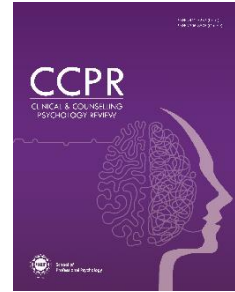



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Gratitude and Mental Well-being in Individuals with Physical Disabilities: The Mediating Role of Coping Competence

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Abstract

The current study examined the mediating role of coping competence in the relationship between gratitude and mental well-being in individuals with physical disabilities. The study used a correlational research design and enrolled a purposive sample of 390 individuals with physical disabilities. The sample was taken from three centers in Abbottabad city, Pakistan and its age ranged between 18 to 37 years ($M = 27.07$, $SD = 5.51$). The Mental Health Continuum Short Form, the Gratitude Questionnaire, and the Coping Competence Questionnaire were used for assessment. Results indicated a significant positive relationship between gratitude, mental well-being, and coping competence among individuals with physical disabilities. Additionally, coping competence was found to significantly mediate in the relationship between gratitude and mental well-being. The analysis also revealed that females exhibited higher levels of coping competence and mental well-being. Furthermore, age and family monthly income were found to significantly influence the mental well-being of individuals with physical disabilities. This study is important because its findings may encourage mental and, and medical health professionals to develop gratitude-based training programs for individuals with physical disabilities.

Keywords: coping competence, gratitude, mental well-being, physical disability.

Introduction

According to the results of the 6th Population and Housing Census conducted in 2017, approximately 207 million people live in Pakistan. Based on the World Health Organization's (WHO) estimate of a 15% prevalence of disability worldwide, around 31 million individuals in Pakistan are expected to have a disability. According to the WHO (World Health Organization, [2023](#)), roughly one in six individuals worldwide have a disability. This amounts to about 1.3 billion people, or 16% of the global

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population. People with disabilities face numerous health disparities, and some may die up to 20 years earlier than those without disabilities-

A disability is defined as a difficulty in functioning at the body, individual, or societal level caused by one or more medical conditions, which often restricts a person's ability to succeed. A person with a temporary or permanent impairment is considered to be disabled (Krahn et al., [2015](#)). There is a growing disparity in health among those with disabilities. According to Marangoni et al. ([2017](#)), children with disabilities face challenges in adapting to everyday activities because they need additional or specialized assistance from others. They also tend to develop more slowly than other children of their age due to impairments, such as physical, cognitive, and sensory disabilities.

Gratitude disposition is the general tendency to feel grateful when recognizing that others have contributed to one's pleasant experiences. As a result, gratitude is understood as an attribute or mood. Gratitude is highly valued in many cultures and groups because it fosters social bonds and carries moral significance. It can channel positive emotions towards self-actualization, self-awareness, peace, motivation, and happiness (Mujidin & Galintias, [2022](#)). There are advantages to a grateful individual; a person with a grateful nature reflects a higher level of elation in life. People with genuine expressions of gratitude create a positive ambience in the environment. However, people with physical disabilities may struggle to show positive reinforcement of expressions due to a lack of support from family members, discrimination, and social stigma, influencing the process of self-acceptance in people with physical disabilities (Kasiyanti et al., [2023](#)).

Wang et al. ([2023](#)) analyzed the mental well-being of people with physical disabilities and introduced a strong connection between active psychological factors and improved mental health. These findings formed a proactive point that has a strong impact on improving the well-being of physically-disabled individuals.

According to the broaden-and-build theory, a person's short-term thoughts and actions are accentuated by the emotions of gratitude and positivity. This helps in developing long-term personal resources, including physical, social, and psychological assets. Good feelings lead people to pay more attention and think more deeply. Specifically, gratitude can encourage

greater adaptability, creativity, and openness in thought. Expressing gratitude can strengthen bonds with others, enhance resilience, and foster the development of effective coping strategies. Positive emotions, such as gratitude have the potential to set off an upward spiral that increases general well-being and the frequency of positive interactions. Those who practice thankfulness might shift their perspective by focusing on their blessings rather than their inadequacies. This positive approach improves psychological adjustment and reduces stress in people with disabilities (Sirois & Wood, [2017](#)).

According to research conducted by Iwank et al. ([2023](#)), teenage athletes with disabilities who practice mindfulness are more likely to report higher levels of psychological well-being. As a result, youth with high mindfulness levels would be more self-aware and capable of creating their own identities depending on their interests. For people with disabilities, the connection between MWB and coping ability becomes especially important. Disability-related stressors, such as physical limits, social stigma, and environmental obstacles, can create significant challenges to mental health. However, individuals with strong coping skills may be better able to adapt to their disability, reduce the impact of stressors, and preserve a sense of well-being despite difficulties (Chae et al., [2018](#)).

Regarding an individual's functioning during disease, personal "activity and involvement" can be seen as a resource that postulates psychological self-regulation of the person's actions to address relevant medical and social issues during this time. The so-called "coping competence," or the deliberate ability to adapt to various challenging life situations, is one of the most vibrant reserves that ensures an individual's psychological activity (Scholten et al., [2020](#)). One of a person's most important psychological resources is their coping system, which they use through behavioral, cognitive, and emotional strategies (Morozova et al., [2023](#)).

Coping is an individual's effort to reduce physical and mental stress. People with higher coping skills respond to stress differently than those with lower coping abilities (Fischer et al., [2021](#)). Similarly, another study found that individuals who do not identify as disabled tend to be more socially active, participate more in the rehabilitation process, take responsibility for their own treatment, and are interested in exploring new rehabilitation methods and technologies. They also actively use adaptive coping strategies without negativity. There is a low level of coping skills and adherence to

rehabilitation among expert patients, which highlights the need to include psychological rehabilitation procedures to address these maladaptive personal responses (Morozova et al., [2023](#)).

Coping Competence Theory

According to the coping competence theory, challenges fall into three categories: affective (requiring solutions for mainly emotional situations and demands), social (primarily related to interpersonal and social situations and demands), or achievement (linked to important goal-oriented activities, such as demands and responsibilities related to school or work, physical and cognitive skills). Schroder and Ollis ([2012](#)) defined coping competence as "the capacity to effectively cope with negative life events and failure as indicated by a reduced likelihood of helplessness reactions and quick recovery from any helplessness symptoms". Coping competence is seen as a trait-like protective factor against developing helplessness-based depression.

Therefore, if a person has a personal sensitivity to depression along with chronic symptoms of stress, such as functional impairments, the risk of depression should be especially high. The diathesis-stress model suggests that the best way to predict and understand resistance to depression in chronic illness is through a dispositional barrier variable that specifically stabilizes emotions during stressful situations. The current study introduced "coping competence", a stress resistance measure derived from depression's helplessness and hopelessness beliefs. A general, one-dimensional tendency to cope well, regardless of the strategy or coping style used to handle a challenging situation, broadly defines coping competence. The ability to resist a depressogenic attributional style and the associated motivational deficiencies during stressful or emergency situations is theoretically the most important characteristic of coping competence (Schroder, [2004](#)).

According to Cetre and Clark ([2015](#)), there is a recurring finding in adult literature that while women report higher life satisfaction than men, they also experience more negative affect, such as anxiety and sadness. There are stages in life when gender differences seem more noticeable than others. Boys and girls have similar levels of well-being before adolescence but once puberty begins, gender differences start to appear, with girls experiencing higher levels of worry and sadness. In late adulthood, disparities in well-being between genders have also been documented (Lansford, [2018](#)). A

study that considered gender measured students' mental well-being at a special vocational school for adolescents with disabilities. The goal was to determine the relationship between mental well-being aspects of male and female students. Based on gender differences, the students were divided into groups (87 male students and 43 female students). The results showed that there are significant differences in mental well-being between males and females (Ladecká et al., [2019](#)).

However, it has been shown that the experience of expressing gratitude varies by gender. Nonetheless, a study with teenagers revealed that, although gender did not mediate the association between physical symptoms, gratitude, and mental well-being, males who expressed more gratitude also reported higher levels of family support. However, the future direction of this relationship remains uncertain, so care should be exercised. More research is needed to understand how gender affects the connection between gratitude and MWB. This information is essential for predicting whether gratitude practices would be equally beneficial for men and women (Alkozei et al., [2018](#)). Several studies have shown that women tend to outperform men in experiencing and expressing gratitude, as well as benefiting from it. However, a study on Korean adolescents found no gender differences in the correlation between life satisfaction and gratitude (Yoo, [2020](#)).

Additionally, it was concluded that mental well-being was consistently predicted by socioeconomic status. Having more wealth implies that financial assets serve as a barrier against the development of disability. At the time of disability onset, smaller declines in mental well-being were prospectively predicted by net assets two years prior (McGiffin et al., [2019](#)). Similarly, a study revealed that socioeconomic status is a major predictor of several health outcomes, such as its close link to stunting and the onset of disability; people from impoverished families are more likely to experience difficulties (Qiu et al., [2023](#)). Because of its symbolic significance, income has a direct positive impact on mental well-being; those with higher incomes are likely to be happier than those living in poverty. It has been suggested that aspirations increase proportionally with income level (Tay & Zhu, [2018](#)). According to Frey ([2018](#)), the extent to which happiness can be increased through more money is limited by the gap between actual and desired income levels. Furthermore, the benchmarks for social comparison shift as income rises. In fact, it has been suggested that people often

compare their own income to that of others in similar or better positions.

Furthermore, the link between aging and mental well-being has been a major focus of debate across several scientific fields over the past few decades. Researchers from various disciplines have proposed numerous theoretical explanations for this connection, and these theories have been empirically tested. Many functional correlations between age and well-being have been observed in empirical studies. The findings reveal a variety of relationships, including U-shaped and inverted U-shaped patterns, linear or cubic relationships, or no association at all. Additionally, nearly every observable link has a corresponding theoretical explanation. There are many different reasons why age could affect mental well-being (MWB), due to the complex nature of the pathways involved (Blanchflower, [2020](#)).

In contrast, Kassenboehmer and Haisken-DeNew ([2012](#)) found that when the regression model accounts for the respondent's years of survey participation, age does not affect mental well-being. However, another study showed a negative correlation between age and well-being through moderation studies, particularly within the population of people with mobility impairments. It is unclear why aging effects differ for individuals with and without lower-body limitations. Growing older may symbolize unfavorable, recurring signals of being unable to perform regular activities, rather than opportunities to develop new solutions that facilitate participation for those with lower-body limitations. Additionally, the study found that lower-body impairments interfering with daily activities impact both perceived and evaluated well-being, with somatic components of well-being being more significantly affected (Freedman et al., [2017](#)).

According to study results, women from nuclear households reported significantly lower mental well-being than women from joint families. Furthermore, there was an inverse relationship in nuclear families between the degree of family jointness and well-being; that is, women in fully nuclear families reported higher mental well-being than women in partially nuclear households. Mental well-being was poorer in nuclear families for women, as they might not get proper social support as required (Singh et al., [2014](#)).

Building on previous research, it is important to address the research gap; coping strategies are recognized as crucial for well-being. The specific role of coping skills as a mediator between gratitude and mental well-being

among individuals with physical disabilities has received less attention. Understanding this pathway could clarify how gratitude promotes well-being. Additionally, cultural influences impact how people express and experience gratitude, as well as their coping mechanisms. There is a notable lack of research on these characteristics across different cultural contexts, especially among individuals with physical disabilities.

Figure 1

Proposed Model or Flow Chart Diagram

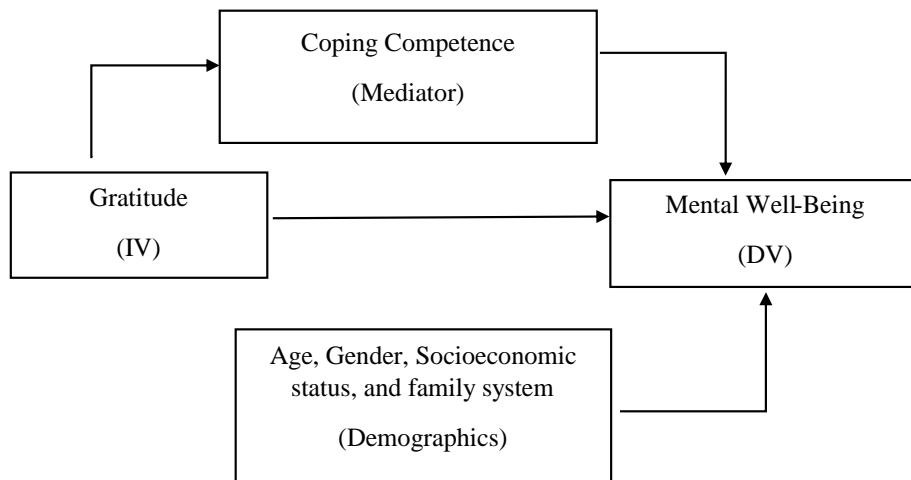


Figure 1 shows that gratitude is an independent variable whose effect was examined on mental well-being, a dependent variable in this study. Additionally, coping competence would serve as a mediator in the relationship between gratitude and mental well-being. Age, socioeconomic status, and family systems are demographic variables. The Cybernetic Theory of Stress, Coping, and Well-being explained that stress is a negative construct that impacts both coping and well-being. However, coping functions to lessen the negative effects of stress on an individual's well-being. Furthermore, gratitude is multifaceted; as Emmons and McCullough (2003) demonstrated, it involves acknowledging the goodness in one's life. By recognizing the goodness in others, one can be grateful to the Creator and others, even when facing health struggles.

Study Objectives

The current study aimed to address the following research objectives:

- To investigate the relationship between gratitude and mental well-being among individuals with physical disabilities.
- To find the mediating role of coping competence in relation to gratitude and mental well-being among individuals with physical disabilities.
- To examine the impact of demographic variables (age, gender, socioeconomic status, family system) on gratitude and mental well-being among individuals with physical disabilities.
- To examine the gender differences in coping competence and mental well-being among individuals with physical disabilities.

Research Hypotheses

- Gratitude would have a positive association with coping competence and mental well-being among individuals with physical disability.
- Coping competence mediates the relationship between gratitude and mental well-being among individuals with physical disabilities.
- There are significant gender differences in coping competence and mental well-being between females and males in individuals with physical disability
- Age and socioeconomic status of individuals with physical disabilities are significant predictors of their mental well-being.

Method

Research Design

A correlational cross-sectional research design was employed in this study.

Sample

A purposive sampling technique was employed in this study, similar to the approach used in the research by Farahani and Azadfallah et al. (2022), which was conducted on individuals with disabilities. The researchers visited three disability centers in Abbottabad city, Pakistan to approach physically disabled individuals who were either admitted to or visiting the centers on the same day. The study recruited $N = 390$ physically disabled individuals, both males and females, with ages ranging from 18 to 37 years.

Table 1*Descriptives of Demographic Variables (N = 390)*

Variables	Categories	<i>f</i>	%	<i>M</i>	<i>SD</i>
				27.07	5.51
Age (Years)	17-27	217	55.64	95151.59	124184.60
	28-37	173	44.35		
Socioeconomic status (Income in PKR)	Below 150000	194	49.74		
	150000-3000000	125	32.05		
	Above 3000000	71	18.20		
Family system	Joint	297	76.1		
	Nuclear	93	23.9		
Gender	Female	221	56.6		
	Male	169	43.4		

Instruments***Demographic Sheet***

A demographic sheet included age, gender, socioeconomic status, and family system, whether joint or nuclear variables. Participants with disabilities had to fill out the sheet.

Mental Health Continuum Short Form (MHC-SF)

This scale assesses individuals' mental well-being. It was developed by Keyes et al. (2008). The scale uses a 6-point Likert response format, ranging from *never* to *almost every day*. 'Never' is scored as zero, the lowest value, while 'almost every day' is scored as 5, the highest on a single item. The total score ranges from zero to 70, with zero indicating the minimum and 70 the maximum. The scale comprises three subscales: 3 items measure emotional well-being, 6 items measure psychological well-being, and 5 items measure social well-being. This shorter version of the mental health continuum form has an excellent internal consistency of .80.

Gratitude Questionnaire

This questionnaire was developed by McCullough et al. (2001). It includes 6 items with a 7-point Likert response scale, where responses range from *strongly disagree* (1) to *strongly agree* (7). Items 3 and 6 are reverse-scored, while all other items are positively scored. Cronbach's alpha for the 6-item gratitude questionnaire ranges from .76 to .84.

Coping Competence Questionnaire (CCQ)

This questionnaire was designed by Schroder and Ollis (2012). It is a 12-item measuring scale used to assess the overall coping abilities of adults. It employs a six-point Likert scale with responses ranging from very uncharacteristic of me, which equals 1, the minimum value, to very characteristic of me, which equals 6. The total score can range from 12 to 72. The scale's Cronbach's alpha is .77.

Results

Table 2

Alpha Reliability of Gratitude, Coping Competence, and Mental Well-being Scales (N = 390)

Scale	<i>k</i>	α	<i>M</i>	<i>SD</i>	Range	Skew
Gratitude	06	.74	29.81	6.59	12-42	-.40
Coping Competence	12	.85	47.97	12.69	23-72	-.02
Mental Well-being	14	.91	51.00	15.91	10-70	-.37

Table 2 shows that the Cronbach's alpha values for gratitude and coping competence are .74 and .85, respectively, indicating strong internal consistency. The alpha value for mental well-being is 0.91, which also indicates high internal consistency. The skewness values are between -2 and +2, specifically (-0.40, -0.02, and -0.37) for gratitude, coping competence, and mental well-being, respectively.

Table 3

Pearson Correlation among Gratitude, Coping Competence, and MWB (N = 390)

Variables	<i>M</i>	<i>SD</i>	1	2	3
Gratitude	29.81	6.59	-		
Coping competence	47.97	12.69	.30**	-	
Mental Well-Being	51.00	15.91	.53**	.58**	-

Note. ** $p < .01$

Table 3 shows that gratitude, coping competence, and mental well-being are all positively correlated with each other. The table also indicates that these relationships are significant at the .01 level.

Table 4

*Mediating Role of Coping Competence on Gratitude and Mental Well-being
(N = 390)*

Effect	<i>B</i>	<i>SE</i>	<i>p</i>	95% <i>CI</i>	
				<i>LL</i>	<i>UL</i>
Indirect Effect (<i>a</i> * <i>b</i>)					
Gratitude → Coping Competence → MWB	.34	.05		.23	.44
Direct Effect (<i>c</i>)					
Gratitude → MWB	.94	.09	.00	.76	1.13
Total Effect					
Gratitude → MWB	1.28	.10	.00	1.08	1.49

Table 4 shows that the overall effect of gratitude on mental well-being was statistically significant ($B = 1.28$, $p = .00$). When adding the mediator variable coping competence to this relationship, the effect of gratitude on mental well-being decreased but remained statistically significant ($B = .94$, $p = .00$). Similarly, the indirect effect of gratitude on mental well-being through coping competence was also found to be statistically significant ($B = .34$, $LL = .23$, $UL = .44$). These results indicate that coping competence partially mediates the relationship between gratitude and mental well-being among physically disabled individuals.

Figure 2

Path Diagram of Mediation of Coping Competence between Gratitude and Mental Well-being

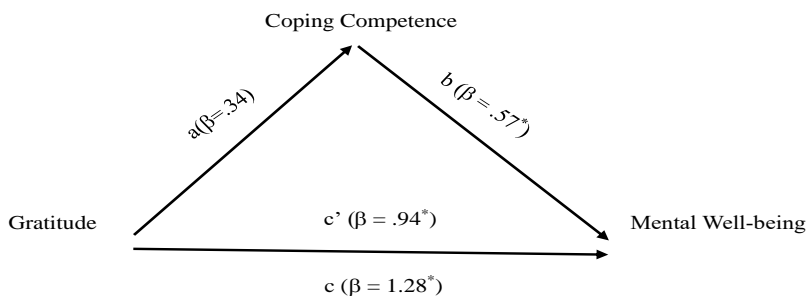


Figure 2 illustrates that the relationship between gratitude and mental well-being is significantly mediated by coping competence. The p -value was less than .05 for the direct effect, the total effect between gratitude and mental well-being, as well as for the indirect effect involving gratitude, coping competence, and mental well-being.

Table 5

Gender Differences in Coping Competence and Mental Well-being (N = 390)

Variables	Females (<i>n</i> = 221)	Males (<i>n</i> = 169)	<i>t</i> (388)	<i>p</i>	Cohen's <i>d</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)			
Coping Competence	50.06(12.67)	45.03(12.16)	3.88	.00	.40
Mental Well-being	52.45(17.09)	48.97(13.88)	2.10	.03	.04

Table 5 shows that there are significant gender differences in both coping competence and mental well-being, as the *p*-value is below .05 for both variables. Additionally, it was concluded that females scored notably higher than males in both mental well-being and coping competence.

Table 6

Hierarchical Regression Coefficient of Age and Family Monthly Income on Mental Well-being (N = 390)

Predictors	<i>B</i>	β	<i>SE</i>	95% CI		<i>R</i> ²	ΔR^2
				<i>LL</i>	<i>UL</i>		
Step 1						.01**	.01
Constant	41.08**		4.02	33.17	48.99		
Age	.34**	.12**	.13	.07	.60		
Step 2						.06**	.04
Constant	42.15**		3.93	34.41	49.88		
Age	.21	.08	.13	-.04	.48		
FMI	1.99**	.22**	.00	.00	.00		

Note. ** *p* > .01

Table 6 shows that age and family monthly income are significant predictors of mental well-being in individuals with physically disabilities. The *R*² value of .01 in step 1 indicates that age accounts for 1% of the significant variation in mental well-being, with *F* (1,388) = 6.34, *p* = .01. Similarly, the *R*² value of .06 in step 2 shows that family monthly income explains 6% of the significant variation in mental well-being among individuals with physically disabilities, with *F* (1,387) = 19.74, *p* < .01.

Discussion

The analysis showed that coping competence is significantly linked to mental well-being. Additionally, the findings indicated that gratitude and mental well-being are positively and significantly correlated (Table 4). All these predictions were made by the researcher in hypothesis 1 based on the literature. Therefore, the researcher concluded that the first hypothesis of the study is accepted.

These findings were compared with the literature, and research demonstrated that a significant relationship between gratitude and mental well-being exists (Wang, [2020](#)). Similarly, another study's findings showed that positive coping positively influences mental well-being by initially boosting feelings of positive self-worth (Wang et al., [2023](#)). Besides, Carver et al. ([2010](#)) found that grateful individuals, regardless of their disabilities, tend to score high on well-being, which makes them more capable of managing daily stresses. Additionally, being grateful helps individuals shift their focus away from their disabilities and appreciate the compassion of others. This tendency enables them to cope better and stay more optimistic regardless of age, gender, or disabilities (Xu & Liu, [2020](#)).

Based on the second hypothesis, literature indicates that coping competence acts as a mediator between gratitude and mental well-being in physically disabled individuals. Mediation analysis with the PROCESS macro demonstrated that coping competence significantly mediates this link. While the total and direct effects showed that gratitude substantially influences mental well-being, the indirect effect confirmed that coping competence also plays a significant mediating role between these variables in this group (Table 4).

The current study's findings align with those of another study, which revealed that coping techniques mediate the relationship between body image and overall well-being among college students with disabilities (Xu & Liu, [2020](#)). Another study indicated that cultivating gratitude among individuals with physical disabilities is an important factor in improving their well-being. The same study further revealed that when people with disabilities practice gratitude more frequently, they become more resilient and their coping skills improve, making them better equipped to handle obstacles.

The findings of the current study align with this previous research, as

the study revealed a significant mediating effect of coping competence on gratitude and the mental well-being of physically disabled individuals. Findings of Bassi et al. (2019) demonstrated that coping competence significantly mediates the relationship between experiencing positive emotions and the overall well-being of disabled individuals.

An independent sample t-test was used to test the third hypothesis. The analysis found significant gender differences in both coping competence and mental well-being (Table 5). A study showed that women and younger participants scored significantly higher on mental well-being than males and older participants. Additionally, younger age was significantly linked to the use of various coping strategies, indicating that younger individuals are more likely to utilize different coping mechanisms than older individuals. Despite these findings, the study also concluded that there is a significant positive relationship between mental well-being and coping strategies (Fischer et al., 2021).

Most research indicates that women are more likely to use emotion-focused coping strategies and seek social support, while men tend to employ problem-focused coping. Additionally, this study also concluded that females with disabilities are more likely to use coping strategies than males (Bonner & Brimhall, 2021). According to Cetre and Clark (2015), a common finding in adult literature is that while women report higher life satisfaction than men, they also report more negative effects. There are stages in life when gender differences seem more pronounced than others. Boys and girls have similar levels of well-being before adolescence but once puberty begins, gender differences become evident, with girls experiencing higher levels of worry and sadness. In late adulthood, gender disparities in well-being have also been observed (Lansford, 2018).

Another study that considered gender measured student mental well-being at a special vocational school for adolescents with disabilities. The goal was to determine the relationship between the mental well-being of male and female students. Based on gender differences, the students were divided into groups (87 male students and 43 female students). The results showed that there are significant differences in mental well-being between the two genders (Ladecká et al., 2019).

Similarly, this study aimed to examine the predictive effect of age and family monthly income on the mental well-being of physically disabled

individuals. Hierarchical linear regression was used, which showed that both age and family monthly income significantly contributed to mental well-being. The model indicated an R^2 value of .01, meaning that family monthly income accounted for 1% of the variation caused by age in the mental well-being of physically disabled individuals, as the p -value was less than .05 (Table 8). Additionally, the step 2 analysis found that family monthly income explained 4% of the variation in mental well-being among physically disabled individuals, with an R^2 value of .04.

The current findings of the study align with many other studies that suggest because of its symbolic meaning, income has a direct positive impact on mental well-being; those with higher incomes are more likely to be happy than those in poverty. In addition to the income itself, this can also occur through the acquisition of goods that boost one's social standing. For instance, the main purpose of ostentatious consumption is to signal wealth and a higher social status. It has been suggested that aspirations increase in proportion to income level (Tay & Zhu, [2018](#)).

Additionally, it was concluded that mental well-being is consistently predicted by socioeconomic status. Having more wealth suggests that financial assets serve as a barrier against the development of disability. At the time of disability onset, smaller declines in mental well-being were prospectively predicted by net assets two years earlier (McGiffin et al., [2019](#)). Similarly, a study revealed that socioeconomic status is a major predictor of several health outcomes; for instance, it is closely linked to stunting and the onset of disability, with people from impoverished families being more likely to experience difficulties (Qiu et al., [2023](#)).

Conclusion

This study concluded that gratitude, coping competence, and subjective well-being are significantly associated with each other among physically disabled individuals. This gives a fruitful insight to the disabled individuals, their caregivers, and their medical doctors that to reduce the effect of disability in individuals, their psychological health needs to be improved. As a result, different gratitude trainings would be provided to the disabled individuals to create awareness about gratitude techniques, their importance, and their effectiveness.

Similarly, different coping techniques must be provided to the disabled individuals, as the study clearly demonstrated a significant mediating effect

of coping competence on gratitude and subjective well-being among physically disabled individuals. The findings of the study also demonstrated that family monthly income is a significant predictor of subjective well-being, which contributed significantly to the subjective well-being of physically disabled individuals. Moreover, in this study, age did not yield any significant association with the subjective well-being of the individuals. In addition to this, it was concluded that females scored significantly higher on both coping competence and subjective well-being than males.

Implications

- The current study showed strong links between gratitude, coping competence, and mental well-being among individuals with disabilities. Therefore, gratitude training programs at various levels should be initiated for such individuals.
- Similarly, the study findings showed that females tend to score significantly higher on coping competence and mental well-being than males. Therefore, targeted training should be provided to both genders in order to improve coping skills, especially to male disabled individuals.
- This study is helpful because it provides caregivers, medical professionals, and counselors with a thorough understanding that improving the psychological health of disabled individuals makes them more capable of balancing their lives and reduces suffering from the effects of disability they are facing.
- This research helps inform people that disability should not be stigmatized. Instead, disabled individuals need to be treated equally everywhere, and special facilities should be provided to help them balance their lives.

Limitations and Recommendations

- This study offered a comprehensive understanding of the psychological health and well-being of individuals with physical disabilities. However, it has limitations that should be addressed in future research on the same topics.
- Future research should involve participants from various cities across the country.

- The current study remains limited in developing any intervention methods to enhance gratitude, coping skills, and mental well-being in physically disabled individuals.

Author Contribution

Shamsa Siddique: conceptualization, writing – original draft. **Farhana Kazmi:** writing – review & editing. **Owais Ahmad:** methodology, formal analysis, data curation.

Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

Data Availability Statement

The data associated with this study will be provided by the corresponding author upon request.

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Generative AI Disclosure Statement

The authors did not use any type of generative artificial intelligence software for this research.

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