

# IMPACT OF SELF STIGMA ON PSYCHOLOGICAL WELLBEING OF PHYSICALLY DISABLED INDIVIDUALS: MODERATING ROLE OF SOCIAL SUPPORT AND COPING STRATEGIES

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## ABSTRACT

Disability is not only a physical condition but also a deeply social phenomenon shaped by societal attitudes and cultural narratives. Among the most pervasive consequences of societal responses to disability is the development of self stigma. The present study investigated the harmful effects of self stigma on the psychological wellbeing of people with physical disabilities while highlighting the protective roles of social support and coping strategies. The sample was based on 163 individuals with physical disabilities. Four self report measures were used for data collection i.e., the Paradox of Self-Stigma scale, the Multidimensional Scale of Perceived Social Support, the Brief Coping Orientation to Problems Experienced Inventory, and the Psychological Well-Being scale. Analyses were carried out using SPSS and PROCESS macro. Results of linear regression confirmed that self-stigma negatively affect psychological well-being. Moderation analyses ensured the moderating role of social support and coping mechanisms in the relation between self stigma and psychological well-being. No significant gender differences were found in the experience of self-stigma. The findings of study emphasized the importance of psychosocial resources in improving the wellbeing of persons with disabilities.

**Keywords:** Self stigma, psychological well-being, social support, coping strategies.

## INTRODUCTION

People with disability are exposed to various kinds of unfavorable public attitudes on daily basis that adversely affect their quality of life (Miller & Major, 2000). Among the most prevalent outcomes of public responses to disability is the development of self-stigma which is a process through which individuals internalize negative stereotypes and prejudices about their identity, often resulting in psychological distress (Corrigan et al., 2006). In the context of physical disability self-stigma occurs when individuals begin to perceive themselves as less capable or inferior due to their condition and even other peoples' reactions distort the disabled person's sense of self (Goffman, 1963). Stigma is invoked when discrimination, detachment, labelling, stereotyping, and loss of status coexist in a power dynamic that encourages stigma (Link & Phelan, 2001). It can be develop through repeated exposure to societal discrimination, negative media portrayals, and lack of inclusion, leading to a diminished sense of identity and purpose (Watson, 2002). Whether it is evident to others around them or not, those who believe they belong to a stigmatized group frequently face psychological distress and usually feel disrespect for themselves of a disability, age, body type or appearance, sexual orientation, or other characteristics and it has serious consequences for

both the individual and the community as a whole (Heatherton, 2000).

According to Goffman's foundational work on stigma individuals with visible physical impairments are more likely to be labelled and socially discredited which can lead to self-directed prejudice (Goffman, 1963). Thus negatively affecting their help-seeking behavior which is essential for mental health support (Corrigan et al., 2014). Research shows that self-stigma in individuals with disabilities is associated with higher levels of depression, anxiety, and suicidal ideation (Park, 2024). The challenges faced by them not only influence their quality of life but also significantly affect their psychological wellbeing. Psychological wellbeing is a multifaceted concept that encompasses emotional, cognitive, and social aspects of mental health, including life satisfaction, sense of purpose, autonomy, and positive relationships (Ryff, 2014). Recent studies showed that self-stigma fosters increased sensitivity to discrimination, harming the workplace wellbeing of medical students having physical disabilities (Hu et al., 2024). Stigma directly worsened mental health conditions as well as indirectly increased anxiety and depression by reducing resilience (Liu & Zhang, 2021). Similarly, Trani et al. (2020) found that stigma significantly influences the association

between disability and negative mental health outcomes among people with disabilities in South Africa. Specifically, individuals with disabilities who faced greater stigma reported higher levels of depression and lower self-esteem.

A substantial body of research has supported the negative effects of disrespectful treatment and stigma on psychological health and overall quality of life among diverse group of people such as heroin users (Cheng et al., 2019), children with learning disabilities (Chan et al., 2017) and among individuals with mental health problems (Pellet et al., 2019). Among those with functional limitations, perceived stigma and ongoing discrimination are strongly linked to depressive symptoms and poorer mental health outcomes (Brown, 2014; Pan, 2024), underscoring the need for greater attention to this underrepresented population. In the present study we will further explore the detrimental effects of self stigma and discrimination on the psychological wellbeing among people with disability and how these effects are overcome through social support from companions, family and other significant people. It is apparent from the previous studies that individuals with disabilities are far more likely than those without disabilities to feel social isolation, loneliness, and low perceived social support (Emerson et al., 2021). Further social exclusion negatively affects their psychological well-being and is strongly associated with the possibility of suicide among disabled individuals (Akyol Güner & Das Gecim, 2023). The systematic review by Cui (2023) found that stigma significantly limits social access and support for people with disabilities, restricting their community participation and opportunities. It leads to internalized negative perceptions and deteriorates mental health by fostering exclusion and discrimination (Cui, 2023). These findings indicate the importance of social support in the life of such individuals. Social support is the offering of psychological and tangible resources by supportive individuals with the aim of improving an individual's capacity to manage stress. It includes the emotional, practical, informational and esteem support that one receives from friends, family, and those around them (Cohen, 2004). It is the perceived or actual assistance and empathy provided by family, friends, peers, or institutions (Thoits, 2011). Studies showed that social support in close relationships has immediate impact on daily life in addition to acting as a buffer during stressful situations (Roy, 2011) and enhances the resilience and overall psychological wellbeing (Yadav & Gupta, 2024). Social support serves as mediator between HIV-related stigma and family stigma and psychological wellbeing hence reducing the adverse effects of stigma on mental health (Zhao et al., 2024). Receiving strong emotional and practical support has been shown to enhance resilience, lower depressive symptoms, and promote better psychological well-being (Tough et al., 2017).

Previous studies revealed that individuals with physical disability use different coping mechanism while dealing with stigma, psychological distress and for their overall life satisfaction and personal growth such as seeking social support, using emotional focused, problem-solving and avoidance coping strategies are the most frequently used strategies (Desalegn et al., 2023; Kim et al., 2020). Coping strategies are the thoughts and behaviors that are used by individuals in order to manage the demands of situations that are perceived as stressful or challenging. It is a psychological process aimed at reducing the emotional distress caused by difficult circumstances. (Folkman & Moskowitz, 2004). People may engage in adaptive and maladaptive coping mechanism where positive coping i.e., problem solving, spirituality and somatic relief is associated with improved psychological wellbeing whereas maladaptive coping such as external and internal avoidance and self-destructive behaviours is linked with psychological distress (Meng & D'Arcy, 2016). Previous work on employees with disabilities indicated that discrimination, stigmatization and social avoidance at work greatly influence their performance but they reduce these adverse effects on work by using adaptive coping strategies (Abah, 2023).

Active coping styles such as positive reinterpretation and growth, problem engagement and support seeking if provided with perceived social support especially support from family members serve as strong protective factors against depression and anxiety (Roohafza et al., 2014). Whereas avoidance coping strategies act as a risk factor for mental health. Further there exist positive relationship between active coping styles perceive and social support suggesting that social support encourages the use of adaptive coping mechanisms (Roohafza et al., 2014). In the light of these findings the present study attempted to investigate the combine role of social support and coping strategies as a moderator between self stigma and psychological wellbeing. The study focuses on the importance of social support and coping strategies in the lives of physically disabled people and suggest the promotion of cognitive, behavioral, and social interventions in preventing psychological problems of physical disabled population.

Studying gender differences in the experiences of self-stigma among individuals with disabilities are important because gender roles, societal expectations, and cultural norms influence how stigma is internalized and displayed. Previous research on self-stigma of physically disabled people has produced mixed results with some studies revealing no significant gender differences for example, Devkota et al. (2024) discovered no statistically significant gender differences in perceived stigma among people with disabilities. The study reveals that self-stigma experiences are similar across genders in various groups of peoples having visual, hearing, physical, intellectual, and multiple impairment. Similarly, Nashi et al.

(2025) indicated that males and females with physical disability reported no significant differences in the scores of physical stigma however males showed higher psychological resilience as compared to females. While some other studies suggested that males having moderate level of intellectual disabilities experience more stigma as compared to females with same levels of intellectual disabilities (Ali et al., 2016). The present study supported the view that stigma has a significant impact on the lives of people with disabilities regardless of gender and emphasizes the need for designing intervention and promoting inclusive support systems that address the issues of all disabled people while encouraging their wellbeing and social integration.

### Rationale of the Study

Despite increasing awareness about disability rights individuals with physical disabilities continue to face significant societal stigma which they may internalize in the form of self-stigma. While several studies have considered the phenomena of self stigma and mental health there is a lack of integrative research exploring how self-stigma specifically affects psychological wellbeing of physically disabled individuals particularly in Asian contexts where cultural factors may intensify stigma (Park, 2023). People with disabilities are becoming marginalized by society affecting their mental and physical health; therefore, social transformation is required in the form of changes in attitudes, modifications to the physical environment, and legislative reforms motivated by fairness and human rights principles (Traci et al., 2024). Keeping in view these issues the present study attempts to investigate the effects of self stigma on the psychological wellbeing of disabled individuals. Further the study intended to explore how such individuals can cope with the adverse effects of stigma using social support and various coping strategies Understanding this mechanism is essential to designing psychosocial interventions that promote resilience and psychological wellbeing in disabled populations. Given the rising visibility of mental health challenges in disability communities, this study addresses a timely and underexplored research gap.

### Objectives

1. To determine the influence of self stigma on psychological wellbeing of persons with physical disabilities.
2. To ascertain the moderating role of social support and coping strategies in the relation between self stigma and psychological wellbeing among physically disabled individuals.
3. To explore the gender differences in the experience self stigma among people with physical disabilities.

### Hypotheses

1. Self stigma will negatively affect psychological wellbeing of physically disabled individuals.

2. Social support will serve as a moderator in the relation between self stigma and psychological wellbeing.
3. Coping strategies may play a moderating role between self stigma and psychological wellbeing.
4. There will be no significant gender differences in the experience of self stigma among persons with physical disability.

### Methodology

#### Sample

The sample size for the present study consisted on 163 participants. The sample was based on physically disabled individuals living in Peshawar district which were selected through purposive sampling strategy. The quantitative research design was used where we were interested in finding out the correlation between different variables.

Inclusion criteria: Participants having physical disability either congenital or caused by a condition such as brain injuries, infections, diseases or severe accidents that occurred in later life were included. Both genders with the age range from 18 to 50 years were selected.

Those having mental disorders were not included in the sample.

#### Instruments

Following instruments were used for data collection.

#### Demographic information sheet

On demographic sheet following information were collected.

Age, gender, nature/ type of physical disability, cause of physical disability, qualification, employment status, marital status, family type (nuclear/ joint).

#### Ryff's Scale of Psychological Well-Being (PWB)

Psychological Well-Being scale as proposed by Ryff (1989) has various versions with different number of items such as 84 items, 54 items, 42 items and 18 items, in this study 42 items version were used. The scale contains six subscales each hold a high internal consistency such as environmental mastery ( $\alpha=.86$ ), autonomy ( $\alpha=.83$ ), positive relations with others ( $\alpha=.88$ ), personal growth ( $\alpha=.85$ ), purpose in life ( $\alpha=.88$ ), and self-acceptance ( $\alpha=.91$ ). Each subscale has 7 items using six points response format ranging from strongly disagree (1) to strongly agree (6) (Ryff, 1989).

#### The Paradox of Self-Stigma scale (PaSS-24)

The 24-item self-stigma scale developed by Golay et al. (2021) is intended to assess self-stigma and related constructs. It consists of three subscales including non-disclosure, stereotype endorsement and righteous anger. Each subscale possesses good internal consistency and test-retest reliability such as Cronbach's  $\alpha$  value for stereotype endorsement is .81, for righteous anger is .83 and

for non-disclosure is .87 (Golay et al., 2021). Convergent validity estimates for each subscale are also good as confirmed from the correlation with other scales (Golay et al., 2021). The PaSS-24 scale is based on five-point rating scale with responses ranging from strongly disagree (1) to strongly agree (5).

#### Brief Coping Orientation to Problems Experienced Inventory (COPE)

The brief COPE self-report test created by Carver (1997) consists of 28 items that are designed to evaluate the effectiveness and ineffectiveness of coping approaches used during stressful and difficult life events. It consists of fourteen factors/subscales such as positive reframing ( $\alpha=.64$ ), denial ( $\alpha=.54$ ), active coping ( $\alpha=.68$ ), substance use ( $\alpha=.90$ ), instrumental support ( $\alpha=.64$ ), behavioural disengagement ( $\alpha=.65$ ), emotional support ( $\alpha=.71$ ), venting ( $\alpha=.50$ ), humor ( $\alpha=.73$ ), acceptance ( $\alpha=.57$ ), self-blame ( $\alpha=.69$ ), religion ( $\alpha=.82$ ), planning ( $\alpha=.73$ ) and self-distraction ( $\alpha=.71$ ) each subscale has satisfactory Cronbach alpha value (Carver, 1997). Response format on each item ranged from 1 to 4 indicating the extent to which each coping style is used by respondents.

#### Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS scale consists of 12 items that assess the subjective perception of social support adequacy from three significant sources i.e.,

family, significant others and friends (Zimet et al., 1988). The scale comprised of three subscales each having 4 items rating on 7-point Likert scale. The authors reported a good Cronbach alpha and test-retest reliability of value .88 and .85 respectively. The MSPSS has adequate construct validity as confirmed from negative correlation with anxiety and depression symptomatology measured through Hopkins Symptom Checklist (Zimet et al., 1988). The total score of the scale is calculated by adding the scores across 12 items where the scores from 12 to 35 indicates low social support, from 36 to 60 indicate medium perceived support and a score from 61 to 84 denotes high social support.

#### Procedure

The sample comprising persons with physical disabilities were approached from different rehabilitation centres and those available in different educational and work places of Peshawar with the prior permission from administration of the concerned centres and institutions. After explaining the objective behind research and taking proper informed consent from participants, the demographic information sheet along with four scales mentioned above were disseminated among participants. The participants were provided with the proper instructions regarding questionnaires. After the completion of data collection process, the necessary analyses were done on the collected data.

## Results

Table 1

Demographic Characteristics of Participants

Characteristics	n	%
Age (Years)		
18-33	113	69.3
34-50	50	30.7
Gender		
Male	81	49.7
Female	82	50.3
Family Type		
Nuclear	83	50.9
Joint	80	49.1
Type of disability		
Spinal cord injuries	35	21.5
Cerebral Palsy	36	22.1
Amputations	39	23.9
Arthritis	38	23.3
Polio induced paralysis	15	9.2
Cause of physical disability		
Inborn/congenital	71	39.7
Acquired	92	60.3

Note. N= 163. Participants were on average 30.03 years old (SD= 7.58).

**Table 2**  
**Descriptive Statistics and Correlation Coefficients for Study Variables**

Variables	n	M	SD	1	2	3	4
1 PASS total	163	93.71	21.40	~			
2 MSSPS total	163	52.92	19.82	-.55**	~		
3 COPE total	163	83.88	15.20	-.35**	.49**	~	
4 PWB total	163	104.14	13.63	-.27**	.63**	.59**	~

Note: PASS= The Paradox of Self-Stigma scale; MSPSS= Multidimensional Scale of Perceived Social Support; COPE= Coping Orientation to Problems Experienced; PWB= Psychological Wellbeing; \*\*p<.01.

Table 2 shows mean, standard deviation and correlation coefficients between study variables. Self-stigma showed significant negative correlations with social support ( $r = -.55, p < .01$ ), coping strategies ( $r = -.35, p < .01$ ), and psychological wellbeing ( $r = -.27, p < .01$ ), indicating that higher level of self-stigma is linked

with lower social support, less coping strategies, and reduced psychological wellbeing. Social support is positively associated with both coping strategies ( $r = .49, p < .01$ ) and psychological wellbeing ( $r = .63, p < .01$ ), signifying that high level of perceived social support relates to better coping mechanism and improved psychological wellbeing. Additionally, coping strategies demonstrated significant positive relationship with psychological well-being ( $r = .59, p < .01$ ), suggesting that adaptive coping strategies are linked with better psychological wellbeing.

**Table 3**  
**Linear Regression Analysis Predicting Psychological Wellbeing from Self Stigma**

Variable	B	SE	95% CI		$\beta$	p
			LL	UL		
Constant	120.36	4.64	111.19	129.53	~	< .001
Self-Stigma	-0.17	0.05	-0.27	-0.08	-.27	< .001

Note: CI=confidence interval; LL= lower limit; UL= upper limit;

The table 3 shows simple linear regression analysis in which self-stigma significantly predicted psychological wellbeing,  $F(1, 161) = 12.83, p <$

.001, accounting for 7% of the variance in psychological wellbeing ( $R^2 = .07$ ). Higher levels of self-stigma are associated with lower psychological wellbeing ( $\beta = -.27, p < .001$ ).

**Table 4**  
**Moderating role of Social Support between Self Stigma and Psychological Wellbeing**

Variable	B	SE	95% CI		p
			LL	UL	
Constant	102.56	.935	100.70	104.40	.000
Self stigma (A)	.13	.048	.029	.220	.011
Social support (B)	.49	.049	.388	.581	.000
Interaction (A*B)	-.007	.002	-.011	-.003	.001

Note: CI=confidence interval; LL= lower limit; UL= upper limit.

The Table 4 depicts the moderation analysis carried out through PROCESS macro. All of the

variables significantly predicted 44.3% of the variance ( $R^2 = .44$ ) in psychological wellbeing,  $F(3,$

159) = 42.12,  $p < .001$ ). Self-stigma ( $B = .13$ ,  $p = .011$ ) and perceived social support ( $B = .49$ ,  $p < .001$ ) were significant predictors of psychological wellbeing. The interaction between self-stigma and social support was also significant ( $B = -.007$ ,  $p =$

$.001$ ), indicating that social support moderated the relation between self stigma and psychological wellbeing such that higher social support weakened this association.

**Table 5**  
**Moderating role of Coping Strategies between Self Stigma and Psychological Wellbeing**

Variable	B	SE	95% CI		p
			LL	UL	
Constant	103.36	.897	101.83	105.37	.000
Self stigma (A)	-.026	.044	-.113	.061	.555
Coping Strategies (B)	.500	.060	.381	.619	.000
Interaction (A*B)	-.005	.002	-.0096	-.0001	.043

Note: CI=confidence interval; LL= lower limit; UL= upper limit

A moderation analysis was performed using centered variables. The PROCESS macro for SPSS was used to analyze the data. Altogether, all variables explained 36.9% of the variance in psychological wellbeing,  $R^2 = .37$ ,  $F(3, 159) = 30.97$ ,  $p < .001$ . As shown in Table 5 coping strategies emerged as a significant positive

predictor of psychological wellbeing,  $B = .50$ ,  $p < .001$  whereas self stigma was not a significant predictor,  $B = -.03$ ,  $p = .56$ . The interaction between self stigma and coping strategies was significant,  $B = -.005$ ,  $p = .043$ , indicating that coping strategies moderated the relationship between self stigma and psychological wellbeing.

**Table 6**  
**Comparison of Male and Female on Self Stigma Scale (N=163)**

Measure	Male (N = 81)		Female (N = 82)		t (161)	p	Cohen's d
	M	SD	M	SD			
PASS	91.90	21.73	95.51	21.05	-1.07	0.28	0.17

Note: PASS= The Paradox of Self-Stigma scale;  $p = .28$ .

As shown in table 6 an independent-samples t test indicated that there is no significant gender difference in self stigma scores between males ( $M = 91.90$ ,  $SD = 21.73$ ) and females ( $M = 95.51$ ,  $SD = 21.05$ ),  $t(161) = -1.07$ ,  $p = .28$ . This finding suggests that self-stigma levels are similar across male and female participants.

### Discussion

Research shows that individuals with physical disabilities are at a significantly higher risk of experiencing psychological distress, including depression and anxiety (Tough et al., 2017). These challenges often arise from environmental and attitudinal factors rather than the disability itself. In the present study we explored the harmful effects of self-stigma on the psychological wellbeing of persons with disability and highlighted the significant role of social support and coping mechanism in the life of disabled

persons. The study also ruled out significant gender differences in the experience of self stigma. To test the study hypotheses multiple analyses were carried out such as Pearson correlation, regression and moderation analyses and t test were conducted. It was hypothesized that self stigma will significantly impair the psychological wellbeing of physically disabled individuals by fostering internalized negative stereotypes and beliefs. It can be seen from Table 2 and Table 3 that self stigma is negatively correlated with psychological wellbeing ( $r = -.27$ ) and it explained 7% of the variance in psychological well-being. The physically disabled individuals with the higher stigma have poor psychological wellbeing, this agrees with previous research results as revealed by Pyszkowska et al. (2022) that self-stigma in individuals with physical disabilities is strongly linked to early maladaptive schemas (EMS) related to impaired autonomy, disconnection, defectiveness/shame, dependence, failure to

achieve, social isolation, and abandonment. These schemas reflect core negative beliefs and internalization of public stigma, which harms psychological wellbeing. Hu et al. (2024) noted that among medical students with physical disabilities, self-stigma significantly negatively correlates with workplace wellbeing. Self-stigma causes cognitive dissonance by conflicting the individuals' expectations of social recognition and competence with external stereotypes and discrimination perceived or internalized. This dissonance leads to reduced confidence, motivation, and emotional wellbeing. Further studies indicated that physically disabled individuals like people with psychological issues show higher levels of stigma that contribute to reduced social participation and poor psychological functioning which emphasize the dual role of societal and self-imposed barriers (Kowalski et al., 2019). Stigma associated with physical disabilities is linked with increased mental health problems including depression and anxiety through social marginalization and limited access to support (Brown et al., 2021). Overall, these studies agree that self stigma undermines psychological well-being by reinforcing negative self-perceptions, limiting social engagement, and increasing vulnerability to mental health problems, highlighting the importance of comprehensive interventions that target both internalized stigma and external discrimination. Research has shown that social support not only improves general wellbeing but also weakens the negative association between self stigma and mental health outcomes, in second hypothesis it was predicted that social support will moderate the relation between self stigma and psychological wellbeing and the study results supported the hypothesis as shown in table 4 the interaction between self-stigma and social support is significant ( $B = -.007, p = .001$ ). These findings are consistent with previous studies as indicated by Alyahya et al., (2025) that the affective, cognitive, and behavioral aspects of self-stigma significantly and negatively impact the quality of life (QoL) among university students with disabilities. Perceived emotional support (PES) moderates and reduces the negative effects of the affective and cognitive aspects on QoL but does not moderate the behavioral aspect's impact. This suggests emotional support helps buffer the internal feelings and thoughts related to self-stigma but is less effective against behavioral consequences (Alyahya et al., 2025). Moreover, peer led interventions has been proved in effectively reducing self-stigma and stress associated with stigma among individuals with mental health problems. The protecting mechanisms involve group identity, social support, empathy, and shared experiences, which work through strengthening bonds, promoting positive group value, and fostering resilience to stigma induced stress ultimately improving psychological wellbeing (Sun et al., 2022). Qin et al. (2025) emphasized the role of sense of belonging as a

buffer against the progression from public stigma to self-stigma in the disability community. These factors reduce the adverse psychological effects of stigma by improving self-esteem and lowering depression and anxiety symptoms among such individuals. Positive peer contact in the form of social support is also found to be effective in reducing self-stigma (Li et al., 2021). Overall social support acts as a key intermediary linking peer contact and lower self-stigma, strengthening social functioning and psychological wellbeing.

Third hypothesis of the study focused on the moderating role of coping strategies in reducing the adverse effects of self stigma on psychological wellbeing. The findings of the study supported the hypothesized relation between variables as depicted in table 5 the interaction between self-stigma and coping strategies is statistically significant ( $B = -.005, p = .043$ ) indicating that the negative effects of stigma on psychological wellbeing will decrease as coping skills are used more. Recent studies confirmed these findings by showing that problem-focused coping fully mediates the relationship between internalized stigma and mental well-being among older adults. The study also found that social support moderated the stigma-wellbeing link, indicating that higher social support improves wellbeing despite stigma (Oti-Boadi et al., 2024). Gowling et al., (2024) found that stigma experienced by individuals with cervical dystonia (CD) is significantly related to increased psychological distress and lower wellbeing. Maladaptive coping strategies such as substance use and behavioral disengagement mediate the relationship between stigma and negative psychological outcomes, whereas higher adaptive coping is only related to higher wellbeing.

In the present study no significant gender differences were found in the experience of self stigma due to disability as shown in table 6 the mean differences across gender are statistically non-significant ( $t = -1.07, p = .28$ ). These findings are consistent with previous studies as suggested by Nashi et al. (2025) that there is no substantial variation in physical stigma based on gender, with males and females having similar average scores. People with various kinds of physical disabilities are less likely to differ in the experiences of perceived stigma across gender (Devkota et al., 2024). The lack of significant gender differences as seen in the current study is equally meaningful. It suggests that self-stigma may be a shared psychological burden across genders in disabled communities, reflecting general experiences of exclusion rather than gender specific processes.

### Conclusion

The aim of the current study was to determine how self-stigma affects the psychological well-being of physically challenged people with focus on the protective role of perceived social support and coping mechanisms. Results revealed that high degree of self-stigma negatively influence the psychological wellbeing moreover perceived social

support and adaptive coping strategies were found to be significant positive attributes that alleviated the undesirable impacts of self-stigma on psychological wellbeing. There were no significant gender differences in the experience of self-stigma suggesting that stigma equally affects men and women. The findings emphasize the need to work on self-stigma in addition to establishing social support networks and coping strategies to enhance the psychological health of individuals with physical disabilities.

### Limitations

Besides the useful contributions the study has some limitations. The cross-sectional study design does not allow to make the causal inferences about the relationships between self-stigma, social support, coping mechanism and psychological well-being. Data was collected through self-report inventories which increase the susceptibility to social desirability and response biases. Moreover, the sample was comprised of people with physical disabilities thus limiting the generalization of findings to other disability groups. The cultural and contextual factors were also not properly explored which can affect the feeling of stigma and social support practices.

### Recommendation

Future studies are advised to adopt longitudinal and experimental studies to prove better causality between the study variables. The inclusion of individuals having diverse impairments with cultural diversity could enhance the generalizability. Further research may look on intervention-based approaches of reducing self-stigma and enhancing coping skills and social support. Analyzing other protective variables, e.g. resilience and self-compassion can provide a more detailed depiction of psychological wellness among individuals with disabilities.

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