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Relationship between Self-Esteem and Social Anxiety among Physically Handicapped People

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ABSTRACT: The present study is aimed to investigate the relationship and gender differences between self-esteem and social anxiety in physically handicapped people. The sample consists of 150 disables (75 males, 75 females) taken from Government schools for special learners and other vocational training institutes from 3 cities of Southern Punjab, Rahim-yar-khan, Bahawalpur, Multan through purposive sampling technique. Age of participants ranged 18-25 years. Rosenberg Self-esteem scale (Rosenberg, 1965) and Leibowitz social anxiety scale (Liebowitz,1987), were applied to access self-esteem and social anxiety of participants. Statistical analysis was done through SPSS, Pearson product-moment correlation co-efficient and independent sample t-test was applied for evaluation of results. Results indicates that self-esteem is negatively correlated with social anxiety (r = -.321**, p=.000) in physically handicapped. The findings of result showed that physically handicapped women have low self-esteem as compare to men [t= 7.720 (0.000), p< 0.05]. The findings also showed that physically handicapped female experienced high levels of social anxiety as compared to male [t= -8.094(0.000), df= 148, p<0.05].

KEYWORDS: Self-Esteem, Social Anxiety, Physically Handicapping.

1 INTRODUCTION

Present study aimed to explore the correlation of self-esteem and social anxiety in physical handicap people. Furthermore it aimed to identify the gender difference in self-esteem and social anxiety. Demographic variables of physical handicapped are also important factor which influence on the self-esteem and social anxiety.

Previous researches describe that there is a negative correlation between self-esteem and social anxiety. It was observed that disable females have low self-esteem and high social anxiety as compare to males. This study aimed to explore this phenomenon. In Pakistan, attention is not paid on physical disable population. Unfortunately physically handicapped persons are ignored in our society with this pathetic factor considerable amount of researches have been done in the field of clinical psychology. Self-esteem is a very considerable and helpful perspective in all areas of life which leads to success and achievement. As well as anxiety disorders especially social anxiety is a very burning issue related to special population. Many researches have been done to explore the correlation between self-esteem and anxiety or depression but very rare researches have been done on physically handicapped population. Some physically handicapped especially females cut of from society and limited to home. In this way, they lose self-esteem and face adjustment difficulties in social environment. Education and socio economic status effect on self-esteem and self-esteem negatively correlates with social anxiety. So, this research is an effort to explore the correlation between self-esteem and social anxiety in people with physical disabilities. Social anxiety disorder (also known as Social phobia) is frequently co-morbid with major depression, and low self-esteem or worthlessness.

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1.1 HANDICAPPED

Word handicap and disability are interrelated. A disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (WHO, 2012).

The pervasive negative social attitudes of non-disabled individuals toward those with disabilities and the problems encountered by disabled persons in social adaptation have been documented for several years; but now Indeed, in an analysis conducted over two decades ago, of attitude of non-disable person toward those with disabilities (Dion, 1972).

1.2 BEHAVIOR OF PARENTS TOWARDS PHYSICALLY HANDICAPPED CHILDREN

Disability could be visible or invisible, temporary or permanent. The first major and systematic records of disabled persons in Pakistan are available from 1961 census. According to this record nearly 2% of the population suffered from all kinds of disabilities, particularly the children of age group 0-14 years (1981). After the initial crisis, many parents develop healthy and constructive attitude towards handicapped children. As many as 70% populations of Pakistan lives in rural areas so majority of the children are born and brought up there (Perveen, 2000). The overall condition of our villages gives their life as start with multiple disadvantages. Children suffer from illness caused by malnutrition and non-hygienic condition. The situation of handicapped children is far from satisfactory. The causes of this tragedy may be poverty, ignorance, malnutrition, poor housing facilities, inadequate healthcare and environment act as a catalyst for infection. Good physical and mental growth cannot be achieved in an environment where there is poverty and misery, food and shelter is inadequate and health services are either lacking or are extremely inadequate. Te adverse social, economic and environmental conditions can be considered responsible for the poor intellectual performance of many children, who in more favorable environment could develop abilities within a spectrum (Perveen, 2000).

A disability may be present from birth, or occur during a person's life time. According to World Health Organization (2011), more than one billion people have some form of disability and among them 200 million have functioning difficulties. California State University (2012) described the physical disability as any impairment which limits the physical function of one or more limbs or fine or gross motor ability.

According to the United Nations report (2009) about 80% of disabled people are living in developing world and 20% of them are living under poverty. It is observed that People don't pay attention to physically disabled individuals and as a result they become psychological disturbed. The emotional disturbance of these disabled individuals further causes depression, anxiety, low self-esteem and life satisfaction. It has been observed that highly emotional disturbed individuals with physically disability are not able to adjust properly in the life.

Like other developing countries unfortunately in Pakistan physically disable individuals are not much accepted in the general population. Physically handicapped are criticized, stigmatized and are not properly encouraged for independent life. It has been widely observed that disapproval of physically disable individuals from the society lead them psychological distress. Ahmad, (1993) described that a disabled member becomes an extra burden for their families due to loss of additional labor, increased expenditures for his special care and need to compensate with higher facilities. There is no proper infrastructure for care of the disabled individuals. Moreover, it explored that physically disabled individuals are stigmatized by society, as one is not secure emotionally and always ignore by others (Ahmad, 1993).

Gigantino, (2009) describes that word "co morbid" is used to describe secondary or tertiary illnesses or disorders that exist in a person in addition to a primary illness or it is a casual link between disorders. Manzella (2008) described that co morbidity is a condition that coexists with a primary disease but also stands on its own as a specific disease. The brain is the body's first line of defense against illness, and the mind is the emergent functioning of the brain. This mind-body approach incorporates ideas, belief systems, and hopes as well as biochemistry, physiology, and anatomy.

Robert and Hirschfeld (2001) reported that depression and anxiety are common co morbid factors of any kind of disability. Comorbidity means the presence of one or more disorders in addition to a primary disease or disorder, or the effect of such additional disorders or diseases (Valderas et al., 2009).

Co morbidity of the physical and mental health problems is seriously documented. It is important when illness becomes chronic (Dersh et al., 2002).

1.3 SELF ESTEEM

Self-esteem is "how much a person likes, accepts, and respects one overall as a person". It refers to an individual's sense of one's own value or worth, or the extent which a person values, approves of, appreciates, prizes, or likes him or herself (Blascovich and Tomaka, 1991).

There is some misconception and confusions over what is the meant by term" Self-Esteem". Reasoner (2000) has described that self-esteem is merely "feeling good" or having positive feelings about oneself as well as equate self-esteem with egoism, arrogance, conceit, narcissism, a sense of superiority, and a trait leading to violence. Such characteristics cannot be attributed to authentic, healthy Self-Esteem, because they are actually defensive reaction to the lack of authentic Self-Esteem, which is sometimes referred to as "Pseudo self-esteem" (Reasoner, 2000).

Self-Esteem means to value, appraise, estimate, to have great regard for, value highly, favorable opinion, high regard (Webster, 1965). Self-esteem covers a lot of concepts. It is one's value as a person, the job one's does, one's achievements, how one thinks others see you, your purpose in life, your place in the world, your potential for success, your strengths and weaknesses, your social status and how you relate to others, and your independence and ability to stand on your own feet (Robis, 1999).

Rosenberg (1965) viewed the self as made up of two elements ''identity" which represents cognitive variables, and "self-esteem" representing affective variables. The cognitive variable, or "identity, involves perceiving and interpreting meaning. He referred to "self-esteem" as the subjective life of the individual, largely one's thoughts, feelings, and behavior.

Self-Esteem is referred as, "the disposition to experience oneself as being competent to cope with the basic challenges of life and to being worthy of happiness". The national institute for self-esteem modified this definition as the experience of being capable of meeting life's challenges and being worthy of happiness (Nathaniel, 1972).

Self-Esteem is considered as the evaluative function of the self-concept. Self-Esteem, thus, is the affective or emotional experience of the evaluations one makes with respect to one's personal worth. Self-Esteem consists of two basic components, self-efficacy and self- respect. Self-efficacy refers to confidence in one's ability to think, learn, choose, and make appropriate decisions. Self-respect refers to confidence in one's right to be happy. It also refers to confidence that achievement; success, friendship, respect, love, and fulfillment are appropriate for oneself. Self-concept and self-efficacy are the dual pillars and defining characteristics of Self-Esteem (Robins, 1990).

Self-esteem is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioral aspects as well as evaluative or affective ones While the construct is most often used to refer to a global sense of self-worth, narrower concepts such as self- confidence or body-esteem are used to imply a sense of self-esteem in more specific domains. It is also widely assumed that self-esteem function as a trait; that is, it is stable across time within individuals. Self-esteem is an extremely popular construct within psychology, and has been related to virtually every other psychological concept or domain, including personality (e.g., shyness), behavioral (e.g., task performance), cognitive (e.g., attribution bias), and clinical concepts (e.g., anxiety and depression). While some researchers have been particularly concerned with understanding the nuances of the self-esteem construct, others have focused on the adaptive and self-protective functions of self-esteem (Blascovich and Tomaka, 1991).

Self-Esteem can be positive or negative, high and low. Low or negative Self- Esteem is called pseudo Self-Esteem whereas positive or high Self-Esteem is called authentic Self-Esteem. Low Self-Esteem is the result of poor self-image caused by negative attitude towards oneself. People with low self-esteem will: Demean his own talents, Feel that others don't value him, Feel powerless, Be easily, influenced by others, Express a narrow range of emotions, Avoid situations that provoke anxiety, Become defensive and easily frustrated, Blame others for their own weaknesses. Low self-esteem has been correlated with low life satisfaction, loneliness, anxiety, resentment, irritability and depression (Rosenberg, 1965).

Peoples with defensive or low Self-Esteem typically focus on trying to prove themselves or impress others. They tend to use others for their own gain. They generally lack confidence in themselves, often have doubts about their worth and acceptability. They often hesitate to take risks or expose themselves to failures. They don't take responsibility for their action and they blame others for their shortcomings (Reasoner, 2000).

People with high Self-Esteem will be confident. People with high Self-Esteem will act independently, assume responsibility, be proud of accomplishments, approach new challenges with enthusiasm, exhibit a broad range of emotions, tolerate frustration well, and feel capable of influencing others. High self-esteem has been correlated with academic success in high school, internal locus of control, high family outcome, and positive sense of self-attractiveness (Wiltfang and Scarbeez, 1990).

Tolerance and respect for others characterize individuals with high Self-Esteem. Individuals who accept responsibility for one's actions, have integrity, take pride in accomplishments, who are self-motivated, willing to take risks, capable of handling criticism, love and lovable, seek the challenge and stimulation of worthwhile and demanding goals, and take command and control of lives. People with high Self- Esteem are enabling to face failure and learn from them. Avoiding making the same mistakes again and not is trapped in past and become able to face fears (Abraham & Carl, 1989).

1.4 FACTORS THAT EFFECTS SELF-ESTEEM

Gender: Gender has an important impact on Self-Esteem. Usually in our society male is more dominating in every field of life. Females have high Self-Esteem as compare with men as they are less aggressive, more social, and able to deal with every situation more sensibly. For women, one's family, peer support, reflected appraisals and family relationships are important determiners of self-esteem (Robis, 1999).

Nature of Work: Self-esteem has an impact on the nature of the work individuals choose to do. Those who are self-confident to begin with make it more likely that will engage in relatively complex work later on. Due to this factor, students with high self-esteem usually select technical subjects to read. Younger persons who start out with self- deprecating tendencies that appears significantly more likely to hold jobs, which are closely supervised. Self-direction in their jobs makes individuals feels more positively about themselves, more able to do complex work and require less close supervision. Closeness of supervision tends to result in self-deprecating tendencies (Abraham, 1989).

Health: When provided with specific tasks, people with high Self-Esteem are confident about success in the task are not overly concerned with failure, and look at setting as an opportunity to do well. Even, if failed to attain the task, work hard to get success next time. Whereas, people with low Self-Esteem feel considerable uncertainty, doubt positive attributes; expect negative attributes, concerned about failing, may even prepare for failure. And if got failed, become not surprised because consistent with past experience. In result, decrease motivation and usually withdraw from task, lack confidence, self-concept and efficacy, cannot dismiss weakness, usually look others for reinforcement and accept negative feedback as much as possible and believe in it (Robin, 1990).

Self-Esteem is directly affected by the education of parents. Educated parents will deal children perfectly, can develop positive self-concept in children. Wiltfang and Scarbecz (1990) found that father's education had a small positive relationship with adolescents' Self-Esteem (Wiltfang & Scarbecz, 1990).

Psychological Wellbeing: The well-established relationship between self-esteem and psychological well being (e.g., depression, social anxiety, loneliness, alienation) may be an important factor in understanding the self-esteem health relationship. Bernard, Hutchison, Lavin, and Penningtori (1996) found high correlations among self-esteem, self-efficacy, ego strength, hardiness, optimism, and maladjustment, and all of these constructs were significantly related to health (Blascovich and Tomak, 1991).

Socialization: Socialization of a person could be effected by the Self-Esteem of a person. Self-esteem affects how children relate to other people. Children who feel good about them tend to have positive relationships with others people. On the other hand, children who don't like themselves often have trouble relating to other people (Robis,1999).

1.5 APPROACHES TOWARDS SELF ESTEEM

A study of mathematical skills compared students in eight different countries. American students ranked lowest in mathematical competence and Korean students ranked highest. But the researchers also asked students to rate how good they were in mathematics. The Americans ranked highest in self-judged mathematical ability, while the Koreans ranked lowest. Mathematical self-esteem had an inverse relation to mathematical accomplishment. This is certainly an example of a feel-good psychology keeping students from an accurate perception of reality. The self-esteem theory predicts that only those who feel good about themselves will do well, which is supposedly why all students need it. But in fact, feeling good about yourself may simply make you over confident, narcissistic and unable to work hard. Rather, the research mentioned above shows that measures of self-esteem have no reliable relationship to behavior, either positive or negative. In part, this is simply because life is too complicated for so simple a notion to be of much use. But for other reasons we should expect this failure in advance (Burgess and Conger, 1989).

1.6 SOCIAL ANXIETY

Social anxiety, sometimes known as social phobia or social anxiety (SAD) is a common form of anxiety disorder that cause sufferers to experience intense anxiety in some or all of the social interactions and public events of everyday life. For instance, some sufferers have difficulty attending parties or meetings, making a phone call, walking into a shop to purchase goods or asking for help (Elieze, Feinstein2001).

DIAGNOSTIC CRITERIA FOR SOCIAL ANXIETY DISORDER ACCORDING TO DSM-V (APA-2013)

1. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation), being observed (e.g., eating or drinking), or performing in front of others (e.g., giving a speech).
2. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (e.g., be humiliated, embarrassed, or rejected) or will offend others.
3. The social situation(s) almost always provoke fear or anxiety. (Note: in children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failure to speak in social situations.)
4. The social situation(s) are actively avoided or endured with marked fear or anxiety.
5. The fear or anxiety is out of proportion to the actual threat posed by the social situation. (Note: "Out of proportion" refers to the socio-cultural context.)
6. The fear, anxiety, or avoidance is persistent, typically lasting six or more months
7. The fear, anxiety, and avoidance cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
8. The disturbance is not attributable to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.
9. The disturbance is not better accounted for by another mental disorder (e.g., anxiety about having Panic Attacks in Panic Disorder, agoraphobia situations in Agoraphobia, separation from attachment figures in Separation Anxiety Disorder, public exposure to perceived physical flaws in Body Dysmorphic Disorder, or social communication problems in Autism Spectrum Disorder. Failure to speak is not better accounted for by stuttering or expressive language problems in Communication Disorders, or refusal to speak due to opposition in Oppositional-Defiant Disorder.
10. If another medical condition (e.g., stuttering, Parkinson's disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is unrelated or is out of proportion to it (Bögels et. al., 2010).

SAD is specified If the fear is restricted to speaking or performing in public or Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations (Lewis, et. al., 2010).

Co- morbidity of the physical and mental health problems is seriously documented. It is important when illness becomes chronic (Dersh et. al., 2002). From general observation it is cleared that presence of depression in a disable individual is common co morbid factor and Robert and Hirschfeld (2001) pointed out that depression and anxiety are so vary. Anxiety disorders are among the most prevalent mental health disorders in the United States.

About 18% of the US population will suffer from an anxiety disorder each year and almost 29% will experience an anxiety disorder at some point in their lives (Kessler et al., 2005). Prior studies of patients with specific anxiety disorders show they have large decrements in functioning and well-being and increases in disability compared to those without anxiety disorders (Blazer et al., 2002).

These disabilities manifest themselves in the absence of desire to perform activities, interference in level of performance, and avoidance of activities. While the negative impact of anxiety is fairly well-established relative to that in persons without anxiety, few studies have compared differences in functioning and disability between the anxiety disorders themselves. In addition, while individuals with more than one anxiety diagnosis appear to have increased symptom severity (Kessler and Chiu et al., 2005), less is known about whether or not co-morbidity affects levels of functioning and disability (Norberg et al., 2008), although some studies have found lower levels of quality of life (QOL) in anxiety patients with co-morbid depression compared to those with anxiety alone (Lochner et al., 2003).

A recent meta-analysis found that, compared to control samples, no particular anxiety disorder diagnosis was associated with significantly poorer overall quality of life than was any other anxiety disorder diagnosis (Olatunji et al., 2007).

1.7 RATIONALE OF THE STUDY

Unfortunately physically handicapped persons are ignored in developing societies like Pakistan. With this pathetic factor considerable amount of researches have been done in the field of clinical psychology. Self-esteem is a very considerable and helpful perspective in all areas of life which leads to success and achievement. As well as anxiety disorders especially social anxiety is a very burning issue related to special population. Many researches have been done to explore the correlation between self-esteem and anxiety or depression but very rare researches have been done on physically handicapped population. Some physically handicapped especially females cut of their society and limited to their home. In this way, they loss their self-esteem and face difficulties related to adjustment in their social environment. Education and socio economic status effect on self-esteem. And self-esteem is related to social anxiety. If self-esteem is high then level of social anxiety will be less.

The present study explored the relationship between self-esteem and level of social anxiety among male and female physical handicapped. Thus the researcher wanted to explore the relationship between self-esteem and social anxiety as well as comparison of gender with disability.

1.8 OBJECTIVES OF STUDY

1. To find out the relationship between self-esteem and social anxiety.
2. To measure the level of self-esteem in physically handicapped.
3. To evaluate the correlation of self-esteem and social anxiety among male and female physically handicapped population.

2 METHODOLOGY

2.1 RESEARCH DESIGN

Co-relational research design was used in this study. Survey method is used for data collection.

2.2 PARTICIPANTS

The sample consists of 150 physically handicapped adolescent individuals (75 males, 75 females) age ranged 18-25. Participants were taken from government schools for special learners and other vocational training institutes of Rahim Yar Khan, Bahawalpur and Multan through purposive sampling. Participants belong to different demographics and educational background.

2.3 INSTRUMENTS

Following instruments were used for evaluating relationship between self-esteem and social anxiety among male and female physical handicapped individuals.

*Rosenberg Self Esteem Scale***:** The Rosenberg Self-Esteem Scale (1965), a widely used self-report instrument for evaluating individual self-esteem. It is 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

*Leibowitz Social anxiety scale***:** The Liebowitz Social Anxiety Scale (1987) is a short questionnaire. Its purpose is to assess the range of social interaction and performance situations feared by a patient in order to assist in the diagnosis of social anxiety disorder. It is commonly used to study outcomes in clinical trials. The scale features 24 items, 13 relating to performance anxiety and 11 concerning social situations. The LSAS was originally conceptualized as a clinician-administered rating scale, but has since been validated as a self-report scale.

2.4 PROCEDURE

Permission was taken from the head of departments of institutes. Consent form was filled by participants. Rosenberg Self-esteem scale and Leibowitz social anxiety scale were used for evaluating variables. The sample of 150 physical handicaps (75 male, 75 female) was drawn from different “Institutes for special education” and “Vocational training institutes” from Rahim

yar Khan, Bahawalpur, Multan. Participant's age range was 18-25 years. Sample was taken by using "Purposive sampling technique". Participants were provided with appropriate information about the rationale of study and they were assured that the information they provide will be keeping confidential and will be used only for research and statistical purpose for drawing results. Necessary explanations were provided to the respondent to make the questionnaire easy and understandable.

2.5 STATISTICAL ANALYSIS

Statistical analysis was done by SPSS (statistical package for social sciences) to draw results. Following statistical methods were applied

- Pearson product-moment correlation coefficient (to evaluate the relationship between self-esteem and social anxiety)
- Independent sample t-test (for the comparison of gender differences)

2.6 OPERATIONAL DEFINITION OF VARIABLES

Self-Esteem: Self-esteem is a widely used concept both in popular language and in psychology. It refers to an individual's sense of his or her value or worth, or the extent which a person values, approves, appreciate, praise or like him or herself (Blascovich & Tomaka, 1991).

Self-esteem is favorable or unfavorable attitude toward life (Rosenberg 1965).

Social Anxiety: Social anxiety is a form of anxiety disorder. Individuals suffering from this Anxiety Disorder experience unreasonable fear or anxiety in connection with exposure to social situations involving contact with people they do not know or who they expect may judge them and because of this avoid such situations whenever possible. (DSM IV-TR)

Handicapped: The word disability and handicap are interrelated. It is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem (WHO,2012)

Hypothesis

1. Self-esteem will be negatively correlated with social anxiety.
2. Male physical handicapped will score high on self-esteem as compared to females.
3. Male physical handicapped will score low on social anxiety as compared to females.

3 RESULTS

Table 1. Relationship between self-esteem on social anxiety among male and female physically handicapped (N=150)

	Social Anxiety
Self Esteem	-.321**(0.000)

**p<0.05

Table 1 reveals the significant correlation at the 0.01 level among self-esteem and social anxiety in physical handicapped *[r = -.321, N=150, p=.000].* It shows significant negative correlation between self-esteem and social anxiety. These results support the hypothesis that self-esteem is negatively correlated with social anxiety in physical handicapped.

Table 2. Independent sample t-test for comparing level of self-esteem among male and female physically handicapped (N=75,75)

	Sex	N	Mean	Std. Deviation	Std. Error Mean	t	p
Self Esteem	Male	75	13.47	1.510	.174		
	Female	75	11.80	1.103	.127	7.720	0.000*

df= 148, *P<0.05

Table 2 reveals significant differences in the level of self-esteem among male and female physically handicapped. There is a significant gender difference in the level of self-esteem *[t= 7.720 (0.000), df= 148, p< 0.05].* The results support the hypothesis that male physically handicapped score high in self- esteem test as compare to females.

Table 3. Independent sample t-test for comparing level of social anxiety among male and female physically handicapped. (N=75, 75).

	Sex	N	Mean	Std. Deviation	Std. Error Mean	t	p
Social Anxiety	Male	75	76.05	13.015	1.503	-8.094	0.000*
	Female	75	99.59	21.556	2.489		

df= 148, *P<0.05

Table 3 reveals significant differences in the level of social anxiety among male and female physically handicapped. There is a significant gender difference in the level of social anxiety *[t= -8.094(0.000), df= 148, p<0.05].* The results support the hypothesis that male physically handicapped will score high in social anxiety test self- esteem and as compare to that of female.

4 DISCUSSION

The present study was undertaken to investigate the relationship between self-esteem and social anxiety in physical handicapped people. This study also investigates the gender differences and its influence on the level self-esteem and social anxiety in physically handicapped male and females. Existing researches suggest that self-esteem is correlated with social anxiety and other psychological disorders. Level of self-esteem either low or high, have great effect on social anxiety. This research indicates the negative correlation between self-esteem and social anxiety. Negative correlation occur when one variable increase and due to it, the other variable decrease. If the self-esteem is low then social anxiety will be high and high self-esteem will lead toward low social anxiety. Self-esteem is independent whereas, social anxiety is dependent variable.

The results indicate that level of self-esteem had great effect on the level of social anxiety among male and females physically handicapped. If the level of self-esteem is low then the social anxiety will be high. Results also indicates that female physical handicapped have more lower level of self-esteem and higher level of social anxiety as compare to male physical handicapped. The hypothesis regarding level of self-esteem and social anxiety in physical handicapped suggests that, “Self-esteem is negatively correlated with social anxiety”. This hypothesis is accepted after evaluation of results. Self-esteem is negatively correlated with social anxiety. Negative correlation is applicable when one variable increase and other decrease or vise versa. Results indicate that the level of self-esteem is low then social anxiety will keep on decrease.

The second hypothesis evaluates the gender differences. Females are sensitive then males. Physical disability make females more sensitive as compare to males. Hypothesis regarding gender differences suggest that, “Male physical handicapped will score high in self-esteem as compare to females”. The hypothesis is accepted. They are very anxious and negatively evaluate themselves. They pay more attention to their disability and underestimate their abilities. In result, they develop negative and poor self-esteem which leads toward many problems and increase the level of social anxiety. Whereas, male handicapped are also concerned with their disability but as compare to females, they have high self-esteem. They are highly motivated and accept themselves with disability. They have positive attitude toward their life and have high self-esteem.

Third hypothesis suggest that, “Male physically handicapped have low social anxiety as compare to females”. This hypothesis is accepted. Male handicapped easily adjust in environment but female was not coping easily and effectively. They cut off from society, due to which perhaps they find it difficult to easily mix up with others. They prefer living alone in home, avoid social places and talking with people even their own family members. They are more concerned and worried about their future. Whereas males have low social anxiety as compare to females. They are indulged in different social and extra-curricular activities. They have a broad social circle and learn many things from their society. They are highly motivated and accept themselves with disability. They have positive attitude toward their life and have high self-esteem as compare to female disables which decrease their social anxiety.

5 LIMITATIONS AND SUGGESTIONS

- The sample size is taken from 3 cities of Northern Punjab so, the result cannot be generalized to the whole population.
- Time duration for conducting the whole study was limited to achieve the required results.
- Lack of cooperation of institutes and people was a major limitation of research.
- Some suggestions for further researches are as follows,
- In order to generalize the results, a much larger and nationally representative sample should be used.
- For data collection from illiterate population, semi-structured interviews are also recommended.
- It would be advantageous to supplement information obtain through questionnaire with interviews in order to have more reliable information.
- Demographic variables such as, age, socio-economic-status and education can also be taken into account to analyze the impact of demographic and cultural variables in disable population.

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