

Empirical Article

Too different to be equal: Lack of public respect is associated with reduced self-respect for stigmatized individualsSARAH E. MARTINY,¹  JONAS JOSTEN² and DANIELA RENGER³¹*Department of Psychology, UiT The Arctic University of Norway, Tromsø, Norway*²*Oslo, Norway*³*Institute of Psychology, Kiel University, Kiel, Germany*

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Individuals with physical and mental disabilities can be stigmatized and perceived in terms of their disabilities in the public domain. This is less pervasive in the private domain, because of the presence of individuating information. We argue that disabilities decrease individuals' everyday opportunities to receive basic equality-based respect experiences in the public domain and thus makes it difficult for them to develop a high and secure level of self-respect (i.e., seeing the self as someone who possesses the same rights as others). These hypotheses were tested in a cross-sectional study in Norway with 173 participants (51 males, 117 females, two trans men, and three non-binary persons; $M_{\text{age}} = 28.00$; $SD = 10.33$, age range: 19–77 years), of which 60 participants reported having mental or physical disabilities. In line with our hypotheses, we found higher levels of self-respect for individuals without mental or physical disabilities compared to individuals with mental or physical disabilities. In addition, results showed that respect experiences differed depending on the domain. Whereas individuals with and without disabilities did not significantly differ in the respect experiences they reported in the private domain, they did significantly differ in the respect experiences they reported in the public domain. In addition, respect experiences in the public domain mediated the relationship between disability and self-respect. Implications of the results are discussed in terms of the importance of developing high and secure levels of self-respect and in terms of how respect experiences in the public domain can be ensured for everyone.

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INTRODUCTION

Stigmatization is defined as belonging to a social category that is devalued within a specific context (Link & Phelan, 2001). Goffman (1963) argued that stigmatized individuals possess one or more attributes that differentiate them from the majority (high status) group and that these attributes are viewed negatively by most members of the majority group. The conceptualization of stigma (Goffman, 1963) has been linked to the concept of prejudice (Allport, 1954). Goffman (1963), in his original work on social stigma, highlighted that social stigma should not be understood as a characteristic in itself, but must be understood within its social environment. He argued that a stigmatized person is someone who possesses an attribute that is devalued in a certain domain by the stigmatizing person. Thus, social stigmas arise from interactions between a stigmatized person and a stigmatizing person (for a similar argument see Doyle & Barreto, 2023; Froehlich, Brokjøb, Nikitin & Martiny, 2022). Allport (1954) defined prejudice as a negative attitude towards a person simply because the person belongs to a specific social group. Both conceptualizations contain similarities in the experience of stigma and prejudice, namely that targeted individuals are exposed to “negative attitudes, structural and interpersonal experiences of discrimination or unfair treatment, and violence perpetrated against persons who belong to disadvantaged social groups” (Stuber, Meyer & Link, 2008, p. 352; for a similar argument see Phelan, Link & Dovidio, 2008).

In line with this, empirical research shows that stigmatization and differential (negative) treatment are closely linked, and that

stigmatization can go along with subtle or blatant forms of discrimination (Link & Phelan, 2001). Not surprisingly, this negative treatment has psychological consequences for stigmatized individuals. For example, research shows negative consequences of social stigma on individuals' self-esteem, well-being, and health (for overviews see Crocker & Major, 1989; Schmitt, Branscombe, Postmes & Garcia, 2014; Williams & Mann, 2017). In the present research, we extend this earlier work on the psychological consequences of social stigma and investigate the relationship between social stigma and self-respect. Self-respect is a person's self-understanding of possessing the same rights and dignity as others (Feinberg, 1970; Honneth, 1995, 2012). We explore whether stigma is associated with reduced respect experiences in the public domain (i.e., state/public institutions, society, and workplace/university) and whether this reduction in respect experiences makes it more difficult for stigmatized individuals to develop secure and high levels of self-respect.

Forms and consequences of social stigma

As outlined earlier, social stigma stems from an attribute that is viewed negatively by the majority group (Crocker & Major, 1989; Link & Phelan, 2001). Thus, possessing this attribute often is viewed as a personal flaw (e.g., Lewis, Thomas, Warwick Blood, Castle, Hyde & Komesaroff, 2011). Therefore, individuals possessing these attributes are seen as deviating from the norm and are often treated negatively (Crocker & Major, 1989). At the

same time, stigmas are widespread and a large part of our social world (Allport, 1954; Goffman, 1963). However, reasons for stigmas and the forms they can take vary. One dimension on which different forms of stigma vary is whether they are visible or invisible (Crocker & Major, 1989).

Physical disabilities¹ – such as a cleft lip or spinal muscular atrophy – often are visible, meaning other people can see these disabilities. Research shows that these visible disabilities are associated with stigmatization (for an overview see Crocker & Major, 1989). For example, research shows that individuals with a cleft lip were less likely to be married compared to a control group and were teased more by their peers (Bjornsson & Agustsdottir, 1987). Additionally, research on other physical disabilities shows that, depending on how severe the disability is, affected individuals can be limited in their interaction with their surrounding environment (Crocker & Major, 1989; Hahn, 1986; Richardson, Ronald & Kleck, 1974).

Mental or learning disabilities – such as depression, dyslexia, or ADHD – are often not visible, meaning that these forms of disabilities cannot be observed by other people at first sight. When possessing an invisible stigma, people have the choice to either disclose or conceal the stigma (Cook, Salter & Stadler, 2017; Lattanner & Richman, 2017; Newheiser & Barreto, 2014; Pachankis, 2007; Quinn, 2017). On the one hand, research shows that disclosing one's disability can place the self in an unfavorable and stigmatized group. For example, people with mental illness have been found to have less social support and smaller social networks than those without mental illness (Furukawa, Harai, Hirai, Kitamura & Takahashi, 1999; Goldberg, Rollins & Lehman, 2003). On the other hand, invisible stigma can also have costs when they are hidden (for an overview see Pachankis, 2007). For example, Newheiser & Barreto (2014) demonstrated that hiding (vs. revealing) one's stigma during social interactions reduced individuals' feelings of belonging. Thus, along with negative psychological consequences, disabilities are also associated with negative social consequences.

Research further shows that stigmatization can lead to biased attitudes and discriminatory behavior towards the stigmatized individual (for an overview see Crocker & Major, 1989). For example, patients with mental illnesses sometimes face dehumanization that denies their status as fully evolved human beings (Boysen, Isaacs, Tretter & Markowski, 2020; Fontesse, Rimez & Maurage, 2021; Lekka *et al.*, 2022). Research by Fontesse *et al.* (2021) showed that nurses working in psychiatric units stigmatized and dehumanized people with a psychiatric disorder more than people without a psychiatric disorder. Taken together, research has shown that visible and invisible social stigma can lead to discriminatory behavior against stigmatized individuals and thus lead to negative individual and social outcomes (Bjornsson & Agustsdottir, 1987; Crocker & Major, 1989; Fontesse *et al.*, 2021). Thus, it seems likely that stigmatized individuals obtain less respect experiences (i.e., being treated as an equal based on equal rights in the past; Brooks, 2019). For this reason, in the present work, we test whether physical and mental disabilities are associated with one's past respect experiences and, in turn, the internalization of these experiences into self-respect.

Respect experiences and their internalization into self-respect

Being respected means being treated as an equal and taken seriously (Honneth, 1995; Renger, Renger, Miché & Simon, 2017; Simon, 2007). Respectful treatment is crucial in all life contexts, from family, school, and personal environments to workplaces, institutions, and societal contexts (Ellemers, Doosje & Spears, 2004). According to Honneth (1995), respectful treatment strongly impacts our sense of being equal to others in terms of equal rights and dignity, a self-view referred to as self-respect (Renger, 2018). This assumption is in line with reasoning on the “looking-glass self,” which postulates that the self is a social product whereby we learn to see ourselves as others see and treat us (Cooley, 1983; see also Yeung & Martin, 2003). Self-respect has been empirically distinguished from self-love (also referred to as self-liking) and self-competence (the central components of global self-esteem; Rosenberg, 1965; Tafarodi & Swann, 1995, 2001) and thus highlighted as an important third self-dimension (Renger, 2018). In the present work, we investigate whether equality-based respect experiences are related to self-respect. Importantly, however, we investigate whether the different respect experiences stigmatized versus not stigmatized individuals encounter in different life domains (i.e., public vs. private settings) relate to self-respect differently.

Respect experiences in the public and private domain

On the one hand, navigating in the public domain can be difficult for individuals with physical or mental disabilities since societies are not currently adapted to facilitate the lives of these individuals. When they work, commute, or travel, they spend most of the day in an environment that is not made to fulfil their needs (Park & Chowdhury, 2018). Thus, individuals with mental or physical disabilities repeatedly encounter situations that are challenging to them because they are designed for the majority population (e.g., taking the bus with a wheelchair or requiring special education as a result of dyslexia or ADHD). The social surroundings thus make disabilities salient and that increases the likelihood that others will perceive these individuals in terms of their disabilities, increasing the potential for negative stereotypes and discriminatory behavior. In line with this, social psychological research shows that in the absence of individuating information, stereotypes become more important (e.g., Glick, Zion & Nelson, 1988; Locksley, Borgida, Brekke & Hepburn, 1980; Locksley, Hepburn & Ortiz, 1982). Thus, encountering a person with physical or mental disability in the public domain, without individuating information, increases the likelihood that others will perceive the stigmatized person in a stereotypical way, and treat this person accordingly, for example, by assuming that having a disability is synonymous with needing support (Fine & Asch, 1993 as cited by Kite & Whitley, 2016). Therefore, we argue that people with mental or physical disabilities have fewer equality-based respect experiences in the public domain and that these fewer respect experiences might explain the link between stigmatization and lower self-respect.

On the other hand, family, close friends, and partners – people in the private domain – do have individuating information and thus should be less likely to rely on stereotypes when judging and

interacting with individuals with mental or physical disabilities (for a similar argument on how contact changes perceptions of people, see research on contact theory; Allport, 1954; Pettigrew & Tropp, 2006). This means that physical or mental disabilities are less of a concern in close relationships as behavior towards an individual is guided by the individual's personal traits and characteristics and not their limitations. As a result, attributes that might be perceived as a stigma within the public domain, such as physical or mental abilities, should not play a major role in the private domain and people will most likely be regarded as equals, independent of their disabilities (Boucher, Groleau & Whitley, 2016). We therefore predict that in close relationships individuals will more likely be treated as an equal regardless of disability status.

THE PRESENT RESEARCH

The aim of the present research is to explore how mental and physical disabilities are associated with self-respect. Based on the arguments outlined above, we predict that individuals with mental or physical disabilities will report lower self-respect than individuals without (H1). Next, we predict that mental or physical disabilities are related to reduced respect experiences in the public domain but not in the private domain (H2). Finally, we predict that public respect experiences mediate the relationship between disabilities and self-respect (H3).

METHODS

The outlined hypotheses were tested in a cross-sectional online questionnaire with adult participants with and without physical and mental disabilities in Norway. The study was part of a larger cross-cultural research project on the development of self-respect (Martiny & Renger, 2021; Renger, Lohmann, et al., (in press); Renger, Reinken, et al., (2023). The study was registered at the Norwegian Center Research Data (NSD) and approved by the board for research ethics at UiT The Arctic University of Norway (Arkiv ref.: 2017/1912).

Recruitment and procedure

We recruited participants from multiple online platforms, aiming for a large and heterogeneous sample. We recruited participants from Facebook, the psychology and sociology department at UiT The Arctic University of Norway, and different organizations in Norway that work with minority groups in society including FRI, Norges Handikapforbund, Norsk forbund for utviklingshemmede, Skeiv Ungdom, Skeiv Verden, Pensjonistforeningen, and NAKU.

The software PsyToolKit (Stoet, 2010, 2017) was used for online data collection. Participants received an email (or saw an online ad) about the study that contained general information about the content of the study. Participants then clicked on the link to the online questionnaire that took approximately 20 min. Before beginning the questionnaire, participants read about their rights as participants and gave consent. After giving consent, participants were asked about their self-reported physical or mental disabilities (yes/no; independent variable), past respect experiences in the public and the private domain (mediator), and their self-respect (dependent variable; for details see below). A list of all additional constructs and original items can be found in the Supplemental Material. At the end, the participants were fully debriefed about the purpose of the study, asked again to give consent for using their data, and provided with the opportunity to enter a lottery in which they could win one of three lottery tickets with a value of 500 NOK.

Participants

Data was collected at two time points (spring 2020, spring 2021). This was the case because after the first data collection in spring 2020, the research team decided that the sample size should be increased. We merged the datasets after the second data collection. A total of 323 participants started the questionnaire and 182 participants completed the questionnaire. *A priori*, we determined the exclusion criteria: all participants were excluded who did not give consent ($n = 4$), failed to answer two out of the three attention check items correctly ($n = 0$), were under the age of 18 years ($n = 3$), or reported answering the questionnaire dishonestly ($n = 2^3$). In total, we ended up with 173 valid participants (51 males, 117 females, two trans men, and three non-binary). The mean age was 28 years ($SD = 10.33$ years, age range: 19–77 years). From our sample, 60 participants (34.7%) reported having a physical or mental disability. The remaining 113 reported not having a physical or mental disability.

Measures

The questionnaire was in Norwegian (Bokmål). All original items in English and Norwegian that were used in the present analyses and a list of additional variables that were assessed can be found in the Supplemental Material. All items used a seven-point Likert scale if not indicated otherwise. These scales ranged from 1-disagree to 7-agree.

Physical or mental disabilities. Participants were asked whether they have any physical or mental disability. This was assessed through a dichotomous variable (“Yes” or “No”). The exact wording of the item was as follows: “Do you have a physical or mental disability (e.g., spinal cord injury, arthritis, dyslexia, depression)?”.

Self-respect. We used the four items to measure self-respect from Renger's (2018) self-respect scale (example items were as follows: “In everyday life I always see myself as a person with equal rights” or “If I look at myself, I see a person who is equally worthy compared with others”) and added an additional negatively worded item (“I have the same rights as others, but sometimes I have somehow not internalized it”). These items were translated from English to Norwegian by a Norwegian native speaker and then checked by an independent Norwegian native speaker. Because the negatively worded item reduced internal reliability, it was removed from the scale. The remaining four items (representing Renger's, 2018, original scale) showed a high internal consistency (Cronbach's alpha = 0.81).

Domain-specific respect experiences. Whether our participants felt respected in the public and in private relationships was measured through domain-specific respect experiences. Participants read the following text: “You have the feeling of being taken seriously as a person of equal worth. You are treated as a truly equal person in terms of equal rights” and then they were asked to rate the extent to which they agreed with this statement in six different domains (family of origin, partnership, friendships, state/public institutions, society, workplace/university). Family of origin, partnerships, and friends were categorized as private domains and state/public institutions, society, and workplace/university were categorized as public domains. Participants' respect experiences were measured with seven-point Likert scales from 1 (disagree) to 7 (agree), and 8 (not relevant). All responses that were an 8 were treated as missing cases. The reliability for both domains was high: private domain ($\alpha = 0.76$), public domain ($\alpha = 0.90$).

Demographics. At the end of the questionnaire, participants were asked to answer demographic questions. More precisely, these items were: gender, age, monthly income after taxes, religion, occupation, sexual orientation, migration background, and education level. Additionally, participants were asked again whether they consented to their data being used for research and whether they answered honestly.

Statistical analysis

H1 was tested by conducting an independent samples *t*-test that compared the level of self-respect of individuals with and without disabilities. H2

was tested by conducting a repeated-measures analysis of variance (ANOVA) that tested whether disabilities led to different respect experiences in the public vs. private domain. Disabilities were used as the independent variable and respect experience in the public and the private domain as repeated measures factor. We predicted an interaction between physical or mental disabilities and respect experiences. This interaction was followed up by independent samples *t*-tests to compare respect experiences of individuals with and without disabilities in the public and the private domain separately.

Finally, we used the PROCESS plugin by Hayes in SPSS (Model 4; Hayes, 2020) to test the mediation proposed in H3. Following the recommendations by Hayes (2022), we used bias-corrected bootstrapping with 10,000 resamples. Taylor, MacKinnon & Tein (2008) recommend using bootstrapping because for the indirect effect the assumption of normal distribution cannot be assumed and the bootstrapping procedure does not require this presumption. In this analysis, the 95% CI for the indirect effect should not include zero, to be considered significant at the 5% level. We predicted that respect experiences in the public domain, but not in the private domain, mediate the relationship between physical or mental disabilities and self-respect.

RESULTS

For means, standard deviations, and bivariate correlations of all variables see Table 1.

Are disabilities related to self-respect?

The results of an independent samples *t*-test showed that individuals with mental or physical disabilities reported lower levels of self-respect compared to individuals without disabilities confirming H1 (see Table 2).

Table 1. Descriptive statistics, *N*, and correlations for main variables

Variable	<i>N</i>	<i>M</i>	<i>SD</i>	1	2	3	4
1 Disabilities	173	0.35	0.47	1	−0.31***	−0.24***	−0.08
2 Self-respect	173	5.70	1.46		1	0.58***	0.50***
3 R E (public)	171	5.18	1.42			1	0.55***
4 R E (private)	173	5.94	1.10				1

Notes: Means and correlations for the main variables. Physical or mental disabilities coded as “Disabilities” (0 = no; 1 = yes); R E (public) = Public Respect Experiences; R E (private) = Private Respect Experiences.

*** $P \leq 0.001$, ** $P \leq 0.01$, * $P \leq 0.05$.

Table 2. Differences in self-respect and domain specific respect experiences for individuals with and without mental or physical disabilities

	Disabilities		No disabilities		<i>t</i>	Two-sided <i>P</i>	95% CI
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Self-respect	5.07	1.72	6.02	1.19	−4.29	<0.001	[−1.39 to −0.51]
R E (public)	4.72	1.62	5.44	1.24	−3.24	<0.001	[−1.16 to −0.28]
R E (private)	5.81	1.08	6.02	1.11	−1.16	0.248	[−0.55 to 0.14]

Notes: Group differences between individuals with and without mental or physical disabilities. Physical or mental disabilities coded as “Disabilities” (0 = no; 1 = yes). R E (public) = public respect experiences; R E (private) = private respect experiences.

Are disabilities related to respect experiences?

Results of a repeated-measures ANOVA showed that as predicted, physical or mental disabilities significantly interacted with respect experiences, $F(1, 169) = 6.60$, $p = 0.011$, $\eta^2 = 0.04$. In order to investigate this interaction in more detail, we first conducted an independent samples *t*-test to compare respect experiences of individuals with and without disabilities in the public domain. As predicted in H2, in the public domain, participants who reported having physical or mental disabilities ($M = 4.72$, $SD = 1.62$) reported significantly fewer respect experiences than participants without disabilities ($M = 5.44$, $SD = 1.24$), $t(169) = -3.24$, $P < 0.001$, 95% CI [−1.16 to −0.28]. Next, we did the same for the private domain. Here individuals with physical or mental disabilities ($M = 5.81$, $SD = 1.08$) did not significantly differ from individuals without disabilities ($M = 6.02$, $SD = 1.11$) in their respect experiences, $t(171) = -1.16$, $P = 0.248$, 95% CI [−0.55 to 0.14].

Do respect experiences mediate the relationship between disabilities and self-respect?

We further investigated whether respect experiences in the public domain, but not in the private domain, mediate the relationship between having physical or mental disabilities and developing self-respect (H3, see Fig. 1). Results of Model 4 (Hayes, 2020) showed that physical/mental disabilities were significantly related to public respect experiences, $\beta = -0.72$, $p = 0.002$, 95% CI [−1.16 to −0.28], but not to private respect experiences, $\beta = -0.22$, $p = 0.214$, 95% CI [−0.57 to 0.13]. Public respect experiences were significantly related to self-respect, $\beta = 0.38$, $p \leq 0.001$, 95% CI [0.24 to 0.53] and private respect experiences were also significantly related to self-respect, $\beta = 0.40$, $p \leq 0.001$, 95% CI [0.22 to 0.59]. In line with H3, we found that within the 95% CI, the indirect effect of physical/mental disabilities through public respect experiences on self-respect was significant, as it did not contain zero ($bind = -0.28$, 95% CI [−0.53 to −0.08]). Furthermore, the indirect effect of physical/mental disabilities on self-respect through private respect experiences was not significant and contained zero ($bind = -0.088$, 95% CI [−0.26 to 0.05]; for the standardized coefficients see Fig. 1). This means that having physical or mental disabilities decreased respect experiences in the public domain, and that this in turn was negatively associated with self-respect ($b_{total} = -0.945$, $p < 0.001$, 95% CI [−1.38 to −0.50]). Results remained the same when controlling for participants' age and gender.

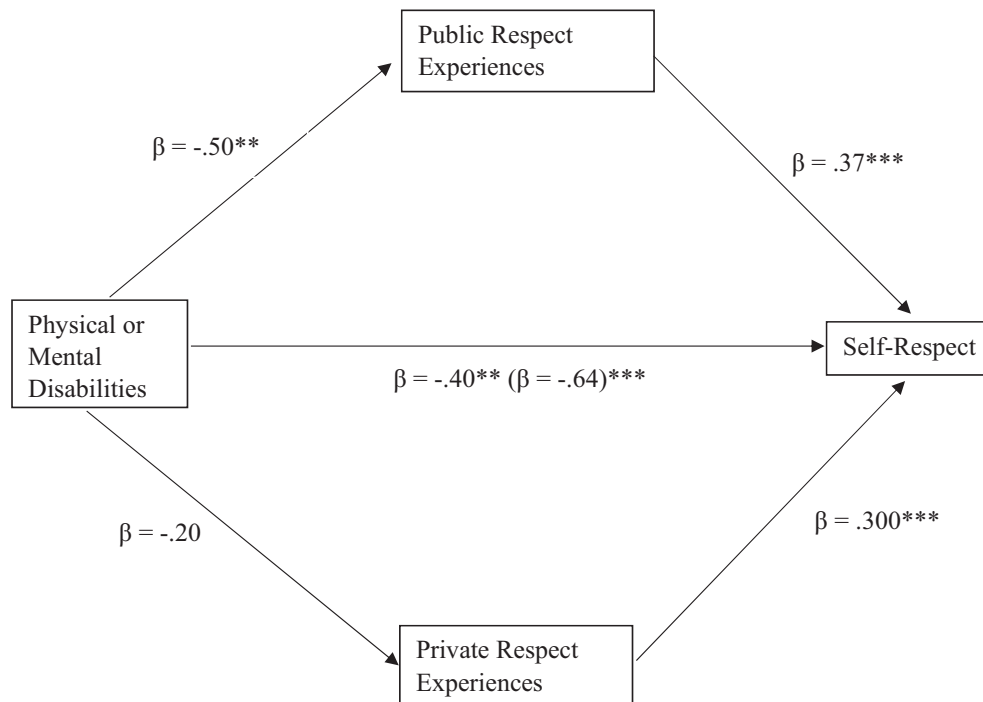


Fig. 1. Multiple mediation model testing public respect experiences and private respect experiences as mediators between disabilities and self-respect. Coefficients are standardized regression weights. The regression weight from the regression analysis without the mediators is given in parentheses. *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$.

DISCUSSION

Individuals are often stigmatized and perceived in terms of their disabilities in the public domain. For this reason, everyday life and particularly navigating in the public can be challenging for people with mental or physical disabilities. As a result, stereotypes become salient in the public domain. We argue that this decreases everyday opportunities to obtain basic human respect experiences for people with disabilities, making it difficult for them to develop a secure and high level of self-respect. In line with this theorizing, the present study found higher levels of respect experiences and higher levels of self-respect among individuals without mental or physical disabilities compared to individuals with mental or physical disabilities. These findings are in line with research by Brooks (2019) that showed that employees with disabilities reported fewer respect experiences than employees without disabilities. Further extending Brooks' (2019) work, our findings suggest that it is the experience of being respected as an equal that persons with disabilities lack and that this can influence their self-respect. In addition, the present work shows that respect experiences of individuals with disabilities differ depending on the domain. Whereas individuals with and without disabilities did not significantly differ in their reported respect experiences in the private domain, they did significantly differ in the extent to which they reported being treated as a person with equal rights in their interactions with others in the public domain. In addition, past respect experiences in the public domain mediated the relationship between disability and self-respect.

Implications

What can a society do to increase respect experiences and in consequence the self-respect of individuals with disabilities? The present research illustrates that whereas experiences of

equality-based respect in the private domain do not differ between individuals with or without disabilities, we observed differences in reported respect experiences in the public domain between people with and without disabilities. This is informative, as it suggests the solution may lie within the equal treatment stigmatized individuals receive in the private domain. Thus, to improve the well-being of stigmatized individuals, society needs to find ways to come closer to the view of individuals that we find within families and close friend groups in the private domain. Social psychological research shows that one way to achieve this is through creating shared social identities (Turner, Hogg, Oakes, Reicher & Wetherell, 1987). By focusing on common attributes, differences become less important (Gaertner & Dovidio, 2014), reducing the negative effects of stigma. This can be facilitated by policies and actions that remove (physical) barriers, provide education about mental and physical disabilities, and foster contact between individuals with and without disabilities (see Allport, 1954; Pettigrew, 1998). All these approaches have in common that they make negative stereotypes less salient and provide individuated information, and thus might help increase the ease with which members of stigmatized groups navigate within the social world. These actions would allow societies to become more inclusive for individuals with disabilities. In turn, this can increase their autonomy and participation in society (Renger *et al.*, 2017; Sirlopú & Renger, 2020), further increasing self-respect (Renger, 2018), and perhaps their satisfaction with life (Diener & Diener, 1995; Diener, Emmons, Larsen & Griffin, 1985).

Limitations and future research

Despite the important contribution that the present study makes to broaden our understanding of the consequences of stigmatization,

some limitations need to be mentioned. The sample size of the present study was somewhat small and not representative of the Norwegian population. Although we approached organizations that work with individuals with mental and physical disabilities, only one third of the sample reported disabilities. Further research should ensure larger sample sizes and a more equal distribution between the group of participants with and without disabilities. In addition, we measured physical and mental disabilities with a single item; more specificity in assessing mental and physical disabilities could be valuable to allow the comparison of different groups of individuals. This would allow further research to better understand similarities and differences in the experiences faced by people with different forms of disabilities. In addition, in this study, we used a cross-sectional design. Although the presence or absence of abilities most likely functions as a cause for less positive experiences and self-respect in this context, the causal relationship between respect experiences and self-respect needs to be investigated in future (longitudinal or experimental) research.

CONCLUSION

The present research shows that the negative treatment of stigmatized individuals in the public domain is associated with deficiencies in the development of self-respect. As self-respect has been found to be an antecedent of assertiveness (Renger, 2018), this can have far-reaching consequences. People with lower self-respect have not internalized their equal standing and entitlement in society and often refrain from protesting against injustice (Renger, Eschert, Teichgräber & Renger, 2020). Recent research also points to increased risks of depressive symptoms when self-respect is low (Renger, Reinken, et al., 2023). This means that self-respect is imperative in many functions of human life. Thus, modern societies need to enable all people to obtain respect experiences in the public domain independent of mental or physical disabilities in order for everyone to develop a secure and high level of self-respect (Rawls, 1971).

The authors have no conflicts of interest to declare. All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report. We certify that the submission is original work and is not under review at any other publication. The data and code of the present project are available at https://osf.io/9b7as/?view_only=0aca152cdf6c48baa8f4fc1b7dee9d06. We thank June Lene Svelarud for collecting the second part of the data.

ENDNOTES

¹ The World Health Organization (WHO) developed the ICF (International Classification of Functioning, Disability and Health) which is a framework for describing functioning and disability in relation to a health condition. The WHO defines disability as “an umbrella term for impairments, activity limitations and participation restrictions.” The ICF names three components (body function and structure, activities and participation, and personal and environmental factors; see https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf). In the present work, we do not focus on these individual components, but rather use the term “disabilities” as an umbrella term including physical (e.g., spinal muscular atrophy), mental (e.g., depression), and learning (e.g., dyslexia) disabilities.

² At the end of the questionnaire, we assessed whether participants answered the questionnaire truthfully. More precisely, participants read the

following statement: “It is important for our research that participants answer this questionnaire truthfully. If you, for any reason, have not answered this questionnaire truthfully, we kindly ask you to report this. Have you answered the questionnaire truthfully?” Participants then answered “yes” or “no”.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article:

Data S1. Supplementary material.

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