SOCIAL REJECTION, ROLE CONFLICT, AND ADJUSTMENT: PSYCHOLOGICAL CONSEQUENCES OF ORTHOPAEDIC DISABILITY

ANDREW M. COLMAN

University of Cape Town

Summary.—20 orthopaedically disabled hospital patients responded to a self-ideal discrepancy scale and the Eysenck Personality Inventory. The severely disabled Ss were more self-accepting and less neurotic than the marginally disabled Ss. A direct relationship obtained between age and a composite measure of maladjustment ($r = .42, p < .001$), but this was not due simply to the duration of the disabilities. The results were interpreted as supporting the role-conflict hypothesis rather than the social-rejection hypothesis concerning the psychological consequences of physical disability.

There is some empirical evidence (e.g., Phillips, 1964) to suggest that people suffering from orthopaedic disabilities tend toward psychological maladjustment, and similar evidence exists with respect to other kinds of physical disabilities (Wright, 1960).

Undoubtedly the most popular explanation for these findings, more often implied than stated in the literature on physical disabilities, is what may for the sake of clarity and brevity be called the social-rejection hypothesis. This hypothesis points to the psychological stress occasioned in the individual by his handicap in taking part in everyday social activities, and the discovery that people react negatively toward him and reject him socially. According to Goffman (1968), who has done much to popularize this view, social rejection, along with the shame which results from it, is "the central feature of the stigmatized individual's situation in life" (p. 19). A visible physical disability, or any other "stigma" an individual may possess "has the effect of cutting him off from society and from himself so that he stands a discredited person facing an unaccepting world" (p. 31). Thus an individual who finds himself suddenly relieved of a stigma (as a result, for example, of plastic surgery) undergoes a rapid personality change "in the direction of the acceptable...[in consequence of]...acceptance in face-to-face interaction" (p. 157), and vice versa. The social rejection itself is not convincingly accounted for: "In general, the tendency for a stigma to spread from the stigmatized individual to his close connexions provides a reason why such relations tend either to be avoided or to be terminated, where existing" (p. 43).

In support of the social-rejection hypothesis are findings (e.g., Ingwell, Thoreson, & Smits, 1967) that physically disabled people tend to be rejected as

---

1Now at Leicester University, Psychology Department, Leicester LE1 7RH, United Kingdom. The author wishes to thank Eric J. Einhorn for assistance in collecting the data, and Mrs. G. Steyn of the Princess Alice Orthopaedic Hospital and Miss A. C. de Villiers of the Conradie Hospital for their cooperation.
friendship choices, but the evidence on this point is ambiguous. In a recent experiment, a nondisabled confederate of E elicited more favorable evaluations from Ss when playing the part of a left-leg amputee than in the "normal" condition (Kleck, 1968). The alleged social rejection of physically disabled people is unproven, and if rejection does take place, it appears to be due to factors over and above the sheer disability. It is possible, for example, that social rejection is a consequence rather than a cause of maladjustment in the physically disabled.

A second hypothesis to account for the relative lack of adjustment of the physically disabled may conveniently be called the role-conflict hypothesis. According to this hypothesis (Cowen & Bobrove, 1966; Cowen, Underberg, Verrillo, & Benham, 1961; Meyerson, 1963; Wright, 1960), physically disabled people, more than others, "are exposed to overlapping roles which are antagonistic or exclusive ... [and] this generates conflict and maladjustment" (Cowen & Bobrove, 1966, p. 869). More specifically, in many situations the individual does not know whether to play the role of a disabled person or a nondisabled person, and other people respond to him or her sometimes in terms of one role, sometimes in terms of the other. The resulting conflict is what is held to account for maladjustment among the disabled.

According to the role-conflict hypothesis, marginally disabled people should tend to maladjustment to a greater extent than totally or severely disabled people because of the more frequent role conflicts to which they are likely to be subjected. While severely disabled people are obliged to play the disabled role most of the time, marginally disabled people are able to play the nondisabled role in a wider range of situations, and there is therefore greater role ambiguity and presumably greater role conflict. Studies of partially and totally blind and deaf people in the United States and in France have substantially confirmed this prediction (Cowen & Bobrove, 1966; Cowen, et al., 1961). The principal aim of the present investigation was to test this hypothesis with Ss suffering from orthopaedic disabilities.

**METHOD**

Ss who took part in this study were 20 permanently disabled hospital in- or outpatients suffering from the results of poliomyelitis, osteomyelitis, compound fractures, and other orthopaedic disabilities. The sample was divided into a group of 9 marginally disabled Ss, who were able to walk without assistance, and 11 severely disabled Ss, who were either entirely unable to walk or able to walk only with assistance from some other person.

Ss were interviewed individually, and in addition to providing biographical information they responded to two scales: (a) a semantic differential comprising 22 bipolar adjective pairs each separated by a 7-point rating scale; and (b) the neuroticism scale of the Eysenck Personality Inventory. Each S was requested first to rate himself on the semantic differential, then to respond to the Eysenck Personality Inventory, and finally to rate his ideal self on the semantic
CONSEQUENCES OF ORTHOPAEDIC DISABILITY

differential. In some cases, if the disability was of such a nature that writing was hampered, S responded orally and the inventories were filled in on his or her behalf.

RESULTS AND DISCUSSION

The mean self-ideal discrepancy for the marginally disabled group was 35.89 (SD, 13.72), and for the severely disabled group 21.09 (SD, 7.02), and this difference was significant by one-tailed t test (p < .01). These results may be taken to indicate greater self-acceptance on the part of the severely disabled than the marginally disabled Ss, a finding which is entirely counterintuitive although it is consistent with the role-conflict hypothesis. The social-rejection hypothesis implies the opposite prediction (cf. Goffman, 1968, Ch. 4).

The mean neuroticism scores (excluding the scores of one S from each group who produced a "lie" score greater than four on the Eysenck Personality Inventory) were 14.13 (SD, 6.01) for the marginally disabled group, and 11.00 (SD, 5.14) for the severely disabled group. The one-tailed t test is not significant, but the direction of the difference suggests greater neuroticism among the marginally disabled than among the severely disabled Ss, which is once again consistent with the role-conflict hypothesis.

Combining the self-ideal discrepancy and neuroticism scores for each S additively into one "maladjustment" score, the difference between the two groups becomes significant (p < .001, one-tailed t test); marginally disabled Ss manifest poorer adjustment (SD, 24.89) than the severely disabled Ss (SD, 16.00), as predicted by the role-conflict hypothesis.

According to the rival social-rejection hypothesis, physical disability should produce greater maladjustment among younger than among older people. The reason is that there is a wide range of social activities from which young physically disabled people are normally excluded, including dancing and sporting events of various kinds, but these become less and less socially important to people as they grow older. In the language of the role-conflict hypothesis, however, it becomes progressively easier for disabled people to play the nondisabled role for the same reason, and the result is greater role conflict. According to this latter hypothesis, therefore, exactly the opposite relationship is anticipated, with greater maladjustment among older than among younger people.

The combined "maladjustment" scores for the marginally and severely disabled Ss taken together support the role-conflict hypothesis: the older the Ss, the less well-adjusted they tended to be (r = .42, p < .001). This result was not due simply to the fact that older Ss had in general suffered longer from their disabilities, since no significant correlation was found between duration of disability and adjustment (r = -.07, n.s.).

The role-conflict hypothesis, which receives strong confirmation by present results, has implications extending far beyond somatopsychology. The hypothesis can parsimoniously account for the stress often associated with vertical
social mobility (Myers & Roberts, 1959), the social isolation and individual unrest concomitant with status inconsistency (Geschwender, 1968), and the adjustment problems of adolescents, homosexuals, and second-generation immigrants (Cowen & Bobrove, 1966).

REFERENCES


Accepted September 9, 1971.