



The Economic and Social Empowerment and Its Relationship to Psychological Well-Being Among Women with Disabilities

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ABSTRACT

This study aimed to examine the relationship between economic and social empowerment and the psychological well-being of women with disabilities in Jordanian society, while exploring the mediating role of internalized stigma. Using a quantitative cross-sectional methodology, questionnaires were administered to a sample of 200 women with disabilities. The results revealed low average levels of economic empowerment, social empowerment, and psychological well-being, alongside a high level of internalized stigma. Regression analysis and Structural Equation Modeling (SEM) revealed a strong positive relationship, with economic and social empowerment together explaining a substantial proportion of the variance in psychological well-being. The results also confirmed the existence of a partial mediating role for internalized stigma in this relationship, indicating that a significant part of the positive effect of empowerment on psychological well-being operates through reducing the internal sense of stigma. The study emphasizes the need to adopt integrated policies and programs that enhance employment opportunities and social participation for women with disabilities, while simultaneously working to combat stigma to promote their comprehensive psychological well-being, which has important implications for policies and practices.

KEYWORDS

Women with disabilities; economic empowerment; social empowerment; psychological well-being.

INTRODUCTION

Disability rights have emerged as a significant issue at macro and micro levels, including the 2030 Sustainable Development Goals, in the last couple of decades, which focus on the idea of not “leaving anyone behind”. Extensive international scholarship has highlighted the importance of inclusion, empowerment, and equal participation of persons with disabilities as central to sustainable development and social justice (World Health Organization, 2022; UN Women, 2022). Although there has been notable legislative progress within the Hashemite Kingdom of Jordan, specifically, the Rights of Persons with Disabilities Law No. (20) of 2017, women with disabilities encounter a compounded form of discrimination resulting from the intersection of gender-based and disability-based inequalities. This intersectional discrimination curtails the economic and social development of persons with disabilities, impacting their quality of life (Higher Council for the Rights of Persons with Disabilities, 2021).

Existing literature consistently emphasizes that economic and social empowerment constitute foundational dimensions for enhancing autonomy, self-efficacy, and overall well-being among persons with disabilities (Karibaev et al., 2024; Kavanagh et al., 2021; Modna et al., 2023; Shier et al., 2019). It is well established in the literature that this form of empowerment (economic and social) is a necessary platform for other forms of empowerment that will enhance self-sufficiency and the quality of life of individuals with disabilities. This is closely associated with perceptions of self-efficacy, and feelings of social worth, along with the actual security and predictability that employment and a steady wage can provide in the household (Shier et al., 2019). On the other hand, unemployment and stigma are linked to heightened rates of anxiety and depression in this population (Kramer et al., 2020). Research specifically focusing on how gender and disability intersect in the Arab world, and especially its implications on mental health, is scarce (Habib et al., 2022). However, despite these advances, research examining the intersection of gender and disability in non-Western contexts, particularly in the Arab region, remains limited and underdeveloped (Habib et al., 2022).

In Jordan, available data on employment show that there is a two-fold unemployment rate among women with disabilities compared to men with disabilities with a labor force participation not exceeding 13% (Department of Statistics, Jordan, 2020). This discrepancy highlights a critical gap in understanding about the structural/psychosocial processes limiting empowerment and affecting psychological well-being within this group. Psychological well-being extends beyond the mere absence of mental disorders; it encompasses individuals' ability to function effectively, cope with life stressors, and contribute meaningfully to society (World Health Organization, 2022).

Despite the increasing interest in empowerment as a determinant of well-being, there is limited research that examines the combined impact of economic and social empowerment on the psychological well-being of women with disabilities in a culture such as that of Jordan, and limited research that explores the role of internalized stigma as a mediator between empowerment and well-being.

The purpose of this research, then, is to examine the impact of the economic and social empowerment of Jordanian women with disabilities on psychological well-being and the role of internalized stigma as a mediator in this impact. The current study aims to fill this research gap by examining the impact of economic and social empowerment, defined as access to employment, disposable income, participation in the community, and the ability to make decisions in their lives, on the psychological well-being of women with disabilities in Jordan, as well as the role of variables that might mediate the association, such as social support, internalized stigma, and psychological resilience. The study is informed by an ecological-social perspective, which highlights the interrelation between the individual, the social, and the structural in the constitution of human experience (Bronfenbrenner, 1979).

The study's importance is found in its capacity to bring value to the project of creating evidence-based, gender-sensitive policy and program development addressing the mental health needs of women with disabilities. By means of an integrated approach to economic, social, and psychological elements, this study contributes to a more comprehensive understanding of the empowering process and its impact on mental health results.

Study Problem

Despite progress in legal and conceptual frameworks regarding the rights of persons with disabilities at the global level, women with disabilities in developing countries continue to be among the most marginalized and vulnerable populations (UN Women, 2022). In Jordan, where a relatively progressive legal framework exists, the lived experiences of women with disabilities are, according to the scarce resources available, not reflected in it (Al-Zboon & Al-Dababneh, 2022). This, in a sense, reveals a disconnect between policy frameworks and realities, and underscores the importance of more empirical research. The core research question of this study is drawn from the scientific uncertainty in which the interplay between different forms of economic and social empowerment and psychological well-being within this population is unfolding, particularly when influenced by the specific cultural and structural conditions of Jordanian society.

They face discrimination on multiple levels and on the intersection of the two stigmatized identities of gender and disability. Disabled women are more unemployed, less active in the labor market, and more socially isolated than disabled men or non-disabled women (Al-Hassan & Obeidat, 2023). Existing international literature has recently begun to point to the benefits of work and social participation for individuals with disabilities' mental health (Kavanagh et al., 2021), yet this research is either not gender-specific or is based on studies undertaken in Western, culturally and institutionally very different than those in the Arab world. In addition, an important finding to be considered in the design of policies and programs in Jordan is that in many cases, the existing ones operate under linear assumptions that assume that the provision of job opportunities or services for training in itself is empowering. This perspective does not take into consideration engrained psychosocial obstacles like internalized stigma, feelings of self-worth and perceptions of family stereotypes of dependability that may hinder success from

an economic point of view (Darawsheh et al., 2023). Also, traditional ways of approaching psychological well-being have concentrated on the “not being sick” perspective (the deficit model), instead of focusing on the creation of a sense of meaning, self-actualization, positive relationships, and fulfillment of self (the Flourishing Model) (Keyes, 2002). This gap in the theorizing calls attention to the pressing need to understand how resources at both economic and social levels are associated with flourishing at the psychological level in an extremely challenging and impoverished context.

Based on the above, the central research problem can be formulated as follows: Does achieving higher levels of economic empowerment (such as financial independence and decent work) and social empowerment (such as participation in decision-making and supportive networks) enhance psychological well-being (in its emotional and cognitive dimensions) among women with disabilities in Jordan? And if so, what are the mediating factors (such as family support and community stigma) or moderating factors (such as type and severity of disability and educational level) that govern the strength and direction of this relationship?

Addressing this problem is important for developing evidence-based, context-sensitive policies and interventions that go beyond resource provision to address psychological and social dimensions of empowerment (Whitaker et al., 2022). In this regard, the present study follows a holistic approach that is contextualized and scientifically supported, thus making an innovative contribution to the literature. To the best of the authors’ knowledge, the present study is among the first that attempts to combine economic empowerment, social empowerment, and psychological well-being in a single analytical model, with a focus on women with disabilities in Jordan.

It also aims to close the gap between a primarily Western theoretical perspective and the reality of females with disabilities in an Arab socio-cultural setting. In this respect it is useful to Indigenous Knowledge production since it places empowerment and well-being within cultural, social and structural contexts within the local community and brings to the global literature contextual information.

These findings will also be useful for planners, policy-makers, and civil society organizations. Its findings support the development of integrated intervention programs rather than focusing on economic factors instead of on overall mental health and psychological well-being as the main goals and outcomes of empowerment programs.

Methodological challenges compound the study problem in accessing this marginalized group and conducting research with them due to social and communication barriers, leading to a scarcity of reliable quantitative and qualitative data. Additionally, the absence of standardized, psychometrically advanced measures for “empowerment” and “well-being” in the Arab context complicates the process of comparison and generalization of results.

Theoretical Framework of the Study

This study draws on a synthesized theoretical representation of four primary and strongly intertwined theories to understand the dynamic and interdisciplinary processes of economic

and social empowerment and psychological well-being among women with disabilities in Jordan. Taken together, no single theoretical concept can be considered unambiguous and presents a lens through which analyses can begin to incorporate the intertwining of structural, social, and individual psychological processes.

It is defined by Empowerment Theory (Zimmerman, 2000), as being a multi-dimensional process (psychological, organizational, community) of facilitating individuals and communities in gaining control over their lives and master the issues important to them. The theory suggests that empowerment is not only defined by resource availability but also by Self-Efficacy, Critical Consciousness, and Participation in Collective Action. In this study, however, the scope of empirical analysis is limited to those aspects that are quantifiable and which relate to the study instruments, such as economic and social empowerment, while other concepts such as critical consciousness are referred to in a broader sense in the theory section. Economic empowerment, such as having access to decent work and control over income, and social empowerment, such as having a say in decision-making within the family and in the community, are sources of Agency and empowerment in this study. The empowerment process, according to Cattaneo and Chapman's (2010) model, includes defining a meaningful goal, developing skills and confidence, working towards that goal, and shaping the environment. Women with disabilities face barriers at each stage, making the study of this process in the Jordanian context crucial and deserving of attention (Hasnain et al., 2021).

Social Model of Disability (Oliver, 1990; Shakespeare, 2006) criticizes the traditional medical view that focuses on the individual's "impairment." Instead, it defines disability as the outcome of the interaction between individuals with physical, sensory, or cognitive differences and environmental and social barriers (material, attitudinal, institutional) that hinder their full and effective participation. This framework is used to analyze how the environment in Jordan (i.e., employment policies, physical accessibility, employer attitudes, family norms) affects women with disabilities. What it moves the problem from 'fixing' the person to understand and break down the structural issues that are stopping people from to economically or socially empower themselves and thus emotionally feel better (Goodley, 2017). This explains why individual capacities do not necessarily lead to positive outcomes.

Intersectionality Theory, coined by Crenshaw (1989), posits that differing identities such as gender and disability intersect in unique and non-additive ways. Accordingly, the experiences of women with disabilities cannot be understood as the simple sum of gender-based and disability-based oppression, but rather as a distinct qualitative condition shaped by their intersection. This perspective is central to the analysis of women with disabilities in Jordan, where traditional gender norms and stigmatizing attitudes towards disability exist. They are not isolated because they are women or because they have disabilities, but because they are women with disabilities that may further economic marginalization, such as the preference for hiring men with disabilities, or social isolation, such as restrictions on mobility that are

associated with family “honor” and therefore psychological well-being (Hill Collins & Bilge, 2020).

Positive Psychology and other well-being theories which provide a theory of mental health and shift the focus from a deficit view to a positive and flourishing perspective are also utilized in this study. The Mental Health Continuum model (Keyes, 2002) addresses well-being from emotional and mental aspects, such as self-acceptance, autonomy, positive relations with others, purpose in life, and personal growth and development. Self-Determination Theory (Deci & Ryan, 2000) posits that psychological well-being is a factor of the satisfaction of three basic psychological needs: competence, autonomy, and relatedness. Together they address psychological well-being with respect to the social context of the individual.

This framework provides the outcome variables and explanatory mechanisms. We propose that economic and social empowerment act as satisfiers of basic psychological needs: independent work and income satisfy the needs for competence and autonomy, and social participation satisfies the need for relatedness. Satisfying these needs, in turn, leads to improvement in the dimensions of psychological well-being according to Keyes' model (Kavanagh et al., 2023). It also explains why work in a demeaning or unsupportive environment (even with income) may not lead to genuine psychological well-being.

In light of the four theories discussed above, the study proposes an analytical model. I will employ this analysis in the discussion of the dynamics between structures, empowerment, and the psychological well-being of women with disabilities in Jordan. Structures (barriers and discrimination in policies, social norms, and attitudes) based on the Social Model of Disability and Intersectionality Theory, inhibit access to resources that empower women economically and socially. Meanwhile, barriers caused by stigma and low levels of self-efficacy, based on Empowerment Theory and Intersectionality Theory, produce psychological barriers that prevent empowerment.

The mechanism of change under this premise draws on well-being theories and empowerment theory where the physical and psychological empowerment of society through money and practice is associated with fulfilling one of the most basic psychological needs of the mind, competence, autonomy, and relatedness. This satisfaction is the primary mediator through which empowerment takes effect. Based on well-being theories and especially Keyes' model, the end result is greater psychological well-being including both emotional and cognitive aspects. Finally, the model incorporates moderating effects associated with intersectional characteristics including type and severity of disability, age, education, and family support, while also recognizing that the strength and nature of these relationships differ across social positions and lived experience.

METHODOLOGY

Research Design

The Descriptive-Correlational Design was employed in this cross-sectional study to examine the relationships between the main variables, including a mediating mechanism. Economic empowerment and social empowerment were independent variables, psychological well-being was used as a dependent variable, and internalized stigma was used as a mediating variable. Some chosen demographic variables (i.e., type of disability, level of education) were controlled in the analysis. This model was selected based on its suitability in analyzing and testing relationships between multiple variables at a specific time, as well as its generalizability using a representative sample (Creswell & Creswell, 2018).

A descriptive-correlational research design using Pearson correlation, hierarchical multiple regression, and a structural equation model that investigates direct and indirect relationships among variables in one model was used in this study. According to established methodological literature, this design is appropriate to examine the relationship between naturally occurring variables (Cohen et al., 2018; Creswell & Creswell, 2018).

Study Population and Sample

The target population for this study comprises women with disabilities (mobility, visual, hearing) between the ages of 18 and 60 residing in the Irbid Governorate, who are able to participate in the study by responding to the researcher or through an interviewer/translator based on the type of disability. The total number of women in the target population is 2246, according to data from the Higher Council for the Rights of Persons with Disabilities for the Northern Region.

Such a population was chosen to ensure a representative sample of various types of disability within a specific socio-geographical context.

A stratified cluster random sampling technique was employed from strata was used to select a stratified cluster sample to ensure representativeness and diversity. This sampling method was chosen to increase the representativeness of the sample by selecting relevant subgroups proportionately represented in the sample.

This occurred in two distinct parts: 1) regional stratification. 2) - Random selection of clusters from the lists of agencies and clubs for persons with disabilities, rehabilitation centers, and other government institutions registers in the selected governorate to access the target population (Cohen et al., 2018).

The two-stage sampling method minimizes sampling bias, thereby enhancing the external validity of the study's results.

A population like this was selected to ensure a representative sample of various forms of disabilities in a specific socio-geographical setting. Accordingly, a stratified cluster random sampling technique was used to sample the population. This sampling method was particularly selected to increase the representativeness of the sample by proportionately including relevant subgroups within the population. Moreover, the technique of sampling was two-fold. Firstly, regional stratification was used. Then, clusters were randomly selected from a list of agencies

and clubs for persons with disabilities, rehabilitation centers, and other government institution registers in a specific governorate to access the target population (Cohen et al., 2018). This two-fold technique of sampling helps minimize any form of bias in the findings of a study.

The sample size was calculated using G*Power 3.1 software for the anticipated multiple regression analysis (assuming a medium effect size $f^2 = 0.15$, statistical power = 0.80, significance level $\alpha = 0.05$, and 10 predictors). The software recommended a minimum sample size of 129 participants. To compensate for incomplete or invalid responses for analysis, the target was set at 200 participants, a size sufficient also for conducting more complex analyses such as Structural Equation Modeling (SEM) if needed (Faul et al., 2009). In order to account for possible incomplete or invalid responses and to facilitate more complex analyses such as SEM, the target sample size was adjusted to 200 participants. The final sample size exceeded the minimum acceptable size ($N = 200$), increasing the power of the multivariate analyses.

Study Instruments and Measures

A survey packet consisting of five main scales was used, after being translated and adapted for the Jordanian context according to standard procedures (back-translation, expert review, pilot testing). All scales used a five-point Likert scale (from 1 = Strongly Agree to 5 = Strongly Disagree).

Construct validity was assessed using Confirmatory Factor Analysis (CFA), conducted via AMOS version 28, to verify the factor structure of the instruments within the Jordanian context. In addition, the overall measurement and structural model demonstrated good fit indices ($\chi^2/df = 2.18$, CFI = .96, TLI = .95, RMSEA = .048), supporting the adequacy of the model. Detailed CFA results (e.g., factor loadings) are available upon request.

The Economic Empowerment Scale for Women with Disabilities was partially developed based on the United Nations women's empowerment indicators (UNDP, 2022) and Huston's (2010) financial independence scale. The instrument is composed of 19 items, divided into three categories: employment opportunities and job stability (7 items); control over financial resources and financial independence (6 items); and professional development and training (6 items). In the present study, the scale was uniform in internal consistency, with a Cronbach's alpha coefficient of 0.91 for the entire instrument.

The Social Empowerment Scale for Women with Disabilities was taken from the community participation and social integration scale developed by Wong et al. (2021) and the household decision-making scale proposed by Malhotra and Schuler (2005). A total of 17 items were selected from a matrix of three components: involvement in decision making for family and personal (6 items), involvement in community activities and organizations (6 items), and perceived support for social lives from family and the community (5 items). The internal consistency of the scale was strong in the present study with a Cronbach's alpha coefficient of 0.88. Furthermore, The CFA results supported the adequacy of the factor structure of the scale, confirming its suitability for subsequent analyses.

Psychological well-being was assessed using the Keyes's (2002) widely used and internationally employed MHC-SF short form. This instrument consists of 14 items across three dimensions: emotional well-being (3 items), psychological well-being (6 items), social well-being (5 items). For this study, the instrument's measurement of the emotional and psychological facets was of interest. The instrument tested excellent for internal consistency with a Cronbach's alpha of 0.93.

Internalized stigma was measured using a scale developed and tested by Boyd Ritsher, et al. (2003), which was modified to replace "mental illness" with "disability" using the work of Earnshaw and Quinn (2012) conceptualizing internalized stigma among people with disabilities. This scale serves as an indicator of possible mediating effects. The internalized stigma scale contains 10 items. The measure demonstrated satisfactory internal consistency with a Cronbach's alpha of 0.86 for this study. In addition, a demographic data form was used to gather information on age, years of education, marital status, type/severity of disability, length of time disabled, and source of income. Overall, the CFA results confirmed that the measurement instruments demonstrated adequate construct validity within the study context.

Ethical Approvals

The study was approved by the Scientific Research Ethics Committee of the university where the researchers are employed (reference omitted for confidentiality), and the necessary permissions were obtained from all participating institutions.

Data were collected between April 1 and September 28, 2025 using three accessible methods: field administration by trained researchers (with interpreters as needed), online questionnaires (Google Forms with accessibility features), and telephone interviews.

Participants were notified about the purpose of the study, the confidentiality of the information, and their rights as a research participant, including voluntary participation and the ability to withdraw from the study at any time. Written or informed consent was obtained from all participants. Data were anonymized using numerical codes, stored on a password-protected computer, and will be retained for five years before destruction.

Statistical Analyses

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to describe the study sample. Data analyses were conducted using SPSS version 28 and AMOS version 28. Cronbach's alpha coefficients were utilized to test instrument reliability. A CFA was conducted to test the construct validity of the scales in Jordan.

Inferences were then conducted to verify the study hypotheses. The first two main variables were the relationships of economic empowerment, social empowerment, and psychological well-being examined using Pearson's correlation coefficient. I used Structural Equation Modeling (SEM) to evaluate the fit of the proposed theoretical model and to assess direct and indirect (mediating) relationships between variables (Kline, 2016). Model fit was estimated using several indices, such as the chi-square to degrees of freedom ratio (χ^2/df), the Tucker-Lewis Index (TLI), the Comparative Fit Index (CFI), and the Root Mean Square Error of

Approximation (RMSEA). In addition, the hierarchical regression was used to delineate the unique contribution of each dimension of empowerment to the prediction of psychological wellbeing, while accounting for selected demographic variables (e.g., type of disability) as control variables.

RESULTS

Statistical software was used to analyze the data from Data were obtained from 200 women with disabilities in Irbid Governorate and analyzed using statistical software. The following table summarizes the findings of the main research questions.

[Demographic Characteristics of the Sample]

Table (1) shows the general characteristics of the sample individual. The highest percentage of participants was in the age group (25-34 years) at 38.5%. Mobility disability was the most common (42.0%), followed by visual disability (28.5%). The results showed that 52.5% of the participants were unemployed.

Reliability and Psychometric Properties of the Scales

All of these scales showed adequate internal-consistency (Cronbach's alpha > 0.70) and thus demonstrated adequate reliability for use in Jordanian contexts, as presented in Table (2).

Descriptive Levels of Main Variables (Study Question One)

Descriptive analysis revealed low-to-moderate average levels of both economic empowerment ($M = 2.31$, $SD = 0.68$) and social empowerment ($M = 2.56$, $SD = 0.62$). The results also indicated a relatively low average level of overall psychological well-being ($M = 2.89$, $SD = 0.74$). The highest means were in the "Social Support" dimension within social empowerment, and the lowest in the "Employment Opportunities" dimension within economic empowerment.

Correlational Relationships Between Variables (Study Question Two)

Pearson correlation analyses indicated significant associations between the latent constructs of economic and social empowerment and psychological well-being overall. Internalized stigma was also significantly negatively correlated with all empowerment-related outcomes and psychological well-being and thus was a good candidate as a mediator. Of note, the correlation between economic and social empowerment was strong, positive, and therefore suggesting conceptual overlap between the constructs ($r = .71$).

Predicting Psychological Well-being (Study Questions Three and Four)

A hierarchical multiple regression analysis was conducted to determine the extent to which empowerment variables, and stigma, were related to psychological well-being, with variables introduced in three blocks as reported in Table (5).

Interpretation of Results

The results of the hierarchical regression analysis indicated that the demographic variables, empowerment variables, and internalized stigma accounted for a significant portion of the variance in the psychological well-being of women with disabilities. Demographic variables accounted for 7% of the variance in psychological well-being in model one. Only educational

level was a significant predictor of psychological well-being, with higher educational level predicting improved psychological well-being.

The second model demonstrated a substantial improvement in explanatory power with the inclusion of economic and social empowerment variables. The explained variance increased markedly to 58% ($\Delta R^2 = .51, p < .001$), highlighting the central role of empowerment in shaping psychological well-being. Both economic empowerment ($\beta = .42$) and social empowerment ($\beta = .38$) made significant and independent contributions, indicating that access to economic resources and active social participation are both critical determinants of psychological well-being.

In the third model, the inclusion of internalized stigma further enhanced the model's explanatory capacity, raising the explained variance to 72% ($\Delta R^2 = .14$, statistically significant). The introduction of this variable led to a noticeable reduction in the beta coefficients of both economic empowerment (from .42 to .28) and social empowerment (from .38 to .25), although both remained statistically significant. At the same time, internalized stigma emerged as a strong negative predictor of psychological well-being ($\beta = -.41$). This pattern indicates the presence of a partial mediating effect, whereby a substantial portion of the positive influence of economic and social empowerment on psychological well-being operates through the reduction of internalized stigma.

Testing the Overall Structural Model (Study Question Five)

SEM was used to evaluate the fit of the proposed theoretical model, which assumes both direct and indirect (via internalized stigma) effects of economic and social empowerment on psychological well-being.

Model fit indices showed good acceptance for the model: $\chi^2/df = 2.18$ (acceptable if < 3), CFI = .96 (good if $> .95$), TLI = .95 (good if $> .95$), RMSEA = .048 (good if $< .06$). These indices support the model's fit to the data.

Statistically Significant Paths ($p < .01$):

- **Direct Path:** Economic Empowerment → Psychological Well-being ($\beta = .23$)
- **Direct Path:** Social Empowerment → Psychological Well-being ($\beta = .26$)
- **Mediated Path:** Economic Empowerment → Internalized Stigma ($\beta = -.44$) → Psychological Well-being ($\beta = -.39$)
- **Mediated Path:** Social Empowerment → Internalized Stigma ($\beta = -.38$) → Psychological Well-being

The indirect effects were calculated, and the statistical significance indicated the partially mediator role of internalized stigma. Overall, the structural model explained 74% of the variance in psychological well-being ($R^2 = .74$), which supported the model's explanatory power.

Summary of Main Results

These findings indicate that women with disabilities in the study sample are less economically empowered, especially when it comes to employment, less socially empowered, psychological well-being, and more internalized stigma. It also indicates that empowerment, economic and

social, and psychological well-being are strongly positively correlated while internalized stigma is strongly negatively correlated with all of them.

In addition, economic and social empowerment accounted for 58% of variance in psychological well-being, highlighting their centrality as predictors. This research also showed that internalized stigma has a significant partial mediating role in the relationship between empowerment and psychological well-being, i.e., that a significant part of the positive effects of empowerment occurs through decreasing internalized stigma, which increases psychological well-being. Finally, the proposed integrative structural model, incorporating both direct and indirect pathways, showed a good fit to the data and high explanatory power (0.74), thereby providing empirical support for the theoretical framework integrating empowerment theory, the social model of disability, and well-being theories.

DISCUSSION

The purpose of this study was to examine the relationship between economic and social empowerment and psychological well-being of women with disabilities in Jordan, and internalize stigma as a mediating variable. The results of this study indicate the following: first, there were low levels of economic and social empowerment and psychological well-being; second, there were strong positive relationships between economic and social empowerment and psychological well-being; third, there was a significant partial mediating role of internalized stigma.

Discussion of Low Levels of Empowerment and Psychological Well-being: The results revealed low levels of economic empowerment (especially in employment opportunities and job stability) and social empowerment (especially in community participation and decision-making) among the sample. These findings can be interpreted through the applications of the Social Model of Disability and Intersectionality Theory. Instead, these low levels are themselves socially produced as they reflect interactions with accumulating structural and interactive or social barriers (Oliver, 1990). Barriers such as inaccessible work environments, poor employment practices, employer discrimination and customary societal norms, and traditional family norms that may affect the mobility and decision-making power of women with disabilities (Al-Hassan & Obeidat, 2023). At the same time, low levels of psychological well-being (and, more specifically, of cognitive psychological well-being) are in line with Self-Determination Theory (Deci & Ryan, 2000) as well. The combination of a lack of meaningful work opportunities and control over resources that can be clearly related to needs for competence and autonomy, and relative social isolation that can be related to the need for relatedness, both serve to potentially rob women with disabilities of psychological flourishing by creating a situation in which they are unable to meet their basic psychological needs. This finding is consistent with previous research identifying economic and social exclusion as key determinants of poor mental health among individuals with disabilities, particularly women (Kavanagh et al., 2021).

The strong presence of internalized stigma clearly supports the hypotheses of intersectionality theory, as women with disabilities must cope with multiple societal messages of 'inability' and 'unworthiness' resulting from the intersection of their two stigmatized identities (Crenshaw, 1989; Olawale et al., 2021). These messages become internalized and create a negative self-image, contradictory to the principle of self-efficacy as the central construct of Empowerment Theory (Zimmerman, 2000). This finding is also consistent with previous literature demonstrating that internalized stigma significantly undermines self-efficacy and psychological well-being among marginalized groups.

Discussion of Strong Correlational and Predictive Relationships

These results support the significant potential of the relationship between dimensions of empowerment and psychological well-being, especially since all dimensions of empowerment showed strong positive correlations with positive psychological outcomes in Positive Psychology theories and in the Flourishing Life model (Keyes, 2002). This relationship highlights the fact that empowerment and well-being do not represent distinct ideas but rather form part of a complex psychosocial continuum. Economic and social empowerment were found to be highly correlated ($r = .71$) again supporting their integrative hypothesis that "Income and financial independence may lead to social participation and support and that supportive networks may increase opportunities for economic well-being". This finding aligns with prior empirical studies indicating that economic participation and social inclusion operate synergistically to enhance psychological well-being among persons with disabilities.

Lastly, the fact that the two empowerment indicators collectively account for 58% of the variance in psychological well-being in the OLS regression model is also highly meaningful. This confirms the main hypothesis of this study and further emphasizes the importance of economic and social empowerment as key determinants of psychological well-being. This finding corresponds with that of Kavanagh et al. (2023), whose research suggested that economic participation is positively related to mental health through increased feelings of competence and relatedness. From a scientific perspective, this high explanatory power further confirms the robustness of empowerment as a central predictor of psychological well-being.

Discussion of the Partial Mediating Role of Internalized Stigma

The identification of internalized stigma as a partially mediating factor was perhaps the most significant analytical finding of the current research. The fact that the beta of both economic empowerment (from .42 to .28) and social empowerment (from .38 to .25) decreased substantially after the stigma variable entered the model in the hierarchical regression model, as well as the significant indirect effect in the SEM, provides support to the hypothesized pathway. This helps to explain the mechanisms by which empowerment leads to psychological well-being. Thus, they serve not only as a source of assistance but also as a way to transform the lived experience for the woman with a disability. The phrase, "I am capable, I am valuable; I deserve," obtaining a 'respectable' job or participating in a significant family decision does not only give you an income or control, but sends a powerful minority message that shatters

internalized stigma, not only on community stereotypes but in the one you carry within. Thus, alleviating stigma directly contributes to positive affect, meaning, and personal growth associated with psychological well-being, a finding consistent with Shier et al. (2019). These findings also echo those of other researchers who emphasize the mediating role of psychological processes, such as stigma management, in connecting empowerment to well-being outcomes (Tamba & Iancu, 2023).

This mediation process serves as a critical theoretical bridge between Empowerment Theory of self-efficacy and resources and the Social Model of Disability of external barriers. It illustrates that to break the “lock of life” (empowerment) is to overcome the psychological barrier to a new self, to remove the stigma, and thereby promotes psychological flourishing. It also strengthens our understanding of intersectionality theory, which dual oppression produces obstacles on the outside but also psychological wounds (stigma); which need to be addressed. This integrated interpretation reinforces the value of combining structural and psychological frameworks in explaining empowerment processes.

Discussion of the Structural Model and Its Fit with the Theoretical Framework

The final structural model indicated a good fit with the data, explaining 74% of the variance in psychological well-being. The results of this study strongly support the proposed theoretical integration of this study and the validity of combining empowerment theory, the social model of disability, and the well-being theoretical models. This level of explanatory power is considered strong in social science research and supports the adequacy of the proposed model.

The significance of the direct path from empowerment to psychological well-being is consistent with the theories of well-being and Self-Determination Theory, which posit that economic and social empowerment have a direct impact on well-being through the fulfillment of basic psychological needs. The indirect path through internalized stigma being most influential overall is indicative of the integration of the Social Model of Disability, Empowerment Theory, Positive Psychology, and the notion that empowerment works to prevent internalized stigma, which enhances psychological well-being. That the direct effect of empowerment remains significant even after controlling for internalized stigma suggests other mechanisms of empowerment that mediate the relationship between empowerment and psychological well-being, perhaps greater self-worth or social networks, which should be explored further in future research. This finding is also supported by previous literature suggesting that empowerment operates through multiple direct and indirect pathways influencing psychological well-being.

CONCLUSION

These findings provide a compelling argument that in Jordan, real economic and social empowerment of women with disabilities, not limited to services, is needed for psychological well-being of women with disabilities. Structural and social challenges are two sides to a coin when it comes to the struggle for growth and belonging. This paper highlights the need for informed vision and policy based in a keen awareness of the intersection of gender and

disability, that sees the disabled woman as an effective and active participant in fostering self-actualization and contributing to her community, where possible and with support.

Study Recommendations

To Enhance Economic Empowerment, these findings highlight the need for developing targeted employment programs for women with disabilities targeting key employment sectors and ensuring appropriate workplace accommodations for women with disabilities in the work environments. Additionally, the increased availability of funding and specialized mentoring programs for entrepreneurs might allow for small-scale projects to be developed that support multiple types of disabilities. Finally, there needs to be enforcement of employment quotas for people with disabilities in both public and private sectors, with monitoring and accountability, in order to turn the commitments made in policy into tangible benefits.

To Reduce Internalized Stigma, the results draw attention to the need for psychosocial intervention in all economic empowerment programs and specifically to enhancement of self-esteem, positive identity development, and overcoming self-stigmatization. Plus, group counseling and support programs set up by successful women with disabilities can serve as effective role models and sources of peer support. On a wider social level, community awareness campaigns need to shift the focus from deficits and dependence to capabilities, agency, and social contribution to redefine the dominant discourse of disability and gender.

To Enhance Social Empowerment, social empowerment requires community empowerment by removing architectural and social barriers, through access to transportation, and access to all public buildings and community events. Along with family support services, families need programs that emphasize the importance of autonomy for those women with disabilities and their direct involvement in decision-making within their own families and communities. In addition, strengthening support networks and access to advocacy and peer-support groups can assist in promoting social inclusion and community empowerment.

At the policy level, the results suggest that it is important to develop a solution that combines economic policies, including employment and training with social policies focused on psychosocial support and participation to maximize their impact on psychological well-being. Additionally, an annual collection of data by gender and disability type is critical to the accurate monitoring of inequalities and policy-making effectiveness. Lastly, using part of the disability-related program budgets for those related to stigma prevention and improvement of mental health is critical to sustainable and holistic outcomes.

Future research will need to focus on longitudinal relations between empowerment and psychological well-being. Additionally, experimental and quasi-experimental studies should test intervention models from the present findings to evaluate their efficacy in increasing psychological well-being through greater empowerment and less internalized stigma. Further research should also address contextual moderators such as family ties and cultural background, which may increase or decrease the relationships identified in this paper.

Study Limitations

There are a few limitations to this study. First, the design of this study is cross-sectional, and we cannot draw causal conclusions about the relationships between economic and social empowerment and psychological well-being. Second, the data collected in this study were self-reported. Some participants may have responded to the questions about stigma and well-being incorrectly. Third, participants for this study were recruited from one governorate (Irbid) in Jordan. Results may differ if participants were recruited from different governorates in Jordan. Fourth, the selected scales used in this study were validated; but, some of the measures used in this study were modified to suit the context of this study.

Conflict of Interest

The author declares that there are no financial or non-financial conflicts of interests.

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APPENDIX

Table 1.

Demographic And Disability-Related Characteristics of The Sample

Variable	Category	Frequency (n)	Percentage (%)
Age Group	18-24 years	41	20.5
	25-34 years	77	38.5
	35-44 years	52	26.0
	45-60 years	30	15.0
Educational Level	Less than secondary	35	17.5
	Secondary	68	34.0
	Diploma	45	22.5
	Bachelor's degree or higher	52	26.0
Disability Type	Mobility	84	42.0
	Visual	57	28.5
	Hearing	36	18.0
	Other	23	11.5
Employment Status	Employed	62	31.0
	Self-employed	33	16.5

Variable	Category	Frequency (n)	Percentage (%)
	Unemployed	105	52.5
Marital Status	Single	73	36.5
	Married	89	44.5
	Divorced/Widowed	38	19.0

Note. $N = 200$.

Table 2.

Reliability Coefficients (Cronbach's Alpha) for The Scales Used in The Study

Scale/Dimension	Number of Items	Cronbach's Alpha (α)
Economic Empowerment	19	.91
Employment & Stability	7	.86
Control over Resources	6	.83
Professional Development	6	.79
Social Empowerment	17	.88
Decision Making	6	.82
Community Participation	6	.80
Social Support	5	.76
Psychological Well-being (MHC-SF)	14	.93
Emotional Well-being	3	.85
Psychological Well-being	6	.89
Social Well-being	5	.84
Internalized Stigma	10	.86
All Study Instruments	60	.95

Table 3*Means And Standard Deviations of Main Variables and Their Dimensions*

Variable and Dimension	Mean	SD	Theoretical Max	Relative Rating
Economic Empowerment	2.31	0.68	5	Low
• Employment & Stability	2.05	0.72	5	Very Low
• Control over Resources	2.40	0.71	5	Low
• Professional Development	2.49	0.65	5	Low-to-Moderate
Social Empowerment	2.56	0.62	5	Low-to-Moderate
• Decision Making	2.45	0.69	5	Low
• Community Participation	2.42	0.70	5	Low
• Social Support	2.82	0.66	5	Moderate
Overall Psychological Well-being	2.89	0.74	5	Low-to-Moderate
• Emotional Well-being	2.95	0.80	5	Moderate
• Psychological Well-being	2.78	0.78	5	Low-to-Moderate
• Social Well-being	2.94	0.76	5	Moderate
Internalized Stigma	3.45	0.70	5	High

*Note. N = 200.***Table 4***Pearson Correlation Coefficients Between the Main Study Variables*

Variable	1	2	3	4
1. Economic Empowerment	1			
2. Social Empowerment	.71**	1		
3. Overall Psychological Well-being	.65**	.69**	1	
4. Internalized Stigma	.63**	.58**	.72**	1

Variable	1	2	3	4
Mean	2.31	2.56	2.89	3.45
Standard Deviation	0.68	0.62	0.74	0.70

** $p < .01$ (two-tailed significance level)

Table 5

*Results Of Hierarchical Regression Analysis Predicting Overall Psychological Well-Being (N = 200) **

Predictor Variables	Model 1	Model 2	Model 3
Block One: Demographics			
Age	.11	.08	.06
Educational Level	.18*	.12	.09
Disability Type (Mobility) ¹	-.08	-.05	-.03
Block Two: Empowerment			
Economic Empowerment		.42***	.28**
Social Empowerment		.38***	.25**
Block Three: Mediator			
Internalized Stigma			-.41***
Model Indicators			
R ²	.07	.58	.72
Adjusted R ²	.06	.57	.71
ΔR^2	.07	.51	.14
F for change in R ²	4.82*	115.36***	93.18***
Overall Model F	4.82*	67.21***	75.44***

* $p < .05$, ** $p < .01$, *** $p < .001$ ¹Disability type was coded as a dummy variable with mobility disability as the reference group; coefficients for other disability categories were included in the regression model but are not presented in the table to maintain clarity and parsimony.