

Psychosocial Well-Being and Functional Independence among Persons with Locomotor Disabilities: A Cross-Sectional Study

Thiruveedula Seshu Babu¹; Prof. Dr. Saraswati Raju Iyer²

¹Research Scholar in Social Work, Department of Sociology and Social Work, Acharya Nagarjuna University, Guntur District, Andhra Pradesh, India

²Research Director, Professor, Chairperson, P.G. BoS in Sociology & Social Work, Department of Sociology and Social Work, Acharya Nagarjuna University, Guntur District, Andhra Pradesh, India

Corresponding Author Email: radharamana888@gmail.com

Abstract—The study examined psychosocial well-being and functional independence among 360 persons with locomotor disabilities aged 11–40 years in Guntur District, Andhra Pradesh. The primary data were collected by means of a structured interview schedule and analyzed using Descriptive Statistics and One-way ANOVA. Findings revealed that 64.7% of respondents showed positive psychological well-being and 61.9% experienced overall life satisfaction. Social support was available to 69.2% and 58.3% participated in community activities. However, 67.5% faced difficulty in accessibility and 62.8% experienced discrimination and social exclusion. Significant age differences ($p < .05$) were found in several activities of daily living, with respondents aged 31–40 years showing greater functional independence. The study highlights that family support, inclusive environments, accessibility, assistive technology, community-based rehabilitation and rights-based social work interventions to strengthen resilience, participation, independence and empowerment.

Keywords: Stages, psychological, assistive devices, family, peer relationships

I. INTRODUCTION

Understanding the stages of psychological development in this group is critical for customizing treatments, promoting resilience and enhancing health. This research attempts to study the multidimensional factors affecting the psychological development of persons with locomotor disabilities under the age group of 11-40 years with special reference to the role of family support, peer relationship, inclusive education and assistive technology.

Psychological development is a progressive process of development of cognition, emotion and socialization. Various developmental theories describe the process of psychological development. Erik Erikson's psychosocial stages is a model for understanding the challenges and milestones individuals face as they move through different stages of life. Psychological development moves from the stage of basic trust versus mistrust in infancy to the stage of identity versus role confusion in adolescence. Psychological development happens in the context of social interactions, environmental stimuli and personal experiences. (Wu et al., 2022)

Family support is very much important for the psychological development of youth. Family members are the primary caregivers, advocates and emotional support. They are instrumental in developing self-esteem and resilience. The quality of family relationships, availability of resources and participation in therapeutic interventions significantly influence the psychological wellbeing and adaptive functioning of persons with locomotor disability.

Another important domain influencing the psychological terrain of youths is peer relationships. Peer social interaction is important for the development of social skills, self-concept and emotional regulation. persons with locomotor disabilities get an opportunity to develop meaningful relations and sense of belonging in social settings that encourage acceptance, empathy and collaboration. On the other hand, social exclusion or stigma may increase feelings of isolation and thereby affect psychological adjustment. (Marini et al., 2017)

Inclusive education is a key to psychological development of persons with locomotor disabilities aged 11-40 years. Educational institutions that offer inclusive learning environments and respond to a range of needs and abilities prepare students for fulfilling academic and social experiences and for realizing their full potential. Students with disabilities receive specialized instruction, assistive technologies and customized support services that enhance educational results and foster self-determination, self-efficacy and academic success.

Besides, assistive technology can provide transformative opportunities to improve the accessibility, autonomy and participation of persons with locomotor disabilities. Assistive technologies are the devices that are used to overcome the functional limitations from mobility aids to communication devices and enable independent living and social inclusion. Adoption of technological innovations and promotion of universal design principles is very important to promote accessibility and to empower youth with locomotor disabilities to excel in different aspects of functioning.

The psychological development of persons with locomotor disabilities aged 11-40 years are determined by the combination of the internal process of maturation and external influences. The present study attempts to explore the role of family support, peer relationships, inclusive education and assistive technology in promoting resilience, empowerment and flourishing of persons with locomotor disabilities across the developmental continuum thereby contributing to a holistic understanding of the pathways to wellbeing and success. When looking for inclusive and equitable support for the psychological health of all youth, it is important to take into account the diverse needs and experiences of persons with locomotor disabilities. (Park et al., 2021)

Though previous studies have predominantly concentrated on the psychosocial development from a theoretical as well as a conceptual perspective, there is a dearth of empirical evidence from the Indian context, especially for persons with locomotor disabilities. In order to bridge this gap, the present study aims to provide a holistic understanding of psychosocial development, quality of life, social support and functional independence across the developmental stages by integrating empirical findings from 360 persons with locomotor disabilities in Guntur District, Andhra Pradesh with the existing literature.

II. OBJECTIVES

- To examine the psychosocial development of persons with locomotor disabilities across different developmental stages.
- To analyse the influence of family support, social participation, quality of life and functional independence on psychosocial development.
- To integrate empirical evidence with existing literature for developing social work interventions.

III. REVIEW OF LITERATURE

To understand the stages of psychological development of people with disabilities in India, we can look at different theories and factors that affect their health and quality of life. The literature on psychosocial development provides perspectives across different stages of the life course, including early childhood, adolescence, adulthood and later life. Each has its own challenges and chances.

Early Childhood: Young persons with disabilities in India may face challenges to become part of society, reach school and get family support. Small systems (family, school) and big systems (cultural values, laws) influence a child's development. This was called the ecological systems theory by Bronfenbrenner (Oguntayo, R., Fo, R., & Ak, A., 2021). Early intervention and inclusive education are critical to improve the mental health of children with disabilities in India (Kunnath & Mathew, 2019).

Adolescence: Disabled teens and young adults in India can face issues with forming their identity, making friends and getting opportunities. According to Erikson's theory of psychosocial development, the stage of identity versus role confusion is a critical stage in the development of a sense of self and purpose (Oguntayo, R., Fo, R., & Ak, A. 2021). Psychological support is needed for professional growth and inclusive education to empower Indian youth with disabilities (Chernaya & Obukhova, 2019).

Adulthood: Persons with disabilities in India may find it hard to get a job, to socialise with their peers and to live independently. The social model of disability suggests that it is the barriers in the society which affect the health and happiness of persons with locomotor disabilities. This underlines the importance of policies available for inclusive of persons with locomotor disabilities and accessible places (Krnjacki, L., Priest, N., Aitken, Z., Emerson, E., Llewellyn, G., King, T., & Kavanagh, A. 2018). Developing inclusive, equitable and diverse workspaces is crucial in improving the mental health of Indian adults with disabilities (Nkansah-Dwamena, 2022).

Later Life: Persons with disabilities in India might have trouble getting medical care and making friends. Maintaining a sense of purpose, engagement and social connections in later life is accentuated by the successful ageing theory (Oguntayo, R., Fo, R., & Ak, A. 2021). Ensuring mental health of older adults with disabilities in India is necessary to remove healthcare obstacles and to promote social inclusion (Thiagesan, R., Gopichandran, V., & Soundari, H. 2023).

Overall, exploring at the stages of psychological development of persons with locomotor disabilities in India needs a broad approach that takes into account how cultural, social and environmental factors affect them. Disability-related mental health and resilience can be improved in India by using relevant theories and addressing the unique problems that come up at each stage.

III.I. PSYCHOSOCIAL DEVELOPMENT AND PSYCHOLOGICAL ADJUSTMENT TO DISABILITY

Psychological Adjustment to Disability: Disability may involve an initial period of psychological and emotional adjustment. Individuals who acquire a disability may experience feelings such as grief, anger, denial or loss while adapting to changes in their circumstances. The adjustment process may also involve rehabilitation, acceptance and the development of new ways of coping with disability. (Forber-Pratt et al., 2021)

Rehabilitation and Acceptance: Another stage most often mentioned is the stage of rehabilitation and acceptance. Then people begin to accept their disability and focus on rehabilitation, therapy and finding new ways to cope with their condition. It's so important that people take the reins back and do a better job of creating a vision for their future.

Identity Reconstruction and Self-Identity: Identity reconstruction involves understanding how physical limitations and social attitudes influence self-image. Individuals may experience frustration, anger or sadness while adjusting, but support, reflection and acceptance can help them develop a positive and empowered identity and participate more confidently in an inclusive society.

Coping and Adaptation strategies: Adaptive coping strategies help persons with disabilities manage stress, develop resilience and maintain social support. Coping differs according to individual strengths and circumstances and may include support groups, therapeutic activities, mindfulness, assistive technology and environmental adaptations that promote independence. (Adeeva & Tikhonova, 2022)

Advocacy and Empowerment: Finally, several authors point to the phases of advocacy and empowerment. Now, people with disabilities are speaking for themselves and others facing similar challenges. They want to break down barriers, challenge inequality and promote inclusiveness in society. This is often seen as a way for people to take their personal experience and make it into a greater cause and help make a positive change.

Psychosocial challenges associated with disability: Psychosocial challenges include body-image acceptance, relationships, employment, discrimination, accessibility and access to health services. These challenges may affect mental and emotional well-being, contributing to low self-esteem, frustration or isolation. Accessible health and social services are therefore important for addressing the diverse needs of persons with disabilities. (Chernaya & Obukhova, 2019)

Impact on Overall Well-being: Disability can have an impact mental health, interpersonal relationships, education, employment, financial security and quality of life. Understanding these interconnected effects is crucial for developing interventions which address distinct requirements. Stigma, social isolation and functional limitations may increase psychological distress and limits the participation which highlights the prominence of accessible services and inclusive social environments. (Wehmeyer, 2021)

IV. RESEARCH METHODOLOGY

The data collection was conducted using a primary and secondary sources. Primary data were collected by structured interview schedule from 360 persons with locomotor disabilities, aged 11-40 years residing in Guntur District, Andhra Pradesh. Secondary information was gathered from books, peer reviewed journals, government reports, policy documents, conference proceedings and credible online sources. Psychosocial development, quality of life and age-wise differences in functional independence were studied using descriptive statistics and One-way Analysis of Variance (ANOVA). Empirical evidence was integrated with existing literature to provide a complete understanding of psychosocial development among persons with locomotor disabilities.

IV.I. RESEARCH DESIGN AND SETTING

The present study adopted a cross-sectional empirical research design to examine psychosocial well-being, social participation, quality of life and functional independence among persons with locomotor disabilities. The study was conducted in Guntur District, Andhra Pradesh, India. The study focused on persons with locomotor disabilities between 11 and 40 years of age and considered psychosocial and functional experiences within their family, educational, social and community environments.

IV.II. PARTICIPANTS

The study included 360 persons with locomotor disabilities aged 11–40 years residing in Guntur District, Andhra Pradesh. Participants were considered across three age groups—11–20 years, 21–30 years and 31–40 years—to examine age-related differences in psychosocial and functional outcomes. The age-group approach enabled comparison of functional independence across different periods of the life course, while recognizing that the cross-sectional design does not establish longitudinal developmental trajectories.

IV.III. INFORMED CONSENT

Informed consent was obtained from all participants prior to data collection. Data were collected through an interviewer-administered structured interview schedule. For participants who were minors, consent was obtained from their parent or legal guardian, as applicable.

IV.IV. DATA COLLECTION

Primary data were collected through a structured interview schedule. The schedule was administered to participants to obtain information relating to their psychosocial experiences, social support, participation, quality of life and functional independence. Secondary information was obtained from books, peer-reviewed journal articles, government reports, policy documents, conference proceedings and credible online sources.

IV.V. DATA ANALYSIS

The collected data were analyzed using descriptive statistics and one-way analysis of variance (ANOVA). Descriptive statistics were used to summarize the psychosocial, social and functional characteristics of the participants. One-way ANOVA was used to examine whether functional-independence scores differed significantly among the three age groups (11–20, 21–30 and 31–40 years). Statistical significance was considered at $p < .05$. Where significant differences were identified, age-group patterns were examined to interpret the direction of the observed differences.

IV.VI. ETHICS

The study was conducted as part of the researcher's PhD research programme. No formal institutional ethics committee approval was obtained for the study. Before data collection, participants were informed about the purpose and nature of the study, the voluntary nature of participation, and the confidentiality of the information provided. Verbal informed consent was obtained from adult participants before their participation. For participants below 18 years of age, permission was obtained from their parent or legal guardian before data collection. Participants were informed that they could decline to participate or discontinue their participation without any adverse consequences. Confidentiality and privacy were maintained throughout the data collection, analysis and reporting processes, and the information collected was used solely for academic and research purposes.

Factors Influencing Psychosocial Development: This section discusses various factors, such as family support, educational inclusion, peer relationships and the role of assistive technologies, which shape the psychosocial trajectory of persons with locomotor disabilities.

Effects of Family Dynamics on Psychosocial Well-Being: Family interaction, parenting, sibling relationships and family support can strongly influence psychosocial development. Emotional and practical support may strengthen self-esteem, resilience and adaptive functioning, in the same way family involvement can facilitate education, rehabilitation and use of assistive technology. Supportive family relationships therefore provide an important foundation for participation, independence and overall well-being.

Peer Relationships and Social Integration: Interaction with peers and social integration is important for the psychosocial development of persons with locomotor disabilities. Accepting their peers and developing friendship all add up to a sense of belonging and support with a positive impact on their overall well-being. However, persons with locomotor disabilities may also be exposed to bullying experiences that can have negative impacts on their self-esteem and mental health. Therefore, efforts must be made to develop strategies for creating an inclusive environment and safe and supportive atmosphere for persons with locomotor disabilities to nurture positive peer relations. (Güner & Geçim, 2021).

Coping and Resilience in Psychosocial Adjustment: Persons with disabilities may use problem-solving and emotional-regulation strategies to manage psychosocial challenges, overcome barriers and build resilience. Such strategies can strengthen self-esteem and mental health when integrated into daily life and supported by inclusive social environments.

Impact of Societal Attitudes on Persons with Locomotor Disabilities Identity Exploration: Especially in adolescent period (12-18 years) the society attitudes toward disability can be of big importance for the process of identity exploration of the individual. The influence of cultural stereotypes or stigmas about disabilities on the individual's self-perception and development while growing up. The social attitudes have a specific bearing on the persons with locomotor disabilities in their quest for identity during adolescence. The cultural stigmas and stereotypes about disabilities can influence their self-image and personality development during these critical years. Such negative attitudes may lead to low self-esteem and limited potential because they do not explore their identity. By breaking and questioning these stereotypes, society can create an inclusive environment for persons with locomotor disabilities people to develop a strong sense of self and their maximum potential. (Bogart & Dunn, 2019)

Educational Inclusion and Empowerment: This section deals with the positive role of educational access in psychosocial development of persons with locomotor disabilities through the educational inclusion practices in schools and communities. It also talks about empowerment through educational opportunities as a way to overcome the hindrances faced by youth with locomotor disabilities. In addition, this section emphasizes the need for providing appropriate facilities and resources to ensure equal educational opportunities for all persons with locomotor disabilities. By acknowledging and catering to the specific needs of students with locomotor disabilities, schools can establish an inclusive learning environment that promotes their overall well-being and self-confidence. Education empowers youth with locomotor disabilities not only by imparting the required knowledge and skills but also instilling a sense of resilience and determination to overcome any challenges that they may face in their

academic and personal life. This means that these people are better prepared to deal with the world and contribute to society and after all, reach their full potential.

V. EMPIRICAL FINDINGS FROM THE PRESENT STUDY

Psychological Development

- Psychological well-being was positively experienced by 64.7% of respondents, reflecting emotional resilience and adaptive coping mechanisms.
- Overall life satisfaction was reported by 61.9%, indicating that a majority of participants maintained a positive outlook despite their physical limitations.
- A sense of value and meaning in life was expressed by 58.1% of respondents, depicted that they were able to develop purpose and self-worth through family support, education, employment and community participation.

Social Development and Support

- Social support was available whenever needed for 69.2% of respondents, highlighted that the importance of supportive interpersonal relationships.
- Community participation was reported by 58.3%, demonstrating moderate levels of social inclusion.
- However, 67.5% reported difficulties in access to public places and services and 62.8% reported experiences of discrimination and social exclusion. This shows that there are environmental and attitudinal barriers that continue to impede the psychosocial development and community integration.

Functional Independence Across Developmental Stages

- Analysis of Variance (ANOVA) showed statistically significant ($p < .05$) age differences in personal grooming, dressing, toileting, household activities, stair climbing and several other activities of daily living.
- Overall, respondents aged 31–40 years reported greater functional independence than younger respondents. This age-related pattern may be associated with differences in life experience, rehabilitation exposure and adaptation; however, these factors were not independently examined in the present analysis

Implications for Psychosocial Development

Empirical results indicate that psychological resilience, family support, community acceptance, environmental accessibility and functional independence interact to influence psychosocial development of persons with locomotor disabilities. Although most respondents reported positive psychological well-being and quality of life, the existence of persistent barriers such as inaccessible environments, discrimination and limited employment opportunities continue to affect the overall development of persons with disabilities. The findings highlight the importance of inclusive education, family-centred rehabilitation, assistive technologies, community-based rehabilitation programmes and rights-based social work interventions in enabling healthy psychosocial development at various stages of life. (Tesfaw et al., 2022)

VI. DISCUSSION

Psychosocial well-being and life satisfaction

The finding that 64.7% of participants reported positive psychological well-being and 61.9% reported overall life satisfaction suggests that locomotor disability does not uniformly result in negative psychosocial outcomes. Rather, psychosocial well-being appears to exist alongside continuing functional, social and environmental challenges.

The finding is important from a rehabilitation perspective because rehabilitation should not be understood solely in terms of physical functioning. Psychosocial adjustment, self-worth, life satisfaction and participation are also relevant outcomes.

Rehabilitation services may therefore benefit from incorporating psychosocial assessment and support alongside interventions addressing mobility and activities of daily living.

Social support versus environmental barriers

The relatively high availability of social support (69.2%) coexisted with difficulties in accessing public places and services (67.5%) and experiences of discrimination and social exclusion (62.8%).

This pattern suggests that interpersonal support alone may not be sufficient to achieve full social participation. Family and interpersonal networks can provide emotional and practical assistance, but inaccessible physical environments and discriminatory social attitudes may continue to restrict participation.

From a rehabilitation perspective, this supports a shift from an exclusively individual-focused approach towards interventions that also address the environment in which functioning occurs. Rehabilitation professionals and social workers can therefore contribute to accessibility assessment, family education, community awareness, referral to appropriate services and advocacy for inclusive environments.

Functional independence and age-group differences

The significant differences in several activities of daily living are among the important empirical findings of the study. Personal grooming, dressing, toileting, household activities and stair climbing differed significantly across age groups, with the 31–40-year group showing greater overall functional independence.

One possible interpretation is that older participants may have accumulated greater experience in adapting to functional limitations and managing everyday activities. The manuscript itself noted that life experience, rehabilitation exposure and adaptation may have contributed to the observed pattern, although these factors were not independently examined.

Therefore the finding should not be interpreted as evidence that functional independence necessarily increases with age among persons with locomotor disabilities. Instead, it indicates that different age groups may have different rehabilitation and support needs.

For rehabilitation services, this finding supports age-responsive assessment. Younger participants may require greater support in developing independent living skills, navigating educational environments and establishing self-management strategies, in the same way adults may require continued support for mobility, employment, community participation and maintenance of independence.

VII. IMPLICATIONS AND INTERVENTIONS

Psychosocial interventions should be developmentally appropriate and responsive to family, educational, social and environmental contexts. Early intervention, supportive families, inclusive education, positive peer relationships and assistive technology can contribute to well-being, independence and identity development.

The importance of early intervention programs: Early intervention should provide timely access to rehabilitation, assistive technology, psychological support, family guidance and opportunities for inclusion and socialization. Early support can strengthen development, independence and positive identity.

The role of supportive family environments: Families can create nurturing environments through emotional support, open communication and age-appropriate opportunities for independence. Similarly, access to adaptive technology and inclusive activities can further help children develop skills, self-worth and resilience.

Exploring inclusive educational settings: Inclusive education can improve social skills, self-esteem and academic participation by students receive appropriate accommodations and support & interaction with non-disabled peers can promote belonging and acceptance & in the same way accessible learning environments can help students reach their potential.

Peer relationships and their impact: Positive peer relationships can promote belonging, social skills and emotional well-being. Social-skills programmes, peer support and inclusive extracurricular activities can assist students with disabilities develop meaningful friendships and reduce isolation.

Assistive technologies for independence and identity exploration: Assistive technologies can support independent daily living, participation and identity development. Mobility aids such as wheelchairs and walkers can facilitate movement and participation & in the same way other technologies can support communication and education. Equitable access and appropriate training are important for maximizing these benefits.

VIII. SUGGESTIONS

i. Family-Centered Interventions

- Design and deliver family focused interventions to build resilience and coping mechanisms.
- Train and support families on positive family relationships and communication.
- Incorporate family's views and preferences in planning and delivery of intervention.

ii. Inclusive School Environments

- Encourage inclusive school environments that are based on accessibility and accommodation.
- Offer training to staff so they can increase their understanding of different needs and inclusion.
- Encourage positive peer relationships and social integration by promoting a culture of acceptance and empathy among students.

iii. Assistive Technology Accessibility

- Encouragement to develop and disseminate assistive device as per the needs of persons with locomotor disabilities.
- Promote policies and programs that increase equal access to assistive technology in educational institutions and local communities.
- Organize online literacy programs for youth with locomotor disabilities to enhance the usability and efficiency of assistive technologies.

iv. Further Research Directions

- Longitudinal studies has to conducted to explore the developmental trajectories of psychological development in persons with disabilities.
- Investigate the influence of cultural factors, socioeconomic status and environmental factors on psychological development.
- Explore the effectiveness of different interventions and support systems in promoting positive outcomes for youths with locomotor disabilities.

v. Interdisciplinary Collaboration

- Encourage interdisciplinary collaboration among psychologists, educators, policymakers and technology developers.
- Promote the partnerships between academic institutions, community organizations and advocacy groups to address the multifaceted needs of youth with locomotor disabilities.
- Strengthen the quality and effectiveness of interventions & support services by promoting the sharing of knowledge and exchange of best practices.

vi. Policy Changes and Resource Allocation

- Advocate for policy reforms that addresses the psychological well-being and developmental needs of persons with locomotor disabilities.
- Provide resources for improving the practices of inclusive education, assistive technology and family support services.
- Ensure that policies and programs are equitable, accessible and responsive for the diverse needs and experiences of youth with locomotor disabilities.

IX. CONCLUSION

The study provides insight into the psychosocial development and adjustment of persons with locomotor disabilities aged 11–40 years and highlights the factors influencing their well-being, participation and independence. Our study has highlighted the multi-dimensional role of family support, peer relationships, inclusive education and assistive technology on the psychological wellbeing and growth path of young persons with locomotor disabilities.

The first is family support, the foundation for building resilience and self-esteem in persons with locomotor disabilities. Family members provide unconditional support, understanding and advocacy, which creates a nurturing environment which is conducive to positive psychological growth. Also, involvement of family in therapeutic interventions and availability of resources further boosts the persons with locomotor disabilities to face developmental challenges with confidence.

Second, peer relations are important in social integration and identity building of young persons with locomotor disabilities. Participation in peer networks and inclusive social environments provides opportunities for these individuals to develop social skills, experience connectedness and build meaningful relationships. Social interaction and an inclusive attitude can be helpful in improving the psychological health of adolescents with locomotor disabilities and reducing their loneliness.

Inclusive education also provides a ground for enhancement of cognitive development and self-determination of young persons with locomotor disabilities. Inclusive education systems with personalized support, accommodations and flexible learning environments allow people to reach their potential and attain their educational and personal aspirations. Holistic development of students with locomotor disabilities needs to be promoted by unleashing the potential of diversity, promoting collaboration and developing a culture of acceptance in educational institutions.

To summarize, the usage of assistive technology also offers revolutionary opportunities to enhance accessibility, independence and inclusion of persons with locomotor disabilities. Augmentative communication devices, mobility devices and other assistive technologies are helping youth with disabilities overcome barriers, participate in everyday life and chase their dreams. To maximize the benefits of assistive technology for psychological development, we must embrace innovation, advocate access to technology and promote online literacy.

The process of psychological growth and development of persons with locomotor disabilities under the age group of 11-40 years are affected by the complex interaction of family support, peer relationships, inclusive education and assistive technology. By recognising and responding to the particular needs and experiences of young persons with locomotor disabilities we can create inclusive environments that support resilience, empowerment and thriving across the developmental continuum. As we continue to deepen our understanding and support for persons with locomotor disabilities, let us aspire for a society that celebrates diversity, promotes equity and enables every person to thrive.

Unlike previous review-based studies, the present investigation contributes empirical evidence from persons with locomotor disabilities in Guntur District. The findings reinforce the importance of integrating psychosocial interventions, family-centred support, inclusive education, assistive technology and community participation into disability rehabilitation programmes. Age-related improvements in functional independence further indicate the value of long-term psychosocial and rehabilitation support throughout the developmental life course.

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