The Identity of People With Disabilities: Advancing Through a Study on Self-Determination and Self-Knowledge

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Abstract

The concept of identity has been a research topic for hundreds of years. Researchers have considered the influences of culture, physical development, and interpersonal relationships to describe how a person's identity, or self-concept, develops. Another aspect of a person's self-concept involves physical, mental, or learning disabilities. A study was conducted in southeastern Spain in 2021 to investigate the self-perception of identity among people ages 13-25 who self-identified as having a disability. The results of this study revealed a correlation between the study participant's identity as a person with a disability and their self-perception of belonging within their community. The perceived level of belonging within a community varied with the participant's age. Self-knowledge and self-determination were influencing factors that improved among older participants.

Keywords: Identity, People With Disabilities, Self-Perception, Self-Identity, Self-Determination

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Introduction

Identity can be defined as a personal and inherent construct of every human being (Forber-Pratt & Zape, 2017; González, 2021; Głodkowska & Pągowska, 2019) whose development and construction is linked to the vital experiences (Fadjukoff, Pulkkinen & Kokko, 2016). As a complex, multi-dimensional, constructive (Arfuch, 2002), social (Forber-Pratt & Zape, 2017), and endless process (Leite, 2011), identity is socially constructed (Mañas, 2020; Mijangos, 2015) and it is linked to experience (Gergen, 2007) and to the subjective, personal, social and evaluative perception that each individual makes as a result of their interactions with their social, school and family context (González, Cortés & Rivas, 2018).

Morales, Páez, Deschamps, and Worchel (1996) state identity is constructed from the opinions, judgments, and attitudes that an individual manifests regarding himself and as a result of internal and external dialogue (Lara-Subiabre, Henríquez & Villaroel, 2020) that configures an identity that can be personal and social and expressed in a unitary, multiple, discovered, constructed, stable or fluid way (Vignoles, Schwartz & Luyckx, 2011). An orientation or attitude toward self-identification as disabled includes cognitive and affective components (Darling & Heckert, 2010), meaning that the self-concept of disability in any way influences the way a person interacts with society. According to Koch (2020), students with disabilities question their placement among their peers according to their self-perception of belonging in society, and exercises involving items such as personality quizzes foster understanding among group members. Therefore, the self-concept of a person with disabilities affects their perception of belonging in society.

Erikson's Theory of Identity

Researchers have explored the concept of identity since the middle ages. The question of identity has revolved around how people develop psychologically from birth throughout their lives. Erikson (1959) explored identity through the lens of self-concept and community recognition, which Crain (2011) related to biological development. Crain (2011) noted that learning disabilities impeded biological development, specifically Autism Spectrum Disorders (ASD). The hallmark of biological growth is an accomplishment ("I am what I can learn to work," Erickson, 1968, p. 127), so the community in which a person was situated would notice the lack of achievement that is a hallmark of disability could lead to peer shunning. Mooney (2013) commented on executive function challenges, often present in ASD and Attention-Deficit Hyperactivity Disorder (ADHD), noting similar impacts on community acceptance. The person with a disability questions their belonging within their peer group, which leads to identity confusion (Erickson, 1959).

Identity confusion interferes with the developmental stage of fidelity (Mooney, 2013). Identity confusion occurs because the person becomes aware that they are somehow different from their peers but may not understand why or how to resolve the issue. Kroger (2007) noted that teenagers in the United States and New Zealand voiced intolerance for a peer that did not belong using the terms "outcast," "threat," and "boring" (p. 39). A person with a disability would likely not choose such identity labels from their peers but may receive them nonetheless. Lawler (2014) noted that social identity is highly linked to self-identity.

Literature Review

A review of the existing literature pertaining to self-defined identity and sense of belonging within a peer group was conducted. Literature was gathered from peer-reviewed academic journals, published autobiographies of people with learning or physical disabilities, and other published texts. The literature was gathered from global sources to identify common themes and relations to Erikson's theory of identity regardless of geographical location.

Self-Identity among People with Learning or Physical Disabilities

As Forber-Pratt, Lyew, Mueller, and Samples (2017) remind us, identity development in people with disabilities is a little-researched phenomenon. Perhaps, this fact is because the identity of people with disabilities has always been identified with a "restricted or monophonic identity" (Baquero, 2015, p.171) as a consequence of imperialism of identity (Sen, 2001) and of social and cultural traditions that have denied that people with disabilities can present multiple identities. Dunn and Burcaw (2013) define disability identity as a "sense of self that includes one's disability and feelings of connection to, or solidarity with, the disability community" (p.148).

In this sense, Forber-Pratt, Merrin, Mueller, Price, and Kettrey (2020), remind us that identity is constructed socially and historically. In the particular case of people with disabilities, their status as a minority and marginalized group (1) has favored the construction of a cultural vision of disability linked to a conception of unitary identity and associated exclusively with the group of people with disabilities (Mackelprang & Salsgiver, 1996); and (2) has configured a group identity (Brown, 2003). This complex historical, cultural, and social process has generated in people with disabilities feelings of denial, fear of being judged, or shame that contribute to the construction of a negative identity of disability (Mackelprang & Salsgiver, 1996) and favors the consolidation of a minority group model of disability in which people with disabilities are considered a minority group, subject to stigmatization (Eddey & Robey, 2005).

McNamer (2013) wrote in a first-person context about his personal experience with identity and belonging as a person diagnosed with an Autism Spectrum Disorder. The insights he shared lend credence to the concept of identity as a subjective function of culture and social input. McNamer (2013) shared the following:

> [As] I grow, I become more invisible than I was before. When I was six years old in elementary school, teachers would put me in the 'cloak of invisibility….' When I went to school with my peers then, I felt rejected too. Not as rejected as in high school, but I do feel like that 'cloak of invisibility' is working pretty well…I never wanted to change, but I do want my classmates from elementary school to understand me. It seems impossible since I'm a growing invisible…thing. I am not noticed and I will become entirely invisible by the time school ends. (pp. 80-81)

According to Van Halen, Borsma, and van der Meulen (2018), adolescents encounter the most significant challenges to their self-identity, consistent with Erikson's (1959) theory of identity versus confusion during their teenage years. According to Erikson, the need to form a strong identity is critical; however, disabilities could impede the discovery of self-identity because of disabilities lead to experiences of ostracism and exclusion.

As different studies have reported, people with disabilities experience social discrimination (Baquero, 2015) and school exclusion (Jiménez & Huete, 2002; Mañas, González & Cortés, 2020; Mogensen & Mason, 2015; Savaria, Underwood & Sinclair, 2011) and limitations to participate fully in the social and educational contexts in which they are immersed (Gómez & Cardona, 2010), generating the construction of a disability identity. According to Forber-Pratt, Lyew, Mueller, and Samples (2017), the identity of the disability can be defined as the unique and particular capacity that a person with a disability has to perceive himself, his body, and his way of interacting with the world and is related to the experience and social perception of the person with disabilities (Hopson, 2019).

Sense of Belonging Among Peers

Research has shown that a student's sense of belonging within a community affects their learning success (Pittman & Richmond, 2007). A Pew survey found 71% of students use multiple ways to communicate with friends (U.S. Health & Human Services, 2019). Still, adolescents' loneliness impedes academic performance (Moeller & Seehuus, 2019). Sense of belonging has been measured in multiple ways. Ingram (2012) notes three independent measures of belonging: Social belonging, academic belonging, and perceived institutional belonging. Ingram (2012) indicated that the strongest predictors of student belonging are not fixed student attributes but other variables that can be influenced to various extents by institutional policies and practices. In other words, the learning environment can be engineered to increase students' sense of belonging, particularly their academic belonging within their peer group.

Considering these investigations and that the identity of the disability can be determined by personal feelings and by the sense of belonging to a community (Hahn & Belt, 2004), and that it is a physical, biological, social categorization and creation of meaning (Forber-Pratt, Lyew, Mueller & Samples, 2017), we find different contexts that implicitly and explicitly to use to construct an identity of difference (González, 2018, 2021; Mañas, 2020) or disability.

In the social and family sphere, we can find, on the one hand, situations in which people with disabilities interact and share activities and spaces with other individuals with disabilities, these experiences allow them to build a positive disability identity and feelings of connection and identification with other people with disabilities (Dunn & Burcaw, 2013). On the other hand, interaction with people and family members who do not have disabilities encourages them to perceive personal differences and particular traits (i.e., communicative, physical, cognitive, etc.), which they do not share with any members of their social or family group, contributing to strengthening the identity of the disability (Forber-Pratt, Lyew, Mueller & Samples, 2017).

Similarly, in school contexts, the diagnosis, school labeling (Gergen, 1996), experiences of school segregation (González, Mañas, and Cortés, 2017), and of bullying (González, Cortés & Mañas, 2019; Mañas, González & Cortés, 2020; MECD, 2017) are those that both implicitly and explicitly contribute to the construction of a school identity linked to self-doubt or difference. These school experiences appear in students with atypical educational needs or disabilities as an identity of difference as a consequence of a cognitive (thinking), affective (feelings), and attitudinal (acts and behaviors) process (González, 2018, 2021; González, Cortés & Rivas, 2018) that leads them to show isolation behaviors and feelings of inferiority and difference with the rest of their classmates in the school context.

Summary of the Literature Review and Gaps Identified

The empirical literature shows research carried out with children (Phelan & Kinsella, 2014) and people with learning differences (Zhang & Haller, 2013), visual limitations, and physical disabilities (Atkinson & Hutchinson, 2013; Kelly, 2005; Stalker & Connors, 2004), adolescents with spina bifida (Kinavey, 2006), learning difficulties (Savaria, Underwood & Sinclair, 2011), students with autism spectrum disorders (Mogensen & Mason, 2015; Shattuck, Steinberg, Yu, Wei, Cooper, Newman & Roux, 2017), university students with disabilities (Forber-Pratt & Zape, 2017; Moriña, 2017; Riddell & Weedon, 2014), or Asperger syndrome (González, 2018, 2021) in which, in some way, the fact of being people with educational needs has had an impact on their respective identities. Aside from McNamer's (2013) autobiographical publication, the literature review revealed a gap in knowledge about people's self-perception with physical or learning disabilities. Based on Erikson's Theory of Identity, it is vital to understand people's self-perception with learning or physical disabilities. Erikson (1959) commented that having an acknowledged disability affected a person's identity, leading to potential identity confusion resulting from labeling and possible exclusion by peers.

This type of exercise, personal and experiential, constitutes a double process of self-identification linked, on the one hand, with the perception of common traits with a group of people (Forber-Pratt & Zape, 2017) "heterorecognition" (Giménez, 1996) and, on the other hand, with the ability to notice particular traits that are associated with a self-perception, individuality and difference concerning other people, "auto-recognition" (Giménez, 1996). Individuals perceive similarities and differences in gender, social class, age, and sexual orientation in this identification and recognition process.

Aim of the study

This research study was carried out in 2021 under a quantitative survey design and correlational descriptive logic. The main objective is to know if there is a relationship between age, sex, and the level of self-knowledge and self-regulation with the construction of an identity of the disability. We also intend to test the following hypotheses:

R0: The person with disabilities does not experience identity confusion and feels a sense of belonging among their colleagues with disabilities.
R1: The person with a disability experiences identity confusion and feels a decrease in the sense of belonging among their colleagues with disabilities.
R2: The person with a disability experiences identity confusion and feels a sense of belonging among their disabled peers.

Method

Participants

An intentional (non-probabilistic) or convenience sampling has been developed (Scharager & Armijo, 2001) in which people with disabilities living in the province of Malaga have participated. In the selection of the sample, we have used the criteria of a) being people with a diagnosis of some disability, b) interest in participating in the research, c) being between 13 and 25 years old, and d) having good oral and written comprehension and expression skills.

We contacted five associations of people with disabilities in the province of Malaga who facilitated contact with the participants' families. In the same way, we have contacted other people with disabilities through the snowball methodology. The total sample was comprised of 78 participants, of which N = 28 women (35.89%) and N = 50 men (64.10%), aged between 13 and 25 years, with a mean age of 18.9 years and an SD of 1.1 (Table 1) and of which 18 (23.07%) claimed to have a close relative with a disability (siblings or parents).

	Women	Men
	28	50
Mean age	18.9	18.5
S.D.	1.1	1.2

Table 1. Sample description

More specifically, Table 2 presents the disability that most frequently appears in the study: mild intellectual disability (N = 42), followed by autism spectrum disorder (N = 12).

Autism spectrum disorder	12
Asperger syndrome	4
ADHD- Hyperactivity	2
Mild intellectual disability	42
Learning difficulties (Dyslexia, Dyscalculia, etc.)	2
Visual disability	2
Hearing impairment	8
Others (Smith magenis, Cornelia de Lange)	10

Table 2. Sample division

Measures

Participants were administered a face-to-face survey using Google Forms, which included questions about demographics, primary diagnosis, gender, age, and academic status. The survey consisted of 30 questions grouped into sections, 1) about the identity perceived by the student as a person with diverse needs and questions about their perception of belonging among their peers, 2) self-regulation and 3) self-knowledge.

In this sense, the identity scale used was that of Forber et al. (2020) Initial Factor Exploration of Disability Identity, more specifically, items related to internal beliefs (e.g., I identify with the community of people with disabilities) and those related to anger and frustration with experiences related to the disability (e.g., I wish I didn't have a disability). This Likert-type scale (1-4) has been designed to analyze the degree of implication of certain factors in identity development in people with disabilities. The Cronbach's Alpha coefficient for this factor is .91.

Regarding self-regulation and self-knowledge, the ARC-INICO scale was used to evaluate self-determination (Verdugo et al., 2014). These factors have a Cronbach's Alpha coefficient of .84 and .80, respectively. This Likert-type scale (1-4) was developed to analyze how self-determination is formed in people with disabilities and how it is influenced by factors such as self-regulation and self-knowledge, among others.

Procedure

The study questions were initially tested on 35 participants not belonging to the final study to check the scale's reliability using Cronbach's alpha. In our initial survey, Cronbach's alpha was .65, which led us to revise the scale, remove items with less load, and include other questions to improve reliability and consistency, which led to a considerable increase in our survey tool's consistency and reliability (.94). Later, the Kolmogorov-Smirnov normality test was performed under a level of significance ($p < 0.05$), in which it was obtained that the distribution of the sample differs from the normal one.

As a step before the fieldwork, the heads of the five associations were contacted to arrange a personal meeting in which (1) the objective and procedure of the investigation were explained to them; (2) the confidentiality and information treatment documents were signed; (3) the COVID prevention measures to be considered and the place chosen within the association to carry out the interviews were agreed; (4) the person in charge of each center selected a person (i.e., Key Caregiver) who could be present during the fieldwork; (5) the days and time slots in which to carry out the interviews with each association were agreed.

Subsequently, and considering a series of COVID protocols (use of masks and hydroalcoholic gel, interpersonal distance between attendees, and choice of an outdoor location) over four weeks (initial study) and seven weeks (final study), the collection of information was developed. During all the sessions, a Key Caregiver was present to solve possible doubts for the people interviewed. In this regard, it is vital to consider that the initial study was carried out in April 2021. Some members of two of the associations that participated in the study participated. Subsequently, and once some items had been modified, the final study was carried out during May and June with the five associations that participated in the research.

The first hypothesis was verified using a logistic regression in which the identity category was binary:

1. No identification with the disability.
2. Identification with the disability.

Responses from survey participants (e.g., below mean, above mean) constituted the dependent variable (DV). The selective coding of the data made it possible to identify the participants' self-identity and sense of belonging. Furthermore, the constant comparison of the participants' responses with Erikson's Identity Theory fostered the emergence of a theory of self-identity and belonging specific to people with physical or learning disabilities. SPSS version 26 was used to analyze the survey data.

Results

Regarding internal beliefs in items 7-12 (Table 3), significant correlations (p-value .01) appear in all items that evaluate this aspect. This refers to how people who feel identified with the disability give answers congruently in the questionnaire, which is evident in the positive correlation between items 11 and 12 (ρ- .905 **).

Spearman´s Rho	7	8	9	10	11	12
7 I identify with the community of people with disabilities		.783**	.704**	.744**	.763**	.736**
8 I adopt the fundamental values of the disability culture as my own	.783**		.712**	.630**	.861**	.836**
9 I identify myself as a person with a disability	.704**	.712**		.817**	.805**	.729**
10 I have a strong sense of belonging to people with disabilities	.744**	.630**	.817**		.667**	.563**
11 I am proud to be a person with a disability	.763**	.861**	.805**	.667**		.905**
12 I consider my disability to be a fundamental part of me	.736**	.836**	.729**	.563**	.905**	

Table 3. Internal belief correlations

Within this same aspect, we denote how the average values of these items tend to personal identification with the group of people with disabilities (Table 4), although they are not very high for example, in this case, item 10 -- I have a strong sense of belonging to people with disabilities-- shows the lowest value (M= 2.45).

	7. I identify with the community of people with disabilities	8. I adopt the fundamental values of the disability culture as my own	9. I identify myself as a person with a disability	10. I have a strong sense of belonging to people with disabilities	11. I am proud to be a person with a disability	12. I consider my disability to be a fundamental part of me
N.Valid	78	78	78	78	78	78
M	2.83	2.63	2.71	2.45	2.59	2.82
S.D.	1.263	1.239	1.250	1.180	1.232	1.225

Table 4. Mean values and standard deviation internal beliefs about disability

Regarding the anger and frustrations with the experiences of disability- we see results that refer to the fact that the mean of the items of this aspect is higher than 2 (Table 5).

	13. If there were a "magic pill" that would take away my disability without side effects, I would take it	14. I wish I wasn't disabled	15. There are some days when I wish I didn't have a disability	16. I don't like thinking about my disability
N. Valid	78	78	78	78
M.	2.78	2.63	2.87	2.54
S.D.	1.265	1.320	1.252	1.256

Table 5. Mean values and standard deviation internal beliefs about disability

Once these first calculations had been developed, in an attempt to resolve the hypothesis that was raised, we decided to make the pertinent adjustments to find out how many people in the sample felt identified with the group of people with disabilities, following the formula of - Summary positive identity (SPI) - Negative identity sum (NIS) - (Table 6).

	SPI	NIS
M.	16.1	10.82
S.D.	7.37	5.08

Table 6. Positive and negative sums of disability

After calculating the SPI - NIS values, we found that 19 people (24.35%) are those who are represented in disability (identity), having the following characteristics:

Age group	Gender	Associated disability
19-23 4 people	17 Men	16 Mild intellectual disability
23-25 15 people	2 Women	2 ASD
		1 Asperger Syndrome

Table 7. Disability group characteristics

This means that 75.65% of the surveyed sample does not feel represented within the construct of disability, with values ranging between 10 and 12 below the mean that would correspond to identification as a person with a disability, giving as valid the alternative hypothesis R2.

Concerning the second of the objectives -- to know how self-determination and self-knowledge influence the conformation of the identity of people with disabilities-- we see, in the first place, as being the maximum in the levels of Self-regulation out of 48 points, the ∑ is 33.52; In the case of Self-knowledge, the maximum being 36, the ∑ is 27.5 (Table 8).

	∑ Self-knowledge	∑ Self-regulation
M.	27.5	33.52
S.D.	7.03	11.47

Table 8. Self-knowledge and self-regulation average scores and S.D.

At the same time, as reflected in table 9, the significant correlations (p-value = .01) between these three aspects refer to how the three aspects influence each other.

	Self-Awareness	Self-Regulation	Identity
Self-Awareness		.683**	.458**
Self-Regulation	.683**		.310**
Identity	.458**	.310**	

** The correlation is significant at the 0.01 level (bilateral).

Table 9. Self-Awareness, Self-Regulation, and Identity Correlations

In this regard, we wanted to know how certain variables such as gender, age, even the level of self-knowledge and self-regulation could predict recognition as a person with a disability (objective 2). For this aim, we work with binary logistic regression. As indicated in table 10, block 0 indicates a 75.6% probability of success in the result of the Dependent Variable (DV) when the positive identity is compared with the negative one (I + VS I -).

		I + VS I - No disability identity		
		No disability Identity	Disability Identity	Correct percentage
I +VS I -	Disability Identity	59	0	100.0
		19	0	.0
Global percentage				

Table 10. I + VS I -

Later, with the tool of successive steps backward (Wald), we obtained significant values in the Omnibus test of the model coefficient (Block 1). The statistical score of ROA indicates that there is a considerable improvement in the prediction of the probability of occurrence of DV categories (p <.001) (Table 11).

		Chi-Square	df	Sig.
Step 1	Step	86.608	4	.000
	Block	86.608	4	.000
	Model	86.608	4	.000
Step 2	Step	-37.301[a]	1	.000
	Block	49.307	3	.000
	Model	49.307	3	.000

a. A negative chi-square value indicates that the chi-square value has decreased from the previous step.

Table 11. Omnibus tests of model coefficients.

According to the Nagelkerke R squared value, we see how the first of the steps explains 100% of the changes in the variance of the dependent variable (DV). However, as we will see later, they are not significant. According to the Wald model, they do not predict the changes in the dependent variable. That is why the program itself records another step that indicates that the proposed model explains 69% of the variance of DV (.69) (Table 12). As we see in Table 13, it is significant in all the model variables.

Step	2log likelihood	Cox and Snell R squared	Nagelkerke R squared
1	.000[a]	.671	1.000
2	37.301[b]	.469	.699

a. The estimation has ended at iteration number 20 because the maximum number of iterations has been reached. The final solution cannot be found.

b. The estimate has ended at iteration number 8 because the parameter estimates have changed by less than .001.

Table 12. Model Summary

		β	Standard error	Wald	df	Sig.	Exp(β)
Step 1	How do you define yourself?	-365.800	27753.888	.000	1	.989	.000
	What is your age group?	395.727	6605.931	.004	1	.952	7.277E+171
	∑ Self-regulation	-25.555	425.262	.004	1	.952	.000
	∑ Self-knowledge	89.366	1492.149	.004	1	.952	6.476E+38
	Constant	-2876.134	55520.295	.003	1	.959	.000
Step 2	What is your age group?	4.016	1.428	7.907	1	.005	55.495
	∑ Self-regulation	-.239	.098	5.997	1	.014	.788
	∑ Self-knowledge	.641	.197	10.627	1	.001	1.898
	Constant	-26.937	7.975	11.408	1	.001	.000

a. Variables specified in step 1: How do you define yourself?, What is your age group?, Sum Self-regulation, Sum Self-knowledge.

Table 13. Variables in the equation

Among the variables that most significantly predict (p-value = .05) identity development as a person with a disability, age stands out, which shows that as age increases, there is 55.49 times more probability of identifying with the disability, followed by the sum of self-knowledge that increases by 1.89 times and the sum of self-regulation by 0.78 times, making these in the case of the sample the three predictive variables of identity development. At the same time, for the logistic regression proposed, classification table 14 indicates an 89.7% probability of success in the DV result when we know these same variables that we have come to call predictors.

		Predicted		
		I + VS I -		
Observed		No disability Identity	Disability Identity	Correct percentage
I + VS I -	No disability Identity	59	0	100.0
	Disability Identity	0	19	100.0
Global percentage				100.0
I + VS I -	No disability Identity	55	4	93.2
	Disability Identity	4	15	78.9
Global percentage				89.7

Table 14. Classification

Discussion

As stated in the initial hypothesis, the results indicate that people with disabilities who have participated in this research experience confusion regarding their identity, that is, on the one hand, they identify with a group of people with specific disabilities; however, on the other hand, we find 75.65% of the participants who do not identify as a person with a disability. In this sense, we agree with the research by Chalk (2016) and Chalk, Barlett, and Barlett (2020), in which respectively 96.5% (n = 1258) and 68.7% (n = 358) of people with disabilities do not self-identify with the diagnosis.

The identity of the disability, as a multi-dimensional construct, includes external and internal factors in which the experience and personal thoughts about the disability shape the identity of the disability (Forber-Pratt et al., 2020). We find a public dimension -- social recognition-- and a private dimension -- denial and frustration-- of the identity of the disability, since to a large extent, the participants notice frustration when they think about their disability. They do not identify personally with the group of people with disabilities. People will build their identity by "searching for an individual identity and searching for a collective identity" (Morales et al., 1996, p. 40). This complex and confusing process will produce a conflict between self-recognition, and heterorecognition (Melucci, 1996), characterized in that individuals perceive common traits with a group or collective with which they identify but at the same time show a particular feeling of difference from them. The positive affirmation of disability is associated with a sense of belonging and connection with a group of people with whom spaces and experiences are shared (Hahn & Belt, 2004).

The analyses show us how identity, as a multi-faceted construct linked to personal, social, historical, and political dimensions (Forber-Pratt & Zape, 2017), should be approached under the term identities since the participants have shown at least one identity public and other private. In this sense, we agree with the results obtained by Forber-Pratt et al. (2020) when they identify "internal beliefs about own disability and the disability community" and "anger and frustration with disability experiences" as two of the critical factors in the construction of the disability identity.

A positive correlation appears between identifying with people with disabilities and age, self-knowledge, and self-regulation concerning the second objective. In this regard, we must consider that people with disabilities identify with a disability as a consequence of (1) perceiving that they have a disability, (2) experiencing externally imposed restrictions, and (3) self-identify as people with disabilities (Oliver, 2018). In this sense, and as some research indicates (Caldwell, 2011; Darling & Heckert, 2010) for many people, self-identification as a person with a disability is a positive fact related to high self-esteem and pride (Nario-Redmond, Noel & Fern, 2013). In a particular way, and this is indicated by the work carried out by Darling and Heckert (2010), there is a heightened feeling of pride among the population between the ages of 18 and 35. This perception decreases as age increases. Regarding the trinomial of age, self-knowledge, and self-regulation, it is vital to consider that age as an inherent dimension of experience will increase self-knowledge, in the same way, as some studies indicate, a better capacity for self-regulation has a positive impact on the development of self-perception (Jones, 2012; Nader-Grosbois, 2014), and therefore will contribute to increasing self-esteem. The inclusion of a self-description as a person with disabilities will lead to diminished self-esteem (Moon & Kim, 2021) at younger ages.

Limitations

This study has limitations that should be considered. In the first place, the sample of participants is not large enough, which means that the findings cannot be generalized; in the same way, it is relevant to consider information provided by families for future research and consider what dimensions contribute to generating the perception of difference. This study was meant to be replicated in the northeastern United States, but could not proceed because of legal restrictions in the United States pertaining to human subjects research involving participants under the age of 18. Attention to the social construction of identity in people with disabilities is critical because as Forber-Pratt, Lyew, Mueller, and Samples (2017) state, a more complete and larger-scale study of the development of a disability identity is necessary.

Conclusion

After all that has been indicated so far, it is revealing that many participants show a public identity --of recognition -- and a private one -- of rejection -- towards identifying themselves as a person with a disability. In this regard, we must consider that social, educational, and school contexts contribute to the creation and maintenance of an identity of difference that is built through a cognitive (thought), affective (feelings), and attitudinal (acts and behaviors) process (González, 2018). In other words, the identity of the disability, as a construct linked to the identity of difference, has been constructed and is maintained under discourses of power (Mañas, 2020) of a social, school, economic, educational, political nature, both implicit and explicit, they configure at the macro-social – citizenship -- and micro-social -- people diagnosed with disabilities -- a discourse of disability and a perception of it, and therefore contribute to a multi-faceted and complex use of the concept of identity.

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