

Gratitude mediated by positive thinking: Does it influence resilience among people with non-congenital disabilities?

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Keyword : Positive thinking; gratitude; resilience; non-congenital disabilities.	Abstract People with non-congenital physical disabilities experience many psychological challenges, including the emergence of negative thoughts. The study aims to identify the relationship between gratitude and resilience as mediated by positive thinking in non-congenital disabled people. The research subjects were 34 people with non-congenital disabilities, men and women, aged 21 - 55 years old. Data collection used three scales developed by the researchers, namely the Gratitude scale, Positive Thinking scale, and Resilience scale. Data was analyzed using simple regression, the causal step method developed by Baron & Kenny (1986), and the Sobel test. The analysis results showed that (1) there was a positive relationship between gratitude and resilience in non-congenital disabled people, indicating that the higher the gratitude, the higher the resilience. (2) There was a positive relationship between positive thinking and resilience in a non-congenital disabled person, indicating that the greater the positive thinking, the greater the resilience. (3) There was a positive relationship between gratitude and positive thinking in non-congenital disabled people, indicating that the greater the gratitude, the greater the positive thinking, and conversely the lower the gratitude, the lower the positive thinking. (4) There was a positive relationship between gratitude and resilience, mediated by positive thinking in non-congenital disabled people. Positive thinking entirely functions as a mediator and has a significant indirect relationship between gratitude and resilience, where gratitude influences positive thinking first, then positive thinking influences resilience in this study's samples of non-congenital disabled people.		
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INTRODUCTION

Every human being desires a normal physical state with a complete number of body parts to carry out activities and not experience obstacles in any body movement. However, some individuals experience abnormal physical conditions unlike the average individual, such as the physically disabled. Existing theories do not address the differences between adapting to congenital and acquired disabilities. There is a common assumption that people with congenital disabilities are better adjusted than people with acquired disabilities. However, there haven't been many studies done to confirm this, and even fewer have looked at why this might be the case (Bogart, 2014). In pediatric healthcare, there is a growing recognition of the importance of positive adaptation to stress. Which has led to an increased focus on resilience research (Hilliard et al., 2015). By studying resilience, researchers aim to learn more about how to develop children cope with stress and subsequently develop interventions to improve children's health outcomes.

Based on the National Socio-Economic Survey in 2020, there were 22.97 million people with disabilities in Indonesia. The largest group of functional difficulties in Indonesia, namely people with disabilities in the severe category, is 6.1 million people, consisting of 1.2 million people with physical limitations, 3.07 million people with sensory limitations, 149 thousand people with mental limitations, and 1.7 million people with intellectual disabilities (Bestianta, 2022).

Etymologically, physically disabled people can be identified as individuals who experience difficulties in optimizing bodily functions due to injury, disease, or malformed body growth which reduces the ability to perform certain body movements (Karyana & Widati, 2013). According to Misbach (2020), physically disabled people are individuals who experience impairments in body organs, namely muscles, bones, and joints, and this condition may cause several disorders such as impaired adaptive coordination, mobilization, and disruption of personal integrity. A physically disabled person is someone who has movement disorders due to congenital neuromuscular and bone structure disorders, illness, or a result of an accident, including cerebral palsy, amputation, polio, and paralysis.

Hallahan and Kauffman (2006) classified physical disorders into three categories: neuromotor disorders, orthopedic disorders, and musculoskeletal disorders. Neuromotor disorders are physical disorders caused by injury to the brain that affect the ability to move parts of the body. In contrast, orthopaedic and skeletal muscle disorders appear from birth or afterward due to genetic damage, infectious diseases, accidents, or developmental disorders.

Non-congenital physical disabilities are disabilities that occur after a person's birth or in their development, in which during their development they experience an accident or illness. However, when a person has a physical disability from an accident, this could change all the conditions that previously existed in (this person), especially those related to achieving the peak of well-being (Rahmajati, 2023). According to Adelina et al. (2018) being a non-congenital disabled person is due to a consequence or accident may harm psychological conditions, such as the increased risk of feelings of inferiority, unhappiness, and obstacles to achieving personal well-being. A study by Gómez-Díaz and Jiménez-García (2018) found that 43% of people with disabilities have higher resilience than 46% of people without disabilities.

The results of one study on 40 people with congenital disabilities and 40 people with non-congenital disabilities, namely due to accidents, showed that the depression levels of people with physical disabilities due to accidents are higher than those with congenital disabilities (Arianti & Partini, 2017). The assumption is that individuals with disabilities acquired later in life may experience grief due to the loss of function, while those with congenital disabilities have not experienced this loss. Those with non-congenital disabilities may experience psychological problems such as stress, insecurity, anger, disappointment and depression, whereas some may eventually reconcile and adapt to their situation, showing resilience over time. Janna and Lukmawati (2019) reveal that individuals who initially experience psychological problems may overcome their adversity with time.

The results of an interview by Pratiwi and Hartosujono (2014) also revealed that experiencing non-congenital physical disabilities has caused the subject to feel confused, useless, and have negative views of

the future, causing behavioral change, such as increased self-isolation, speaking harshly, and rarely interacting with the social environment. The results of interviews conducted by Ilham and Mubarak (2018) revealed that experiencing non-congenital physical disabilities is an issue that leaves a lasting impression, causes intense trauma, and has a very significant impact on life, which requires a significant amount of time to recover from to deal with the condition. Several studies show that a person who experiences non-congenital disabilities will tend to experience psychological disorders. If it is related to self-image, someone who experiences physical disabilities will tend to their psychological disorders, especially based on their social environment roles and responses (Shahid et al., 2022).

Pratiwi and Hartosujono (2014) asserted that in dealing with such conditions, the ability to recover is required so that individuals can continue to move on with their lives. This ability is called resilience. If someone increases their resilience, that individual will be more likely to overcome most of the conditions they experience (Reivich & Shatte, 2002). According to Ellison and Katz (2010), resilience is a person's ability to survive the effects of trauma or disaster with unwavering strength, preparing them to recover from the conditions towards a new, more positive way of life. Resilience is a person's ability to endure, be able to face difficult situations, and be able to recover (Herman & Retnowati, 2015). Resilience will make a person able to adjust to significant difficulties. Resilient individuals can have the ability to get through tough life challenges and find ways to bounce back and thrive (Hendriani, 2017). According to Reivich and Shatte (2002), there are seven aspects of resilience; 1) emotion regulation, 2) impulse control, 3) optimism, 4) empathy, 5) causal analysis, 6) self-efficacy, and 7) reaching out.

Based on one initial interview conducted by the researchers on 2 respondents with non-congenital physical disabilities, it was indicated that the first respondent experienced non-congenital disability-related issues, such as anxiety, stress, trauma, and lack of finances. He also has thoughts on the difficulties in dealing with his disability, while some people provide support, there are also those in the social environment who have negative views toward the condition. He also experiences some difficulty in achieving what he wants, thinking that he will not be successful when putting effort into anything due to his condition, does not know the cause of excessive anger, has difficulty in finding solutions to the problems experienced, and difficulty in managing negative emotions. Meanwhile, the second subject who also has non-congenital disabilities experienced feelings of inferiority, shame about their condition, difficulty in adapting to other people, worries about the future, feeling worse about his condition, and difficulty in dealing with his disability, with some people caring about his condition and some others do not, difficulty in achieving what he wants, difficulty solving the problems he experiences, sometimes unable to think positively, not knowing about the cause of excessive anger, and having irregular ways of managing negative emotions. Hence based on the results of interviews with the 2 respondents with non-congenital disabilities, their inability to be resilient in dealing with their non-congenital disabilities is markedly shown.

Luthar (2003) revealed that resilient individuals are individuals who can face adversity, and are strong in dealing with stress or in recovering from experienced trauma. Tugade and Fredrickson (2004) suggested that if a person can be resilient, then that person can continue to live their life after experiencing stress and

withstanding serious adversity. Whereas individuals with low resilience tend to fall through as they are unable to cope with the problems they experience. The problems experienced by non-congenital disabled persons are difficult to accept, so it is not surprising that people with disabilities show emotional instability regarding their disabilities and tend to deny their conditions.

According to Reisnick et al. (2011) four factors influence resilience, namely, 1) self-esteem, 2) social support, 3) spirituality, and 4) positive emotions. Previous studies show that positive thinking influences the emergence of resilience (Basith et al., 2020). Where as according to Deswanda's (2019) research, gratitude is shown to significantly influence resilience. Prior research shows that numerous variables influence the emergence of resilience, one being positive thinking (Basith et al., 2020). Therefore this study examines gratitude and positive thinking as factors concerning resilience. Prior studies have examined the impact of gratitude and positive thinking independently or together on resilience. In contrast, this study seeks to investigate the correlation between gratitude and resilience, with positive thinking as a mediator, specifically among individuals with non-congenital disabilities.

Emmons and Hill (2001) define gratitude as a conscious and rational choice to focus on life's blessings rather than the shortcomings that one experiences, enabling a person to have a positive outlook on life and create a better life. According to Peterson and Seligmen (2004), there are two aspects of gratitude, namely 1) personal gratitude, and 2) transpersonal gratitude.

According to Albrecht (1987), positive thinking is a conscious process of compiling and organizing ideas in a positive sense. According to Albrecht (1987), there are four aspects of positive thinking, namely: 1) positive expectations, 2) self-affirmation, 3) non-judgmental statements, and 4) realistic self-adjustment. Matel-Anderson et al. (2019) discovered that self-esteem had an indirect impact on suicide resilience through positive thinking and social support. The study is guided by resilience theory, which examines the balance between risk and protective factors that help maintain stability during hardships and promote the ability to adapt to challenging circumstances (APA, 2015). Resilience theory has been used to understand the adolescent development by focusing on their strengths (Fergus & Zimmerman, 2005). Positive thinking is identified as one of the protective factors of resilience, defined as fostering an optimistic perspective that aids in problem-solving and enables individuals to maintain a positive outlook on the future (Bekhet & Zauszniewski, 2013).

Hendriani (2018) suggested that a resilient individual is not someone immune to stress, and is not someone with magical powers or someone who has a great shield that can free themselves from various life stresses. The concept of resilience does not describe this. When facing constraining situations, resilient individuals still feel various negative emotions regarding the traumatic events, they still feel angry, sad, disappointed, and maybe even anxious like other people in general, yet resilient individuals have a way to immediately recalibrate their psychological states and recover from the setbacks they experience. This is substantiated by Larasati and Savira (2019) research findings, which revealed that every individual with non-congenital disability due to accidents can still recover and develop despite having physical limitations. This

is because when persons with non-congenital disabilities are resilient, they will be able to recoup, find a way out of the difficulties they experience progress with their potential, and live independently.

Another factor that is examined in this study is gratitude. According to Utami (2020) someone who is grateful tends to consistently have prosocial characteristics toward others, so gratitude can be beneficial to the local community. Aside from this, gratitude can influence a person's resilience levels because a grateful feeling and attitude may help minimize negative emotions. Findings by Saputra and Fauziah (2021) also reveal that there is a significant positive relationship between gratitude and resilience.

Tentama (2014) asserted the urgency and value of having positive thinking as it helps a person focus on positive things; this affects the feeling of comfort and enables a person to adapt and solve the problems at hand. On the contrary, if the problem is dealt with negatively, someone will certainly feel stress and burden within themselves and the problems will be harder to resolve. Meanwhile, Muslimin's (2021) study states that someone who can think positively about the conditions they experience, whether pleasant or unpleasant, can be assured that they have a high resilience capacity in facing these conditions. Muslimin's (2021) research results reveal that there is a significant positive relationship between positive thinking and resilience. This means that the higher a person's positive thinking ability, the greater their resilience.

Based on the explanations above, the researcher aims to identify whether a relationship exists between gratitude and resilience as mediated by positive thinking in non-congenital disabled persons. The hypotheses proposed in this study are, first there is a positive relationship between gratitude and resilience in people with non-congenital disabilities. The higher the gratitude, the higher the resilience, and conversely, the lower the gratitude, the lower the resilience. Second, here is a positive relationship between positive thinking and resilience in people with non-congenital disabilities. The higher the positive thinking, the higher the resilience, and conversely, the lower the positive thinking, the lower the resilience. Third, there is a positive relationship between gratitude and positive thinking in people with non-congenital disabilities. The higher the gratitude, the higher the positive thinking, and conversely, the lower the gratitude, the lower the positive thinking. Fourth, there is a positive relationship between gratitude and resilience, mediated by positive thinking in non-congenital disabled people.

METHODS

The subjects in this study were people with non-congenital physical disabilities with the following characteristics: men and women, totaling 34 people, aged 21 - 55 years. The sampling technique used in this research is incidental sampling. Incidental sampling determines samples based on probability, that is, anyone who coincidentally/accidentally meets the researcher can be recruited as a sample if it is deemed that the subject they meet by chance is suitable as a data source (Sugiyono, 2019).

Data was collected using measurements with a Likert scale, which is a scale used to measure the attitudes, opinions, and perceptions of a person or group of people regarding social phenomena (Sugiyono, 2019). The scales are compiled by the researchers comprising a resilience scale, gratitude scale, and positive thinking scale, which had initially been tested through try-outs to test for validity via the item discrimination

index as well as its reliability properties (results of item discrimination index and reliability test is presented in Table 4.

Resilience Scale

In this study, resilience is measured using a resilience scale that the researchers developed based on Reivich and Shatte (2002) seven aspects of resilience, comprising emotion regulation, impulse control, optimism, empathy, causal analysis, self-efficacy, and reaching out. (1) The ability to regulate emotions is essential in remaining calm during stressful situations, and resilient individuals possess the skill of expressing emotions appropriately. (2) Impulse control involves managing internal desires and pressures. (3) Optimistic individuals, who believe they have control over their lives and maintain hopes for the future, tend to be physically and psychologically healthy, productive at work, and successful in sports. (4) Empathy entails recognizing and understanding the emotional needs of others. (5) Causal analysis allows for problem identification to prevent their recurrence. (6) Self-efficacy involves belief in one's ability to tackle and overcome challenges, leading to commitment, determination, and confidence. Lastly, (7) resilience promotes reaching out and nurturing positive aspects of life.

The distribution of items in the resilience scale is explained in Table 1:

Table 1. The resilience scale blueprint

Aspect	Total	Example of item
Emotional regulation	4	I usually hold on to a grudge (UF, 17)
Impulse control	6	I get carried away in disappointment for the condition I experience (UF, 18)
Optimism	6	I believe that anything I put effort into will be achieved (F, 6)
Empathy	6	I am reluctant to help out other people who are in need of help (UF, 25)
Causal Analysis	5	I am able to identify the problems that I am currently facing (F, 9)
Self-efficacy	7	I am able of taking responsibility for myself (F,11)
Enhancing positive aspects	6	The conditions I experience can provide meaning in life for me to learn (F,13)
Total	40	

Gratitude Scale

Gratitude is measured using a gratitude scale developed by the researchers based on Peterson and Seligmen's (2004) two aspects of gratitude, being are personal gratitude, this aspect focuses on gratitude towards other people who have provide goodness in one's life. And transpersonal gratitude, this aspect refers to expressing gratitude to God, higher powers, and the world.

Item distribution of the gratitude scale is presented in Table 2 below:

Table 2. Gratitude scale blueprint

Aspect	Total	Example of item
Personal gratitude	6	I thank people who have helped me (F,1)
Transpersonal gratitude	6	I thank God for the blessings I have received in life (F,4)
Total	12	

Positive Thinking Scale

Positive thinking is measured using a positive thinking scale developed by the researchers according to Albrecht's (1987) four aspects of positive thinking, being are first, Positive expectations, the positive aspect of hope will focus the mind, and attention on success, optimism, solutions to problems, eliminate fear of failure, and increase thoughts with high hope. Second, Self-affirmation, focus on self-strength, and positive self-confidence, and believing that everyone is equally important and valuable in life, no one is inferior. Third, Non-judgmental statements, this aspect describes one's condition rather than assessing the situation and not being fanatical in one's opinions. Fourth, Realistic self-adjustment, individuals who face problems will try to adjust to the realities of life. He will accept the situation and not blame other people or the situation he is experiencing, he will not pity himself.

Item distribution of the positive thinking scale is presented in Table 3 below:

Table 3. Positive thinking scale blueprint

Aspek	Total	Example of item
Positive expectations	8	I remain confident that with my situation, I can still accomplish things in life (F,1)
Self affirmation	8	I am strong in facing the life challenges I experience (F,5)
Non-judgmental statements	6	I accept myself as I am (F,9)
Realistic self adjustment	7	I blame myself and others for the condition I experience (UF, 28)
Total	29	

The test results of the three scales are described in Table 4:

Table 4. Item discrimination and reliability index of the Resilience Scale, Gratitude Scale, and Positive Thinking Scale

Scale	Item discrimination index range of valid items	Reliability
Resilience scale	0,270 – 0,872	0,951
Gratitude scale	0,384 – 0,787	0,889
Positive thinking scale	0,326 – 0,869	0,949

The first, second, and third hypothesis tests were carried out using simple regression analysis, while the fourth hypothesis was tested using the causal step method developed by Baron and Kenny (1986) and the Sobel test. The causal step test is intended to see the role of the mediating variable. Meanwhile, to observe the magnitude of the indirect effect and to test its significance, a Sobel test was carried out. The first, second,

and third hypothesis tests and causal step tests were carried out using SPSS version 25.0 for Windows. Meanwhile, the Sobel test is done online via <http://quantpsy.org/sobel/sobel.htm>. This was carried out by entering the ta and tb values in the Sobel calculator box.

RESULT AND DISCUSSION

The first hypothesis shows the unstandardized coefficient B of 1.990 ($p < 0.05$). This shows that there was a positive relationship between gratitude and resilience in non-congenital disabled people. This means that the higher the gratitude, the higher the resilience of a non-congenital disabled person.

The second hypothesis shows the unstandardized coefficient B of 1.050 ($p < 0.05$). This shows that there is a positive relationship between positive thinking and resilience in people with disabilities, not congenital. This means that the higher the positive thinking, the higher the resilience of a non-congenital disabled person.

Based on the results of simple regression analysis on the third hypothesis, it shows an unstandardized coefficient B of 1.640 ($p < 0.05$). This shows that there is a positive relationship between gratitude and positive thinking in non-congenital disabled people. This means that the higher the gratitude, the higher the positive thinking of a person with non-congenital physical disability.

The results of the first, second and third hypothesis test are shown in Table 5.

Table 5. First, second and third hypothesis test results: correlation test between gratitude, positive thinking and resilience in people with non-congenital disabilities

Hypothesis	Independent Variable	Dependent Variable	Beta Coefficients	Significance
1	Gratitude	Resilience	1.990	0.00
2	Positive Thinking	Resilience	1.050	0.00
3	Gratitude	Positive Thinking	1.640	0.00

The fourth hypothesis was tested with the causal step method by Baron and Kenny (1986) and the Sobel test, with the following steps: 1) Create a regression equation for the independent variable (X) on the dependent variable (Y). This regression analysis will produce coefficient c . This path is expected to be significant ($p < 0.05$). 2) Create a regression equation for the independent variable (X) against the mediating variable (M). This regression analysis will produce coefficient a . This path is expected to be significant ($p < 0.05$). 3) Create a regression equation for the independent variable (X) on the dependent variable (Y) by including the mediating variable size (M). This regression analysis will produce two predicted predictor values of M and Path b is expected to be significant ($p < 0.05$), while path c' is expected to be insignificant ($p > 0.05$). 4) Conclude whether the mediating variable mediates perfectly (perfect mediation) or mediates partially (partial mediation).

In equation form, the steps are as follows: a) Equation I : $\hat{Y} = \alpha_1 + cX$. b) Equation II : $\hat{Y} = \alpha_2 + aX$. c) Equation III : $\hat{Y} = \alpha_3 + c'X + bM$.

Based on the analysis of equation I (Table 6), the output shows a coefficient a value of 1.640 ($\beta a = .657$), with $t_a = 4.933$ ($p < 0.05$). Thus, X is significantly correlated to M. In this case, gratitude is correlated to the mediating variable of positive thinking. Hence the second criterion is met.

Table 6. The results of testing Equation I: The independent variable (Gratitude) with the mediating variable (Positive Thinking)

Variable	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
Gratitude	1.640	.332	.657	4.933	.000

a. Dependent Variable: Positive Thinking

Note:

Equation I: X with Y produces the coefficient a 's pathway.

Based on the results of the analysis in equation II (Table 7), the output shows a coefficient c of 1.990 ($\beta c = 0.656$), with $t_c = 4.919$ ($p < 0.05$). Therefore, X is significantly correlated to Y. In this case, gratitude is correlated to resilience. Hence the first criterion is met.

Table 7. The results of testing equation II: The independent variable (Gratitude) and the dependent variable (Resilience)

Variable	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
Gratitude	1.990	.405	.656	4.919	.000

a. Dependent Variable: Resilience

Note:

Equation II : X with Y produces the coefficient b 's pathway.

Based on the results of the analysis of equation III (Table 8), the output shows two estimated predictor values of M and X. The prediction of M toward Y yields coefficient b , whereas the prediction of X toward Y yields coefficient c' . The coefficient b value is 0.925 ($\beta b = 0.761$), with $t_b = 6.503$ ($p < 0.05$). Thus, variable M is significantly correlated to Y. In this case, the mediating variable positive thinking is correlated to the resilience variable. So the third hypothesis is accepted, namely that there is a positive relationship between positive thinking and resilience, hence the third criterion is met. Meanwhile, the coefficient c' has a value of 0.474 ($\beta c' = 0.156$), with $t_{c'} = 1.33$ and significance at 0.191 ($p > 0.05$).

Table 8. The results of testing Equation III: The independent variable (gratitude) and the dependent variable (resilience) by including the mediating variable (positive thinking)

No.	Variable	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	
		B	Std. Error	Beta			
	Gratitude		.474	.355	.156	1.337	.191
	Positive Thinking		.925	.142	.761	6.503	.000

a. Dependent Variable: Resilience

Note:

Equation III: X with Y produces the coefficient c' 's pathway.

In simple terms, the results of the three analyses are illustrated in the mediation model below:

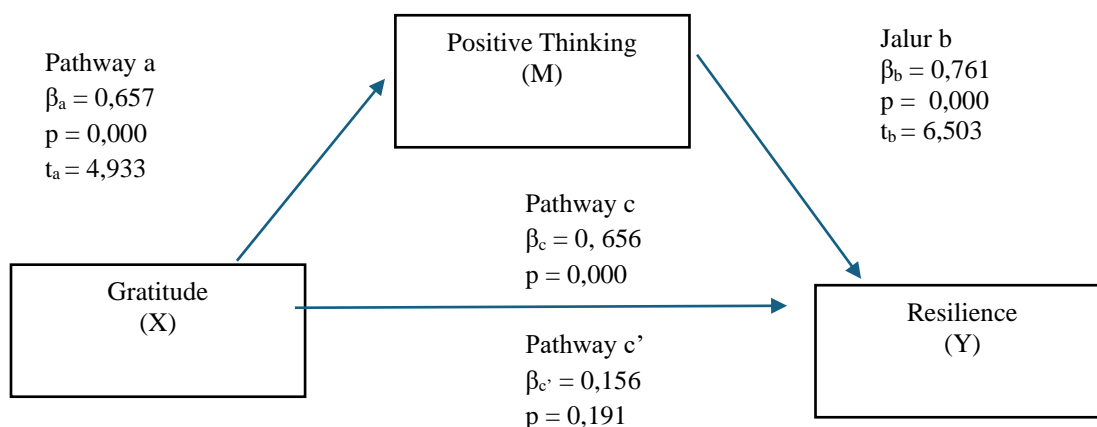


Figure 1. Baron and Kenny's (1986) causal step mediation analysis model

Figure 1 above shows that Baron and Kenny's (1986) causal step criteria are met and the effect of gratitude on resilience is insignificant when positive thinking is included in the analysis, so it is evident that gratitude and resilience are mediated by positive thinking perfectly (perfect mediation).

Meanwhile, for the Sobel test, to examine the indirect relationship and significance of the mediating variable, the t_a and t_b values are entered into the Sobel calculator. Based on the Sobel test calculator (Table 11), the statistical test value yielded 3.930 and the p -value was 0.000 ($p < 0.01$). Thus, it can be concluded that the gratitude variable and the resilience variable are mediated by the positive thinking variable.

Input:		Test statistic:	p -value:
t_a	4.933	Sobel test:	3.93016835
t_b	6.503	Aroian test:	3.90100093
		Goodman test:	3.95999996
			0.00008489
			0.0000958
			0.00007495
		Reset all	Calculate

Figure 2. Sobel test result of relationship and significance of the mediating variable

DISCUSSION

In general, this study shows that all hypotheses are accepted. There was found to be a positive relationship between gratitude and resilience, there is a positive relationship between positive thinking and resilience, there is a positive relationship between gratitude and positive thinking, and there is a positive relationship between gratitude and resilience mediated by positive thinking in non-congenital disabled people.

The first hypothesis proves that there is a positive relationship between gratitude and resilience in non-congenital disabled people with an unstandardized coefficient B of 1.990 ($p < 0.05$), meaning that the first hypothesis in this study is accepted, whereby the higher the gratitude, the higher the resilience of a person with non-congenital physical disabilities.

Having gratitude can shape a positive personality in terms of the limitations that one has, such as the limitations experienced by people with physical impairments (Putri & Rosina, 2017). Apart from that, gratitude enables individuals to face the stressors they experience and also helps in the process of adapting to the environment, besides making them accept themselves, feel filled with happiness, be conscientious, and have the ability to overcome negative or unpleasant feelings (Putri & Rosina, 2017). According to Faradilla (2021) gratitude is a factor that can yield resilience. Resilience can help individuals to recover from stressful situations, adapting themselves to the conditions they experience. The results of this study support the results of a previous study by Nurdin et al. (2021), showing that there was a positive and significant relationship between gratitude and resilience among individuals with physical disabilities. Gratitude is known to be helpful when dealing with difficult situations. It can help people see challenges as opportunities for growth and strength. Studies have shown that gratitude is linked to positive qualities such as resilience and optimism (e.g. Jans-Beken et al., 2020; Kumar et al., 2022; Vieselmeyer et al., 2017). By focusing on the good things in their lives, people can better cope with adversity and trauma through multiple facets of analysis, including from biological, experiential, relational, institutional, and cultural aspects (Waters et al., 2022).

The second hypothesis showed that there is a positive relationship between positive thinking and resilience in non-congenital disabled people with an unstandardized coefficient B of 1.050 with a p-value of 0.000 ($p < 0.05$), meaning that the second hypothesis in this study is accepted, whereby the higher the positive thinking, the higher the resilience of a non-congenital disabled person.

Positive thinking can alter negative perceptions into something positive (Chatton, A, 2016). One of the characteristics of people who think positively is recognizing that there are negative things in everyone's life, but believing that every problem they experience can be resolved (El-Bahdal, 2010). According to Jatmika (2016) one of the benefits of positive thinking is it may generate resilience in a person. In this case, when someone has a positive way of thinking, it produces positive results regarding the problems they are facing, this then gives rise to resilience. Gratitude as a positive emotion extends people's momentary thought-action repertoire, which helps them create enduring functional physical, intellectual, social, and psychological resources. Positive emotions significantly increase resilience (Zainoodin et al., n.d.). The results of this study support the results of previous research by Muslimin (2021) that there is a significant positive relationship between positive thinking and resilience. This means that the higher a person's positive thinking ability, the greater their resilience.

The third hypothesis substantiates that there is a positive relationship between gratitude and positive thinking in non-congenital disabled people with an unstandardized coefficient B of 1.640 with a p-value of 0.000 ($p < 0.05$), meaning that the third hypothesis in this study is accepted, whereby the higher the gratitude, the higher the positive thinking of a person with non-congenital physical disabilities.

One of the things that enables individuals to view themselves more positively is gratitude (Listiyandini et al., 2015). Gratitude facilitates a person to complain less, appreciate things that happen in his life, and can increase their patience in every event they experience (Aulia et al., 2022). This is supported by Nurfianti (2018) that grateful individuals will always be optimistic and think positively in responding to various

problems or stressful situations in life. A similar perspective is that gratitude directs someone to view themselves more positively (Akmal & Masyhuri, 2018). Individuals who think positively view things from a positive perspective, assuming that every problem has a solution and every appropriate solution is obtained from a correct and healthy thought process (Aulia et al., 2022).

In the fourth hypothesis, using causal step analysis from Baron and Kenny (1986) and the Sobel test, a positive relationship between gratitude and resilience was shown as mediated by positive thinking in non-congenital disabled people. Baron and Kenny (1986) analysis shows that positive thinking has a role as a mediator for gratitude and resilience, whereby the role of positive thinking is a perfect mediator or entirely functions as a mediator. The Sobel test also showed that as a mediating variable, positive thinking had a significant relationship with a value of 3.930 ($p < 0.01$). Therefore, it can be said that the relationship between gratitude and resilience can be mediated or is mediated by positive thinking. Positive thinking is considered a mediator as the relationship between gratitude and resilience can be mediated through positive thinking whereby gratitude influences positive thinking first, then positive thinking influences resilience. Resilience helps individuals cope with the various stresses and problems of life. This can help them avoid psychological distress that can negatively impact their mental and physical health (Listiyandini, 2018). The study is backed by findings conducted at Georgia Southern University, revealing that gratitude strengthens psychological resilience, which is the ability to prosper in challenging situations (Teh, 2019).

We define positive thinking as the tendency to have a preponderance of positive (pleasant, favorable) thoughts relative to negative (unpleasant, unfavorable) thoughts. Ji et al. (2021) and El-Bahdal (2010) stated that people who think positively have a strong and consistent spirit and refuse to surrender to life's obstacles and difficulties. In this case, when a person has a positive way of thinking, they are resilient or enduring, self-accepting, adaptive, able to recover, thrive in stressful situations, and can control their life course (Reivich & Shatte, 2002). This is supported by Muslimin's (2021) opinion that someone who can think positively regarding the circumstances that befall them, then the individual will have high resilience in facing such situations.

Based on the elaboration above, it can be concluded that there is a positive relationship between gratitude and resilience, mediated by positive thinking in people with non-congenital disabilities. Positive thinking entirely acts as a mediator (with perfect mediation) and has a significant indirect relationship between gratitude and resilience, where gratitude influences positive thinking first, then positive thinking influences resilience. The interpretation of results is made with an eye on the study's limitations. Some of these limitations are; 1) the research data was collected via online distribution through social media platforms such as Instagram and Facebook, with an incidental sampling technique in which the research obtained respondents through these platforms and requested for participation in this study. There are limitations to how generalizable this method is when assessing the effectiveness of interventions. These limitations stem from a focus on the representativeness of samples in the population studied, rather than considering the diversity of the population itself and the targeted uses of the knowledge gained from

generalization. The authors argue that there is a need for qualitative studies to find consistencies that hold true across various situations. Additionally, it calls for more quantitative comparisons between samples and the populations they represent, alongside replication procedures to strengthen generalization methods. The study might gain better results if it was carried out directly with respondents so that they can be approached and be given direct explanations on how to fill the scale.

CONCLUSION

There is a positive relationship between gratitude and resilience in people with non-congenital disabilities. This shows that the higher the gratitude, the higher the resilience of a person with non-congenital disabilities. On the contrary, the lower the gratitude, the lower the resilience of a person with non-congenital physical disabilities.

There is a positive relationship between positive thinking and resilience in non-congenital disabled people. This shows that the higher the positive thinking, the higher the resilience of a non-congenital disabled person. On the contrary, the lower the positive thinking, the lower the resilience of a non-innate disabled person.

There is a positive relationship between gratitude and positive thinking in people with non-congenital disabilities. This means that the higher the gratitude, the higher the positive thinking, conversely the lower the gratitude, the lower the positive thinking.

There is a positive relationship between gratitude and resilience, mediated by positive thinking. Positive thinking acts as a mediator (with perfect mediation) and has a significant indirect relationship between gratitude and resilience, where gratitude influences positive thinking first, then positive thinking influences resilience in non-congenital disabled people.

With the results of this study, it is hoped that gratitude and positive thinking can increase the resilience of people with non-congenital physical impairments. It is hoped that with this research, institutions tasked with caring for people with non-congenital physical disabilities can consider the variables of positive thinking and gratitude in increasing the resilience of people with non-congenital disabilities. The research suggests that people with non-congenital disabilities could benefit from training that strengthens positive thinking and gratitude. This type of psychoeducational intervention could help them achieve greater resilience.

For future researchers, if they are interested in conducting studies with a similar issue, they are expected to increase the number of research subjects, and in data collection, it is recommended to use a direct approach with the research subjects so that when collecting data the researcher can explain how to complete the scale for better comprehension. Apart from that, the researchers should also closely monitor the data collection process.

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