Lived Experiences of Married Persons with Physical Disabilities

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Publication Date: 2025/07/17

Abstract: This study aims to understand the lived experiences of married individuals with physical disabilities, focusing on how disability influences their emotional, relational, and social lives. Using a qualitative research design, Interpretative Phenomenological Analysis (IPA), the study intends to reveal the deeper meanings that individuals assign to their experiences within the context of marriage. Ten participants, aged 42 to 65, residing in the EMBO barangays of Taguig City, Philippines, were purposively selected to reflect a range of marital experiences shaped by physical disability. Data were gathered through in-depth, face-to-face interviews, encouraging participants with an open and empathetic setting to express their experiences. Findings reveal that physical disabilities significantly impact daily functioning, role distribution, emotional intimacy, and self-perception within the marital dynamic. Participants detailed how physical limitations, social stigma, and economic challenges influence their sense of independence, their responsibilities within the household, and the nature of their interactions with their spouses. Despite these difficulties, many demonstrated resilience, adaptability, and strong commitment to their partners. Caregiving emerged as a central theme, often reshaping the dynamics of the relationship and influencing emotional well-being for both partners. The study highlights the significance of comprehensive and diverse support systems that recognize not only the physical needs of individuals with disabilities but also their emotional and relational realities. Recommendations include relationship-focused counseling, caregiver support programs, inclusive financial policies, and improved accessibility measures. These interventions aim to strengthen relational resilience and promote social inclusion, ultimately enhancing the living conditions of couples with physical impairments along with family caregivers. By exploring the connection between disability and intimate relationships, reinforcing the call for more holistic and responsive health measures that accommodate the multifaceted experiences of this population.

Keywords: *Marriage, Disability, Resilience, Social Stigma, Coping Mechanisms.*

How to Cite: Geralyn Jane P. Velez, RPm; (2025) Lived Experiences of Married Persons with Physical Disabilities. *International Journal of Innovative Science and Research Technology,* 10(7), 1104-1113. https://doi.org/10.38124/ijisrt/25jul572

I. INTRODUCTION

Marriage plays a crucial role in shaping personal identities and social structures across cultures. However, couples with physical disabilities face unique challenges often overlooked in mainstream discussions. According to the World Health Organization, over 1.3 billion people worldwide, or approximately 16% of the global population, have some form of disability, with physical disabilities constituting a significant portion[1]. Despite advancements in disability rights, individuals with disabilities continue to encounter barriers in marriage, family life, and social inclusion.

People with disabilities (PWDs) around the world continue to face various forms of marginalization including discrimination, restricted access to vital services and persistent societal stigma, all of which can negatively influence their intimate relationships and marriages (United Nations, 2022). In many cultures, outdated beliefs still question the ability of individuals with disabilities to form romantic partnerships, raise familites or live autonomously. While countries with established disability rights movements such as those in Europe and the United States have enacted laws like the Americans with Disabilities Act (ADA) and the European Accessibility Act which have greatly advanced inclusion, accessibility and legal protections for couples with disabilities. There is still a noticeable gap in research particularly concerning the lived experiences of married persons with disabilities in developing regions or the Global South (European Commission, 2021).

Asia accounts for approximately 690 million persons with disabilities, making up about 15% of the continent's total population. Although international frameworks like the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) exist, many countries in Asia have yet to overcome obstacles in realizing and enforcing inclusive frameworks. Cultural misconceptions often portray PWDs as incapable of fulfilling marital and parental roles, limiting their opportunities for marriage and family life. Japan and South Korea have adopted accessibility laws, yet stigma persists, while India and China face systemic barriers including poor infrastructure, economic challenges, and discrimination[9].

However, an absolute disparity exists between developed and developing countries in implementing these rights. In many developed nations, disability-inclusive policies are supported by robust welfare systems, accessible infrastructure, and public awareness campaigns, leading to better outcomes for individuals and families. In contrast, developing countries often lack the necessary resources, enforcement mechanisms, and societal support to fully implement disability laws. Consequently, individuals with disabilities in these areas ramain affected by systemic challenges that limit capacity to estabilish and nurture intimate relationships and family bonds.

Countries such as Japan and South Korea have implemented progressive accessibility laws and inclusion programs, yet stigma remains deeply rooted, particularly in traditional family structures (Yamaguchi, 2020). Meanwhile, India and China, despite growing disability rights movements, face enduring challenges such as inaccessible public infrastructure, high unemployment rates, and discrimination in both public and private spheres (Gupta, 2021). This contrast across countries highlights the urgent need for localized research, particularly in the Global South, to understand how disability impacts marital life in different cultural contexts.

In the Philippines, approximately 12% of the population has some form of disability, with physical disabilities being among the most common. Although the country has ratified the UNCRPD and enacted the Magna Carta for Persons with Disabilities (Republic Act No. 7277), societal perceptions and systemic obstacles still limit the inclusion of individuals with disabilities in marriage and family life. Filipino culture highly values marriage and family, yet couples with disabilities encounter accessibility issues, financial struggles, and social stigma.

Research on married couples with physical disabilities directly supports various United Nations Sustainable Development Goals (SDGs). It advances SDG 3: Good Health and Well-being by shedding light on the physical, emotional, and psychological health issues faced by this population. It also supports SDG 5: Gender Equality by addressing gender-specific challenges in marriage, especially the multiple barriers encountered by women living with disabilities. Additionally, the study addresses SDG 10: Reduced Inequalities by advocating for policies that eliminate hindrances to social and economic participation and aligns with SDG 11: Sustainable Cities and Communities by emphasizing the importance of inclusive infrastructure and accessibility.

Although advancements have been made in disability rights and accessibility research, limited attention has been given to the lived experiences of physically disabled married couples within the Philippine context. Existing research primarily focuses on individual disability experiences or general marriage issues rather than the intersection of disability and marital life. This gap limits the ability of policymakers, social workers, and disability advocates to develop effective support programs.

This study is significant in documenting the struggles, resilience, and coping mechanisms of married couples with disabilities in the Philippines. By shedding light on their realities, the research aims to inform inclusive policies, advocate for better support systems, and challenge societal misconceptions about marriage and disability. Ultimately, the study advocates for a just and inclusive environment that enables individuals with disabilities can fully participate in marital and family life without barriers.

Emerging literature now calls attention to the specific stressors that disability introduces into intimate partnerships—altered sexual intimacy, role redefinition, communication breakdowns, caregiving burden, and emotional fatigue (Jones & Wright, 2024; Omoboye et al., 2024; Smith & Matthews, 2021). Nevertheless, limited research exists on how married persons with disabilities in the Philippines navigate these challenges, especially in light of deeply rooted cultural norms around gender roles, family expectations, and religiosity.

International instruments such as the UN Convention on the Rights of Persons with Disabilities (UNCRPD) promote inclusive family life and relational autonomy, implementation remains uneven at the community level. Few qualitative studies explore the subjective experiences of couples managing physical impairments in marriage—what it means to be a spouse, caregiver, or partner when mobility is compromised, and how such changes affect emotional connection, social identity, and personal worth.

Using Interpretative Phenomenological Analysis (IPA), this study explores how married couples with physical disabilities in the Philippines make sense of their lived experiences, thereby addressing an underexplored area in current research. Specifically, it examines how they negotiate marital roles, cope with challenges, maintain intimacy and communication, and find meaning in their relationship despite physical limitations. By centering their voices, this research aims to inform more inclusive marital counseling, disability services, and policy frameworks that support not just the individual—but the couple—as a unit of care and resilience.

II. METHODOLOGY

➢ *Research Design*

This research utilized a qualitative design, specifically applying Interpretative Phenomenological Analysis (IPA) to investigate the lived experiences of married individuals with physical disabilities. As emphasized by Pietkiewicz and

Smith (2014), IPA is well-suited for studies involving small, deliberately chosen samples, as it prioritizes a deep and detailed exploration of individual experiences rather than broad generalizations. This method supports a focused, case-by-case understanding of how people interpret and assign meaning to significant aspects of their lives. Phenomenology was selected as the guiding framework due to its dual emphasis on description and interpretation, which allowed for an in-depth examination of the emotional, relational, and social experiences of participants. Through this approach, the study aimed to offer meaningful insights into the complexities of marriage and disability from the perspective of those directly affected.

- *Research Participants*

Ten married individuals with physical disabilities participated in the study, comprising five males and five females with ages from 42 to 65 years. The participants came from diverse backgrounds and had varying occupational statuses, reflecting how individuals with disabilities navigate economic and domestic responsibilities. Among them, 30% identified as housewives, primarily managing household duties and childcare, while others were employed in occupations such as a manicurist, driver, self-employed worker, and retired government employee. Additionally, 30% of the participants were unemployed, highlighting the economic challenges often faced by individuals with disabilities.

- *Research Instrument*

This study used a Personal Data Sheet and an In-Depth Interview Guide to gather relevant data. These instruments were designed to collect essential demographic information and capture the personal experiences faced by married persons with physical limitations comprehensively and meaningfully.

- *Data Gathering Procedure*

This study employed **purposive sampling** to select married individuals with physical disabilities residing in the National Capital Region (NCR), Philippines. This method ensured the inclusion of respondents whose lived realities are relevant to the study's aim of exploring the intersection of disability, marital dynamics, emotional wellness and fidelity. **Data collection** involved **in-depth, face-to-face interviews** with open-ended questions, fostering a conversational and empathetic atmosphere. Participants were encouraged to share their lived experiences, starting with broad prompts like, *"Can you describe your life as a married individual with a physical disability?"* Interviews, lasting 45–60 minutes, explored marital roles, coping mechanisms, and support systems.To uphold ethical standards, participants were thoroughly informed about on the study's objective, potential risks and benefits, and confidentiality measures. **Informed consent** was obtained, allowing willing involvement with the right to withdraw. **Video recordings** were transcribed securely, and original files were disposed of to maintain privacy.

The study included **10 participants aged 40–65**, ensuring a **rich qualitative analysis** of their experiences. The findings offer meaningful insights into the struggles and resilience of people living with physical impairment, contributing to discussions on social support, relationship stability, and disability-inclusive policies. In adapting the standard IPA interview framework to the local Filipino context, language and examples were localized to ensure cultural sensitivity and comprehension. Rapport-building steps, including a pre-interview briefing call, were added to enhance participant comfort.

- *Data Analysis*

The data were analyzed using the six-stage IPA procedure outlined by Smith, Flowers, and Larkin (2009): (1) reading and re-reading transcripts; (2) detailed initial noting; (3) identifying emergent themes; (4) exploring connections across themes; (5) proceeding to the next case; and (6) discerning patterns across cases. All thematic clustering and interpretation were performed manually, with regular reflexive notation to help recognize and minimize potential researcher bias and assumptions.

- *Ethical Considerations*

This study was reviewed and approved by the Polytechnic University of the Philippines Research Ethics Committee issued last April 27,2024 ensuring adherence to ethical standards for research involving human participants. Informed consent was obtained following a detailed explanation of the study's purpose, procedures, possible risks, and participants' right to withdraw at any time. Given that this study involved only human participants and no animal subjects, approval from an Animal Care Unit or Provincial/City/Municipal Veterinary Office was not required.

This study adhered to strict ethical guidelines to safeguard the protection, dignity, and well-being of all participants. Ethical considerations are vital in qualitative research, especially when exploring sensitive topics and engaging with vulnerable populations. Participants were fully informed about the study's purpose, nature, and potential risks prior to providing written consent, ensuring informed consent was obtained. Confidentiality and anonymity were strictly upheld. All personal information was anonymized, and data was securely stored to protect participants' identities. Participation was entirely voluntary, with individuals given the option to discontinue participation without unfavorable impact. The researcher prioritized minimizing harm by fostering a safe and supportive interview environment that promoted participants' emotional well-being. To ensure research credibility, all data collected were accurately recorded and interpreted with integrity. Lastly, audio recordings and interview transcripts were securely handled and responsibly disposed of following transcription, in compliance with ethical data management practices.

III. RESULTS AND DISCUSSION

This chapter outlines the finding of the data analysis and provides an in-depth discussion of the results. Key issues include declining health, financial struggles, limited government support, and difficulties with transportation. Marital relationships are also affected by intimacy concerns, caregiving burdens, and, in some cases, infidelity. Social stigma and exclusion further add to their hardships. Despite these obstacles, the respondents demonstrate resilience, faith, and strong family bonds, emphasizing the need for improved government programs, better healthcare access, and inclusive policies to support persons with disabilities.

Table 1 Demographic Profile of the Respondents

Name	**Gender**	**Age**	**Civil Status**	**Occupation**	**Disability**	**Educational Attainment**
1. Monica	Female	50	Married	Manicurist	Poliomyelitis	High School graduate
2. Francisco	Male	65	Married	None	Lumbar Spondylosis	College Graduate
3. Imelda	Female	55	Married	Housewife	Hypokalemia (Stroke)	High School Graduate
4. Ludy	Female	54	Married	Housewife	Knee Fracture	High School Graduate
5. Evelyn	Female	57	Married	Housewife	Dyslipidemia (Stroke)	High School Graduate
6. Renante	Male	42	Married	None	Acute Stroke	College Graduate
7. Florante	Male	63	Married	None	Myositis	College Graduate
8. Lalaine	Female	55	Married	Self -employed	Rheumatoid Arthritis	High School Graduate
9. Juan	Male	65	Married	None	Penetrating Trauma	High School Graduate
10. Filmore	Male	65	Married	Driver	Lower Back bone impairment	Vocational Course

Table 2 presents the major themes and sub-themes from the personal narratives of physically disabled married individuals. The findings highlight mobility challenges, including restricted movement, dependence on a nondisabled partner, and barriers to social engagement. The study also explores marital and relationship dynamics, such as shifting roles, intimacy disruptions, and increased caregiving responsibilities. Financial struggles and emotional trauma from infidelity are also noted. Lastly, the table outlines coping strategies, emphasizing resilience through faith, social withdrawal due to stigma, online entrepreneurship, active participation in FaithBased Community Groups, Physical Activity, and Social Engagement Through Exercise.

Table 2 Significant Themes and Sub themes of People with Physical Limitations

Major Themes	Sub-themes
Mobility Challenges	Restricted Movement and Functional Limitations Increased Dependence on a Non-Disabled Partner Barriers to Social Engagement Impact on Physical Health and Overall Wellness
Marital and Relationship Dynamics	Redefining Roles Within the Marriage Disruption in Intimacy Communication Barriers Increased Caregiving Responsibilities Financial Struggles and Economic Stress Betrayal and Emotional Trauma from Infidelity
Coping Strategies	Resilience Through Faith and Spirituality Social Withdrawal and Fear of Stigma Engagement in Online Entrepreneurship Active Participation in Faith-Based Community Groups Physical Activity and Social Engagement Through Exercise

- *Mobility Challenges Restricted Movement and Functional Limitations*

Mobility limitations emerged as a central theme, with four of the ten respondents describing difficulties in performing daily tasks due to pain, stiffness, or reduced capacity. These limitations not only disrupted personal routines but also impacted marital roles.

Latham-Mintus, Holcomb, and Zervos (2022) note that "mobility impairments often result in a redistribution of caregiving responsibilities, placing significant emotional and physical strain on the non-disabled partner." This was echoed in the accounts of Ludy and Evelyn:

"At first, it was challenging to move. Even the slightest movement caused intense pain… I couldn't move my leg correctly, step down entirely, or walk long distances." (Ludy)

"I can now climb stairs using one foot at a time… When I wash dishes, I sit down. When I do the laundry, I sit as well." (Evelyn)

These narratives illustrate the body's loss of autonomy and the adjustments couples make to remain functional. As Olney & Kennedy (2009) also found, such adaptations reshape family life.

"It is difficult to travel because of my disability, but I gather the strength to face each day for the sake of my family." (Renante)

"Every morning, I would wake up with stiffness… especially if I didn't take pain relievers." (Lalaine)

These accounts point to the need for accessible infrastructure, in-home care support, and rehabilitation programs tailored to family caregiving structures. Spouses often become informal caregivers, a role that should be acknowledged and supported through public health and social services. These bodily constraints have wider implications beyond individual suffering. They represent a rupture in autonomy, reshaping not only individual agency but also spousal interdependence. As Olney and Kennedy (2009) argue, physical limitations reorganize domestic life, often compelling both partners to recalibrate roles and routines. Renante's statement—*"It is difficult to travel… but I gather the strength to face each day for the sake of my family"*—illustrates the psychological resilience required to sustain familial bonds despite physical obstacles. However, the endurance required should not mask the need for systemic support. These lived experiences demand responsive infrastructure, such as barrier-free homes, access to assistive devices, and rehabilitation programs that integrate the couple's relational needs—not just individual functional goals.

➢ *Increased Dependence on a Non-Disabled Partner*

Four participants described increased reliance on their spouses for emotional, physical, or financial support. This aligns with Umberson and Thomeer (2020), who assert that the quality of marital life amidst disability is closely tied to how support is exchanged and perceived.

"My husband took over most of the household chores—cooking, doing the laundry, and cleaning—because I could barely move." (Ludy)

"Now that I have a disability, my wife has taken on the role of the family's provider and pillar." (Renante)

Some responses reflect shifts in traditional gender roles. Juan expressed an adaptive understanding of masculinity:

"Just because you're a man doesn't mean you should leave all the chores to your wife… I do everything myself, except when my wife sees I'm struggling." (Juan)

Disability challenges rigid gender norms and reinforces the importance of equitable partnerships. Programs that encourage mutual caregiving and gender-sensitive counseling can help couples navigate evolving expectations while maintaining emotional connection. Interestingly, traditional gender scripts were both reinforced and challenged. Juan redefined his understanding of masculinity, stating, *"Just because you're a man doesn't mean you should leave all the chores to your wife…"* This highlights how disability can serve as a catalyst for deconstructing rigid gender norms, facilitating more equitable marital arrangements. However, such transitions require guidance. Couples would benefit from gender-sensitive counseling and psychoeducational interventions that promote shared responsibility without fostering resentment or burnout.

➢ *Barriers to Social Engagement*

Three participants expressed limited participation in public life due to mobility impairments and perceived stigma. Shakespeare (2014) emphasizes that inaccessible environments lead to the exclusion of individuals with disabilities.

- *"I couldn't go out and participate in church activities." (Ludy)*
- *"I don't take public transportation anymore, and I rarely go out." (Evelyn)*
- *"One day, I overheard someone say, 'Why do we have to pick her up or take care of her? She has a family.'" (Lalaine)*
- Van Manen (2014) adds that such experiences produce not only logistical challenges but also deep emotional wounds.

Social withdrawal in these cases is both a consequence and reinforcement of exclusion. The findings advocate for inclusive transportation, accessible venues, and community-based disability education campaigns that dismantle stigma and foster inclusion.

➢ *Impact on Physical Health and Overall Wellness*

Three respondents discussed chronic health conditions alongside their disabilities, such as diabetes, persistent pain, and complications with prosthetics. Devkota, Kett, and Groce (2019) argue that such conditions in underresourced areas often go untreated due to systemic barriers.

- *"The pain wouldn't go away, and the doctor told me that if it persisted… I would need surgery." (Ludy)*
- *"I have diabetes and am already on insulin." (Florante)*
- *"There are times when my artificial support loosens… making it difficult for me to walk." (Filmore)*
- Jones (2024) links chronic illness to increased emotional burden, including helplessness and low self-worth.

The intersection of disability and chronic illness creates a multidimensional vulnerability that demands integrated health, psychosocial, and mobility services—particularly for married individuals, who carry both personal and relational burdens. These findings reveal the intersectionality of health conditions, where medical issues are not isolated but deeply entwined with emotional states, socioeconomic status, and relational dynamics. Jones (2024) emphasizes how ongoing physical ailments erode emotional resilience, leading to increased distress, dependency, and existential fatigue. This calls for integrated care models—holistic health systems that include mobility support, mental health services, and chronic disease management tailored to couples, not just individuals.

➢ *Redefining Roles Within the Marriage*

Two female participants shared how disability led to a reallocation of household responsibilities:

“The tasks I was supposed to do, I could no longer perform, so my husband had to take on those responsibilities.” (Lalaine) “During that time, my husband took over most of the household chores—cooking, doing the laundry, and cleaning— because I could barely move.” (Ludy)

Li and Jiang (2021) and Eagly and Wood (2012) argue that the onset of disability disrupts established marital scripts, requiring flexibility, role negotiation, and empathy.

Marriages affected by disability benefit from open dialogue about changing roles and should be supported by marital counseling and adaptive living training, which help couples recalibrate expectations.

➢ *Disruption in Intimacy*

Two respondents mentioned disrupted physical intimacy:

- *“It wasn’t possible because I couldn’t move my knee properly. This, of course, affected him.” (Ludy)*
- *“Our sex life suffered, as my doctor advised against it due to my rheumatic heart disease.” (Lalaine)*

Smith and Matthews (2014) emphasize how chronic pain alters intimacy, while Shifren and Kuczynski (2020) stress emotional connection as a counterbalance.

The onset of disability deeply affected the couple's sexual life. Pain, physical limitations, and medical advice often restricted sexual activity, leading to emotional distance. For some, the inability to engage in physical intimacy created guilt or fear of inadequacy, while others worried about their partner’s unmet needs.

These accounts show that medical guidance often lacks relational sensitivity. Couples need sex-positive counseling and safe spaces to talk about intimacy, trust, and emotional closeness beyond physical functioning.

➢ *Communication Barriers*

While some couples demonstrated resilient communication practices, others struggled with emotional disconnection, irritability, or misunderstandings often fueled by chronic pain or emotional fatigue. Some participants felt invalidated or misunderstood by their partners, especially when their symptoms were questioned.

Seven participants described both strengths and tensions in their marital communication:

- *“We talk whenever there’s a problem.” (Francisco)*
- *“Communication has never been an issue in our marriage.” (Renante)*
- *“Sometimes, my husband gets angry, maybe because he thinks I’m exaggerating my pain.” (Evelyn)*
- *“My short temper became a problem... I would raise my voice at my family.” (Ludy)*

Deal (2018) and Omoboye et al. (2024) highlight that pain, stigma, and emotional fatigue can distort communication, often leading to defensiveness or misinterpretation.

Couples dealing with disability need targeted communication support—from peer groups to couples therapy— to maintain empathy, regulate conflict, and affirm emotional partnership. When pain becomes a constant presence, it can affect tone, patience, and responsiveness. Effective communication support, including counseling and peer sharing, can help couples develop skills in conflict resolution, active listening, and empathy, crucial for sustaining relational health amid disability.

➢ *Increased Caregiving Responsibilities*

Spouses, especially wives, were often thrust into the role of primary caregiver—responsible not only for their partner's physical needs but also for maintaining the household and providing financially. While many took on this role out of love and duty, the weight of continuous caregiving sometimes led to emotional exhaustion and identity loss.

Two participants reflected on caregiving burdens:

- *“Every morning, after helping me bathe, she goes to work...” (Florante) “My wife is busy with work, so I take care of our children...” (Renante)*
- Krause and Broderick (2006) and Kafer (2019) warn that caregiving spouses risk burnout and role confusion when their identity becomes primarily “caregiver” instead of “partner.”
- These findings affirm the necessity of respite care services and spousal support networks to prevent compassion fatigue and maintain relational reciprocity.

➢ *Financial Struggles and Economic Stress*

Many participants cited unemployment, underemployment, or medical expenses as ongoing challenges. Disability often led to job loss or reduced income, making it difficult to meet basic needs or afford treatment. This economic strain added tension to marital life and limited their ability to plan for the future

Two Participants Emphasized Ongoing Economic Hardship:

- *"There are things I want to do but cannot due to a lack of money." (Evelyn)*
- *"I still do my best to earn for our daily needs." (Juan)*

Mizunoya et al. (2016) and Gordon et al. (2008) correlate disability-related employment barriers with financial instability and power imbalances in relationships.

There is a clear need for economic empowerment programs, such as disability-inclusive livelihood support, skills retraining, and social protection that benefits the household—not just the individual.

➢ *Betrayal and Emotional Trauma from Infidelity*

One participant disclosed that her husband's infidelity was tied to her physical limitations. This revelation highlights how unaddressed emotional and sexual needs, coupled with stress and inadequate communication, can fracture relationships. Infidelity in such contexts is not merely a moral failure—it reflects deeper unmet needs and coping mechanisms.

One female participant recounted marital infidelity:

"My husband... used this [my limitations] as a reason to find another woman." (Lalaine)

This echoes Schneider and Mori (2020), who note that reduced intimacy, stress, and perceived relational inadequacy can foster emotional detachment and betrayal.

Infidelity in the context of disability highlights the fragility of emotional connection when physical and psychosocial needs go unmet. Preventive interventions should focus on relational education, counseling and partner support especially in times of health transition.

➢ *Coping Strategies Among Married Individuals with Disabilities*

- *Resilience Through Faith and Spirituality*

All ten respondents cited faith and spirituality as a foundational coping strategy. Expressions like, *"My faith in Him is strong. I know that God has a plan for me"* (Lalaine) and *"Prayer and inner strength are the most effective ways to cope"* (Florante), reflect how belief systems help individuals reinterpret their disability and marital challenges through a lens of divine purpose and spiritual resilience.

This finding confirms what Marks (2019) and Stafford (2024) emphasized—that religious involvement reduces psychological distress and enhances relationship quality during health-related hardships. Parker & Rizzuto (2018) also observed that faith strengthens emotional endurance, particularly when social and economic resources are limited.

These insights underscore the importance of integrating faith-sensitive support programs within rehabilitation and counseling frameworks. Especially in predominantly religious societies like the Philippines, churches and ministries can be pivotal in sustaining marital bonds and mental wellness among persons with disabilities.

➢ *Social Withdrawal and Fear of Stigma*

Two respondents reported withdrawing socially due to experiences of stigma and exclusion. Monica chose to avoid classmates out of shame, while Lalaine described painful judgments from fellow church members who questioned her value. Their narratives echo Link & Hatzenbuehler's (2016) findings that stigma can deeply undermine self-esteem and mental health, pushing individuals into isolation.

Patton & McNeill (2016) similarly found that such experiences often extend to spouses, intensifying the emotional burden within the marriage. The decision to avoid public or communal settings becomes a protective but ultimately limiting behavior.

These cases highlight the need for community education campaigns and inclusive church policies to reduce stigma and foster a more accepting environment for persons with disabilities. Mental health services must also address internalized stigma as a barrier to both social engagement and relationship fulfillment.

➢ *Engagement in Online Entrepreneurship*

Only one respondent (Lalaine) reported engaging in online entrepreneurship, selling products and producing food items for income. While a minority, her story illustrates how digital platforms can enable persons with disabilities to reclaim economic participation and self-worth.

This aligns with Honey et al. (2014) and Kuyini & Mangope (2011), who found that online business opportunities promote financial independence and psychological empowerment. Shakespeare et al. (2019) further note that remote work is especially beneficial for those facing mobility challenges or workplace discrimination.

The low participation in this area suggests a gap in digital literacy, access, or support. Policy makers and NGOs could strengthen inclusion by offering entrepreneurship training, technology access, and micro-financing programs specifically for persons with disabilities and their spouses.

➢ *Active Participation in Faith-Based Community Groups*

Two participants emphasized their involvement in faith-based groups such as Couples for Christ and parish ministries. Francisco described serving with his wife as unit heads, showing how shared service deepens emotional and spiritual connection. This supports Lloyd et al. (2012) and Marks (2019), who emphasized the mental health and relational benefits of communal religious involvement.

Faith-based organizations not only support spiritual growth but also serve as important coping and support systems. Encouraging couple-based ministry or advocacy work may enhance marital satisfaction and social inclusion for persons affected by disability.

- *Physical Activity and Social Engagement Through Exercise*

Three respondents shared how exercise and movement served as an important physical and emotional outlet. Imelda credited Zumba with helping her stay active and positive. Conversely, Evelyn's discontinuation of exercise due to limitations illustrates how the loss of physical activity can affect well-being.

This mirrors Lindsay Smith et al. (2017), who identified physical activity as a critical factor for psychological balance and self-esteem. Anderson & Clark (2012) also noted that regular movement can enhance social interaction and self-efficacy.

The findings emphasize the importance of accessible community exercise programs, such as adaptive Zumba or walking groups, especially for couples. Rehabilitation strategies should prioritize low-cost, inclusive movement options that support not only health but also social connection and marital bonding.

IV. CONCLUSION

The results of this study uncover the deeply connected physiological, emotional, interpersonal and financial challenges faced by individuals with mobility impairments and their caregiving partners. These challenges do not occur in isolation but instead form a complex web that impacts daily functioning, psychological well-being, and relational dynamics. Caregivers, particularly spouses, frequently assume expanded roles that result in emotional and physical exhaustion, particularly in the absence of structured support systems. Financial burdens— stemming from the cost of medical care, assistive technologies, and inaccessible environments—further limit the independence of persons with disabilities and reinforce dependency on partners.

Social isolation emerged as another critical theme, exacerbated not only by physical inaccessibility but also by societal stigma. Several participants shared experiences of being excluded or judged, which negatively affected their self-esteem and opportunities for social participation, particularly in faith-based or community settings. These psychosocial consequences has impact on psychological well being, identity and standard of living.

Among the more emotionally complex findings was the impact of disability on romantic partnerships. Relationship dynamics were frequently challenged by the shift from romantic partner to caregiver–care recipient roles, often leading to reduced intimacy, emotional exhaustion, and, in some cases, infidelity. While not universal, incidents of infidelity highlight the relational strain and emotional vulnerabilities faced by couples navigating mobility impairments without sufficient external support. However, focusing solely on infidelity risks overshadowing the broader relational, financial, and social struggles highlighted in this study.

Encouragingly, several participants demonstrated notable resilience through diverse coping mechanisms, including spiritual faith, online entrepreneurship, physical activity, and engagement in community service. These adaptive strategies provided emotional support, enhanced self-worth, and helped participants find meaning in their challenges. Their experiences suggest that coping is multidimensional, shaped by personal beliefs, social networks, and the availability of inclusive opportunities.

Collectively, these findings highlight the significance of adopting a comprehensive approach to disability support one goes beyond medical care to include relationship counseling, structured caregiver support, inclusive economic opportunities, mental health services, and accessible environments. Targeted interventions must recognize and address the intersectional nature of disability, caregiving, and relational strain.

Ultimately, this study advocates for a shift from individualized to systemic thinking. Only by addressing the social, relational, and institutional barriers encountered by individuals with disabilities and their partners can we foster more inclusive, supportive, and resilient families and communities.

CONTRIBUTIONS OF AUTHORS

The author conducted all components of the study independently, encompassing the conceptualization, research design, participant recruitment, data gathering and analysis. The author personally conducted in-depth interviews, ensured ethical compliance, and upheld strict confidentiality measures throughout the research process. Transcription, thematic analysis, and interpretation of findings were solely undertaken by the author. Additionally, the author was responsible for drafting, revising, and finalizing the manuscript for publication.

This study was thoroughly reviewed and evaluated by the research adviser and panel members during the research defense, ensuring the rigor, validity, and academic integrity of the findings.

FUNDING

This research received no external funding. All expenses related to the study were solely shouldered by the author.

CONFLICT OF INTERESTS

The author declares no conflict of interest.

ACKNOWLEDGMENT

This study was made possible through the invaluable guidance, support, and encouragement of numerous individuals and institutions.I offer my sincerest thanks to Dr. Jose M. Abat, my research adviser, for his crucial guidance, constructive feedback, and unwavering support throughout this journey. I also acknowledge with sincere thanks to the participants—married persons with physical disabilities—who generously shared their lived experiences. Their courage and resilience have been truly inspiring.

I am grateful to the panel members: Dr. Nicolas T. Mallari, Dr. Christopher F. Sasot, Dr. Geraldine F. Santos, and our Dean, Dr. Elmer G. De Jose, for their thoughtful critiques and suggestions. To my husband, Emerson, thank you for your constant love and encouragement. To my children, Mary Martha and Francis Martin, you are my inspiration. To my mother, Warlina, and sister, Gervilyn Joy, thank you for your unwavering support.

Above all, I thank Almighty God for granting me the perseverance, wisdom, and determination to complete this research. This study is dedicated to all individuals with disabilities who continue to break barriers, challenge societal norms, and prove that love, commitment, and resilience transcend physical limitations.

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