Identifying Psychological Factors Responsible for Resilience in Youths Living with Disability

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Abstract

People living with disabilities are confronted with challenges and simultaneously have opportunities around them. However, accessing these opportunities is dependent on the attainment of resilience. The purview of the study was to identify factors responsible for resilience in persons living with disability. Using in-depth interviews, the study gathered the experiences of 5 participants who had lived with their disability for significant amount of years. The data gotten was analyzed using thematic analysis. Findings from the research revealed four factors (themes); Social support, Religiosity/Spirituality, Internal Locus of Control and Altruism as significant factors in the attainment of resilience. This study also established that the number of years that the disability had been experienced did not play a determining role in the attainment of resilience. Empirical findings from this research can be instrumental in intervention programmes designed for persons living with disability and can also be implemented to assist other population achieve resilience.

Keywords: Disability, Resilience, Factors, Youths

Introduction

Disability is an umbrella term for impairments, activity limitations and participation restrictions (World Health Organisation, 2011). According to the Americans with Disabilities Act of 1990, disability is a physical, sensory, or psychological impairment that limits major life activities (Maki & Tarvydas, 2012). Coping and adjusting to a sudden disability is a personal process meaning that two individuals can have very similar disabilities but come out with different adaptive outcomes. Persons with disability often face stigma and their presence often gives reactions that include pity, fear, condescension, intrusive gazes etc. Such reactions affect the way they interact with and in public spaces and sometimes they may lose benefits and resources that these spaces provide. Persons living with disabilities complete their activities using different methods and so the experience of disability varies greatly. Persons with disability are diverse and heterogeneous and generalizations about disability can be very much misleading thus models of disability have sprung to show how individuals experiencing a disability and the society choose to view disabilities.

The prescientific moral/religious model views disability as a punishment

from God for either an individual or ancestral sin(Retief & Letosa, 2018). Another premise of this model is that, disabilities are a test of faith and maybe even salvific in nature(Retief & Letosa, 2018). Niemann(2005) describes the concept of disability as a test of faith where families or an individually is picked out by God to receive a particular disability and redemption of self happens through endurance, resilience and piety(Retief & Letosa, 2018). If an Individual does not receive physical healing, the individual is considered as having a lack of faith in God(Retief & Letosa, 2018).Another form of this model is the belief that challenges associated with being disabled is an opportunity from God for character development(Retief & Letosa, 2018). Some qualities believed to be developed/strengthened include patience, courage, humility etc. This model also views disabilities as a form of metaphysical blessing with the belief that when one sense is impaired, the rest of the senses are greatly heightened granting the individual some special abilities to connect and communicate with the spiritual world(Olkin, 1999). Such individuals are believed to have been specifically selected by God or a higher power to receive a disability as special purpose(Niemann, 2005).

The medical model also referred to as the personal tragedy views disability as a defect or a failure of bodily system(Retief & Letosa, 2018) and is not connected to social or geographical environments. Under this model, disability is seen as a consequence of a health condition or disease.

The tragedy/charity model perceives persons with disabilities as victims of circumstances, deserving of pity. The tragedy model is mostly used by non-disabled persons to relate disability. We see this model very much rooted in charities who are at the fore-front of fund raising businesses televising persons with disabilities as victims of gory circumstances. In as much as these phrases raise considerable amount of funds for persons with disabilities, it appears to be the hallmark of discrimination and marginalization. Born out of this model are tropes commonly used by the media to frame persons living with disabilities like inspirational porn; portrayal of persons with disabilities as inspiring majorly because of their disability, supercrip; excessive praise for engaging in praise worthy activities and also mundane activities.

The tragedy model cultivates a culture of "care", which has been counterproductive with situations of overindulgence. This model uses disability-first languages reducing people to their disabilities.

The social model lays emphasis on distinguishing between impairments and disability. It views disability as a socially constructed disadvantage suggesting that persons with impairments are disabled by environmental, social and altitudinal barriers that prevent them from maximum participation in the society(Retief & Letosa, 2018). This model implies that the removal of these barriers that disable people with physical impairments give such individuals equal opportunities and in the long run disability will cease to exist.

Many individuals living with disabilities struggle with the challenge of examining how their disability will affect who they are and their general roles (Marini, Glover-Graf, & Millington, 2012) and so there is a need to understand resilience through the lens of disability. For people living with disabilities, resilience is an asset-based approach that help individuals respond successfully and creatively to their disability (Stuntzer & Hartley, 2014)(Edhe, 2010)). It is that which is needed for individuals with disabilities to manage their emotions and successfully adapt to new psychological pressures. Resilience is not a trait that is limited to some people but decisions, thoughts and actions that people learn and develop (American Psychhological Association, 2020, p. para.7) . Every organism requires a significant level of resilience to deal with life's unpredictability. Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences through mental, emotional and behavioral flexibility. It also includes the ability to adapt to external and internal demands (American Psychological Association, 2014).

Resilience exits on a continuum in varying strengths across several domains of life (Pietrzak & Southwick, 2011). A person may adapt well to workplace stress and fail to adapt well in their personal relationships. This indicates that the

presence of resilience cannot be inferred by taking a linear approach. Resilience can strengthen over time through one's development and interaction with one's environment (Kim-Cohen & Turkewitz, 2012). It is not a one-time process, but one that is repeated and refined. In other words, each resilience practice, once demonstrated, can be refined and developed further in detail and competency based on a person's individual needs, disability, situation, and willingness to further his or her personal growth. The presence and strengthening or absence of resilience could be a function of beliefs, values, customs and tradition and religion. According to research, resilience is not a single skill but an aggregate of multiple factors which include; optimism, social support, high self-esteem, emotional intelligence, analytical skills etc.

This study is designed to identify factors responsible for resilience in disabled youths. It is anticipated to provide evidence of the significance of these factors to the disability world at large. Empirical findings from this research is aimed at being instrumental in intervention programs designed for persons with disability and can also be implemented to assist other groups of individuals achieve resilience.

Research Method

Gathering data for this study required a number of steps that was taken. First, data was gathered in a systematic way. Outlines were drawn from the data and then comparisons and groupings were made. Following this, was identification and building of relevant themes. Results were interpreted and conclusions were drawn.

Research Design

A qualitative research method was adopted for this study. The qualitative approach enables the researcher to gain rich and profound descriptions of specific concepts in relations to the phenomena under study(Hendriani W. , 2018)

Data Gathering Process

Data for this study was gathered through in-depth interviews. In-depth interviews are very instrumental in retrieving desired information from respondents (Showkat &Parveen, 2017). It is a combination of structure and flexibility which are two primal things in a qualitative research (Leegard & Ward, 2003). A semi structured interview with open-ended questions was chosen for this particular study.Fortunately, technology has created an array of methods to be used for conducting interviews so they (Interviews) don't mandatorily have to be physical meetings. Due to the pandemic- COVID-19, interviews for this study were conducted via phone calls and sessions were recorded for the purpose of transcribing.

Participants

Participants for this study were disabled youths aged between 15-29 according to the 2019 Nigerian national youth policy. Five participants were chosen for this study by means of purposeful sampling. Participants were considered to having sufficient experience living with disability having first experienced disability in their teenage years up until adulthood. Emails were sent to the participants of this study informing them of the purpose of the study and to seek their consent to be a part of the study.

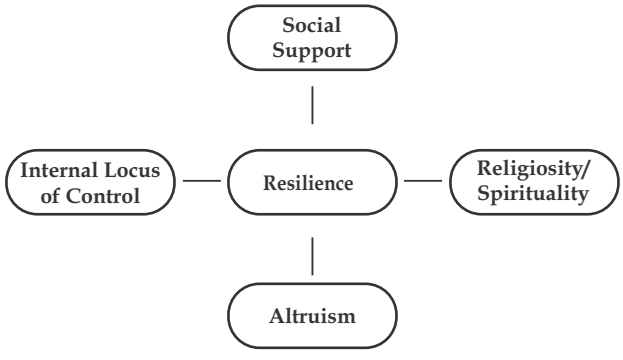
Data Analysis

The method of analysis chosen for this study was the Thematic Analysis. It is a qualitative analytic method involving identification of observed common patterns in data which is referred to as themes (Barun & Clarke, 2006). In identifying the themes in the data gathered, an inductive approach was adopted.

Results

This shows final themes of the study that emerged having analyzed data using thematic analysis.

Figure 1 : Thematic Map Showing Final Themes



Discussion of Results

Summary of Findings

This study was aimed at identifying factors that contribute to the attainment of resilience in disabled youths by exploring their experiences through in-depth interviews. Having analyzed the data gotten from the interviews, the following themes were derived:

- Social Support
- Religiosity/Spirituality
- Internal Locus of Control
- Altruism

The study was highly inductive in identifying these factors through shared experiences of participants thus, giving way to the emergence of four common distinct themes and two distinct themes peculiar to one participant that was found to have been significant by the researcher backed up by existing literature.

A. Social Support

All participants stressed the importance of having a figure that was perceived to have provided support in one way or the other in the attainment of resilience. Social support refers to the human resources one has in time of great need or having a group of people that satisfy one's belongingness need which can be sourced from immediate family members, friends, co-workers, religious groups, mutual-aid groups and could be more formal as in the case of a therapeutic relationship. Social support can be measured as structural and functional support. The structural support refers to social integration which investigates the degree of connection a person has within a social network (Barrera). Functional support are roles and help that members of a social network can provide which could be emotional, tangible, instrumental and companionship support.

B. Religiosity/Spirituality

Religiosity refers to beliefs, practices, rituals that are done to facilitate classlessness to a sacred or transcendent and also to foster relationship with self and others as well as responsibility while spirituality on the other hand is a personal journey for the purpose of understanding answers to ultimate questions about life, meaning and relationship to the transcendent (Lundberg & Thankful, 2013). In existing spirituality and health literature, spirituality is defined with concepts of transcendence, optimisism and connectivness as well as hope(Unantenne, Warren, Canaway, & Manderson, 2013). Religion and spirituality are deeply rooted in the culture of most Nigerians. It can be said that religiosity or religon in general is one of the most popular phenonemena in contempoary Nigeria(Kitause & Achunike, 2013). Participants 1,2,3&4 reported the significant role of religiosity and spirituality in regards to hope, optimism and fulfilment amdist impairemnt. It was either they believed in their communication with God as in participant 1,2 & 4 or they belived in someone else's communication with God for them as in participant 3 but all beliefs unanimously point that religiosity and spirituality played significant roles in the attainment of resilience in participants. Religion and Spirituality have been found to improve overall well-being as well as demonstrate a positive relationship with improved health outcomes(Unantenne, Warren, Canaway, & Manderson, 2013). The strength and hope gotten from religious beliefs and spirituality enhances the ability to meet challenges faced in different areas of life(Poston & Turnbull, 2004). Moltmann (1983) describes the relationship between resilience and spirituality by stating "True health is the strength to live, the strength to suffer, and the strength to die. Health is not a condition of my body; it is the power of my soul to cope with the varying conditions of my body"(pp. 136-154)

C. Internal Locus of Control

Locus of control typically explains an individual's perecpetion of the source of control of events that shape their lives(Dela Coleta, 1987). Individuals with an internal locus of control attribute attainment of goals amidst challenges that are external; as in this case disability, to their own efforts and abilities. Such Individuals believe that regradless of challenges and setbacks, the future of their lives lie in their efforts. On the flip side, individuals with an external locus of control believe that the attainment of goals are dependent

on factors other than themselves. Individuals with an internal locus of control are resistant to coercion, engage more actively in activities that concern their goals, show high levels of persistance and also show greater ambition and overall success(Dela Coleta, 1987). Participants 1,2,3 &4 revealed having an internal locus of control while sharing their experinces with their impairments and as a result, it birthed the will and internal motivation to try new things, learn new skills and rise to the challenges presented by their impairment. Ungar(2007) revealed that being able to effect change in one's life amidst major challenge is an important determinant for resilience. Internal locus of control also extends to an individual's capacity to decide how care should be delivered.

D. Altruism

Closely related to internal locus of control is the will and ability to effect change in the life of other individuals. Participant 1, 3 & 4 revealed that being able to transform the lives of people in one way or the other was instrumental in giving a sense of purpose and also fulfilment thus contributing to their resilience. Taking on acts of responsibility for others added to their self-efficacy and proved they had a lot to contribute the society at large.

The themes that emerged and have been discussed were themes that were very much common to all participants however there were two themes peculiar to one participant that the researcher found to have been significant moving forward which are psychological intervention and self-help. Although these themes could be loaded under informational social support, their significance could also permit them to be de distinct themes.

Psychological Intervention describes several activities provided by professionals mostly a rehabilitation psychologist to individuals that have experienced physical challenges in order for them to recover from the negative emotional state the change presents them with(Hendriani W. , 2018). Asides from psychological intervention being used to accelerate mental health recovery, it can also be used to support the individual when faced with episodes of physical pain (Hendriani W. , 2018) and also provide intervention in sensory difficulties, helping the individual reach their desired level of independence and interdependence, and exploring influences of culture, age, social network, ethnicity etc. on the appraisal of their disability.

Self Help refers to actions and interventions a person takes on their own or with a guided literature as opposed to working with a professional. Today people write self-help books, make videos and there are self-help groups all aimed at helping individuals engage better with the activities of life.

Implication, Limitation & Recommendation of Study

Having identified themes and reached a conclusion, findings from this study has revealed the importance of the aforementioned themes in regards to resilience, thus aligning with other studies. The documentation of this research is paramount in the area of counseling and designing of interventions for persons living with disabilities. It shows useful factors needed to be in place for the successful reintegration of persons who have just experienced an impairment back in the society. It also extends to informing the form in which the factors identified should take for successes of persons with disabilities. Findings from this study revealed that most public spaces in Nigeria that need to be accessed by persons living with disability are not designed to enable these individuals have healthy interactions with these spaces calling for a restructuring of facilities and public spaces.

Although contributing to the knowledge pool, this study had a number of limitations. There were taints in the methodology of the research which may have confounded the results derived from the study. One of the flaws lies in the small sample size of 5 participants that was used. Although the sample size was suitable given that it was a qualitative research, more participants could have been used to allow for more accurate generalizations of inferences. Also, the scope of the research was limited to youths aged between 15-29 thus leaving room for more accurate generalizations to be made across different age

groups. Another flaw in the methodology was the homogeneity of the geographical location as participants were selected from a specific geographical are (Lagos). Because the study was inductive, it is very possible that the study was not free from the weakness of inductive studies in the sense that, although accurate observations could have been made, it is also possible that inaccurate conclusions could have been drawn. However, inductive studies aid in establishing probability which is one of the core goals of psychology. The present situation of the country and the world at large; COVID-19 pandemic restricted interviews to phone calls and some places were participants could have been sourced were not accessible.

In view of the aforementioned limitations future replication and further research may adopt a mixed design entailing quantitative and qualitative (focus group) methods and could use a different scope of study perhaps older adults or even younger participants. More geographical locations could be taken into consideration. A larger sample size could also be used to allow for more accurate generalizations.

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