids or assistance)

The next questions are about whether you can decide how you use your leisure time.

5a. My chances of using leisure time *the way* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

5b. If your health or your disability affect how you use your leisure time, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further comments on your leisure time (optional):

Social life and relationships

The next questions are about the quality and frequency of your social relationships. We would like to know whether your health problems or disabilities affect your relationships.

6a. My chances of talking to people close to me on equal terms are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

6b. The quality of my relationships with people who are close to me

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

6c. The respect I receive from people who are close to me is

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

6d. My relationships with acquaintances are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

6e. The respect I receive from acquaintances is

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

6f. My chances of having an intimate relationship are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

6g. My chances of seeing people as often as I want are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

6h. If your health or your disability affect your social life and relationships, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further comments on your social life and relationships (optional):

_____

_____

_____

Helping and supporting other people (with or without aids or assistance)

The next questions are about your opportunities to help and support other people such as family, neighbours, friends or members of a club

7a. My chances of helping or supporting people in any way are,

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

7b. If your health problems or disability affect your opportunities to help other people, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further comments on helping and supporting other people (optional)

_____

_____

_____

Paid or voluntary work (with or without aids or assistance)

The next questions are about paid or voluntary work. We would like to know what your chances are of finding or keeping a paid or voluntary job, even is this does not seem relevant to you at present.

8a. My chances of getting or keeping a paid or voluntary job that I would like to do are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

Please only answer questions 8b to 8f if you do have some form of paid or voluntary work, even if you are not working at the moment due to illness. Otherwise please proceed to question 9.

8b. My chances of doing my paid or voluntary work *the way* I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

8c. My contacts with other people at my paid or voluntary work are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

8d. My chances of achieving or keeping the position that I want, in my paid or voluntary work are,

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

8e. My chances of getting different paid or voluntary work are,

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

8f. If your health or your disability affect your paid or voluntary work, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further comments on paid or voluntary work (optional):

_____

_____

_____

Education and Training (with or without aids or assistance)

The next questions are about the way your health condition or disability affect your chances of getting the education or training you want. If you do not wish to have further education or to follow a course, you may tick the box 'not applicable'.

9a. My chances of getting the education or training I want are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐
- Not applicable ☐

9b. If your health problems or disability affect your opportunities in education or training, to what extent does this cause you problems?

- No problems ☐
- Minor problems ☐
- Major problems ☐

Space for further explanation regarding your chances of education or training (optional):

_____

_____

_____

Concluding IPA questions

In this questionnaire you have answered questions that deal with the effect of your health or disability on your personal and social life. Considering all things, could you say whether, in general, you have sufficient control over your own life?

10. My chances of living life the way I want to are

- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very Poor ☐

Space for further comment about the control you have over your life (optional):

_____

_____

_____

Thank you for taking the time to complete this questionnaire