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FUTURE EXPECTATIONS AND EMOTIONAL STATES IN ADULTS WITH PHYSICAL DISABILITIES: A MIXED-METHODS STUDY IN AZERBAIJAN

Abstract

To examine future expectations, dispositional hope, and emotional states in Azerbaijani adults with physical disabilities. Design/method/approach: Mixed-methods design — four validated instruments (ADHS, DASS-21, WHO-5, demographic questionnaire; N=80) plus semi-structured interviews (n=14) with thematic analysis. Findings: 76.2% of participants showed high hope (M=52.48, SD=8.64) despite 73.8% unemployment. Anxiety was the dominant concern — 38.7% scored severe or extremely severe. Mean wellbeing was 55.95; 15% showed poor wellbeing. Four qualitative themes: hope as redirected agency; anxiety rooted in future uncertainty; social environment as amplifier and buffer; structural barriers as primary constraints.

Keywords: physical disability, future expectations, hope, depression, anxiety.

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Introduction

Physical disabilities influence how a person navigates and experiences the world around them. More subtly, they alter their perception of the future. When someone acquires a disability—whether at birth or due to injury—the plans they once had can quickly become uncertain: their career aspirations, the independence they anticipated, and the family life they envisioned. This disruption to future expectations is now recognized as one of the core psychological consequences of disability, separate from the physical condition itself [1].

Globally, around 1.3 billion people — 16% of adults — live with significant disability, a number that has grown steadily as populations age and chronic illness rates rise [2]. In post-Soviet countries like Azerbaijan, the situation is shaped by specific factors: public spaces that remain largely inaccessible, employment rates far below the general population, social stigma with deep roots, and psychological support services that are thin on the ground. None of this is background. It directly affects what people with disabilities think is possible for them.

And yet systematic research on the psychological lives of Azerbaijani adults with physical disabilities barely exists. This study tries to start filling that gap. We looked at dispositional hope, depression, anxiety, stress, and wellbeing in 80 adults with physical disabilities in Azerbaijan, combining quantitative measurement with qualitative interviews.

Physical disability and future expectations. The relationship between physical disability and how people think about the future has received growing research attention. Köhler and Zschach found that people with physical disabilities do not project the future in a straight line — their sense of what lies ahead shifts constantly depending on changing physical conditions, available support, and the realities of daily life [1]. The future isn't pre-determined; it's built through effort under environmental influences.

Morgan and Tutton made a related argument: it is not the disability that narrows future expectations, but the conditions surrounding it [3]. Accessible environments,

available support, and non-stigmatizing attitudes produce wider future horizons. Take those away, and expectations shrink — not because the person has given up, but because fewer routes remain open.

For younger adults specifically, social support shapes future orientation in direct ways. Lindsay and colleagues reviewed the literature on career planning in young people with disabilities and found that family, mentors, and peers functioned as both practical resources and sources of psychological permission — permission to imagine more [4].

What this research points toward is that future expectations in disability are not fixed by the condition. They respond to context. This means they have the ability to adapt and can be influenced by others.

Hope theory in disability research. Snyder's Hope Theory is the framework most directly relevant to future-oriented thinking in disability [5]. Snyder describes hope as a cognitive process rather than just an emotion. It has two important parts. The first is agency, which is about the motivation — believing you have the energy and determination to pursue a goal. The second part is pathways, which involves the thinking process — the ability to identify different ways to reach your goal, even if your preferred route is blocked. Hope is not optimism about how things will turn out. It is confidence in one's capacity to pursue goals actively.

This has real practical importance. High hope predicts greater persistence when obstacles appear, more flexible thinking about solutions, and better psychological and functional outcomes — including in people with physical disabilities [6]. Elliott and colleagues were among the first to test this in a disability context and found that both hope components predicted lower depression and fewer psychosocial problems in adults who had recently become disabled [7].

Later work asked why. Zapata found that disability acceptance — the degree to which a person can integrate the condition into their sense of self — strongly predicted both hope subscales in American adults with physical disabilities [8]. Finding personal meaning in the disability experience predicted hope just as strongly [9]. Hope is not determined by the condition — it is shaped by the person's relationship with it.

Dorsett and colleagues pushed further. In adults with spinal cord injury, the link between disability and hope was not direct — it ran through proactive coping, self-esteem, and perceived social support [10]. Each of those factors can be changed. That is the clinical opening: hope can be built through targeted support even when the physical condition cannot be changed.

The Adult Dispositional Hope Scale has been validated across multiple cultural settings — Romania [11] and Iran [12] among them — giving reasonable support for its use in non-Western contexts like Azerbaijan, though a local validation remains needed.

Emotional states and wellbeing. Adults with physical disabilities experience higher rates of depression, anxiety, and stress compared to non-disabled groups. This consistent finding has been replicated across numerous countries and is well-established [13, 20]. What receives less attention is which of the three tends to dominate, and what drives it.

Battalio and colleagues followed more than 1,500 adults with long-term physical disabilities for four years. Physical activity consistently predicted lower anxiety and depression across the follow-up period [14]. This is important because physical activity can be changed, even for those with significant limitations. Steptoe and Di Gessa got an unplanned natural experiment from the COVID-19 pandemic: when social contact was forcibly cut, mental health in adults with physical disabilities deteriorated more sharply than in non-disabled peers [15]. The dependence on social access for emotional stability became visible in a way it rarely is.

Social relationships are among the most reliable predictors of well-being in disability. Tough and colleagues reviewed 63 studies and found that the quality — not just the size — of a person's social network predicted psychological outcomes [13]. Isolation raised the risk of depression, anxiety, and reduced

well-being. In Azerbaijan, where social participation for people with disabilities is constrained by physical barriers and stigma, this has direct relevance.

Two instruments capture different parts of the emotional picture. The DASS-21 measures depression, anxiety, and stress across three subscales; scores are multiplied by two for normative comparison [16]. The WHO-5, recently validated in Azerbaijani adults [17], measures positive subjective wellbeing on a 0–100 scale — below 52 flags poor wellbeing. Using both gives a fuller picture: what is going wrong emotionally, and what is going right.

Method

Eighty adults with physical disabilities were recruited at the Baku Rehabilitation Centre, where they were receiving treatment; participants lived in Baku and the surrounding regions. To be included, participants had to be 18 or older, have a confirmed physical disability (mobility, visual, or hearing impairment, consistent with WHO ICF criteria), and be willing to complete self-report questionnaires. Mean age was 36.66 years (SD = 12.65; range 19–71). Most were male (63.7%). Secondary education was the most common level (68.8%). Unemployment stood at 73.8%. Mobility impairment was the most common disability type (70.0%), and most participants had acquired their disability after birth (73.8%). Participants came from Baku (26.2%) and surrounding regions (73.8%).

Fourteen participants were chosen for semi-structured interviews through purposive sampling to ensure diversity in age, gender, disability type, and emotional profile. The interviews, conducted in Azerbaijani, were audio-recorded with permission and transcribed verbatim. Questions explored how participants thought about their futures, what shaped those expectations, and how they experienced their emotional lives. Interview data were analysed using Braun and Clarke's thematic analysis framework [18]. Quantitative data used descriptive statistics. Participation was voluntary and anonymous; informed consent was obtained before data collection.

Results

Hope scores came out higher than the sample's circumstances would have predicted. Mean ADHS total was 52.48 (SD = 8.64; range 30–64). Pathways mean was 27.49 (SD = 3.86), agency was 24.99 (SD = 6.24). 76.2% (n = 61) of participants were classified in the high hope category (≥ 49), while just two participants (2.5%) fell into the low range.

On the DASS-21, the mean for depression was 11.20 (SD = 9.56): 45.0% of the sample was in the normal range, 15.0% in the severe or extremely severe categories. Anxiety told a different story — mean 13.47 (SD = 8.18), with only 20.0% in the normal range and 38.7% (n = 31) in the severe or extremely severe range. Stress mean was 17.12 (SD = 8.53): 48.8% normal, 17.5% severe or extremely severe. WHO-5 mean was 55.95 (SD = 25.99). Most participants (57.5%, n = 46) reported good well-being. But 15.0% (n = 12) scored below 28 — the threshold associated with likely depression.

Four themes emerged from the interviews. Theme 1 — Hope as redirected agency: many participants identified specific future goals despite their disability closing off earlier plans. Theme 2 — Anxiety from future uncertainty: distress was mostly oriented toward the future, relating to health trajectories, employment, and social participation, rather than current physical limitations. Theme 3 — Social environment as both harm and resource: stigma from strangers caused daily harm, while support from family and occasional community warmth fostered resilience. Theme 4 — Structural barriers as the main constraint: participants consistently linked their condition to the inaccessibility of surrounding systems.

Discussion

The most striking thing in this data is the coexistence of high hope and clinically significant anxiety, in the same population, often in the same people. This is not a contradiction. Hope works at the level of long-term goal pursuit. Anxiety responds to immediate threat and present uncertainty. Both

can be true at once — and in this sample, they were.

The interviews reveal the source of hope. Participants didn't just lower their expectations; many redefined them completely, setting new goals after their initial ones became unreachable. One participant, 43 years old with a spinal cord injury from a workplace fall thirteen years earlier, described what this looked like:

"Before the accident, I only thought about money, providing for my family. Now I have held an exhibition. I competed in a marathon — 21 kilometers — and finished third. I came first in Azerbaijan in rowing. I achieved these things in my disabled life. I could not achieve them when I was healthy." (P5, male, 43)

Zapata's research helps explain this: disability acceptance, not disability severity, predicts hope [8]. The physical condition is the same for many people; what differs is how they have come to relate to it. Dorsett and colleagues demonstrated that the link from disability to reduced hope is mediated by changeable factors such as coping skills, self-esteem, and social support, rather than by the disability itself [10]. These factors can be changed, which means hope can be built.

Anxiety came out as the dominant clinical concern — ahead of depression, ahead of stress. A 22-year-old student with a visual impairment put the source plainly:

"I'm worried about work. Because of my disability, I think there will be problems getting a job. Even if I get in, I might face difficulties doing the work." (P8, male, 22)

That is not generalized anxiety. It is a specific response to a specific situation, and with 73.8% of the sample unemployed, employment fears are well-founded. Tough and colleagues found that social isolation amplifies distress in disability populations [13]. This sample showed clear indicators of social restriction.

Stigma was present throughout the qualitative data as a daily, accumulating burden. One veteran participant — employed, socially engaged — described what going out in public looks like:

"People say 'Allah uzaq etsin' [God protect us from this], 'he's become a cripple.' They insist on giving money. This makes me feel humiliated." (P10, male, 33)

The same social world, though, produced real moments of support. A 36-year-old woman with MS rarely left home. When she did:

"People don't wait for me to say I need help. They come to me themselves. Good thing there are people like this. Otherwise I would not want to go out at all." (P6, female, 36)

Social contact, for people with disabilities in Azerbaijan, is simultaneously the main source of harm and the main source of resilience. Any intervention that ignores this double edge will miss something important. On what would actually help, one participant was direct:

"We need to teach people with disabilities to fish, not to sell them fish. They need support to build their own lives — not just to survive." (P5, male, 43)

High hope alongside high anxiety reflects a population that has not given up on the future but lives in conditions that make that future genuinely uncertain. Treating anxiety symptoms without addressing the inaccessible employment market, the physical barriers, and the stigma that generate those symptoms will only go so far.

Conclusion

People with physical disabilities in Azerbaijan demonstrate higher psychological resilience yet also experience greater anxiety than their situation might imply. Hope and anxiety coexist; they are not opposing outcomes. Hope is built through redirected agency, by finding new routes when the original ones close. Anxiety reflects real structural uncertainty regarding employment, health, and social participation, all of which are actively influenced by the conditions of disability in Azerbaijan.

The clinical priority that emerges is anxiety management, not depression treatment. And structural change — accessible employment, physical infrastructure, less stigmatizing public attitudes — is not separate

from psychological support. It is part of it. The psychological resources that this population already possesses are real, and data indicate they require proper conditions to be effective.

P14, a 24-year-old veteran and footballer who lost his leg below the knee, put his message simply: "Don't give in to hopelessness. Life is beautiful this way, too. Everything is possible." That position, held under the conditions this sample navigates, is itself worth documenting.

For researchers, this study provides the first empirical baseline on hope, emotional states, and wellbeing in Azerbaijani adults with physical disabilities. Future work should use longitudinal designs, larger samples, and locally validated instruments. The specific situation of veterans with physical disabilities — whose post-traumatic stress, masculine-norm barriers to help-seeking, and disability-related unemployment compound one another — warrants a dedicated study.

These findings carry several implications. For psychological services, anxiety-focused interventions — rather than depression-centered ones — should be the priority. For policy, the 73.8% unemployment rate reflects structural exclusion, not individual incapacity. Employment access, workplace adaptation, and anti-discrimination enforcement would address the main driver of reduced hope in this population. And for rehabilitation programs specifically, two-to-three week stays are often insufficient for meaningful psychological work; longer follow-up and community-based options are needed [19].

Scientific novelty: This is the first study to systematically measure dispositional hope, depression, anxiety, stress, and psychological wellbeing together in a sample of Azerbaijani adults with physical disabilities using validated instruments. It is also the first application of the Azerbaijani WHO-5 adaptation to a disability population [17]. The finding that high hope and clinically significant anxiety coexist in the same population — driven by different mechanisms — challenges assumptions that adverse circumstances uniformly suppress psychological resources.

Practical significance: The primary clinical need in this population is anxiety management — specifically, support for tolerating structural uncertainty around employment, health trajectories, and social belonging. Hope-building interventions that work with existing goal-directed thinking (rather than trying to create it from scratch) are likely to be more acceptable and effective than deficit-focused approaches. At the policy level, the findings support investments in accessible employment, infrastructure, and anti-discrimination measures as prerequisites for sustained psychological wellbeing in this population.

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FİZİKİ ƏLİLLİYİ OLAN YETKİNLƏRDƏ GƏLƏCƏYƏ DAİR GÖZLƏNTİLƏR VƏ EMOSİONAL VƏZİYYƏT: AZƏRBAYCANDA QARIŞIQ METODLU TƏDQİQAT

Xülasə

Tədqiqatın məqsədi Azərbaycanda fiziki əlilliyi olan yetkin şəxslərdə gələcəyə dair gözləntiləri, ümidi və emosional vəziyyəti araşdırmaqdır. Tədqiqatın metodu: Qarışıq metodlu dizayn — 80 iştirakçı ADHS, DASS-21, ÜST-5 və demoqrafik anketlər doldurub; 14 iştirakçı ilə

yarıstrukturlaşdırılmış müsahibələr aparılıb. Tədqiqatın nəticələri: İştirakçıların 76.2%-i yüksək ümid kateqoriyasına daxil olub (M=52.48, SD=8.64). Narahatlıq dominant emosional problem kimi üzə çıxdı — 38.7% ağır/son dərəcə ağır narahatlıq göstərib. Orta rifah balı 55.95 olub; 15% zəif rifah səviyyəsindədir. Dörd mövzu müəyyən olunub: yeni yollar vasitəsilə ümid; gələcəyin qeyri-müəyyənliyindən yaranan narahatlıq; sosial mühitin ikili rolu; struktur maneələri.

Açar sözlər: fiziki əlillik, gələcəyə dair gözlənti, ümid, depressiya, narahatlıq.

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ОЖИДАНИЯ ОТНОСИТЕЛЬНО БУДУЩЕГО И ЭМОЦИОНАЛЬНЫЕ СОСТОЯНИЯ У ВЗРОСЛЫХ С ФИЗИЧЕСКИМИ НАРУШЕНИЯМИ: СМЕШАННОЕ ИССЛЕДОВАНИЕ В АЗЕРБАЙДЖАНЕ

Резюме

Цель исследования изучить ожидания относительно будущего, надежду и эмоциональные состояния у взрослых с физическими нарушениями в Азербайджане. Методология включает смешанный дизайн: 80 участников прошли опросы с использованием ADHS, DASS-21, BOЗ-5 и анкеты, а с 14 из них проведены интервью. Результаты показали, что 76.2% участников попали в категорию высокой надежды (M=52.48), несмотря на то, что 73.8% были безработными. Тревожность стала наиболее выраженной проблемой: 38.7% участников имели тяжёлый или крайне тяжёлый уровень тревожности. Средний показатель благополучия составил 55.95, и 15% имели низкое благополучие. Были выделены четыре основные темы: надежда, связанная с перенаправлением активности; тревожность, вызванная неопределённостью будущего; двойственная роль социальной среды и структурные барьеры как причина ограничений.

Ключевые слова: физическая инвалидность, ожидания относительно будущего, надежда, депрессия, тревога.

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