

## Parenting Stressors of Mothers of Children with and without Disabilities

*Hayfaa Al-Kandari\**

**Abstract:** The study focuses on parenting stressors among Kuwaiti mothers of children with and without mental disability. It utilized a survey method involving two groups of mothers: (1) Mothers of children without disabilities who studied in the elementary state schools, and (2) mothers of children with mild Intellectual Developmental Disabilities (IDD) at the elementary level of the Special Education Schools in Kuwait. The study used a self-administrated questionnaire. The sample was 82 mothers from different backgrounds. The study used the Parenting Stress Index for Abidin (1995) to investigate the differences in stressors experienced by mothers in parenting a child with and without disabilities. The study found that there were no differences in the severity of the types of parenting stressors for mothers of children with mild IDD and mothers of children without disabilities, according to the demographic variables (i.e. Child Age, Child Gender, and Mother's Age). Mothers of children with mild IDD, as compared to mothers of children without disabilities, perceived themselves as subjected to severe stressors related to their children's difficulties in playing the role expected in the family. They also indicated that these mothers perceived themselves as experiencing moderately severe stressors related to feelings of depression related to having a child with a mild IDD. Another finding indicated that Kuwaiti mothers of children with mild IDD perceive Acceptability as more severe than all other stressors. The findings of the study will help social providers to develop future family services that aim to reduce stressors experienced by mothers who care for a child with a disability.

**Key words:** Stressors, Parenting, Mental retardation, Parenting stress index.

---

\* Dept. of Sociology and Social Work - Kuwait University -This work was supported by Kuwait University, research grant no: ZO 02\05

## Introduction

Parenting stressors of families who have a child with a disability received considerable research attention during the latter half of the twentieth century (Innocenti & Kwisun, 1992). Researchers have shown that parents, mainly mothers, as primary caregivers perceive the process of parenting a child with a disability as involving intensive stressors (Azemi, 1998; Gallimore et al., 1993; Mutiari, 2002; Singhi., 1990; Theferri, 2001). Data from the U.S-based National Survey of Caregivers (1988, p.31) found that 72% of the caregivers changed their lifestyle to accommodate their care-giving responsibilities after their child was diagnosed with disability; 34% spent less time with their immediate families; 33% paid less attention to their health; and 28% took fewer vacations. The change of responsibilities and roles might be major and appraised by parents of children with disabilities as stressful, when compared with parents of children without disabilities (Campbell, et al., 1992).

According to Abidin (1990) parents of children with a disability may experience stressors related to child characteristics and mother characteristics, which impact the way that they both respond to care-giving. As suggested by Innocenti and Kwisun (1992), child characteristics are qualities of behaviors and action of the child that make it difficult for mothers to fulfill their parenting roles. These behaviors are associated with the child's functioning abilities to adapt to changes in the home environment, demands of daily living requirements, and reactions to meeting the expectations of mothers. Respectively, the present study describes these characteristics as stressors related to child's Adaptability, Acceptability, and Demandingness.

Mothers' characteristics, on the other hand, relate to Social Isolation, Spouse Relationship, and Depression. These characteristics in the present study are derived from mothers' effort to mobilize different resources to with which to function, and to respond to child's behavior and action (Hadedi et al., 1992). Admittedly, these characteristics are general, but they can be considered as parenting stressors when considered in the context of the interaction between the child and mother. For example, feelings of guilt are associated with depression in general, but when these feelings are related to providing care for the child, they would be considered a stressor related to parenting. In

summary, parenting stressors in the present study are defined as the characteristics of the mother and child that are a potential source of stress, and those which the mother may experience in her role in rearing the child with a disability.

### **The significance of studying child-mothers' characteristics**

Researchers point out that all mothers experience stressors from time to time when rearing a child with a disability (Cameron & Orr., 1989; Dyson & Fewell., 1989; Sanea, 1999). In particular, these stressors become intensive among mothers of children with mild IDD through the process of adaptation. Since the present study focuses on the interaction between the mother and the child with mild IDD, the characteristics of the child and mother are more relevant than stressful situational variables (e.g., severity of the disability, lack of family or friend support, other life events such as divorce, death of a spouse, and family problems), which are more relevant to mothers of children in general.

As noted in literature, mothers often relate the intensity of parenting stressors to the behavior of the child with a disability, which often appears after the crisis period of the initial diagnosis, or later in school life. For example, after the diagnosis of a child's disability, mothers begin a developmental course of adaptation to the child's behavior problems and his/her increased demands. A child with mild IDD may display kinds of behavior that make it difficult for mothers to fulfill their parenting roles. These behaviors may manifest as a child's difficulties in adjusting to changes in the physical or social environment (Bendell et al., 1986), or difficulties in changing from one task to another without emotional upset (McCubbin et al., 1982). The child's difficulties in adapting to changes in the environment may make the parenting task more difficult, and mothers may experience the difficulties of adaptation as one of the care-giving stressors.

Mothers may also experience a child with mild IDD as placing many demands upon themselves (Hanson & Hanline., 1990), and these demands might be another stressor on parenting a child with a disability. Children who are very dependent or who have failed in a developmental task place increased demands on mothers. The demands may reveal themselves in different ways, such as crying, physically hanging on a mother, frequently requesting help, or displaying a high frequency of minor problem behaviors (Abidin, 1995). The child's demands as a

stressor may appear magnified when a mother is overly committed to being a model mother.

In addition to the aforementioned stressors, mothers may experience stressors related to the child with a disability when the child possesses physical, intellectual, and emotional characteristics that do not match the expectations that the mothers have of the child. Mothers of these children are often frustrated in their attempts to develop such skills that make their children as attractive, intelligent, or pleasant as expected or hoped the child would be. Poor attachment, rejection, or both, may consciously or unconsciously be issues in the mother-child relationships (Speltz et al., 1990). In many instances, the poor relationship between a mother and a child is usually derived from the mother's rejection of the child's disability (Minnes, 1988).

Although the existence of excessively stressful characteristics of the child with mild IDD (e.g., child's inability to adapt to the changes in the environment, child's increased needs and demands, and child's failure to meet mother's expectations) is one of the major variables contributing to elevating the level of stressors among mothers, Abidin (1990) suggests that stressors in the parenting system during school age are especially critical in relation to the child's emotional and behavioral development, and to the development of the mother's functioning (mothers' characteristics).

In general, mothers of children of school age often experience increasing stressors because of the many challenges and changes occurring during the transition period or the period of school age (Hanson & Hanline., 1990). Also, mothers at this stage may experience high stressors related to the difficulties experienced in care-giving to the child with mild IDD. The difficulties of care-giving tasks may appear intensive among mothers who have different characteristics. For example, mothers, might be socially isolated from their peers, relatives, and other emotional support systems because of the expanded responsibilities of care-giving. Mothers might also be distant in their relationships with their husbands, and lacking in support for their efforts as mothers (Greenberg, 1997). These mothers might be stressed relating to an overly strict sex-role definition on the part of the father. A father, for example, may perceive a childcare provision as women's work (Krauss & Tran., 1989), and the most probable assumption in this case is

that the relationship between the mother and the child's father is generally negative, which mothers may perceive as a stressor on parenting their child with a disability (Guisinger et al., 1989). The lack of mutual support in the childcare area is one of the difficulties of the parenting role that may raise the possibility of mothers' experiencing intensive parenting stressors (Holden & Edwards., 1989).

Moreover, the difficulties in care-giving may also appear among mothers who feel trapped by the responsibility of caring at home for a child with a disability. These mothers often feel guilt or have unhappy feelings towards their child which, although often associated with depression, might occur to be primarily out of dissatisfaction with self and life circumstances. The meaning of depression, in the present study, is a sense of meaninglessness and powerlessness that are common feelings experienced by mothers in response to their child's disability. The general impact of feeling depressed is that mothers find it difficult to mobilize the psychic and physical energy needed to fulfill parenting responsibilities (Dumas et al., 1989). Depressed mothers are usually unable to act with authority towards the child and have such low self-esteem that they cannot deal with parenting stressors (Gowen et al., 1989).

### **Previous Studies on Parenting Stressors**

Many research findings in Eastern and Western countries (e.g., Abidin, 1995; Azemi, 1998; Jerar, 1989; Sanea, 1999) present evidence to the effect that mothers of children with disabilities are subjected to greater parenting stressors. Many Western studies that investigate stressful child characteristics (e.g., Beckman, 1983; Quine & Pahl., 1985) agree that families who provide in-home care to a child with a disability face extraordinary challenges, including daily hassles, practical time constraints, and family resources to meet child demands. A study by Quine and Pahl (1985) found that parents of children with IDD are highly distressed. They found a combination of characteristics such as the child's behavior problems and nighttime disturbance (Demandingness) that were predictive of care-giving stressors. Orr, Cameron, and Day (1991) also found that at different developmental stages family resources as well as family perceptions of child's needs and child's behavior problems are other characteristics that might influence the level of stressors among parents of children with moderate IDD (5-21 years old).

In an early descriptive Western study of 201 families, Holt (1958) found that mothers never left their child with a disability; in 40% of the families the parents never went out together. The resultant strain manifested itself in poor health, exhaustion, and family quarreling.

Similar findings about stressors related to parenting stressors are also seen in Eastern studies. In Kuwait, Kandari (2005) found that mothers of children with mild IDD (age 6-14) perceive Adaptability, Acceptability and Demandingness (child characteristics) as severe stressors, when compared to other stressors such as Depression, Social Isolation and Spouse Relationship (mother's characteristics). In Bahrain, Sanea's study (1999) conducted a sample of 40 parents of children with mild IDD between 6 to 14 years old. The findings indicate a high level of stressors experienced by parents related to the child's adaptability to the environmental change, acceptability, and child increased demands and needs. He also finds that parents were severely depressed and had health problems related to rearing their child with IDD. In the same country, Khaled (1997) found that mothers perceived child adaptability to change in home, time spent on childcare, and child psychological status as severe stressors that impact the care-giving. When comparing families of children with IDD to other families of children without disabilities, Hadedi, Samadey and Khatteb (1992) found that the former families experience higher stressors than do the latter ones when associated with lifelong care, child dependency, behavior problems, and the child's cognitive impairment. In this connection, Jerar's study in Bahrain (1989) showed that the effect of the disability on mothers alters as the child goes through different developmental stages. The findings showed that mothers of children with IDD of age 6-10 are highly stressed related to family and parenting problems, whereas mothers of children aged 12-17 years are highly stressed related to child's physical capacities.

Stress theory would predict that, as supervision needs increase, stress reactions in parents increase. From an ecological perspective, parents have a profound influence on the ability of the child to develop in a healthy competent manner. Mothers may experience chronic sorrow manifested as recurrent episodes of depression and frustration when their child fails to master an expected developmental task (Wikler, 1981). However, children also influence their parents' behavior and the degree to which parents feel stressed. Children, for example, might be less

adaptive to their physical and social environment; they may become emotionally upset when asked to make small changes, and therefore overreact to environment changes, or have fear of strangers. Children may also have difficulties calming down once upset, and be perceived as being less attractive, intelligent, or pleasant than their mothers had expected.

As seen in the literature, researchers have encouraged the examination of human behavior in context and recognized the parent-child reciprocities that exist. It is no longer possible to view the child as a blank page, which is shaped solely by life experiences. The child brings qualities and temperamental dispositions to all interactions with his or her parent (s), and those interactions are clearly reciprocal (Mahoney et al., 1992). Further, researchers recognize that there are certain parent characteristics and child characteristics that are perceived by mothers as stressors influencing parenting a child with mild IDD. However, it is rare to find in the literature the differences in severity of such stressors among two groups of mothers: (1) mothers of children without disabilities, and (2) mothers of children with mild IDD. Also, it is still not well known the rank-order of the severity of types of parenting stressors as perceived by mothers of children with and without disabilities.

The intents of the present study are on looking at stressors as a combination of child characteristics- child's Adaptability, Demandingness, and Acceptability-and the mother's characteristics- Social Isolation, Spouse Relationship, and Depression. It will first find, in terms of severity, whether or not mothers of children with and without disabilities perceive these stressors differently based on the demographic variables: Child Age, Child Gender, and Mother's Age. If the finding shows no differences in the severity of stressors based on the aforementioned variables, the study will find whether the severity of stressors differ among mothers of children with and without disabilities, without testing the demographic variables. Moreover, the study will find the rank-order of the severity of types of parenting stressors as perceived by mothers of children with mild IDD. In other words, the study will identify which types of stressors are the most severe in the perceptions of mothers. This examination will help social providers to plan for future services that are targeted at reducing specific stressors experienced by mothers of children with mild IDD. The comparison between mothers of children with mild

IDD and mothers of children without disabilities will help social providers to provide the former mothers with services that help them to live within the least-restricted environment, that which mothers of children without disabilities have with their children at home. In addition, the examination of the rank-order of types of stressors will help social providers to focus on reducing the most severe stressors (s) experienced by mothers of children with mild IDD. The services provided will help mothers to cope with the child's disability and behavioral problems, and continue care-giving for the child with a disability at home, but with less experience of stressors.

## Method

### Participants

The study conducted a sample of 82 mothers of children with and without disabilities in Kuwait. The sample included 41 Kuwaiti mothers of children without disabilities selected from the elementary state schools (grade 1 and 2), and 41 mothers of children with mild IDD who were studying at the elementary level at the Special Education Schools. Of the 82 mothers, 86.6% were married, 7.3% were divorced, 1.2% were separated, and 4.9% were widowed. The Mothers' ages ranged from 26 to 55 year ( $M = 36.17$ ,  $SD = 6.40$ ). Children with and without disabilities were 53.7% males and 46.3% females in the age-range 6 to 14 ( $M = 9.98$ ,  $SD = 2.14$ ), and were living with their mothers at home. In general, students who met the criteria of the sample were selected by teachers in schools. The questionnaire packets that included the background information, Parenting Stress Index (PSI) and consent form were sent to 200 mothers by their children in the two settings: State elementary school and the elementary level of the Special Education Schools. Eighty-two mothers completed and returned the questionnaire packet. The return rate among mothers of children without disabilities and children with mild IDD was 41% for each group.

The following were the specific steps taken in the recruitment of the participants from the different settings. **First**, the current researchers met with selected social workers and teachers in the aforementioned settings to explain the data collection process. The current researchers asked them to limit the database to Kuwaiti mothers of male and female students who were between the ages of 6-14 years, and excluded students who (1)



were not citizens of Kuwait, (2) did not have in home-care provided by their mothers or live with their grandparents, relatives or in a dormitory, (3) had siblings with a disability, and (4) were of age 15 or more. **Second**, social workers obtained a list of names of students who met the criteria, and this list was not shared with the current researchers.

**Third**, teachers and social workers distributed the questionnaire packets to children during the school day, and asked them to deliver the packets to their mothers. **Fourth**, teachers and social workers tracked names of students who returned the questionnaire packets within a week, and sent a follow-up letter to the non-respondent mothers to remind them to return the questionnaires to the school within a week. After entering the data, it was found that, with four exceptions, all the mothers returned the questionnaire within the first week of receiving the packets.

### **Instruments**

All questionnaires were self-administered by mothers of children with and without disabilities. The questionnaires included the following:

**Demographic Questionnaire:** The background questionnaire uses a standard checklist that includes information about child's age, child gender, mothers' age, and marital status.

**Parenting Stress Index (PSI):** the PSI of Abidin (1995) was used to assess stressors experienced by mothers of children with and without disabilities in Kuwait. The items of the PSI are divided into two categories encompassing child domain and parent domain. The PSI includes 101 items. The parts of the PSI selected for this study consist of 54 items. They comprise 3 subscales for the child domain, Adaptability (11 items), Acceptability (7 items), and Demandingness (9 items), and 5 subscales for the mother domain, Depression (9 items), Social Isolation (6 items), Spouse Relationship (7 items), and Health (5 items). The PSI was self-administered by mothers.

The current researchers revised the Arabic translation of the items of the PSI, and a linguist, who is both fluent in Arabic and English in the psychology field, carried out the revision and the back translation. Except for Health, the PSI reliability as computed by Cronbach's Alpha was well within acceptable levels ranging from .58 to .85. For the PSI subscales, Adaptability, Acceptability, and Demandingness as components of child subscale had an Alpha at .53, .85, and .58 respectively; whereas Depression, Social Isolation, and Spouse Relationship, as

components of mother subscale had an Alpha at .75, .80, and .82 respectively. Alpha for Health was .26. When some items were deleted, alpha for health remained low at .31. Thus, the study dropped off Health subscale and remained others. The PSI, hereafter, will include 6 subscales, and the total item is 49.

## Results

### Effects of Demographic variables on Differences between Mothers' Groups in the Severity of Stressors

The study questioned whether or not the demographic variables (Child Age, Child Gender, and Mother's Age) moderated differences in the severity of the types of parenting stressors (Adaptability, Acceptability, Demandingness, Social Isolation, Depression, and Spouse Relationship) between mothers of children with mild IDD and mothers of children without disabilities. To investigate this question, the study, first, used Multivariate Analysis of Variance (MANOVA) to test the significance of the interaction between child's gender (categorical variable) and the factor representing mothers' groups. Second, the study tested the significance of the moderation effect of child's and mother's age (continuous variables) via the multivariate analysis of covariance, MANCOVA. Table (1) shows the results of the MANOVA and MANCOVA analysis.

**Table (1)**  
**Results of the MANOVA and MANCOVA Analysis for Moderating**  
**Effects of the Demographic Variables**

| Demographic Variables | F     | df1 | df2 | P-Value |
|-----------------------|-------|-----|-----|---------|
| Child's Age           | 0.838 | 6   | 74  | 0.544   |
| Gender                | 1.189 | 6   | 73  | 0.322   |
| Mother's Age          | 0.786 | 6   | 74  | 0.584   |

Note. N = 82 mothers of children with and without disabilities.

Table (1) shows that the results of MANOVA and MANCOVA were not significant. Thus, the results indicated that the mean severity of the types of parenting stressors for mothers of children with mild IDD and mothers of children without disabilities did not vary according to the age and gender of the child and the mother's age. Accordingly, no further

analysis was needed to examine the means differences between the two groups of mother's at various levels of the demographic variables.

### **Differences in the Severity of Stressors between Mother Groups**

To investigate the mean differences, mothers of children with mild IDD and mothers of children without disabilities were compared using MANOVA. Results of this analysis indicated that mean stressor vectors differed significantly  $F(6.75) = 11.241, p < 0.001$ . This result indicated that Kuwaiti mothers of children with and without disabilities had different perceptions about the severity of types of parenting stressors.

Significant multivariate  $F$  ratios were followed up by univariate analysis of variance procedures (ANOVA) to examine significance of the mean differences between the mother's groups in each type of stressor separately. Table (2) shows that of the six means of the subscales of the PSI, two showed significant differences ( $p \leq 0.001$ , and  $p \leq .05$ ). These subscales are Acceptability and Depression, respectively.

**Table (2)**  
**Means, Standard Deviations and  $F$  values of the PSI Subscales**  
**for Mother of Children with and without Disabilities**

| Variable            | Mothers of children with mild IDD |      | Mothers of children without disabilities |      | $F^a$     |
|---------------------|-----------------------------------|------|------------------------------------------|------|-----------|
|                     | M                                 | SD   | M                                        | SD   |           |
| Adaptability        | 2.55                              | 0.48 | 2.62                                     | 0.56 | .308      |
| Acceptability       | 3.01                              | 0.89 | 2.01                                     | 0.70 | 32.081*** |
| Demandingness       | 2.74                              | 0.82 | 2.75                                     | 0.47 | .005      |
| Depression          | 2.60                              | 0.79 | 2.23                                     | 0.60 | 5.823*    |
| Social Isolation    | 2.33                              | 0.88 | 2.58                                     | 0.94 | 1.529     |
| Spouse Relationship | 2.08                              | 0.93 | 2.03                                     | 0.71 | .082      |

<sup>a</sup>  $df1 = 1, df2 = 80$ .

\*\*\*  $p \leq .001$ ; \*  $p \leq .05$ .

Note.  $N = 41$  Mothers of children with mild IDD, and  $N = 41$  mother of children without disabilities.

For each of the two statistically significant means, Table (2) shows that mean of mothers of children with mild IDD is higher than that of mothers of children without disabilities. Practical significance of these results is born out by the ratio of the mean difference to the standard deviation of mothers of children without disabilities. This ratio was 1.43

for Acceptability, and .62 for Depression. In view of this, it implied that the difference between the two groups was considerable with regard to Acceptability (more than one and a half standard deviation), and important with regard to Depression. These results indicate that Kuwaiti mothers of children with mild IDD, as compared to mothers of children without disabilities, perceive themselves as subjected to severe stressors related to their children's difficulties in playing the role expected in the family. They also indicate that these mothers perceived themselves as experiencing moderately severe stressors related to feelings of depression associated with having a child with a mild IDD.

### **Rank-Order of Stressors for Mothers of Children with Mild IDD**

The third question of the present study was how mothers of children with mild IDD in Kuwait perceived the relative severity of the six types of parenting stressors. To rank-order the stressor variables from the view point of mothers, the means of the stressor variables were compared by using ANOVA with repeated measurement design. Bonferroni procedure was then used to test the significance of the difference between pairs of means. Table (2) presents the means and standard deviations of the stressor variables for mothers of children with mild IDD, and table (3) shows the results of the repeated measurement analysis. According to the latter table, the means of the stressor variables were significantly different at .001.

**Table (3)**  
**Analysis of Variance for the Differences Between the Means of Stressor Variables for Mothers of Children with Mild IDD**

| Source    | Sum of Squares | df  | Mean Square | F         |
|-----------|----------------|-----|-------------|-----------|
| Stressors | 21.355         | 5   | 4.271       | 14.756*** |
| Error     | 57.887         | 200 | 0.289       |           |

Note. \*\*\*  $p \leq .001$ .

The significant difference between mothers' means was simply an indication that not all the means of stressor variables were equal. This means that mothers perceived the severity of various stressor variables differently. However, it is not known yet which means of the stressor variables were different from which other means. Therefore, post-hoc procedure was used to carry out pair-wise comparisons between means of the stressor variables, and rank-order these means. In the present study, the Bonferroni analysis was used to carry out the test. Table (4) shows the

resulting matrix of Bonferroni test, which identifies the significant and non significant mean differences of stressor variables.

**Table (4)**  
**Bonferroni Test for the Differences Between the Means**  
**of Stressor Variables**

|                    | <b>Spouse<br/>2.10</b> | <b>Isolation<br/>2.33</b> | <b>Adaptabil-<br/>ity<br/>2.55</b> | <b>Depression<br/>2.60</b> | <b>Demand-<br/>ingness<br/>2.74</b> | <b>Accept-<br/>ability<br/>3.01</b> |
|--------------------|------------------------|---------------------------|------------------------------------|----------------------------|-------------------------------------|-------------------------------------|
| Spouse 2.10        | -                      | 0.23                      | 0.45*                              | 0.50*                      | 0.64*                               | 0.91*                               |
| Isolation 2.33     |                        | -                         | 0.22                               | 0.27                       | 0.41                                | 0.68*                               |
| Adaptability 2.55  |                        | -                         | -                                  | 0.05                       | 0.19                                | 0.46*                               |
| Depression 2.60    |                        | -                         | -                                  | -                          | 0.14                                | 0.41*                               |
| Demandingness 2.74 |                        | -                         | -                                  | -                          | -                                   | 0.27                                |
| Acceptability 3.01 |                        | -                         | -                                  | -                          | -                                   | -                                   |

Note. \*Pattern of significant difference

The results of Bonferroni test shown in Table (4) were used to form clusters of stressor variables which are homogeneous, in the sense that mean differences between variables within the cluster are not significant, while mean differences between variables across clusters are significant. The aforementioned Table indicates that there are five clusters which are as follows: (1) Acceptability and Demandingness, (2) Demandingness, Depression, Adaptability and Social Isolation, (3) Depression, Adaptability and Social Isolation, (4) Adaptability and Social Isolation, (5) Social Isolation and Spouse Relationship. Thus, though the stressor variables can be rank-ordered in terms of severity from Acceptability to Spouse Relationship, there is some amount of overlap between the clusters of variables. For example, Demandingness belong to both the first and the second clusters. However, the results reveal a pattern of differences. Spouse Relationship and Social Isolation means are significantly smaller than almost all other means. It may, thus, be claimed that these two stressors are the least severe. On the other extreme, it is clear that the mean of Acceptability is higher than almost all other means, indicating that it is the most severe stressor. Between these two extremes, it can be seen that the means of Demandingness, Depression and Adaptability are not significantly different, but they are significantly higher than the means of Social Isolation and Spouse Relationship. These results can be represented graphically by writing down the stressor variables and underlining the homogeneous subsets as shown below in table (5). In this

representation, clusters of stressors not underlined by a common line differ significantly from each other.

**Table (5)**  
**The Stressor Variables and Underlining the Homogeneous Subsets**

| Acceptability | Demanding-<br>ness | Depression | Adaptability | Isolation | Spouse |
|---------------|--------------------|------------|--------------|-----------|--------|
| 2.99          | 2.88               | 2.74       | 2.55         | 2.38      | 2.14   |

The above pattern of results would indicate that Kuwaiti mothers of children with mild IDD perceived Acceptability as more severe than all other stressors. Mothers, on the other hand, perceived Demandingness, Depression and Adaptability as moderate stressors with regard to severity. The remaining stressors, Social Isolation and Spouse Relationship were perceived as relatively mild.

## Discussion

Similarities were found in assessing the impact of various demographic variables on the severity of types of parenting stressors among mothers of children with mild IDD and mothers of children without disabilities in Kuwait. The findings showed that none of the demographic variables: Child Age, Child Gender, and Mother's Age had an impact on the severity of types of parenting stressors as perceived by mothers of children with and without disabilities. This means that when Kuwaiti mothers of children with mild IDD and mothers of children without disabilities experience severe stressors, the severity does not differ according to the age of the child, his/her gender, and the age of the mother.

Contrary to the current findings, studies in other countries found significant relationships between parenting stressors and child age (Bristol, 1979; Farber, 1959; Suelze & Keenan., 1981). The current researcher was not able to locate previous studies that dealt with the relationships between parenting stressors and the other demographics, which were included in the present study.

Another result of the present study showed that Kuwaiti mothers of children with mild IDD perceived child's Acceptability (child characteristics) and Depression (mother characteristics) as severe stressors in comparison with mothers of children without disabilities. However, when

the study rank-ordered the severity of stressor variables as perceived by mothers, Acceptability was found more severe than all others.

The severity of the stressors related to Acceptability and Depression may be due the fact that, with regard to the child, the disability would increase the stressors related to Acceptability in comparison with the child without disability. This is because of the child's intellectual and functional limitations. On the other hand, the gap between the child's behaviors and mother's expectations related to these behaviors may constitute an additional factor that leads to an increase in the level of severity of stressors related to Acceptability. A mother's expectations are usually based on her knowledge about behaviors of children without disabilities. A mother's lack of information about the intellectual disability would not enable her to modify her expectations to be appropriate to the behavior of the child with mild IDD. As a result, a mother of a child with mild IDD may perceive Acceptability as severe stressors, when compared to a mother of a child without disability.

Also, it seems logical to find Acceptability and Depression perceived by mothers of children with mild IDD as severe stressors, when compared to mothers of children without disabilities. Mothers' feeling depressed may be related to their failure to teach the child with mild IDD the role expected in the family. If a child is not enabled to play the role expected by mothers, mothers may feel frustration and depression. The gap between the child's behaviors and mother's expectations may constitute an additional factor that leads to an increase in the level of severity of stressors related to depression. Also, the intellectual and social limitations of the child with mild IDD may lead mothers to feel guilty and frustrated.

The phenomenon of extended family in Kuwait may be reason for finding Acceptability as severe stressors perceived by mothers of children with mild IDD, when the rank-order tested. The child is expected to behave in prescribed ways in the extended family in Kuwait. For example, he/she is expected to show respect for the elders in the family, behave at a level appropriate to his/her age, help mother in entertaining guests, not to bother a mother with demands when she is involved in social gatherings. If a child has a disability, he/she may not successfully learn the roles and may misbehave. The inability of the child to meet these expectations exposes his/her limitations to a wider audience and

leads to embarrassment for the mother. In addition, members of the extended family may show implicit or explicit rejection of the child, which may put pressure on mothers with regard to the child. Thus, although extended families in Kuwait lend support to its members, in the case of a child with mild IDD, they might contribute to an increase in the severity of parenting stressors related to child Acceptability.

In regard to the findings, the current researcher could not find studies that directly dealt with the severity of types of stressors experienced by mothers of children with and without disabilities. However, similar findings were noted in the study of Kandari (2005) in Kuwait, and Sanea's study (1999) in Bahrain that found Acceptability as severe stressors experienced by mothers of children with mild IDD. In regard to Depression, comparative studies have consistently shown small-to-moderate effect sizes for self-reported symptoms of depression among care-giving parents when compared with parents of children without disabilities. In a large-scale study of mothers of children with developmental disabilities, Breslau and Davis (1986) found that 30% of these mothers had scores over the clinical cutoff score on the Center for Epidemiological Studies Depression Scale, twice the incidence in a comparison population of mothers of non-disabled children. Follow-up psychiatric interviews seem to suggest that up to one third of mothers of children with IDD are struggling with feelings of sadness, fatigue, or hopelessness. Moreover, (Gowen et al., 1989) reported that depression in mothers might be caused by burdens associated with the child's disability.

In general, the present study pointed to the importance of Acceptability and Depression as severe stressors experienced by Kuwaiti mothers of children with mild IDD, when compared to mothers of children without disabilities. It also rank-ordered child's Acceptability as the most severe stressors perceived by mothers of children with mild IDD. These characteristics (Acceptability and Depression) should be given priority by social providers, when they design group intervention programs. Professionals, for example, can start the intervention by (A) providing mothers with information to understand child's disability and his/her conditions, (B) providing mothers with individual counseling that helps to enhance their cognitive appraisal of the child, and (C) sharing positive ideas about the child that can be developed by a mother and members of the extended family to ensure the acceptance of the child's



disability among family members. It seems that giving a mother enough information about the disability will help to enhance her ability to teach the child how to successfully play the role expected in the family, and will help to decrease mothers' feelings of frustration and depression in regard to the child's failure to play the role expected, and to the child's behavioral problems

## Reference

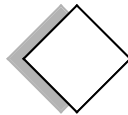
- Abidin, R. R. (1990). The determinants of parenting behavior. *Journal of Clinical Child Psychology, 21*: 407-412.
- Abidin, R. R. (1995). *Parenting stress index: Professional manual* (3 Ed.). USA: Psychological Assessment Resources, Inc.
- Azemi, M. F. (1998). Parenting stress and needs among mothers of children with mild mental retardation. Unpublished master's thesis. Arabian Gulf University, Bahrain.
- Beckman, P.J. (1983). Influence of selected child characteristics on stress in families of handicapped infants. *American Journal of Mental Deficiency, 88* (2): 150-165.
- Bendell, R. D., Culbertson, J. L., Shelton, T. L., & Carter, B. D. (1986). Interrupted infantile apnea: Impact on early development, and temperament, and maternal stress. *Journal of Clinical Child Psychology, 15*: 304-310.
- Breslau, N., & Devis, G. C. (1986). Chronic stress and major depression. *Archives of General Psychiatry, 43*: 309-314.
- Bristol, M. M. (1979). Mothers and fathers of young developmentally disabled and nondisabled boys: Adaptation and spousal support. *Developmental Psychology, 24*: 441-451.
- Cameron, S.J., & Orr, R.R. (1989). Stress in families of school-aged children with delayed mental development. *Canadian Journal of Rehabilitation, 2*: 137-144.
- Campbell, M., Gonzalez, N.M., & Silva, R.R. (1992). The pharmacological treatment of conducting disorders and rage outbursts. *Child & Adolescent Psychiatric Clinics of North America, 15*: 69-85.
- Dumas, J.E., Gibson, J.A., & Albin, J.B. (1989). Behavioral correlates of maternal depression symptomatology conduct disorder children. *Journal of Consulting and Clinical Psychology, 57*: 516-521.
- Dyson, L., & Fewell, R.R. (1989) Stress and adaptation in parents of young handicapped and nonhandicapped children: A comparative study. *Journal of the Division for Early Childhood, 10*: 25-35.
- Farber, B. (1959). Perceptions of crisis and related variables in the impact of a retarded child on the mother. *Journal of Health and Human Behavior, 1*: 108-118.
- Gallimore, R., Coots, J., Weisner, T., Garnier, H., & Guthrie, D. (1993). Family responses to children with early developmental delays II: Accommodation intensity and activity in early and middle childhood. *American Journal on Mental Retardation, 101* (3): 215-232.
- Gowen, J. W., Johnson-Martin, N., Goldman, B. D., & Applebaum, M. (1989). Feelings of depression and parenting competence of mothers of handicapped and

- nonhandicaped infants: A longitudinal study. *American Journal on Mental Retardation*, 94: 259-271.
- Greenberg, J. S., Seltzer, M. M., Krauss, W., & Kim, H. (1997). The differential effects of social support on the psychological well-being of aging mothers of adults with mental illness or mental retardation. *Family Relation*, 46 (4): 383-394.
- Guisinger, S., Cowan, P.A., & Schuldberg, D (1989). Changing parent and spouse relations in the first years of remarriage of divorced fathers. *Journal of Marriage and Family*, 51: 445-456.
- Hadedi, M., Al-Samadey, J., & Al-Khateeb, J. (1992). Stressors on families of children with disabilities. *Journal of the Education Science College*, Jordanian University, 21: 1-25.
- Hanson, M., & Hanline, M. (1990). Parenting a child with a disability: A longitudinal study of parental stress and adaptation. *Journal of Early Intervention*, 14: 234-248.
- Holden, G. W., & Edwards, L. A. (1989). Parental attitudes toward child rearing: Instruments, issues, and implications. *Psychological Bulletin*, 106: 29-58.
- Holt, K. S. (1958). Home care of the severity retarded. *Pediatrics*, 22: 744-755.
- Innocenti, M. S., & Kwisun, H. (1992). Families of children with disabilities: Normative data. *Topics in Early Childhood Special Education*, 3 (7): 403-25.
- Jerar, J. M. (1989). *A study of parenting stressors among mothers of children with disabilities*. Bahrain: The Ministry of Information.
- Khaled, M. (1997). The functional performances of mothers of children with mild intellectual disabilities under stressful caregiving. Unpublished master's thesis, Arabian Gulf University, Bahrain.
- Kandari, H. Y. (2005). Parenting stressors, needs for services, and caregiving self-efficacy among mothers of children with mild IDD in Kuwait: Assessing impact between variables. Unpublished Ph.D thesis, Simmons College: Boston, USA.
- Krause, N., & Tran, T. V. (1989). Stress and religious involvement among older Blacks. *Journal of Gerontology: Social Sciences*, 44: S4-S13
- Mahoney, G., & O'Sullivan, P. (1992). The family environment of children with disabilities: Diverse but not so different. *Topics in Early Childhood Special Education*, 12 (3): 386-17.
- McCubbin, H. I., Couble, A. E., & Patterson, J. M. (Eds.) (1982). *Family stress, coping and social support*. Springfield, ILL: Charles C. Thomas Publisher.
- Minnes, P. M. (1988). Family resources and stress associated with having a mentally retarded child. *American Journal on Mental Retardation*, 93: 184-192.
- Mutairi, M. R. (2002). The relationship between parenting stress and some variables related to mildly mentally retarded children. Unpublished Master's thesis, Arabian Gulf University, Bahrain.
- National Survey of Caregivers* (Sponsored by the Opinion Research Corporation, American Association of Retired Persons, & Travelers Companies Foundation) (1988, October). Washington, DC: American Association of Retired Persons.
- Orr, R. R., Cameron, S. J., & Day, D. M. (1991). Coping with stress in families with

- children who mental retardation: An evaluation of the double ABCX model. *American Journal on Mental Retardation*, 95 (4): 444-450.
- Quine, L., & Pahl, J. (1985). Examining the causes of stress in families with severely mentally handicapped children. *British Journal of Social Work*, 15: 501-517.
- Sanea, A. H. (1999). Level of parenting stressors challenging parents of children with mild intellectual disabilities. Unpublished master's thesis, Arabian Gulf University, Bahrain.
- Singhi, P. D., Goyal., Pershad, D., Singhi, S., & Walia, B. N. (1990). Psychosocial problem in families of disabled children. *British Journal of Medical Psychology*, 63: 173-182.
- Speltz, M. L., Armsden, G. C., & Clarren, S. S. (1990). Effects of craniofacial birth defects on maternal functioning post-infancy. *Journal of Pediatric Psychology*, 15: 177-196.
- Suelze, M., & Keenan, V. (1981). Changes in family support networks over the life cycle of mentally retarded persons. *American Journal of Mental Deficiency*, 72: 16-20.
- Theferee, A. M. (2001). The relationship between parenting stress and types of family relationship for parents of s child with mental retardation. Unpublished master's thesis, Arabian Gulf University, Bahrain.
- Wikler, L. (1981). Chronic stress of families of mentally retarded children. *Family Relations*, 30: 281-288.

Submitted: January 2006

Approved: July 2006



## الضغوط الوالدية لدى أمهات الأطفال المعوقين وأمهات الأطفال غير المعوقين عقلياً

د. هيفاء الكندري\*

**ملخص:** تهدف الدراسة الحالية إلى تعرف الضغوط الوالدية لدى الأمهات الكويتيات اللاتي لديهن أطفال معوقون واللاتي لديهن أطفال غير معوقين عقلياً. استخدمت الدراسة طريقة المسح الميداني الذي شمل 82 أمّاً قسمن بالتساوي إلى مجموعتين: (1) أمهات الأطفال غير المعوقين في المرحلة الابتدائية التابعة للمدارس الحكومية، و(2) أمهات الأطفال المعوقين عقلياً إعاقة بسيطة في المرحلة الابتدائية التابعة لمدارس التربية الخاصة في دولة الكويت. اعتمدت الدراسة على طريقة التطبيق الذاتي للاستبانة من الأمهات اللاتي شاركن في الدراسة، واستخدم مقياس أبدين (1995) لتعرف الاختلافات في الضغوط الوالدية لدى أمهات الأطفال المعوقين وأمهات الأطفال غير المعوقين عقلياً. بينت نتائج الدراسة أنه لا توجد اختلافات في شدة الضغوط الوالدية بأنواعها المختلفة لدى أمهات الأطفال المعوقين وأمهات الأطفال غير المعوقين عقلياً وذلك وفقاً للمتغيرات السكانية (عمر الطفل، وجنس الطفل، وعمر الأم). عند المقارنة بأمهات الأطفال غير المعوقين، بينت النتائج أن لدى أمهات الأطفال المعوقين عقلياً ضغوطاً والدية شديدة، لها علاقة بقدرة الطفل على أداء الدور المتوقع منه. كما بينت الأمهات أن لديهن ضغوطاً والدية متوسطة الشدة لها علاقة بشعورهن بالاكتمال لرعايتهن للطفل المعوق. أشارت النتائج أيضاً إلى أن الأمهات الكويتيات اللاتي لديهن أطفال معوقون عقلياً إعاقة بسيطة يتعرضن لضغوط والدية شديدة لها علاقة بالدور المتوقع من الطفل، وذلك مقارنة بالضغوط الوالدية الأخرى. نتائج الدراسة الحالية ستساعد المختصين في مجال تقديم الخدمات والاختصاصيين الاجتماعيين على تطوير الخدمات المقدمة لأسر الأطفال المعوقين عقلياً بهدف التخفيف من الضغوط الوالدية التي تتعرض لها الأمهات عند رعايتهن لأطفالهن المعوقين.

**المصطلحات الأساسية:** الضغوط، الوالدية، الإعاقة العقلية، مقياس

الضغوط الوالدية.

\* قسم الاجتماع والخدمة الاجتماعية - كلية العلوم الاجتماعية، جامعة الكويت، الكويت.