



Where Love Meets Resilience: Lived Experience of Individuals with PWD Partner

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Abstract

Romantic relationships involving a partner with a disability (PWD) present unique relational dynamics, including role shifts, communication barriers, financial strain, and social stigma, which test emotional resilience and family cohesion in the Philippine context. Grounded in Person-Centered Theory and the Social Model of Disability, this study examined the lived experiences of individuals with PWD partners, guided by the central question: "What are the lived experiences of individuals with a PWD partner?" and corollary questions on relational descriptions, identified themes, and recommendations. Employing Interpretative Phenomenological Analysis (IPA), researchers purposely selected five participants aged 18–60 from Sto. Tomas and Tanauan City, Batangas, each with at least five years in a relationship with a PWD partner (stroke, deaf, dialysis, blind). Following Coker's (2021) guidelines for phenomenological saturation, semi-structured interviews were analyzed using QDA Miner Lite, yielding five major themes: (1) Family Strength, (2) Resilience, (3) Adaptation, (4) Mutual Family Solidarity, and (5) Perseverance. Subthemes included thoughtful care, communication issues, financial burden, determination, recovery, and shared responsibilities. Narratives highlighted adaptive communication, mutual support, and role flexibility as key to sustaining relationships despite challenges like misunderstandings, external shock, and emotional exhaustion. Findings underscore that family and social support, empathy, and perseverance mitigate disability-related stressors, fostering relational stability amid societal stigma and economic hardship. The study emphasizes the need for enhanced government programs, counseling, and communication training to empower these families.

Keywords: *Persons With Disability (PWD), Lived Experiences, Family Resilience, Adaptation, Perseverance, Person-Centered Theory, Interpretative Phenomenological Analysis (IPA), Filipino Couples.*

INTRODUCTION

The landscape of romantic relationships is shaped by a complex interplay of social, emotional, and psychological factors, particularly when one partner is a person with a disability (PWD). Globally, research has increasingly recognized the unique challenges and strengths that emerge within such relationships, from navigating stigma and accessibility barriers to fostering resilience and emotional intimacy (Stern, 2020; Bertschi et al., 2021). In the Philippines, where family and marriage are highly valued, couples with PWD partners face additional pressures due to limited support systems, financial constraints, and persistent social stigma (Ferrer & Moore, 2020; De Maria et al., 2020). Studies have shown that these couples often experience disruptions in daily functioning, role distribution, and emotional intimacy, yet also demonstrate remarkable resilience and adaptability in the face of adversity (Dewi, 2023; Zhang, 2025).

This study is anchored in Carl Rogers' Person-Centered Theory and the social model of disability. Person-Centered Theory emphasizes the importance of empathy, congruence, unconditional positive regard, and supportive relational environments in fostering psychological

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growth and resilience (Yao, 2023; Cavé et al., 2024). Rogers proposed that constructive change occurs within a facilitative interpersonal climate that allows individuals to recognize, express, and integrate their authentic experiences and emotions (McLeod, 2025). These core conditions extend beyond therapeutic contexts and offer a valuable framework for examining how couples experiencing disability-related challenges maintain relational quality, manage emotional strain, and adapt to adversity (Cavé et al., 2024). The social model of disability complements this relational perspective by reframing disability as a consequence of social and environmental barriers rather than individual impairment (PWD.org.au, 2025). This model highlights how inaccessible physical spaces, discriminatory attitudes, communication limitations, and exclusionary social structures contribute to disabling experiences. By shifting responsibility from the individual to broader societal systems, the social model advocates for inclusive policies and structural changes that promote equal participation and social equity for persons with disabilities (PWD.org.au, 2025; Scribd, 2025). Together, these theoretical frameworks provide an integrated lens for analyzing both interpersonal dynamics and structural influences that shape relational experiences among couples affected by disability.

Despite growing research on relationships involving individuals with disabilities, there remains a significant gap in the literature regarding the lived experiences of Filipino couples where one partner has a disability. Most studies have been conducted in Western contexts, and there is a lack of localized research that explores how cultural factors, societal attitudes, and support systems in the Philippines influence these relationships (Scribd, 2025). Additionally, while the Person-Centered Theory and the social model of disability provide valuable frameworks, their application to the Filipino context and to the specific challenges faced by couples with disabilities is underexplored. This study aims to address this gap by investigating the lived experiences of Filipino individuals with a partner with a disability, focusing on resilience, relational meaning, and the role of support systems in sustaining these relationships.

LITERATURE REVIEW

Relational Meaning and Empathy

Bertschi et al. (2021) demonstrate that shifting roles, communication barriers, and reduced social participation can challenge relational meaning, placing emotional burdens on both partners. In contrast, Velez (2025) shows that therapeutic interventions and peer-sharing experiences can foster empathy, enhance conflict-resolution skills, and support marital stability. Additionally, Al-Habies et al. (2024) argue that limited work opportunities for blind and deaf individuals may lead to financial instability, which in turn negatively affects their capacity to maintain and support intimate relationships.

Roles and Responsibility

Johansson et al. (2022) and Pan et al. (2024) illustrate how caregiving and chronic illness necessitate continuous negotiation, often blurring traditional carer-care recipient boundaries. Jacobs et al. (2024) and Sun et al. (2025) further emphasize that effective adjustment depends on shared decision-making and the redefinition of roles, which directly influence psychological well-being and relationship satisfaction. Taylor et al. (2025) add that declining autonomy and shifting intimacy compel couples to renegotiate partnership dynamics, reflecting a broader debate on how disability both disrupts and reconfigures relational power and interdependence.

Stigma and Society

Abram et al. (2024) and Balala et al. (2024) document how societal biases and stereotypes impede the formation of intimate relationships, particularly in a predominantly visual world.

Naranayan and Terris (2020), Beukering et al. (2021), and Pyszkowska and Stojek (2022) further link stigma to emotional consequences such as shame, self-criticism, and reduced life satisfaction. Together, these findings highlight a critical debate: while disability may contribute to social isolation, the persistence of stigma further constrains opportunities for meaningful relationships and broader social participation.

Support System

Support systems are analytically framed inclusion, encompassing both practical and emotional dimensions. Aar (2024) and Thomson et al. (2012), as cited in De Maria et al., (2020) demonstrate that networks of family, friends, and community are vital to caregivers' resilience and well-being. Navas et al. (2020) and Chumo et al. (2023) further emphasize that support from partners, family members, and employers fosters autonomy and inclusion, particularly when formal services are inaccessible. Collectively, these studies argue that effective support systems must integrate both practical assistance and emotional support, enabling people with disabilities to maintain independence while remaining socially connected.

Relationship Quality

Sarno et al. (2021), Bertschi et al. (2021), and White (2023) consistently find that supportive, high-quality relationships buffer against disability-related stress, enhance coping capacities, and promote relationship satisfaction. This body of work directly informs the study's analytic focus: understanding how couples affected by disability navigate relational meaning, renegotiate roles, resist stigma, and leverage support systems to sustain relationship quality in the face of adversity.

Synthesis

Research on relational meaning and empathy demonstrates that shifting roles, communication barriers, and reduced social participation can strain emotional bonds and diminish relational meaning among couples affected by disability (Bertschi et al., 2021). Nevertheless, evidence indicates that therapeutic interventions and peer-support programs enhance empathy, improve conflict resolution, and strengthen marital stability (Velez, 2025). Economic constraints further compound these challenges, as limited employment opportunities for individuals with disabilities—particularly those who are blind or deaf—contribute to financial insecurity that undermines relational support and stability (Al-Habies et al., 2024). Together, these findings highlight the interconnected emotional, communicative, and structural factors shaping relational well-being.

Role renegotiation and reciprocity are central adaptive processes in relationships involving caregiving and chronic illness. Continuous adjustment often blurs traditional caregiver-recipient boundaries, requiring shared decision-making and the redefinition of responsibilities to maintain relational balance (Johansson et al., 2022; Pan et al., 2024). Successful adaptation is associated with improved psychological well-being and relationship satisfaction (Jacobs et al., 2024; Sun et al., 2025). Additionally, changes in autonomy and intimacy prompt couples to reassess power dynamics and interdependence, illustrating how disability reshapes partnership structures and relational expectations (Taylor et al., 2025).

Social stigma and exclusion further constrain relationship development and maintenance. Societal biases, particularly in visually oriented social contexts, limit opportunities for intimacy and contribute to emotional distress, including shame, self-criticism, and reduced life satisfaction (Abram et al., 2024; Balala et al., 2024; Naranayan & Terris, 2020; Beukering et al., 2021; Pyszkowska & Stojek, 2022). In response, support systems play a critical role in fostering resilience

and inclusion. Family, community, and workplace networks provide essential emotional and practical resources, particularly when formal services are inaccessible (Aar, 2024; Thomson et al., 2012, as cited in De Maria et al., 2020; Navas et al., 2020; Chumo et al., 2023). Ultimately, high-quality supportive relationships buffer disability-related stress and enhance coping and satisfaction, guiding research toward understanding how couples sustain relational meaning, resist stigma, and mobilize support to maintain relationship quality (Sarno et al., 2021; Bertschi et al., 2021; White, 2023).

METHODOLOGY

The data collection process commenced with the researchers securing formal authorization to conduct the study at Tanauan Institute, Inc. Upon receiving approval, a targeted recruitment strategy was implemented through a Facebook post, inviting adults aged 18 to 60 who had been in a relationship with a person with a disability (PWD) for at least five years. This inclusion criterion ensured that the sample comprised individuals with extensive relational experience and a nuanced understanding of their partnership with PWDs. The age threshold of 18 aligns with the legal age for marriage in the Philippines, as stipulated by the Family Code and further reinforced by Republic Act No. 11596, which sets the minimum age for marriage at 18 nationwide (Respicio, 2025; PSA Online, 2025). The study was conducted in Sto. Tomas and Tanauan, Batangas, with a sample size of five participants, consistent with Creswell and Creswell's (2018) recommendation for phenomenological research, which advocates for sample sizes ranging from three to ten participants to facilitate a comprehensive exploration of lived experiences.

Potential participants were provided with detailed information regarding the study's objectives, procedures, and ethical safeguards. Confidentiality was assured, and participants were reminded of their right to withdraw from the study at any stage without consequence. Semi-structured, validated interviews were conducted using a pre-developed interview guide to elicit rich, in-depth narratives from individuals with substantial experience in relationships with PWDs. Purposive sampling was employed to select participants, ensuring a diversity of perspectives and depth of insight. For data analysis, QDA Miner Lite was utilized to organize, code, and interpret the qualitative data. The software facilitated systematic categorization of responses, enabling the identification of emerging themes and patterns with greater efficiency. Its functionalities supported rigorous management of textual data, ensuring that the analysis was structured, transparent, and consistent with established qualitative research standards.

Prior to initiating data collection, the researchers obtained institutional approval and identified eligible participants. Written informed consent was obtained from each participant, outlining the voluntary nature of participation, the right to withdraw at any time, and the assurance of data privacy and confidentiality. Interviews were audio-recorded with participants' consent to ensure accurate transcription and analysis. All audio recordings and related materials were securely stored and will be permanently deleted following the completion of the study to safeguard participants' identities and personal information. This methodological approach ensures a rigorous, ethical, and participant-centered investigation of the lived experiences of partners of persons with disabilities.

FINDINGS AND DISCUSSION

In compliance with the Data Privacy Act of 2021, the names of the Participants are kept confidential, hence the names appearing on Table 1 are presented using their code names.

Table 1. Profile of Participants of the Study

PARTICIPANT	AGE	TYPES OF DISABILITY
1	56	Stroke
2	46	Deaf
3	48	Dialysis Patient
4	57	Blind
5	46	Stroke

Table 1 shows the participants in the qualitative portions of the study. Following Coker's (2021) guidelines for phenomenological research, which suggest 4-5 participants to reach data saturation. Therefore, five (5) individuals' lived experiences with PWD partners were selected.

The study explored the participants' personal experiences and analyzed comparable situations. Consequently, the research was guided by the central question: *"What are the lived experiences of individuals with a PWD partner?"*

Corollary Question Number 1: How do the respondents describe their experiences of being in a relationship with a person with a disability?

Guide Question No. 1: How would you describe your relationship with your partner?

When asked, participants shared experiences that reflect both emotional strength and challenges within their relationships. Their narratives reveal how communication issues and strong connections shape their lived reality. Both participants described their relationships as generally positive, despite certain challenges faced by their partners. A2 demonstrated confidence in answering the questions and maintained open communication throughout the interview highlighting the impact of hearing barriers on their relationship. Occasional misunderstandings occur due to the partner's hearing difficulties, but still view the relationship as good. This was evident when she stated:

"Our relationship is good...sometimes there are misunderstandings because he struggles with his hearing."- A2

A3 demonstrated confidence in answering the questions, maintaining direct eye contact with the researchers while smiling, and emphasized the strength of their emotional connection despite difficulties. This was evident when she stated that:

"Our relationship is fine despite his... current circumstances."- A3

The participants' confident and open communication suggests that they have positively adapted to the challenges in their relationships. Their relaxed demeanor, smiling, and steady eye contact reinforce the idea that they perceive their relationships as stable, manageable, and satisfying, despite the difficulties their partners are facing and these participant responses reveal emotions of patience, understanding, support, and commitment. Both participants convey a belief in the strength and stability of their relationships, demonstrating emotional resilience and optimism in the face of their partners' circumstances. These stories illustrate how family resilience is shaped by intentional care, adaptive communication, and mutual understanding. The participants' experiences reflect the complex interplay of emotional support and hardship, revealing how families adapt and sustain connection in the face of adversity.

According to Li, Li, and Zhao (2023), family resilience is the shared ability of family members to adapt to and recover from stressful events or crises through emotional warmth, support, and strong cohesion. This study explains that family resilience is a dynamic and multidimensional process strengthened by both internal family relationships and external systems, such as community and social resources. Together, these studies demonstrate that resilience develops over time and enables families to cope with challenges while fostering continuous growth. Martinez and Huang (2021) highlight that family functioning serves as a vital framework through which family members interact, share responsibilities, and provide emotional and practical support to one another. It reflects the overall health of the family system, influencing communication patterns, decision-making processes, and the ability to cope with stress. When families operate cohesively and maintain clear, supportive roles, they create an environment that nurtures individual growth and strengthens relational bonds.

Guide Question No. 2: How do people around you react to your relationship with your partner?

When asked, participants shared experiences that reflect both the challenges and strengths they encounter in their relationships, particularly in how others respond to their partnership. Their narratives reveal how resilience is shaped by external reactions, social inclusion, and the determination to maintain harmony. A2 spoke about initial surprise and shock from others upon learning about their partner's disability. She shows frequent pauses, shifting gaze, and uncertain tone which indicates that they have not yet fully reflected on how others perceive their situation. The participant's responses underscore the complex and often gradual process by which individuals make sense of relational dynamics, especially when navigating sensitive issues such as disability and social perception. This was evident when she stated:

"...when we were new in the relationship, they were shocked because they didn't expect that my partner had a disability."- A2

A5 shared that at first, many of her relatives were surprised because they didn't expect her husband to have a stroke. The suddenness of the event disrupted their sense of normalcy and safety, creating a moment of disbelief where it was hard to reconcile the reality with their expectations. A5 experienced a mix of shock, fear, and sadness. She worried about her husband's well-being and the uncertainty of what recovery might look like. This was evident when she stated that:

"At first, many of our relatives were surprised because they didn't expect my husband to be like that, since he was healthy and always exercising. That's why everyone was shocked when they found out my husband had a stroke."- A5

A3 was initially unprepared to respond, so we gave her time, but still, we explained our papers in detail, and she was able to answer them with a full smile and confidence. She expressed determination in the face of questioning and doubt. This was evident when she stated:

"... the first thing they ask is how I can manage ... many people keep asking how I can handle it, and just say of course, why wouldn't I handle it? have to."- A3

These stories illustrate how resilience is fostered through determination and togetherness. The participants' experiences show that, despite initial surprise or doubt from others, their relationships are marked by strength, commitment, and the ability to maintain positive connections. Their narratives highlight how external reactions can shape, but not define, the

resilience and unity within their families. According to [Kim and Park \(2023\)](#), resilience strengthens social participation and indirectly improves societal acceptance of disabilities by enhancing the effects of environmental, familial, and personal protective factors. Their study highlights that resilience is a developable capacity that helps individuals manage psychological challenges, ultimately supporting better social functioning.

Guide Question No. 3: In your relationship, have you experienced any challenges?

When asked, participants shared experiences that reflect the emotional, financial, and social challenges they have faced in their relationships. Their narratives reveal how adaptation is shaped by recovery, acceptance, normalization, and financial distress, highlighting both the struggles and the resilience required to maintain stability. A4 spoke in a casual, reflective tone, punctuated with laughter. She also seemed to use humor as a coping mechanism, which suggested a mixture of acceptance and light-heartedness when discussing the difficulties they face. The laughter, combined with a slightly tense smile, reflected emotions of mild stress, concern, and resilience, revealing both the weight of responsibility and a willingness to manage it without becoming overwhelmed. This was evident when she stated:

"Yes, there are... we sometimes have challenges. You can't avoid challenges. Sometimes there are... financial difficulties...hahaha, for expenses, especially with children who are studying."-A4

A5 described the emotional and psychological impact of financial distress. She experienced deep shock and disbelief when her husband suffered a stroke. She emphasized that her husband had always been healthy and active, so the sudden stroke was completely unexpected. This left both her and her relatives in a state of shock and surprise, highlighting the emotional upheaval caused by the sudden disruption of their expectations. There was also fear and worry about her husband's well-being, along with a subtle sense of sadness and vulnerability as the family confronted the unpredictability of life and health. This was evident when she stated that:

"Yes, definitely, many challenges came our way when my husband had a stroke. First, I struggled to support our family in our daily life because I was the only one relied upon to work..."-A5

These stories illustrate how adaptation is fostered through coping with financial distress. The participants' experiences show that, despite significant challenges, their relationships are marked by resilience, effort, and the ability to maintain emotional and practical balance through flexible role-shifting within the family unit and prioritizing emotional labor. The spouse assumes new caregiving and financial responsibilities without the relationship being consumed entirely by the illness, ensuring that intentional moments of shared connection are preserved.

From a person-centered perspective informed by the social model of disability, A4 and A5's financial difficulties reflect systemic economic barriers rather than individual shortcomings, as structural inequities restrict their access to resources, stability, and meaningful participation. Their emotional and psychological distress illustrates how external constraints, unemployment discrimination, asset caps, and disability-related costs create "disabling" conditions that limit family well-being and agency. Yet their continued efforts toward recovery, acceptance, and normalization demonstrate resilience and active self-determination, reframing adaptation not as passive survival under hardship but as intentional preservation of dignity, relational connection, and balance within an unjust system.

According to Greenwood (2021), families facing chronic illness adapt by accepting the condition, restructuring daily routines, and developing coping strategies. This study highlights that adaptation is an ongoing process supported by strong communication, emotional support, and role adjustment, enabling families to maintain stability and cohesion despite long-term challenges.

Guide Question No. 4: What do you think makes your relationship strong despite these challenges?

The participant's reaction highlights that communication and mutual understanding are essential in a relationship, serving as foundational elements. A2 spoke with a calm and confident tone when discussing the importance of communication in a relationship. She highlights the importance of mutual understanding in a relationship to have better communication in terms of their relationships. This was evident when she stated:

"Understanding each other is very important"- A2

A3 smiled as she spoke, seemingly offering advice to the researcher and acknowledging that misunderstandings are a normal part of any relationship. However, she emphasized the importance of communication and immediate resolution, showing a proactive and mature approach to conflict. This was evident when she stated:

"...misunderstanding is unavoidable, but within the day, you need to talk about them, don't let the day end without resolving the problem"- A3

The participants' experiences illustrate Rogers' concept of empathy as a core facilitative condition, where understanding the other person's internal frame of reference strengthens relational connection and resilience. A2's emphasis on mutual understanding and A3's proactive conflict resolution both reflect empathic communication, accurately perceiving a partner's feelings, meanings, and perspectives without judgment. In relationships involving disability, empathy enables partners to move beyond surface-level miscommunication toward deeper comprehension of each other's lived realities, fostering trust, patience, and collaborative problem-solving. This empathic stance, combined with openness and honesty, allows couples to navigate challenges together while maintaining emotional safety and relational strength.

Guide Question No. 5: Who supports you the most, and how do they help you?

Participants shared experiences that reflect the vital role of collective support in sustaining their relationships and families through adversity. Participants highlighted the collaborative nature of support, including help from extended family and community resources. A3 smiled while answering the question, which reflects her gratitude towards her family and relatives. This was evident when she stated:

"... ah, our family, they were always there, my side and his side."- A3

A4 smiled as she mentioned her and her partner's siblings, relatives, and others who were willing to help, reflecting her appreciation toward them. This was evident when she stated that:

"Our siblings, relatives, whatever they have, are helping us...anyone help us."- A4

A5 a response indicates that despite receiving government assistance, it is insufficient to meet their financial requirements. Her brief pauses before speaking indicated reflection on the

insufficiency of support, revealing a sense of vulnerability and the stress of relying on limited resources. This was evident when she stated:

"We receive some assistance from the barangay, but it is not enough... some of our relatives also provide help."-A5

A5 statement reflects a sense of incongruence between their experience of need and the perceived inadequacy of external support. From Roger's perspective, the participant expresses a genuine feeling of insufficiency, highlighting a gap between their actual self (needing more substantial assistance) and their ideal self (hoping for more adequate help). The mention of "not enough" conveys a possible feeling of being "not fully heard or valued" by the support system, which might lead to a sense of frustration or vulnerability. There's an underlying plea for unconditional positive regard and acknowledgement of their struggles and a desire for more empathetic, sufficient support from their community. The participant's straightforward phrasing suggests they are in a place of authenticity, expressing their experience without deflection, possibly seeking understanding and validation.

Guide Question No. 6: How would you describe your role in the relationship, and what specific responsibilities or forms of support do you provide to your partner?

Participants shared experiences that reflect the deep commitment, care, and resilience required in their roles within the relationship. Their narratives reveal how endurance is shaped by care, trust, strength, and perseverance, highlighting the sustained effort to support their partners and families through adversity. A3 spoke about the strength and decisiveness required in their roles. She reflected optimism and resilience as she shared how she convinced her hesitant husband to undergo dialysis, showing strength and decisiveness. She also noted that her childhood experiences shaped her courage and determination in facing life's challenges. This was evident when she stated:

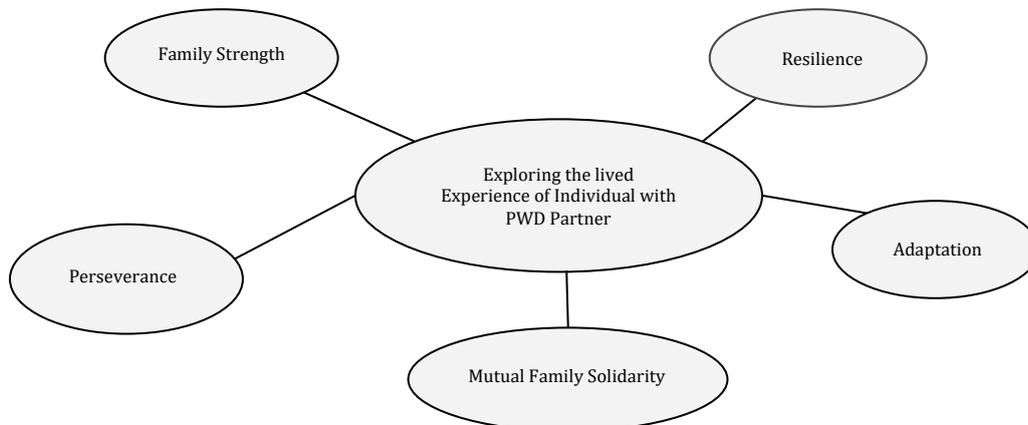
"Well, between the two of us, I'm, let's say, the braver one compared to him. I have a stronger will than he does...so when it comes to decisions, when I make a decision, it's final." -A3

A5 highlighted the Perseverance required to remain strong for the family. She reflects a significant shift in family roles and responsibilities due to the spouse's health condition shows adaptability and resilience as they take on new responsibilities that were previously handled by their partner. This was evident when she stated:

"Between the two of us, he used to be the one with the stronger will, but because of what happened, I need to be stronger and more courageous for our family." -A5

These stories illustrate how perseverance is fostered through care, trust, and strength. The participants' experiences show that, despite the challenges of having a partner with a disability, their roles are defined by sustained commitment, emotional support, and the ability to remain resilient over time. Their narratives highlight how individual strength and continuous support are essential in maintaining the stability and well-being of their relationships and families. According to [Abulaiti \(2022\)](#), partners with people with disabilities stay resilient by enduring difficulties, adjusting to changes, and growing together. The study shows that good communication, shared beliefs, and flexible family roles help them cope with caregiving challenges over time and keep their relationships strong.

Corollary Question No. 2: What themes can be identified from the responses of individuals with PWD partners?



From the responses of the lived experience of individuals with a PWD partner. They are (1) Family Strength, (2) Resilience, (3) Adaptation, (4) Mutual Family Solidarity, and (5) Perseverance.

Guide Question No. 1: How would you describe your relationship with your partner?

1. Family Strength

The theme (1) Family Strength emerged because it reflects the core components of how families adapt and support each other during adversity. Thoughtful care and strong connection show emotional support and bonding, which are essential for family resilience. As a subtheme, Thoughtful Care reflects the intentional and compassionate action family members take to support each other during difficult times. PAX 1 stated:

"...It's my responsibility, I'll take care of him, hmm..." - PAX 1

As a subtheme, Communication Issue, as the participant described instances where miscommunication occurs due to the hearing barriers. This subtheme shows the need for patience, understanding, and adaptive communication strategies within the relationship. PAX 2 stated:

"Our relationship is good, Ahmm, sometimes there are misunderstandings because he struggles with his hearing." - PAX 2

As a subtheme, *Strong Connection* was described by the participant as a relationship both characterized by mutual understanding, companionship, and emotional support, even amidst current difficulties. This subtheme reflects how the participant perceives their relationship as emotionally supportive and resilient. PAX 3 stated:

"Our relationship is fine despite his... current circumstances." - PAX 3

Finally, the subtheme Financial Burden was described as the participant's experience of carrying the primary responsibility for supporting the household due to the husband's inability to work. This subtheme has significant emotional and economic pressure on the participant, as their family relies solely on her income to meet daily needs. PAX 5 stated:

"Since he had a stroke, he has had difficulty working...I'm the only one my family depends on to provide..." – PAX 5

The participants' experiences can be understood through the person-centered component of unconditional positive regard by showing how each family member is valued despite limitations, strain, or conflict. This non-judgmental acceptance supports resilience: family members feel understood and respected as they are, which strengthens family functioning and helps them endure emotional hardship together rather than seeing one another as problems to be fixed.

Participants described their relationships as generally positive, despite facing challenges such as communication barriers and emotional strain. For example, one participant noted, "Our relationship is good...sometimes there are misunderstandings because he struggles with his hearing." Another shared, "Our relationship is fine despite his... current circumstances." These narratives reveal resilience, patience, and emotional support, with participants expressing optimism and commitment. The stories highlight how adaptive communication and mutual understanding foster family resilience.

According to [Walsh \(2020\)](#), family strength refers to the family's capacity to withstand and rebound from adversity through shared belief systems, emotional connectedness, and flexible role organization. Walsh emphasized that resilience is strengthened when family members support one another emotionally, adapt roles in response to challenges, and maintain a sense of unity during difficult times. This perspective aligns with the present findings, where family resilience emerged through thoughtful care, shared responsibility, and strong emotional bonds among family members. The participants' expressions of commitment and caregiving reflect Walsh's assertion that relational processes such as mutual support and meaning-making are central to sustaining family functioning under stress. Thus, the theme Family Strength supports Walsh's family resilience framework, highlighting how emotional support and adaptability enable families to cope effectively with adversity.

Guide Question No 2: How do people around you react to your relationship with your partner?
Resilience

In the second question, the theme (2) Resilience emerged. This reflects the participant's ability to adapt, cope, and persist in the challenges in their daily lives. This theme highlights strength, determination, and commitment to maintain stability and well-being despite difficulties. As a subtheme, Happiness emerged and was described as the participant's sense of joy, contentment, and satisfaction in their relationship with their partner, despite the challenges of living with a PWD partner. PAX 1 stated:

"No, they're happy, they're happy about that" – PAX 1

As a subtheme, Disability Inclusion emerged, which reflects the participant's experience of how others initially reacted with surprise upon realizing their partner has a disability. It aligns with the Social Model of Disability as it highlights societal reactions such as surprise can create barriers to inclusion. This theme highlights the importance of acceptance and inclusion in social interactions. PAX 2 and 5 stated:

"...when we were new in the relationship, they were shocked because they didn't expect that my partner had a disability."- PAX 2

“At first, many of our relatives were shocked because they didn't expect my husband to be like this, because he was healthy and always exercised, so everyone was shocked when they found out that my husband had a stroke.”- PAX 5

As a subtheme, Determination was described as the participant's persistent effort to overcome challenges and remain committed to supporting despite difficulties. This theme refers to the motivation and persistence to act, even when they are unsure if they can succeed.

“Of course, many people ask. The first thing they ask is how I can manage...many people keep asking how I can handle it, and I just say, of course, why wouldn't I handle it? I have to.”- PAX 3

Finally, the theme Togetherness was described as the participant's sense of unity and harmony within the family. This theme refers to the closeness, cooperation, and mutual support shared among family members, and the ability to maintain positive relationships and avoid conflict. PAX 4 stated:

“They don't have anything to say to us, we get along well... there's no fighting, especially with our children.”-PAX 4

Unconditional Positive Regard, a key component of Rogers' Person-Centered Theory, strongly aligns with the emerging theme of Resilience. Despite encountering reactions of surprise or doubt from others, the participants consistently demonstrated unconditional acceptance of their partner's uniqueness and circumstances. This nonjudgmental acceptance provides their partners with a deep and enduring sense of self-worth and psychological safety.

Participants reported initial surprise and shock from others when their partner's disability became known. One participant said, “When we were new in the relationship, they were shocked because they didn't expect that my partner had a disability.” Others described a mix of surprise, fear, and sadness, especially when the disability resulted from a sudden event like a stroke. Despite these reactions, participants demonstrated determination and resilience, emphasizing that their relationships are marked by strength and unity.

According to (Saklofske et al., 2023), Resiliency, broadly defined as the ability or capacity to bounce back from adverse experiences or circumstances, is associated with positive life outcomes and has been a longstanding construct of interest among both clinician-practitioners and researchers. Although resiliency has historically been assessed as a trait linked to extraordinary attributes of a few individuals, it has more recently been identified as a characteristic of normal development.

Guide Question No. 3: In your relationship, have you experienced any challenges?

1. Adaptation

In the third question, the theme (3) Adaptation emerged, because it reflects how families adjusted to emotional, financial, and social challenges brought about their situation. This theme illustrates how they worked together to cope, support one another, and maintain balance despite the difficulties faced. As a subtheme, Recovery is the participant's gradual process of regaining stability and adjusting to their situation, showing resilience and efforts to return to a sense of normalcy. PAX 1 stated:

"When he had a stroke, our world collapsed, but we were able to recover, thanks to effort and help." – PAX 1

As a subtheme, acceptance is reflected because the participant acknowledges and embraces their partner's disability without letting it affect their love. This subtheme illustrates the Person-Centered Theory dimension of Unconditional Positive Regard, as the participant values and supports their partner regardless of limitations or challenges, promoting resilience and emotional well-being within the relationship. Participant 2 stated:

"Yes, there are days when we don't understand each other because he has a disability, but that doesn't affect our love and how much I love him." – PAX 2

As a subtheme, Normalization reflects the participant's ability to view challenges in the relationship as normal and manageable, maintaining stability and emotional balance. PAX 3 stated:

"The truth? None... others ask (laughing), of course there are arguments, but those arguments are just normal for married couples..." – PAX 3

Finally, the subtheme, Financial Distress, reflects both emotional and psychological effects because the participant experienced stress and pressure from being the sole provider, coping with daily responsibilities, and witnessing the household's diminished vitality after the situation. This subtheme aligns with the Social Model of Disability as it emphasizes that the hardships faced by families are not solely due to the partner's disability but are compounded by external societal and systemic barriers that create financial strain and limit opportunities for support. PAX 4 and 5 stated:

"...you can't avoid challenges, sometimes there is what? The difficulty of running out of.. money hahaha the expenses especially with our children who are studying." – PAX 4

"Of course, we faced many challenges when my husband had a stroke. First, I had a hard time raising our family in everyday life because I was the only one expected to work because our children were not yet of the right age to work..." – PAX 5

Participants discussed emotional, financial, and social challenges, often using humor as a coping mechanism. Financial distress was a recurring theme, with participants describing the burden of being the sole provider. One participant stated,

"Yes, there are... we sometimes have challenges. You can't avoid challenges. Sometimes there are... financial difficulties...hahaha, for expenses, especially with children who are studying."

The narratives reveal both the weight of responsibility and a willingness to manage it without becoming overwhelmed. According to [Walsh \(2020\)](#), adaptation is a core process of family resilience that involves flexible role reorganization, emotional regulation, and shared problem-solving when families face adversity. Walsh explained that adaptation does not mean returning to the previous state of functioning but rather developing a "new normal" through ongoing adjustment and acceptance. This perspective is reflected in the present findings, where participants described emotional, financial, and social adjustments following their partner's circumstances. The gradual

process of recovery and regaining stability illustrates how adaptation supports resilience through sustained effort, mutual support, and commitment within the relationship.

Guide Question No. 4: Who supports you the most, and how do they help you?

1. Mutual Family Solidarity

In the fourth question, the theme (4) Mutual Family Solidarity refers to the family's ability to adapt, cope, and recover together in the face of adversity by providing mutual support, sharing responsibilities, and pooling resources. This theme highlights how family members work collaboratively to maintain emotional, financial, and practical stability despite challenges such as illness, disability, or financial strain. As a subtheme, Family Support was reflected in receiving emotional and practical assistance from her children, who helped sustain the family and provided companionship. This shows how the family functions as a source of strength, solidarity, and shared responsibility in times of adversity. PAX 1 and 3 stated:

"...my children have been my support and my sewing business has been my daily livelihood." - PAX 1

"... ah, our family, they were always there, my side and his side."- PAX 3

As a subtheme, Shared Responsibilities was described as the participant's collaborative approach to managing household and financial tasks, where family members contribute according to their abilities, and help financially, while others support in different ways. PAX 2 stated:

"He also helps out because he has a job, so we just help with the expenses." - PAX 2

Finally, the subtheme Collaborative Resources both reflected the participant receiving support from extended family, relatives, and community resources, including barangay assistance, to help meet the family's needs. This subtheme contributes to the family's ability to cope with challenges by pooling and accessing external and internal resources collectively. PAX 4 and 5 stated:

"Our siblings, relatives, whatever they have, are helping us...anyone help us."- PAX 4

"We receive some help from the barangay but it is not enough, some of our relatives also provide help." - PAX 5

Participants highlighted the collaborative nature of support, including help from extended family and community resources. One participant said, "Our siblings, relatives, whatever they have, are helping us...anyone help us." Another noted, "We receive some assistance from the barangay, but it is not enough... some of our relatives also provide help." These responses reveal a sense of gratitude but also a recognition of the insufficiency of external support.

According to [Nguyen et al. \(2023\)](#) This study illustrates the lived experiences of families in this context, demonstrating that resilience is not just an individual trait but a collective family process that is deeply influenced by how each member's needs and experiences are acknowledged and supported. This approach highlights the importance of relational dynamics, external support systems, and societal influences in shaping the family's resilience and offers pathways to support families in similar situations.

Guide Question No. 5: How would you describe your role in the relationship, and what specific responsibilities or forms of support do you provide to your partner?

1. Perseverance

In the fifth question, the theme (5) Perseverance emerged. This theme refers to the individual's sustained commitment, care, trust, and strength in maintaining the relationship and fulfilling responsibilities despite the challenges of having a partner with a disability. This theme highlights the ability to persevere and remain resilient over time, demonstrating continuous emotional, practical, and relational support in the face of adversity. As a subtheme, Care refers to the participant's demonstration of attention, concern, and practical support toward their partner, ensuring their well-being and comfort despite challenges. PAX 1 stated:

"Ah, just taking care of him and looking after him..." – PAX 1

As a subtheme, Trust was described as the participants' confidence and belief in each other's abilities, honesty, and support despite challenges. This theme reflects the foundation of a strong and resilient relationship, where understanding and faith in one another help to overcome difficulties together. PAX 2 stated:

"Not only do we support each other financially, but I respect and understand him, and he also understands me... he still believes in me that he can overcome the problems." – PAX 2

As a subtheme, Strength refers to the participant's resilience and decisiveness in facing challenges, particularly during their partner's situation. This theme highlights how life experiences shaped their ability to remain firm and take the lead when difficulty arises. PAX 3 and PAX 5 stated:

"That's why, between the two of us, I'm braver than him ... so when it comes to making decisions, when I make decisions, that's really it, so when he got sick, the first thing I did when he needed dialysis was to do something, I really told him, okay, go get dialysis because that's what's needed..." – PAX 3

"Of the two of us, he is the braver, but because of what happened, I need to be more courageous and stronger for our family." – PAX 5

Participants described their roles as requiring deep commitment, care, and resilience. One participant said, "Well, between the two of us, I'm, let's say, the braver one compared to him. I have a stronger will than he does...so when it comes to decisions, when I make a decision, it's final." Another noted, "Between the two of us, he used to be the one with the stronger will, but because of what happened, I need to be stronger and more courageous for our family." These narratives highlight the sustained effort and adaptability required to support their partners and families.

The theme Perseverance is aligned with Unconditional Positive Regard from Rogers' Person-Centered Theory because it shows that the participants continue to support their partner emotionally when they experience frustration or setbacks, help them with daily responsibilities without complaining, and remain patient during difficult situations. It is also aligned with the component of empathy, as the participants demonstrate a deep understanding of their partner's condition, acknowledging their experience, emotions, and challenges. This empathetic perspective enables them to provide appropriate support and adjust their actions to meet their partner's needs, fostering emotional connection, mutual trust, and relational resilience within the family.

According to [Brown et al. \(2025\)](#), Schooling may build human capital not only by teaching academic skills but by expanding the capacity for cognition. We focus specifically on cognitive endurance: the ability to sustain effortful mental activity over a continuous stretch of time. As motivation, we document that globally and in the United States, the poor exhibit cognitive fatigue more quickly than the rich do across field settings; they also attend schools that offer fewer opportunities to practice thinking for continuous stretches. Using a field experiment with 1,600 Indian primary school students, we randomly increase the amount of time students spend in sustained cognitive activity during the school day—using either math problems (mimicking good schooling) or non-academic games (providing a pure test of our mechanism).

Corollary Question 3: What recommendations can be formulated based on the findings of the study?

Based on the study findings, an action plan is proposed to support individuals with partners who have disabilities and their families. Despite existing protections such as the Magna Carta for Disabled Persons (RA 7277), many families face financial and emotional challenges. The plan recommends strengthening government and healthcare support programs by increasing access to free medical consultations, therapy, assistive devices, and heightened awareness of benefits. Additionally, healthcare professionals should offer ongoing guidance through counseling and support groups to help manage emotional challenges. Couples are encouraged to enhance communication skills, practicing active listening and empathy to maintain relationship stability despite difficulties.

CONCLUSIONS

Person-Centered Theory has traditionally foregrounded the individual's inherent capacity for growth, self-actualization, and the role of an empathic and supportive environment in promoting psychological well-being. Building on this foundation, the present study extends the theory by demonstrating that the presence of disability within a couple does not inherently compromise relationship quality. Rather, disability functions as a catalyst for the development of resilience, adaptive capacities, and collective family resilience.

The findings indicate that well-being is co-constructed through reciprocal emotional engagement, mutual support, and the negotiated redistribution of roles and responsibilities, thereby highlighting the relational and contextual dimensions of person-centered growth. The findings further suggest that adaptation within these relationships is not solely an individual process but a shared and relational endeavor characterized by acceptance, recovery, and resourcefulness. Families exhibit resilience through the integration of emotional and practical resources, engagement with broader support networks, and sustained commitment from both partners. These dynamics challenge deficit-oriented assumptions that disability necessarily destabilizes intimate relationships, illustrating instead how couples can maintain and even strengthen relational functioning by mobilizing internal strengths and relational resources.

By foregrounding resilience-oriented strategies and everyday relational practices that sustain relationship functioning, this study addresses a significant gap in the existing literature. Whereas prior research has largely emphasized stigma, discrimination, and social marginalization in relationships involving disability, the present study provides empirical evidence of the internal capacities, relational processes, and adaptive mechanisms that support stability and connection. In doing so, it offers a more nuanced and integrative account of Person-Centered Theory within the context of disability, emphasizing the dynamic interplay between individual agency, relational support, and collective resilience.

LIMITATIONS AND FURTHER RESEARCH

This study has several limitations that should be acknowledged. First, the sample size was small and limited to five participants residing in specific areas of Batangas, which restricts the transferability of the findings to broader populations. Second, the data relied solely on self-reported narratives, making the results susceptible to memory biases and social desirability effects. Third, the use of Interpretative Phenomenological Analysis (IPA), while effective for exploring lived experiences, limits the generalizability of the findings. Additionally, the study focused only on the perspectives of individuals with partners who have disabilities; the voices of the PWD partners themselves were not included, thereby limiting insight into the relational experiences from both sides. Lastly, the findings were shaped by the cultural and socioeconomic context of the participants, which may differ in other settings. Future studies should consider including a larger and more diverse sample across different regions and socioeconomic backgrounds to enhance the transferability of results. Incorporating the perspectives of PWD partners is recommended to provide a more comprehensive understanding of relational dynamics. Longitudinal research may also be beneficial in examining how resilience, adaptation, and coping strategies evolve over time. Comparative studies between couples with and without PWD partners may further clarify unique challenges and strengths. Additionally, future research may explore specific disability types to identify disability-specific patterns of support. Finally, researchers are encouraged to employ quantitative or mixed-methods approaches to complement phenomenological findings and strengthen generalizability.

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