



Depression, Anxiety and Stress as A Predictor of Low Life Satisfaction in Physically Handicapped People

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ABSTRACT

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Depression, anxiety, and stress are among the most prevalent psychological disorders, especially in the case of people with physical disabilities who are confronted with specific conditions that increase their susceptibility. Such mental health conditions have negative effects on life satisfaction, an essential element of well-being, among people with physical disabilities. This study investigates how depression, anxiety, and stress lead to low life satisfaction among physically disabled individuals. This research was based on a predictive research design, using a sample of 88 physically disabled participants from Faisalabad, Pakistan, purposively selected for the study. Data were gathered using the Depression Anxiety Stress Scales-21 (DASS-21) and the Satisfaction With Life Scale (SWLS). The study aimed to predict the relationship between depression, anxiety, stress, and life satisfaction. The outcome determined a strong predictive relationship between depression, anxiety, stress, and life satisfaction for physically disabled participants. The results suggested that the elevated levels of depression ($r = -0.138$), anxiety ($r = -0.202$), and stress ($r = -0.303$) were negatively correlated with life satisfaction. Of the three, the strongest negative relationship was between stress and life satisfaction. This conclusion points out how mental health may play a fundamental role in defining the general wellbeing of this group. These findings underscore that specific mental health interventions and programs tailored to accommodate the unique circumstances of the disabled need to be put in place to enhance their subjective well-being or life satisfaction while promoting overall living. Future investigations should attempt such relations in different, larger-scale populations to check on these effects.

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1. Introduction

Depression, anxiety, and stress have become pervasive mental disorders that highly impact the lives of individuals. Such conditions are particularly worrisome in physically disabled patients due to the distinct, often diverse range of challenges they face that render them more vulnerable to mental health conditions (Mushtaq & Akhouri, 2016). Physically disabled persons are those with distinct physical disabilities born with defects or experiencing accidents and chronic health issues. These physical constraints may affect their mobility, independence, and participation in a variety of social and professional activities. This may further increase the psychological distress level. Any kind of physical disability always creates feelings of inadequacy and may cause depression, anxiety, and low levels of tolerance (DENISE, 2019). People with physical disabilities experience physical and psychological disorders (Soleymani Dinani, 2011). Disability may trigger physical, psychological, and social disturbances among the victims. Disabilities are not only linked to the body but also to the mindset of people with disabilities and

society's perception of them (Zar et al., 2018). Negative attitudes, prejudice, discrimination, and unjust practices affect numerous aspects of the lives of those living with disabilities. The high incidence of stress symptoms among the people with disabilities is strongly related to their physical and social neglect, leading to persistent disturbances in their physical and mental health. Any type of disability may cause psychological and behavioral crises and ignoring the problem may create issues for the individuals. Generally, people show diverse psychosocial reactions to disabilities and depression is one of them (Shahizare & Fathi, 2019).

Depression is a mood disorder with extreme feelings of sadness and frustration. The major characteristics of depression are a significant decrease in the interest in the daily activities one finds pleasurable, such as recreation, sports, socializing, eating, and sexual relationships, as well as the inability to take pleasure in activities that once were enjoyable but are now devoid of meaning and satisfaction. Depression in this demographic is often marked by persistent sadness, hopelessness, and a lack of interest or enjoyment in previously enjoyed activities. This condition is especially worse for physically disabled people because it enhances the feeling of social isolation and lowers life satisfaction (Kessler et al., 2003). For these individuals, the daily problems of having a disability become magnified for depressive symptoms, making it hard to hold a positive outlook in life (Hussenoeder et al., 2021; Li et al., 2020). The most common issue that arises among the physically disabled individuals is anxiety, which refers to excessive worry, fear, and nervousness and causes severe interference in the person's everyday activities. In physically disabled individuals, anxiety can arise from anxiety linked to health issues, fear of exclusion in society, and pressure as a result of stressful living environments that are not suitable for them. This kind of state can only intensify the situation further because it can also restrict the ability of the individual to address demands made by the everyday environment (Battalio, Huffman, & Jensen, 2020; Brenes et al., 2005). Stress is a normal response by the body to real or imagined threats or difficulties; however, when it persists, it may lead to lifelong psychological and physiological disorders. Physically disabled people often face continuous stressors in adapting to their surroundings, maintaining health, and coping with societal opinions and barriers (Arnold et al., 2017; Bramston & Mioche, 2001; Raza, Mushtaq, & Hussain, 2022). Chronic stress in this group not only worsens existing mental health issues like depression and anxiety (Alschuler, Kratz, & Ehde, 2016) but also speeds up the degradation of physical health, creating a vicious cycle that further hampers overall well-being (Turner et al., 2020).

Depression, anxiety, and stress are some well-known factors affecting life satisfaction, which is especially very significant for the people who experience physical disabilities in their lives. Many studies reveal that mental health disorders such as depression and anxiety were more common with people having disabilities, and subsequently, their levels of life satisfaction had decreased (Pool, 2015). Given these factors, physically disabled individuals are highly susceptible to decreased life satisfaction (Daley, Phipps, & Branscombe, 2018), which is a critical marker of subjective well-being. Life satisfaction is defined as an individual's general appraisal of their quality of life relative to personal standards and expectations. In persons with physical disability, the lives are more likely to be formed by their interactions of their health, well-being, relationships, and activity participation as mentioned by Kim et al. (2016). More often, this is attributed to the imposition of their physical disability alongside the psychological impact of depression, anxiety, and stress on a person's life. Depression, anxiety, and stress are some of the most significant predictors of life satisfaction, especially among people who undergo challenging situations like physical disabilities. Research has proven that higher levels of depression, anxiety, and stress go hand in hand with lower levels of life satisfaction. For instance, Shabbir, Nisar and Fatima (2015) reported that the negative effects of depression, anxiety, and stress on life satisfaction among married women are significant and far-reaching, thus showing that these mental health issues affect almost everyone's life. Similar results were also obtained by Ghazwin et al. (2016) where Iranian nurses who had more levels of depression, anxiety, and stress reported life satisfaction significantly lower, and therefore, mental health is critical in determining life quality. Moreover, research by Naseem and Munaf (2017) found that students in different disciplines showed suicidal thoughts and symptoms of depression, anxiety, and stress had lower life satisfaction. Other authors, including Mahmoud et al. (2012) and Lopes and Nihei (2021), reinforced these findings and stated that psychological conditions are major determining factors in the satisfaction of life in diverse populations. Through this, the treatment of depression, anxiety, and stress may mark a keen point in the improvement of a vulnerable population's quality of life-most notably, those physically disabled.

Other factors, such as cultural factors, social support, and personal coping, also significantly interact with mental health in influencing life satisfaction (Standley, 2019). More recent studies have established that the psychological load that people with physical disability bear is not only due to their physical impairments but is also shaped by environmental, social, and structural factors. For instance, the high rates of depression and anxiety among this population are compounded by exclusion from social life, curtailment of mental health services, and stigma against disabilities, according to (Faizefu & Neba, 2024; Honey, Emerson, & Llewellyn, 2011; Pande, 2022). The results of the study are aligned with those reported by Altman, Lollar and Rasch (2014) and Visagie et al. (2017), in which they asserted that environmental barriers such as lack of access and inadequate support amplify chronic stress of people with physical disabilities, subsequently leading to diminished life satisfaction. Chronic psychological distress stemming from a person's physical disability has long been reported to create a vicious cycle of poor well-being (Bertelli et al., 2022).

1.1. Research Gap

While previous studies have provided valuable insights into the depression-anxiety-stress-life satisfaction relationship, particularly among different populations at risk, a significant gap is still evident among physically disabled people. Most of the earlier studies conducted their analysis based on a general population or some specific group like a married woman, students, and healthcare providers, without giving heed to special psychological and environmental barriers that are experienced by a physically disabled individual (Ghazwin et al., 2016; Naseem & Munaf, 2017; Shabbir, Nisar, & Fatima, 2015). Hence, the relation of depression, anxiety, stress, and life satisfaction among people with physical disability is not researched much, in particular with reference to aggravating factors of social exclusion, environmental barriers, and accessibility of services of mental health (Altman, Lollar, & Rasch, 2014; Honey, Emerson, & Llewellyn, 2011; Visagie et al., 2017). While some studies did point out high prevalence rates for psychological distress with implications for the well-being among this population, too few investigations exist that question deeply how psychological states predict such poor life satisfaction in the population of the physically disabled (DENISE, 2019; Mushtaq & Akhouri, 2016). The current body of literature has been seen to lean more towards either the physical or mental factors of disability and not necessarily addressing how both interplay together when it comes to life satisfaction (Zar et al., 2018). Thus, there is an acute need for research studies that will examine in more detail specific ways through which depression, anxiety, and stress impact life satisfaction levels in physically disabled persons, factoring in their distinct psychosocial and environmental settings. Closing this gap will not only improve our understanding of the mental health needs of this vulnerable group but also guide the development of targeted interventions aimed at enhancing their overall quality of life.

1.2. Rationale of the Study

The reason why depression, anxiety, and stress factors are evaluated to predict low satisfaction with life by physically disabled populations is because it has been profound in affecting well-being, especially concerning vulnerable populations. Many research works have shown that the physically disabled experience various barriers such as restricted mobility, social isolation, and societal stigma that enhance their vulnerability to mental health problems (Raza, Mushtaq, & Hussain, 2022; Soleymani Dinani, 2011). It is for this reason that depression in these populations is caused by the gradual addition of all these challenges, leading to a constant feeling of hopelessness and a lowered capacity to engage in most activities; significantly reducing life satisfaction (Hussenoeder et al., 2021; Kessler et al., 2003). Similarly, anxiety, based on health concerns and fear of social rejection, not to mention chronic stress resulting from the constant need to adapt to an inaccessible environment, increases psychological pressure on physically disabled individuals, which makes it hard for them to sustain a positive attitude toward life (Battalio, Huffman, & Jensen, 2020; Turner et al., 2020). Apart from the above fact, the correlations of these psycho-conditions to life satisfaction, over a host of populations, do make mental conditions paramount in measuring quality of living. Research established the fact that severe depression levels and anxiety correspond significantly with unsatisfactory qualities of life of subjects, notably the ones seriously troubled by issues related to handicapped physical dispositions (Ghazwin et al., 2016; Shabbir, Nisar, & Fatima, 2015). The argument for this research has been further supported by various findings which have shown that it is not only their physical condition that is creating the psychological burden on physically disabled, but there are certain variables like social isolation and ineffective social networks that are exacerbating their mental illness and also degrading the quality of their lives (Altman, Lollar, & Rasch, 2014;

Visagie et al., 2017). Moreover, realization and coping with the psychosocial impairment related to physical disability is essential for improvement in terms of their life satisfaction and well-being.

1.3. Objective

- To examine the predictive relationship of Depression, anxiety and stress with life satisfaction among physically handicapped people.

1.4. Hypothesis

H1: There would be a significant predictive relationship between depression, anxiety, stress, and life satisfaction among physically handicapped people, with stress being the strongest predictor.

2. Methodology

2.1. Research Design

The research adopted a Predictive Research Design to explore the inter-relationships between the variables. This was a research design used to predict outcomes about depression, anxiety, stress, and life satisfaction among the physically disabled population. As Creswell and Creswell (2017) point out, this research design is best suited for discovering patterns and relationships that can lead to predictive outcomes, which are in line with the objectives of this study.

2.2. Participants

A total of 88 participants were selected through purposive sampling. This was because the technique allows the researcher to identify a particular group most likely to provide relevant data. Participants were selected from Allied Hospital, DHQ Faisalabad, and the Government School and Degree College of Special Education, Faisalabad. Although purposive sampling is justifiable in qualitative research for selecting participants with specific characteristics, the small sample size limits the ability to generalize the findings to a wider population. Therefore, the results of this study should be interpreted cautiously, and future research with larger and more diverse samples is recommended to verify these findings. Purposive sampling offers benefits in qualitative studies, especially when trying to focus on a specific trait within a population so that the researcher would be able to focus on participants who are likely to offer pertinent information, according to Patton (2014).

2.3. Procedure

The study was performed with physically handicapped people who were taken from Allied Hospital, Faisalabad, DHQ Faisalabad, and educational institutions consisting of the Government School and Degree College of Special Education, Faisalabad. Before the use of scales with participants, participants were provided a consent form along with a demographic questionnaire. DASS-21 and SWLS was personally administered with the participants. Data collection was done for three months, which is typical for research timelines. After collecting the data, it was scrutinized before entry into SPSS software for analysis. This is a standard procedure that ensures accuracy and reliability in data analysis.

2.4. Ethical Issues

All participants were granted ethical approval by relevant authorities within participating institutions, and informed consent was sought from all participants. Since the respondents were physically disabled persons, who may be more vulnerable due to their physical or psychological conditions, special care was taken in ensuring that they understood the purpose of the study and were free to withdraw at any time without any consequences. Informed consent is an area requiring particular care in dealing with vulnerable populations, as there could be potential issues related to power imbalances and coercion. Thus, it was assured that the information was clear and accessible so that respect was given to the autonomy of participants. This approach is consistent with the guidelines of the American Psychological Association that underscore the need to obtain informed consent and respect participants' autonomy during research (Sinclair, 2020). Data collection started after consent and maintained confidentiality at all times throughout the study. These ethical controls prevent harm from affecting participants while maintaining the research process's integrity.

3. Data Analysis

Once the data has been collected it was checked upon for accuracy by the researcher before tabulation in the SPSS application for analysis, as SPSS is one application that is adopted in social scientific research due to its powerful strength in handling many complex data (Field, 2013), and Field guideline provides step-wise instructions on analyzing data using the SPSS applications, thus an assurance of their accuracy and dependency. Descriptive and inferential statistics were used to analyze the data and predict relationships between the study variables, following established procedures for statistical analysis.

3.1. Results

Table 1: Summary of demographics information of the participants.

	F	%
Age		
10-19	36	41
20-29	24	27
30-39	11	13
40-49	9	10
50-59	6	7
60-69	2	2
Gender		
Male	60	68
Female	28	32

Table 1 provides a summary of the demographic information of the participants in the study. The age distribution shows that the majority of participants (41%) are in the 10-19 age range, followed by 27% in the 20-29 age range. A smaller percentage of participants fall within the 30-39 (13%) and 40-49 (10%) age ranges. The age groups 50-59 and 60-69 have the fewest participants, each representing 7% and 2% of the sample, respectively. In terms of gender distribution, the sample is predominantly male, with 68% of the participants being male and 32% being female. This demographic data provides insight into the age and gender composition of the physically handicapped individuals included in the study, with a significant proportion being young males.

Table 2: Descriptive Analysis

	N	Range	Minimum	Maximum	Mean	Std. Deviation
dep	88	52.00	2.00	54.00	18.8750	11.79598
anxiety	88	50.00	2.00	52.00	20.1932	11.90852
stress	88	42.00	2.00	44.00	15.2386	11.33907
lifesatis	88	25.00	10.00	35.00	23.0227	6.45760
M (age)	60	57.00	10.00	67.00	27.8833	14.37169
F (age)	28	40.00	15.00	55.00	23.3571	9.03579

Table 2 showed that the mean scores for depression, anxiety, and stress are 18.88, 20.19, and 15.24, respectively, indicating varying levels of these mental health concerns among the participants, with anxiety having the highest mean. The mean life satisfaction score is 23.02, with a standard deviation of 6.46, reflecting moderate variability in life satisfaction among the physically handicapped individuals. The range values suggest significant variability in all these variables, with depression ranging from 2 to 54, anxiety from 2 to 52, and stress from 2 to 44. The age of male participants has a higher mean (27.88) compared to female participants (23.36), indicating that males in the sample tend to be older. The standard deviations for both male and female ages (14.37 and 9.04, respectively) show variability in the age distribution among participants. This descriptive data provides a foundational understanding of the distribution and central tendencies of the variables under study.

Table 3: Pearson’s correlation

Variables	Life Satisfaction	Depression	Anxiety	Stress
Life Satisfaction	-			
Depression	-.138	-		
Anxiety	-.202	.902	-	
Stress	-.303	.879	.898	-

The Pearson's correlation table illustrates the relationships between life satisfaction, depression, anxiety, and stress among physically handicapped individuals. Life satisfaction is negatively correlated with all three variables: depression ($r = -.138$), anxiety ($r = -.202$), and stress ($r = -.303$), indicating that higher levels of these mental health issues are associated with lower life satisfaction, with stress showing the strongest negative correlation. Depression is highly positively correlated with both anxiety ($r = .902$) and stress ($r = .879$), suggesting that individuals experiencing higher levels of depression are also likely to experience higher levels of anxiety and stress. Similarly, anxiety is also strongly correlated with stress ($r = .898$), reinforcing the interconnected nature of these psychological variables.

4. Discussion

The findings of this study emphasize the significant influence of depression, anxiety, and stress on life satisfaction in individuals with physical disabilities. The results show that these psychological conditions are negatively associated with life satisfaction, which aligns with existing literature demonstrating the harmful effects of mental health challenges on overall well-being. Depression was associated with a negative relationship with life satisfaction, albeit with a modest correlation coefficient ($r = -0.138$). This outcome is consistent with previous research which indicates that depression is capable of decreasing life satisfaction since it affects a person's capacity to enjoy or find meaning in everyday activities (Hussenoeder et al., 2021; Kessler et al., 2003). Depression tends to exacerbate feelings of social isolation and helplessness, which may result in a reduced sense of life satisfaction (DENISE, 2019). However, the low correlation indicates that although depression does impact life satisfaction, other factors may also play a significant role. Anxiety had a slightly stronger negative correlation with life satisfaction ($r = -0.202$) than depression. This research finding upholds previous findings of various studies suggesting anxiety contributes to low life satisfaction based on sustained anxiety, phobias, and the need to cope in an environment which does not make living easy for everybody (Battalio, Huffman, & Jensen, 2020; Brenes et al., 2005). The positive average score that represented anxiety was experienced by individuals who had disabilities to live physically because this added massive psychological distress in the reduction of their total life satisfaction.

Stress had the highest negative correlation with life satisfaction ($r = -0.303$), indicating that chronic stress is a major predictor of low life satisfaction. This finding is consistent with studies that have shown that chronic stress not only exacerbates existing mental health problems but also results in a general decline in well-being (Bramston & Mioche, 2001; Turner et al., 2020). The heightened levels of stress that the physically disabled might face could result from the incessant need to adapt to the environment and tackle societal attitudes and barriers (Raza, Mushtaq, & Hussain, 2022). The correlations between depression, anxiety, and stress were remarkably strong; depression and anxiety showed the highest correlation at $r = 0.902$, followed closely by stress, which was also highly correlated with both depression at $r = 0.879$ and anxiety at $r = 0.898$. This interrelation was supported by the previous studies in which it emerged that such psychologies are, most of the time, met simultaneously and amplified each other by compounding an effect on their mental health conditions (Alschuler, Kratz, & Ehde, 2016; Turner et al., 2020). The interrelation emphasizes handling these conditions holistically due to their nature of affecting whole life satisfaction. The findings of this study add to the body of knowledge about how depression, anxiety, and stress impact life satisfaction among physically disabled individuals. These conditions have been estimated from previous research studies to be strong predictors of life satisfaction in different populations (Ghazwin et al., 2016; Naseem & Munaf, 2017; Shabbir, Nisar, & Fatima, 2015), and the results of this research study validate such findings for the scenario of physical disability. This also helps fill a key gap in literature since the challenge experienced by disabled people is considered unique based on their psychological conditions and environmental context (Altman, Lollar, & Rasch, 2014; Mushtaq & Akhouri, 2016; Visagie et al., 2017). Hence, the work clearly emphasizes that depression, anxiety, and stress management are required to enhance the life satisfaction of people living with physical disabilities. The significant interrelation of these variables suggests the necessity of multi-dimensional psychological interventions across these states, to be included in the mental health intervention treatment. Further research needs to be done in order to determine how such psychological factors may actually influence life satisfaction and develop specific strategies that may enhance people's quality of life with regard to living with physical disabilities.

5. Conclusion

The findings of this study on depression, anxiety, and stress as predictors of low life satisfaction among people with physical disabilities underscore the significant impact of these psychological conditions on life satisfaction. The study showed that these factors are inversely related to life satisfaction, with stress having the strongest inverse relationship. These findings are in line with previous literature, which points out the negative impact of mental health issues on general well-being. The strong interrelationship between depression, anxiety, and stress suggests that these conditions are often comorbid and synergistic, mutually exacerbating one another and reducing life satisfaction further.

5.1. Limitations

Sample Size and Diversity: The sample of this study does not represent the larger population of people with physical disabilities, limiting the generalization of the results.

Self-Reported Measures: The adoption of self-reported measures to assess depression, anxiety, stress, and life satisfaction would introduce biases of social desirability and recall bias.

Lack of Controls on Confounding Variables: The study did not control potential confounding factors, including the nature of physical disability, socio-economic status, or the extent to which she had access to support systems that could determine the severity of both mental health and life satisfaction.

5.2. Recommendations

Integrated Mental Health Programs: It is the comprehensive mental health interventions that address depression, anxiety, and stress for people with physical disabilities.

Tailor-made Support Services: Providing support services in ways that respond to the psychological and environmental needs of people with physical disabilities is an important method of enhancing their life satisfaction.

Awareness and Education: Educate the people about mental illness that is a result of having a physical disability, thereby decreasing stigma and making them seek medical attention.

Policy Development: Encourage policies for accessible mental health care and support for individuals with physical disabilities so that their psychological and physical needs are addressed.

Future Implications

Longitudinal Studies: Future studies should use longitudinal designs to establish the causal relationship between depression, anxiety, stress, and life satisfaction in people with physical disabilities.

Studies in Larger and Diverse Populations: The studies should be carried out with larger and more diverse samples so that the results may be generalized to various populations of people with physical disabilities.

Mechanisms of influence: Investigate how depression, anxiety, and stress affect the lives of such populations to determine targeted interventions

Effectiveness of interventions: As the relationship is cyclical for the above states, it should be investigated with regards to improving life satisfaction amongst physically disabled through the various intervention procedures.

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