

Positivity and Disability: A Descriptive Narrative Review

S. Venkatesan 

Department of Clinical
Psychology, All India Institute
of Speech & Hearing,
Manasagangotri, Mysore-
570006, Karnataka, India

Yashodhara-Kumar
G.Y. 

All India Institute of
Speech & Hearing,
Mysore-570006,
Karnataka, India

Iyer Kamlam
Gopalkrishna 

Manipal Hospitals,
Varthur Road,
Whitefield, Bangalore-
560 066, Karnataka,
India

Abstract

Disability experience need not always bring up negativity. The quality of life, satisfaction, and well-being of such people can be positive, optimistic, hopeful, and marked with independence, healthy coping skills, strong resilience, and self-determination. This narrative seeks to break the perception gap between public perception and the private inner experience of affected persons by outlining a few threads of positivity within the realm of disability. Heavily tilted towards rights-based models, person-in-environment social and cultural aspects of the disability experience are taken into account, while the use of positive rather than negative emotions is explained. Finally, before inviting more empirical attention to this neglected field of study, mention is made of the sparse research related to this area.

Keywords: child-rearing, negativity, optimism, parenting, resilience, well-being

Introduction

The term positivity contrasts words like negativity, adversity, hardships, suffering, and misery. Negativism promotes pessimism, prejudice, automated dysfunctional thoughts and behaviors, and self-talk. They all curtail positive behavior, worsen self-deprecation, evoke disturbing memories, and make worrisome predictions. Persons high on negativity tend to snub others or find fault with everyone and everything. They show less frustration tolerance or cannot handle criticism. They are averse to taking risks, quick to label things as “bad,” secretive, and throwing up a lot of negative energy. Persistent negativity is more likely to result in degenerative brain diseases, cardiovascular problems, somatic symptoms, digestive issues, and a slower recovery from sickness (Denollet, 2013; Watson & Clark, 1984). Positivity is feeling safe, stable, and free from fear or anxiety. It carries feelings of self-assurance and happy thoughts from appreciating one’s abilities or qualities. Positive thinking has been documented to improve creativity and motivation, inspire more self-assertion, help find a better perspective, help people achieve their objectives, have better relationships, and even boost their physical health (Tholen, 2021).

Context of Disability

Most Prader-Willi syndromes (PWDs) require a healthy mix of positivity and negativity to be happy, fulfill their potential, or adapt effectively across different situations. Common sense values of optimism and everyday acts of kindness explain

positivity in the context of the disability experience. Just empty words of commonplace encouragement from well-intended friends and carers can turn insipid, ineffective, or even insulting after a while. It is not that PWDs live constantly or continually, only in the phase of positivity or negativity. The disability experience is characterized by barriers that are not only physical but also emotional, attitudinal, social, and financial. There may be physical barriers when one faces stairs, curbs, or narrow doorways that are not negotiable. But there can also be speech that cannot be heard or understood, text that cannot be read, or information that they cannot decipher. And if they are bullied, ridiculed, and abused most of the time in their life, adopting a positive attitude can be truly challenging. However, it is a much-needed daily living strategy (Shogren et al., 2017).

Models and Perspectives

Three models or perspectives of understanding the characteristics, causes, treatment, or management of disabilities are seen in the history of disabilities. Based on hearsay, custom, and tradition, the layperson’s magical-religious viewpoint assumes disability results from creating evil or supernatural forces as a reward or punishment for one good or evil deed in this or previous birth. Nicknames are given or used to call these persons dumb, deaf, blind, lame, crippled, mad, insane, idiotic, or feeble-minded. The medical models explain impairments or disabilities as a consequence of organic, bodily, biological, or obstetrical insults during this life span. Thus, a Downs anomaly results from a chromosomal aberration or cerebral palsy caused by an absent or stunted birth cry (Miller et al., 2010).

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DOI: <https://dx.doi.org/10.22159/ijoe.2023v11i4.48070>. Journal homepage: <https://journals.innovareacademics.in/index.php/ijoe>.

Acknowledgment: None. **Authors’ Contributions:** While the first author was the overall lead in this project, the second and third authors have played an active role in data mining, coding, indexing, and analysis of results. **Conflict of Interest:** There are no conflicts of interest in this research. **Funding Source:** Nil.

Correspondence concerning this article should be addressed to S. Venkatesan, Department of Clinical Psychology, All India Institute of Speech & Hearing, Manasagangotri, Mysore-570006, Karnataka, India. **Email:** psyconindia@gmail.com

Further, these conditions are classified as diseases in official systems of classification (American Psychiatric Association [APA], 2013; World Health Organization [WHO], 2007). The contemporary rights-based approach uses a person-in-environment social-cultural perspective to argue that handicaps as the making of intended or unintended barriers in a society that does not accept diversity or differences (Lawson & Beckett, 2021). For example, a reading or writing disability is not so much of a deficit in the so-called affected individual as it is the over-emphasis by an overwhelmingly literate society that cannot accept the unlettered person. This approach propagates the self-determination, autonomy, and independence of the affected PWDs (Ryan & Deci, 2017; Swain & French, 2000).

Closely related but distinct from these models are the old-fashioned terms impairment, disability, and handicap. Impairment is any structural loss in physical or anatomical organs, such as an absent limb. Disability is the functional inability or incapacity to perform any activity in the manner or within the range considered "normal." Handicap, often but not always the result of impairment, is a social disadvantage experienced by a person, which is the focus of this paper (Bickenbach *et al.*, 1999; Jones, 2001). Rather than listing what the affected person cannot do, the positivists insist on earmarking, identifying, and augmenting the assets or what the person can do.

Theoretical Underpinnings

The positivity narrative is based on the Broaden and Build theory of positive emotions developed by Barbara Fredrickson to explain how positive emotions increase life satisfaction (Fredrickson, 2001). Although negative and positive emotions coexist, are variable over time rather than static, and serve different functions in stressful situations, positive emotions broaden people's momentary thought-action repertoire and build their enduring personal resources. In addition, studies have shown the beneficial impacts of positive emotions on children with multiple disabilities (Lee & Li, 2016).

Measures of Positivity

Positive Gain Scale (Pit-ten Cate, 2003) is a 7-item measure developed to assess parents' perceptions of positive aspects of raising a child with a disability. The items examine whether having a child with disabilities has helped the parent grow, learn new things or skills, gain a better perspective on life, improve family cohesion, foster tolerance and acceptance, make them more determined to face challenges and help them better understand other people. Another Eight-item Positivity Scale (PS) (Caprara *et al.*, 2012) carries 22 items on positive thinking, including whether the respondent sees beauty around him or a place full of problems, finds good in most people, finds strengths in himself, is optimistic about his future, and so on. The 20-item Positive and Negative Affect Schedule (PANAS) (Watson *et al.*, 1988) uses a 5-point Likert stem from expressing how the respondent felt over the last week from among the following: interested, distressed, excited, upset, strong, guilty, scared, hostile, enthusiastic, proud, irritable, alert, ashamed, inspired, nervous, determined, attentive, jittery, active, and afraid, respectively. The Assessment Scale for Positive Character Traits—Developmental Disabilities (ASPeCT-DD) challenges prevailing deficit-based views to help parents identify numerous strengths across multiple domains and factors.

Objectives

This study aimed to undertake a short review of positivity in the context of disability experiences and practices. The key research questions asked were: Is there scope for the applications of positive psychology to the field of disability? If so, what has literature to support positive parenting or the impact of such practices on children with disabilities? Are there any limits within which positive parenting is to take place for the optimum benefit of children? What happens when there are overdoing, trespassing, and transgressing limits of positive parenting? Are there any special disability conditions where positivity has been tried for elder or older adults?

Methodology

A quick randomized review of accessed research articles from peer-reviewed journals obtained through the browsing of internet search engines like Google Scholar, PUBMED, Pub Psych, ERIC, the Web of Science, and Cochrane until the publication date of December 31, 2022, formed the database for this review. Descriptive essays on the theme from periodicals, newsletters, and magazines, proceedings of seminars, webinars, or conferences, mimeographs, video or audio materials, and unpublished pre-doctoral or post-doctoral dissertations were excluded along with incomplete, misleading, repeated, and unverified cross references. As enshrined in the official mandate of the accredited investigating institution, the ethical issues were scrupulously followed (Venkatesan, 2009).

Results and Discussion

The analysis covered themes or concepts related to positivity in the disability experience. Additional analysis based on format, timelines, and research design (anecdotal, mixed methods, qualitative, or RCT, and titles of journals on the chosen theme could not be undertaken since the number of articles retrieved within such class heads was minimal.

The results are discussed under discrete headings, such as:

Positivity & Disability Practices

Positive psychology uses a strength-based approach to understanding disabilities (Wehmeyer, 2021). It moves away from conceptualizing disability as a pathology, deficit, or disease outcome. Positivity in the field of disability operates at three levels: subjective, individual, and group. The first is based on the inner experiences of the PWD in their past, present happiness, and future expectations of hope or optimism connected with well-being, contentment, and satisfaction. Individual levels cover one's traits, which are strengths and talents. Group level refers to how carers, friends, or society interact with them (Carter *et al.*, 2015).

It is common to showcase PWDs along with a quote and some impressive activity to promote the idea of a positive attitude toward overcoming disability. The advantages of positivity are left unmentioned and felt to be obvious. Conversely, negativity is noted as leading to depression and a debilitating sense of futility, nihilism, hopelessness, and helplessness. Common stereotypes that emerge from negativity in disability are that such persons deserve pity, they cannot lead a productive and fulfilling life, they are sick and in constant pain, they are helpless and dependent, they are to be feared, or they are another extreme example of heroic, brave, courageous, and inspirational behavior (Oades *et al.*, 2017).

Positive Parenting

An offshoot of practice recommended under positive psychology, this form of parenting is about showing love, warmth, and kindness to children. The emphasis is guiding, encouraging, or teaching children by sending powerful messages that they are wanted or loved. Appropriately responding to the child, preventing problem behaviors before they arise, and regular monitoring, mentoring, and modeling practices are emphasized in child-rearing. Show of affection, encouragement, leading by example, empathy, setting boundaries according to the child's developmental age, use of positive reinforcement or discipline (instead of punishment), being firm, fair, and friendly are characteristics of parent-child interactions, irrespective of whether they are wards with or without special needs (Dyches *et al.*, 2012; Sanders *et al.*, 2004; Tellegen & Sanders, 2013).

Positive Impacting

The role of unaffected or "non-disabled" significant others is equally crucial in positivism. Displaying positivism through empathy and patience can promote inclusion or openness for the affected person. A positive image of disability is a fair, creative, and stimulating portrayal of PWD. Positivity is promoted for these people by practicing good etiquette, treating everyone how you

would like to be treated, asking before offering assistance, and avoiding pitying or being overly patronizing.

There is a downside to positivity. Too many positive emotions can lead to one's downfall. Negative emotions are essential to building distress tolerance, becoming stronger, mentally agile, and ultimately happier. Having a child with disabilities need not necessarily end in negative parental or familial perceptions. Studies have noted how greater resilience, dispositional optimism, positive coping, and even positive illusions have beneficial powers on the rearing practices of children with developmental disabilities (Hastings, 2016; Blacher et al., 2013a; 2013b). Such positive reactions could emanate in carers as retaliation for the annoying encounters with persistent barriers, deprivation, discrimination, hopelessness, helplessness, nihilism, condemnation, stigma, and negative stereotypes or chirpy cliches like "there is ability inside disability," "think positive," or "look at your positive side" expressed thoughtlessly by others (Hastings et al., 2005).

Toxic Parenting

One must be wary of "toxic positivity" or "positive toxicity," which happens when people believe negative thoughts about anything or everything should be avoided. For example, toxic positivity occurs when one tells a parent whose child has died to be happy that s/he has other children or says that every calamity or catastrophe one faces "is justified and has a reason." The root cause of toxic positivity is low-stress tolerance, which results in avoiding, suppressing, or rejecting negative emotions or experiences. The term "toxic positivity" is credited to Martin Seligman, who recognized it as dysfunctional emotional management without fully acknowledging negative emotions like anger and sadness (Goodman, 2022).

Maternal positivity, a sub-sect of toxic parenting and adjustment, is a crucial coping mechanism in family relationships of children with developmental disabilities (Beighton & Wills, 2017; Hastings et al., 2002; Horsley & Oliver, 2015; Jess et al., 2017; Jess et al., 2018), visual impairments (Matsuguma et al., 2018), and language impairments (Rieffe & Wiefferink, 2017). Both mothers and fathers showed equal and comparable positive perceptions of their children with intellectual disabilities (Vilaseca et al., 2014). However, apart from the broad-and-build theory, adequate theoretical models to explain maternal positivity are still unavailable (Trute et al., 2010; 2012).

Positivity in Terminal End-of-Life Conditions

Close to, but different from, disabilities are terminal, end-of-life conditions like cancer, stroke, Alzheimer's, motor neuron disease, and multiple sclerosis. Maintaining positivity under such adversity is challenging but not impossible when death is close by and certain. Such situations demand positive people surround one and focus on one's interests and passions. Toxic relationships are best eliminated. Genuine thanksgiving, praying, meditating, mindfulness practices, cognitive reframing, and maintaining a gratitude journal can be helpful. Being open and honest, accepting and reassuring others, and recalling old memories are some ways to promote positivity in such times or with such persons. Positive dying encourages one to speak openly about death, dying, and corpses (Brantner, 1977; Goranson et al., 2017; Nakashima, 2007; Nakashima & Canda, 2005).

Degenerative Disorders

Maintaining a stance of positivity in the face of worsening adversity by the day is a challenge not easy to experience for patients with osteoarthritis, dementia, Alzheimer's, or Parkinson's. While not forgetting the seriousness of these conditions, handling day-to-day challenges like taking a shower, dressing, ambling across rooms without falling, or eating in public without showing symptoms of uncontrolled involuntary movements is quite demanding (Hurt et al., 2014). Such persons must develop ingenious strategies to reduce felt stress, boost immunity, balance emotions and behavior, or increase tolerance and resilience (Hurt et al., 2014; FRCPGP, 2009; Wilson, 2018).

Conclusion

For laypersons, impairment, disability, and handicap all conjure negative images of pathetic, pitiable, helpless, hopeless, desperate, and dependent persons. This is not always the case. A prejudice and perception gap exists between these persons' public and private experiential aspects. This narrative takes an exception by highlighting the positive aspects of disability within and around the person. The context, models, and theoretical underpinnings of disability are presented before illustrative aspects of how positivity can be invoked in this segment. An opportunity and invitation for more research in this area are welcomed.

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Received: 10 March 2023

Revised: 25 April 2023

Accepted: 02 May 2023