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Disability identity acceptance and its relationship with psychological well-being: An Indian cross-sectional survey

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Abstract

Disability identity acceptance is a central psychological construct that influences how individuals perceive themselves, cope with stigma, and engage with society. International research indicates that positive disability identity contributes to higher self-esteem, resilience, and overall life satisfaction. However, there is limited empirical evidence from India, where socio-cultural attitudes, stigma, and evolving disability rights frameworks such as the UNCRPD (2006) and the Rights of Persons with Disabilities (RPwD) Act (2016) shape lived experiences. Understanding this relationship within the Indian context is crucial for developing culturally relevant interventions.

Objective: This study investigates the relationship between disability identity acceptance and psychological well-being among Indian adults with disabilities. It also examines the potential mediating role of stigma and the moderating influence of social support.

Methods: A cross-sectional survey was conducted with adults aged 18 years and above, representing diverse disabilities. Participants were recruited through NGOs, rehabilitation centers, and university disability support units. Standardized instruments included the adapted Disability Identity Development Scale (DIDS), WHOQOL-BREF (psychological and social domains), Satisfaction with Life Scale (SWLS), and the Indian Disability Evaluation and Assessment Scale (IDEAS). Translation and pilot validation ensured cultural relevance. Data were analyzed using descriptive statistics, correlations, hierarchical regression, and mediation/moderation analyses.

Results: Preliminary findings suggest that higher levels of disability identity acceptance are positively associated with psychological well-being and life satisfaction. Acceptance appears to buffer the negative impact of perceived stigma and enhances the positive effects of social support.

Conclusion: Disability identity acceptance emerges as a strong predictor of psychological well-being in the Indian context. Promoting acceptance through counseling, peer support, and policy-driven interventions can improve quality of life and foster inclusion for persons with disabilities. Integrating identity-focused frameworks into rehabilitation services aligns with India's commitments under the RPwD Act and UNCRPD.

Keywords: Disability Identity, Acceptance, Psychological Well-Being, Life Satisfaction, WHOQOL-BREF, Social Support, Stigma, India

1. Introduction

Disability identity is a multidimensional construct that reflects how persons with disabilities (PwDs) perceive, internalize, and accept their disability as part of their self-concept. Research has shown that a positive disability identity is associated with higher resilience, life satisfaction, and mental health outcomes (Dunn & Burcaw, 2013)^[1]. However, in India, where disability is often stigmatized, empirical research on disability identity acceptance remains limited. According to the Census of India (2011), 2.21% of the population is living with a disability, though experts argue the actual prevalence is higher due to stigma, underreporting, and diagnostic challenges (NSSO, 2018). PwDs often encounter barriers to education, healthcare, employment, and social participation, all of which can negatively impact psychological well-being. Understanding disability identity acceptance in this context is essential for designing interventions that promote dignity, empowerment, and inclusion.

1.1 Theoretical Foundations of Disability Identity

Globally, disability identity has evolved from medical and charity-based perspectives toward social and rights-based frameworks. The social model of disability emphasizes that barriers

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arise not from impairments but from societal attitudes and inaccessible environments (Oliver, 1996) ^[9]. Within this model, disability identity acceptance represents an adaptive process in which individuals integrate disability into their sense of self, reducing internalized stigma and enhancing psychological well-being.

1.2 Indian Policy Context

India has undergone significant policy transformations to align with international standards. The ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) and the enactment of the Rights of Persons with Disabilities (RPwD) Act, 2016 marked a paradigm shift from welfare-driven approaches to rights-based frameworks. These policies emphasize equality, accessibility, community participation, and the protection of dignity for all PwDs. Despite these advances, implementation gaps persist, and stigma remains a pervasive barrier. Disability identity acceptance, therefore, becomes a critical factor in bridging the gap between policy promises and lived experiences.

1.3 Disability Identity and Psychological Well-Being

Psychological well-being is a holistic construct encompassing life satisfaction, self-acceptance, positive relationships, and a sense of purpose (Ryff & Keyes, 1995) ^[3]. Studies in Western contexts suggest that PwDs who accept disability as part of their identity report higher self-esteem, reduced depression, and greater quality of life. Acceptance buffers the negative effects of stigma and fosters resilience. In the Indian context, where social and familial expectations often prioritize conformity, exploring this relationship is particularly relevant.

1.4 Research Gap

While disability studies in India have examined accessibility, education, and employment, there is little focus on psychological constructs such as identity acceptance. Existing research primarily documents stigma, discrimination, and policy frameworks. Very few empirical studies explore how disability identity acceptance influences psychological outcomes among Indian adults. Addressing this gap is crucial to inform culturally sensitive counseling, rehabilitation, and community support services.

1.5 Significance of the Study

This study makes three key contributions:

- It contextualizes disability identity acceptance within India's socio-cultural and legal framework.
- It empirically examines the relationship between identity acceptance and psychological well-being among adults with disabilities.
- It provides evidence to inform disability-inclusive mental health interventions, policy implementation, and community-based support strategies.

"The Indian disability sector is experiencing a shift from welfare-based approaches to rights-based frameworks. However, without an understanding of identity-related psychological processes, policies may fall short of achieving genuine inclusion and empowerment."

2. Materials and Methods

2.1 Research Design

This study adopts a cross-sectional survey design aimed at examining the relationship between disability identity

acceptance and psychological well-being among adults with disabilities in India. Unlike comparative reviews, this design involves primary data collection through standardized tools and self-report questionnaires. The study specifically investigates:

- The association between disability identity acceptance and psychological well-being.
- The mediating role of stigma in this relationship.
- The moderating influence of social support on psychological well-being.

A quantitative analytical framework was used to assess correlations and causal pathways across these constructs.

2.2 Participants

The study population comprised adults aged 18 years and above with diverse disabilities (physical, sensory, intellectual, developmental, and psychosocial). Participants were recruited using purposive and snowball sampling through:

- Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs).
- Rehabilitation centers and disability support institutions.
- BAPwD disability DPOs and community networks.

Inclusion Criteria

- Adults (≥ 18 years) with a certified disability under the RPwD Act, 2016.
- Ability to provide informed consent (with support if required).
- Willingness to participate in the survey.

Exclusion Criteria

- Individuals with acute psychiatric conditions requiring hospitalization.
- Inability to complete the survey even with accessible formats/support.

The target sample size was 200-250 participants, determined through power analysis for multiple regression with medium effect size.

2.3 Instruments and Measures

Four validated instruments were employed, adapted for cultural and linguistic appropriateness:

A. Disability Identity Development Scale (DIDS - Adapted Version): Assesses stages of disability identity and the degree of acceptance. Higher scores reflect greater acceptance and integration of disability into self-concept.

B. WHOQOL-BREF (Psychological and Social Domains): Measures psychological well-being and quality of life, focusing on mental health, self-esteem, and interpersonal relationships.

C. Satisfaction with Life Scale (SWLS): Evaluates cognitive judgments of life satisfaction.

D. Indian Disability Evaluation and Assessment Scale (IDEAS): Assesses severity of disability, particularly in psychosocial dimensions.
Covariates:

- **Perceived Stigma Scale:** Measures self-perceived social stigma.
- **Multidimensional Scale of Perceived Social Support (MSPSS):** Evaluates family, friend, and significant-other support.
- **2.4 Data Collection Procedure**
- Data were collected over a period of six months (January-June 2025). Questionnaires were administered in both online (Google Forms, accessible formats) and offline modes (large print, easy-read, and interviewer-administered formats).
- Informed consent was obtained in accessible formats.
- Participants could withdraw at any stage without penalty.
- Confidentiality was maintained by anonymizing responses.

2.5 Translation and Cultural Validation

For instruments without Indian versions (e.g., DIDS, SWLS, MSPSS):

- Forward-backward translation was conducted by bilingual experts.
- Expert panel review ensured semantic and conceptual equivalence.
- Pilot testing with 20 participants confirmed reliability and cultural appropriateness.

2.6 Data Sources

In addition to primary survey data, contextual references were drawn from:

- **Legislative and Policy Frameworks:** RPwD Act (2016), UNCRPD (2006), National Policy for Persons with Disabilities (2006).
- **National Surveys:** Census of India (2011), NSSO (2018).
- **Peer-Reviewed Literature:** Studies on disability identity, stigma, and psychological well-being in global and Indian contexts.

2.7 Analytical Framework

A multi-level analytical strategy was adopted:

1. **Descriptive Statistics:** demographic profile, disability types, mean scores on all scales.
2. **Reliability Analysis:** Cronbach's alpha for all scales.
3. **Correlation Analysis:** Pearson correlations between disability identity acceptance, psychological well-being, stigma, and social support.
4. **Hierarchical Regression:** to test predictive value of disability identity acceptance on psychological well-being.
5. **Mediation Analysis:** stigma as a mediator (using PROCESS macro, Model 4).
6. **Moderation Analysis:** social support as a moderator (PROCESS macro, Model 1).

3. Results and Discussion

This study examines the relationship between disability identity acceptance and psychological well-being among adults with disabilities in India. Drawing on survey data, validated instruments, and contextual policy frameworks, the findings reveal important insights into how identity processes influence well-being. Results are presented across six key dimensions: disability identity acceptance, psychological well-being, stigma, social support, life satisfaction, and policy implications.

3.1 Disability Identity Acceptance

Findings: Participants with higher scores on the Disability Identity Development Scale (DIDS) reported significantly greater psychological stability, higher self-esteem, and reduced internalized stigma. Acceptance was strongest among participants engaged in advocacy groups and peer networks.

Observation: Identity acceptance appears to function as a protective factor against psychological distress, aligning with previous international research (Dunn & Burcaw, 2013)^[1].

3.2 Psychological Well-Being

Measured through the WHOQOL-BREF (psychological and social domains), participants who scored higher on identity acceptance also showed:

- Better coping with stress and disability-related challenges.
- Greater sense of purpose and meaning in life.
- More positive interpersonal relationships.

Visual Representation - Table 1

Relationship between Disability Identity Acceptance and WHOQOL-BREF Psychological Scores

Acceptance Level	Mean WHOQOL-BREF Psychological Score (%)
Low Acceptance	42%
Moderate Acceptance	61%
High Acceptance	78%

3.3 Role of Stigma

Findings: Perceived stigma negatively correlated with psychological well-being. However, the mediation analysis indicated that disability identity acceptance significantly reduced the negative impact of stigma.

- High stigma + low acceptance → lower well-being.
- High stigma + high acceptance → resilience and adaptation despite barriers.

Interpretation: Identity acceptance transforms stigma from a disabling experience into an opportunity for resilience, a pattern also noted in Western disability identity studies.

3.4 Role of Social Support

Findings: Social support (measured by MSPSS) moderated the relationship between identity acceptance and well-being. Participants with high identity acceptance and strong family/friend support reported the highest levels of psychological well-being and life satisfaction.

Table 2: Moderating Effect of Social Support

Condition	Life Satisfaction Score (SWLS Mean%)
Low Acceptance + Low Support	35%
High Acceptance + Low Support	56%
Low Acceptance + High Support	58%
High Acceptance + High Support	84%

3.5 Life Satisfaction

The Satisfaction with Life Scale (SWLS) showed clear patterns:

- Individuals with high identity acceptance scored 30-40% higher on life satisfaction than those with low acceptance.
- The combined effect of acceptance + support systems resulted in significantly higher life satisfaction across all disability categories.

3.6 Policy and Practice Implications

The results align closely with India's legal and policy frameworks (UNCRPD, 2006; RPwD Act, 2016). However, several challenges remain:

- **Stigma and Social Attitudes:** Negative perceptions still limit social participation.
- **Regional Disparities:** Urban participants reported higher acceptance and well-being than rural participants.
- **Limited Mental Health Integration:** Disability services rarely include psychological identity-based counseling.

Dimension	Low Acceptance	High Acceptance	Preferred Outcome
Psychological Well-Being	Low-Moderate	High	High Acceptance
Stigma Buffering	Weak	Strong	High Acceptance
Social Support Interaction	Limited	Strong	High Acceptance + High Support
Life Satisfaction	Low	High	High Acceptance
Rights Alignment	Limited	Strong	High Acceptance

Key Takeaways

- Disability identity acceptance is strongly associated with improved psychological well-being and life satisfaction.
- Acceptance mitigates the harmful effects of stigma and enhances the benefits of social support.
- Policy frameworks (RPwD Act, UNCRPD) must explicitly address identity development to foster inclusion.
- Integrating identity-focused counseling, family involvement, and peer support into rehabilitation can transform service delivery in India.

4. Conclusion

This study investigated the relationship between disability identity acceptance and psychological well-being among Indian adults with disabilities. The findings reveal that individuals with higher levels of identity acceptance demonstrate greater resilience, improved life satisfaction, stronger psychological well-being, and a reduced impact of stigma. Furthermore, the moderating role of social support highlights that family and community engagement significantly strengthen the positive effects of acceptance. The results underscore that disability identity acceptance is not merely a personal adjustment process but a critical determinant of empowerment and inclusion. Aligning with the principles of the Rights of Persons with Disabilities (RPwD) Act, 2016 and India's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), identity acceptance fosters dignity, autonomy, and equal participation in community life.

However, challenges such as persistent stigma, limited availability of identity-focused counseling, and uneven access to supportive networks continue to hinder progress. Addressing these barriers requires systemic integration of

- **Capacity Gaps:** Few trained professionals specialize in disability identity interventions in India.

3.7 Recommendations

1. **Identity-Focused Counseling:** Incorporate disability identity modules into rehabilitation and counseling services.
2. **Peer Support Networks:** Strengthen self-help groups and advocacy organizations to foster positive identity development.
3. **Family-Centered Interventions:** Train caregivers to support identity acceptance and reduce stigma.
4. **Policy Integration:** Embed disability identity acceptance frameworks in government programs under the RPwD Act.
5. **Awareness Campaigns:** Nationwide sensitization to normalize disability identity and reduce stigma.

3.8 Summary of Results

identity development frameworks into rehabilitation, education, and mental health services.

4.1 Policy Implications

- **Integration into Counseling and Rehabilitation:** Incorporate disability identity acceptance modules into mental health and rehabilitation services across India.
- **Family and Community Engagement:** Provide structured training for caregivers to support identity development and reduce stigma.
- **Workforce Capacity-Building:** Train special educators, psychologists, and social workers in identity-based interventions.
- **Peer and Advocacy Networks:** Strengthen self-help groups and peer mentoring programs to encourage collective empowerment.
- **Monitoring and Research:** Establish national-level monitoring mechanisms and fund further research to evaluate the long-term impact of identity acceptance on psychological well-being.

4.2 Final Remark

A paradigm shift is needed from focusing solely on functional rehabilitation to embracing identity acceptance as a cornerstone of psychological health and inclusion. By fostering disability identity acceptance through counseling, social support, and policy-driven initiatives, India can move closer to achieving the constitutional vision of equality, dignity, and empowerment, while fulfilling its commitments under the UNCRPD and the RPwD Act.

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