



Discrimination and Resilience among Locomotor Disabled

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The present study attempts to examine the agencies and pathways to resilience using a phenomenological analysis. Twelve participants who were identified as notably highly resilient based on objective life-outcomes were included in this study. Semi-structured interview schedule to elicit narratives connected with experiences of discrimination and responses of the participants in different contexts like family, work, college, school, and other public places throughout their life was used. Interview data were analyzed using interpretative phenomenological approach. Individual psychological factors and social support appear to enhance life satisfaction among adults with locomotor disability. Family and society play a prominent role in the positive development of the disabled. Agencies including wisdom, transcendence, justice, future orientation, courage and temperance were evident in the narratives of the highly resilient individuals. Their resilience process involved navigating towards social support in general and family support in particular. Identification of agencies and pathways to resilience among the disabled can be useful to design psychosocial intervention programs to nurture resilience in adults with locomotor disability.

Keywords: Resilience, personality, social support, disability, discrimination, Interpretative Phenomenological Analysis.

Physical disability is a broad term encompassing a wide range of disabilities, both congenital and acquired. About 650 million people in the world have a disability, representing 10% of the world population, and approximately 80% live in countries with weak economies (WHO, 2010). People with a locomotor disability comprise of 4% to 8% of the Indian Population (O'Keefe, 2007).

Disabled individuals need to overcome more hurdles in life situations than those who are not disabled. They are often viewed as inferior to or as less competent than others (Hunt & Hunt, 2000; Yucker, 1988), and are typically seen as different and are stereotyped as dependent, unstable and isolated (Furnham & Thompson, 1994). Sociocultural values have a crucial role in shaping the attitude towards disabled individuals. Society looks at disability not as due to sickness and other factors like women's nutritional state and prenatal care but labels it as God's anger or result of sin. Disabled individuals suffer from social, financial, and psychological burden. Despite interventions focused on improving the employment opportunities for

individuals with disabilities, they were found to be more vulnerable to the risk of unemployment compared to normal individuals (Barlow, Wright, & Cullen, 2002).

Disabled individuals have all along been regarded as a burden in their home, school, and institutions, and as a result, they are subjected to an oppressive social relationship. Besides, they always face discrimination and constant struggles since the condition of disability involve personal tragedy, passivity, and dependency (Finkelstein, 1980). Disability not only thwarts the ability to access the opportunities, privileges, and resources in society, but also exposes them to certain limits or barriers in society that are unique to them. As a result of physical, organizational and attitudinal barriers, they are excluded from the mainstream society (Culham & Nind, 2003).

Physical disability acts as a stressor along with a host of other variables. Several studies have reported that individuals with orthopedic disabilities and other physical disabilities face extraordinary challenges than those with other kinds of disabilities (Wright, 1960).

Individuals with prominent disfigurements can face difficulties in social encounters, and it may lead to social withdrawal and isolation (Rumsey, 2002). Psychological and social challenges of people with physical concerns are comparable to those with social phobia (Newell & Marks, 2000).

Perceived discrimination has a significant effect on mental and physical health (Hahn, Hays, Kahn, Kitwin, & Ganz, 2014). It also leads to significantly heightened stress responses and participation in unhealthy and nonparticipation in healthy behaviors. While a host of factors contributes to vulnerability among the disabled, specific factors, serve as protective factors contributing to resilience in them. In the presence of adversity how an individual is thriving to stressful situations represents resilience (Masten & Powell, 2003). Both individual resources and environmental resources contribute to resilience (Lerner & Benson, 2003; Luther, Cicchetti & Becker, 2000; Ungar, 2001; Ungar, 2008). Thus, resilience is explained as a dual process of navigation and negotiation with resources available in one's life (Luther, 2003; Ungar, 2005).

Acceptance from the society opens opportunities for disabled people to completely involve themselves in community activities thereby reducing the feelings of alienation. The disabled who receive meaningful social acceptance are found to live longer, become sick less often, and recover more quickly (Oliver, 1990). Social support leads to behavior that improves stress regulation, and high social support was also found to increase self-confidence and decrease the likelihood of engaging in risky behaviors (Holahan, Moos, Holahan, & Brennan, 1995; Rozanski, Blumenthal, & Kaplan, 1999).

Disabled individuals are exposed to cumulative risk factors that are mainly but not limited to social exclusion across all periods in the developmental lifespan. The stigma and discrimination experienced by the physically disabled adversely affect their physical and psychosocial wellbeing. Adults with physical disability face additional stress due to the numerous responsibilities and goals that are relevant to their adulthood. Finding a spouse, financial burden, family obligations such as

interview were transcribed with accuracy by the interviewer. These transcripts were then scanned to identify the themes emerging from each script using IPA.

Participants

A snowball sample of 12 participants who were disabled and were also notably highly resilient based on objective life-outcomes was used. Objective life-outcomes reflecting resilience considered in the present study include having achieved recognizable economic success in life, having a good reputation in society, being active in social participation, attainment of a reasonable standard of living, a successful work life and family life, and a stable job.

All the participants were married males in the age group of 30 to 40 years. Only those who had 40% or greater level of disability, those who did

not have any psychiatric diagnosis, and those who willingly volunteered to participate in the study were chosen to participate in this study.

Data Analysis

In the first stage of analysis, the transcripts were read out line by line, several times to identify the concerns and interpretation made by each participant of his/her lived experiences. Then the initial level of analysis that was the most detailed and time-consuming process in the entire process of analysis was carried out. In this step, the language and content of the transcripts were analyzed. After this initial level of analysis, the emergent themes that reflect the participants' thoughts were identified. Then by examining multiple cases, the connections across the themes that emerged were identified. As the final step, the links across the cases were analyzed.

Table 1: Table of themes

Superordinate themes	Themes	Subordinate themes
Wisdom	Perspective	<ul style="list-style-type: none"> Seeing the 'big picture' in discouraging situations Benefit finding from disabled condition Post-traumatic growth
Transcendence	Spirituality	<ul style="list-style-type: none"> Trust in God
Social Support	Family Support	<ul style="list-style-type: none"> Family support for personal growth Family cohesiveness Spending quality family time Acceptance by siblings Love from parents/siblings/spouse Pride in parents/spouse over their achievement
	Supportive Workplace	<ul style="list-style-type: none"> Positive regard from colleagues Recognition in workplace
	Support from community/society	<ul style="list-style-type: none"> Acceptance by neighbors Community support /recognition Compassion from strangers
Agreeableness	Humanity	<ul style="list-style-type: none"> Unconditional acceptance of others Social Interest Valuing relationships Deep relationships with others Love Interpersonal Trust

Gratitude	<ul style="list-style-type: none"> • Thankful towards family, especially mother and spouse
Justice	<ul style="list-style-type: none"> • Community involvement • Leadership
Future orientation	<ul style="list-style-type: none"> • Enthusiastic towards life • Approaching activities with full of energy • Drawing inspiration from others
Hope	<ul style="list-style-type: none"> • Optimism • Positive future orientation • Contentment with present life situation • Positive attitude • High degree of healthy ambition
Courage	<ul style="list-style-type: none"> • Willingness to take risks • Strong convictions
Perseverance	<ul style="list-style-type: none"> • Accomplish goals • Persistence in difficult times • Strong determination • Pride over achievement • Positive striving to reach goal
Temperance	<ul style="list-style-type: none"> • Emotional regulation • Self-acceptance • High self-esteem

Disabled individuals, suffer discrimination. The researcher's interest for disabled started with her interactions with a disabled classmate during childhood. This early experience sensitized her to the problems of disabled in our society leading her to empathetically observe events where the disabled are challenged. She observed the disabled being discriminated in several contexts like relationships, public places, transportation, and marriage. Despite these challenges some of the disabled were very successful in life. These observations motivated the researcher to work towards understanding resilience among the physically disabled.

The interviews carried out in the study yielded rich, qualitative data on the discriminatory experiences of physically disabled and provided insight into the pathways that made them resilient. The participants reported experiences of discrimination, which was strongly evident in their childhood. All the participants recollected their experiences of discrimination during childhood and adolescence, and how it adversely affected them. They identified physical

were also limited and often the disabled did not have even the minimal choices of games that they could play. Children in school also did not welcome them to their team because of their disability. In school, watching everyone play without being able to play was distressful to the disabled. They narrated that childhood was difficult because such social exclusions were tough to accept and remained emotional during their childhood.

The narratives showed that discrimination and deprivation of recognition from the society were frequently experienced in childhood and adolescence. The participants considered this as the most significant risk factor in their lives. The participants revealed that they were very conscious about their physical appearance that heightened their sensitivity to such discriminatory experiences. While they desired to actively involve themselves in all activities in the college, due to their disability they had to hold themselves back and limit their involvement in several occasions. Their disability also posed a significant challenge in pursuing some of their passion, like driving.

Sympathetic attitude from distant relatives was perceived by them as a mere reminder of their condition and resulted in social exclusion rather than helping them to get integrated with the community. The extended family sympathized not just with the disabled but sympathized with the entire family. This sympathy from others was always a reminder to the disabled and his/her family about them being 'different'. Such sympathetic attitude and actions was perceived as one form of rejection and not acceptance.

The participants also report discrimination from the society. Others' gazing for a long time, sympathizing with them, and whispering about them in public places lead to their disappointment. They believe that such sympathizing made the disabled under confident no matter how confident they were when they engaged in social activities. Such sympathizing is perceived by the disabled as merely reflecting distrust of 'normal' people in the abilities of the disabled, and hence is resented rather than appreciated.

The participants commented that the disabled do not enjoy equal respect in the society

and are never seen as equal to the 'normal' individuals. Society tends to underestimate their abilities. Also, they, at several points of the interviews expressed that they need to work harder to get recognition from society. In public places when people do not follow the rules, for example, reservation of seats in buses for the disabled it adds to difficulty. Access to buildings designed for the disabled is not available in all places. Friendly actions are not taking place in some institutions for the disabled, and this is limiting their chance for getting a job in life. In general, the participants report lack of recognition and respect in the society.

The experiences of discrimination and social exclusion of the physically disabled is witnessed at all stages of life and across different contexts. Nevertheless, the participants remember the experiences to be more stressful during the childhood and adolescence times. They indicated that as they grew up amid such discrimination, they became stronger and were equipped to overcome such hurdles in life.

The qualitative analysis of the interview data also led to the identification of certain factors as possible agencies and pathways that led to resilience. The strings representing various sub-factors and global factors derived out of the responses of the participants in the interview are presented below.

Theme One –Wisdom

The perspective held by the disabled who exhibited resilience reflected wisdom. It included seeing the big picture in discouraging situations, benefit finding from disabled condition and seeing the benefits they receive due to their disabled condition as helping them in their success. One participant stated that,

"Disability is helping me in different aspects... for getting vehicle, loan, positive response from society, and also compassion from others. So I never cursed or cried that I am a disabled"

This attitude helped the locomotor disabled to evaluate his/her image positively which will promote optimal adjustment and functioning.

Theme Two-Transcendence

Transcendence is the ability of individuals to establish meaningful connections with other

individuals and nature, as well as with the world. The disabled adults showed intense gratitude towards the society that helped them to be resilient. Spirituality emerged as a factor of transcendence in the resilient. The resilient believed in God and trusted God to be present always to protect them from hassles in life. The participants experienced that,

"Almighty God is there to protect everybody in this world...so I would surrender everything to him. He will take care of me."

Having a strong spiritual outlook in life helped them in finding the meaning in life's stressful situations. The experience of physical disability provides the individual opportunities not only to consider his or her attitude towards life but also to find meaning in this experience. Finding meaning in the experience was found to facilitate the acceptance and adjustment to the physical disability (Garcia, 2008; Yang, Staps, & Hijmans, 2010). Attributing positive meaning to negative events help individuals to overcome tragedy and sustain a feeling of meaning in their lives (Chou et al., 2007).

The resilient always believed in God's support throughout their life. They held on to the belief that God always shared their suffering. They expressed their gratitude towards God and always viewed their life situations and their life as a blessing from God and accepted everything without complaints. When describing his faith in God, one participant paused his speech for a while with an air of confidence. The tone of the narrations and accentuations in speech during his description of how he navigated through his life situations with the help of his faith in God were indicating the significance of faith in supporting resilience in him.

Theme Three-Social Support

Several types of social support, namely support from family, supportive workplace, and the support provided by neighbors were found to be present in the lives of the resilient. Support received from the family for personal growth, family cohesion, family climate, spending quality time with family, acceptance by siblings, love and affection by parents, siblings, and spouse, and pride expressed by parents and spouse

over the achievement of the disabled emerged as elements of social support. One of the participants expressed,

"I am very close to my family, and they were always a great support for me. My family is very happy and joyful. My wife has always tried to understand me very deeply...."

While describing his family support the participant showed intense emotions with tears. He was choking on his tears while narrating how supportive his family was, in particular, how supportive his mother, siblings, and wife were. These tears could mean tears of joy that he has in this great family support, or could be reflecting a heart full of gratitude for all he is receiving from his family.

The resilient individuals reported strong attachment towards their family members, both in their primary family and in their extended family and perceived it as a source of strength for them. Their family members always appreciated them and served as inspirations for doing well in life. A warm and caring family that understood the disabled well rather than one that sympathized with them was found to support resilience. The families treated them as equal without trying to dominate or look down upon them.

Family support led to satisfaction in life despite of severe challenges the disabled faced owing to their disability. Strong family ties and the inspiration received from family helped the disabled to be successful in their work. Positive parenting practices, parents' personality traits, and behaviors can promote a sense of hope and positive goal orientation, and lead to adaptive psychological functioning of their children (Kashdan, Pelham, Lang, & Hoza, 2002). Thus, family support can provide the disabled with inner psychological strength that can help them cope with the challenges of life.

Support in workplace in the form of positive regard from colleagues and recognition in workplace nurtured resilience. Another participant experienced that,

"All my colleagues are very understanding. They never insulted me....I got equal consideration from my superiors in my workplace."

Community support reflected through acceptance by friends, teachers, neighbors, support and recognition by society, and interestingly compassion from strangers also played an essential role in resilience process. The care and support received from people outside the family made them feel loved. This reduced alienation and made them feel like a valuable part of the social system. One of the participants stated,

"...my neighbors, my teachers and friends were concerned about me. I experienced the love from all of them... without them I wouldn't have reached this position in my life."

The participants revealed that the support they received within and outside the family was invaluable and significantly contributed to their resilience. Strong social support network has been consistently reported to lead to less psychological, physical, and social problems than those without such social support systems (Gerlach, 2013).

Theme Four-Agreeableness

Agreeableness is the tendency of an individual to be pleasant and accommodating in social situations. The participants narrated how positive interactions with friends and others in the society helped them to be successful in their lives. The relationship with friends and family helped them to aspire high and to realize their aspirations in their life. Discussions with friends and family members helped them to stay in focus and achieve their goals with persistence. They valued the relationships in their lives and believed that to be a source of joy in their lives. One of the participants stated that,

"Always I experienced support from my society, in school, college, and office.... I am very happy."

Further, the resilient reported feelings of gratitude towards family, especially mother and spouse and attributed their achievements to their support. The resilient individuals were also found to be thankful for their life experiences and perceived those experiences as valuable and meaningful happenings in their life. They never

complained about their physical condition, and always tried to accommodate their life conditions positively.

Theme Five-Justice

Justice indicates how an individual builds a healthy and stable community. Teamwork, community involvement, and leadership were the elements of justice found in the resilient. The resilient showed responsibility and commitment towards the society. One of the participants stated,

"I have lots of companions, and we used to spend time for social activities. I am a member of the local library, club, sevasabharathi and I am also involved in politics. In my residential area, I am in charge as a program coordinator."

The resilient disabled show abundant interest in participating in social activities and social gatherings. Community associations and groups provide opportunities for participation and civic engagement, which have many benefits both for those individuals concerned and for the community.

Theme Six -Future Orientation

A hopeful sense for the future can facilitate positive development in an individual (Nurmi, Poole & Seginer, 1995). In the present study, resilient individuals initiated goal-directed action.

The resilient disabled were enthusiastic towards life and drew inspiration from others during adversity. They were optimistic, content with the present life situation, and were ambitious about the future. Social interactions during childhood and early adolescence play a role in learning a sense of hopefulness about one's future (McGee, 1984). Supportive relationships facilitate the development of a positive future orientation (Aronowitz, 2005; Kerpelman, Eryigit & Stephens, 2008). The resilient enjoyed strong social support that contributed to their positive future orientation.

The resilient were enthusiastic towards their life achievements as narrated by one participant. "I am an ambitious person. I had lots of aims even in my childhood, and I have

now reached this position. Now I am running small schools. This is a small achievement.... but there are individuals who don't have any problem, but still, they don't reach this height in life. So I am happy."

The narration and the tone of the participant reflected a sense of pride. Throughout the interview, there were reflections of self-respect supported by a sense of being good and worthy. The participant cheerfully described his achievements with expressions of happiness and contentment.

The participants' steadfast determination combined with enthusiasm supported them to work despite their disability and helped them to be successful. They acknowledge the challenges they are confronted with in their lives because of their disability and yet hold a positive approach to look at things.

In addition to having a positive future orientation, the resilient were found to be content with their present life situation. They were realistic in understanding their life situation and set high goals for the future. They expressed satisfaction and happiness about their lives. They derived emotional strength from their optimism that helped them to respond effectively during times of stress.

Theme Seven-Courage

Disabled individuals showed courageous attitude towards life that helped them thrive in the society where they had several challenges to their progress. Their courage enabled them to remain immune to distress in challenging situations. They were willing to take risks and never gave up in stressful situations. The courageous attitude helped them to stick to their goals even in difficult times. One of the participants pointed out that,

"I remember when I started my business there were lots of obstacles, and I thought I would fail but I was not ready to give up, and then gradually I started receiving profit from my business.... so all these difficulties can happen in life, but only one's mental strength will determine his failure and success."

The participant's verbal narration indicated his boldness and willingness to take risk. Nevertheless, he was struggling to express his positive spirit and about his strong will in life. This was reflected in long and frequent pausing during the interview when he was narrating the difficulties he faced during the initial stages of his business. Interestingly, when he started describing his present, he was expressing joy, communicating that everything in life including the obstacles he faced was silly or trivial. This, perhaps, indicates that the resilient also experience the same amount of disappointments and negative emotions when facing difficulties, but find ways to navigate towards resources, negotiate with their environment and effectively utilize the resources available in their lives which make them joyful later. The interview with this participant reflected a trajectory of positivity, and this positive transformation was possibly due to the courage and enthusiasm towards life that he was holding on to.

The resilient individuals were bold and outspoken and could express their thoughts and desires in the society freely. Courage also helped them to initiate and maintain comfortable relationship with other people, even though they were 'different' from them. The resilient was neither anxious about others' approval nor felt pressure to be loved. They could, hence, comfortably coexist with others who were not disabled.

Theme eight-Temperance

The resilient disabled individuals were found to display temperance reflected by self-regulation. They are often required to make several adjustments in their life. The disabled have fewer friends, experience more loneliness and are teased more and or neglected when compared to those without disabilities. All these contribute to low self-esteem. Physically disabled individuals have more negative self-esteem than other individuals, but those who excelled in academic, sports, drama and other areas of learning have high self-esteem (Martin, 2006). One participant stated,

"You won't believe....with my physique I am helping a lot of people. I am not so rich... but within my limitations, I try to

offer help to the poor. One's personality determines how one deals with others."

The challenging life experiences result in a 'steeling effect' making the disabled stronger. The resilient disabled individuals also displayed adequate self-regulation that helped them in managing their behavior to achieve their goal by exercising control over the self and inhibiting certain actions.

Discussion

This study sheds light on the lived experiences of adults with locomotor disability. The themes that emerged from the interview data revealed interesting findings regarding factors of resilience among locomotor disabled adults.

The resilient reported that they were sensitive to experiences of discrimination mainly during their childhood through adolescence. They reported experiencing several forms of discrimination including gazing and sympathizing with them, lack of recognition, and social exclusion due to their physical appearance. Their disability attracted negative attention from others. Lack of recreational facility for the disabled, lack of disabled-friendly buildings and transport service in India reminded them that they are not part of the mainstream society. They were excluded in sports events in school and were always underestimated. Resilient disabled narrated how they had to work harder to gain recognition. Interestingly, these negative experiences early on in their lives had a strengthening "steeling" effect instead of a sensitizing effect in relation to the response to later stress or adversity as argued by Rutter (2012).

Reflections on the researcher will offer new dimensions for understanding the experiences of the participants. The researcher experienced confusion during analysis for categorizing themes since the participants expressed happiness and sorrow in the same context. For example, while some of the participants expressed happiness about their family relationship and social support they also expressed sadness when they remembered their childhood experiences of exclusion during family functions. Another factor that was found in all the participants was that

the process of resilience matures as one moves through different developmental stages. Though most of the participants verbalized positivity, they do report experience of psychological distress during stages in their development. Further, different factors operate as critical factors to resilience when one moves through various developmental stages over the life course. While extended family and social support from others were considered as critical in contributing to perceived social support during childhood and adolescence, the support from significant others and primary family becomes more important as they move to adulthood.

The researcher found that establishing a rapport with the participants was challenging. But, once the rapport was established they freely narrated their experiences. Most of the participants broke down and cried openly during the interview while describing the challenging life situations they had faced. Most of the interviews were loaded with emotions, mainly when the participants tried to describe their experience of discrimination owing to their physical appearance. All the participants were emotional while recalling their experiences of discrimination during early stages of their lives.

Perseverance and courage were seen in all the participants. It was clear that they had to struggle hard to move forward in this challenging context. This struggle was the hardest during childhood when they did not have the psychological resources including effective coping skills to manage the challenging situations they were confronted with daily. Though each participant had a different story to narrate, most of them referred to family support, and support from mother as having the highest influence that added positivity in their lives. Though many did not articulate in detail about what it meant to them, their emotional expressions and tears of gratitude indicated the intensity of gratitude they felt towards their family and mother.

It was critical to elicit effective responses from the participants thus the researcher used empathy. This enabled participants to feel comfortable in sharing their responses. The participants felt the need to talk about

their problems and their routes to success. When given ample time to talk about their lives experiences they happily shared their experiences. Reinforcing the participants' narration using verbal and non-verbal gestures was beneficial in eliciting quality response from the interview participants.

The findings are in line with previous studies reported in the literature that has identified individual strengths that contribute to the resilience process. Spirituality could strengthen resiliency by promoting a sense of coherence, hope, and transcendent beliefs. Higher levels of spirituality were found to be associated with more adaptive coping responses, higher resiliency to stress, a more optimistic life orientation, greater perceived social support, and lower levels of anxiety among recovering individuals (Pardini, Plante, Sherman, & Stumpe, 2000). Several other studies have also highlighted the association between spirituality and resilience (Annalakshmi & Tony, 2011; Narayanan & Mohammed, 2011; Smith, Webber & DeFrain, 2013).

Social relationships have a significant influence in the development of an individual. Mental and physical health can be enhanced by social support, and high social networks can serve as a protective factor against risky behaviors (Rozanski et al., 1999). Social resiliency is the capacity to foster, engage in, and sustain positive relationships and to endure and recover from life stressors and social isolation. Resilient physically disabled adolescents were found to possess strong family ties, and their resiliency was influenced by a variety of interrelated contexts like families, friends, professionals, schools, and work (Goodley, 2005). The resilient disabled in this study also is found to have strong social resiliency.

Optimism emerged as another factor commonly found in the resilient disabled studied herein. Optimism can positively affect mental and physical health of an individual. The challenging life circumstances and personal setbacks experienced by the disabled can have a detrimental effect on their ability to recognize their potential and the new opportunities available. The resilient disabled were found to

remain optimistic even in such a challenging context. They seem to uphold a very positive view towards life and towards their physical condition.

The greater levels of wisdom, through cognitive and affective processes such as the activation of efficacy and goal structures, will promote and regulate one's cognitive efforts more purposively and effectively in performing creative tasks. The resilient disabled were able to see the big picture in discouraging situations. Probabilistic orientation (PO) represents a neutral locus of control and indicates a matured personality orientation (Narayanan & Annalakshmi, 2001). PO enabled one to look at the big picture in life and was found to promote resiliency (Siddharthan, 2009).

Personality traits support resilience process (Annalakshmi, 2008). Personality has a vital role in adjusting the notions and activities in accordance with new ideas or situations (Goldberg, 1993). Agreeableness was found to be the best predictor of psychological resilience among adolescents (Fayombo, 2010). In the present study, agreeableness was found to be the strength of the disabled. Personal traits such as perseverance, bravery, future-mindedness are found to promote community involvement (Seligman & Csikszentmihalyi, 2000), and the present study also supports this.

This study found self-regulation, including emotional self-regulation as an important factor of resilience. Sattvic self-concept that reflected equanimity, serenity, and objectivity predicted resiliency (Annalakshmi, 2015). Resilience was negatively associated with stress (Cooke, Doust, & Steele, 2013), and resilient individuals use positive emotions to overcome the effects of stress (Tugade & Fredrickson, 2004). The findings of the present study gains support from a qualitative study that aimed at identifying factors of resilience among physically disabled. Social interest, assertiveness, transcendence, family support and individual relationships were found to serve as inner protectors contributing to resiliency among the adults with locomotor disability (Lisha & Annalakshmi, 2016).

IPA is a unique approach to conducting qualitative research and is applicable and useful in a wide variety of research topics

(Brocki & Weardon, 2006). Reid, Flowers, and Larkin, 2005 assert that there is scope for IPA research to advance beyond applications in problem behaviors and to necessarily include the study of strengths and wellbeing within the framework of positive psychology (Seligman & Csikszentmihalyi, 2000). The present study also used IPA to examine the lived experiences of resilient adults with a locomotor disability and understand the process of resilience in them.

To conclude, both individual factors and external factors play a significant role in nurturing resilience. Specifically, perspective, spirituality, social support, humanity, gratitude, teamwork, zest and hope, bravery and perseverance, and self-regulation emerged as factors of resilience among the disabled.

Limitations

The findings of the study are linked with its limitations. The sample for the study comprised only a small number of adults with locomotor disability and hence the findings have limited ecological validity. Restricting the study to only male sample limits the generalizability of the findings. Women with a locomotor disability who are at intersections because of their membership in two marginalized social categories, viz. women and disabled, may face much severe discrimination and psychological stress compared to men. Studying women with a disability might provide deeper insights into the phenomena of disability, discrimination, and resilience.

Conclusion

The study led to the identification of agencies and pathways to resilience among the disabled, and the findings have implication for designing interventions for nurturing resilience among individuals with a locomotor disability. In addition, intervention programs to build resilience in adults with a locomotor disability can focus on enhancing their interpersonal relationship and family cohesion since family and society were also found to contribute to positive adaptation in adults with a locomotor disability.

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