STIGMA OF DISABILITY, SOCIAL PHOBIA AND SELF-ESTEEM IN ADOLESCENTS WITH PHYSICAL DISABILITY

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ABSTRACT

Objective: To find out the relationship among perceived physical disability stigma, social phobia and self esteem and to explore the relationship of stigma in prediction of social phobia and self-esteem in physically disabled adolescents.

Methodology: The study was conducted in Pakistan Society For The Rehabilitation Of The Disable (PSRD) high school, Ichra, Lahore, a special education institution, by using survey research design. Sample of 300 physically disabled students was taken from special education institutes. Age range of the participants was from 11 to 20 years. Postsecondary Student Survey of Disability Related Stigma (PSSDS) was used to asses stigma. Social Interaction Anxiety Scale (SIAS) was used to measure social phobia and State Self Esteem Scale (SSES) was used to assess the self-esteem of the research respondents.

Results: A statistically significant correlation of perceived stigma of disability with social phobia ($r = .56$,, $p < .001$) and self-esteem ($r = -.54$, $p < .001$) was found in adolescents with physical disability. Similarly, perceived stigma turned out to be a significant positive predictor of social phobia ($\beta = .40$, $t = 5.78$, $p < .001$) and negative predictor for self-esteem ($\beta = -.34$, $t = 3.64$, $p < .001$). Results of demographic variables suggested that fathers' profession, mothers' education, monthly Income and Joint family system predicted social phobia and account for 4.2% variance in the outcome variable ($R2 = .042$). Amongst demographic variables, low monthly income appeared as the most significant positive predictor of social phobia ($\beta = .47$, $t = 5.29$, $p < .001$) and negative predictor of self-esteem ($\beta = -.44$, $t = 3.72$, $p < .001$).

Conclusion: Perceived disability stigma is significantly correlated with social phobia and self-esteem in physically disabled adolescents.

Key Words: Perceived disability stigma, Social phobia, Self-esteem, Physical disability, Adolescents

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INTRODUCTION

Physical disability in adolescents is a growing health concern globally[1]. Adolescence is a period of obvious chemical changes, intellectual transitions, and a societal adjustment in relationships. This is a fact that this transformation is not an easy process for all adolescents, especially the children with disabilities who find it very difficult to adapt themselves to this period. Whereas the able-bodied adolescents do not face any hurdle in moving forward smoothly to the journey of life[2].

Gregariousness is a secondary motive and one of the needs to become a useful member of the society that becomes a challenge for those with bodily disability[2]. Interaction with peers is essential for the healthy emotional and social development of the adolescents which delays due to their inconsistent interaction and relation with peers[3]. Most adolescents with disabilities need to participate in social opportunities or gatherings and to have developmental experiences available to their peers. Physically disabled adolescents experience embarrassment. Therefore they remain reluctant to develop friendships and other social bondings[4]. Bad experiences with the peers who often make fun of their disability or called them by that disability cause them to internalize the depression and pessimism which is detrimental for the normal growth of adolescents. They are stigmatized and subsequently may not be welcomed from their kith and kins and all others around them[2]. For instance, adolescents with a disability are mostly degraded and hu-

miliated by their able-bodied friends[5].

Many researchers have found negative feelings of able-bodied adolescents towards their peers with a physical disability when they interact with them[6]. It is recommended that this type of humiliating situations bring about the social isolation for these adolescents that has detrimental consequences for the positive sense of self and psychological well-being. This situation contradicts to their fundamental human right of social acceptance and love from the society. This is not the disability which leads to stigma but the other peoples' attitudes and behaviors about disability that creates stigma in them[7]. Studies on physically disabled adolescents show that disapproval from the peers affects their well-being and a negative personality self-image starts to develop[8]. Social anxiety or social phobia is one of them. Social anxiety is a disorder described by a noticeable continuous fear of social situations and feelings of being demeaned or noticed by others[9].

Social phobia is a consequence in physically disabled adolescents with more rejection from their peers and other significant figures around them and their interaction with society is pertinent for their survival at their educational institutions[10]. The pervasiveness of stigmatization towards people with physical disability may lead to social phobia or social interaction anxiety in them[12]. Stigma of disability affects the individual in two ways. The first element is feeling such as inculcating grief, depression, shame, and inability to express these feelings to others. Secondly, Stigma has a greater impact on thought process, particularly it brings about negative self-image which lowers their self-esteem[13].

Self-esteem is related to the positive self-concept of the individual and is combination of elevated optimistic opinion about the self. Therefore, self-esteem is a fundamental part of how people evaluate their internal psychological well-being[14]. It is an essential aspect of positive mental health, a highly significant clue of healthy life, and well-being. It has been observed that generally the disabled adolescents face stigmatization which lowers down the level of their self- esteem. Self-esteem is essential part leading to self-actualization. Therefore, it is believed that these individuals have less or negative self-esteem due to their recognition with physically handicapped group[14].

Adolescents with physical disabilities seem to have significant areas of risk; poor self-esteem and body image, low social integration, and low academic achievement[15]. The phenomenon has already been investigated, yet there is a dire need to work with these adults to explore more hidden aspects of their personalities to make them fully functioning individuals of society. Studies have been conducted to assess their self - concept only[16]. Social involvement has been addressed in a way which makes interpretation difficult[17]. Moreover, the issue has been addressed in the west and America, but no study has been done in Pakistan to explore this phenomenon. In Pakistan, disabled are looked down upon by their peers, friends, and even their family members[14]. They are called by different ridiculous names by their peers and class fellows which affects their well being[18]. To the best knowledge of the researchers, no study has previously been done in this area in Pakistan. Therefore, the present study was planned to find relationship between perceived stigma of disability, social phobia, and self-esteem in adolescents with apparent bodily disability.

Hypotheses:

The following hypotheses were formulated after carefully reading the literature review.

1. There is positive relationship between perceived stigma and social phobia in physically disabled students.
2. There will be negative correlation between social phobia and self-esteem in physically disabled students.
3. Perceived stigma will positively predict social phobia and negatively predict self-esteem in physically disabled students.
4. To investigate if self-esteem would mediate the relationship between perceived stigma and social phobia in physically disabled students.

METHODOLOGY

This cross sectional study was conducted on a sample of 300 physically disabled students in Pakistan Society for Rehabilitation of Disables (PSRD), Ichra, Lahore which is a special education institution. Students included were having congenital or acquired physical disabilities of different organs like arms, legs or amputations of organs. Many were wheelchair bound or they were using clutches for support. Deaf, dumb, and blind were not included in research. Purposive sampling technique was used for data collection.

Demographic information like age, gender, family system, birth order, number of siblings, monthly income of the family, education and profession of parents, cause of disability and duration of disability was recorded. PSSDS[13] scale contains 24 items for stigma, level of academic performance, quality of peer interaction and relationships, self-concept and personal identity, and awareness of international affairs and apprehensions around housings and disability-related problems[19]. SIAS[20] has 20 items and is a Likert type scale. Reliability coefficients for tool ranged from 0 .88 to 0.93 for the SIAS for clients suffering from social interaction anxiety and phobia, college students, communal willing workers and only phobic patients. SSES was applied to mea-

sure the self-esteem[21]. The scale consists of 20 items and is formed on Likert scale format. The scale has acceptable internal consistency (alpha = 0.92) as reported by Heatherton and Polivy.

Permission was obtained from the authors of scales and administration of both host and target institutions. Respondents' consent was obtained. It was made sure whether sample was fulfilling the inclusion criteria of age range, class and monthly income etc. The scales were translated to Urdu language for the purpose of seeking accurate responses. Statistical Package for Social Sciences version 21 was used for analyzing the data.

RESULTS

The age range of the research participants was 11 to 20 years (M = 14.5, SD = 2.03). Their family income was Rs. 8000-40000/- (M = 20014, SD = 1121) and the pocket money was Rs. 500/- (M = 1050, SD = 140). The duration of physical disability was from 4-20 years (M = 11.3, SD = 1.78) as shown in table 1. Significant positive relationship of perceived stigma with social phobia was found (r = .56). There was a significant negative relationship of perceived stigma of disability with self-esteem (r = -.54), and a significant negative relationship of social phobia with self-esteem (r = -.51) as shown in table 2.

Table 3 depicts the findings of multiple regression analysis where perceived stigma was entered as predictor variables and social phobia and self-esteem as outcome variables. Overall model was found significant with {F (3, 297) = 66.45, p < .001} suggesting that perceived stigma predicts social-interaction anxiety and accounts for 3.0% variance in the outcome variable (R2 = .030). Perceived stigma of disability appeared as a significant positive predictor of social phobia (β = .40, t = 5.78, p < .001) and negative predictor of self-esteem (β = .34, t = 3.64, p < .001).

Table 4 depicts the findings of multiple regression analysis of different demographic variables like fathers' profession, mothers' education, monthly income, and Joint family system. Overall model is found significant with {F (3, 297) = 51.37, p < .001} suggesting that fathers' profession, mothers' education, monthly income and Joint family system predict social phobia and account for 4.2% variance in the outcome variables (R2 = .042). Amongst demographic variables, monthly income appeared as the most significant positive predictor of social phobia (β = .47, t = 5.29, p < .001) and negative predictor of self-esteem (β = -.44, t = 3.72, p < .001).

DISCUSSION

Stigma is a multifarious, persistent disorder with po-

Table 1: Preliminary profile of the research participants (N = 300)

Demographic variables	f	%	Demographic variables	f	%
Gender (total)	300		Mother's profession		
Male	160	53	No work	276	92
Female	140	46	Working	24	8
Father			Family system		
Alive	280	93	Nuclear family system	48	16
Deceased	20	7	Joint family system	252	84
Mother			Cause of physical disability		
Alive		96	By birth (congenital)	110	37
Deceased	12	4	Accidental	80	26
Father's education			Due to some disease	110	37
Uneducated	120	40	Family history of physical disability		
Matric	130	43	Yes	22	7
Up to Masters	50	17	No	278	93
Mother's education			No of siblings		
Illiterate	235	78	No sibling	20	7
Matric	42	14	Up to 3	90	30
Up to Masters	23	8	Up to 5	140	46
Father's profession			Up to 8	50	17
No work	38	12	No of close friends		
Job	178	60	Up to 2	222	74
Business	50	17	Up to 4	50	17
Job & business	34	11	Up to 6 and more	28	9

Note, f = frequencies, % = percentages

Table 2: Correlation of perceived stigma with social phobia and self-esteem in physically disabled students (N = 300)

	PSSDS	SIAS	SSES	α	M	SD
PSSDS	-	.56**	-.54**	.73	44.80	10.54
SIAS			-.51**	.64	30.58	7.64
SSES			-	.67	52.71	4.92

PSSDS = Postsecondary student survey of disability related stigma, SIAS = Social interaction anxiety, SSES = State self esteem scale, α = alpha, M = Mean, SD = Standard deviation.

Table 3: Regression analysis of perceived stigma predicting social phobia and self-esteem in adolescents with physical disability (N=300)

Predicting variable	Social Phobia			Self-esteem		
	β	SEB	t-value	β	SEB	t-value
Constant	12.29	3.34	3.67***	9.13	2.41	2.51***
	.40	.07	5.72***	-.34	-.13	3.64***

Note: β = Un standardized coefficients, SEB = Standard error, *** = p < 0.001

Table 4: Demographic variables predicting social phobia and self-esteem in adolescents with physical disability

Predicting variable	Social Phobia			Self-esteem		
	β	SEB	t-value	β	SEB	t-value
Constant	10.20	2.14	4.16***	8.23	2.56	1.62***
Father's profession	.45	.10	5.63***	.42	.14	3.51***
Mother's education	.38	.08	4.37***	.35	.11	2.43***
Monthly income	.47	.11	5.29***	.44	.17	3.72***
Joint family system	.43	.12	4.62***	.41	.10	3.20***

Note: β = Un standardized coefficients, SEB = Standard error of beta, *** = p < 0.001

tentially severe emotional morbidity. Society has shaped a broadly conventional physical stereotype regarding perfectionism and attraction. The stigma of physical disability, and particularly the prejudice and overt discrimination produces severe distress and hampering in social performance. Stigmatized individuals who seek treatment may experience high degree of social anxiety and are related to experience body image concerns, e.g. thinking of their body as bizarre.

The first hypothesis of current study was the confirmation of significant positive correlation between perceived stigma and social phobia in adolescents with physical disability. Findings indicated a strong correlation between apparent disability stigma and social phobia in adolescents with physical disability. This finding is very important because stigma is a common variable found in people with physical disability in Pakistani society. Disability is considered a personal defect and the sufferer is taken as responsible for this disability. Findings of this research are also linked with previous researches which have shown increase social phobia with perceived stigma[15, 19].

The socially anxious persons have an extra anxiety for being a part of the group that is socially stigmatized. Therefore, they feel humiliated, guilty, and depressed due to their rejection from their surroundings[1]. Shame and outsider status would be better predictors of social anxiety[22]. Present research also significantly and positively predicts the perceived stigma and social phobia in physically disabled students. Current researches provide confirmatory evidence showing that worry, anxiety and depression predict the occurrence of stigma[7], with subsequent anxiety amongst those experiencing intensely stigmatized thoughts exacerbating delusional distress and belief conviction[2] and longer duration of stigmatized episode[23]. Shame about the stigma could contaminate social interaction enough to lead to and maintain social phobia; this can then generate testable predictions[24].

The second hypothesis of current study was that there was a significant negative correlation between perceived stigma and self-esteem in adolescents with physical disability. Results indicated significant negative relationship and future prediction between stigma and self-esteem. With the increase in disability stigma, there

is decrease in the self-esteem of physically disabled students. Previous researches indicate that stigmatized persons expressed strong fear of negative evaluation by others which results in lowering their self-esteem[25]. Feelings of low self-esteem and inadequacy have been recognized as a significant risk factor for stigma in a physical disability-based population[10]. High perceived disability stigma leads to decreased self-esteem[16,17].

LIMITATIONS

There are some limitations of the research which include small sample size due to rare population. The research was conducted only in Lahore city which cannot be the representative of the whole country. An age restricted sample was included in the research which limits its external validity.

IMPLICATIONS

This research is clinically significant as stigma is a major problem in Pakistan. Social phobia can be minimized, and self-esteem can be maximized by changing the perception of disability by disseminating the research findings. This research is also significant in educational settings. Students in Pakistan are greatly affected by stigmatization not only due to physical disability but also due to their low academic performance and some social factors. This study is significant in employment settings, stigma is also prevailing in workplaces which affects the performance of employees, so their performance can be improved by reducing stigma.

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CONTRIBUTORS

MM conceived the idea, wrote initial draft, designed the plain and collected data. AA and RJ helped refining the draft, acquisition of the data and checked references. MNI, AAS and MHAD helped in correction of manuscript in light of peer review, data analysis and interpretation. All authors contributed significantly to the published article.