Chapter I

INTRODUCTION
For years psychology has focused on repairing damage and curing mental illness rather than helping people develop the strengths and capacities necessary to thrive. One of the greatest contribution of psychology in recent times has been the emergence of “positive psychology” or “psychology of strengths” christened by Seligman in 1988. Its focus is to understand those individuals who experience deep happiness, wisdom, resilience, and psychological, physical and social well-being, and to help others develop those capacities in themselves. The capacities that allow people to thrive are the same strengths that buffer against stress and prevent both mental and physical illness. In addition, Seligman argues that building strengths in clients is the most “potent weapon in the arsenal of therapy”.

Positive psychology, however is not a new field. During the times of Socrates, Plato, Aristotle, philosophical and religious inquiry focused on “Good Life”. The Humanistic psychologists in 1960’s and 1970’s focused on the goals for which people strive, their awareness of striving and importance of rational choice, in this process. Research in 1980’s and 1990’s addressed concepts such as values, well-being, self-efficacy, resilience, coping, strength hardiness etc. Thus like most concepts relating to human nature, what the proponents of positive psychology researched and expounded had not been invented by them. It already existed but by placing it within a fresh and more meaningful framework, a new approach which is optimistic, solution oriented, intellectually appealing came into being.

Achieving well being is an important goal of human existence. In a complex competitive society, it is a difficult proposition, but for those who are
disabled and suffering from various deficits, it becomes all the more challenging. It is an important concern of all societies committed to human values, to help the disabled group to achieve to the optimal level in aspects like self-sufficiency, vocational avenues and quality of life. Perception of well-being is indicative of a good quality of life. Social scientist also have joined this endeavour of exploring factors and situations which can help the disabled group to achieve a meaningful existence.

Disability has been an integral part of human experience as far back as human consciousness goes. Man has always had to deal with disability and come to terms with it, either as a sufferer, a family member or a fellow community member of a disabled person.

Disability is any restriction or deficit, resulting from an impairment, that is loss or abnormality of psychological or anatomical structure or function. This results in a poorer ability to perform an activity in the manner or range considered normal for a human being.

**WELL BEING :**

Well being is one of the most important goals which individuals as well as societies strive for. Psychological well-being is based on personal growth, self acceptance, environmental mastery, positive relationships, self-determination and a sense of purpose in life. Well being is most commonly used to denote that something is in good for a person. It does not specify what the something is and what is meant by good. Well being can be specified in two ways, first by specifying the what and secondly by spelling out the criteria of wellness (Veenhoven, 2001). However, it is very difficult to precisely bring out a neat definition of the concept of well-being. Popular use of the term well
being' usually relates to health. The philosophical use is broader, but related, and amounts to the notion of how well a person's life is going for that person. A person's well-being is what is good for them. Health, then might be said to be a constituent of well-being, but not plausibly taken to be all that matters for 'my well-being'.

Different terms such as happiness, satisfaction, morale and positive affect etc has been used in literature synonymously with well-being (Chekola, 1975; Culberson, 1977; Jones, 1953, Tatarkiewiez, 1976; Wessmans 1957; and Wilson, 1960).

Bradburn (1969), describes well being as a preponderance of positive affect over negative affect. Current pleasant emotional experiences are thought to be important, or the person is predisposed to such emotions, whether or not he is experiencing them currently. In other words well-being is the amount of positive and negative affect experienced by an individual. However, he founded that these affects are not co-related, rather positive and negative dimensions were related to quite a different set of variables. The positive affect was associated with higher level, social contact and more exposure to new experience. Conversely, various indices of anxiety, fear of nervous break down, physical symptoms of illness etc, were found to be associated with negative affect. These findings of Bredburn have to been broadly confirmed by several research studies carried out in USA and UK (Costa & Macrace, 1980; Bryant & Veroff, 1982).

Levi (1987), defined well being to be a dynamic state of mind, qualified by a reasonable amount of harmony between person's abilities, needs, expectations, circumstantial demands and opportunities.
Diener & Diener (1995) opined that psychological well-being is comprised of person's evaluative reactions to his/her life. These reactions/responses can be both cognitive evaluations and emotional reactions.

Verma, Mahajan and Verma (1989), defined well-being as subjective feelings of contentment, happiness, satisfaction with life experiences and one's role in the world or work, sense of achievement, utility, belongingness with no distress, dissatisfaction and worry.

Most of the scholars, however, see well-being as a combination of the components like happiness, satisfaction, hope, optimism, proper perception of means and ends, faith in absolute truth, values, standards and potentiality for achievement. Well-being includes objective well being, subjective well-being, quality of life satisfaction, and happiness. Lu, L. (1995), Veenhoven (1991) stated that the satisfaction of an individual, after his judgement of his over all quality of life indicates his well-being.

Kozma and Stones (1978) undertook extensive review on the literature related to psychological well-being (1956-1977). In their findings they reported that psychologists have employed multidimensional approaches to the construct of 'well-being' in the western societies. They found that one of the major research issues faced by psychologists was diversity in the very conceptualization of well-being. They found that different experimental procedures were employed to bring out the relationship between three types of well being; affect, strain and satisfaction. He advocated that all three types were intimately interlinked to one another. However, he did not go in far further theoretical classification in this regard. He wisely kept them as separate dimensions rather than to combine them into overall index.
Well-being can be represented into two forms such as objective well-being and subjective well being. Objective well-being deals with the feeling of the ‘well off’ character that is, the satisfaction one attains after having comforts like good housing, stable financial status, employment etc. The subjective well-being on the other hand, is the ability to maintain balance between one’s needs and the environmental demands. It is the congruence between the individual and group expectations and the perceived reality. Bradburn (1969), Campbell (1976), Warr (1978) and others have defined well-being as peoples feelings about their life activities. Such feelings fall on the continuum of negative mental states (anxiety, depression, unhappiness, dissatisfaction, happiness etc.), with the second end indicating well-being. Most of the time it has been observed that an increase in the objective standards of living can enhance one’s subjective well-being.

The third generation of research on subjective well-being, focused on health and human development, as the presence of well-being (i.e. health), and not merely absence of illness, disease, and developmental deficiencies, Keyes (2006). Well-being is much more than just an absence of disease. Jahoda (1958), and Berg (1975) suggested that health is not merely absence of illness, rather it is physical, social, mental and spiritual well-being, a state which has been identified as an attribute of positive mental health. This idea was further supported by W.H.O. (1987(F) and Verma et al (1989). It is also the essence of the humanistic model.

Health is generally seen as biological indicator of well-being. An individual’s health is well as community health is vital to a good quality of life. World Health Organization (QHO) defines individual and community health as
a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. That is, health not only provides freedom from all illness but also ensures that all physical, mental and social being pervade in that state. Health is a resource of everyday life and an essential part of well-being (Allardt, 1976); not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities (World Health Organization, 1986). Improved physical health and resistance to disease have long term effects on well being. However, in actual reality, the relationship between well-being and absence of disease is very complex. People's perception of their health, illness and causative factors is based on many factors – social, economic, cultural and environmental.

Psychological indicators of well-being, refers explicitly to the subjective perceptions that a person has of their quality of living. This subjective perception was defined as personal development and achievement, self-concept etc. Psychological well-being is therefore represented by the level to which people show sentiments and positive attitude towards various aspects of their lives. Psychological indicators of well-being may be as diverse as mental health: self-concept; feeling of satisfaction and happiness.

Mental health is an easily interpretable and fundamental indicator of well-being. It is a positive sense of well-being in which the individual realize his/her own abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to his/her community (World Health Organization, 2004). According to Health Education Authority (1997) “Mental health is the emotional and spiritual resilience which allow us to enjoy life and to survive pain, disappointment and sadness”. There
is general agreement that the primary aim of mental health activity is to enhance people's well-being and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors (WHO Europe Declaration, 2006).

Broadsky (1988) identified several characteristics of the person who are striving towards well-being. They include a positive affect, substantial satisfaction with life, and a reconciliation of values with realities of society. People make deliberate choices, practices, self-control and take risk to achieve goals. Feeling of control over one's life and circumstances is important for physical and psychological health. There is consensus that sense of control is an indicator of psychological resilience that can facilitate adaptation to change, overcome negative consequences, and promote physical and psychological well-being. Being optimistic in the sense of one's expectation for betterment/improvement in one's life standing is found to be strongly associated with a high sense of well-being. It has impact on one's ways of handling stress, and that affect the way of our cardiovascular, or nervous and immune system work, all of which adds up to great resilience to disease. The level of adjustment is assumed to reflect individual and collective well-being. The successfully adjusted person is pleased with his/her life (Schwarz and Clore, 1983). Maslow (1970); identified the characteristics of the self-actualized person in his humanistic approach. Many of those are characteristics of the happy, well-adjusted person. Everyone would prefer to be well adjusted and happy, but too often people experience so much stress that they are not as happy as they would like to be.
Well-being is an experience which is related to a wide variety of phenomena, situations which enhance meaningful social interactions and give opportunity for close sharing of emotions and ideas foster feelings of well-being.

The sex of the child is one such important factor which determines how people view him and then his/her own view of the world. In most societies gender stereotyping begins in early child and continues through middle childhood and in a very marked way through adolescence. There may be group and individual differences in gender stereotyping but by and large the phenomena is existing in all cultures. A large number of these male-female differences may be explained in terms of different expectancies learned as a part of one’s gender role rather than in terms of biology (Major and Adams, 1983) but some differences may be biologically triggered. An overwhelming large number of differences are socially learnt. For e.g. the women’s passive role is definitely a cultural product of social pressure to accept second place in assertive aggressive situations and may be the reason, why women are less likely than men to emphasize masculine behavioural styles (Nadkarni, Lundgren and Burlew, 1991). The outcome is that attitude towards male and female child may differ markedly.

In a country like India with male preference strongly embedded in the culture and psyche, gender may become a very important determinant of behaviour. A male child is usually tolerated even if he is aggressive, while female child may be discouraged from being even assertive. Both research work and every day experiences indicate that there are differences between male and females. They have been observed early in development before the
In certain sections of the society the female child may even be victim of unfair bias in terms of receiving her just share of nourishment etc. the male being considered more important to receive commodities particularly if they exist in deficient amount. It is natural that well being of female is likely to be lesser than well-being of male. However some changes are emerging in the scenario with better education and more awareness, therefore it is a subject which needs to be studied and tested.

Among characteristics which may contribute to helping the disabled group to achieve the maximum potential and maximum happiness, personal resources as well as attitudes of significant others are likely to play an important role in this matter. An important personal resource which has attracted the attention of social scientists is resilience.

RESILIENCE

The post-modern or new science movement tends insights into alternative approaches to therapy and education with directions into helping. The paradigm shift from a reductionistic problem oriented approach to nurturing strengths is a prevalent theme across academic disciplines and the helping professions. In 1970 many social scientists began to probe the question "what accounts for why some people stay healthy and do well in the face of risk and adversity while other’s do not?" This perspective is now called "resilience" and to date, it has focused primarily on individual health and functioning. Resilience and resiliency have emerged as intriguing areas of enquiry that explore personal and interpersonal strengths that can be accessed
to grow through adversity. Resilience means to spring back to original shape without breaking and bending, or flexibility, or elasticity. Beardslee (1989), succinctly defined resilience as “unusually good adaptation in the face of severe stress”. Unusually good adaptation may appear vague, but it conveys effectively the central idea that the quality of resilience facilitates the attainment of a socially desirable and effective state.

Resilience in psychology is the positive capacity of people to cope with stress and catastrophe. It is also used to indicate a characteristic of resistance to future negative events. In this sense “resilience” corresponds to cumulative “protective factors” and is used in opposition to cumulative “risk factors”. The phrase “risk and resilience” in this area of study is quite common. Commonly used terms, which are essentially synonymous within psychology are “resilience”, “psychological resilience”, “emotional resilience”, “hardiness” and “resourcefulness”.

Ryff, Singer, Dienberglove and Essex (1998) described resilience as an individual’s capacity for maintenance, recovery or improvement in mental health following life challenges. Resilience for Lifton (1993) is an individual’s capacity for transformation and change.

Morrison, Robertson, Laurie and Keley (2002) describe resilience as a trajectory which is dynamic, not static. Morrison suggests that resilience is a complex entity, residing along a continuum, and emphasizes that resilience should be studied from subjects’ perspectives, not form the perspectives of researchers.

Resilience is a two-dimensional construct concerning the exposure of adversity and the positive adjustment outcomes of that adversity (Luthar &
Cicchetti, 2000). Adversity refers to any risks associated with negative life conditions that are statistically related to adjustment difficulties, such as poverty, children of schizophrenic mothers or experience of 9/11 attacks, tsunami 2004. Positive adaptation on the other hand, is considered in a demonstration of manifested behaviour on social competence or success of meeting any particular tasks at a specific life stage, such as the absence of psychiatric distress after the September 11th attacks on the United States (Luthar and Cicchetti, 2000).

The fascination with resilience undoubtedly stems from comparing it with risk. That is, individuals who are regarded as being resilient are considered so because they are not succumbing to what are generally regarded as risk factors (Fraser, 1997) and some children present the “puzzling problem” of prevailing over great adversity (Fraser 1997). However, professionals have not reached consensus in defining or describing just what is meant when using the term resilience.

Some use the term to describe simply the absence of psychopathology or of maladaptive behaviour in high risk situations where psychopathology or such behaviour would have been anticipated (Luthar and Zigler 1991). Garmezy (1993) prefers the term resilient to other possible terms such as “invulnerable”, for resilience means to spring back”, and “the central element in… resilience lies in the power of recovery and the ability to return once again to… patterns of adaptation and competence”. Each of these definitions however connotes the wonder and the surprise – of achievement “against the odd” (Werner and Smith, 1982).
Researchers and those working with disabled people have realized that despite their disability, many disabled individuals are able to cope and live a happy life. What is this 'factor' which is helping them in their survival. In many cases resilience is the answer.

Resiliency inquiry did not emerged from academic grounding in theory, but rather through a phenomenological identification of characteristics of survivors, mostly young people, living in high risk situations.

Resilience emerged as a major theoretical and research topic from the studies of children of schizophrenic mothers in the 1980’s (Luthar, Cicchetti & Becker. 2000; Masten, Best, and Garmezy, 1990). In Masten’s (1989) study, the results showed that children with a schizophrenic parent may not obtain comforting caregiving compared to children with healthy parents, and such situation had an impact on children's development. However some children of ill parents thrived well and were competent in academic achievement, and therefore led researchers make efforts to understand such responses to adversity. In the onset of the research on resilience, researchers have been devoted to discovering the protective factors that explain people’s adaptation to adverse condition such as maltreatment (Cicchetti & Rogosch, 1997), catastrophic life events (Fedrickson, Tugada, Waugh, & Larkin, 2003) or urban poverty (Luthar, 1999). The focus of empirical work then has been shifted to understand the underlying protective processes. Research endeavour to uncover how some factors (e.g., family) may contribute to positive outcomes (Luthar, 1999).

From the historical point of view, the first wave of resiliency inquiry focus on the paradigm shift from looking at the risk factors that led to
psychosocial problems to the identification of strengths of an individual (Benson, 1997). The character, trait, or situational premise of resiliency is that people possess selective strengths or assets, to help them survive in adversity. These resilient characteristics have been referred to as positive factors or developmental assets.

The fundamental study cited in most of resiliency literature was a venture accomplished by Emmy Werner (1982) and her colleague R. Smith (Werner & Smith, 1992). Emmy Werner was perhaps one of the first scientists to use the term resilience. In her longitudinal study of 700, approximately 200 were at risk because of perinatal stress, poverty, daily instability, and serious parental mental health problems. Werner found that 72 of 200 children were doing very well despite the risk factors. Werner characterized the resilient qualities that helped these young people to be competent in the face of high risk environments. Her phenomenology included personal characteristics such as being female, robust, socially responsible, adaptable, tolerant, achievement oriented, a good communicator, and having good self-esteem. She also noted that care giving environment both inside and outside family helped young people thrive in the face of adversity.

Some of the resilient qualities identified by Michael Rutter (1979, 1985) were easy temperament, being female, a positive school climate, self mastery, self-efficacy, planning skills and a warm, close, personal relationship with an adult.

Garmezy (1991) and Garmezy, Masten & Tellegen (1984) found in their Minnesota Risk Research Project, which investigated intentional and informational processing dysfunction in children of schizophrenic parents, that
most children did not become maladaptive adults, but grew up to be warm and competent people. Garmezy's criteria for 'confident' were effectiveness (work, play, and love), high expectancies, positive outlook, self-esteem, internal locus of control, self-discipline, good problem-solving skills, critical thinking skills and humor. Gramezy's triad of resiliency included the personality disposition, a supportive family environment, and an external support system.

The various resilient qualities identified in the field of positive psychology (Seligman and Csikszentmihalyi, 2000), happiness (Buss, 2000), subjective well being (Diener, 2000), optimism (Peterson, 2000), faith (Myers, 2000), excellence (Lubinski & Benbow, 2000), wisdom (Baltes and Standinger, 2000), self-determination (Ryan & Decci, 2000; Schwartz, 2000), creativity (Simmonton, 2000). The other resilient qualities are morality and self-control (Baumeister & Exline, 2000), gratitude (Emmon & Gumpler, 2000), forgiveness (McCullough, 2000), dreams (Snyder & McCullough, 2000), hope (Snyder, 2000), and humility (Tangney, 2000).

The invaluable contribution of the first wave of resilience inquiry helped identify resilient qualities that help people recover from adversity. This paradigm shift from identification of risk factors to the nurturing of personal strengths has been a significant contribution of positive psychology.

The second wave of resiliency enquiry was a pursuit to discover the process of attaining the identified resilient qualities. Flach (1988, 1997) suggested that resilient qualities are attained through a law of disruption and reintegration. Resiliency then became defined as the process of coping with adversity, change or opportunity in a manner that results in the identification, fortification, and enrichment of resilient qualities, or protective factors.
The third wave of resiliency inquiry resulted in the concept of resilience. It became clear that in the process of re-integration from disruption in life, some form of motivational energy was required. That is resilient reintegration requires increased energy to grow, and the source of energy, according to resiliency theory, is a spiritual source or innate resilience.

A succinct statement of resiliency theory is that there is force within everyone that drives them to seek self-actualization, altruism, wisdom and harmony with a spiritual source of strength. This force is resilience, and it has a variety of names depending upon the discipline. Supportive of resilience as a force, Werner and Smith (1992), referred to resilience as an innate “self-righting mechanism”, and Lifton (1993) identified resilience as the human capacity of all individuals to transform and change – no matter their risks.

In humanistic psychology, resilience refers to an individual’s capacity to thrive and fulfill potential despite or perhaps even because of such stressors. Resilient individuals or communities are more inclined to see problems as opportunities for growth. In other words, resilient individuals sum not only to cope well with unusual strains and stressors but actually to experience such challenges as learning and development opportunities.

Whilst some individuals may seem to prove themselves to be more resilient than others, it should be recognized that resilience is a dynamic quality, not permanent capacity. In other words, resilient individuals demonstrate dynamic self-renewal, whereas less resilient individuals find themselves worn down and negatively impacted by life stressors. Some examples of resilient people; Nelson Mandela (jailed for decades in South Africa during apartheid, then later leader of the country), Helen Keller (blind
and deaf from birth), demonstrated remarkable resilience in learning how to communicate and live with people, Anne Frank (Jewish girl who kept famous diary and notes whilst hiding from Nazis, then later died in a concentration camp).

A number of social and ethnic group have been shown to be resilient. Among those are the children of European jews in the United States, the children of the Vietnamese boat people in the United States. Middle class families in times of great depression, children of farmers in times of economical crises, children of Spanish and Vietnamese immigrants in Germany, adoptive children, who went through trauma and malnutrition. The 1980s and 1990s affected children up in rural parts of the state. It was found that great number of children were not affected at all. Most children of farmers grew up to be academically successful and law-abiding. The reasons for this, perhaps, were: strong intergenerational bounds, being socialized into productive roles in work and social leadership, good parenting, a network of positive engagement in church, school, and community life.

Hence, as we think of resilience, it appears that it is totally a within, innate, capacity of an individual. It can be said, that, it depends upon the individual on show he/she takes up him/her self and situation. Self-esteem, self-efficacy thus play a vital role in that aspect. Self-esteem is the degree to which the self is perceived positively or negatively; one's overall attitude toward the self. Leary and Baumeister (2000) suggested, that people may need self esteem because it (a) maintains well-being and positive affect; (b) provides feedback about the adequacy of one's coping efforts, (c) reflects an individual's status in a dominance hierarchy; (d) facilitates self-determination, and their
own explanation (e) provides people with vital information about their eligibility for social inclusion and exclusion.

Self-efficacy, another important personality trait which may also contribute to individual’s resilience. Self-efficacy is defined as people’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives, (Bandura 1986). In other words, one’s belief of one’s ability to perform specific behaviour. These (self-efficacy) believes determine how people feel, think motivate themselves and behave.

A strong sense of efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep engrossment in activities. They accept challenging goals and maintain strong commitment to them. They heighten and sustain their efforts in the face of failure. They quickly recover their sense of efficacy after failure or setbacks. They attribute failure to insufficient effort or deficient knowledge and skills which are acquirable. They approach threatening situations with assurance that they can exercise control over them. Such an efficacious outlook produces personal accomplishment, reduces stress and lowers vulnerability to depression.

In contrast people who doubt their capabilities, shy away from difficult tasks which they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. They slacken their efforts and give up quickly in the face of difficulties, and hence fall easy victim to stress.
and depression. Thus, self-esteem and self-efficacy, both constitute strong personality traits, and are strong predictors of behaviour.

**Perseverance and tenacity** is another factor which comprises resilience and which has been taken into account by the researcher. Perseverance may be said to as steady persistence in a course of action, inspite of difficulties, obstacles and discouragement. Perseverance commonly suggests activity maintained inspite of difficulties or steadfast and long continued application. It is regularly used in favourable sense. Tenacity, steadfastness, doggedness, are used synonymously with perseverance.

Perception of social acceptability is another factor which the researcher has conceptualized to be related to resilience. **Social acceptance** is a term referring to the ability to accept, or to be able to tolerate, differences and diversity in other people or groups of people. The need for social acceptance and approval, it is a very big force in this world. It accounts for a great deal of what people do and why they do it.

Children and adults do a great many things out of the desire to be accepted by their peers. It is called “peer pressure”. They follow latest fads, wear the latest fashion in clothing, cut their hair and many more things are done for the regard, acceptance and approval of others. The level of acceptance or rejection an adolescent experience among their peers influences their trajectory of development. The level of acceptance an adolescence feels will shape his experience in high school and often throughout much of his later life.

Adolescent who are accepted show optimism, about the future and low levels of depression (Allen, Porter, McFarland, Marsh and McElhaney, 2005). These kids often has secure attachments with their families, and their positive
relationships with peers, can be linked to positive relationship in their families. Their competence of understanding the needs of others and themselves is strong and they can manage complex emotional reactions (Allen et al., 2005). Rejected adolescents on the other are shunned, bullied, ostracized and many times abused. The poor treatment they receive from their peers has a severe negative effect on their psychological well-being. Socially rejected adolescence have poor adjustment problems and low self-esteem. They are reported to engage in suicidal behaviours and other criminal or dangerous behaviours (Lev-Wiesel, Nuttman-Schwartz & Sternberg, 2006).

It has been pointed out by researchers, and psychologists that social support gained by making interpersonal connections is associated with health and quality of life, longevity and well being. Devine, Mary Ann, Lashna, Brett (2002) examined the perception of people with disabilities relative to the roles they play in relation to social acceptance and their leisure in experience. Male (3) and female (9) informants (11-35) participated in face to face interview. Three conceptual categories were identified; degree of social acceptance, construction of social acceptance and the leisure experience. Overall data revealed that participants with disabilities, played a role in constructing social acceptance either proactively or reactively, within inclusive leisure contexts. In addition informants identified relationship between constructed acceptance and leisure frequency, friendship development, acceptance of difference and leisure intentions. This study expand upon the understanding of the relationship between social acceptance and leisure experience of people with disabilities by providing insight into their role while engaging in inclusive leisure programmes.
Another important trait which has been related resilience is **optimism**. Scheier and Carver (1985) defined optimism as a generalized expectancy that one will experience good outcomes in life. For Scheier and Carver (1992), optimism leads to persistence in goal-directed striving, and has characterized it as the most powerful predictor of behaviour. It is a disposition to believe in favourable rather than unfavourable outcomes to problems.

Optimism is a psychological resource that gives people a generalized expectancy that they will succeed in their endeavours. It is a belief that future events will have positive outcomes. The beneficial effects of optimism and positive coping skills have been shown to enhance one's ability to deal with stress and depression. On the other hand, studies indicate that being more optimistic and helpful than facts warrant is a sign of pathology (Peterson 2000; Schwartz, 2000; Vaillant 2000). However, Taylor, Reed, Bower and Gruenwald (200) argue that unrealistically optimistic beliefs about future pot protect us from illness. Further according to Salovery, Rotham, Detweiter and Steward (2000) substituting positive emotions for negative ones has preventative and therapeutic effects. Seligman (1998) reported that optimistic people experience less depression and increased enjoyment in social interaction. This is due to their ability to expect positive future outcomes based on positive past experiences.

People who are optimistic will often see more opportunities than those who are pessimistic. They are able to put problems behind them and take a positive view of the future. Optimism is an attitude to life that prevents people from becoming apathetic, or giving up hope.
Another, important factor conjectured to be related to resilience, is spirituality. Spirituality is one of the most important sources of strength and direction in people’s lives, a human phenomenon, which exists in almost all persons. The term spirituality is generally used to denote certain positive inner qualities and perceptions while avoiding implications of narrow, dogmatic beliefs and obligatory religious observances (Wulff, 1996). Spirituality is a unified quality of mind, heart and soul.

The concept of spiritual health was introduced in 1978 by W.H.O. It is concerned with physical, interpersonal, psychological and mental dimensions of health. Mental health is very important for an individual’s effective living. World Health Organisation (WHO) had defined health as a state of “complete physical, mental and social well-being and not merely absence of disease or infirmity.” Mental health is a state of being at peace with oneself and with one’s environment. Emotional satisfaction, social adaptability, environmental adaptability and resilience of mind, insight into his/her conduct, harmony between desires and socially approved goals point to mental health.

According to Consensus Document of National Institute of Health Care Research (Hill et al. 1998) spirituality is defined as “feelings, thoughts, experience and behaviours, that arise from a search for the sacred.” Spirituality refers to set of beliefs and practices, which directs and influences the behaviours of a person.

Thus, spirituality is that aspect of personality/or one can say is totally one’s belief that there exists some force or super-power which helps a person in adversities, and stress. It is the individual’s faith, and capacity to view life from a larger and more objective perspective.
Spiritual beliefs constitute an orientation to power greater than life, or awareness of cosmic consciousness, a belief in God and interconnectedness of self to everything in the world. It may be noted that most of the researchers involved in the field have agreed to the fact that spirituality has a broader concept than religion.

Thus, if we look at spirituality, it is a positive capacity which helps individuals in coping with difficult situations and hence, has been related to resilience, the capacity of people to cope with stress and catastrophe.

Ultimately, it seems to the researcher, that resilience is a self renewing process, a dynamic quality that is very private. It is the inner voice that is most prevalent in the human psyche. It is the very nature of life to strive to continue being. When events become overwhelming, when things go wrong, resilience emerges as the capacity to still find the wherewithal, determination and reason to cope with situation, regardless, despite all odds and more often than not, to find ways through. Thus, qualities of resilience contribute to feelings of well being.

PARENTAL ACCEPTANCE

Another factor contributing to positive feelings is possibly parental acceptance because amongst the various systems family support emerges out to be the strongest one. It is this support, which helps us to stand tall even in adversities. Amongst the family, parental support or parental acceptance is the most crucial aspect. A child represents the extension of the parents self and the birth of a disabled child can represent a serious threat to or even damage the parental ego (Kravaceus and Hayes, 1969, Ryckman & Hendeuson, 1965). Dreams are abruptly and slowly shattered. As the moment of initial shock
passes and the parents are able to begin to grasp some of the implications of this event, grief and dismay accompany the realization that the child's disability is permanent. The parent realizes, that all the rest of his or her own life will be colored by the fact of disability.

However, to the new parent, it all seems quite overwhelming. Many will proceed to incorporate this new situation into their lives. They will lower their expectation of the child and enjoy the abilities and accomplishments the child does have. They seek out proper treatment for the child, and provide support and assistance for him/her during the process. Values and goals help the parents. As pain and disappointment become part of life experience for families, new perspectives about which things are important and which are unimportant may emerge. Much human growth is possible as families realize that while life may be different, it is not over. Laughter and joy can again take their place in the family experiences.

Home is the cradle of a child's development. The personality characteristics of the parents would definitely affect the growth and development of the disabled child. The parents who accept their child as deficient may realize the need of consulting a specialist and struggle hard so improve the lot of their child. Parental acceptance is one of the major factors for the well being of their disabled child, parents should learn to accept their children, that would lead them to strive to their utmost, and give the best possible care and training, so that they can make the most of the ability they have. These children require much more time and patience. They will learn and respond to training very slowly, but given a helping hand they will find happiness worth in life.
Parents perhaps are the basic source of well-being of the disabled. He/she should be accepted first by his family, and most importantly by parents then by others. Parents acceptance and positive view gives children with disability encouragement and instills in them a sense of redemption. Love, patience and understanding at home level is most important. Positive and accepting attitude is very important for preventing insecurity in a child with disability. It gives a sense of security, belongingness, love and increases, child's self confidence and self esteem, and makes him competent.

Acceptance can be developed with reference to the following:

- Acceptance that the child has a handicap.
- Acceptance of the child
- Acceptance of self. The above are major and critical steps in healing and growing process. They imply a recognition of the value of such children for who they are. They are children first and most important of all, they have feelings, wants, and needs like other children. They have the potential to enjoy life and to provide enjoyment for others. They can set for their parents and parent's can set for them, realistic, attainable goals. And the attainment of these goals brings satisfaction, pride and pleasure to parents and children themselves.

As acceptance is one of the basic needs of humans (Maslow, 1954), disabled are not different in this need from anyone else. They need to be accepted as worthy individuals, both by others and from their own personal views. However, the entire process of reaching self-acceptance is a long and difficult one for the parents. It is filled with pain, frustration self-doubt, ego shattering experience. Some how, in spite of all the hurts, and debilitating
experience the parents can emerge with a firm conviction that they are parents of a very special child.

Research has shown that the early months of life are tremendously important in starting the infant on the pathway of healthy or unhealthy development. Particularly significant during this period is "mothering" the subtle factor of maternal love and stimulation (Ribble 1944; Bowlby, 1952; Roudinesco, 1952). Freud described the mother child relationship as anaclitic (literally, leaning on") to denote child's dependence on his or her mother's sustenance (Ainsworth and Bill, 1969). In her capacity to arouse both pleasurable and unpleasurable sensations in the infant, the mother becomes, .... "unique without parallel, established unalterably, for a whole life time as the first and strongest love object, as the prototype of all later love relations for both sexes (Freud, 1949).

The role of mother is of great importance, what happens if she does not supply sufficient security and affection to the infant? A child raised under these conditions becomes insecure, aggressive, demanding, jealous, self centered, and psychological growth is minimized (Sen, 1978, 1988). As an adult, the person will be controlled by childhood motivations and by infantile drives and conflicts, and is likely to develop some form of mental illness

Psychologists on the basis of information gathered through interviews, questionnaires, and ratings of parents and children suggested the importance of two dimensions of parental behaviour, acceptance rejection and permissiveness restrictive ness (Becker, 1964; Martin, 1975; Sears, Maccoby and Lewin, 1957; Symonds 1939). These dimensions have undergone the most intensive examination.
Acceptance-rejection refers to the respect and love or lack of both that parents feel for their children. At the extreme, accepting parents show warmth, affection, approval and understanding. Rejecting parents on the other hand, are cold, disapproving and primitive. They do not enjoy their children nor are they sensitive to their needs.

Schaefer (1959) on the basis of his observations of mothers' interaction with the children from one month to three years of age has arranged maternal behaviours in a circular order around the two dimensions of love and hostility (acceptance-rejection) and autonomy and control (permissiveness restrictiveness). This model indicates a range of parental behaviours and also shows that both permissive and restrictive parents can be either accepting or rejecting. Very different environments are provided for the child, depending on the earnest positions on these dimensions.

The impact of close and intimate relationship between the child and his parents has always been emphasized in human societies. The child comes to look upon the parents as the source of all his satisfaction, and as the persons who are to supply all the basic needs that he a child, experiences. At the same time the child may look upon parents as the source of his handicap, which causes hate, sometimes he may perceive the parents as the source of the solution of his disability (Sen, 1988).

A handicapped child, may sense very easily the emotions of his parents. If the parents consider the disability a calamity which has made his life good for nothing, the child would also think likewise. If they feel bitter against an unjust fate, he would also start thinking the same. If the parents make his handicap the pivot of their existence, he is liable to use it with self-centered
motives to extract sympathy from others. However, if they accept his limitations in an objective manner, he is likely to think and act in the same manner (Sen 1988; Freeman, 1973).

On the other hand if the child with disability is poured with excess love, care, protection, and security, he/she may develop a sense of insecurity, helplessness, alienation, frustration, depression and resentment. The family and parents need to encourage the child to attain the social acceptance, self acceptance and independence. He/she has to actualize him/her self, to realize his potentialities. And on the other hand, parents will need to overcome their feelings of frustration, guilt, confusion, despair, contradictions, helplessness and segregation.

The concept of parental acceptance, means that the child is accepted physically, mentally, emotionally and psychologically by his her parents. Whether the child particularly the disabled child, feels happy or unhappy, depends a lot upon his emotional health, and is determined mainly by the environment in which the child grows up and the relationships he/she has with the people in his environment. Love and acceptance helps the child feel secure, happy and confident. The child need a reasonable degree of acceptance in order to lead a healthy happy and decent life (Kelly & Wallerstrain, 1976).

According to Symonds (1989), “accepted children are more cooperative, socialized, friendly, have highly valued personal characteristics and are happier and more stable than the rejected group of children.”

Acceptance would not mean passive resignation, rather continuing to struggle and to challenge to find the best possible options for the child and the family. Realistic acceptance acknowledges that “negative” feeling of anger and
sadness are natural and will continue to be felt, although they will assume different proportions, as enthusiasm, hope and joy resume their places in the parents' lives. The parents with this kind of acceptance may be far from docile and will help disabled child grow into a stronger, wiser, and more compassionate human being, experiencing positive feelings and a sense of well-being. It appears that resilience and parental acceptance both contribute highly to the experience of well being.