MSc Occupational Therapy

OT6054 Occupational Therapy Project 4

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Title: The reality of stigma; men with disabilities experiences of navigating stigma to create lasting friendships in the community.

Abstract

Background: Societal perspectives of disability can either impede or influence men’s experience of developing friendships. This research poses the question: The reality of stigma; men with disabilities aged 40-50 years’ experiences of navigating stigma to create lasting friendships in the community. This research could promote awareness and encourage future decision makers to enhance social inclusion for this particular cohort.

Methods: This research stemmed from a larger qualitative study. Semi-structured interviews were carried out with 10 out of 93 participants who were selected for inclusion. Recruitment was done by targeting particular disability groups through information sessions, facilitated at mental health services, primary care centres and local health offices. Critical disability theory was used and was guided by elements of ethnography. Data was transcribed, and analysed thematically using ATLAS.ti software.

Findings: Thematic analysis revealed 83 codes, which revealed three core themes: the value of relationships, the influence of stigma on men’s lives, and self-management strategies to navigate stigma.

Conclusion: This study exposes in-depth life experiences of men with disabilities and reveals their feelings around stigma in today’s society. The present study should prove to be particularly valuable to society but more specifically occupational therapy as it provides implications for practice. Occupational therapists will be more mindful of the impact stigma has on individual’s occupational performance and be in a greater position to encourage men to develop strategies to navigate stigma and aid recovery from illness.
**Introduction**

Men with disabilities face the challenge of having a disability along with managing stigma to engage in friendships. Friendships and relationships are interchangeable for the purpose of this research. An appraisal of literature outlines the barriers that inhibit men from maintaining relationships. Three themes which emerged will portray an analysis of the disruption stigma causes. This research seeks 1) to identify strategies men with disabilities aged 40-50 years use to navigate stigma to create lasting friendships in the community. 2) To compare and contrast people with physical disabilities subjective experiences of maintaining friendships to those with mental health disabilities. 3) To understand how future and existing organisations and policy makers can develop strategies to combat stigmatisation.

**Literature Review**

Levinson’s theory outlines that 40 to 50 year olds go through a stage of mid-life transition before entering middle adulthood (Sugarmen 2001). Levinson’s seasons of life theory was based on interviews with forty men (O’Brien 2008), who discovered that men become more nurturing and make decisions based on personal fulfilment in middle adulthood (Berk 2010). Taking this cohort’s life stage into consideration the following exhibits how the research question progressed under the domains of friendship, disability and stigma in relation to men.

**Friendship**

Friendship is outlined by Pahl (2000) as the reason everyone is socially committed to one another. It is imperative for emotional and practical support (Harley et al 2012). Few people prefer isolation; however the majority seek companionship and endeavour to be in the presence of people through relationships. People who are socially isolated may experience psychological distress, thus being more susceptible to illness (Shakespeare 2006; Ikiugu and Pollard 2015). Sharing emotions, results in not having the stress of dealing with it in isolation. García Iriarte et al (2014) furthermore discovered in their national study that relationships are pivotal when you lose a loved one, requiring someone to fill that gap.

As people age, spending time with friends outweighs the size of support networks and friendships become minimal (Duggan and Linehan 2013; Lachman 2001). Friendship specifically within middle adulthood is a lot more intimate thus fewer friendships develop (Boyd and Bee 2006). Harley et al (2012) identified men with schizophrenia were less likely
to have emotional attachments to friendships in comparison to women and had fewer friends than woman because they felt family fulfilled that gap.

Disability

The significance of friendships alters once disability exists (Salmon 2013). The Central Statistics Office (2012) stated out of 289,728 men with disabilities in Ireland, 68% of them reported an emotional, psychological or mental health disability (Central Statistics Office 2008). Scheinholtz (2010) maintain that mental illnesses are one of the prominent causes of disability worldwide. Half of adults between 40 and 64 years sustain a disability in this period therefore having the difficulty of adapting to new physical limitations (The National Disability Authority 2006).

Vulnerability and environmental barriers such as public attitudes prevent one from being valued in their community (Duggan and Linehan 2013). A survey on public attitudes concluded that 71% reported they would feel uncomfortable if a disabled person lived in their neighbourhood, due to concerns about disruptive behaviour (The National Disability Authority 2011). It is evident that people with disabilities are forejudged joining a new community, consequently narrowing their level of social engagement.

Stigma

Stigma is defined as the existence of labelling, stereotyping and discrimination in an environment where power is practiced (Halzenbuehler et al 2013; Goffman 1963). Additionally the individual is perceived different from central societal norms (Jahoda and Markova 2004), subsequently categorising people which are then connected to undesirable characteristics (Link and Phelan 2001). Following on, internalised ableism occurs when people begin to internalise the public's negative perceptions resulting in people questioning their identity (Paterson et al 2012; Green 2009). Men feel there is a cultural stereotype you have to adhere to (Grace et al 2014). Stigmatized groups experience low mood, self-esteem and decreased psychological well-being (Rüsch et al 2005).

All aspects of life are impacted, particularly employment (Roeloffs et al 2003) and social relationships (Power and Dell Orto 2004). Also family members expressed the need to minimise contact with friends (Werner and Shulman 2015) and conceal their family member’s illness due to discrimination being directed towards them (González-Torres e al 2007). Overall a strong connection exists amongst men with disabilities and stigma.
Methods

This research emerged from a larger qualitative study titled ‘Navigating Stigma to Build Real Communities’. Semi-structured interviews permitted a rapport to develop (Domholdt 2004). They allowed for an accurate representation to be gathered and fitted within the time frame (Lees 2011). Additionally interviews allow for misunderstandings to be corrected, accommodating those with speech impairments (Gubrium and Holstein 2001). Critical theory paradigm is appropriate as theorists believe that reality is shaped by social, political and cultural factors. It combines observations and interviews hoping to adopt conversation and reflection (Cohen 2008). It furthermore centralises disability and challenges society’s assumptions (Goodley and Roets 2008).

The methodological approach was guided by ethnographic principles, aimed at understanding the experiences of men and their interpretation of life (Hammersley and Atkinson 2003). This was facilitated by the participant’s reality being constructed by the interviewer and participant within a natural setting (Holthe et al 2007). Focusing on lived experiences is best suited to occupational therapy (Parsons and Stanley 2008).

Participants

Purposive sampling was adopted; a form of non-probability sampling to obtain diverse experiences (Babbie 2014). Men with disabilities aged 40-50 years were selected therefore purposive sampling motivated the researchers to think critically about the limitations of this population (Silverman 2010).

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
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<tbody>
<tr>
<td>• Over 18 years of age</td>
<td>• Within an active stage of a mental health illness</td>
</tr>
<tr>
<td>• English speaking or use of a translator</td>
<td>• Not being able to communicate verbally or through a translator.</td>
</tr>
<tr>
<td>• Willing to share their experiences of having a disability.</td>
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</tbody>
</table>

Figure 1 Outlines the inclusion and exclusion criteria

A demographic table outlined 93 participants of which 10, 45 year old males with varying disabilities were chosen. Previous post-graduate students and researchers undertook interviews and transcribed the data.
<table>
<thead>
<tr>
<th>Participant number</th>
<th>Disability or Diagnosis</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>P7</td>
<td>Schizophrenia</td>
<td>Male</td>
<td>48</td>
</tr>
<tr>
<td>P11</td>
<td>Depression</td>
<td>Male</td>
<td>47</td>
</tr>
<tr>
<td>P12</td>
<td>Amputee, Depression</td>
<td>Male</td>
<td>43</td>
</tr>
<tr>
<td>P16</td>
<td>Intellectual Disability</td>
<td>Male</td>
<td>44</td>
</tr>
<tr>
<td>P17</td>
<td>Intellectual Disability</td>
<td>Male</td>
<td>45</td>
</tr>
<tr>
<td>P19</td>
<td>Wheelchair user</td>
<td>Male</td>
<td>50-59</td>
</tr>
<tr>
<td>P22</td>
<td>Wheelchair user 10-20 years</td>
<td>Male</td>
<td>40-49</td>
</tr>
<tr>
<td>P45</td>
<td>Intellectual Disability</td>
<td>Male</td>
<td>41</td>
</tr>
<tr>
<td>P69</td>
<td>Depression</td>
<td>Male</td>
<td>Early 50’s</td>
</tr>
<tr>
<td>P83</td>
<td>MS and Epilepsy</td>
<td>Male</td>
<td>44</td>
</tr>
</tbody>
</table>

**Figure 2** The above demographic table outlines the cohort group selected.

**Data analysis**

Thematic analysis (Braun and Clarke 2006) was used to interpret themes with the support of Atlas. This framework enabled comparisons and contrast’s to be made (Gomm 2004).

<table>
<thead>
<tr>
<th>Phase one</th>
<th>Familiarising and re-reading the data</th>
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</thead>
<tbody>
<tr>
<td>Phase two</td>
<td>Generating initial codes and critiquing existing data.</td>
</tr>
<tr>
<td>Phase three</td>
<td>Searching for similar themes.</td>
</tr>
<tr>
<td>Phase four</td>
<td>Reviewing themes and common quotes.</td>
</tr>
<tr>
<td>Phase five</td>
<td>Defining themes, which are distinct from others.</td>
</tr>
<tr>
<td>Phase six</td>
<td>Involves producing the report.</td>
</tr>
</tbody>
</table>

**Figure 3** outlines the six phases of thematic analysis
Figure 4 Demonstrates one of the initial concept maps.

**Trustworthiness**

Trustworthiness needs to be considered before applying research to practice (Curtin and Fossey 2007). Peer coding checks was achieved by receiving feedback through joint supervision sessions with peers to allow results to be compared and address the credibility of themes. Moreover this project was presented to peers not involved to obtain feedback. Undertaking member checks enhanced trustworthiness by participants having access to their interview ensuring information was accurate (Mee and Sumsion 2001). Field notes created by previous students and the researcher allowed reflection if something unexpected occurred, as entailed a record of events and behaviours observed (Bryman 2008).

Reflexivity within qualitative research is about being self-aware and critical as research can be impacted by the researcher’s characteristics (M. Dewalt and R. Dewalt 2011). Having worked with men with disabilities the researcher is aware that one can become easily absorbed in their personal stories. Lastly dependability refers to reliability of the analytical process which was addressed by analysing previous codes, and existing codes were reviewed to see if consistent.
**Ethical considerations**

As ethical issues commonly arise in qualitative studies if the participants are vulnerable (Hendrick 2004) adherence to ethics issues was crucial. Ethical approval (EHSREC11-35) was obtained from the HSE, Daughters of Charity and EHS Research Ethics Committee. However the researcher was not part of this process ethical standards in University of Limerick (2015) were still honoured. Confidentiality was maintained by assigning each participant a number to aid anonymity (King and Horrocks 2010). All data was encrypted and stored on password protected technology. A consent form was compiled (Thomas and Woods 2003) along with a simplified information letter outlining the study to accommodate literacy levels if participants had difficulty understanding the contents (Silverman 2010).

**Findings**

The section presents some of the findings of my empirical research on the impact of stigma on men with disabilities. Findings demonstrate connections to validate men’s experiences in three themes.

<table>
<thead>
<tr>
<th>Core theme</th>
<th>Subtheme</th>
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<tbody>
<tr>
<td>1. The value of relationships</td>
<td>Stable support networks</td>
</tr>
<tr>
<td></td>
<td>Meaningful relationships</td>
</tr>
<tr>
<td>2. Influences of stigma on men’s lives</td>
<td>Work environment</td>
</tr>
<tr>
<td></td>
<td>Public’s perspectives around disability</td>
</tr>
<tr>
<td></td>
<td>Social engagement</td>
</tr>
<tr>
<td>3. Self-management strategies to navigate stigma</td>
<td>Daily coping strategies</td>
</tr>
<tr>
<td></td>
<td>The power of advocating</td>
</tr>
</tbody>
</table>

**Figure 5** Demonstrates the core themes and subthemes that emerged.

**The value of relationships**

Men with disabilities use of relationships and support networks to navigate stigma will be conversed.
Stable support networks

Firstly family appeared to be significant source of support as P45 expressed how meaningful his home and family were. “….I love everything in my house I love my mom”. His home appears to be a secure environment where he is “….away from the whispers...” This support seems to minimise exposure to stigma. P69 referred to how his relationship with his deceased mother influenced his outlook in life. She played a pivotal role in his upbringing and influenced him to advocate for people suffering from depression. The importance of their relationship with their mother appears to be influential in these men’s lives. Furthermore P16 highlighted how family opened up avenues of support for him.

“...it’s all down to the family I think when you’re young and you get a chance of going out and meeting people... things that introduce you to the social environment that’s how I think you can build up a relationship...”

This portrays how exposure to social environments leads to the establishment of friendships. P11 acknowledge the necessity of relationships and how they “... are the things that sustain us through the dark times”. This emphasises the importance of having the right people around you.

Meaningful relationships

P11 stated ‘Grow’ a mental health organisation enabled him to create new friendships through sharing life experiences. “I suppose I trust my life with them” He believed those friendships aided his recovery. Similarly P83 described a support group for Multiple Sclerosis as being an environment where everybody’s able to share life experiences in a non-judgemental way.

Attending a mental health service created the opportunity for a professional relationship to emerge for P69. He recalled not replying to letters because he couldn’t read and write. The development of a therapeutic rapport with an occupational therapist greatly benefited his ability to communicate with friends, family and work colleagues. This life skill will enhance occupational engagement for him because he is now social networking with people who have “... opened another chapter and they are pushing me to go on and educate myself more...”

In addition it was evident many relationships for men were established through work. Some mentioned had close friends with disabilities for example P45 closest friend also had Down syndrome.
Influences of stigma on men’s lives
This theme portrays the stigmatising experiences men have encountered within work. It also portrays the challenge with public perceptions around disability and how it impedes occupational engagement.

Work environment
Through analysing the data there was an element of discrimination present in staff’s attitudes. P7 encountered staff judging his capability “... a certain amount of suspicion and negativity because I had experience of mental health difficulties....”, consequently developing an obstacle to the formation of relationships. Furthermore P12 had applied for numerous jobs and “...not one person wrote back”. The interviewer highlighted a valid point “it’s not that overt discrimination, like people aren’t saying we’re not hiring you because but have things in place that are preventing you from being hired”, highlighting that barriers exist within the workplace possibly resulting in unemployment for many.

P11 and 7 agreed if you informed an interviewer about your disability you would be marginalised. P7 emphasised an individual might “... be a very capable person who under normal circumstances is very well and has a good track record but they may have just gone through a bad patch”. This links to the relevance of men being selective about disclosure.

Public’s perspectives around disability
Participants 19, 83 and 22 identified connections in relation to being seen as incapable. P19 expressed people can be patronising “... they lean down and say aren’t you great”, resulting in feeling inadequate. Likewise frustration was expressed by P22 when people assumed he also had a mental disability? “They don’t think of you as a person...” which may lead to emotional implications. Participant 19 mentioned a valid observation when referred to therapists stating “... people get to see beyond the chair in a rehabilitative setting”. Likewise P22 felt when in public “... all they see is the disability”. It was apparent both were judged solely on the basis of their physical disability.

It appears there is a distinctive difference between physical and mental disabilities being referred to visible and invisible. Suicidal ideations were described by participants 12 and 69 and the public’s view of mental illness as being invisible.
“... I used... say ya know, suicide [whispers], what’s wrong with somebody, you’re seeking attention...” “Whereas I think the physical disability, because people can see it and it comes back to that again if we can see it we can believe it”.

Participants appear to have greater empathy for victims of suicide since having gone through a similar experience. In relation to public perceptions P83 mentioned the challenge of disclosure when younger, as it occurred at a life stage where dating and his sporting career were at the forefront. “... I didn’t want it to stop me going on to the football team...” Feeling it would have impacted his relationship with peers, and with the opposite sex therefore disguising it was convenient. Again linking back to the whole notion of being accepted in society.

**Social engagement**

Participants encountered situations where the experience of disability seemed to connect to a sense of helplessness. P22 experienced disability as a disruption, while attempting to enter a nightclub to be informed “We can’t bring you in because it’s just against our fire rules...” This portrays the staff’s stereotypical approach when the participant was attempting to integrate with peers, therefore limiting his choice of areas to socialise due to lack of adequate wheelchair facilities.

P19 felt socialising with wheelchair users was more visible and discriminating, impacting his ability to maintain relationships within the community. “People ... assume you’re from an institution...” Choices were made in P19 earlier days “I deliberately... wouldn’t have got involved in any activities where there were wheelchair users...” P19 was selective with whom he socialised with possibly restricting his social engagement, in contrast to P22 who is very reliant on his friends both with and without disabilities.

**Self-management strategies to navigate stigma**

Men have learnt to apply self-management strategies such as being occupied, having a positive outlook and advocating to navigate stigma.

**Daily coping strategies**

P7 felt passionately about “...being organised and staying on top of things”. An organised daily routine emerged as imperative to enhance health and wellbeing and appears to work well here. Likewise P69 loved having a busy schedule however felt “...sometimes it isn’t enough for me”. Here using time purposefully releases a sense of accomplishment for men.
Also having a positive approach in life appears to benefit men in navigating stigma and maintaining relationships. P7 referred to his illness “There are many positive things you can do to improve your relationship with your voices…” Equally P83 states “It’s looking at every opportunity as an asset and... there are benefits to our disability”. This indicates a person’s disability can be utilised to their advantage from a community viewpoint, if you state this needs to happen to enhance your quality of life.

Another fundamental strategy is volunteering which provides a sense of productivity. P17 occupies his time by volunteering in a charity shop and in a peer support mental health centre. P17 and 16 had similar feelings in relation to community participation and the role it plays in creating relationships “…I think community is very important for a person with a disability to be seen involved in the community...” Each individual has qualities to contribute to a community and it allows the creation of relationships.

The power of advocating

By creating awareness through advocating, friendships emerged via social networking. P7 and 69 felt sharing their life stories about their illness educated others. P7 attended mental health events and presented to students becoming “…a professional in mental health through having gotten sick”. Here turning a negative experience into a positive one. Similarly P69 offered time to those struggling with mental illnesses. “…it is helping me in my recovery”. Interactions with others have enlightened them to use their experience to mentor others which Erikson refers to as generativity in middle adulthood (Ikiuge and Pollard 2015).

Again P12 has undertaken multiple media campaigns on behalf of amputees- “It gave me purpose...” Accomplishing this goal enabled productivity. He established an amputee football team and surprised the opposition team and spectators by removing their prosthetic at a fundraising event. This highlighted racism and heightened awareness “…ya know racism is not just black and white…”. P12 initiated creativity which aimed to enhance social inclusion. Likewise P69 commented “I want to throw something that’s new I don’t want to do the old ways because they haven’t worked”. P69 feels individuals need to educate their children and inform them times have changed and there is more of a societal awareness present.

P83 emphasised the importance of connecting with local politicians to report community concerns. Furthermore expressed you have got to see your disability as an asset rather than a limitation seeing it as “…making a difference, not a difference for you but a difference for the
valuing community”. Therefore benefiting individual needs but minimises obstacles to enhance occupational engagement.

**Discussion**

A summary of the principal issues which emerged will be provided next. Through analysing the ten interviews, three themes emerged; 1) The value of relationships, 2) influences of stigma on men’s lives and 3) self-management strategies to navigate stigma. Individual approaches to developing friendships were intertwined throughout. Findings relayed the complex relationship of men with disabilities and stigma with previous literature from Power and Dell Orto (2004).

The value of relationships and a stable support network emerged from the findings. Having friendships throughout childhood enabled some participants to develop later friendships. Social networks also aid recovery from illness as identified by P12 and P69. Doherty and McCarthy (2015) reported similar findings. P12 established an amputee football team, which promoted a sense of belonging for men, and to be seen as part of a group as paramount. This corresponds to research by Gallagher *et al* (2015) who note that ultimately as humans we strive to be connected to others through occupations. Additionally, it was found that social engagement is enhanced by support groups. Correspondingly Harley (2012) also identified this in their study on friendships.

Findings in this paper are consistent with Szetoa and Dobson (2010) who, in a review of current workplace anti-stigma intervention programs as participants noted the disruptive implications of stigma in work. The current findings revealed negativity around job applications, disclosure and being treated differently. This corresponds with Roeloffs *et al* (2003) and The National Disability Authority (2006) who identified more than half of people disclosed uncertainty about people knowing about their illness due to maintaining friendships.

For the majority, work contributes to people’s individual identity, social roles and psychosocial needs (Waddell and Burton 2006). Interestingly, it was evident that employment for these participants was primarily about social inclusion and fulfilling occupations based on personal goals (Salkind 2004). The Institute of Public Health in Ireland (2005) noted engaging in employment is a crucial element of health in particular self-esteem. For some participant’s unemployment led to social dis-advantages such as socialising and a work
conversation emerges, people’s sense of meaning in life is minimised (Ikiugu and Pollard 2015). Furthermore participants expressed the public had limited experience around people with disabilities therefore participants used disclosure and avoidance as a strategy. Green et al (2005) stated similar experiences of avoidance surfaced in their interviews as participant’s consistently felt people don’t see beyond the wheelchair.

This research confirmed that there is an alarming level of stigma attached to mental illnesses. Mental illnesses account for 87% of suicides (Suicide Ireland 2016) with Ireland having one of the highest rates of male suicide in the world (Connell 2015). Similarly England identified men aged 40-44 years as most vulnerable (Office for National Statistics 2014). In Ireland from 2001-2012 the number of male suicides exceeded females and additionally 70% of suicides occurred due to a perceived disruption of a primary relationship in the month prior to suicide (National Suicide Research Foundation 2016). These statistics highlight the importance of meaningful relationships because if absent the consequences to one’s wellbeing can be detrimental.

The majority of men seemed to have close support networks they socially engaged in. Likewise Mestdagh and Hansen (2014) illuminated that this support for participants built confidence and coping skills. While the author acknowledges that some men had more supportive micro-systems than others, support networks play an imperative role in occupational engagement and more importantly a means to navigating stigma. This links in well with the next finding on self-management strategies.

Some more than others had daily routines in place and felt the need to be occupied. Occupying their time in a meaningful way gave a sense of satisfaction and balance. This links in very much with occupational balance; a variation of occupations and a balance of physical, mental and social occupations (Wagman et al 2012; Wilcock 2006). According to the aforementioned stage of generativity versus stagnation by Erikson (Erikson and Erikson 1998), generativity primarily is very applicable to these men as they contribute to their communities and society through volunteering, advocating and mentoring which Kotre (1984) refers to as agentic generativity. For these men developing a sense of who they are through mentoring others, enables them to be in a stable position to guide future generations (Atalay 2007). Men’s shed resonate similar benefits for men as they are contributing to their community while promoting their health and well-being (Ballinger et al 2009).
A positive outlook influenced participant’s ability to develop and maintain friends in the community. Consequently their positivity will enhance the outlook within their social network. The outstanding work these participants undertake is best illustrated by examples of advocating. Participants felt their first-hand experience with disability resulted in people being able to relate to them. Another significant area where shared experiences are valued is in the role of mental health peer specialists. Cabral (2014) stated it allowed for the opportunity for rapport to develop with service users.

Valuable research informs current practice therefore the findings raise questions about existing practice and challenge our thinking. This research evidently supports broader findings in relation to men with disabilities. In referring back to the second aim a comparison was achieved between men’s experiences with physical as opposed to mental disabilities. Despite this, public perspectives view them differently even though they share commonalities in relation to stigma experiences. Questions posed; are we as a society aware of our judgements towards men with disabilities? Are workplaces and public facilities as a whole limiting the opportunity for friendships to develop? These findings raise intriguing questions regarding the extent of stigma.

**Implications for occupational therapy**

The impact of stigma is a new emergence in Irish research with the most recent undertaken by Doherty and McCarthy (2015) which solely focused on mental health. Consequently this project will be a valuable piece of evidence for occupational therapists to refer to in practice as accounts for both mental and physical disabilities. Occupational therapy models such as MOHO and C-MOP focus on the person’s social and physical environments, therefore enabling the therapist and client to identify the supports that are fostering hope and promoting recovery. As clients are assessed holistically in accordance with the ethos of occupational therapy, the areas where stigma is impacting primarily may be more identifiable through narrative reasoning (Neistadt 1998). Occupational health problems such as occupational imbalance and alienation may be identified (Scaffa et al 2008). These findings may aid occupational therapists to develop an understanding of how stigma can inhibit one from successful occupational engagement. Therapists can play an imperative role in providing clients with a sense of empowerment by equipping them with coping strategies to overcome barriers through interventions.
Recommendations for future practice

The population consists of politicians who exert power to tailor policies regarding people with disabilities rights to relationships. Minimal consideration has been given to the public’s perceptions that appear to be the most influential in society (McConkey and Leavey 2013). Greater efforts are needed to ensure that men with disabilities have an input in policy decision making. There is a need for policies to be challenged and to contest stigmatised attitudes on a personal, community and national level to change some of the traditional beliefs. The ‘Valuing Now Strategy’ concluded if stereotypical views were challenged, people with disabilities may achieve their right to have relationships (Department of Health 2009). An Icelandic approach (Ásmundsdóttir 2009) saw people with disabilities publicly expose their experiences of stigma, therefore creating positive societal attitudes within the public domain.

This research can be used to develop targeted interventions aimed at men for example Men’s Sheds. There is abundant room for further progress in determining why men with disabilities still continue to experience stigmatizing experiences in the 21st century. A significant finding to note was a large proportion of research was based on mental illness which justifies the need for further research. People with mental illness are slowly being introduced within multi-disciplinary teams in mental health services. This initiative will reduce stereotypical views as members from the public will begin to see their contribution and view them as valued members of society. These findings could also contribute to a greater need to develop anti-stigma campaigns in workplaces to promote inclusion.

Limitations of study

The researcher understands the limitations and strengths of where this research could potentially be criticised. A limitation acknowledged is recruitment of participants and interviews were undertaken prior to commencement. Nonetheless to balance this the researcher transcribed and completed field notes for two participants and coded and analysed 10 interviews which allowed access to more data in comparison to previous students. Furthermore by accessing field notes and audios contextual background was provided. Additionally, due to participants being recruited solely from Limerick a future recommendation would be to broaden the geographical area to gain an extensive insight. Lastly some men were more expressive than others when vocalising their experiences.
Conclusion

To conclude, available literature recognised that societal attitudes can create one to think negatively and look upon themselves differently. Thematic analysis identified men with disabilities aged 40-50 years’ experiences of navigating stigma to create lasting friendships in the community. Three themes identified the value of relationships, influence of stigma on men’s lives and self-management strategies to navigate stigma. In the findings participants expressed a range of stigmatising experiences which only represent a portion of the implications of stigma. Stigma plays a very influential role in determining occupational and lifestyle choices in men’s lives and how friendships and occupational engagement go hand in hand with meaningful occupations.

Findings illustrated that friendships are created through meaningful occupations such as socialising and working, which to some extent aid recovery from illness and enable successful participation. The present study confirms previous findings and contributes additional evidence that suggests working environments provide limited opportunities (Roeloffs et al 2003). Men with disabilities face a greater challenge in all aspects of society in comparison to non-disabled peers due to stigma. However men have learnt to adapt their lifestyle despite continuing to encounter challenges. Various strategies are required to navigate barriers, but one cannot achieve this alone as it requires a societal approach.
References


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