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Quality of Life among Divyang with Locomotor Disability: A Psychological Perspective

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Abstract

Divyang means 'one with divine body,' was coined to change the socially constructed mindset and prejudicial attitude attributed to disability that is associated with compromised quality of life (QOL), a lower sense of self-efficacy (SE), and poor emotional regulation (ER). It is therefore necessary to change both the way society views them and how they introspect themselves to overcome the challenges. The present study aims to identify some psychological resources, such as SE and ER, that ascertain QOL and to ensure the significant association between these psychological factors and QOL among Divyangjan. A correlational and cross-sectional study was designed to obtain a sample of 130 Divyang with locomotor disability drawn from different places in the state of Uttar Pradesh in India. After gaining informed consent, WHOQOL BREF, General Self-Efficacy Scale and Interpersonal Emotional Regulation QUL, with 30.8% of total variance at p<0.01. Furthermore, QOL is significantly predicted by enhancing positive affect, perspective taking and social modeling (13.2%, 7.1% and 9.6% of total variance, respectively) at p<0.01. The study contributes to the growing field of positive psychology and disability by highlighting the evidence for designing targeted psychological interventions, inclusive practices and community-based programs that promote empowerment, inclusivity and wellbeing in this Divyang population.

Keywords: Divyang, Emotional Regulation, Locomotor Disability, Quality of Life, Self-Efficacy.

Introduction

The WHO (World Health Organization) defined Disability as any restriction or lack of ability to perform in a manner or within the range considered normal for a human being. It is a prolonged physical or mental disability that substantially impairs a person's capacity to carry out one or more essential living activities, including walking, self-care, communication, social interaction, sexual expression, and work (1). The person with physical disability encounters a lot of problems in various domains, such as physical, psychosocial, emotional, occupational and many other aspects as well (2). After reviewing much literatures and research studies, it became known that physical disability has an adverse impact on the psycho-social health of physically challenged people. Disability is not just physical but also has a social connotation that is very important to understand and interpret. It was demonstrated in

a research study that people with physical disabilities experience stress, anxiety, depression and other emotional distress (3). It is seen that due to lack of mobility, Divyang individuals often face difficulties in getting jobs and if they get anywhere, they are not able to continue it because of some prevalent stigma, prejudices and discrimination in the society, who put many barriers into their life to survive independently (4). Society exerts them from the positive thinking about themselves and this is how they become rigid and feel inconvenience in approaching hospitals and workplaces as well (5). In order to improve the life of a person with a disability (PwDs), there is a need to change the cognitive understanding of both physically challenged persons and the society about disability and the challenges of people who are living with it. It is essential for the betterment of their lives, enhancing inclusivity and empower-

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-ment, as well as bringing equality and equity to our developing countries like India. Divyang individuals often face psychological distress with physical movement issues, leading to emotional regulation failure. They struggle to control negative emotions, limiting their ability to think positively and grow, as well as destroying their lives through negative thinking and selfstigmatization. The word "emotion regulation" refers to the ability of an individual to properly regulate and react to an emotional incident. It can be defined as a set of measures people take in an attempt to control the uncontrollably flowing emotions they experience. In fact, emotional regulation is actually a vital component of human socialization when a child grows to connect the present self to the previous self as well as the potential future self, and learns to respond based on the inner moods of others rather than their outward behaviours (6). With the help of this positive psychological factor (emotional regulation), one can improve their quality of life (QOL) in various dimensions such as physical, psychological, social and environmental (7). Regulation of emotions is essential for the better mental health and developing emotional regulation skills may be a useful strategy in enhancing subjective well-being of the differently abled persons (8). It was found in one research study that independent of executive function issues, emotional regulation difficulties were found to be negatively associated with psychological and social quality of life in people with multiple sclerosis, which infers that a lack of emotional regulation skills can negatively affect some aspects of quality of life among Divyangjan (9). Emotional regulation strategies like reappraisal and suppression impact individuals' quality of life, with higher scores in reappraisal positively affecting both subjective and objective quality of life (10). Another study found a significant correlation between emotional regulation domains like positive re-evaluation, replanning, and positive focus, overall emotional regulation, and quality of family life for married individuals with movement related disabilities (11). Quality of life is broader term which basically shows the multidimensionality such as physical well-being, emotional, functional, social and overall subjective well-being together (12). WHO defined quality of life as "an individual's

perception of life in the context of culture and value system in which he or she lives and in relation to his or her goals, expectations, standards, and concerns" (13). Divyang's QOL gets negatively affected by the conditions of physical disability. Physical disability negatively impacts psychological health in Divyang individuals, leading to lower quality of life, especially in spinal cord injured individuals (14, 15). A research study found that physical disabilities negatively impact the lives of Divyangjan, especially children and adolescents' quality of life due to poor health conditions, limited involvement, and activity limitations (16).

Further, it was also found that despite the physical disability, some inner psychological values, characteristics, virtues and other factors help people enhance their quality of life and well-being. Self-efficacy is one of those factors that contribute to building satisfaction in life, trust in one's abilities, and enriching the quality of life among individuals with various types of physical disabilities. "Self-efficacy is just a belief in one's capabilities to organize and execute the courses of action required to manage prospective situations", described by Bandura (17). It is characterized by one's belief in his or her abilities to respond to novel or difficult situations in life and to tackle any obstacles or setbacks (18). Hence, self-efficacy is an extremely potent psychological component that has the power to enhance an individual's psychological well-being and quality of life on its own. Prior research study shows that self-efficacy shares a strong positive correlation with quality of life of differently abled persons and also predicted it with 40% of variance (19). Self-efficacy was found to be moderately to strongly associate with mood and life satisfaction, which come under quality of life as one of the dimensions (20). The same result was also found in another research study stating self-efficacy worked as a mediator between symptoms of disability and quality of life, as well as increasing the explained variance of QOL among people with various physical disabilities especially locomotive disability (21). Self-efficacy was found to be strongly correlated related to the mental component of the QOL of patients with multiple sclerosis. It had a favourable correlation with both QOL and acceptance of illness (22). A significant inter-correlation was found between self-efficacy and QOL among people living with

mobility related disabilities and people who were using mobility aid devices (23).

It was demonstrated in a study that four out of every hundred individuals have disability in India. Disability and Health's International Classification of Functioning (ICF) categorized disabilities into many categories, including visual, hearing and speech, locomotor and mental in which locomotor disability is most prevalent in our country India (24). Locomotive disability is movement related disability affecting bones, joints, and muscles, causing significant limb restriction and affecting daily life. As per the census-2011 definition, It is defined as a person's condition characterized by a lack of both arms or legs, paralysis, limited mobility, joint problems, loss of fingers or toes, stiffness or tightness, difficulty balancing, loss of sensation, deformities like a hunch back, or being very short statured (dwarf)" (25).

Nowadays, it is seen in our country that there is more emphasis on using terms such as "Physically challenged," "Differently abled," "Divyang," or "Divyangjan" instead of "Physically disabled" or "Viklang" for people with disabilities. All the terms can be used interchangeably, but using terms such as differently abled or Divyang makes the person with disability feel empowered because these specific terms have a positive connotation and convey a positive note. India's current Prime Minister introduced this term "Divyang" in 2015 and coined a new meaning for it. He suggested using the term "Divyang" for people with disabilities, referring to the divine part of the body, to modify societal perceptions and encourage their participation without feeling inferior.

However, there is a dearth of studies on various psychological aspects such as emotional regulation, self-efficacy, and QOL among Divyang with locomotor disabilities, as it constitutes the higher proportion (20% of all disability) in India as per census 2011. People with locomotor disabilities are always concerned about their appearance and physical peculiarities, which can create psychological distress. Due to their limited movement, they endure social isolation, dissatisfaction, helplessness, sadness, and anxiety. They also feel angry because of the inaccessible environment and social rejection. They struggle to reconcile their personal identity with society's notions of disability, which can lead to confusion and internal conflict, negatively impacting mental health. These problems are deeply rooted in environmental barriers, lack of social support and social attitudes. It was discovered in one study that people with acquired musculoskeletal problems had a low adaptive ability, a high degree of neuropsychic stress, a low level of selfactualization and self-regulation, and no capacity to plan their actions consciously as well as isolation emotional and tension during interactions are those personal characteristics that exacerbate the appearance of maladjustment (26). In this way repeated experiences of dependency and negative societal perceptions can lower confidence and belief in one's abilities i.e. selfefficacy, which adversely affects the quality of life. In order to address these challenges and enhance the motivation of people with movement-related disabilities, it is vital to identify their self-potential, internal positive features, and inherent personality characteristics as well as it requires psychological assessment of QOL.

Therefore, research on the positive attributes of people living with physical disabilities, especially locomotor disabilities, is essential for empowering them and combating stigma and improving their performance, involvement, and perspective towards social inclusion. As WHO has already suggested doing research on the quality of life and well-being of PwDs, the present study attempts to fulfill the needs in order to obtain the required attention towards facilitation and evaluation of the quality of life of Divynagjan with locomotor disability and its associated concerns in a transformative way.

The aim of the current work is to study the role of Self-efficacy and Emotional Regulation on Quality of life among Divyang with locomotor disability.

Figure 1 clearly illustrates the proposed research framework, where self-efficacy and emotional regulation serve as predictor variables, and quality of life is designated as the criterion variable. Based on the study's purpose and the proposed research framework illustrated in Figure 1, this investigation aims to examine and explore the levels of self-efficacy, emotional regulation, and quality of life among Divyang individuals with locomotor disabilities. The study further seeks to determine the associations among these variables, specifically investigating how self-efficacy and emotional regulation relate to quality of life. In addition, the research assess the influence of both emotional regulation and self-efficacy on the overall quality of life, thereby providing valuable insights into the psychological factors that



Figure 1: Research Framework

Hypotheses

Ha1: There would be significant association between Self-efficacy, dimensions of Emotional Regulation and QOL of Divyang with locomotor disability.

Ha₂: Self-efficacy, Emotional Regulation and its dimensions would significantly predict the QOL of Divyang with locomotor disability.

Methodology

Research Design

The present study followed a cross sectional as well as correlational research design so as to probe the underlying relationships between each dimension of the variables being studied i.e. emotional regulation, self-efficacy and QOL.

Sample and Participant Recruitment

A sample of this present study was comprised of (N = 130) Divyangjan with locomotor disability, from the various places of state of Uttar Pradesh, India which has largest Divyang population (15.5% of total Divyang population as per Census 2011) in the country. For this study, we employed purposive sampling method to precisely target individuals who have locomotor disabilities. The procedure began with obtaining approvals from various authorities, including NGOs, academic institutions, government agencies, and private organizations working with differently abled people. Eligible participants were selected based on predetermined criteria, with a focus on those documented locomotor impairments. with Researchers communicated directly with contact persons within these organizations, explaining the study's objectives and ethical guidelines. Participants were then approached based on inclusion and exclusion criteria, asked to examine an informed consent form describing their rights, risks, benefits, given detailed information, and survey questionnaire for taking their responses. Participation was entirely voluntary, and all personal information was maintained with complete confidentiality. This rigorous approach upheld the ethical integrity and social sensitivity required when working with marginalized people such as Divyang with locomotor disability.

contribute to improved well-being in this

vulnerable population.

Inclusion and Exclusion Criteria

The study included both working and non-working male as well as female participants with locomotor disability, aged 25–50, from rural and urban areas of Uttar Pradesh. Participants are included who were able to comprehend and respond to questionnaires but excluded those with visual, hearing, or intellectual disabilities, severe illness, or any other mental disorders.

Measures

Demographic Characteristics: The researcher used socio demographic data sheet to collect the socio economic data of the participants such as age, gender, residential area, marital status, types of disability, family type and any other medical history etc.

Quality of Life (QOL): QOL was assessed using the WHOQOL-BREF which was developed by WHO (27). The 26-item test assesses people's quality of life in four areas: social relationship (3 items, $\alpha = 0.66$), psychological health (6 items, $\alpha = 0.75$), environmental health (8 items, $\alpha = 0.80$), and physical health (7 items, $\alpha = 0.82$). The scale is self-reporting. On a response scale, each individual WHOQOL-BREF item is assigned a score between 1 and 5.

Self-Efficacy: General Self-Efficacy scale (GSES) of Ralf Schwarzer and colleagues (1995) was used to measure self-efficacy (18). It consists of 10 items. Each individual item of GSES is scored from 1 to 4 on a response scale. The scale was found to be reliable with Cronbach's alphas between 0.76 and 0.90.

Emotional Regulation: Emotional regulation was assessed using Hoffmann, S.G., Carpenter, J.K., and Curtiss, J.'s Interpersonal Emotional Regulation Questionnaire (IERQ) (28). IERQ is a 20-item scale designed to measure four key factors: Enhancing Positive affect (α = .89), Perspective Taking (α = .91), Soothing (α = .94), Social modeling (α = .93). All factors exhibited good internal reliability. Each individual item of this scale is scored from 1 to 5.

Procedure: The participants of the study were approached and made aware of the study, its objectives and benefits. Before outlining the data collection procedure, rapport was established with the participants, and the researchers strictly adhered to ethical protocols throughout this procedure. With the informed consent of each participant when dealing with delicate aspects such as quality of life and psychological well-being, data were collected. Ethical guidelines assigned by the American Psychological Association (APA, 2016) were followed, which has been also considered by institutional ethical committee (29). All participants received information about accessible psychological support programs and local mental health resources. It took 30 to 35 minutes to collect data from each participant. And then data were analyzed for testing the hypotheses of the study through SPSS-26 version.

Data Processing and Statistical Techniques: Version 26 of the Statistical Package for Social Sciences (SPSS) was used for data processing and analysis. Inferential statistics, such as Pearson correlation and linear regression, were employed to assess the study's hypotheses.

Results

The present study intended to find out the relationship between the self-efficacy, emotional regulation and Quality of Life. Descriptive analysis was used to comprehend the nature of the data and to explore study variables among Divyang with locomotor disability. Correlation analysis (Pearson Correlation) was used to assess the association between study variables. Additionally, the causal relationship between self-efficacy, emotional regulation, and QOL was determined using linear regression.

Descriptive Statistics

Table 1 shows the characteristics of the obtained sample (N = 130). It presented that the sample consists of 84.6% male and 15.4% female of the total sample, in which 38.46% of Divyang were married, 57.7% were unmarried, and 3.85% were divorced. Further, it shows that 59.2% of Divynag belong to a rural area and 40.8% belong to an urban area of the state of Uttar Pradesh. From Table 1, it was seen that 43.8% of Divyang had locomotive disability by birth, and 56.2% acquired it after a few years of birth. Among the 130 samples, 38.46% were from nuclear families, and 61.53 Divyang were from joint families. Table 2 shows the mean score and standard deviation of all the predictors, such as self-efficacy and emotional regulation, along with their all dimensions (Enhancing Positive Affect, Perspective Taking, Soothing and Social Modeling) and the criterion variable, i.e., quality of life (QOL), and it's all four dimensions (Physical Health, Psychological Health, Social relationship and Environmental Health).

		Frequency	Percent (%)
		(N=130)	
Gender	Male	110	84.6
	Female	20	15.4
Area of Habitat	Rural	77	59.2
	Urban	53	40.8
Types of Disability	By Birth	57	43.8
	Acquired	73	56.2
Marital Status	Married	50	38.46
	Unmarried	75	57.7
	Divorced	5	3.85
Family Type	Nuclear	50	38.46
	Joint	80	61.53

Table 1: Demographic Distribution of the Study Sample

Variables	Mean	SD	Minimum	Maximum	Ν
Self-efficacy	32.2231	5.71719	17.00	40.00	130
Enhancing Positive Affect	19.9077	5.05696	6.00	25.00	130
Perspective Taking	16.9923	4.49892	8.00	25.00	130
Soothing	12.7769	4.55843	4.00	20.00	130
Social Modeling	17.8000	4.33911	5.00	25.00	130
Emotional Regulation (Total)	70.3769	15.91658	29.00	100.00	130
Physical Health	26.8692	4.88375	13.00	35.00	130
Psychological Health	22.5615	4.44955	10.00	30.00	130
Social Relationship	11.6923	2.27165	4.00	15.00	130
Environmental Health	28.7385	5.78364	16.00	40.00	130
QOL (Total)	97.7923	15.40849	61.00	128.00	130

 Table 2: Descriptive Overview of Research Variables

Hypotheses Testing

Table 3 and Table 4 indicates that Self-efficacy is positively correlated with physical health (r=.455, p<0.01), with psychological health (r=.477, p < 0.01), with social relationship (r=.392, p < 0.01) and with environmental health (r=.473, p<0.01) and with overall Quality of life (r=.555, p<0.01). Further it shows that the first dimension of Emotional Regulation (Enhancing positive affect) is positively correlated with physical health (r=.404, p<0.01), with psychological health (r=.254, p<0.01), with social relationship (r=.313, p < 0.01), with environmental health (r=.266, p<0.01) and with the overall QOL (r=.364, p<0.01). The second dimension of Emotional Regulation (Perspective taking) is positively correlated with physical health (r=.258, p<0.01), with psychological health (r=.174, p<0.01), with social relationship (r=.170, p<0.01), with environmental health (r=.217, p < 0.05) and with overall QOL (r=.267, p<0.01). The third dimension of Emotional Regulation (Soothing) is not significantly correlated with QOL including its all dimensions. The fourth and last dimension of Emotional Regulation (Social modeling) is positively correlated with physical health (r=.303, p < 0.01), with psychological health (r=.220, p < 0.05), with social relationship (r=.264, p < 0.01), with environmental health (r=.225, p<0.05) and overall QOL (r=.309, p<0.01). And the total Emotional Regulation is also positively correlated with Ph_Q (r=.326, p<0.01), with Psy_Q (r=.182, p<0.05), with So_Q (r=.247, p<0.01), with Env_Q (r=.238, p<0.01) and overall QOL (r=.302, p < 0.01). Therefore, it can be said that Ha1 has been approved.

	Dimensio	Dimensions of Quality of Life					
Predictors	Physical	Psychological	Social	Environmental	QOL		
	(Ph_Q)	(Psy_Q)	(So_Q)	(Env_Q)	Total		
Enhancing Positive affect (EPA_ER)	.404**	.254**	.313**	.266**	.364**		
Perspective taking (PT_ER)	.258**	.174**	.170**	.217*	.267**		
Soothing (So_ER)	.141	.020	.077	.078	.082		
Social Modeling (SM_ER)	.303**	.220*	.264**	.225*	.309**		
Emotional Regulation (ER_Total)	.326**	.182*	.247**	.238**	.302**		
Self-efficacy (SE)	.455**	.477**	.392**	.473**	.555**		

Notes: **p≤0.01 (2-tailed); *p≤0.05; N=130

	EPA_ ER	PT_ER	So_ER	SM_ ER	ER_ Total	Ph_ Q	Psy_ Q	So_ Q	Env_ Q	Qol_ Total
SE	.326**	.285**	.112	.355**	.319**	.455**	.477**	.392**	.473**	.555**
EPA_ER		.611**	.439**	.645**	.816**	.404**	.254**	.313**	.266**	.364**

PT_ER	.557**	.683**	.859**	.258**	.174*	.170	.217*	.267**
So_ ER		.508**	.769**	.141	020	.077	.078	.082
SM_ ER			.844**	.303**	.220*	.264**	.225*	.309**
ER_Total				.326**	.182*	.247**	.238**	.302**
Ph_Q					.532**	.492**	.651**	.831**
Psy_Q						.437**	.649**	.827**
So_Q							.548**	.669**
Env_Q								.893**
Qol_Total								

Notes: ** $p \le 0.01$ (2-tailed); * $p \le 0.05$; N=130

Table 5: Linear	Regression A	Analysis us	ing Self-e	efficacy as a	Predictor of (Duality of Life
	-0		0			V · · · · · · · · · · · · · · · · · · ·

Predictors	R	R Square	R Square Change	Beta	F Change	Sig. of F Change				
Criterion: Physical Health										
Self-efficacy	.455	.207	.207	.455	33.364	.000				
Criterion: Psychological Health										
Self-efficacy	.477	.227	.227	.477	37.663	.000				
Criterion: Social	Relations	ship								
Self-efficacy	.392	.153	.153	.392	23.171	.000				
Criterion: Enviro	nmental	Health								
Self-efficacy	.473	.224	.224	.473	36.890	.000				
Criterion: Overal	Criterion: Overall QOL									
Self-efficacy	.555	.308	.308	.555	56.899	.000				

Notes: **
$$p \le 0.01$$
 (2-tailed); * $p \le 0.05$; N=130

Table 5 shows that Self-efficacy significantly predicted QOL and its various dimension. It significantly predicted first dimension of QOL; physical health (20.7% of total variance), second dimension; psychological health (22.7% of total

variance), third dimension; social relationship (15.3% of total variance), fourth dimension; environmental health (22.4% of total variance) and overall Quality of life (30.8% of total variance) among Divyang people.

Table 6: Linear Regression Ana	vsis of Emotional Regula	tion Dimensions as Predi	ctors of Quality of Life
	J		$\mathbf{v} = \mathbf{v} + \mathbf{v}$

Predictors	R	R	R	Square	Beta	F Change	Sig.	of	F
		Square	Chang	ge			Chang	ge	
Criterion: Physical Health									
EPA_ER	.404	.163	.163		.404	24.982	.000		
PT_ER	.258	.067	.067		.258	9.144	.003		
SM_ER	.303	.092	.092		.303	12.984	.000		
Criterion: Psychological Health									
EPA_ER	.254	.064	.064		.254	8.814	.004		
Criterion: Social Relationship									
EPA_ER	.313	.098	.098		.313	13.867	.000		
SM_ER	.264	.070	.070		.264	9.609	.002		
Criterion: Environmental Healt	h								
EPA_ER	.266	.071	.071		.266	9.731	.002		
Criterion: Overall QOL									
EPA_ER	.364	.132	.132		.364	19.497	.000		
PT_ER	.267	.071	.071		.267	9.818	.002		
SM_ER	.309	.096	.096		.309	13.518	.000		

Notes: ** p \leq 0.01 (2-tailed); * p \leq 0.05 ; N=130

Result Table 6 shows that all the dimensions of emotional regulation except soothing significantly predicted overall Quality of life and its various dimensions. The physical health dimension of QOL is significantly predicted by enhancing positive affect dimension (16.3% of total variance), perspective taking dimension (6.7% of total variance) and social modeling dimension (9.2% of total variance) of emotional regulation. The psychological health dimension of QOL is significantly predicted by only one dimension of emotional regulation i.e. enhancing positive affect (6.4% of total variance). The third dimension of QOL, social relationship is significantly predicted by enhancing positive affect (9.8% of total variance) and social modeling dimension (7.0% of total variance) of emotional regulation. The fourth dimension of QOL, environmental health is significantly predicted by enhancing positive affect dimension (7.1% of total variance) of emotional regulation. The overall Quality of life is significantly predicted by the various dimensions of emotional regulation, enhancing positive affect (13.2% of total variance), perspective taking (7.1% of total variance) and social modeling (9.6% of total variance). Hence it can be concluded from result table 5 and 6 that Ha₂ has been accepted.

Discussion

The intent of this study is to investigate how emotional regulation and self-efficacy affect QOL of Divyangjan with locomotive disability. From the result it is evident that self-efficacy, emotional regulation and QOL are associated factors among Divyangjan. Regarding first hypothesis, correlation analysis clearly indicates that the first factor i.e., self-efficacy is favourably associated with quality of life and it's all dimensions i.e., Ph_Q, Psy_Q, So_Q and Env_Q. The findings were found to be aligned with the previous studies, which stated that selfefficacy was one of the psychological factors positively correlated with QOL and explained the maximum variance in quality of life among differently abled persons (19, 20, 21). As previous research study demonstrates, high self-efficacy among Divyang with multiple sclerosis is linked to improved quality of life (30). Further, the result revealed that the second factor, i.e., emotional regulation, along with its dimensions (EPA_ER, PT_ER, and SM_ER), positively correlated with QOL and all its dimensions, which was also supported by a prior study and it was evident from its results that Emotional regulation has also been shown to be a strong predictor of quality of life (QOL) and to be favourably associated with it (10, 31).



Figure 2: Conceptual Model of Relationship among Emotional Regulation, Self-efficacy and Quality of Life

Figure 2 illustrates the diagrammatic representation of the predictive relationship of emotional regulation and self-efficacy with quality of life. It is clearly evident from Figure 2 that the first dimension of emotional regulation, enhancing positive affect, is significantly predicting overall QOL and all the dimensions, such as physical health, psychological health, social relationships and environmental health. It also shows the second dimension of emotional regulation, perspective taking, is substantially predicting the QOL and its one dimension, physical health. The third dimension of emotional regulation is not significantly predicting QOL or any of the dimensions. Furthermore, the fourth dimension of emotional regulation, social modeling, also has a significant impact on the overall QOL and its two dimensions, such as physical health and social health.

Regarding the second hypothesis, regression analysis indicates that self-efficacy emerged as significant predictors of quality of life and its various dimensions as well. And it was found in line with prior studies that QOL was shown to be substantially predicted by self-efficacy among patient with multiple sclerosis (30). It was also replicated in other research studies that selfefficacy significantly predicted quality of life and came out as the best predictor in the pool of other related factors (32). According to Bandura's Social Cognitive Theory, self-efficacy, the belief in one's ability to conduct the behaviours required to achieve specified performance goals is vital to human agency (33). Persons with higher selfefficacy are more confident in approaching obstacles, which promotes active problem-solving and adaptive coping strategies. This empowerment, in turn, helps to improve physical and functional well-being by encouraging independence and resilience in managing daily tasks.

Further the present study findings revealed that emotional regulation along with its dimensions, namely enhancing positive affect, perspective taking and social modeling, and the second factor was turned out as a good predictor of quality of life as it seemed that the first dimension i.e., enhancing positive affect was emerged as the best predictor of QOL and its all dimensions. It was also demonstrated by the previous studies that quality of life was found to be influenced by the emotional regulation strategies among person with physical disabilities, especially multiple sclerosis (9). Moreover, another study's findings revealed that teaching emotional regulation strategies improved divyang students' overall subjective well-being, including physical, functional, emotional, and which social well-being, represents the multidimensionality of QOL (11). Furthermore, theoretical frameworks for emotional regulation as addressed by Gross and colleagues, emphasizes the role of adaptive strategies in regulating emotional responses (34). Individuals who acquire and apply these strategies can better manage stress, reduce anxiety, and improve interpersonal connections, all of which have a direct impact on various aspects of QOL such as psychological and social well-being.

Thus, the findings of the present research study corresponded with the existing literature. Previous research studies' outcomes supported our research result in the manner that each predictor variable is positively associated with the criterion, i.e., quality of life in the case of Divyang with physical disabilities. Our investigation found no contradicting evidence; instead, it confirms known theoretical frameworks such as Bandura's Social Cognitive Theory and Gross and colleagues' emotional regulation models. In sum, these findings not only replicate earlier findings, but they also contribute to a better understanding of how positive psychological resources can improve quality of life, hence facilitating the creation of focused interventions for people with disabilities. Consequently, the dual approach, integrating both self-efficacy and emotional regulation, creates a synergistic effect in educational and therapeutic programmes and is theoretically justified as a holistic strategy for enhancing the overall quality of life among Divyang people with locomotor disabilities.

Conclusion

In the present study, it was seen that self-efficacy and emotional regulation are substantially associated with the quality of life of Divyang with locomotor disability, and QOL was significantly predicted by the positive psychological factors, namely self-efficacy and emotional regulation, as well as its various components. This research study explores the relationship between disability, emotional regulation, quality of life, and selfefficacy among Divyang with locomotor disabilities, providing insights for intervention and rehabilitation planning. Mental health professionals, careers, and policymakers can improve the quality of life for Divyang with locomotor disabilities by strengthening community support networks, providing more accessible mental health services, investing in rehabilitation and vocational training, improving physical and digital accessibility, increasing awareness and inclusion, and enforcing disability rights legislation. These measures can help people share their experiences, receive emotional support, and develop resilience. Collaboration non-governmental with organizations and community leaders has the potential to build longterm networks. People with locomotor impairments should have access to mental health treatments such as counselling, crisis intervention, and therapy that are tailored to address their specific issues and give solution in order to enhance quality of life.

Abbreviations

APA: American Psychological Association, Env_Q: Environmental Health, EPA_ER: Enhancing Positive affect, ER: Emotional Regulation, GSES: General Self-Efficacy scale, ICF: International Classification of Functioning, IERQ: Interpersonal Emotional Regulation Questionnaire, Ph_Q: Physical Health, Psy_Q: Psychological Health, PT_ER: Perspective taking, SE: Self-efficacy, So_ER: Soothing, SM_ER: Social Modeling, So_Q: Social Relationship, SPSS: Statistical Package for Social Sciences, QOL: Quality of Life, WHO: World Health Organization,.

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Author Contributions

Nishi Srivastava: Conceptualization, methodology, data collection and whole manuscript drafting, Chetna Jaiswal: Important role in shaping and formulating this work, advice and support for writing from conceptualization to completion, Arpana Jha: Manuscript review and critical revision, Sheezan Pervez: contributed in giving ideas how to work on the vulnerable population, and synthesizing the research findings, Unnikannan P Santhosh Kumar: interpretation of the results and drawing meaningful conclusions.

Conflict of Interest

None of the authors in this study have any conflicts of interest regarding authorship and/or article publishing.

Ethics Approval

The research study was approved by the appropriate ethics committee of Central University of South Bihar, Gaya, with the registration number CUSB/Acad/2020/1301, and ethical guidelines were followed when conducting the study.

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