

Research Article

Resilience in Mothers having Children with Disabilities

Kishan Kumar Singh¹, Arun Kumar²

¹Reserch Scholar, ²Associate Professor, Department of Psychology Gurukula Kangri (Deemed to be University), Haridwar Uttarakhand, India.

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Corresponding Author:

Kishan Kumar Singh, Department of Psychology Gurukula Kangri (Deemed to be University), Haridwar Uttarakhand, India.

E-mail Id:

kishansinghjnp@gmail.com

Orcid Id:

<https://orcid.org/0000-0002-0022-0164>

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A B S T R A C T

In a developing society and community with limited rehabilitation and care services there are major challenges for mothers with disabled children and the responsibility of a child's growth falls solely on the shoulders of the mother or caregivers. Understanding the resilience in mothers (caregivers) is becoming more important as a process in the area of disabilities, for quality development and caring of children with disabilities. The question that comes to mind is, what factors make some families do well in adverse conditions while others fight to keep their family life functional, when they are subjected to similar stresses? The aim of this research is to explore the role of resilience factors in mothers having children with disabilities. This study was conducted to assess the resilience of mothers who have children with disabilities. In this scientific study all 300 mothers (100 mothers with intellectual disability, 100 mothers with locomotor disability, and 100 mothers of normal children) were selected from northern India. The resilience scales were administered to assess the resilience variable; the scale has the 4-factor solution, which had 31 items: the alpha reliability coefficient was 0.95. The result of the study shows that the F-value for resilience in mothers of intellectually disabled children, children with locomotor disabilities and of normal children the F value for resilience is 198.379 which is significant at 0.001 levels of significance. This shows that there is difference within the group of mothers of intellectually disabled children, children with locomotor disabilities and normal children. Findings reveal that the level of resilience is different in mothers of intellectually disabled children, children with locomotor disabilities and normal children. The identification of factors that promote resilience in mothers of children with intellectual disabilities is likely to advance clinical practice by providing new emphasis in clinical areas in family-centered care. Evidence supports the theory that resilience is linked to the availability and accessibility of culturally relevant resources. The results are especially important for building a group of resilient mothers who will be involved in their children's recovery.

Keywords: Children with Disabilities, Disability, Resilience, Intellectual Disability, Locomotor Disability, Mother

Introduction

Parenting children with disabilities comes with lot of challenges e.g., mental, physical, social, marital, and economic challenges. Peer & Hillman in comparison between parents of normally developing children and parents of children with developmental challenges, found parents of children with developmental challenges face greater stress than parents of normally developing children.¹ Chronic stress can have a severe impact on a parent's health, as well as their capacity to meet with their child's demands. Peer & Hillman reported in his study that comparing parents of children with intellectual and/or developmental challenges face greater stress than parents of normally developing children.²

Chronic stress may have a severe impact on a parent's health as well as their capacity to meet their child's requirements. Despite this, there are a few parents who can maintain their resilience in the face of tremendous stress. Although question that arises is; how a few parents can maintain their resilience in the face of tremendous stress while the others are unable to do so. The elements that encourage parental resilience could have a favourable impact on the services provided to these families. Due to disabilities that the children face limitations in the areas of cognition, intelligence, motor abilities, communication, the neurological, and adaptation factors etc. are very prevalent. It has been reported that high levels of parental resilience have had a good impact on the quality of the life of children with disabilities.^{1,2,3}

A child's impairment is a life-changing event for the mother and family. A variety of negative responses of a disability on the mother and family have been observed, e.g., more stress, decreased well-being, negative emotions about parenting, reduced relationship quality among parents, a financial and caregiver burden, and financial and caretaker burden.^{3,4,5,6,7,8} Conversely, researchers examined the effects of a disability on families of children with impairment has been unclear. Researches on families with disabled children has found that these children can have positive benefits on their family members, such as improved parent-child interaction, increased family functioning, and a stronger sense of purpose in life.^{9,10} Gerstein et al., explained that it is important that a more systemic approach should include our understanding of families of children at risk. To include increased complexity in the models that explain resilience and the spectrum of parental functioning across time. Both fathers and mothers must be included in our study, as stress mechanisms in parents of children with intellectual disability (ID).¹¹

Resilience and Operational Definition

Resilience has been explained in numerous ways over time but at its core it is considered to refer to coping resources or

the ability to protect or regain mental wellbeing. Researchers from a variety of fields, including psychology, sociology and anthropology have investigated resilience. Psychiatry, and more recently biology is among the fields that have studied resilience. The primary question is how some individuals manage to persist in the face of adversity while others have a negative impact on one's physical or mental wellbeing.¹² Resilience is defined as the ability to adjust positively or the ability to preserve or regain mental health despite adversity; "the protective variables and processes or systems that lead to a positive outcome despite exposure to stressors that have caused increase in the risk of psychosis".^{13,14} The term resilience is used by psychologists to describe those who remain calm in the face of adversity. People who are resilient can cope and recover from life's obstacles by utilizing their unique abilities and the dynamic ability to adapt successfully in the face of adversity, trauma, or major threat. De Terte & Stephens stated the ability to manage psychologically or emotionally with a quick recovery to pre-crisis position is known as psychological resilience.¹⁵ Resilience is commonly thought of as a "good adaption", after a stressful or traumatic circumstance.¹⁶ In a nutshell, resilience is the capacity and tendency to "bounce back" from adversity.¹⁷ Resilience defined by Luthar and Cicchetti is a "process wherein individuals display positive adaptation despite experiences of significant adversity or trauma".¹⁸

A lot of research has revealed that child maladaptive behavior due to disability is a cause of negative maternal well-being, and child behavior problems may be the cause of the increased risk of poor psychiatric states in mothers and caregivers.^{19,20,21}

Aim and Objective of the Study

To explore the resilience process and the resilience factors that contribute to maternal wellness when their children have disabilities. Understanding what fosters resilience is critical for mothers. Mothers can help themselves by learning what has worked for others in preserving stability despite the stressors in their lives. It may be a great chance for therapists and family service providers to take a proactive approach while dealing with the mother, since the mother can be educated on how to build and improve resilience abilities. It is important for the mothers and children's wellbeing to provide the tools that they need to maintain balance and resiliency. To make a comparative study of resilience of mothers having children with intellectual disability and the normal child, and 2) To make a comparative study of the resilience of mothers having children with locomotor disabilities and the normal child.

Hypothesis: There will be a significant difference in mothers of children with Locomotor Disabilities (LD) children, Intellectually Disabled (ID) children, and normal children in terms of resilience.

Methodology

The samples were collected by using the purposive sampling technique. A Total of 300 mothers were taken as the sample for study. Out of the 300 mothers, 100 were mothers of children with locomotor disabilities there were 100 mothers of intellectually disabled children and there were 100 mothers of normally developing children. The Sociodemographic tool and the Singh, Junnarkar & Kaur (2016) resilience scales were used for assessment of resilience, resilience scale²² which consists of 31 items that assess resilience in four factors: factor 1) sense of self-efficacy factor 2) emotional regulation factor 3) resourcefulness factor and 4) Future planning/goal orientation. The overall reliability of the scale was 0.95 ($\alpha = .95$), and sociodemographic tools were used for collecting the details of the mother e.g., name, age, education, locality and information about children disability type, name, age, and education. Research data were collected from special education, NGO's and Institutions of Uttar Pradesh and Delhi NCR Region. In the procedure of data collection all the necessary permissions and consents were taken from the organizations and mothers, and details about the nature and purpose of the present study. In the process of statistical analysis, data was analysis for M (mean), SD

(Standard Deviation), ANOVA, and post-hoc test; and all analysis were done by using SPSS software.

Inclusion criteria: Mothers having children with mild and moderate level intellectual Disability and locomotor disability, mothers having children between age 6 to 18 years, literacy of the mothers, and the child had a disability certificate.

Exclusion Criteria

Mothers suffering from any kind of Psychiatric Problem, mothers having any type of disability, divorced mothers and mothers having children with severe and profound levels of disability was excluded from the study.

Result

Table 1, shows a comparison of mean scores between mothers of intellectually disabled children, children with locomotor disabilities and normal children. Resilience of mothers under this table highlights the mean score of mothers of intellectually disabled children is (87.35) and the standard deviation score is (7.194), the mean score of mothers of children with locomotor disabilities is (86.81) and standard deviation score is (16.479), and the mean score of mothers of normal children is (118.54) and standard deviation (13.25).

Table 1. Comparison of Resilience between Mothers of Intellectually Disabled, of Children with Locomotor Disabilities and Normal Children

Mother of children	N	Mean	SD	Min	Max	Sk	Kt
Mother of intellectually disable children	100	87.35	7.194	74	101	-.126	-.983
Mother of children with locomotor disabilities	100	86.81	16.479	40	125	-.310	-.053
Mother of Normal children	100	118.54	13.254	89	145	-.218	-.572

Table 2. F-value (ANOVA) of Resilience in Mothers of Intellectually Disabled, Children with Locomotor Disabilities and Normal Children

		Sum of Sq.	df	Mean Sq.	F
Resilience	Between Groups	65996.687	2	32998.343	198.379**
	Within Groups	49402.980	297	166.340	
	Total	115399.667	299		

Table 3. Post-hoc Test on Resilience of Mothers of Intellectually Disabled children, of Mothers with Children with Locomotor Disabilities and Normal Children

Area	Mean Difference	Std. Error	95% Confidence Interval		
			Lower Bound	Upper Bound	
Mother of ID children	Mother of LD children	.54000	1.82395	-3.8514	4.9314
	Mother of normal Children	-31.19000*	1.82395	-35.5814	-26.7986
Mother of LD children	Mother of ID children	-.54000	1.82395	-4.9314	3.8514
	Mother of normal Children	-31.73000*	1.82395	-36.1214	-27.3386
Mother of normal Children	Mother of ID children	31.19000*	1.82395	26.7986	35.5814
	Mother of LD children	31.73000*	1.82395	27.3386	36.1214

**The mean difference is significant at the 0.01 level

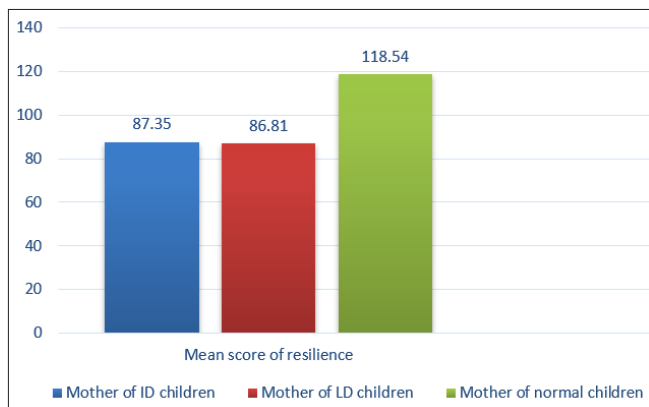


Figure 1. Bar Diagram (mean scores) of Resilience in mothers of Intellectual Disabled, Locomotor Disabled and Normal Children

Figure 1, The bar diagram shows a comparison of a mean score of resilience in mothers of intellectual disabled children, children with locomotor disabilities and normal children. The mean score of resilience of mothers of intellectual disabled children is 87.35, the mean score of resilience in mothers of children with locomotor disabilities is 86.81 and the mean score of resilience in mothers of normal children is 118.54. This score shows that the score of mothers of normal children is high on resilience as compared to mothers of intellectually disabled and children with locomotor disabilities. The finding also indicated that mothers of children with locomotor disabilities show a partially high mean score than the mother of intellectually disabled children.

Table 2, shows F-value for resilience of mothers of intellectually disabled children, children with locomotor disabilities and normal children. F value for resilience is 198.379 which is significant at 0.001 levels of significance. This shows that there is difference within the group of mothers of intellectually disabled children, of mothers of children with locomotor disabilities and normal children. From this finding we can conclude that the levels of resilience is different in mothers of intellectually disabled children and mothers with children with locomotor disabilities and normal children.

Table 3, post-hoc test on resilience of mothers of intellectually disabled children, of mothers with children with locomotor disabilities and normal children.

Table 3, shows values of post-hoc test (multiple comparisons) of mothers of intellectually disabled children, mothers with children with locomotor disabilities and normal children for resilience. Post-hoc value of resilience scale shows that mean score of difference between mother of intellectually disabled children and children with locomotor disabilities is .54; which is not significant; the mean score of difference between mother of intellectually disabled children and normal children is

31.19 which is significant at 0.01 levels of significance, and the mean score of difference between the mother of children with locomotor disabilities and normal children is 31.73 which is also significant at 0.01 levels of significance. This result highlights that there are significant differences found between mothers of intellectually disabled children and mothers of normal children in terms of resilience; and mothers of children with locomotor disabilities and mothers of normal children in term of resilience but there are no significant differences found between mothers of intellectually disabled children and mothers of children with locomotor disabilities in terms of resilience.

Discussion

Result findings show that mother of children with disabilities show significantly lower mean scores than mothers of normal children. The Baran et al. finding shows in their study that mothers having children with acute lymphoblastic leukemia show significantly lower mean scores than mothers having normal children.²³ Keniş-Coşkun et al., 2020 stated that difficult events in life, as having a child with a disability, make people less resilient.²⁴

Result findings highlight that significant differences were found between mothers of I-intellectually disabled children, mothers of children with locomotor disabilities and mother of normal children. Baran et al. found significant difference in their study of mothers having children with acute lymphoblastic leukemia and mother having normal children.²³ Heydarpour et.al., found in their study that mothers having children with disabilities show significance difference in levels of resilience in groups of mothers.²⁵

Post-hoc analysis of the study shows that mothers of intellectually disabled children and mothers of children with locomotor disabilities have no significant difference. A study on resilience revealed that there was no difference in the levels of resilience between mothers of age-appropriate developing children and mothers of children with disabilities.²⁶

Whiting et al. published a study on improving care givers resilience and self-efficacy for children with special needs (CWSN). The goal of this study is to develop an intervention that will help parents of special-needs children become more resilient and confident in their parenting abilities. A study that used a guided-conversation-based intervention to help parents of children with complex needs become more resilient. Overall, both parents and nursing staff welcomed the intervention, which focused on crucial parenting-related issues.²⁷ Widyawati et al. material health, communications and engagement, socio-emotional well-being, and action were all significantly linked to the parental resilience dimension of perceived social support. Parents who have high levels of social support are better able to encourage their children

to take part in outside and community activities. This study explained that parents of disadvantaged children, particularly those from low socioeconomic backgrounds, require perceived societal support.²⁸ Heiman, concluded in his study majority of parents must put variety in their social activities and reported high levels of anger and disappointment. An optimistic approach mentioned by most respondents as a realistic view was acceptance of the disability and strong belief in the child and in the child's future. The study's findings emphasized the necessity of social resources and support, as well as the need for effective intervention programs.²⁹

In his study, Deoraj Sinha et al., found that parents of children without autism spectrum disorder and specific learning disabilities reported resilience levels that were comparable to those of parents of children with these conditions and resilience was affected by the parenting style (authoritative, authoritarian and permissive).³⁰ Aparício et al., observed substantial differences in the perceptions of resilience in children and their parents which are impacted by sociodemographic variables in their comparative study on resilience perception among parents and children.³¹

Ungar detailed that determining resilience, accessibility of culturally relevant resources are more important and personal or intrinsic variables are less important. The findings imply that the research and policy agendas should be balanced to consider the social-ecological context in which families raising disabled children reside.³² Arakkathara & Bance find their study which was to examine the relationship between resilience and parental stress among mothers of children with intellectual disabilities. The findings show a negative relationship between resilience and parental stress.³³ Hayes and Watson's empirical investigations among mothers of autistic children supports these findings in term of parental stress and resilience.³⁴ A study done by Manor and Binyamini, stated that mothers of children with intellectual disabilities experience poorer family functioning, greater levels of parental stress and a reduced sense of coherence and wellbeing. Thus,³⁵ these finding show that mother having children with disabilities show lower level of resilience. Herman et.al., research findings show that developing resilience will decrease parental stress. Increasing their internal defense mechanisms, such as self-control, self-efficacy, self-esteem, optimism, and openness, made them more resilient and helped them deal with difficult events in an effective way.¹²

Resilience was affected by the parents' locus of control perspectives. The inner locus of control operated as a protective resilience function. The findings seem especially important in building a community of resilient parents who will be active participants in their child's rehabilitation. Parents' controlling orientations have an impact on their

children's resilience. Parents who operated from an internal locus were more resilient than those who operated from an external locus.³⁶ Parents' locii of control orientations had an impact on their children's resilience. Professionals must assist parents in developing an internal locus of control in order to increase their resilience. Developing resilience in parents of children with special needs (CWSN) contributes to overall happiness. An "upward spiral" of positive affect resulted in stronger family ties and emotional well-being, successful dealing with obstacles and a sense of hope for the future. Different resilience patterns were noticed, with cognitive adaptation, positive affect, and self-efficacy emerging as key components. The positive effect is the most significant component of resilience.³⁷

Conclusion

Mothers having children with disabilities can be empowered by improving their resilience by providing social support, family support, training, hope, etc., and rehabilitation professionals are required to provide resilience assessment and training for mothers. Resilience helps mothers cope and deal effectively in stressful situations. A variety of initiatives could be considered to improve the social-ecological environment for mothers parenting children with impairments. Individual inherent qualities have less to do with resilience than the accessibility and availability of culturally significant resources. Researchers need to learn more about how mother, brother, children, and family members with disabilities interact with each other. A longitudinal study might help them do this.

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Conflict of Interest: None

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