

Comparison of self-acceptance, self-compassion and fear of negative evaluation by others in blind, visually impaired and normal people

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Abstract

Aim: The purpose of this study was to compare self-acceptance, self-compassion, and fear of negative evaluation by others in blind, visually impaired, and normal people.

Method: The method of this causal-comparative research and its statistical population included all blind, partially sighted, and sighted people in Ardabil city in 2022. 60 people (30 blind, 30 visually impaired) were selected as the study group using the available sampling method and 30 people (sighted people) were selected as the comparison group through comparison and formed the research sample. They gave. To collect information, Lori's (1983) fear of negative evaluation, Neff's (2003) self-compassion, and Chamberlain and Haga's (2001) unconditional self-acceptance questionnaires were used.

The obtained data were analyzed using multivariate analysis of variance. **Findings:** The results showed that there is a significant difference between self-acceptance, self-compassion, and fear of negative evaluation by others among three groups of blind, partially sighted, and normal people. In this way, self-acceptance and self-compassion are lower in blind people than in visually impaired people and lower in visually impaired people than in normal people. Also, on the scale of fear of negative evaluation by others, blind people, visually impaired people, and normal people obtained higher scores ($P < 0.01$). **Conclusion:** Due to the low self-acceptance and self-compassion and the high fear of negative evaluation of others in the blind and visually impaired group compared to the normal group, further research is proposed to design and plan the training for this group by carefully recognizing and paying full attention to individual differences by specialists who provide psychological services to people with visual impairment.

Keywords: self-acceptance, fear of negative evaluation by others, self-compassion, low vision, blind.

Introduction

The eye is one of the most important sensory organs in the human body that provides a large amount of information. Visually impaired and blind people are part of society, but sometimes little or no vision causes them to have an inadequate perception of the real world (Pandai, Srivastava Fatima, Karan, & Kumar, 2015; Kisan, Narayanan, Murali, Sangeetha, Ram, & Robinson, 2021). Low vision means visual impairment. This condition is such that a person's vision cannot be improved with any medicine, surgery, glasses, or contact lenses. Due to population growth in different regions, low vision and blindness are increasing (Cangdon, Friedman, & Lightman, 2003; Yang, Chen, Zhang, Yin, Mann, He, & Lu, 2021). Vision is a key factor for mental health. A person with low vision has difficulty doing his daily tasks and sometimes depends on others for the simplest tasks, this dependence can lower the self-confidence of the low-vision person cause dissatisfaction with life, and increase the incidence of depression (Anil and Girip, 2018).). Visual impairment causes blind people to have problems communicating with sighted people (Alenfiani & Sempali, 2017; Nair, Almaschenek, Sipelli & Zhou, 2022). Another consequence of visual impairment, the blind expect themselves and believe that they have fewer abilities, and a sense of helplessness, which are factors that reduce their acceptance and make them perform weaker (Gupta & Parimal, 2023).

Self-acceptance is one of the psychological structures that can affect the mental health and well-being of blind and visually impaired people (Sancinea, Esla, Agirzabal, Foster Ruizdi Epodca Muela, and Garaigordobil, 2021). It is a person's conscious or unconscious efforts to search and create an agreement between internal perceptions and incoming information, and it affects personal relationships (Aimaganbetova, Tolognova, Nurisheva, Sirkagbeeva, Musikhina, Dzomagliva, and Aimaganbetova, 2016; quoted by Zadshir, Saber, and Abul Maali, 2019). In today's literature, self-acceptance includes a subjective and realistic awareness of our weaknesses and strengths. The evaluative aspect of self-concept is called self-acceptance. According to Smith, Nolen-Hoeksma, Fredrickson, and Loftas (2002), self-acceptance is the degree of approval and approval and value that a person feels for himself or the judgment that a person has about his worth. In this regard, the results of the studies of Tibabus, Kodak, Hobmas, and Rowman (2019); Plexico, Erth, Shores, and Bruce (2019); Diego, Serna, and Egdepa (2018) and Popov, Radanovich, and Biro (2016) showed that there is a significant relationship between self-acceptance and mental health. Also, in a study, Sampaz, Yildirim, Tapkoglu, Nalbant, and Cezir (2016) showed a relationship between acceptance of self and others and psychological well-being. Munirpour, Attari, and Zarghami Hajbi (2018) also stated in a study that self-acceptance is one of the psychological constructs that can affect mental health and well-being. Silván -Ferrero, Recio, Molero & and -Pallejà (2020) concluded in a study that the internalized label and psychological quality of life of people with physical disabilities are mediated by resilience. Shpigelman & HaGani (2019) found in a study that people with disabilities often face stigma and discrimination that may negatively affect their self-esteem. Tamimi, Khurami, Tofeghi & asadirad (2017) concluded in a study that the difference in psychological well-being among blind, visually impaired, and normal people is significant, and blind and visually impaired people have more worrying conditions than normal people in terms of psychological issues. One of

Comparison of self-acceptance, self-compassion and fear of negative evaluation by others in blind, visually impaired and normal people

the most important problems for people with vision problems is the incompatibility with the limitations and disabilities caused by this injury. If a blind person fails to adapt to his or her circumstances and environment, he or she will feel insecure and frustrated that self-pity has a negative relationship with incompatible behaviors and psychological problems (Murfield, Moyle, O'Donovan & Ware, 2024).

Another thing that is different in blind and partially sighted people is self-compassion (Klick, Hudson, McKergan, Ropierlia, Fawson et al., 2021). Self-compassion means having a positive attitude towards yourself when things are going well. This characteristic is an effective protective factor in fostering emotional resilience (Webel, Wantland, Rose, Campinin, Helmer, & Chen, 2015). This construct has three components self-kindness versus self-judgment (Neff & Pomir, 2013), mindfulness instead of extreme identification, i.e., balanced awareness of one's feelings and emotions instead of avoiding one's painful feelings (Irons & Ladd, 2017), and human commonality against isolation means that all humans are imperfect and this issue is not specific to a particular person (Neff, 2009). This concept is associated with many positive psychological consequences, such as constructive problem-solving, marital stability, greater motivation to resolve interpersonal conflicts (Baker and McNulty, 2011), less negative self-evaluation, less fear of failure, and less shame experience (Musevic, Kowalski, Sabiston, Sedgwick, & Tracy, 2011) and less psychological harm (Zeller, Yuval, Nitzan-Asayag, & Bernstein, 2015). Beaumont and Hollins-Martin (2016) showed in their research that the intervention based on self-compassion students leads to an increase in mental health and positive emotions. Also, Sempaz et al. (2016) showed in their research that self-compassion plays an important role in the development of positive emotions social well-being, and mental well-being. On the other hand, in their study, Dasht-e-Gorgi and Homai (2016) also found that self-compassion has a positive and significant relationship with mental well-being and a significant relationship with happiness and well-being. John, Lee, and Kahn (2016) have shown the role of self-compassion in the field of physical health and mental well-being. Studies show that those who are compassionate are less likely to experience negative emotions such as fear, irritability, hostility, or distress compared to those who are not. Of course, these feelings arise at times, but their alternation and durability are less. Because it's been confirmed that those who are compassionate are less likely to eat. Rumination is often influenced by fear, shame, and depravity (Qian, Lim & Gao, 2022). So another consequence of visual impairment can be avoidance and fear of confronting social situations

Another thing that differs between blind and partially sighted people is the fear of negative evaluation by others (Campisi, Ignacolo, Intori, Tsourier, & Torrisi, 2021). Being evaluated by others is a common occurrence in everyday life. This construct is defined as the excessive worry of anticipating and expecting negative interpersonal evaluations that people with this fear experience great anxiety in social situations and try to avoid facing social situations that they perceive as threatening (Larry, 1983). In research, Liu Yangyi, Wu, and Kong (2020) investigated the role of fear of negative evaluation and social anxiety in the relationship between self-compassion and loneliness and found that fear of negative evaluation and social anxiety have a negative relationship with self-compassion, and self-compassion, Less fear of negative evaluation predicted the

reduction of social anxiety symptoms, and the reduction of social anxiety also reduced the feeling of loneliness. Rezaeipour, Jabbareefar & Barzegarbafrouee (2019) in a study, concluded that people with visual impairment face more issues than people with vision in terms of attachment, fear of negative evaluation, and adaptation. In a study, Arjmandnia Azimi Garosi Vatani and Kazemi Rezai (2017) concluded that people with visual impairment are at higher risk of social anxiety, lower self-esteem, and more negative body image than their peers without visual impairment. Severe fear of negative evaluation by others leads to the emergence of dissatisfaction and the persistence of dissatisfaction leads to depression (Callow, Moffitt & Neumann, 2021), social anxiety (Woody, Kaurin, McKone, Ladouceur & Silk, 2022), and low self-esteem (Iranmanesh, Foroughi, Nikbin & Hyun, 2021).

Given the above, it is necessary to examine the variables that are effective in improving the quality of life of blind people and help this group in this regard. Also According to studies, there is no research on the comparison of self-acceptance, self-compassion, and fear of negative evaluation of others in blind, partially sighted, and normal people. In fact, with little research among the researchers, it can be found that fewer studies have specifically compared the level of self-acceptance, self-compassion, and fear of others' evaluation in blind, visually impaired, and normal people. Another issue that indicates the lack of research in this field and reveals the importance of this research is the answer to whether the level of self-acceptance, self-compassion, and fear of negative evaluation by others is different in blind, partially sighted, and normal people.

Methods

According to the nature of the subject and research objectives, the current research method is causal-comparative studies. The statistical research community included all blind and partially sighted people who were members of the Blind and Visually Impaired Association of Ardabil City in 2022. 60 people (30 blind, 30 visually impaired) were selected as the study group using the available sampling method and 30 people (sighted people) were selected as the comparison group. The data collection method was face-to-face. In this way, after obtaining the letter of introduction and receiving the code of ethics from Mohaghegh Ardabili University, to access the blind and partially sighted sample group, Ardabil Blind Complex (located in Towheed Square, not reaching Shahid University) was referred to. After stating the objectives of the research and justifying the officials of the complex explaining the purpose of the research to the sample people and obtaining written consent from them, the sample people, with the help of the researcher's assistant, filled out the research questionnaires in two parts, the first part containing demographic information (age, gender, occupation, and status economic and...) and the second part including short-form questionnaires of fear of negative evaluation, self-compassion, and unconditional self-acceptance was completed. To reach the people of the normal sample group as much as possible, according to the characteristics of the other two groups, questionnaires were distributed and collected among ordinary citizens.

Comparison of self-acceptance, self-compassion and fear of negative evaluation by others in blind, visually impaired and normal people

Short form of the Fear of Negative Evaluation Scale (FNES): It was created by Leary (1983) and contains 12 questions that describe fearful and worrying cognitions. The respondent specifies his situation in each question on a five-point spectrum (1=never applies to 5=almost always applies) and the range of scores is between 12 and 60. In this scale, the presence of fear and worry about negative evaluation by others is measured through eight questions (positive scoring), and the absence of fear and worry about negative evaluation by others is measured through four other questions (reverse scoring). Lori (1983) studied the psychometric properties of the short version of the fear of negative evaluation scale in college students, and high internal consistency ($d=0.96$) and test-retest reliability of four weeks ($r=0.75$) were obtained. The results of Pitarch's study (2010) showed that the internal consistency of this tool was 0.89, its Cronbach's alpha coefficient was also 0.89 and the Spearman-Bruan reliability coefficient was calculated for this tool at 0.74. In the research of Mansourinejad, Abdulahi, Mahmoudi, Abdul Rasouli, and Zargar (2021), the reliability of this scale was obtained with the Cronbach's alpha method for a total score of 1.82, and the construct validity coefficient using the confirmatory factor analysis method showed that this instrument is suitable based on the components has the previous one. In the present study, the reliability of this scale was obtained with Cronbach's alpha method of 0.81.

Self-Compassion Questionnaire: This scale is a 26-item self-report questionnaire made by Neff (2003) and it measures self-compassion in three dimensions: self-kindness versus self-judgment (10 items), sense of human commonality versus isolation (8 items) and It measures mindfulness against extreme identification (8 items). Items are scored on a five-point Likert scale from 1 "rarely" to 5 "almost always". The range of scores of this questionnaire is from 26 to 130 (Neff, 2003). Also, NEF reported the coefficient and reliability of this questionnaire through Cronbach's alpha method for the total score equal to 0.95 and for the subscales from 0.75 to 0.81, the retest reliability with a two-week interval was 0.93. In total, NEF reported favorable reliability and validity (through factor analysis) for this scale. In Tafarji and Yousefi's research (2021), the reliability of the questionnaire was calculated through Cronbach's alpha coefficient, its value for the self-kindness subscale: 0.82, social: human sharing: 0.72, mindfulness: 0.72, and for the whole scale: 0.82 was obtained, which indicates the good reliability of the questionnaire. The validity of the tool was verified by using the confirmatory factor analysis method and obtaining a dimension of compassion by Neff's research (2003). In the present study, the reliability of this scale was obtained with Cronbach's alpha method of 0.84.

Unconditional self-acceptance questionnaire: This questionnaire was developed by Chamberlain and Haga (2001). This questionnaire contains 20 statements and has two subscales of unconditional self-acceptance and conditional self-acceptance and is applicable for the age group of 14 years and older. The way to answer this questionnaire is on a Likert scale from 1=completely false to 7=always true. After receiving the questionnaire from the creators, Shafiabadi and Niknam (2014) translated it into Persian in Iran, and after a preliminary study, the internal consistency of the questionnaire was accepted unconditionally by Cronbach's alpha method (0.70). brought. Also, the

convergent validity of this questionnaire was obtained through the correlation of its scores with the Rosenberg self-esteem questionnaire of 0.30. In Moblian, Diarian, and Yousefi's research (1400), the internal consistency of the whole scale was calculated as 0.73. In the present study, the reliability of this scale was obtained with Cronbach's alpha method of 0.79. Descriptive statistics (including mean, standard deviation, and percentages) and inferential statistics including multivariate analysis of variance were used for data analysis. Data analysis was done using SPSS software version 26.

Results

The research sample included 90 people (30 blind, 30 visually impaired, and 30 normal). The mean and standard age deviation in the normal group were (30/5, 9/1), in the blind Group respectively (29/5, 7/6) and the visually impaired group (28/5, 7/2) with an age range of 15 to 46 years. Gender status among the three groups showed that 70% of the gender in the normal group was female, 53.3% in the blind group was female, and 56.7% in the visually impaired group was female. The comparison of education between the three groups shows that the percentage of ordinary people who have a diploma and sub-diploma education (13%) was higher than other groups, and also ordinary people had the highest percentage of bachelor's and higher education (90%). The comparison of the employment status between the three groups shows that the percentage of people who have a job (53.3%) was higher than other groups and also the low-income people had the most unemployed people (66.7%). The comparison of the employment status between the three groups shows that the percentage of people who have a job (53.3%) was higher than other groups, and also the low-income people had the most unemployed people (66.7%). Visually impaired people had the highest percentage of very poor economic status (16.7%) and normal people had the lowest percentage of very poor economic status (0%).

Table 1. Mean and standard deviation of the variables of self-compassion, self-acceptance and fear of negative evaluation

variable	normal		blind		low vision	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Self-Compassion	57/46	4/46	50/03	3/88	53/80	6/62
Fear of Negative Evaluating	27/76	8/12	30/10	7/49	28/20	7/36
Self-Acceptance	60/47	4/57	55/02	6/81	57/93	5/56

In the group of normal people, the average and standard deviation of self-compassion (57.46 and 4.46), fear of negative evaluation (27.76 and 8.12), and self-acceptance (60.47 and 4.57). In the group of blind people, the average and standard deviation of self-compassion (50.03 and 3.88), fear of negative evaluation (30.10 and 7.49), and self-acceptance (55.02 and 6.81). In the group of visually impaired people, the mean and

Comparison of self-acceptance, self-compassion and fear of negative evaluation by others in blind, visually impaired and normal people

standard deviation of self-compassion (53.80 and 6.62), fear of negative evaluation (28.20 and 7.36), and self-acceptance (57.93 and 5.56).

Multivariate analysis of variance was used to check the research hypotheses, before the results were considered, the assumption of covariance homogeneity was checked through the M-box test and it was found that the covariance matrices were homogeneous ($P < 0.05$, $F = 1.211$).

Table 2. Mbox test to establish the homogeneity of the covariance matrix

Mbox	15/296
F	1/211
DF1	12
DF2	36680/538
Sig	0.26

Table 3. The results of multivariate variance analysis of the variables of self-acceptance, self-compassion and fear of negative evaluation by others in three comparison groups

	value	F	the degree of freedom of the hypothesis	the degree of freedom of the error	significance	eta square
Pillai effect	0.39	4522.589	3	85	0/001	0.42
Lambda Wilkes	0.31					
Hotling effect	0.54					
The largest root	0.54					

The results of Table 3 show that there is a significant difference between the self-acceptance component and its components in three groups of normal, blind, and visually impaired people ($\text{Eta} = 0.42$, $P < 0.01$, $F = 4522.589$, $F(31.85)/0 = \text{lambda}$). The value of the eta coefficient shows that 0.42 of the variances are explained by the variables of self-acceptance, self-compassion, and fear of negative evaluation by others.

Table 4. Levine's test for homogeneity of variance of the variables of self-acceptance, self-compassion, and fear of negative evaluation by others.

variable	F	the degree of freedom of the hypothesis	the degree of freedom of the error	significance
Self-Acceptance	0.19	2	87	0.13
Self-Compassion	0.65	2	87	0.23
Fear of Negative Evaluating	0.09	2	87	0.88

The results of Table 4 show that in the variables of self-acceptance, self-compassion and fear of negative evaluation by others The variances are homogeneous ($P < 0.05$).

Table 5. Results of multivariate variance analysis of self-acceptance, self-compassion and fear of negative evaluation by others in the blind, partially sighted and normal groups.

Source	dependent variable	sum of majors	freedom degree	majors mean	F	significance	Etta
Groups	Self-Acceptance	680/067	2,87	680/067	9/703	0/007	0.11
	Self-Compassion	46/817	2,87	46/817	16/743	0/009	0.09
	Fear of Negative Evaluating	18/150	2,87	18/150	19/043	0/001	0.02

According to the significance level of the self-acceptance variable, >0.01 ; $P = 0/007$ the difference is significant. In this way, the average of the normal group in the self-acceptance variable is higher than the blind group. According to the significance level of the self-compassion variable, $0.01 > P = 0.009$, the difference is significant. In this way, the average of the normal group in the self-compassion variable is higher than the blind and visually impaired group. According to the significance level of fear of the negative evaluation variable, $0.01 > P = 0.001$, the difference is significant. In this way, the average of the blind and partially sighted group is higher than the normal group in the variable of fear of negative evaluation.

Discussion

The purpose of the present study was to compare self-acceptance, self-compassion, and fear of negative evaluation by others in blind, visually impaired, and normal people. The results of the research showed that there is a significant difference between the three groups of blind, partially sighted, and normal people in the component of self-acceptance. In such a way self-acceptance in blind people is lower than in visually impaired and normal people. The results of the present research with the results of the research of Tamimi, Khorrami, Tawfighi and Asadi Rad (2016); Ghadampour, Radmehr, and Heydariyani (2015); Silvan Ferreiro, Recio, Mulero and Novilas Pelega (2020) and Shapaigelman, Hagani (2019) agree.

Comparison of self-acceptance, self-compassion and fear of negative evaluation by others in blind, visually impaired and normal people

In explaining this hypothesis, it can be inferred that given the definition of self-acceptance, the art of self-acceptance is as it is, and with all the strengths and weaknesses that exist (Dryden, 2013). Self-acceptance means accepting yourself as a person who suffers from weaknesses and disadvantages in addition to his abilities and strengths; Beliefs and attitudes have a significant relationship with self-acceptance (Li, Zhang, Liu, Chen, Zhi, Gang and San, 2021). In such a way that the more positive these attitudes are, the tendency to accept oneself and others increases. A person has a high sense of self-worth, he is easily able to face threats and stressful external events without experiencing negative arousal and disintegration of the psychological organization (Clorio Sandler, 1992). People with disabilities may have complications such as irritability and discomfort due to their physical disabilities. The existence of physical disability as a fundamental problem can lead to serious problems regarding the attitude toward one's abilities, self-concept, and other problems (Dagmar, 2017; Shapilgman and Hagney, 2019; Silvan et al., 2020). Disability or disability exists not only in the bodies of people with disabilities but more in the mindsets and attitudes of people and other people in different societies. These negative attitudes affect the mental health of people with disabilities and make them less accepting of themselves than other people in society. People with visual impairment or other disabilities due to negative attitudes of parents, negative experiences in dealing with normal peers, and successive failures in school, gradually become discouraged and frustrated, and the sequence of such failures and problems makes them feel worthless towards themselves. , a feeling that can lead to damage to their self-esteem (Juandimos and Vandella, 2022). Without vision, a person's understanding of the world around him will be different and this may lead to emotional and social problems such as incompatibility, inactivity, lack of interest in others, depression, and low self-esteem in him (Kolayi, 1390) and can justify the lower acceptance score for the blind and partially sighted.

The results of the research showed that there is a significant difference in the self-compassion component between the three groups of blind, partially sighted, and normal people. In this way, self-compassion in blind people is lower than in low-sighted and normal people. The investigations showed that no study has compared the component of self-compassion between three groups of blind, partially sighted, and normal people. This makes it difficult to discuss the findings, but considering the studies on self-compassion, this issue can be discussed.

In explaining this hypothesis, it can be concluded that according to the definition of self-acceptance; Self-acceptance is the art of self-acceptance. Self as it is and with all its strengths and weaknesses (Dryden, 2013). Self-acceptance means accepting yourself as a person who suffers from weaknesses and disadvantages in addition to his abilities and strengths; Beliefs and attitudes have a significant relationship with self-acceptance (Li, Zhang, Liu, Chen, Zhi, Gang and San, 2021). In such a way that the more positive these attitudes are, the tendency to accept oneself and others increases. A person who has a high sense of self-worth is easily able to face external threats and stressful events without experiencing negative arousal and disintegration of the psychological

organization (Cloro Sandler, 1992). People with disabilities may have complications such as irritability and discomfort due to their physical disabilities. The existence of physical disability as a fundamental problem can lead to serious problems regarding the attitude toward one's abilities, self-concept, and other problems (Dagmar, 2017; Shapilgman and Hagney, 2019; Silvan et al., 2020). People with visual impairment or other disabilities due to negative attitudes of parents, negative experiences in dealing with normal peers, and successive failures in school, gradually become discouraged and disillusioned, and the sequence of such failures and problems makes them feel worthless towards themselves. do a feeling that can lead to damage to their self-esteem (Juandimos and Vandella, 2022). Without vision, a person's understanding of the world around him will be different, and this may lead to emotional and social problems such as incompatibility, lack of activity, lack of interest in others, depression, and low self-esteem in him (Melki-Tabar, Khosh-Kanesh and Khodabakhshi Kolayi, 2010) and It can justify the lower acceptance score for the blind and visually impaired.

The results of the research showed that there is a significant difference in the self-compassion component between the three groups of blind, partially sighted, and normal people. In this way, self-compassion in blind people is lower than in low-sighted and normal people. The investigations showed that no study has compared the component of self-compassion between three groups of blind, partially sighted, and normal people. This makes it difficult to discuss the findings, but considering the studies on self-compassion, this issue can be discussed.

In explaining this hypothesis, it can be concluded that self-compassion is defined as accepting vulnerable feelings, caring and kindness towards oneself, non-evaluative attitude towards one's failures and failures, and recognizing one's experiences (Qazlesflo and Mirza, 2019). It is also a healthy form of self-acceptance that expresses the degree of acceptance and acceptance of the undesirable aspects of ourselves and our lives (Neff, 2003). Self-compassion is the quality of facing one's suffering and harm and feeling fully helped to resolve one's problems (Warren, Summers, Wright, Goetz, Larry, et al., 2012). High self-compassion is associated with psychological well-being and supports people against stress (Naemi and Faqihi, 1400). Evidence shows that people with higher self-compassion experience less depression, anxiety, loneliness, and rumination in challenging social situations and have greater life satisfaction (Babenko, Mosevich, Lee, & Coppola, 2019). Also, these people have more courage in dealing with negative events. When asked to recall their failure experiences, they used less emotional and negative self-evaluations (Eki, Adam, Kawoloski, & Ferguson, 2020). Also, studies have shown that people who have high self-compassion show more psychological health than people who have little self-compassion; Because in them the inescapable pain and sense of failure that all people experience is not perpetuated by a cruel self-blame, a sense of isolation and extreme identification with thoughts and emotions (Lopez, Sunderman, Renchor, & Schrover, 2018; Finalahi, Sumich, Heim, & Medodo, 2018). 2021). This supportive attitude toward oneself is associated with many positive psychological outcomes, such as greater motivation to resolve personal conflicts and constructive problem-solving; Also,

Comparison of self-acceptance, self-compassion and fear of negative evaluation by others in blind, visually impaired and normal people

individuals with high self-compassion report greater happiness, optimism, life satisfaction, and intrinsic motivation, and higher levels of emotional intelligence, coping skills, wisdom, and resilience (Taiwari, Pandey, Rai, Pandey, Verma, Parihar, & Mandal, 2020). Self-compassion is a complete form of self-acceptance that expresses the degree of acceptance and acceptance of the undesirable aspects of oneself and one's life. Since people with disabilities, have depression; They have more anxiety and loneliness than normal people, so it can be concluded that these groups have lower self-compassion.

The results of the research showed that there is a significant difference between the three groups of blind, partially sighted, and normal people in the component of fear of negative evaluation by others. In this way, compared to visually impaired and normal people, blind people scored more on the scale of fear of negative evaluation by others. Also, blind people scored higher on the scale of fear of negative evaluation by others compared to visually impaired people. The results of the research with the results of Rezaipour, Jabarifar, and Barzegar Bafroei (2018) and Arjamandania, Azimi Grossi, Watani, and Kazemi Rezaei (2016) are aligned.

In explaining this research hypothesis, it can be concluded that the fear of negative evaluation includes the expectation that other people will evaluate the person negatively, the fear and worry caused by these negative evaluations, and avoiding evaluation situations (Watson and Friend, 1996). Fear of negative evaluation is one of the important cognitive factors in anxiety disorders (Ewing, Hawley, Grimm, McCabe, and Rova, 2020). People who have a higher fear of negative evaluation cannot establish a balanced relationship with others, they usually tend to be loved more than they love others. People with anxiety disorders hold negative beliefs about other people and social situations and feel that others will evaluate them negatively (Iverch, Rapi, Wang, & Lau, 2017). These people think that others will constantly monitor and check them and evaluate their performance and behavior negatively (Stillard, 2019). In some people, visual impairment may cause them to not have a correct understanding of their mental and personal skills and think that because of visual impairment, others only pay attention to their weaknesses and limitations. For them, being in situations is considered a threatening situation in which they may make mistakes or fail. Therefore, they don't have much motivation to learn and they don't spend much effort to participate in social activities and do the tasks that society has put in front of them. As a result, they do not achieve much success in the community. On the other hand, people are less concerned about the evaluations of others, have a correct understanding of their abilities and limitations, and strive to use their abilities to achieve success. Visually impaired people tend to behave passively in social situations. The inability to acquire social skills through observing the behavior of others in different situations causes problems in their interpersonal relationships. This can be caused by signs of failure in social situations, lack of honest feedback, and negative attitudes towards visually impaired people in society, which seem to play an important role in forming faulty cognitions and increasing fear of negative evaluation in these groups. Some people with visual impairment for three reasons; lack of social interaction based on subtle visual clues, visually impaired people's discomfort with interaction with

visually impaired people, and the presence of molded behaviors in people with visual impairment, it is possible to have a more difficult social adaptation path and experience fear of further evaluation (van Munster, van der Aa, Verstraten & van Nispen).

Among the limitations of this research, we can mention the many problems of blind and partially sighted people in answering the questions of the questionnaires and the non-random sampling method, so the limitation of generalization of the results should be considered. According to the data obtained from this research, it was shown that self-acceptance, self-compassion, and fear of negative evaluation by others are different in sample groups. Therefore, it is suggested that consultants and people who work in this field pay much attention to these factors and to improve the quality of life, hold training classes to correct and improve the level of these variables in the people of the sample group.

Conclusion

The results of this research can be used by professionals who provide psychological services to people with special needs (especially the visually impaired), training to accept negative thoughts and feelings in blind and partially sighted people makes the recent thoughts and feelings improve their ability to Destruction of self-acceptance and blind people with low vision commit to making valuable behavioral changes after accepting unpleasant thoughts and feelings. Promoting and improving self-acceptance and reducing the fear of negative evaluation in visually impaired and blind people can positively affect the social, academic, family, and personal lives of these people and improve the individual's performance in all the mentioned aspects. To increase the positive functioning of these people in the social, academic, and family fields. Most of the problems that blind people experience are not due to visual limitations, but prejudice and not understanding blind people, lack of enough opportunities to communicate with people in society and not accepting disability by blind people, among the important factors in creating problems of blind people and forming It is self-concept. Accurate recognition and full attention to individual differences in people with special needs can lead to the design and detailed educational plans for this group.

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Comparison of self-acceptance, self-compassion and fear of negative evaluation by others in blind, visually impaired and normal people

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