



## RELATIONSHIP OF SELF-ESTEEM AND SELF-MANAGEMENT OF PERSONS WITH DISABILITIES IN TAHANANG WALANG HAGDANAN

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**ABSTRACT:** *The study is all about the self-esteem and self-management of persons with disabilities in Tahanang Walang Hagdanan this study was conducted in order to know the if the self-esteem is related to the self-management of persons with disabilities in Tahanang Walang Hagdanan. This study aims to find an answer to the following; What is the demographic profile of the respondents., What is the level of the self-esteem of persons with disabilities; What is the level of self-management of persons with disabilities in terms of social, physical and emotional; Is there a significant relationship between self-esteem and self-management of persons with disabilities. A quantitative research was used under the correlational study, convenience sampling technique was used with 18-60 years old in Tahanang Walang Hagdanan who is polio, amputee, orthopedically impaired, persons with charcot marie tooth disease CMTD, Spinal Injury, Brittle bone, Handback disability, congenital disability, cerebral palsy and club foot. The State Self-esteem scale was used to determine the self-esteem of the respondents and Interpersonal Communication Inventory, Appearance Schemas Inventory Revised and Schutte Self-Report Emotional. The researchers used the Pearson R correlation analysis in order to answer the fourth statement of the problem. After the data has been gathered, the researcher concludes that majority of persons with disabilities are ages 41-50 years old who are polio, amputee and orthopedically impaired have an average level of self-esteem and have an average level of social and physical management while they have a high level of emotional management. After undergoing to the statistical treatment, the researchers conclude that there is a significant relationship between self-esteem to social, physical and emotional management. After the results has been gathered the researchers recommend that they need to engaged in activities, social interaction and future researchers may conduct a further study of other factors that can improve the correlation of the variables, and for the future researchers to have more respondents for the depth interview.*

**KEYWORDS:** Relationship, Self-Esteem, Self-Management, Disabilities, Emotional Management, Tahanang Walang Hagdanan

## INTRODUCTION

### Background of the Study

In the areas of human development, one of the most difficult and can be considered as a hard-labor process to do is building up of the person self-esteem and self-management. Self-esteem and self-management play an important role in the life of a person. It gives a person dignity and integrity to live in a normal productive way. It motivates the person's relationship to one's society and environment. It helps the person find ones true worth and purpose of life. These two variable aspects need to be nurtured and enriched that cannot just simply be taken for granted for it mainly affects the kind of person it would form: its impact to one's



personality, character and behavior. Such case becomes so crucial on the part of those persons with disabilities.

Nowadays, people with disabilities are facing problems in trying to cope with this development. It restricts their capacities to do certain activities and holds down their social participation. It creates major barriers for them from participating to normal society, feeling different at some point and limit to normal functions makes to low their self-esteem and management of one's self. Thus, it limits interaction with others and with normal activities and in coping with the natural and social demands. Therefore, they may experience feelings of frustrations at their limitation, self-hatred because of their looks, grief over the loss of body parts or function. They tend to isolate themselves from the people that surround them that may be result to their low self-esteem and incapability to manage their self.

Republic Act 7277, or the Magna Carta for Persons with disabilities, defined PWDs as "those suffering from restriction of different abilities, as a result of a mental, physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being."

In the international statistics, one billion people, or 15% of the world's population, experience some form of disability, and disability prevalence is higher for developing countries. One-fifth of the estimated global total, or between 110 million and 190 million people, experience significant disabilities. A country's economic, legislative, physical, and social environment may create or maintain barriers to the participation of people with disabilities in economic, civic, and community life. Barriers include inaccessible buildings, lack of transport, lower access to information and communication technology (ICT), inadequate standards, lower level of services and funding for those services, as well as too little data and analysis for evidence-based, efficient, and effective policies. (The World Bank, 2016)

Also, based on the latest census on PWDs the National Statistics Office estimated about 1.44 million Filipinos have some form of disability. PWDs are usually deprived to the point of being discriminated of right to work or with equal basis with others. Per Rojas, PWD sector representative, as a result, the PWD sector is seen as a burden to society because of their constant need to rely on welfare and donations from government and private individuals. (Manila Bulletin, 2014)

Results of the 2010 census show that of the 92.1 million household populations, 1.57 percent or some 1.4 million persons had disability. Calabarzon had the highest number of PWDs (193,000) followed by the National Capital Region (167,000). The region with the lowest number was the Cordillera Administrative Region (26,000). There were more males (50.9 percent of the total) than females (49.1 percent) with disabilities. Disability was highest among Filipinos aged 5 to 19 years. (PhilStar, 2015)

In Tahanang Walang Hagdan, there are over 200 persons living and working and almost 50% of them are disabled in some form.

The researcher would like to integrate persons with disabilities into society in order for them to take an active part and lead a normal life. To be active in the social environment with positivity and acceptance of others, with confidently view of themselves and to make them understand how to manage themselves when it comes to the social setting.



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## Statement of the Problem

This study is aimed to determine the Relationship of self-esteem and self-management of persons with disabilities in Tahanang Walang Hagdanan.

Specifically, the study sought to answer the following questions:

1. What is the profile of persons with disability in terms of:
  - 1.1. Gender
  - 1.2 Age
  - 1.3 Case
2. What is the level of self-esteem of persons with disability in Tahanang Walang Hagdanan?
3. What is the level self-management of persons with disability in Tahanang Walang Hagdanan in terms of:
  - 3.1 Social
  - 3.2 Physical
  - 3.3 Emotional
4. Is there a significant relationship between self-esteem and self-management of the persons with disability in Tahanang Walang Hagdanan in terms of:
  - 4.1 Social
  - 4.2 Physical
  - 4.3 Emotional

## Hypothesis

The following were tested at .05 level of significance.

**Ho:** There is no significant relationship between self-esteem and self-management of persons with disability in Tahanang Walang Hagdanan in terms of:

1. Social
2. Physical
3. Emotional

## Significance of the Study

Significantly, the findings in this study will benefit the following:

**Persons with disabilities.** It will benefit the persons with disabilities to handle themselves and cope with their situation.



**To the Organization and Institution.** The study will point the way in building and promoting programs for persons with disabilities to cope with their self-esteem in regards to their responsibilities and to improve their relationship with each other.

**Students.** This study will enable the students to be informed about the relationship of the persons with disabilities to the other person with normal life. Moreover, this research would be beneficial to the students who have experienced the discriminations and the people around them in order to understand the state that they are in.

**School.** This study is beneficial as it provides useful information about psychology students that could serve as reference for the enhancement of curricular offerings for the BS-Psychology program.

**For the Future Researchers.** This study encourages other researchers to get the other side of the story behind the life of having physical disabilities. The study serves as a reference for the future studies related to person with disability.

### **Theoretical Framework**

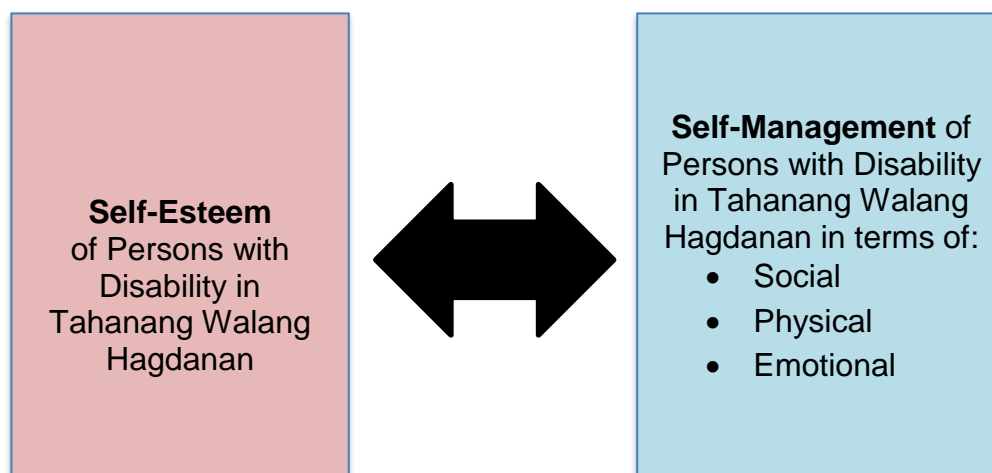
This study is anchored to the theory of Abraham Maslow's human motivation on hierarchy of needs. Maslow's humanistic psychology is based on the belief that people are born with the desire to achieve their maximum potential or reach a point Maslow termed self-actualization. He chose to focus his research on the experiences of emotionally healthy people, and he identified their "peak experiences," moments when they were in complete harmony and unison with the world around them rather focusing on their deficiencies.

The lowest level in Maslow's hierarchy is the physiological needs; this includes hunger, sex, trust and other drives with a somatic basis. The next sets of needs to emerge are safety needs. This includes security, stability, dependence, protection, freedom from fear and need for the structure. The third sets of needs to emerge are belongingness and love needs. This represent the need for friend, family and affectionate relations with people in general. The fourth level of hierarchy includes two sets of self-esteem needs, representing our needs for self-esteem and for esteem for others. The first set includes desires for strength, achievement, mastery and competence, confidence and independence. The second set includes the needs for respect and esteem from others and the fifth level is the highest needs which is the self-actualization.

The theory guided the researchers for the reason that persons with disabilities are barely coping up to their situation knowing that somehow their physical disabilities such as amputated arms or legs is far different from normal, there is a comparison between their self and others, there is also regrets or questions in their mind on why of all people they are the ones experiencing it. In connection with this, the second level of hierarchy of needs is the security which states that there should be dependence and freedom and in connection with this is the self-management of oneself. Also, the third set is the belongingness and love needs which should be attain through acceptance of others in their situation and their relationship with other people and lastly the Maslow's fourth level of needs which is the self-esteem needs that refers to the wholeness of a person should be attained in order to reach the highest level of need that is self-actualization.

## Conceptual Framework

To aid in the study, the researchers constructed the following figure to represent the relationship among variables used in the current study



**Figure 1: The figure above shows how the researchers measure the level of Self-esteem and Self-Management to determine how it is related to the persons with disabilities in Tahanang Walang Hagdanan.**

## Scope and Delimitation

The study focused on the self-esteem and self-management of persons with disabilities in Tahanang Walang Hagdanan. The respondents are composed of 100 person who are with disabilities such as persons with polio, amputee, orthopedically impaired, persons with charcot marie tooth disease CMTD, Spinal Injury, Brittle bone, Handback disability, congenital disability, cerebral palsy and club foot. The respondents must be 18-60 years old.

The results of the study are applicable only to the respondents of the study and should not be used as measure to the self-esteem and self-management of others who do not belong to the population of this study. The researchers considered working on this to find out the level of self-esteem and different self-management of persons with disabilities. The duration of the study was from November-September 2017.

## Definition of Terms

The following terms here are conceptually and operationally defined for the better understanding of the readers:

**Persons with disability.** Someone who has disabilities that limits or restrict the normal functioning of a particular parts of the body. It refers to amputee in legs, feet, arms and hands.



**Emotion.** Refers to a state of feeling or conscious reaction of person.

**Self-esteem.** Refers to persons with disabilities overall evaluation of his or her own worth.

**Self-management.** It refers to how persons with disabilities managed their self to cope up to their environment.

**Social.** Relating to people or society in general by means of communication.

**Physical.** It refers to one's external appearance

## **REVIEW OF RELATED LITERATURE AND STUDIES**

### **Review of Related Literature**

The review of related literature presents the comprehensive development of the study. It indicates what has already been studied by others which have bearing upon the present study. In this chapter the researchers discussed the foreign and local literatures and studies that were relevant to the research study about **Relationship of self-esteem and self-management of person with disabilities in Tahanang Walang Hagdanan.**

### **Self-Esteem**

According to Paul Kennedy (2012), the impact of disability stretches from that on the individual to the systemic. It crosses many dimensions that include pain and suffering, beliefs and attitudes, losses and adjustment, coping and resilience. Environmental factors include physical, social, and attitudinal constructions which may maximize or minimize the impact of disability. The experience of disability is not solely a condition of the individual and many of the negative experiences of disability are caused by architectural and social inaccessibilities which are physical and social creations geared and by non-disabled people.

Thus, people with disabilities have problem in adapting social expectations. An emotional disturbance can cause them to isolate themselves from others.

Self-esteem is influenced by social comparisons or the judgments we make of our own worth relative to those around us. Thus, teenagers with disability who compare themselves to others are more likely to lower their self-esteem, they may compare themselves in the level of their capabilities or in the level of physical appearance with those normal teenagers and with their peers as well. (Cacciopo, 2013)

Self-esteem is a judgment made about oneself; it is strongly influenced by a number of factors, particularly the perceived judgment of other influential people. (Serapio, 2014). Thus, Per Cacioppo (2013) it is a global, based on our overall self-worth or specific, relating to particular characteristics such as appearance or intelligence.

According to, Kail (2010), In adolescence, self-concept takes on special significance as individuals struggle to achieve an identity that will allow them to participate in the adult world. Per Turnbull et al., 07 Students with disabilities often lack the skills to make friends, they may avoid other students and alienate them unknowingly. One of the most effective



ways to promote acceptance of students with exceptionalities is to provide them in learning activities by calling on them as often as possible.

Adolescents self-concept seem to come both from internal comparisons of their performance to a self-generated ideal and from external comparisons to peer performance. It also appears that perceived competency in one domain affects how a teenager feels about his ability in other areas. (Boyd, 2012)

Moreover, as cited by Hallahan and Kauffman, students with exceptionalities may be labeled as different, and they frequently fall behind their academic work, often misbehave, and sometimes lack of social skills. Students negative attitude towards their peers with exceptionalities often result from lack understanding. (Eggen, 2010)

Boyd (2012), teens with high self-esteem are better able to resist peer pressure, get higher grades in school, and are less likely to be depressed.

In addition, advances in self-understanding among adolescent are both facilitated by the contribution to the increasing stability of the Big Five Personality traits during this period.

Self- Awareness is a knowledge of your own internal traits, feelings, roles and memories is the results of self-study. In addition, self-awareness allows us to establish boundaries between the self and other people. Related to this negative self-awareness is the concept of self-consciousness, our awareness of our own characteristics and the way the self is perceived by others. (Cacciopo, 2013)

Self-efficacy is an individual belief about his or her capabilities for success (Bandura 1977). In relation, having a high self-esteem provides a number of benefits both to the individual and to groups to which the individual with high self-esteem belongs. Among the advantages of high self-esteem to the individual are happiness and persistence. When faced with bad news, people with high self-esteem are more likely to weather the storm than are people with low self-esteem.

According to Lisa Bohlin, (2012), Individuals with high self-efficacy believe that they are capable of success whereas, individuals with low self-efficacy believe that they are likely to fail or that they are not capable of success. Physiological States develops self-efficacy, physical strength or fatigue can influence levels of self-efficacy. A student who is physically weak may have lower self-efficacy than the student who is physically strong.

According to Eric J. Mash (2010), children and adults who today would be diagnosed as having mental retardation often were lumped together with persons suffering from mental disorders or medical conditions. The typically were ignored or feared, even by the medical profession, because their differences in appearance and ability were so little understood. Persons with intellectual and other disabilities have suffered scorn and rejection from fellow townspeople, largely due to fear and ignorance. The prevailing misunderstanding and mistreatment of children with mental retardation changed very little until the end of the 18<sup>th</sup> century.

People who have no idea of having disabilities are the people that have a little patience. Persons with disabilities are seeking for attention, love and care so the people around him/her must consider the feelings of them because they don't want to be rejected and to be feared by



everybody. Make them feel that they are special and normal just like us. Being rejected may cause to lower the self-esteem of disabled person and tend to feel unimportant and always not to try because they know that they will fail again and again and make them fun by other people.

According to Maslow, most of Maslow's life was spent developing and expanding a theory of motivation and personality that emphasized people's positive strings toward intimacy, love, joy a sense of belonging, self-esteem, and fulfillment of their highest potential. When our basic needs for such things as food, warmth, and security are met, we are then motivated toward higher needs- first for love and self-esteem, and then for some people, for self-actualization.

Maslow derived his ideas about human motivation and personality from the study of healthy people rather than from disturbed people observed in clinical settings. Perhaps, it was his intense interest in creative, vibrant, well-adjusted people that led him to place a strong emphasis on such positive human qualities as joy, love, enthusiasm, creativity, and humor while largely ignoring other forces like guilt, anger, shame, conflict, and hostility. Maslow was influenced and inspired by his study of a number of historical and contemporary public figures who he believed exemplified his concept of self-actualization. (Crooks, 2012)

A person with physical disabilities has a lower self-esteem compared to the normal teenager. But some of the positive side of PWDs they're gifted. They just like us that wanted to experience love and to be loved. Parents of PWDs have more patience because they know the situation and feelings of having that kind of life. Instead of thinking about the negative things that happened to their lives, they became more motivated in everyday life because of happiness and joy that they bring to us.

Meeting the needs of students who are gifted and talented requires early identification and instructional modifications. Failure to do so can result in gifted underachievers with social and emotional problems linked to boredom and lack of motivation. Conventional procedures often miss students who are gifted and talented because they rely heavily on standardized test scores and teachers' nominations, and females and students from cultural minorities are typically underrepresented in these programs. As with all exceptionalities, you play an essential role in identifying learners who are gifted and talented because you work with these students every day and can identify strengths that tests may miss. However, research indicates that teachers often confuse conformity, neatness and good behavior with being gifted or talented. (Eggen, 2013)

The needs of students with physical disabilities are met in variety of learning environments. At one time educators believed that the social, educational, and medical needs of these students could best be met by placing them in classes for the orthopedically impaired or in schools for the person with disabilities. As public understanding and acceptance of people with physical disabilities increased, so did for Disabled Persons affirms the full participation and total integration of persons with disabilities into the mainstream of our society.

According to Rathus (2013) Psychologists speak of physiological and psychological needs. We must meet physiological needs to survive. Examples include the needs for oxygen, food, drink, pain avoidance, proper temperature, and elimination of waste products. Some physiological needs, such as hunger and thirst, are states of physical deprivation. When we





have not eaten or drunk for a while, we develop needs for food and water. Psychological needs include needs for achievement, power, self-esteem, approval, and belonging. The Seekers certainly needed one another's approval, to belong to the group and to be acquired through experience, or learned, whereas physiological needs reside in the physical makeup of the organism. People share similar physiological needs, but we also influenced by our social and cultural settings. All of us need food, but some prefer a vegetarian diet whereas others prefer meats.

All of us want to survive our daily life as much as we can. Imagine the daily life of persons with disabilities that always wants to feel loved and special. They don't just need material things that will make them happy and satisfied but a little attention will do. Especially to the people around them give them what they need and understand them always because having disabilities is not easy.

According to Manila Bulletin (2015) the chairman of the House Committee on Tourism filed House Bill 6093 to include all indigent, abandoned and orphaned PWDs in PhilHealth's National Health Insurance Program.

"The measure gives them full access to medical and healthcare services when need arises. Although Republic Act 7875 as amended, otherwise known as the National Health Insurance Act of 2013 includes 'those children who are 21 years old or above but suffering from congenital disability, either that renders them totally dependent on the member for support as determined by the Corporation as legal dependents of PhilHealth members, these PWDs may lose the coverage once they have been deprived by death of one or both of their parents,'" Relampagos said.

Moreover, Sen. Pia Cayetano (The Phil. Star 2015) "People who take advantage of benefits reserved for PWDs at the latter's expense have on shame and no sense of respect" she said. "The bottom line here is acceptance and respect. We already outnumber PWDs ten to one and so we have no right to further marginalize them," she added.

Making our society physically accessible would mean the provisions of ramps, doors, wide enough to accommodate wheelchairs, nonskid floor materials and grab bars in comfort rooms among others to aid their mobility. It also means providing PWD-friendly means of transportation and roads establishments that can accommodate the mobility requirement of PWDs.

Senator Pia Cayetano wants to have an equal or a special treatment for those PWDs. It's a good idea for them to have an accessible and to make them easy for what they are going to do.

A person who is emotionally healthy is someone who knows and understands himself, who can deal with people of different conditions in life, and who lives his life to the fullest. Some things do not happen the way we want them to be. There are circumstances that are beyond our control. Too much and too little is not advisable. When we don't convey our emotions, then we might be abused, disregarded, and disrespected by people. Do not let your emotion govern. Learn to forgive and learn to let go in some minor infractions. Be sensitive also to the rights of the other people. For those who think that they are not worthy, do not be upset and get frustrated about the things that you are incapable of doing. When we gain companionship, we try to adjust our behavior with them; we try to be kind, generous, understanding and



helpful. Our friends tell negative attitude and thought them, we try to change attitudes. (Corpuz 2013). For persons with disabilities, be strong and don't be discouraged and don't let them feel that they have a right to judge you for them to make fun with you also. You are gifted meaning you are special to everyone and not just by your family. There are reasons why you are in that situation. Let just open our minds that we are just people we make mistakes and hurt other people. But also, do remember that we should be responsible and sensitive in doing things especially in persons with disabilities.

Based upon this perspective chronic low self-esteem may be a product of childhood experiences and belief patterns. Feeling of self-worth and competency can also be a temporary affected when we are feeling particularly vulnerable. So, for those persons with disabilities really affect a lot, whenever they feel worthless because of their disability. They become vulnerable which really common to those persons with disabilities because most of the time they can't help but to feel insecurities towards others who are normal. They always have regrets on not being physically normal and those regrets can contribute to having a low self-esteem.

Furthermore, Tesser (1980), when an ability or task is important to the person, labeled it relevance. In later study, when the task was relevant a stranger's performance was perceived as better than friend's a tactic that allowed less self-attention to the subject's poorer performance. When the task was irrelevant and therefore not a threat to the subjective self-esteem, he or she saw friend as performing better. (Buss, 2012). According to this perspective, when a task is irrelevant and therefore not a threat to the subject's self-esteem, he or she saw the friend as performing better. When one is better than a friend, it enhances psychological health but only when a comparison is in an important domain. When a person has done poorly in comparison to others, one tactic is to engage in downward comparisons. Those physically handicapped persons sometimes compared themselves to people who are having a worst condition than them. They compared their works and achievements to those normal people. So, from that, there is a high possibility of building a high self-esteem. However, some does report feeling better and lower to engage in social comparison.

In addition, Alicke (1997), a peer's doing well can be a threat to self-esteem. In one experiment, when an experimental confederate scored higher on an ostensible IQ test, subjects later rated the confederate's IQ higher than did neutral observers. The subjects were maintaining self-esteem by inflating the other person's ability. (Buss, 2012). Based on this perspective, maybe by focusing on their own unique abilities those people with disabilities can be more motivated to improve their performances in school. Physically handicapped people tend to be less socially competent than their typically developing peers, resulting them to be socially isolated. Being isolated is a result of having a low self-esteem. Building one's confidence and promoting social interaction can be a help to physically handicapped person to develop high self-esteem. In planning an individualized plan for those people who are disabled, attention to social interaction concerns should be considered carefully.

According to Korman, (1970-1976) employees high in self-esteem are more motivated and will perform better than employees low in self-esteem. Korman's consistency Theory, there is positive relation between self-esteem and performance. That is employees who feel good about themselves are motivated to perform better work than employees who do not feel that



they are valuable and worthy people. In other words, employees try to perform at level consistent with their self-esteem level. (Aamodt, 2010).

Based upon this perspective, motivation can contribute for building self-esteem. To increase self-esteem, those persons with disabilities can attend workshop in which they are given insights into their strengths. It is thought that these insights raise self-esteem by showing persons with disabilities that they have several strengths and are good people. Some physically handicapped people try to increase their self-esteem by learning how to think positively. Those persons with disabilities who are feel good about themselves and worthy are more likely to be determined to use an alternative way to cope with their conditions.

Lindeman (1995), a desire to perform at levels consistent with self-esteem is compounded by the fact that employees with low self-esteem tend to underestimate their actual ability and performance. Thus, low self-esteem employees will desire to perform at lower levels than their actual abilities would allow. (Aamodt, 2010).

Based on this perspective, person with disabilities with low self-esteem might underestimate their self because of their conditions. They are thinking that normal people are much better than them which lead to feeling of incompetence, jealousy and shame. To increase self-esteem, person with disabilities can attend workshop in which they are given insight into their strengths. It is thought that these insights raise self-esteem by showing to person with disabilities that they have several strengths and are good people. Person with disabilities try to increase their self-esteem by learning how to think positively. They should discover their positive qualities and abilities that may gone unnoticed and sharing their positive qualities with others.

As cited by Ilardi found significant correlation between self-esteem and motivation, and meta-analysis. Moreover, Judge et.al (2001) found a significant relation between self-esteem and job performance. (Aamodt, 2010).

Based on this, person with disabilities with high self-esteem have a high motivation. They are motivated to perform well on their schools. All the prior competencies should be mastered by the person with disabilities individual in adult years. The great challenge of teaching daily living skills is to translate educational goals into manageable components of instruction for the individual students. Those person with disabilities individual should be motivated to achieved their goals in life even they have limitation. Achieving goals might be a contribution to have a high self-esteem, feeling that they are worthy to their family, friend and to society.

According to Cohn (1978), losing one's job is generally interpreted as a serious failure in society. A national survey of American their employees reveals that job loss undermined self-esteem. In neighborhoods with little unemployment, persons who lost their job suffered a large drop in self-esteem. In neighborhoods where many others were unemployed too, the drop was less. The difference points to the importance of the immediate social context. The picture of people with low self-esteem forms an unhappy contrast. People low in self-esteem tend to be socially anxious and ineffective. They view interpersonal relationship as threatening, feel less positively towards others, and are easily hurt by criticism. Lacking confident in their own judgment and opinions, they yield readily in face of opposition. They



expected others to reject them and their ideas, and they have a little faith on their ability to achieve. (DeLameter, 2012).

## **Self-Management**

### **Social**

According to Kail et.,al. (2013) Several studies have linked youth participation in sports to delinquent and antisocial behavior. However, outcomes are usually positive when sports participation is combined with participation in activities. In addition, it also appears that perceived competency in one domain effects how a teenager feels about his ability in other areas.

When using self-enhancement, person advertises his or her strength, virtues and admirable qualities. We see making a good impression as way to gain social and material reward to feel better about ourselves, even to become more secure in our social identities. But some persons with low self-monitoring care less about what other think. They are more internally guided and thus more likely to talk and act as if they feel and believe. (Myers, 2013)

According to Morrale et,al (2012), The ability to communicate orally supports sound psychological development. One's self concept is acquired through interaction with others. In psychological terms, achieving self-actualization involves communication activities such as making contributions in groups, exerting influence over others, and using socially acceptable behavior. Oral communication competence can contribute to individuals' social adjustment and participation in satisfying interpersonal relationships.

According to Stickle (2011) Adolescents, in particular are exposed to high rates of stressful life experiences and there is some evidence that increases in stressors account, at least in part. For the increased rates of psychological problems adolescents experience. The common theme across all prevailing definitions of stress is focus on environmental events or conditions that threaten, challenge, exceed or harm the psychological or biological capacities of the individual.

According to Parritz, (2011), Self-Understanding and Self-Esteem usually conceptualized as achievements of the individual. But we need to remember that children and adolescents are embedded in social contexts that powerfully influence development. Relationships with parents and peers provide such social contexts, and they undergo significant change during adolescence. The popular children were those who received lots of positive responses and few negative ones. The rejected children receive d many negative responses and few positives. The neglected children received few positive or negative responses. And the controversial children had both positive and negative responses.

Sometimes we need to understand them. They need support and care from parents and friends. If someone bullied them, we don't have to tolerate those people who are bullies instead we have to tell them what the feeling of being bullied is. Being rejected is hard especially if you are rejected by your love ones. We are here to understand them not to reject them. When it comes to controversial children positive responses and negative responses, positive responses are the one that is having a good outcome while in negative responses is not good outcome.



The ways we communicate with others reflect and influence our relationship with them. Gender is related to communication style; its impact depends on the interpersonal, group, or organizational context. In every society, speech that adheres to rules governing vocabulary, pronunciation, and grammar is preferred or standard. Its use is associated with high status or power and is elevated favorably by listeners. (DeLameter, 2012)

Other people are important to the development of self-concept, but others do not define the self exclusively. We take actions ourselves, and the outcomes of those actions help define the self. Our own actions and the views of others contribute to our self-concept, and later we will consider some ways in which those contributions take place. Before doing so, we must consider what exactly we mean when we refer to self-concept.

Furthermore, Crooks (2012), Central to Rogers' theory of personality is the concept of self; the basic core of our beings glues the elements of our personalities together. The self is the central organizing, all-encompassing structure that accounts for the coherence and stability of our personalities. Rogers did not claim to have invented the concept of self-it was the Greeks who first provided us with the mandate "know thyself". What Rogers did was to sensitize psychology to the role of this ancient maxim in the evolution and expression of human personality.

As the expectation for students to be self-determinate about their goals reflects, the students play critical roles in effective transitions. Typically, by the young adult years, students with mild disabilities assume primary responsibility for transition-related activities. For that reason, students must learn how to self-advocate, nor can they be pursued simultaneously in a single situation. If you are at a family reunion in your parents' home, you might wish to claim an identity as a helpful son or daughter, an aspiring rap artist, or a witty conversationalist. (DeLameter, 2012). Self-advocate builds from self-determination. By using self-advocacy, students express and work toward their own goals. Self-advocating includes both expressing and negotiating for one's own interest, needs, and rights. Self-advocacy activities may be simple as selecting classes, arranging one's own accommodations, or naming a career path.

Furthermore, they must be aware of effective accommodations and strategies. To be effective self-advocates, they must know how to actually secure the services to which they are entitled. However, as Madaus and Shaw found many postsecondary students with mild disabilities are not aware of their own disabilities and needs. Also, people with LD have been found reluctant to self-disclose their learning disability status and needs in the workplace for multiple reasons, but principally due to a lack of knowledge about their own disabilities can also cause them problems with attempting to self-advocate. (Boyle, 2010)

When confronted with behavior that is different from what is expected, most children will try to correct the offending child. Younger children are often more direct and will tell the offending child to stop. As children get older, their way of correcting another child becomes more indirect; they use gestures, exaggeration or sarcasm, corrective humor, friendly teasing, gossip, or avoidance to get through to child who is breaking the tacit rules. The child can become socially isolated and may acquire a bad reputation. Because many children with SN misperceive humor and friendly teasing, it is important that adults be careful when using humor to correct any behavior. Children have to feel supported when they are corrected or reprimanded, so unless you have a very close relationship with a particular child, it is best to avoid using humor. (Giler, 2011)



According to Rosenberg and Sherwood, you may consider yourself an excellent student and a worthy friend, an incompetent athlete and an unreliable employee, and not care about your social identity as Basque French. For their part, stigmatized persons also have difficulty interacting with normal. Remarkably, the mere belief that we have a stigma even when we do not lead us to perceive others as relating to us negatively. Self-disclosure is a process through which we not only make identity claims but also promote friendship and liking. (DeLameter et, al., 2012)

Some children are taught to be self-reliant and tend to be individualistic so that they rely only on themselves to accomplish their goals and deal with the challenges, difficulties, and problems they face. Others are brought up to expect and count on the help and the cooperation of others and to reciprocate in kind. Individualistic children who prefer to work on their own may have difficulty adjusting to working in groups or committees even though they are non-competitive. Some children may desire to succeed academically, to go to college, to earn a lot of money, and to be successful materialistically. (Chadha, 2011)

According to (Sande et al.,1988) Descriptions of others focus on who the person is on social interactions and on his or her cognitive reactions. Furthermore, people perceive themselves as more complex than other people. (DeLameter, 2012)

Each of us has many different identities. Each identity suggests its own lines of actions. These lines of action are not all compatible, however

For instance, you may consider yourself an excellent student and a worthy friend, an incompetent athlete and an unreliable employee, and not care about your social identity as Basque French. During their school years, persons with high self-esteem participate more in extracurricular activities, are elected more frequently to leadership roles, show greater interest in public affairs, and have higher occupational aspirations. As noted in the previous section, people with high self-esteem expect to perform well and usually do. People with high self-esteem recall good, responsible, and successful activities more often, whereas those with low self-esteem are more likely to remember bad, irresponsible, and unsuccessful one. Most of us rarely concern ourselves with the possibility of deception as we interact with others. (DeLameter, 2012)

Regular schooling is usually not effective in training people with moderate retardation to acquire academic skills because generally they are unable to progress beyond the second-grade level. Still, they are capable of learning occupational and social skills, and they can travel independently to familiar places. (Feldman, 2010).

When people have done poorly in comparison to others, one tactic is to engage in downward comparison. If you received on an exam, for example, you focus on the number of people who failed. However, As cited by Wood (1994), the other tactic, used less frequently, is to engage in upward comparison. After failing in a task, subjects could seek upward and downward social comparison. Based on this perspective, people may seek comparisons that show themselves in a favorable light. It can lead people downward comparison with others who are less fortunate, less successful or less happy than they are. (Buss, 2012)

Comparing oneself with a peer who is worse off virtually guarantees that one will look better by comparison. A desire for self-improvement can lead to upward social comparisons with much better performers can be discouraging and lead to feelings of incompetence, jealousy or



shame. Whether upward comparisons are inspirational or discouraging appears to depend on the person's sense of whether the better performing person's standard is achievable. The achievable standards are inspirational, whereas unachievable success is discouraging. (Buss, 2012)

According to Dunst (2000), Early intervention is an environmental variable. He says that children and their parents and families are the recipients of many different kinds of social support that can and often do function as a form of early intervention. The information and guidance needed by parents for promoting child learning and development come from both informal and formal supports from informal network members rather than relying solely or primarily on formal support from professional and professional help giving agencies. This perspective lead to resource-based versus service -based model of early intervention, in that the emphasis is on access desired resources rather than the provision of services which may or may not be consistent with family and child priorities. (Wilson, 2013). According to this perspective, for many young children with or without disability, childcare is considered one of the most important and frequently used community services provides. Yong children with special needs have not always been served in educational programs. In fact, there was a time when children with special needs were excluded from public schools.

DeLameter (2012), discomfort arises during interaction between normal and stigmatized individuals because both are uncertain which behavior is appropriate. Normal may fear, for example, that if they show direct sympathy or interest in the stigmatized person's condition, they will be intrusive (for example, "Is it difficult to write with your artificial hand?). yet if they ignore the defect, they make impossible demands (for example, "would you help me move the refrigerator?). To avoid being hurt, stigmatized individuals may vacillate between shamefaced withdrawal (avoid social contact) and aggressive bravado ( "I can do anything anyone else can!"). In addition, they often use props to highlight aspects of self that are unblemished, such as proclaiming their intellectual interest (say, by carrying a heavy book), their political involvements (say, by wearing campaign bottoms), or their hobbies (say, by toting a knitting bag).

Hastorf et, al., (1979), In cases where a stigma does not force excessive dependency, permanently stigmatized individuals often try to strike a deal with normals: They will behave in and nondisruptive manner in exchange for being treated as trustworthy human beings despite their stigma. Under this arrangement, they will be expected to cultivate a cheerful manner, avoid bitterness and self-pity, and treat their stigma as a minor problem with which they are coping successfully. (DeLameter et, al., 2012).

Campbell (1990), compare with those having low self-esteem are socially at ease and popular with their peers. They are more confident of their own opinions and judgments, and more certain of their perceptions of self. (DeLameter et, al., 2012).

According to Wheeler (1982), social comparison can also diminish our satisfaction. When we experience an increase in affluence, status, or achievement, we compare upward we raise the standards by which we evaluate our attainments. When climbing the ladder of success, we tend to look up, not down; we compare ourselves with others doing even better. (Myers, 2013).



Self-esteem or self-worth includes a person's subjective appraisal of himself or herself as intrinsically positive or negative to some degree. Generally, self-esteem is described as a personal evaluation that an individual makes of her or himself, their sense of their own worth, value, importance, or capabilities. People's self-evaluation, whether explicit or implicit, are presumably formed through interaction with others. People's self-esteem is formed through their interactions with others. Individuals with low self-esteem have been reported to have repeatedly experienced perceived interpersonal rejection. Conversely, people with high self-esteem have experienced many subjectively successful or non-rejecting interpersonal relationships. (Jonsson, 2012)

According to Eysenck's Personality Inventory test, an introvert is associated with controlled behaviors, seriousness, pessimistic and reliability. He does not act on impulse nor does he like excitement. An extrovert, on the other hand, is associated with sociable tendencies, optimistic, aggressiveness and impulsive behaviors. He does not keep his feelings under control nor does he like to do things by himself. Extroverts appear to be more open to change their judgments under the influence of prestige suggestions. However, when an introvert encounters an extrovert with different views on a controversial issue, the introvert is more likely to be persuaded to modify his position. (Jonsson, 2012)

### **Physical**

To take the self as the object of action we must at a minimum be able to recognize ourselves. That is, we must distinguish our own faces and bodies from those of the others. Recognizing that one is physically and mentally differentiated from others is only one step in the genesis of self. Once we can differentiate ourselves from others, we can also recognize that each person sees the world from different perspective. In addition, when we evaluate ourselves, we are typically use the ideal of self or ought self as the reference point. When the actual self matches the ideal self, we feel satisfaction or pride.

Moreover, we choose to associate with people who share our views of self and avoid people who do not. People with negative self-views seek people who think poorly of them. For certain purposes, it is useful to distinguish between authentic self-presentation, ideal self-presentation and tactical self-presentation. In authentic self-presentation, our goal is to create an image of ourselves in the eyes of others that is consistent with the way we view ourselves. In the ideal presentation, our goal is to establish a public image of ourselves that is consistent with what we wish we were. In tactical self-presentation, a person cares only about the impact of the image he or she is presenting to others, not about the whether the image is consistent with his or her real self. To control the images, we project of ourselves in social interactions.

In connection, we enter self-awareness that is, we take the self as the object of our attention and focus on our own appearance, actions and thoughts. Numerous circumstances cause people to become self-aware. Mirrors, cameras, and recordings of our own voice cause self-awareness because they directly present the self to us as an object. Person engaging in tactical self-presentation usually has some ulterior motive in mind. In some cases, they want others to view them positively because it will enable them to get some reward that others control. (Myers, 2013)





Compared to children and adults, adolescents are much more concerned about their overall appearance. Many teenagers look in the mirror regularly, checking for signs of additional physical change. Generally, girls are more than boys about appearance and are more likely to be dissatisfied with their appearance. Many physical, moral, social with disabilities stigmatize individuals and permanently spoil their identities. Interaction between stigmatized and “normal” persons is marked by ambivalence and is frequently awkward and uncomfortable. In general, normal pressure stigmatized individual to accept inferior identities, whereas stigmatized individuals seek to build relationships around the aspects of their selves that are not discredited. Some with stigma attempts to pass avoid the negative reflected appraisals they would receive from normal.

Moreover, in general people who are self-aware act in ways more consistent with personal and social standard. The more the man was, the more the woman liked him and wanted to date him again. Pretty please. In addition, those who score low self-monitoring care less about what others think. They are more internally guided and thus more likely to talk and act as they feel they believe. Comparing oneself with peer who is worse off virtually guarantees that one will look better by comparison. A desire for self-improvement can lead to upward social comparisons with much better performers can be discouraging and lead to feeling of incompetence, jealous or shame. (Myers, 2013)

Inciong (2013), deafness deprives the person of the normal use of the hearing mechanisms. The most devastating effect of deafness is deprivation of language. The condition brings about corollary problems in cognitive development, emotional adjustment, difficulties in socialization and anxiety in daily experiences. “Blindness is a certainly a handicap to an individual”, wrote Virginia Axline of Columbia University, but the lack of acceptance of themselves as individual is a greater handicap than blindness. A similar case was made for children who were partially or totally deaf. Margaret Radcliffe, director of the San Diego Society for Hard of Hearing, used virtually identical language: “the hard of hearing child in our schools is handicapped more lack understanding of his problem on the part of his parents, teachers and friends than by his impaired hearing.

In addition, Children who are blind required more efforts to help them the scale and proportion in their interpretation of physical world. As a result, many blind children engaged in model making, map making, and written activities related to processing their creating these objects.

Furthermore, person with disabilities have remained largely hidden in respect of child abuse and the respect of social work, despite this being a major concern regarding non-disabled children. Environmental press is physical, interpersonal or social demands that environments put on people. Physical demands might include having to walk up three flights of stairs to your apartment. Interpersonal demands include having to adjust your behavior patterns to different types of people. Social demands include dealing with laws and customs that place certain expectations on people. These aspects of the theory reflect biological, psychological and social forces. (Myers, 2013).

According to Chaiken (1986), The physical attractiveness of the source can also affect the extent to which a message is persuasive. Advertisers regularly select attractive individual as spokesperson for their products. (DeLameter, 2012)



If we see ourselves as being likeable and attractive, we are likely to approach the intriguing person we see ourselves as boring and unattractive, we are likely to make overtures. Rogers believes that the key to healthy adjustment and happiness is a consistency or congruence between our self-concept and our experiences. (Crooks, 2012)

Moreover, Prasad (2013), this is important for all children. For physically handicapped children aid like electric type writers may be necessary to learn to write, indeed in severe cases, a typewriter may be the only way in which the child can communicate with words. Close cooperation between home and school is essential and whenever possible, children should be provided with the same tools at home and school so that what they learn at school can be done, free from supervision, when they are at home. There are many physical handicaps which can interfere with development during childhood, but not all of them disrupt the learning process. Children can be deprived of many experiences by a handicap, and their development may be hedge in by special conditions, yet their learning process continues to develop without becoming fragmented and secondarily handicapped. They may feel frustrated by their handicap and perhaps develop all sorts of emotional complication which call for treatment on their own right, but their learning processes remain intact.

According to David, persons who are temporarily stigmatized focus attention on their handicap, recounting how it befell them, detailing their favorable prognosis, and encouraging others to talk about their own past injuries. In contrast, people who are permanently stigmatized often try to focus attention on attributes unrelated to their stigma. (DeLameter et, al.,2012).

### **Emotional**

As cited by Tangney, Miller et, al., (1996), People feel shame and guilt when they think they have done something morally wrong, or when they have failed to live up to their own or others' expectation. The distinction between the two becomes clearer when researchers study how people interpret the negative event in question. Studies suggest that you are likely to feel shame when you think of yourself as bad or unworthy. You interpret the negative or inadequate. Thus, we can tentatively define shame as the emotion felt when one does something wrong and focuses on one's own global, stable inadequacies in explaining the transgression. By contrast, you are more likely to feel guilty if you feel bad about a specific action, but not about who you are as a person. Guilt is the emotion felt when one fails or does something morally wrong, but focuses on how to make amends and how to avoid repeating the transgression. (Shiota ,2013)

Everyone in this world full of discriminations will always feel shame. What more to those people who are physically handicapped and that they can't even help them self? For me, living a life with some negative aspects in life will help you to cope up and to be more responsible and to be a good person with good attitude. When it comes to guilt, it gives you hatred with people who do not value you as a person. Guilt is sometimes felt when you have done something wrong.

According to Boyd (2012), some triggering stressful events often a disciplinary crisis with parents or some rejection or humiliation such as breaking up, or failing in valued activity.

In Addition, Individuals set of beliefs about causes of events, also contributes to health. A person who internal locus has of control sees herself as capable of exerting some control of



what happens to her. One who has an external locus of control believes that other people or uncontrollable forces such as luck determine the future.

Absences make it hard for bullying victims to keep up academically, but even victims who regularly attend school may not be gaining much knowledge there. Children who are bullied spend a lot of time thinking up ways to avoid the trauma and have little energy left for learning. (Mackay, 2013)

Accept your limitations. Do not be upset and get frustrated about the things that are you incapable of doing. Be happy with what other people can do which you cannot, learn to appreciate their abilities. On the other hand, avoid self-pity, be thankful and satisfied with your God – given talents. Learn to accept for what you are. (Corpuz, 2013)

One of Socially ADDept's first goal is to teach children greater self-awareness. The second step in gaining social awareness is for children to see how their behavior affects someone else. This skill involves stepping outside their own frame of reference to view an interchange the same way someone else might see it. (Giler, 2011)

Ultimately an adolescent's success or failure will depend upon his beliefs, self-concept and self-esteem. A shy and timid person might harbor a lot of doubts. A youngster's self-confidence is his/her asset. Anger is normal emotion that both children and adults feel, but even when we're angry, we should respect those around us. We can teach children different ways to handle anger, such as deep breathing, writing in journals, creating pictures or poems, or talking to someone who cares. If children do harm something or someone, we can teach them how to apologize and how to better handle their anger next time (Chadha, 2011)

If on the other hand, a child has negative feelings about himself because of the way he is treated in his family, even a teachers' good treatment may not change his self-esteem readily. Instead, he may rationalize it by thinking that the teacher is being nice to him because she feels sorry for him because he is so bad. He may act out his negative feelings about himself by being aggressive toward other children, disruptive of activities or by withdrawing into himself and not participating. (Beaty, 2010)

These details need to be positive, happy ones. You need to support this process first by accepting the child and his family unconditionally. Information is relayed to children through words, facial expressions, and actions. Show your acceptance both verbally and nonverbally. Smile at him frequently. Greet him personally every day, telling him "See you tomorrow, don't forget!" Demonstrate that you enjoy being near him and having him near you. You are behavior model for the other children as well. If they see that you accept a child no matter what, they will be more likely to do the same. You need to show genuine interest in child. If this is a child who has made you feel annoyed, find a way to change your feelings. Make daily list positive things about the child and tell the child how you appreciate what he is doing or saying. You may need to help a partner for the hyperactive child who has been teased by others or the shy child who may be able to relate on a one-to-one basis with one other child before she can cope with a group. (Beaty 2010)

Other students develop negative attitudes toward them, and these attitudes adversely affect confidence and self-esteem. You need to make special efforts to promote the acceptance of these students in your classroom. These efforts include developing classmates' understanding



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and acceptance of them, helping students with exceptionalities learn acceptable behaviors, and using strategies to promote social interaction among students. (Eggen, 2010)

Persons with disability who are able to self-advocate have self-awareness, self-acceptance, awareness of their rights and resources, assertiveness, and problem-solving skills. They become self-advocates when they demonstrate an understanding of their disability and are aware of their legal rights and can competently and tactfully communicate their rights and need to those in positions of authority.

A child develops a good attitude towards life. However, parents also have to lay a few boundaries. For example, if you want to teach your child not to hurt the pets in your home, you can do this, not by scolding, but by teaching your child an alternative to hair pulling/hitting the animals. There are other ways of explaining to a child that s/he has done something wrong. A child might feel insulted or humiliated, if scolded or rebuked harshly. (Chadha, 2011)

The link between identities and behaviors is through their common meanings. (Burke&Reitzes. 1981), if members of a group agree on the meanings of particular identities and behaviors, they can regulate their own behavior effectively. They can plan, initiate, and control behavior to generate the meanings that establish the identities they wish to claim. (DeLameter, 2012)

Some adolescents are better than others at coping, making efforts to control, reduce, or tolerate the threats and challenges that lead to stress. (Feldman, 2010)

As cited by McGeehan, positive emotions associated with an experience tend to support memory of that experience.

According to Lawton, when people choose new behaviors to meet new desires or needs, they exhibit proactivity and exert control over their lives. In contrast when people allow the situation to dictates their options, they demonstrates docility band have little control. Proactivity occur in people with relatively high competence and docility in people with relatively low competence. (Kail, 2013).

DeLameter et, al., (2012), stigmatized person avoids the constant embarassment of indelicate questions, inconsiderateness, and awkward offers of help. They gain some acceptance and enjoy relatively satisfying interaction in most encounters. Normals gain because their resolution assuages the ambivalence, they feel towards stigmatized and spares them the true pain the stigmatized person suffers.

Furthermore, Kaufman (2004), persons have an additional coping strategy; they can attribute the stigma they experience to the prejudiced attitudes of others and base their self-perception on traits on which they rank well. They may also seek out relationships with other people who are share the stigma in an effort to experience positive reflected appraisal. (DeLameter et, al., 2012).

DeLameter et, al., (2012), person may hide identity from normals while cultivating discreet associations with others who share the stigma; this will prevent negative appraisal by normals and provide the person with positive appraisal by others. Millions of college students used this strategy to gain access to bars and alcoholic beverages before they reach the legal age. Or



the person may distance the self from other stigmatized persons and associated with normals or withdraw from interaction.

Performing career activities often produces positive feelings, such as satisfaction, and negative feeling including stress and satisfaction are the third component of the life course. (DeLameter et. al., 2012).

According to Higgins (1989), research has shown that the relationships between components of one's schema influence one's emotional state and behavior. There are three components of the self-schema: self as one is (actual), as one would like to be (ideal), and as one ought to be (ought). When we evaluate ourselves, we typically use the ideal self or the ought self as the reference point. When the actual self matches, we feel satisfaction and pride. (DeLameter et. al., 2012),

Weary et. al., (1994), our moods infuse our judgments, some studies compare happy and sad individuals. Unhappy people especially those bereaved or depressed tend to be more self-focused and brooding. A depressed mood motivates intense thinking a search for information that makes one's environment more under stable and controllable. (Myers, 2013).

Myers (2013), no one wants to look foolishly inconsistent. To avoid seeming so, we express attitudes that match our actions. To appear consistent, we may pretend those attitudes. Even if that means displaying a little insincerity or hypocrisy, it can pay off in managing the impression we are making--or so self-presentation theory suggest. People feel uncomfortable when they are appeared too different from others. But in individualistic Western cultures they also feel uncomfortable when they appear exactly like everyone else. As experiments by C.R. Synder et. al., (1980) have shown, people feel better when they see themselves as moderately unique

Petty et. al., (1993), good feelings often enhance persuasion, partly by enhancing positive thinking and partly by linking good feelings with the message. In addition, Bodenhausen (1993), people who are in good mood view the world through rose colored glasses. But they also make faster, more impulsive decisions; they rely more on peripheral cues. (Myers, 2013).

Furthermore, Bower et. al., (1987), our moods color our thinking. When we feel happy, we think happy. We see and recall a good world. But let our mood turn gloomy, and our thoughts switch to a different track. Off come the rose-colored glasses. Now the bad mood primes our recollections of negative events. (Myers, 2013).

Crocker et. al., (2004), those who pursue self-esteem, perhaps by seeking to become beautiful, rich or popular, may lose sight of what really makes for quality of life. Moreover, if feeling good about ourselves is our goal, then we may become less open to criticism, more likely to blame than empathize with others, and more pressured to succeed at activities rather than enjoy them. (Myers, 2013).

Lewis et. al., (1992), shame and pride can be seen in different sides of the same coin. For example, when children are given a simple task, such as putting puzzle together, and they consistently fail, they express shame by averting their eyes, frowning, slumping their bodies, and making negative statement about themselves ("I'm not good at this!"). In contrast, when children succeed at difficult task, they express pride by smiling, standing up straight, looking



directly at others (likely for confirmation of the good job they have done), and making positive statement (“I did it!”). (Bjorklund, 2012)

Emotional intelligence is positively related to self-esteem. As cited by Salovey et.,al (1995) emotional intelligence involves clarity about, and attention to, one’s emotions as well as the ability to manage emotions. People with high self-esteem more frequently use their own emotion as information they should show greater emotion related skills than do low-esteem people. According to Ciarrochi et., al (2001) Self-esteem has been positively and repeatedly related to emotional intelligence. (Harber, 2012)

### **State Self-Esteem Scale**

#### **Description of Measure:**

A 20-item scale that measures a participant’s self-esteem at a given point in time. The 20 items are subdivided into 3 components of self-esteem: (1) performance self-esteem, social self-esteem, and appearance self-esteem. All items are answered using a 5-point scale (1= not at all, 2= a little bit, 3= somewhat, 4= very much, 5= extremely).

#### **Abstracts of Selected Related Articles:**

Lyubomirsky, S. & Ross. L (1997). Hedonic consequences of social comparison: A contrast of happy and unhappy people. *Journal of Personality and Social Psychology*, 73, 1141-1157.

Two studies tested the hypothesis that self-rated unhappy individuals would be more sensitive to social comparison information than would happy ones. Study 1 showed that whereas unhappy students' affect and self-assessments were heavily affected by a peer who solved anagrams either faster or slower, happy students' responses were affected by the presence of a slower peer only, these between-group differences proved to be largely independent of 2 factors associated with happiness, i.e., self-esteem and optimism. Study 2 showed that whereas the unhappy group's responses to feedback about their own teaching performance were heavily influenced by a peer who performed even better or even worse, happy students' responses again were moderated only by information about inferior peer performance. Implications for our appreciation of the link between cognitive processes and "hedonic" consequences are discussed Ikegami, T. (2002). The role of state self-esteem in positive mood effects on person impression: When does a positive mood lead to a favorable view of others? *Japanese Psychological Research*, 44, 20-33.

Subjects in a positive or a neutral mood were engaged in an impression formation task (Experiment 1), and in a word fragment completion task (Experiment 2). A self-referent versus other-referent sentence completion task was used to induce a positive mood state. As a result, the subjects exhibited mood congruent effects on impression ratings in the self-referent but not in the other-referent mood induction condition. Word completion data, however, indicated that relevant traits (i.e., friendly traits) had been equally activated across the two mood induction conditions. It was also demonstrated that the self-referent induction procedure was effective in enhancing the level of self-esteem, whereas the other-referent one was not. The results converged to suggest that the enhancement in state self-esteem accompanying the self-referent procedure might be relevant to positive mood effects on person impression. This indicates the limitation of the mood priming model. Harter, S.,



Waters, P., & Whitesell, N. R. (1998). Relational self-worth: Difference in perceived worth as a person across interpersonal contexts among adolescents. *Child Development*, 69, 756-766.

### **Interpersonal Communication Inventory**

Being an effective communicator seems to be based on five interpersonal components: (1) an adequate self-concept, the single most important factor affecting people's communication with others; (2) the ability to be a good listener, a skill which has received little attention until recently; (3) the skills of expressing one's thoughts and ideas clearly which many people find difficult to do; (4) being able to cope with one's emotions, particularly angry feelings, and expressing them in a constructive way; and (5) the willingness to disclose oneself to others truthfully and freely. Such self-disclosure is necessary for satisfactory interpersonal relationships. The interpersonal Communication Inventory (ICI) is applicable generally to social interaction in a wide variety of situations. It is an attempt to ensure general tendencies in interpersonal communication and it may be used as a counseling tool as a teaching device, as a supplement to an interview, by management, or for further research

### **Appearance Schemas Inventory Revised**

Appearance-related schemas reflect the importance of appearance to an individual's sense of self (Cash, 2011). Appearance-schematic persons place a great importance on their physical appearance and they evaluate themselves based on how they look (Labarge, Cash & Brown, 1998; Young, 2007). The Appearance Schemas Inventory (ASI) measures 'dysfunctional schematic investment in appearance' (Rusticus & Hubley, 2005; p. 2)

The 20-item measure is composed of two subscales: Self-Evaluative Salience and Motivational Salience. Self-Evaluative salience reflects how people believe that their physical appearance determines their own self-worth. Respondents rate items on a 5-point Likert-type scale ranging from Strongly Disagree (1) to Strongly Agree (5).

The psychometric properties of the Greek adaptation of the ASI-R were examined and particularly the factor structure of the scale, as well as internal consistency, test-retest reliability, and convergent validity.

### **The Assessing Emotions Scale**

#### **Theoretical Rationale**

The Assessing Emotions Scale, in some literature called the Emotional Intelligence Scale, the Self-Report Emotional Intelligence Test, or the Schutte Emotional Intelligence Scale, is based on Salovey and Mayer's (1990) original model of emotional intelligence. This model proposed that emotional intelligence consists of appraisal of emotion in the self and others, expression of emotion, regulation of emotion in the self and others, and utilization of emotion in solving problems. Subsumed under these branches are functions such as verbal and nonverbal appraisal and expression of emotion and using emotions to motivate as part of the utilisation of emotions. Mayer, Salovey, and Caruso (2004) have since refined their 1990 model, but the basic aspects of emotional intelligence proposed in the newer model remain similar to those of the 1990 model.



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## **Description of the Measure and Scoring Instructions**

The Assessing Emotions Scale is a 33-item self-report inventory focusing on typical emotional intelligence. Respondents rate themselves on the items using a five-point scale.

The most widely used subscales derived from the 33-item Assessing Emotions Scale are those based on factors identified by Petrides and Furnham (2000), Ciarrochi et al. (2001), and Saklofske et al. (2003). These factor analytic studies suggested a four-factor solution for the 33 items. The four factors were described as follows: perception of emotions, managing emotions in the self, social skills or managing others' emotions, and utilizing emotions. The items comprising the subscales based on these factors (Ciarrochi et al., 2001) are as follows: Perception of Emotion (items 5, 9, 15, 18, 19, 22, 25, 29, 32, 33), Managing Own Emotions (items 2, 3, 10, 12, 14, 21, 23, 28, 31), Managing Others' Emotions (items 1, 4, 11, 13, 16, 24, 26, 30), and Utilization of Emotion (items 6, 7, 8, 17, 20, 27). All 33 items are included in one of these four subscales.

## **Review of Related Studies**

These related studies include the ideas, thesis, generalization and conclusion. This helps providing information that were relevant and similar to the present study.

In U. S Government, approximately 11% students with disabilities in schools have some type of cognitive, behavioral or social disability that puts them at risk for scoring lower on standardized achievement test. Students with cognitive, emotional or behavioral disabilities experiences impairments in learning and lower academic achievement than their same-age peers. (Bohlin, 2012).

Students classified with learning disabilities, mild retardation or emotional/ behavioral disorder account for more than two-thirds of all students with disabilities (U.S Department of Education, 2001). These same characteristics are common in teacher descriptions of students with mild retardation and behavioral disorder.

Young people with disabilities drops out of high school at twice rate of their peers. Enrollment rates of students with disabilities in higher education are still 50 percent lower enrollment among the general population. Most children formally identified disabled experienced complete and permanent separation from their disabled schoolmates. Disabled children attended separate classes in isolated classrooms or even specials schools. (Boyle, 2012)

On Thomas, (1999) work about the psycho-emotional dimension of disablism, Reeve, (2002) discusses the way in which oppression becomes internalized for disabled person, not as a result of an individual psychological deficiency, but as a consequence of their treatment within a disabling society.

In relation to this, studies of suicides suggest that this triggering event is often a disciplinary crisis with the parents or some rejection or humiliation such as breaking up with girlfriend or boyfriend or failing in a valued activity. Thus, disruptions in a person's most significant social relationships increase the risk of suicide.





As per Osgood, (2010), most children formally identified as disabled experience complete and permanent separation from their nondisabled schoolmates. Disabled children separate classes in isolated classrooms or even special schools.

Based on findings of the researcher (Militar et., al, 2005), social skill development was based on the degree of apprehension for persons with disabilities individuals in Tahanang Walang Hagdanan should be given attention and be sought for the enhancement and continuous development of well-being of physically handicapped individuals. Furthermore, the government should establish an institution like Tahanang Walang Hagdanan, which will be of help and service by providing the needs and concerns of individuals with physical disability. Similarly, the society must be aware of the needs and concerns of physically handicapped individuals, realizing that even though they are disabled they are also normal human beings that do interact in social situation; that must also be respect by the people around them. (The Degree of Apprehension of Physically Handicapped Individuals in Tahanang Walang Hagdanan, Institute of Arts and Sciences, San Sebastian College- Recoletos, Manila)

According to Eddie Bulanadi, twenty five percent of the teachers are with Special Education units/MA/graduate. Seventy five percent of them who cater to the needs of the children with special needs in regular classes are without academic schooling/background in Special Education. (The Effects of Inclusion of Children with Special Needs In Regular Class in Selected Private and Public Elementary School, 2006).

Based on the finding of the researcher's (Batalon, Donna, Callanga, Ma. Lorena, 2002) Parent's adjustment problems as shown in the Bell Adjustment Inventory vary on how they cope with their situation as resulted in the Coping Mechanism Stress Rating Scale. Not only the Respondents must give attention to the child, but as well as the entire family of the child must support and guide the upbringing attentively. Improvement in the part of the School Administration on how to make the respondents understand the status of their special child by introducing programs to help parents understand their special needs. Further in-depth study involving a large group of people. In this way the study will be better founded since it includes larger group. (Adjustment Problems and Coping Styles of Parents with Special Children, San Sebastian College-Recoletos Manila)

Based on the findings of the researcher's, (Tarog, Cheryl Evan Joy, Tuazon, Ma. Lourdes, Villajuan, Jerico, 2003) most of the respondents' self-esteem falls under below average level. The self-constructed questionnaire for measuring decision making, which was taken by the respondents, showed a majority of scores falling under the average level, which implicates that most of them, are capable to decide for their own success. It turns out that self-esteem has a significant negative relationship with decision-making. (The Relationship of Self-Esteem and decision making of Adolescents in Hospicio De San Jose, San Sebastian College-Recoletos Manila)

Based on the findings of the researcher's (Bajelot, Melody, Ramos, Vivian, Siapno, Ana Gail, 2002) the age is a major factor in the classroom behavior, because as the age change the behavior also changed. Respondent's behavior was at high level of destructive behavior. They had given to the teachers, most of the time checked were at the Very Much category. It means that there was high level conduct disorder that manifests in every child. They say that grade level has a great effect in conduct disorder of children. Because as grade level increase, the children's behavior changes with the environment and the way children deals and view



with it. Proper treatment and teaching can really help those children to have a normal life. (Demographic Profile and the Classroom behavior of children with Attention Deficit Hyperactivity Disorder (ADHD) of anima Christi Center, San Sebastian College-Recoletos Manila)

According to the National Council on Disability, studies show that young people who have disabilities are subject to more bullying than non-disabled peers. Young people who have disabilities, like Chatari Jones, are particularly popular as targets for physical bullying. (Harding, 2013).

Often bullies believe that they are being funny, and fail to realize the harm they are inflicting. Bullying is an issue that particularly important to students with special needs. It is possible that it is a side effect of inclusion because when exposed to the general education classrooms, the risk of bullying increases. Those persons with disabilities become a target of bullying. Bullies target their peers based on real or perceived difference in appearance, abilities and behavior. The issue of this is that the victim, those people with disabilities suffer from embarrassment, anxiety or fear that can develop low self-esteem. As we become diverse in our community, it is important that we must be the one who will stop the bullying because it affects those victims, especially those people with special needs.

Moreover, according to British Journal of Learning Support, 60 percent of students with disabilities reported being bullied compared with 25 percent of the general school population. Psychological bullying of students who have physical disabilities includes acts such as pretending to be friends with someone and then making fun of that person in front of his or her peers. The bully might also convince the victim to do something that will get him or her in trouble at school or home. (Landau, 2013).

Based upon this study, physically disabled are likely to be a victim of bullying. They are characterized as shy, timid and have low self-esteem. Because of this they are the target for bullies because they think they are socially awkward because of their disability. Some people may take advantage of them or make fun of them. The experience or anticipation of being bullied can shape a person's sense of self and social relationships and can have a severe damaging impact on their self-esteem, mental health, social skills and progress at school. These effects can be particularly felt by disabled people who are often socially excluded in any case.

In addition, according to the Washington Post, more than two-thirds of the students in a study of 423 gifted eighth-graders had been bullied. Sylvia Rimm, a professor at Case School of Medicine in Cleveland, Ohio told the post, "Regular kids are bullied too but gifted kids are bullied based on their school performance, which makes the child's strength into a weakness". (Harding, 2013). Bullying could stem from envy of a gifted child's intelligence, but insight into why kids bully also shows that children who become victims of bullying usually are those who stand out from the norm in some way.

## **Synthesis**

The literature as well as the studies both foreign and local presented by the researchers provided the essential information that would greatly support the reader in understanding the study itself. The literature and studies in this research contain significant knowledge that



would describe the relationship between self-esteem and self-management of physically handicapped person.

The result of the self-esteem of a physically handicapped person will be based upon how they see themselves or how they evaluate themselves and how they will be evaluated by others a. Also, self-management is based upon how they will handle every situation and circumstances that they may experience especially in terms of their social, emotional, physical and social life. Some of the physically handicapped person will able to cope with their situation but most of them tend to low their self-esteem and poor self-management because of their situation. Through this research it will help the persons with disabilities to improve and those weaknesses that needs to be develop. Thus, having disabilities needs acceptance and understanding, disabled teenagers should have a proper placement in this society.

Based from the literature and studies gathered it is enough to supplement the study. The review of related literature as well as review of related studies has given the researcher a better perspective on the problem.

## **METHODOLOGY**

This chapter will present the methods used in the study including the participants, measures, procedures and data analysis of the study.

The most appropriate design for this study is the correlational design. It identifies whether there is a relationship exists between two or more variables.

### **Research Design**

The focus of this study is correlational design. Correlation exists when two different measures of the same people or events vary together, thus, when score on one variable covary with scores on another variable (Shaughnessy, 1997)

This to present the Relationship of self-esteem and self-management of persons with disabilities in Tahanang Walang Hagdanan. The researcher used the standardized tool in both self-esteem and self-management. The central part of the study involves collecting of data concerning the conditions involving the respondents of the study.

### **Instrumentation**

The researchers used a questionnaire in gathering data which is Relationship of self-esteem and self-management of persons with disabilities in Tahanang Walang Hagdanan, which is standardized tools.

### **Self-Esteem**

#### **State of Self-Esteem Scale**

The self-esteem scale is a standardized tool which consists of 20-item questions. A 5-point Likert scale was used in the questionnaires.



<b>Not At all tab</b>	<b>1-1.8</b>
<b>A little Bit</b>	1.81-2.6
<b>Somewhat</b>	2.61-3.4
<b>Very Much</b>	3.41-4.2
<b>Extremely</b>	4.21-5

### **Psychometric Properties**

Coefficient Alpha for whole Scale = .92 (Equal for Males and Females)

The subcomponents are scored as follows:

Performance Self-esteem items: 1, 4, 5, 9, 14, 18, 19.

Social Self-esteem items: 2, 8, 10, 13, 15, 17, 20.

Appearance Self-esteem items: 3, 6, 7, 11, 12, 16.

### **Self-Management**

The Self-Management is also a standardized tool that consists of three factors, Social Management, Physical Management, and Emotional Management.

### **Schutte Self-Report Emotional Intelligence Test**

Schutte Self-Report Emotional Intelligence Test is a 33-item questions. It is a 5-point Likert scale which is strongly agree, disagree, neither disagree or agree, agree and strongly agree

<b>Strongly Disagree</b>	<b>1-1.8</b>
<b>Disagree</b>	1.81-2.6
<b>Neither Disagree or Agree</b>	2.61-3.4
<b>Agree</b>	3.41-4.2
<b>Strongly Agree</b>	4.21-5

### **Psychometric properties**

The Assessing Emotions Scale has been used in many studies of emotional intelligence and has been much written about, as indicated by over 200 publications listed in the PsycINFO database as citing the Schutte et al. (1998) article that first describe the scale. Thus, psychometric information regarding the scale is available both from the initial article reporting on the development of the scale and a number of subsequent studies.

### **Internal Consistency**

In the development sample of 346 participants, Schutte et al. (1998) found the internal consistency of the Assessing Emotions Scale, as measured by Cronbach's alpha, to be .90.



Numerous other studies have reported the internal consistency of the 33-item scale. Table 2 shows the internal consistency, measured through Cronbach's alpha, for diverse samples. The mean alpha across samples is .87.

Ciarrochi et al. (2001, 2002), drawing on responses from adolescents and university students respectively, reported internal consistency for subscales as follows: Perception of Emotion, .76, .80; Managing Own Emotions, .63, .78; Managing Others' Emotions, .66, .66 and Utilisation of Emotion, .55, (the alpha for this scale was not reported in Ciarrochi et al., 2002)

### **Test-Retest Reliability**

Schutte et al. (1998) reported a two-week test-retest reliability of .78 for total scale scores.

### **Practical Considerations**

#### **Use with Different Populations**

The Assessing Emotions Scale has been used with respondents from a variety of populations. The development sample of participants consisted of adults of a range of ages (Schutte et al., 1998). Most subsequent studies have used the measure with adults. Ciarrochi et al. (2001) found that the scale had good psychometric properties when used with Australian adolescents, Charbonneau and Nicol (2002) used the scale with Canadian adolescents, and Liao, Liao, Teoh, and Liao (2003) used the scale with Malaysian adolescents. As the reading grade level of the scale is that typical of students in their fifth year of school (Schutte et al., 1998), as assessed by the Flesch-Kincaid reading level formula, it seems reasonable to use the scale with adolescents.

### **Interpersonal Communication Inventory**

The Interpersonal Communication Inventory is a 40-item. A 3-point Likert scale was used in the questionnaires.

<b>Yes</b>	<b>1.34-2</b>
<b>Sometimes</b>	0.67-1.33
<b>No</b>	0-0.66

### **Psychometric Properties**

This Interpersonal Communication Skills Inventory is designed to provide individuals with some insights into their communication strengths and potential areas for development. By answering each question candidly, an individual will receive a profile that displays their level of competence in four key communication areas

When designing the ICI, Bienvenu performed a quartile comparison using the Chi-square test ( $n=316$ ) to determine which items were distinctly different. Fifty of the original fifty-four items "were found to be significantly discriminating between the upper and the lower quartiles @ $<.01$ " so in 1969 the ICI was reduced from fifty-four questions to fifty (Bienvenu, 1976, 5). An additional study was conducted in 1971 ( $n=241$ ) and resulted in the discard of ten more items (Bienvenu, 1976). Therefore, after two separate studies, Bienvenu



retained forty items in the ICI because they were found to be significantly different from each other.

In 1974, Ott conducted a validation study of the ICI for her doctoral dissertation (in Oliver, 1993). The study consisted of 192 university students who took three tests: The Interpersonal Communication Inventory (ICI), the Personal Orientation Inventory (POI), and the Edwards Personal Preference Schedule (EPPS). Results from this study indicated a positive correlation between the 11 ICI dimensions and the 14 of the 19 POI variables.

In 1973, Bienvenu used the Pearson Product Moment Correlation Coefficient ( $r$ ) to conduct two reliability studies of the forty-item original ICI. The results of the first study revealed a split-half reliability of  $r=.87$  and the results of the second study (a test-retest with the same subjects within a three-week period) revealed a  $r=.86$  (Bienvenu, 1976).

### Appearance Schemas Inventory Revised

The Appearance Schemas Inventory Revised is a 20-item question constructed by Thomas Cash. It is a 5-point Likert scale which is strongly disagree, disagree, neither disagree or agree, agree, and strongly agree

<b>Strongly Disagree</b>	<b>1-1.8</b>
<b>Disagree</b>	1.81-2.6
<b>Neither Disagree or Agree</b>	2.61-3.4
<b>Agree</b>	3.41-4.2
<b>Strongly Agree</b>	4.21-5

### Psychometric Properties

The ASI-R is a measure for use with adults, 18 years old and older. The ASI-R has been found to have good psychometric properties. According to Cash, Melnyk and Hrabosky (2004), the internal consistencies of the ASI-R were satisfactory. For the composite measure, the alpha value was .88 for women and .90 for men. The Self-Evaluative Saliency was .82 for women and .84 for men and the Motivational Saliency was .90 for women and .91 for men (Cash, 2003). Furthermore, the ASI-R composite score correlated with other similar measures assessing body image dimensions. Cash, Melnyk and Hrabosky (2004) found a positive association ( $r = .47$  for men and  $.64$  for women) between ASI-R scores and the Sociocultural Attitudes Towards Appearance Questionnaire – Internalization subscale (SATAQ-3 Internalization), with the Situational Inventory of Body-Image Dysphoria (SIBID) ( $r = .56$  for men and  $.67$  for women) and the Body-Image Ideals Questionnaire ( $r = .38$  for men and  $.53$  for women). Rusticus and Hubley (2005) also found a positive correlation between ASI-R scores and the Multidimensional Body Self Relations Questionnaire - Appearance Orientation subscale ( $r = .79$ ). The ASI-R also correlates with perfectionism ( $r = .63$ ; Cash, Melnyk and Hrabosky (2004), self-esteem ( $r = -.20$ ; Cash, Melnyk & Hrabosky, 2004), and eating disturbances ( $r = .31$ ; Cash, Melnyk & Hrabosky, 2004). The reliability and validity of the ASI-R not only extends to college samples but also to the wider community (Cash & Hrabosky, 2003; Rusticus & Hubley, 2005), both genders (Cash, Melnyk & Hrabosky, 2004), race (Cash, Melnyk & Hrabosky, 2004) and ethnicity (Ambo, Suga & Nedate, 2012). Finally,



the ASI-R has also been correlated to Body Mass Index in women where heavier women were more likely to perceive their appearance more self

The respondents asked to answer a number of questions concerning their knowledge about the questions, the respondents put a check on the desired answer or how they usually feel. The instrument is very efficient because it gave the researchers additional information for their research concerning the relationship of self-esteem and self-management to the persons with disabilities. The researchers were able to collect quantitative data.

### **Research Locale:**

Tahanang Walang Hagdanan is a non-government organization for people with disabilities, pioneered by Sister Valeriana Baerts. It is located at Maric Subdivision, Cainta Rizal. Inside the institution you can see how persons with disabilities live the life run by wheel chair and cane. There are over 135 persons living and working in Tahanan and almost 50% of them are disabled in some form. They are engaged in mental craft, woodcraft, packaging, recycling and needlecraft which become a source of their funds.

Tahanang Walang Hagdanan hopes to achieve for the person with disabilities a gainful and productive life, which will restore their personal sense of dignity and self-respect. The objective of Tahanan is to equip the disabled with skills and knowledge for his integration into the mainstream of society by exposing them to on-the job training, educating them through regular classes and special education and other services. They give shelter and other welfare assistance to the severely disabled that cannot work with workshop routines and to bring disabled closer to their own communities through the recognition approach.

The researchers chose Tahanang Walang Hagdanan because it is a home of person with disabilities such as reduced function in legs, feet, arms and hands. The researchers aimed to determine the relationship of the self-esteem and self-management of people with disabilities.

### **Sampling Technique**

The researchers used convenience sampling technique in gathering data needed in the study for the respondents who are with disabilities in Tahanang Walang Hagdanan.

The researchers gave questionnaires for the participations of the respondents. The survey was completed in June-October 2017.

The researchers believe that the chosen respondents could give the desired informing regarding the present study. Criteria used in the selection of the respondents were the following:

The respondents must be age 18 to 60 years old only and physically disabled such as Polio, Orthopedically impaired, Charcot Marie Tooth Disease (CMTD), Spinal injury, Brittle Bone, Handback Disability, Congenital Disability, Cerebral Palsy and Club Foot.

### **Data Gathering Procedure**

Before conducting any tests, the researchers gave participants an informed consent wherein their participation in the study and their rights as human subjects, as well as any potential risks or benefits of participation is recognized. The researchers composed a letter asking



permission to conduct a study to the persons with disabilities aged 18 to 60 years old. The researchers assured that the participants are aware of the purpose of the study and the confidentiality of the test and results. The instructions on how to answer the test was discussed after the introduction.

In order to attain the expected number of proportion of participants, the researchers selected the Tahanang Walang Hagdanan as the respondents of the study.

### Statistical Treatment

After the collection of data, the researchers have encoded the data. By the used of Statistical Analytic Software such as the Statistical package for Social Sciences (SPSS) and the Microsoft Excel data were evaluated and analyzed. Through the help of a qualified statistician the analysis of the data has been completed.

The following statistical treatment of data was employed in the study.

1. Relative Percentage Frequency – is used to show the distribution of the responses on their profile data.

Percentage Formula:

$$P = \frac{f}{N} \times 100\%$$

Where:

F - frequency

N – number of respondents

100– constant

2. Mean– is used to determine the respondents' perceived level of self-esteem and self-management in terms of social, physical and emotional.
3. Pearson Product Moment Correlation (Pearson R) – is used to determine the significant relationship of Self-esteem and Self-management of persons with disabilities.

Formula:

$$r = \frac{n \sum xy - \sum x \sum y}{\sqrt{\{n \sum x^2 - (\sum x)^2\} \{n \sum y^2 - (\sum y)^2\}}}$$





Where:

r - coefficient

n – number of respondents

x – self-esteem

y – self-management

4. The likert scale was used to interpret items in the questionnaire. There were questionnaires that the respondents were asked on what the significance of self-esteem and self-management to persons with disabilities.

### **Ethical Consideration**

In conducting the study, the respondents have the right to decide whether or not they get involved in the study. Consent from the respondents are taken and appropriate permission was also be ensured for usage of given data. Completion of the questionnaire by respondents are taken as their giving consent in participating in the study. Enough time is given to the respondents of the study so that they can depict their true view on research questionnaires.

Protection and safekeeping of the responses was maintained strictly to ensure privacy of the data. The respondents could withdraw from the study at any time without being asked.

The following ethical guidelines were put into place for the research period:

### **Proper Etiquette in dealing with Persons with Disabilities**

It is important that the researchers are able to communicate appropriately and effectively with everyone especially when working with persons with a disability.

### **Things to Do:**

- 1.. Use "people first" language to respect that people with disabilities aren't defined by their disability, they are people first, disability second ("OUT" terms: "handicapped," "the disabled," "wheelchair-bound," "confined to a wheelchair." "IN" terms: "people with disabilities"; "a person who uses a wheelchair"; "person with Autism")
2. Ask and don't assume someone needs or wants help even if they appear to be struggling with mobility.
3. Think of a wheelchair or other mobility aide as a part of the user's personal space. Don't lean on it, push it without asking, put your feet upon it, etc.
4. Speak directly to people with disabilities and with age-appropriate language.
5. Bend down or pull up a chair to speak to someone in a wheelchair at their eye level. It is less stressful on their neck and more respectful.
6. Be sensitive about physical contact. Some people with disabilities depends on their arms for balance. Grabbing them, even if your intention is to assist, could knock them off balance.



7. Avoid outdated terms like “handicapped”, “crippled”, or “retarded.” Be aware that many people with disabilities dislike jargon, euphemistic terms like “physically challenged” and “differently abled.” Say “person who uses a wheelchair” rather than “confined to a wheelchair” or “wheelchair bound.” The wheelchair is what enables the person to get around and participate in society; it’s liberating, not confining.
8. Avoid negative, disempowering words, like “victim” or “sufferer.”

### Things to Avoid

1. Pity or feel sorry for people who have disabilities or use wheelchairs.
2. Pat them on the head -- it is patronizing and not respectful.
3. Don’t touch their wheelchair, scooter or cane – People with disabilities consider their equipment part of their personal space.
4. Make assumptions. People with disabilities are the best judge of what they can or cannot do. Don’t make decisions for them about participating in any activity. Depending on the situation, to exclude people because of a presumption about their limitations.

### Presentation, Analysis and Interpretation of Data

This chapter presents the data obtained from the questionnaires conducted by the researchers. Data were interpreted and analyzed to answer the questions introduced earlier in the study. The data gathered through questionnaires were calculated and tabulated according to the sequence of the specific problems.

1. What is the demographic profile of the respondents?

#### 1.1.1 Age

**Table 1: Frequencies and Percentage Distribution on the Age of the Respondents**

Age Group	Frequency	Percentage
51 years old and above	19	10.0
41 - 50 years old	44	27.0
31 - 40 years old	27	44.0
18 years old to 30 years old	10	19.0
<b>Total</b>	100	100.0

The table shows the profile of the respondents in terms of age. There were 44 ages 41-50 years old which is 44 percent of the population; 27 ages 31-40 years old which is 27 percent of the population; 19 ages 50 and above which is 19 percent of the population; 10 ages 30



years old and below which is 10 percent of the population. This implies that the dominance of ages are 41-50 years old since Tahanang Walang Hagdanan generates livelihood for the persons with disabilities by selling the products they make, they create decorative items, educational materials, novelty items, souvenirs, at the same time to earn make money and to enhance their productivity.

### 1.2 Gender

**Table 2: Frequencies and Percentage Distribution on the Gender of the Respondents**

Gender	Frequency	Percentage
Male	35	35.0
Female	65	65.0
<b>Total</b>	100	100.0

The table shows the profile of the respondents in terms of gender. Majority of the respondent registered in Tahanang Walang Hagdan are females. There were 35 or 35.00 percent males out of 100 respondents and 65 or 65.00 percent were females.

According to the World Health Organization (2014), more than 1 billion people worldwide (15% of the world's population) have a disability. Half of the 1 billion are females. Women and girls with disabilities are subject to double discrimination. Marginalized both on account of their disability and their gender, they face social isolation and rejection, and are taught that they are inferior to their peers. This has a clear impact on both their own aspirations and their family's aspirations for them in the future. Women are at an increased risk of becoming disabled because of ongoing gender inequalities. Lack of equal access to food, inadequate healthcare and unsafe working conditions increase the number of women who live with a disability. Female genital mutilation, child marriage, early pregnancy, exposure to HIV/AIDS and violence against women also increase the risk. The World Health Organization (WHO) estimates that more than 30 women every minute are seriously injured or disabled during labor.

### 1.3 Case

**Table 3: Frequencies and Percentage Distribution on the Case of the Respondents**

Case	Frequency	Percentage
Polio	55	55.0
Orthopedically Impaired	13	13.0
Amputee	14	14.0
CMTD	1	1.0
Spinal Injury	5	5.0
Brittle Bone	2	2.0



Handback Disability	1	1.0
Congenital Disability	1	1.0
Cerebral Palsy	7	7.0
Club Foot	1	1.0
<b>Total</b>	100	100.0

As seen in the table majority of the respondents are polio with 55 or 55 percent in the population; followed by respondents with amputee which is 14 or 14 percent in the population; orthopedically impaired which is 13 or 13 percent in the population; respondents with cerebral palsy and deformities with 7 or 7 percent in the population; respondents with spinal injury with 5 or 5 percent in the population; respondents with brittle bone which is 2 or 2 percent in the population and respondents with club foot with 1 or 1 percent of the population.

According to World Health Organization (2014), Polio is the dominance among the other causes of amputee since Poliomyelitis (polio) is a highly infectious viral disease, which mainly affects young children or adult. The virus is transmitted by person-to-person spread mainly through the faecal-oral route or, less frequently, by a common vehicle (e.g. contaminated water or food) and multiplies in the intestine, from where it can invade the nervous system and can cause paralysis

2. What is the level of self-esteem of persons with disability in Tahanang Walang Hagdan?

### 2.1 Level of Self-Esteem of the Respondents

**Table 4: Frequency and Percentage of Self-Esteem of the Respondents**

	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>Low</b>	0	0
<b>Average</b>	64	64%
<b>High</b>	36	36%
<b>TOTAL</b>	100	100%

\*L= 20-46, A=47-73, H= 74-100

The assessments of level of self-esteem of persons with disabilities are illustrated in the table. Majority or 64 of the respondents scored with average level of self-esteem. This implies that there's no respondents who scored low level of self-esteem because they are used to their situation, majority of the age of the respondents which is 41-50 indicates that as they are



getting older, they eventually accept and improve what is their capabilities and potentials as well as their self-evaluation of their selves. Therefore, majority of the respondents have the average level of self-esteem. According to Serapio (2014), self-esteem is a judgment made about oneself; it is strongly influenced by a number of factors, particularly the perceived judgment of other influential people.

Thus, Per Cacioppo (2013) it is a global, based on our overall self-worth or specific, relating to particular characteristics such as appearance or intelligence. Hence, self-Awareness is a knowledge of your own internal traits, feelings, roles and memories, is the results of self-study. In addition, self-awareness allows us to establish boundaries between the self and other people. Related to this negative self-awareness is the concept of self-consciousness, our awareness of our own characteristics and the way the self is perceived by others.

**Table 5: Respondents Mean and Standard Deviation of Self-Esteem**

STATEMENT	MEAN	SD	VI
1. I feel confident about my abilities.	3.53	0.86	Very Much
2. I am not worried about whether I am regarded as a success or failure.	3.36	0.87	Somewhat
3. I feel satisfied with the way my body looks right now.	3.18	0.89	Somewhat
4. I feel do not frustrated or rattled about my performance	3.82	0.77	Very Much
5. I feel that I am having trouble understanding things that I read	3.64	0.88	Very Much
6. I feel that others respect and admire me	3.33	0.80	Somewhat
7. I am satisfied with my weight.	3.44	0.91	Very Much
8. I do not feel self-conscious.	3.71	0.82	Very Much
9. I feel as smart as others.	2.84	0.91	Somewhat
10. I feel pleased with myself.	3.92	0.77	Very Much
11. I feel good about myself	3.42	0.90	Very Much
12. I am pleased with my appearance right now.	2.74	0.94	Somewhat
13. I am not worried about what other people think of me.	3.70	0.87	Very Much
14. I feel confident that I understand things.	3.41	0.81	Very Much
15. I do not feel inferior to others at this moment.	3.77	0.84	Very Much
16. I feel attractive	3.93	0.87	Very Much
17. I don't feel concerned about the impression I am making.	3.71	0.84	Very Much
18. I feel that I have scholastic ability right now than others.	3.66	0.83	Very Much
19. I feel like I'm doing well.	4.14	0.83	Very Much
20. I am not worried about looking foolish.	4.11	0.85	Very Much
<b>COMPOSITE MEAN</b>	3.57	0.04	Very Much



### Legend

Not at All	1-1.8
A little Bit	1.81-2.6
Somewhat	2.61-3.4
Very Much	3.41-4.2
Extremely	4.21-5

The statement “I feel like I’m doing well” got the highest mean which is 4.14 and has an interpretation of Very Much. The statement “I am not worried about looking foolish” has a mean of 4.11 and the statement “I feel attractive” has the mean of 3.93 which is equivalent to Very Much. Thus, statement number 12,9, and 13 got the lowest mean score with the mean of 2.74, 2.84 and 3.7

As cited by Baumeister et. al., (2003), People high in self-esteem claim to be more likable and attractive, to have better relationships, and to make better impressions on others than people with low self-esteem. (Arshad, 2015)

3. What is the level of self-management of persons with disability in Tahanang Walang Hagdanan in terms of:

#### 3.1 Level of Social Management

**Table 6: Frequency and percentage of Social Management of the Respondents**

	FREQUENCY	PERCENTAGE
<b>Low</b>	0	0
<b>Average</b>	96	96%
<b>High</b>	4	4%
<b>TOTAL</b>	100	100%

\*L= 0-26, A=27-53, H= 54-80

The assessments of level of social management of persons with disabilities are illustrated in the table. Majority or 96 of the respondents scored with average level of social management. This implies that there's no respondents who scored low level in social management because their frequent companions were also persons with disabilities in Tahanang Walang Hagdanan which indicates that, when they can relate to each other, they become more open to communication with one another.

This infers that majority respondents are unsure on how to respond in social settings through communication as measured by social management. Therefore, majority of the respondents have the average level of social management. According to (Morrale,2012) The ability to



communicate orally supports sound psychological development. One's self concept is acquired through interaction with others. In psychological terms, achieving self-actualization involves communication activities such as making contributions in groups, exerting influence over others, and using socially acceptable behavior. Oral communication competence can contribute to individuals' social adjustment and participation in satisfying interpersonal relationships.

**Table 7: Respondents Mean and Standard Deviation of Social Management**

Statement	M	SD	VI
1. Do your words come out the way you would like them to in conversation?	1	0.80	Sometimes
2. When you are asked a question that is not clear, do you ask the person to explain what he means?	1.6	0.71	Yes
3. When you are trying to explain something, do other persons have a tendency to put words in your mouth?	0.87	0.73	Sometimes
4. Do you merely assume the other person knows what you are trying to say without explaining what you really mean?	1.16	0.79	Sometimes
5. When in a discussion. Do you attempt to find out how you are coming across by asking for feedback?	1.55	0.73	Yes
6. Is it difficult for you to converse with Other people?	1.47	0.72	Yes
7. Do you find it difficult to become interested in other people?	0.58	0.73	No
8. Do you find it difficult to express your ideas when they differ from those around you?	1.26	0.77	Sometimes
9. In conversation, do you try to put yourself in the other person's shoes?	1.1	0.88	Sometimes
10. In conversation, do you let the other person finish talking before reacting to what he says?	0.28	0.62	No
11. Are you aware of how your tone of voice may affect others?	1.28	0.82	Sometimes
12. When you are angry, do you admit it when asked by someone else?	1.38	0.80	Yes
13. Is it very difficult for you to accept constructive criticism from others?	1.29	0.73	Sometimes
14. Do you have a tendency to jump to conclusions in your interactions with others?	0.83	0.77	Sometimes
15. Do you later apologize to someone whose feelings you may have hurt?	1.57	0.71	Yes
16. Does it upset you a great deal when someone disagrees with you?	1.03	0.81	Sometimes
17. When someone has hurt your feelings, do you discuss the matter?	0.82	0.81	Sometimes
18. Do you avoid disagreeing with others because you are afraid they will get angry?	1.22	0.84	Sometimes



19. When a problem arises between you and another person, are you able to discuss it without losing control of your emotions?	1.42	0.77	Yes
20. Are you satisfied with the way you settle your differences with others?	1.33	0.84	Sometimes
21. Do you pout and sulk for a long time when someone upsets you?	0.96	0.83	Sometimes
22. In meaningful conversation, are you aware of how you are feeling and reacting to what the other person(s) is saying?	0.62	0.75	No
23. Do you have difficulty trusting other people?	0.97	0.73	Sometimes
24. In attempting settle a misunderstanding; do you remind yourself that the other person could be right?	0.72	0.71	Sometimes
25. Do you deliberately try to conceal your faults from others?	1.12	0.73	Sometimes
26. Do you help others to understand you by saying how you think, feel, and believe?	1.45	0.74	Yes
27. Is it difficult for you to confide in people?	1.06	0.74	Sometimes
28. Do you have a tendency to change the subject when your feelings enter into a discussion?	1.01	0.77	Sometimes
29. In conversation, do you let the other person finish talking before reacting to what he says	1.63	0.69	Yes
30. Do you find yourself not paying attention while in conversation with others?	1.27	0.79	Sometimes
31. Do you even try to listen for meaning when someone is talking?	1.66	0.68	Yes
32. Do others seem to be listening when you are talking?	1.48	0.73	Yes
33. In a discussion is it difficult for you to see things from the other person's point of view?	1.16	0.75	Sometimes
34. Do you pretend you are listening to others when actually you are not really listening?	1.33	0.73	Sometimes
35. In conversation, can you tell the difference between what a person is saying (his words) and what he may be feeling?	1.32	0.75	Sometimes
36. While speaking, are you aware of how others may be reacting to what you are saying?	1.28	0.79	Sometimes
37. Do you feel other people wish that you were a different kind of person?	0.75	0.85	Sometimes
38. Do other people fail to understand your feelings?	0.71	0.73	Sometimes
39. Can you tell what kind of day another person may be having by observing them?	0.70	0.77	Sometimes
40. Do you admit that you are wrong when you know that you are wrong about something?	1.59	0.71	Yes
<b>Composite mean</b>	<b>1.14</b>	<b>0.052</b>	<b>Sometimes</b>





### Legend

Yes	1.34-2
Sometimes	0.67-1.33
No	0-0.66

The assessment of social management of persons with disabilities is obtained through the means of illustrated table. The statement “Do you even try to listen for meaning when someone is talking?” got the highest mean of 1.66 and has an interpretation of Yes. The statement “Do you admit that you are wrong when you know that you are wrong about something?” has the mean of 1.59 which is equivalent to the interpretation of Yes and the statement “In conversation, do you let the other person finish talking before reacting to what he says” has the mean of 1.29 and is equivalent to Yes. Hence, statement number 39,22, and 38 got the lowest mean score with the mean of 0.7, 0.62, and 0.71.

When using self-enhancement, person advertises his or her strength, virtues and admirable qualities. We see making a good impression as way to gain social and material reward to feel better about ourselves, even to become more secure in our social identities. But some persons with low self-monitoring care less about what other think. They are more internally guided and thus more likely to talk and act as if they feel and believe. (Myers, 2013)

### 3.2 Level of Physical Management

**Table 8: Frequency and percentage of Physical Management of the Respondents**

	FREQUENCY	PERCENTAGE
<b>Low</b>	2	0
<b>Average</b>	92	92%
<b>High</b>	6	6%
<b>TOTAL</b>	100	100%

*\*L= 20-46, A=47-73, H= 74-100*

The assessments of level of physical management of persons with disabilities are illustrated in the table. Majority or 92 of the respondents scored with average level of Physical Management. Whereas, 6 of the respondents or 6% has a high level of physical management and none of the respondents scored low level of physical management. This implies that physical management of persons with disability are mostly average because they are contained in a room, wherein most of them are the same and with disabilities, it can be inferred that their physical appearance in some way doesn't make any difficulty since their companion were always the same and with disabilities.



Therefore, majority of the respondents have the average level of physical management. According to Myers (2013), people with negative self-views seek people who think poorly of them. For certain purposes, it is useful to distinguish between authentic self-presentation, ideal self-presentation and tactical self-presentation. In authentic self-presentation, our goal is to create an image of ourselves in the eyes of others that is consistent with the way we view ourselves. In the ideal presentation, our goal is to establish a public image of ourselves that is consistent with what we wish we were. In tactical self-presentation, a person cares only about the impact of the image he or she is presenting to others, not about the whether the image is consistent with his or her real self. To control the images, we project of ourselves in social interactions. In connection, we enter self-awareness that is, we take the self as the object of our attention and focus on our own appearance, actions and thoughts. Numerous circumstances cause people to become self-aware. Mirrors, cameras, and recordings of our own voice cause self-awareness because they directly present the self to us as an object. Person engaging in tactical self-presentation usually have some ulterior motive in mid. In some cases, they want others to view them positively because it will enable them to get some reward that others control.

**Table 9: Respondents Mean and Standard Deviation of Physical Management**

Statement	Mean	SD	VI
1. Spend little time on appearance	2.57	1.23	Disagree
2. Wonder about own looks	3.7	1.14	Agree
3. Try to be as physically attractive	2.44	1.23	Disagree
4. Never paid much attention to what I look like	2.54	1.18	Disagree
5. Seldom compare my appearance	3.11	1.29	Neither Disagree or Agree
6. Check my appearance in a mirror	3.41	1.29	Agree
7. Dwell on my looks	3.32	1.13	Neither Disagree or Agree
8. Easy to feel good when I like how I look	3.58	1.25	Agree
9. If negative reaction to looks, wouldn't be bothered	3.26	1.22	Neither Disagree or Agree
10. High standards of physical appearance	3.3	1.24	Neither Disagree or Agree
11. Appearance little influence on life	2.91	1.23	Neither Disagree or Agree
12. Dressing not a priority	2.53	1.28	Disagree
13. Wonder how I look when meet others	3.07	1.13	Neither Disagree or Agree
14. Think about how I look in everyday life	2.97	1.27	Neither Disagree or Agree
15. If dislike how I look, hard to feel happy	3.1	1.27	Neither Disagree or Agree
16. Fantasize about being good looking	2.87	1.26	Neither Disagree or Agree
17. Before go out, make sure look good	3.53	1.27	Agree



18. Looks important part of who I am	2.82	1.24	Neither Disagree or Agree
19. Control social and emotional events in life	3.44	1.23	Agree
20. Appearance responsible for what's happened	2.71	1.22	Neither Disagree or Agree
COMPOSITE MEAN	3.06	0.05	Neither Disagree or Agree

### Legend

Strongly Disagree	1-1.8
Disagree	1.81-2.6
Neither Disagree or Disagree	2.61-3.4
Agree	3.41-4.2
Strongly Agree	4.21-5

The assessment of physical management of persons with disabilities is obtained through the means of the illustrated table. The statement “Easy to feel good when I like how I look” got the highest mean with 3.58 and has an interpretation of Agree. The statement “Before go out, make sure look good” got the mean of 3.53 and has an interpretation of Agree. The statement “Control social and emotional events in life” has the mean of 3.44 and has an interpretation of Agree. Thus, question number 3, 4 and 12 got the lowest mean score with the mean of 2.44, 2.54 and 2.53.

If we see ourselves as being likeable and attractive, we are likely to approach the intriguing person we see ourselves as boring and unattractive, we are likely to make overtures. Rogers believes that the key to healthy adjustment and happiness is a consistency or congruence between our self-concept and our experiences. (Crooks, 2012)

### 3.3 Level of Emotional Management

**Table 10: Frequency and percentage of Emotional Management of the Respondents**

	FREQUENCY	PERCENTAGE
<b>Low</b>	7	7%
<b>Average</b>	42	42%
<b>High</b>	51	51%
<b>TOTAL</b>	100	100%

\*L= 33-76, A=77-120, H= 121-165



The assessments of level of emotional management of persons with disabilities are illustrated in the table. Majority or 51 of the respondents scored with high level of Emotional Management. Whereas, 42 of the respondents or 42% has an average level of emotional management thus 7 or 7% of the respondents scored low level of emotional management. This implies that persons with disability are mostly high level of emotional management because at some point they are mature enough to react on the situation they are into, they are able to identify and assess the emotions of other people, and recognize and manage their own emotions as well.

Therefore, majority of the respondents have high level of emotipnal management. As cited by McGeehan, positive emotions associated with an experience tend to support memory of experience. Negative emotion, such as feeling of being threatened, on the other hand, tends to decrease the learning potential of a situation or experience. DeLameter et, al., (2012), stigmatized person avoids the constant embarrassment of indelicate questions, inconsiderateness, and awkward offers of help. They gain some acceptance and enjoy relatively satisfying interaction in most encounters.

**Table 11: Respondents Mean and Standard Deviation of Emotional Management**

Statement	M	SD	VI
1. I know when to speak about my personal problems to other	3.34	1.24	Neither Disagree or Agree
2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them	3.6	1.11	Agree
3. I expect that I will do well on most things I try	3.66	1.18	Agree
4. Other people find it easy to confide in me	3.35	1.04	Neither Disagree or Agree
5. I find it hard to understand the non-verbal messages of other people	3	1.11	Neither Disagree or Agree
6. Some of the major events of my life have led me to re-evaluate what is important and not important	3.56	1.09	Agree
7. When my mood changes, I see new possibilities	3.24	1.11	Neither Disagree or Agree
8. Emotions are one of the things that make my life worth living	3.56	1.20	Agree
9. I am aware of my emotions as I experience them	3.67	1.05	Agree
10. I expect good things to happen	3.81	1.20	Agree
11. I like to share my emotions with others	3.49	1.14	Agree
12. When I experience a positive emotion, I know how to make it last	3.56	1.14	Agree
13. I arrange events others enjoy	3.35	1.17	Neither Disagree or Agree
14. I seek out activities that make me happy	3.58	1.06	Agree
15. I am aware of the non-verbal messages I send to others	3.44	1.05	Agree
16. I present myself in a way that makes a good impression on others	3.44	1.17	Agree



17. When I am in a positive mood, solving problems is easy for me	3.61	1.12	Agree
18. By looking at their facial expressions, I recognize the emotions people are experiencing	3.41	1.20	Agree
19. I know why my emotions change	3.62	1.03	Agree
20. When I am in a positive mood, I am able to come up with new ideas	3.6	1.06	Agree
21. I have control over my emotions	3.57	1.17	Agree
22. I easily recognize my emotions as I experience them	3.57	1.05	Agree
23. I motivate myself by imagining a good outcome to tasks I take on	3.52	1.20	Agree
24. I compliment others when they have done something well	3.74	1.14	Agree
25. I am aware of the non-verbal messages other people send	3.4	1.16	Neither Disagree or Agree
26. When another person tells me about an important event in his or her life, I almost feel as though have experienced this event myself	3.5	1.07	Agree
27. When I feel a change in emotions, I tend to come up with new ideas	3.42	1.17	Agree
28. When I am faced with a challenge, I give up because I believe I will fail	3.39	1.30	Neither Disagree or Agree
29. I know what other people are feeling just by looking at them	3.2	1.14	Neither Disagree or Agree
30. I help other people feel better when they are down	3.56	1.16	Agree
31. I use good moods to help myself keep trying in the face of obstacles	3.68	1.07	Agree
32. I can tell how people are feeling by listening to the one of their voice	3.49	1.11	Agree
33. It is difficult for me to understand why people feel the way they do	2.95	1.20	Neither Disagree or Agree
Composite Mean	3.48	0.065	Agree

### Legend

Strongly Disagree	1-1.8
Disagree	1.81-2.6
Neither Disagree or Disagree	2.61-3.4
Agree	3.41-4.2
Strongly Agree	4.21-5



The assessment of emotional management of persons with disabilities is obtained through the means illustrated on the table. The statement “I present myself in a way that makes a good impression on others” got the highest mean which is 3.81 with an interpretation of Agree. The statement “I am aware of the non-verbal messages other people send” has a mean of 3.74 with an interpretation of Neither Disagree or Agree. The statement “I use good moods to help myself keep trying in the face of obstacles” has the mean of 3.68 and has an interpretation of Agree. Hence, questions number 5,26 and 2 got the lowest mean score with the mean of 3, 3.5 and 3.6. Thus, the total weighted mean of emotional management 3.48 with an interpretation of Agree. The ability to manage emotions can help people nurture positive effect, avoid being overwhelmed by negative effect, and cope with stress (Afolabi, 2004). Other emotional abilities such as perceiving and understanding emotions, also contribute indirectly to the quality of emotional experience by helping people to identify and interpret cues that inform self-regulatory action. (Singh, 2010)

## 5. Self-esteem and Self-management of Respondents

**Table 12: Summary of Overall Level of Self-esteem, And Level of Self-management of Persons with Disabilities**

	<b>SELF-ESTEEM</b>	<b>SOCIAL MANAGEMENT</b>	<b>PHYSICAL MANAGEMENT</b>	<b>EMOTIONAL MANAGEMENT</b>
<b>Low</b>	0	0	2	7
<b>Average</b>	64	96	92	42
<b>High</b>	36	4	6	51

The overall summary of the respondent’s self-esteem and self-management are illustrated above. In the level of the self-esteem 64 of the respondents got the average level. Whereas. the self-management in terms of social, 96 of the respondents got the average level. physical management, 92 of the respondents got average level and in emotional management 51 of the respondents have high level of emotional management.

### 4. Is there a significant relationship between self-esteem and self-management of the persons with disability in Tahanang Walang Hagdanan in terms of:

4.1 Social

4.2 Physical

4.3 Emotional

#### 4.1 Relationship of Self-esteem to Self-Management



**Table 13: SIGNIFICANT RELATIONSHIP OF SELF-ESTEEM AND SELF-MANAGEMENT OF PERSONS WITH DISABILITIES IN TERMS OF SOCIAL MANAGEMENT, PHYSICAL MANAGEMENT AND EMOTIONAL MANAGEMENT**

Self-Esteem	Computed Pearson-r	Description	Computed p-value	Decision	Remarks
Social Management	0.3750	Weak Correlation	0.0001	Reject Ho	Significant
Physical Management	0.1293	No Correlation	0.1998	Fail to Reject Ho	Not Significant
Emotional Management	0.4310	Moderate correlation	0.0000	Reject Ho	Significant

**Legend:**

- \* Exactly -1 A perfect downhill (negative) linear relationship
- \* -0.70 A strong downhill (negative) linear relationship
- \* -0.50 A moderate downhill (negative) relationship
- \* -0.30 A weak downhill (negative) linear relationship
- \* 0 No linear relationship
- \* +0.30 A weak uphill (positive) linear relationship
- \* +0.50 A moderate uphill (positive) relationship
- \* +0.70 A strong uphill (positive) linear relationship
- \* Exactly +1 A perfect uphill (positive) linear relationship

The table shows the significant relationship between self-esteem and their self-management. Since the computed p-value of Social management is equal to 0.0001 which is less than to the assigned level of significance (0.05), there is sufficient evidence to reject the null hypothesis and says that there is significant relationship between self-esteem and social management of persons with disabilities in Tahanang Walang Hagdanan.

This implies that self-esteem or self-worth includes a person's subjective appraisal of himself or herself as intrinsically positive or negative to some degree. Generally, self-esteem is described as a personal evaluation that an individual makes of her or himself, their sense of their own worth, value, importance, or capabilities. People's self-evaluation, whether explicit or implicit, are presumably formed through interaction with others. People's self-esteem is formed through their interactions with others. Individuals with low self-esteem have been reported to have repeatedly experienced perceived interpersonal rejection. Conversely, people with high self-esteem have experienced many subjectively successful or non-rejecting interpersonal relationships (Jonsson, 2012).

The table shows the significant relationship between self-esteem and their self-management. Since the computed p-value of Physical management is equal to 0.1998 which is more than to the assigned level of significance (0.05), there is no sufficient evidence and fail to reject the



null hypothesis and therefore, there is no significant relationship between self-esteem and physical management of persons with disabilities in Tahanang Walang Hagdanan.

This implies that self-esteem and physical management are not correlated to each other because according to Myers (2012) those who score low self-monitoring care less about what others think. They are more internally guided and thus more likely to talk and act as they feel they believe.

The table shows the significant relationship between self-esteem and their self-management. Since the computed p-value of Emotional management is equal to 0.0000 which is less than to the assigned level of significance (0.05), there is sufficient evidence to reject the null hypothesis and says that there is significant relationship between self-esteem and emotional management of persons with disabilities in Tahanang Walang Hagdanan.

This implies that Emotional intelligence is positively related to self-esteem. As cited by Salovey et.,al (1995) emotional intelligence involves clarity about, and attention to, one's emotions as well as the ability to manage emotions. People with high self-esteem more frequently use their own emotion as information they should show greater emotion related skills than do low-esteem people. According to Ciarrochi et., al (2001) Self-esteem has been positively and repeatedly related to emotional intelligence. Harber (2012). According to Boyd (2012), some triggering stressful events often a disciplinary crisis with parents or some rejection or humiliation such as breaking up, or failing in valued activity.

## **SUMMARY, CONCLUSION, AND RECOMMENDATION**

This chapter presents the summary of the findings of the study, conclusions drawn, and the recommendation endorsed based on the specific problems raised in the study.

### **Summary**

The study aims to examine the relationship of self-esteem and self-management of persons with disabilities in Tahanang Walang Hagdanan. Specifically, it will answer the following research questions: 1.What is the demographic profile of persons with disability in terms of: 1.1. Sex; 1.2 Age; and 1.3 Case; 2. What is the level of self-esteem of persons with disability in Tahanang Walang Hagdan; 3. What are the self-management of persons with disability in Tahanang Walang Hagdanan in terms of: 3.1 Emotional; 3.2 Social; and 3.3 Physical; 4. Is there a significant relationship between self-esteem and self-management of the persons with disability in Tahanang Walang Hagdanan in terms of:4.1 Emotional; 4.2 Social; and 4.3 Physical

Self-esteem and self-management were proposed on the theory of Abraham Maslow's human motivation on hierarchy of needs. Maslow's humanistic psychology is based on the belief that people are born with the desire to achieve their maximum potential or reach a point Maslow termed self-actualization. He chose to focus his research on the experiences of emotionally healthy people, and he identified their "peak experiences," moments when they were in complete harmony and unison with the world around them rather focusing on their deficiencies.





A quantitative research design was used under the correlational study. The respondents of the study were persons with disabilities in Tahanang Walang Hagdanan. The State of Self-esteem was used to measure the self-esteem of the respondents. The Interpersonal Communication Inventory, Appearance Schemas Inventory and Schutte Self-Report Emotional Intelligence Test has been used to measure the self-management of the respondents and for statistical treatment frequency distribution, percentage distribution, weighted mean, standard deviation and pearson r.

### **Summary of the Findings**

1. The respondents of this study came from Tahanang Walang Hagdanan with a total of 100 respondents.
2. The majority of the respondents is from the age bracket 41-50 years old and most of the respondents are polio, amputee and orthopedically impaired.
3. In terms of level of self-esteem, majority or 64 of the respondents have the average level of self-esteem while the rest got high level of self-esteem.
4. The self-management is comprising with three factors social management, physical management and emotional management.
5. Majority or 96 of the respondents have average level of social management while the rest got high level of social management.
6. In terms of physical management majority or 96 of the respondents got the average level while 6 of the respondents got the high level of physical management. There are only two of the respondents who have low level of physical management.
7. In terms of emotional management, majority or 51 of the respondents got the high level of management while 42 of the respondents have average level of emotional management and there are only 7 of the respondents who have low emotional management.

### **Conclusion**

Based on the findings of this study, the following conclusions were drawn:

- The majority of persons with disabilities are ages 41-50 years old who are polio, amputee and orthopedically impaired.
- Based on the data and assessment of the respondent's self-esteem, majority of the respondents have average level of self-esteem. . This implies that they are used to their situation, that as they are getting older, they eventually accept and improve what is their capabilities and potentials as well as their self-evaluation of their selves.
- While assessment of the respondent's social management, majority of the respondents have average level of social management. This implies that because their frequent companions were also persons with disabilities in Tahanang Walang Hagdanan indicates that when they can relate to each other, they become more open to communication with one another.
- Whereas, on the data and assessment of the respondent's physical management, majority of the respondents have average level of physical management. This implies that physical



management of persons with disability are mostly average because they are contained in a room, wherein most of them are the same and with disabilities, it can be inferred that their physical appearance in some way doesn't make any difficulty since their companion were always the same and with disabilities.

- Based on the data of the respondent's emotional management, majority of the respondents have high level of emotional management. This implies that persons with disability are mostly high level of emotional management because at they are mature enough to react on the situation they are into; they are able to identify and assess the emotions of other people, and recognize and manage their own emotions as well.
- Based on the result of statistical treatment of data using Pearson r, the self-esteem and social management has significant relationship. This implies that self-esteem and social management are associated with each other for interaction to other people and dealing with them contributes to the self-esteem of persons with disabilities. Making yourself involve into more social activities and expressing yourself to other people makes person with disabilities boost on how they see themselves.
- Based on the result of statistical treatment using Pearson r, the self-esteem and emotional management has a significant relationship. This indicates that self-esteem and emotional management are related to each other since emotional management is dealing in thoughts and feelings, persons with disabilities with high self-esteem can manage to control as well as be able to cope in their emotion especially in dealing with common people.
- Based on the result of statistical treatment using Pearson r, the self-esteem and physical management has no significant relationship. Thus, appearance has nothing to do with self-esteem since persons with disabilities are able to cope up in their appearance not by the influence of self-esteem but rather, they are used to their situation.

### **Recommendation**

Based on the conclusion the following recommendations are drawn:

1. It is recommended that administrators or staff needs to be aware that person with disabilities are existing within the workplace and the age of those are getting older and older. It is recommended to lend other benefits and insurance as well as providing allowances for persons with disabilities.
2. It is recommended that woman with disabilities also involve in community services and other organizations ensure they are women with disabilities as well as creating a leadership opportunity. Also, ensure services for people with disabilities consider a gender perspective that is responsive to women with disabilities.
3. It is recommended that persons with disabilities focuses on the active participation as well as giving them opportunities to show their abilities through sports, art and other activities, and offering training to families on how to encourage the inclusion of persons with disabilities in the community.
4. It is recommended that persons with disabilities use and maintain social management to make constructive decisions about their behavior especially when they are overly pressured to act thoughtfully and appropriately to a situation.



5. Persons with disabilities self-esteem and emotional intelligence should maintain positive as well as keeping positive perceptions about their self and to others.
6. Persons with disabilities should also maintain and improve their self-monitoring in order for them to maintain their physical management.
7. It is recommended that persons with disabilities participate more in any social events or activities inside and outside their community where they can interact with common people and can practice and enhance more their social skills which can build high self-esteem
8. It I recommended that ensuring that there are more opportunities for disabled people and people who aren't disabled to have positive interactions; and encouraging more positive portrayals of disability and disabled people in the media.
9. It is recommended that persons with disabilities had better exposure to the social environment and practice to deal with common people than institutions.
10. It is recommended that future researchers would make use of other variable relating to self-esteem in order for the study to become restored.

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