

Comparison Of Self And Body Esteem Between Congenital And Acquired Physical Disables

Roza Jamal¹, Dr. Nazia Nawaz², Dr. Mudassir Hussain*³, Dr. Matiullah⁴

¹Lecturer, Department of Education and Psychology, Kohat University of Science and Technology, Kohat Pakistan.

²Lecturer, Department of Psychology, Shaheed Benazir Bhutto University, Peshawar Pakistan.

³Assistant Professor, Department of Education & Research, University of Lakki Marwat, Pakistan. E-mail: mudassir@ulm.edu.pk

⁴Lecturer, Department of Education & Research, University of Lakki Marwat, Pakistan.

ABSTRACT

The present study aimed to explore self and body esteem differences between congenital and acquired physical disabilities. The most common physical deformity includes upper and lower limbs deformity that produces difficulty in daily life activities including reaching, walking, lifting, and carrying. It was hypothesized that self-esteem would be higher among those with congenital physical disabilities than individuals with an acquired physical disability. The second hypothesis was body esteem would be higher among those with congenital physical disabilities than those with the acquired physical disabilities. A sample of eighty (n=80) participants was included in the study out of which half (n=40) were individual with congenital disabilities and remaining half (n=40) were individuals with acquired physical disabilities. The sample was recruited from different rehabilitation and paraplegic centers and related institutions through a purposive sampling technique. Body esteem was measured with the Body Esteem Scale and self-esteem was assessed with the Rosenberg Self-Esteem Scale. Independent sample t-tests (IBM SPSS statistics version 20) were used to analyze the differences between those with congenital and acquired physical disabilities. Individuals with congenital physical disabilities were found to have significantly higher body and self-esteem ($p < .001$) than those with acquired physical disabilities. Additionally, those with congenital physical disabilities had significantly ($p < .001$) higher scores on the Physical Attraction and Sexual Attraction, Upper Body Strength and Weight Concern and Physical Condition subscales. Our findings supported our hypotheses. Self and body esteem is

high among those with congenital physical disabilities as compared to those with acquired physical disabilities.

Key words: Self –esteem, Body- esteem, Congenital, Acquired, Disability

INTRODUCTION

Physical disability is defined by the International Classification of Functional Disability (ICF) as “an absence of ability in body parts or in organs to perform daily life functioning and performance” (Chang & Johnson, 2008). Disability is a universal problem. In each and every society approximately 1 in 10 people are experiencing a disability. Often, disabilities include a physical abnormality involving sensory issues or limb abnormalities. Upper and lower limbs deformities are some of the most common disabilities. These deformities can create difficulty in daily life activities including walking, carrying things, reaching, and lifting (Jabeen et al., 2016). Physical disabilities can be congenital (i.e. present at birth) or acquired due to traumatic events and accidents (ICD 10, 1992).

The Centers for Disease Control and Prevention also found that four of every 10,000 and two of every 10,000 have lower and upper limb reduction in the United States. Different daily life issues occur such as dependency on others and needing assistance. These issues occur due to congenital upper and lower limb deformity (Yang et al., 1997). The most prevailing worldwide cause for deformity is acquired physical disability which can be caused by accidents of any kind transportation crashes, fall and injuries sustained during work or sports activities. Dhole et al., (2015) reported that, 42% were because of traffic accidents, 42% were due to railway accidents, 12.2% of acquired disabilities results from occupational machine injuries 4% were due to falls and <1% were bullet and sports injuries.

Self-esteem may be affected by physical disability (Miyahara & Piek, 2006). Self-esteem is defined as an individual’s perception about own self including self-worth, feeling about self-respect and positive as well as negative thoughts about oneself (Khalek, 2016). Miyahara and Piek (2006) studied the correlation between physical disability and self-esteem and suggested that physical disability is one of the basic causes of poor self-esteem.

Gale (2008) defined self-esteem as an individual’s thoughts; feelings and attitudes about one’s self. As disability can interfere with daily performance, it can directly affect individual self-esteem. Indeed, studies have indicated that individuals who are physically disabled experience high levels of depression, anxiety, and stress and lower self-esteem compared to individuals without disabilities (Mushtaq & Akhouri, 2016). Self-esteem and emotional support are positively correlated with each other and play an important role in disability acceptance. In addition, those with congenital physical disabilities were found to be more accepting of their disability as compared to those with an acquired physical disability (Li & Moore, 2010).

Another study revealed that occurrence of disability due to trauma is 49% and due to neurological and musculoskeletal problem is 46.9% in Malay community in Kuala Selangor (Osman & Rampal, 1989). Study was conducted on physical disability in 936 families and it revealed that the basic cause of disability was cataract, presbycusis and fracture which proclaims that locomotor disability was 19.39% (Bokers, Motghare, Venugopatan & Kulkarni, 2008).

A face to face interview was conducted which included 107 adolescents with spina bifida. The purpose was to check self-esteem (low vs. high) and self-conscious (low vs. high). It included several variables such as socio-demographics, family interaction, peer relationships, personal biography, education, work experience, attitude towards spina bifida, sexuality, and sexual education. The discriminate model correctly identified 57.8% with low self-esteem, 50.4% with high self-consciousness, 92.6% with (high) self-esteem, and 88.4% with (low) self-conscious (Wolman & Basco, 2005).

People with physical disabilities prone to have few friends and experience loneliness than those without disabilities and this leads to low self-esteem. The research was conducted to study how physical disability affects individual self-esteem among adolescents. The sample included 30 adolescents and 30 parents with physical disabilities. Rosenberg's self-esteem was measure through the Rosenberg self-esteem scale. According to research lack of coping skills leads to low self-esteem in adolescence (Wairimu, 2015).

The research was designed to investigate the quality of life of a disabled woman and the factors that destroy an individual quality of life. These factors included health-promoting behaviors and self-esteem. Results showed that positive health-related quality of life is obtained through health-promoting behaviors and positive self-esteem. Self-esteem and perceived quality of life among women who belong to Israel were studied. Two groups were mentioned which includes with and without physical disability. The total sample consisted of 134 female participants aged 21 to 45 years. 70 of them were disabled and 64 without a disability. The difference between the two groups was found. People with disabilities were found with poor self-esteem as well as poor quality of life. Studies revealed that physical disabled reported low perceived self-esteem than those with no disability and it was observed that mindfulness and self-esteem have a positive relationship in those people who were identified as physically disabled(Chalk, 2015).

Another study revealed that people with physical deformity found with low self-esteem when compared with people without disability. Self-esteem was measured and it was assessed that female with physical disability (cerebral palsy) have low self-esteem as compared to boy. Girls possess perceptions about posing a good self-image on others thus they value more to attractiveness as compared to boys. Girls with cerebral palsy were more affected because self-concept about looking attractive is most important for them and it leads to decreased in self-esteem (Magill & Hurlbut, 1986).

Mendelson, White, and Mendelson (2001) defined body esteem as perception of one's body and appearance. According to Taleporos and McCabe (2001) individuals who are physically disabled may experience body image problems due to feeling awkward and unattractive, and use of a wheelchair or other walking aids.

According to Zitzelsberger (2010), negative body image can result from physical disabilities, as negative comments and judgments about a disabled physique and body can lead to negative body image. Kedde and Berlo (2006) specifically compared body esteem between those with congenital and those with acquired physical disabilities and found that with the former had high body esteem. They further elaborated that those with the congenital physical disabilities are less prone to develop physique-related anxiety compared to those with acquired disabilities, likely due to those having disabilities since birth accepting their disability much earlier than those with acquired disabilities.

Another study was conducted about acquired physical disability. Body image and perception of sexuality were analyzed among sample which consisted of 74 females. Results indicated that the perception of sexuality was less important among physical disables while body image was perceived significant. Females with acquired physical disability found as less attractive as compared to congenital physical disabilities (Kettl et al., 1991).

A research was conducted to study body image among lower limb amputees, their use of prosthesis, sports and exercise activities. They studied its effect on body image. The sample consisted of 17 disables with lower limb amputees participating in sports and exercise activities and 20 non-participating individuals. These subjects were found in rehabilitation centers and orthotics-prosthetics at Marmara University and from different clubs of sports for disabled persons in Istanbul. For this evaluation amputee body image scale (ABIS) was used to analyze body image. A relationship was found between exercise activities and body image. Those who participated in sports were found with lower scores in amputee body image scale while those non-participants scored high and were less satisfied with their body image (Tater, 2010).

The research was conducted by Frierson and Lippmann (1987) about acute amputees and their psychiatric consultation: report of a ten years' experience in which 86 patients were included usually post amputation to the psychiatric consultation service. Their body image was studied and results concluded that people with amputation were found with negative image about their body. Romeo, Allen, Richard & Silvenio (1993) studied body esteem among quadriplegia and paraplegia. 47 subjects were selected and results revealed below-normal scores on body esteem in both paraplegia and quadriplegia and there was no statistically significant difference found in both groups on the basis of body esteem.

The current study based on the above literature review and focused on the comparison of self and body-esteem among congenital and acquired physical disables in the Peshawar culture, Pakistan.

RATIONALE

The above-mentioned literature review provides evidence that there exists a difference between congenital and acquired physical disability as high self-esteem and body-esteem was found among congenital physical disables as compared to those with an acquired physical disability (Taleporos & McCabe, 2007; li & Moore, 2010). Another study revealed that people with physical deformity found with low self-esteem when compared with people without disability. The research was conducted by Frierson and Lippmann (1987) about acute amputees and their psychiatric consultation: report of a ten years' experience in which 86 patients were included usually post amputation to the psychiatric consultation service. Their body image was studied and results concluded that people with amputation were found with negative image about their body. Romeo, Allen, Richard & Silvenio (1993) studied body esteem among quadriplegia and paraplegia. 47 subjects were selected and results revealed below-normal scores on body esteem in both paraplegia and quadriplegia and there was no statistically significant difference found in both groups on the basis of body esteem. Keeping in mind the above mentioned researches ((Taleporos & McCabe, 2007; li & Moore, 2010; Frierson and Lippmann, 1987; Romeo, Allen, Richard & Silvenio, 1993), the present research brings a holistic work about "Comparison of Self and Body Esteem between Congenital and acquired physical disables". Very few researches are conducted to study this comparison based on upper and lower limb disability in the culture of Peshawar, Pakistan.

Acquired physical disables are unable to accept accidental disability and are unable to accept sudden lose while on the other hand, congenital physical disables have never been experienced normal body movements that are walking or lifting things, etc., they are by birth disables and are adjusted with their disability. Due to poor acceptance of disability, acquired physical disables were found with poor self and body esteem. They are unable to accept the sudden change in their body that is loss of body part or becoming physically disabled due to accidents.

This research brings a piece of work, which studied the basic difference among congenital and acquired physical disables. One of the basic aims of the research is to focus on specific physical disability that is upper and lower limb physical disability and then compared these two-group based on two domains that is self and body esteem. Being disabled is one of the most challenging problems to live in the environment, where majority population lived with their normal body function. Through this research, it was studied that how acquired physical disabled effected when suddenly he/she lose his /her body's normal functions through accidents/trauma.

Physical disability is not only about physical loss but it also affects a disabled psychologically. This study brings how their self and body esteem is effected when they face daily life challenges. It studies how a person is effected when suddenly body function loss occur as compared to those who are by birth disabled.

Comparison gives us a conclusion that acquired physical disabled are more affected because he/she grew up with normal body function. Sudden loss of body function hit them psychologically and decrease their self-esteem and body esteem. They are not satisfied from their life and have negative

attitude towards disability as compared to congenital physical disables. This research impels us towards an idea that every paraplegic center and hospital should have a psychologist, who should help a disabled person to accept their disability and help the person to count their disability in itself as ability. It is very important to mold their attitude positive because positive attitude increases one's self esteem, brings positivity in a person's body esteem.

Research Question

How can we find out self and body-esteem among congenital and acquired physical disables?

Objectives:

- To investigate the differences between levels of self-esteem of congenital and acquired Physical disables.
- To analyze the body esteem between congenital and acquired physical disables.

Hypotheses:

1. Self-esteem will be high among congenital physical disables than individuals with acquired physical disability.
2. Body esteem will be higher among congenital physical disables than the acquired physical disables.

Statement of the problem

The study aims to make the comparison of self and body-esteem between Congenital and Acquired Physical Disabilities.

METHODOLOGY AND INSTRUMENTS

Sample

The sample consisted of (N=80) participants of congenital (n=40) and acquired (n=40) physical disables determined through purposive sampling technique to meet the objective of the study, belonging to the age range of 15-45 years.

Demographic sheet

A detailed demographic sheet was used. This demographic sheet caters the basic information i-e Gender, age, onset of physical disability, birth order, education level, family system (joint/nuclear), number of family members, marital status, occupation, type of disability (upper or lower limb)

Instruments:

Rosenberg Self-esteem Scale:

Rosenberg's self-esteem is a likert scale developed by Dr. Morris Rosenberg in 1981. It is used for measuring one's positive or negative analysis about self. It includes 10 items answered on a four-point Likert scale from strongly agreed to strongly disagree. Through reverse coding items (2, 5, 6, 8, and 9) total scores can be calculated and then summing all items. The greater scores denote high self-esteem and the lower scores relate to low self-esteem. Internal consistency is 0.77 to 0.88 while the test-retest reliability for the Rosenberg Self-Esteem scale is 0.82 to 0.85 (Abdollahi, Talib, Mubarakeh, Momtaz, and Mobarake, 2016).

Body Esteem Scale:

Body esteem scale was developed by Franzoi and Shields in 1984. It consists of 35 items that need to be rated on a 5 point scale, as 1- Having strong negative feelings, 2-have moderate negative feelings, 3-have no feelings one way or the other, 4-have moderate positive feelings, and 5-have strong positive feelings. Male subscale is physical attractiveness (average score= 39.1), upper body strength (34.0), physical condition (50.2) while female subscale is sexual attractiveness (46.9), weight concern (29.9), and physical condition 33.3). Internal consistency of the body esteem scale is .81 - .87 for male subscales and .78- .87 for the female subscale. The scores of Body esteem scale and Rosenberg Self-Esteem scale (RSE) are moderately related.

Procedure

Different rehabilitation centers were approached, which included Paraplegic Center Peshawar, Rafsan Rehabilitation Center, and Rehabilitation Center for the physically disabled Peshawar (RCPD) and Shaheed Benazir Bhutto Women University Peshawar, Pakistan to obtain informed consent for data collection. The sample included individuals with disability specific to upper and lower limb deformity. Ethical consideration was kept in mind throughout the procedure. The participants were informed about the purpose of the research. The researcher informed participants that the collected data will be used for research purpose only and the results will be kept confidential. After taking the informed consent, the booklet comprising of the mentioned two tests along with a demographic sheet was provided to each participant individually to have responses from them. After the collection of data, the results were compiled through Independent Sample t-test by using the Statistical Package of Social Sciences (SPSS).

Inclusion criteria:

- Only upper and lower limb disables were included.

Exclusion criteria:

- Participants above age 45 were not included.

- Individual other than upper and lower limb disability were excluded.

RESULTS

Table 01 Socio-demographic information (N=80)

	f	Percent	Cumulative Percent
Subjects			
Acquired	40	50.0	50.0
Congenital	40	50.0	50.0
Gender			
Male	49	61.3	61.3
Female	31	38.8	100.0
Age			
15-30	47	58.8	58.8
30-45	33	41.3	100.0
Marital status			
Married	29	36.3	36.3
Unmarried	51	63.7	100.0
Birth order			
1-3	46	57.5	57.5
3-6	28	35.0	92.5
6-10	6	7.5	100.0
Education level			
Illiterate	19	23.8	23.8
Secondary school certificate	35	43.8	67.5
F.sc	16	20.0	87.5
BA	6	7.5	95.0
Masters	4	5.0	100.0
Family system			
Joint	44	55.0	55.0
Nuclear	36	45.0	100.0
No. of family members			
1-5	51	63.0	63.7
5-10	29	37.0	100.0
Onset of disability			

1-5	44	55.0	55.0
15-30	33	41.3	96.3
30-45	03	3.8	100.0
Type of disability			
Upper limb	15	18.8	18.8
Lower limb	65	81.3	100.0

Table no.1 provide us a detailed description of congenital (f=40) and acquired (f=40) physical disables. The majority participants were male (f=49) while female (f=31) were found less in number. Majority were unmarried (f=51) and educated (f=61) and belongs to joint family (f=44). Most of them were found with lower limb physical disability (f=65).

Table 02 Mean, Standard Deviation, Skewness, Kurtosis, and Alpha Coefficient of Body esteem sub scales and self-esteem scale.

Subscale	no. of	N	Mean	SD	Skewness	Kurtosis	Alpha
Items						Coefficient	
BPASA		80	38.02	11.51	.035	-1.287	.842
BUBSWC	35	80	31.95	8.63	.175	-1.405	.824
BPC		80	36.52	13.18	.379	-1.221	.876
SES	10	80	28.73	5.51	.228	-.749	.824

Note: SES=self-esteem scale and BPASA= body esteem subscale (physical attraction and sexual attraction), BUBSWC= body esteem subscale (upper body strength and weight concern), BPC= body esteem subscale (physical condition).

Table 2 presents the value of arithmetic mean, standard deviation, skewness, kurtosis and alpha coefficient of reliability estimate. The value of skewness and kurtosis indicate that the data is normally distributed while alpha coefficient values indicate high reliability.

Table 03 Inter item correlation for Self-esteem scale

1	2	3	4	5	6	7	8
9	10						

1	1.000	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
2	3.15	1.000	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
3	.537	.569	1.000	-	-	-	-	-
-	-	-	-	-	-	-	-	-
4	.353	.347	.405	1.000	-	-	-	-
-	-	-	-	-	-	-	-	-
5	.415	.437	.478	.331	1.000	-	-	-
-	-	-	-	-	-	-	-	-
6	.195	.290	.261	.034	.266	1.000	-	-
-	-	-	-	-	-	-	-	-
7	.190	.191	.223	.093	.364	.500	1.000	-
-	-	-	-	-	-	-	-	-
8	.199	.239	.060	.027	.300	.562	.396	1.000
-	-	-	-	-	-	-	-	-
9	.126	.352	.199	.055	.496	.456	.587	.535
1.000	-	-	-	-	-	-	-	-
10	.177	.327	.255	.005	.146	.518	.448	.380
.500	1.000	-	-	-	-	-	-	-

According to the above table all items are significantly correlated with each other which show that all items are measuring the same construct, proving the construct validity of the scale.

Table 04 Inter item correlation for Body esteem female sub scales.

	1	2	3
1	1.000	-	-
2	.728	1.000	-
3	.807	.658	1.000

According to the above table all items are significantly correlated with each other which show that all items are measuring the same construct, proving the construct validity of the subscale.

Table 05 Inter item correlation for body esteem male subscales

1	2	3	
1	1.000	-	-
2	.924	1.000	-
3	.934	.927	1.000

According to the above table all items are significantly correlated with each other which show that all items are measuring the same construct, proving the construct validity of the subscale.

Table 06 Mean, standard deviation and t value of self-esteem and body esteem subscales between congenital and acquired disability.

Physical disables

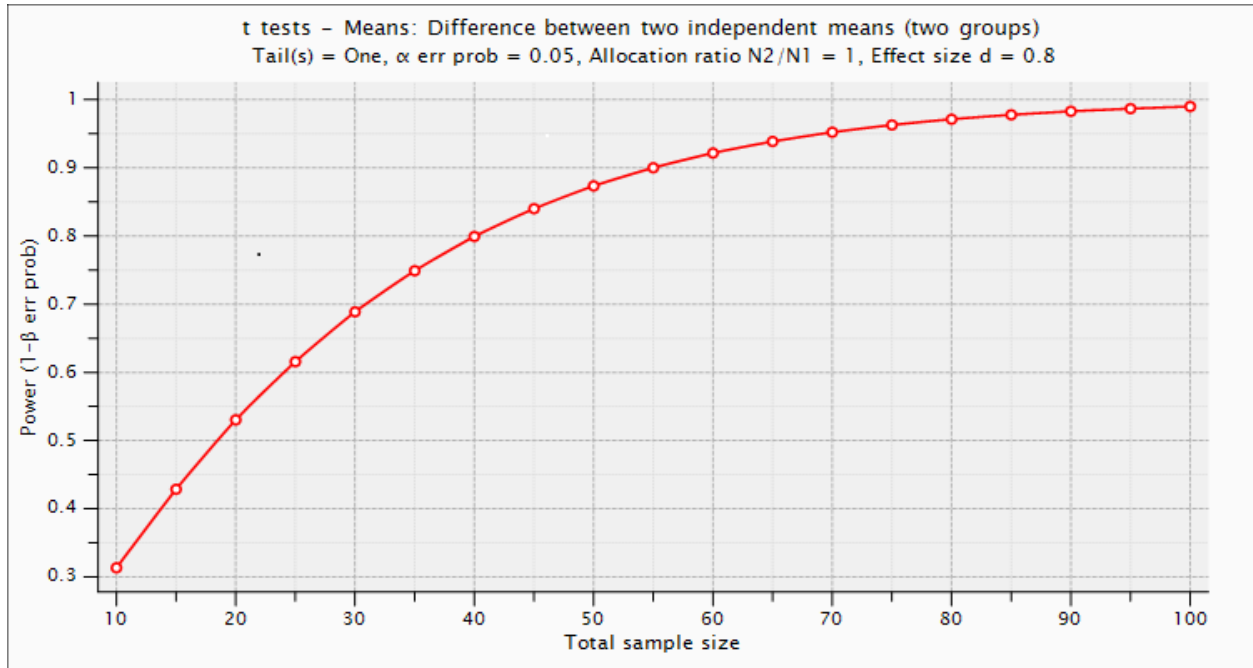
Scale	Acquired		Congenital		t	p	Cohen's D
	M	SD	M	SD			
SES	25.12	3.01	32.35	5.06	-7.751	0.000	1.73
BEPASA	27.87	5.22	48.17	5.47	-16.963	0.000	3.79
BEBSWC	24.42	3.41	39.47	4.81	-16.12	0.000	3.60
BPC	25.20	4.32	47.85	8.40	-15.15	0.000	3.39

Note: SES= Self-Esteem Scale, BEPASA= Body Esteem (Physical Attractiveness and Sexual Attractiveness Subscale), BEUBSWC= Body Esteem (Upper Body Strength and Weight Concern), BEPC=Body Esteem (Physical Condition) *p<0.05.

Sample size description

G Power 3.1 for sample size description

G Power 3.1 for sample size description was used to analyze whether the data was sufficient for current study or not. 0.97 Power (1-β err Prob) value was obtained, which is greater then 0.8, and hence it was proved that the sample data was sufficient for current research.



Overall result findings revealed that as mentioned in Table 1, which provide us a detailed description of congenital (n=40) and acquired (n=40) physical disables. The majority participants were male (n=49) while female (n=31) were found less in number. Majority were unmarried (n=51) and educated (n=61) and belongs to joint family (n=44). Most of them were found with lower limb physical disability (n=65).

Table 06 presents the values for body esteem subscales that is physical attractiveness and sexual attractiveness (mean= 38.02, SD=11.51), upper body strength and weight concern (mean=31.95, SD= 8.63), and physical condition (mean=36.52, SD=13.18) and self-esteem scale (mean= 28.73, SD= 5.51). Congenital physical disables tended to have high self and body esteem as compared to acquired physical disables. Results of the study indicated that congenital physical disables were found with high Self-esteem ($p < .001$, $d=1.73$) and high body esteem with subscale that is physical attraction and sexual attraction ($p < .001$, $d=3.79$), upper body strength and weight concern ($p < .001$, $d=3.60$), and physical condition ($p < .001$, $d=3.39$) than the acquired physical disables.

DISCUSSION

In the current research study, results revealed that congenital physical disables and acquire physical disables were found different on self and body esteem aspects. It releases the conclusion that there is a significant difference among congenital and acquired physical disables. Congenital physical disables possess high self and body esteem as compared to acquired physical disables.

The literature also suggests that physical disability affects the self-esteem of an individual (Miyahara & Piek, 2006) and have a negative impact on an individual insight about self (Rousso,

1982). Poor self-esteem and self-perception about physical competence, appearance and negative body image produced due to a loss in body function and structure (Rumsey and Harcourt, 2004). Individuals with disabilities face many challenges in a society related to body and self-esteem, where an individual physical performance, attractive looks, and beauty are valued (Cash, 2004). Lower self-perception was identified in people with acquired physical deformity than those with congenital birth issues (Sherrill, 2004). According to Hussain (2006) acceptance of physical disability leads to high self-esteem and decrease in self-esteem is caused due to unable to accept physical disability. Another research conducted by Russo et al., (2008) about acquired physical disability (Hemiplegic cerebral palsy) and studied individual self-esteem and concept about self. It includes 86 participants. Results found that traumatic physical disables have a poor quality of life, experienced poor self-esteem, and poor concept about own self. The researcher, Lakhdar et al., (1990) studied acquired physical disables (Rheumatoid arthritis) and their self-esteem. The sample consists of 103 patients. Results declared that an acquired physical disabled was found with low self-esteem and it is caused due to high activities with the poor performance of acquired physical disables (rheumatoid arthritis). Acquired physical disability (Rheumatoid arthritis) was also studied by Kurt, Ozdilli, and Yorulmaz (2013). It assesses an individual image about one's own body and self-esteem. It was obtained that people with rheumatoid arthritis, who were engaged in treatment longer than 5 years were found with lower self-esteem and body image and perception was negative because of changes in hands and body. Bernado and Navarro (2018), who try to find out individual's functional capacity and ability to anticipate self-esteem among patients with congenital physical disables (cerebral palsy), They study one hundred and eight (108) patients with cerebral palsy were studied through cross sectional observational method and results indicated significantly high self-esteem scores. Current research concluded an accurate difference between by birth physical disables and traumatic disables and table no 6 showed that congenital physical disables possess high self-esteem as compared to acquired physical disables table 6 ($t = -7.751, p=0.000$) thus supporting hypothesis 1.

According to second hypothesis, it was assumed that body esteem will be higher among congenital physical disables than the acquired physical disables. Results supported hypothesis 2 and found a significant difference between traumatic physical disables (acquired) and by birth disables (congenital). Table 6 ($t = -16.439, p=0.000$), ($t = -16.12, p=0.000$), and ($t = -15.15, p=0.000$) found that congenital physical disables possess high body esteem as compared to acquired physical disables.

If self-esteem is poor it leads to poor body esteem and also causes social isolation (Abdollahi, Talib, Mobarakeh, Momtaz & Mobarake, 2016). A study was conducted to analyze body image and assessed the correlation among self-esteem, image of body, functions, and quality of life among acquired physical disables (Rheumatoid arthritis). Low body image as found among disables and further a positive correlation was found between body image, life quality and self-esteem (Jorge, Brumini, Jones & Natour, 2010). According to Gilg (2016), there were two million people living in America with limb loss. In America each year, nearly 185,000 people suffer from

an amputation (acquired physical disability). It has been discovered that people with amputees always feel negative about their changed body and appearance which results in negative body image. Results found that people with two limb and one limb amputee experienced low body esteem and they experienced distress related to altered body esteem.

Researchers worked on physical disability to study either congenital disables accept their disability early or the acquired ones. It was assumed that congenital disables accept their disability and adapted to disability in a better way than the acquired one and predicted that congenital life satisfaction would be high as compared to the acquired one. Results showed that self-esteem, self-efficacy, the disabled identity, and income was the predictors of life satisfaction and high satisfaction were found among congenital as compared to the acquired disables (Bogart, 2014).

Self-esteem and body appearance were strongly associated (Appleton et al., 1994). Limb (2006) provided a relationship among self and body esteem and it was observed that the positive body view is linked with high self-esteem. Another study found that those who were overweight consider themselves as unfit and were dissatisfied with their body particular aspects (Schwartz & Brownell, 2004).

Our current study provides a unique opportunity to examine congenital and acquired physical disables. It contributes to finding different perspectives related to their life; it includes self and body esteem. The above-given literature review supports our hypotheses and helps in study deeply about congenital and acquired physical disables in the culture of Peshawar city, Pakistan

LIMITATIONS AND SUGGESTIONS

The current research was conducted on upper and lower limbs physical disabilities. In future studies, researchers might work on other kinds of physical disability like acquired brain injury, hearing, and visual impairments and respiratory disorders, etc. Current research contained fewer female participants as compared to males because data as collected in only one city so, in the subsequent studies, the sample of females could be increased and should also approach to other cities as well. Lifts should be constructed in schools and colleges for disable's support and care. In disabled quota, job opportunities should be increased in order to help them to earn for their families. Paraplegic and rehabilitation centers should be increased by the government and other organizations (non-government). Researchers should work on converting scales from the English version to Urdu and Pashtu versions because it's very difficult for an illiterate person to read and understand English. Researchers should also work on correlation among different variables in different cultures of Pakistan.

CONCLUSION

This research analyzes the difference between congenital and acquired physical disables, focusing on basic domains including self and body esteem. A significant difference was found between two groups that are congenital (by birth disables) and acquired physical disable (traumatic disability).

The congenital physical disables never experienced normal body movements such as walking etc. and holding things normally in their hands. They are by birth disables that's why they are not affected that much as compared to acquired physical disables. Acquired physical disables lose their potentiality through accidents and trauma, which leads to functional loss of body parts fully or partially due to which they become physically disabled. The congenital physical disables possess high body and self-esteem in comparison to acquired physical disables while the acquired physical disables were found with poor self and body esteem because they are unable to accept their traumatic physical deformity.

IMPLICATIONS

This research demonstrated that people with a physical disability need support and care. Siblings, friends, Parents, and colleagues should take care of a physically disabled person. Physical disabled needs psychologist to help and assist them to accept their disability and stable them emotionally and psychologically, so in each and every paraplegic and rehabilitation center psychologist should be present. Acceptance of disability leads to high self and body esteem and it also helps an individual to move forward in one's life (especially acquired physical disables). The **significance of the current study** is that it focused on understanding the variables in Pakistani culture and especially in Peshawar city, Pakistan.

REFERENCES

- Bogart, K. R. (2014). The role of disability self-concept in adaptation to congenital or acquired disability. *Journal of Rehabilitation Psychology*, 59(1), 107-115. doi:10.1037/a0035800
- Bokers., Motghare, D.D., Venugo Patan, P.P. & Kulkarni, M.S. (2008). A study of prevalence and types of disabilities at rural health centre Mandure. A community based cross Sectional house to house study in rural Goa. *International Journal of Pharmaceutical and Medicinal Research*, 19(2), 56-60. doi.org/10.4103%2F0970-0218.69294
- Cash, T. F. (2004). Body image: past, present, and future. *Body Image*, 1(1), 1-5
doi:10.1016/s1740-1445(03)00011-1
- Chalk, H.M. (2015). Disability self-categorization in emerging adults: Relationship with self-esteem, perceived esteem, mindfulness, and markers of adulthood. *Journal of emerging adulthood*, 4(03), 200-206. doi: 10.1177/2167696815584540.
- Chang, E. & Johnson, A. (2008). *Chronic illness and disability: principle for nursing care*. 1st ed. Australia: Elsevier
- Dhole, S. R., Gaur, A. k., More, S. N., Popalwar, H & Lokhanda, V. (2015). Study of locomotor disability due to various types of trauma, *National Journal of Medical Research*, 5(3), 194-198. Retrieved from <http://njmr.in/home/abstrct/515/July-Sep>
- Frierson, R. L. & Lippman, S. B. (1987). *Psychiatric Consultation for acute amputees: Report of*

- a ten year's experience. *Psychosomatic*, 28(4), 183-189.
doi:10.1016/S0033-3182(87)72543-2.
- Gale, T. (2008). Rosenberg self-esteem scale. Retrieved from
<https://www.encyclopedia.com/social-sciences/applied-and-social-sciences-magazines/rosenbergs-self-esteem-scale>
- Gilg, A. C. (2016). The impact of amputation on body image. Retrieved from
<http://aquila.usm.edu/honors-theses>
- Hussain, A. (2006). Self concept of physically challenged adolescents. *Journal of the Indian academy of applied psychology*.32(1):43-46. www.jiaap.org
- In the know ICD 10. (2012). Acquired vs. congenital diagnosis. Retrieved from
<http://medprohealthcaresolution.wordpress.com/2012/07/16/acquired-vs-congenital-diagnosis/>
- Jabeen, T., Kazmi, S. F., Rehman, A. U & Ahmed, S. (2016).Upper and lower limbs disability and personality traits. *Journal of Ayub Medical college*. 28(2): 348-352. Retrieved from
<https://jamc.ayubmed.edu.pk/index.php/jamc/article/view/635/295>
- Jorge, R. T. B., Brumini, C., Jones, A & Natour, J. (2015). Body image in patients with rheumatoid arthritis, *Journal of Modern Rheumatology*, 20(5), 491-495.doi: 10.1007/s10165-010-0316-4.
- Kedde, H. & Van Berlo, W. (2006). Sexual satisfaction and sexual self-esteem of people with Physical disabilities in the Netherland. *Journal of Sexuality and Disability*, 24(1), 53-68.doi: 10.1007/s11195-005-9003-3
- Kettl, P., Zarefoss, S., Jacoby, K., Garman, C., Hulse, C., Rowley, F., . . . Tyson, K. (1991). Female sexuality after spinal cord injury. *Sexuality and Disability*, 9(4), 287-295.
doi: 10.1007/BF01102017.
- Khalek, A.M. & Holloway, F. (2016). *Self-esteem: Perspective, influences and improvement strategies*. (1st ed). USA. Nova science Publisher.
- Kurt, E., Ozdilli, K & Yorulmaz, H. (2013). Body image and self-esteem in patients with Rheumatoid arthritis. *Archives of Neuropsychiatry*, 50(03), 202-208. doi:10.4274/npa.y6195
- Lakhdar, T., Allali, F., Ben Slama, I., El Kabbaj, S., Medrare, L., Ngeuleu, A., . . . Hajjaj-Hassouni, N. (2014).Relationship between Self Esteem and Rheumatoid Arthritis. *International journal of psychology*. 73(02): 305-316.doi:10.1136/annrheumdis-2014-eular.4807
- Li, L. & Moore, D. (2010). Accepting of disability and its correlates. *Journal of Social Psychology*, 138(1), 13-25.doi: 10.1080/00224549809600349.
- Liimakka, S. (2014). Health appearances-distorted body images? Young adults negotiating body Motives. *Journal of Health Psychology*, 19(02), 230-241.
doi: 10.1177/1359105312468189

- Magill., Joyce. & Hurlbut, N. (1986). The self-esteem of adolescents with cerebral palsy. *The American Journal of occupational therapy*, 40(6). Retrieved from <http://ajot.oata.org/pdfaccess.ashx?url=/data/journals/ajot/930427/>.
- Miyahara, M. & Piek, J. (2006). Self-esteem of Children and Adolescents with Physical disabilities: Quantitative evidence from meta-analysis. *Journal of developmental and physical disabilities*, 18(3), 219-234. doi:10.1007/s10882-006-9014-8
- Mendelson, B. K., Mendelson, M. J. & White, D. R. (2001). Body-esteem scale for adolescents and adults. *Journal of Personality Assessment*, 76(1), 90-106. doi: 10.1207/s15327752JPA7601-6
- Mushtaq, S. & Akhouri, D. (2016). Self-esteem, Anxiety, Depression, and Stress among Physically disabled people. *The International Journal of Indian Psychology*, 3(4), 126-132. doi: 18.01.128/20160304
- Rouso, H. (1982). Special considerations in counseling clients with cerebral palsy. *Sexuality and Disability*, 5(2), 78–88. doi:10.1007/bf01103299
- Romeo., Allen, J., Richard, W. & Silvenio, A. (1993). A profile of psycho sexual functioning in males following spinal cord injury. *Sexuality and Disability*, 11(4), 269-276. doi:10.1007/BF01102171
- Rumsey, N & Harcourt, D. (2004). Body image and disfigurement: issues and interventions. *Body Image*, 1(1), 83–97. doi:10.1016/s1740-1445(03)00005-6
- Russo, R. N., Goodwin, E. J., Miller, M. D., Haan, E. A., Connell, T. M. & Crotty, M. (2008). Self-Esteem, Self-Concept, and Quality of Life in Children with Hemiplegic Cerebral Palsy. *The Journal of Pediatrics*, 153(4), 473-477. doi:10.1016/j.jpeds.2008.05.040
- Sherrill, C. 2004. *Adapted physical education and recreation. A multidisciplinary approach.* (6th ed.). Boston, MA: McGraw-Hill.
- Taleporos, G. and McCabe, M. P. (2001). The impact of physical disability on body Esteem, *Journal of Sexuality and Disability*, 19(04), 293-308. doi: 0146-1044/01/1200-\0293/0
- Taleporos, G. and McCabe, M. P. (2007). The relationship between the severity and duration Of physical disability and body esteem. *Journal Psychology and Health*, 20(05), 637-650. doi: 10.1080/0887044042000334733.
- Tatar, Y. (2010). Body image and its relationship with exercise and sports in Turkish lower limb amputees who use prosthesis. *Science and sports*, 25(6), 312-317. doi:10.1016/j.scispo.2010.02.001.
- Wairimu., H.R. (2015). Influence of physical disabilities in self-esteem among adolescents in kiambu country, Kenya. *International journal of innovative research and development*, 4(11), 191-205. Retrieved from [http:// www.ijird.com](http://www.ijird.com).

Wolman., C. & Basco., D.E. (2005). Factor influencing self-esteem and self-consciousness in adolescents with spina bifida. *Journal of adolescents health*, 15(7), 543-548.

doi:10.1016/1054-139x(94)90137-R.

Yang, Q., Khoury, M.J., Olney, R.S & Mulinare, J. (1997). Does peri-conceptional

Multivitamin use reduce the risk for limb deficiency in offspring. *Epidemiology*, 8(2), 157-161. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/9229207>

Zitzelsberger, H. (2010). (In) visibility: accounts of embodiments of women with physical disabilities and differences. *Journal of Disability and Society*, 20(04), 389- 403.
doi: 10.1080/09687590500086492