

## Intermediary Role of the Number of Exceptional Children on Parent's Attachment to God, Mental Health and Resiliency

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### ABSTRACT

Today, due to high statistics of family marriage in some regions of the country and affecting role of genetic and biological factors in birth of exceptional children, there is possibility of having more than one exceptional child with special needs in a family. The present study strives to identify the role of the number of exceptional children in parent's attachment to God, mental health and resiliency. In this comparative study, according to Morgan table of determining sample and random sampling, 296 parents having at least one exceptional child are selected among the targeted population. Data collection is performed using three questioners to evaluate their attachment to God, resiliency and symptom checklist (SCL-90-R). The results of T-test analysis demonstrates that although there is no significance difference between fathers of one and more than one exceptional child with respect to attachment to God (Secure= $p>0.18$ ), (avoidant= $p>0.14$ ), (anxious= $p>0.29$ ), resiliency ( $p=0.11$ ), and mental health ( $p>0.30$ ), difference of the three evaluated criteria among mothers of one and more than one exceptional children is ( $p=0.001$ ) significant. What is more, mothers of one exceptional child showed more secure attachment to God while mothers of more than one exceptional child showed more anxious-avoidant attachment to God with a ( $p=0.001$ ) significant difference. Findings of this study are in line with theories, models, and researches carried out so far, particularly those considering gender differences in coping with stressful situations. As mothers are affected more by the number of exceptional children with special needs in the family, they need more concern and support on behalf of their husbands and other organizations supporting families with exceptional child.

**KEYWORDS:** Religion, Attachment to God, Resiliency, Mental health, Exceptional children

### INTRODUCTION

The presence of exceptional children and children with special needs in each family, overshadow the structure and mental health of family members, especially parents [1]. The exceptional child's family, due to having a different child from others, confronts with maintenance, rehabilitation, education and training problems. These issues put a great deal of stress on parents' shoulders which may cause the whole family to lose its peace and integrity, leading to inadaptability and inconformity. Hence due to high number of family marriages in many parts of the country and crucial role of genetic and biological factors in the birth of exceptional children, there would be likely more than one exceptional child in families. This can increase the extent and level of stress by imposing the special needs of foster families [2].

Generally two mental stress factors govern families with exceptional children: one is the real responsibilities which are exceeded when other exceptional children are born; the other is based on individual differences, which refers to parent's perception of fostering an exceptional child, focusing on life cycle and adapting to/coping with psychological stress due to the presence of children and their special needs [3]. In such families, although all family members and functions are damaged, the basic assumption is that the problems of fostering handicapped and disabled children would primarily predispose parents, especially mother to mental health issues [6,5,4].

Overall, evidence indicates that individuals react differently to stressful conditions, such as the presence of an exceptional child in the family [7,8]. One of reasons for these different reactions, is the concept of resiliency [9,2,10,11]. This construct, as a mediating factor, can be placed between mental health and many other variables; which if enhanced, can increase individuals' resistance to conditions that cause psychological problems [7,8].

Likewise the results of some studies show that there is a positive and significant relationship between resilience and mental health [12,13,11,2,14]. But today one of the most important factors of resilience and

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mental health promotion is the attachment to God [15-16]. According to Bowlby's theory, human is born with a mental-biological system named attachment behavior system. This system has an adaptive value and proceeds individuals to maintain closeness and adjoining to important people or attachment figures - those who the child can stay close to in threatening situations in order to increase the chance of adaptability and survival. The aim of the system in children is to acquire a secure, really supported or perceived sense of close and intimate interaction with the attachment figure [17].

The concept of attachment is widespread, and in addition to the including parent-child relationship, and the relationship of other adults with each other, includes the religious realm as well[15]. Therefore it could be argued that, intimate, emotional and love relationship which individuals feel with attachment figure, is to some extent true with God. [18] Attachment relationship between the individual and God is perceived as beyond the limits of the physical presence [19]. In fact, God as the source and base of attachment allows to be accounted as the main position of attachment. One of the qualities of this attachment base is a secure shelter/refuge that can be referred to at afflictions [20], which is always accessible. Believing individuals (theists) consider God as the base of security since they perceive him as almighty and wise. Therefore they feel strong and secure from his presence [18]. Studies on the relationship between attachment to God and mental health confirm the mentioned assertions[15-21-22-23]. Individuals may select different styles of avoidant, anxious or secure attachment to God under different circumstances. Individual differences of attachment to God can be conceptualized and measured in the same way as individual differences of adult attachment and childhood attachment history. In secure attachment to God, God is accessible and responsive. In avoidant attachment, God is far away and inaccessible; and in anxious attachment God is accessible and responsive inconstantly. People with secure attachment to God, have less anxiety, less depression and physical illness, life satisfaction and psychological adaptability than those with insecure attachment [24]. Insecure attachment is associated with higher anxiety[25], and secure attachment to God is associated with better emotional adaptability[21]. Attachment styles with secure models have better psychological adaptability and mental health than avoidant attachment style. Individuals with secure attachment consider God as less controlling and more loveable and closer to one's own than individuals with avoidant attachment. [16] Individuals with avoidant attachment show lower religious commitment and those with anxious attachment show extremist religious behaviors[24]. Based on what was said, the birth and the presence of children with disabilities and mental retardation, develop special needs and endanger the mental health of parents especially mothers who have distinct roles in families and spend much longer in close relationship to such children at home than fathers. Moreover, based on the above evidence, mood and emotional disorders due to life stress is reported to be more prevalent among women than men. Basically, it is expected that two variables of parents' gender and the number of children with special needs in the family, as potentially intervening variables, lead to different styles of attachment to God, resiliency and mental health of the parents of exceptional children.

## METHODS

This study is conducted on the framework of causal-comparative research. The population of the study includes parents with at least one educable mentally retarded disabled child. Total number of educable mentally retarded students was 612 patients educating in six schools and three grades. However, the population size of the study was 1224 educable mentally retarded child's parent. Based on Morgan's table the sample size was estimated to be 297. The sample was selected based on relative stratified random sampling among schools and grades in a way that the sample size was relative to the population size in each school and grade and the process of selecting the participants of the study was random but open. Sample participants' age was between 21 to 67 years, the mean age and respected standard deviation were respectively 39.21 and 7.16.

Three questionnaires were used for data collection. Miner and ghobari's[26] *scale of Attachment to God*: This questionnaire contains 52 items and three subscales, secure, avoidant and anxious attachment. Each questions of the test, is a short description of how the individual is attached to God. Participants define the degree of accordance of each statement with their own experiences with God, on a 7-point Likert scale rated from 1 (strongly disagree) to 7 (strongly agree). The scale was devised by Mayner and Qobari in 2009 to assess individuals' attachment to God. It was tested on Muslims living in Australia for validity and reliability check. This test has high validity and reliability and its Cronbach's alpha coefficient is 0.95. Likewise in this study, the Cronbach's alpha coefficient is 0.97. The total correlation between this questionnaire and Rowatt and Kirkpatrick's[25] questionnaire of attachment to God is estimated to be 0.81, and the correlation of secure, avoidant, and anxious dimensions are 0.87, 0.85 and 0.73 respectively.

*Conner-Davidson Resilience Scale (CD\_RISC)*: This 25-item scale includes five elements of fitness, personal strength /instincts trust/ tolerance of negative emotions, positive acceptance of change/ secure relations, control and spirituality. This Likert-type scale is graded from zero to five (never, rarely, sometimes, often, and always). Results of preliminary studies have confirmed the reliability and validity of this scale[29]. That is adapted by Muhammad for use in Iran. This scale can distinguish non-resilient and resilient individuals in clinical and non-clinical groups, and can be used in both research and clinical settings [27]. In the present study,

first the correlation between each score and the total scores of the test, except for (item 3) was calculated and the coefficients were estimated to stand between 41 and 64 percent. Then using principal components, the comparison between items was established based on factor analysis. The internal consistency of the questionnaire using Cronbach's alpha was calculated to be 0.89. The Cronbach's alpha coefficient of the questionnaire is estimated to be 0.95. Correlations of total questions vary from 30 to 70 percent [28].

*Revised list of psychological symptoms (SCL-90-R):* The primary form of the questionnaire is designed by Dragotis, Lippman and Covoy[29] to show the psychological dimensions of physical and mental patients. The questionnaire has been revised by Dragotis et al[30]. They prepared the final version titled as *the revised list of psychological symptoms (SCL-90-R)*. The SCL-90-R test contains only 90 items and can be complete in just 12-15 minutes. The test helps measure 9 primary symptom dimensions and is designed to provide an overview of a patient's symptoms. In Rezapour's[31] study, the reliability coefficients of the questionnaire were reported to stand between 62 to 91 percent using the bisection method, and between 61 and 88 percent using Cronbach's alpha.

*Method of Data Collection and Ethical Considerations:* Those three mentioned questionnaire and other required demographic data were adjusted as a booklet of research questions. To protect participants' private information, the questionnaire booklet was coded. With the permission of the bureau of education in the province and after determining the subjects, the researcher communicated with the participants through using their phone number saved in the school document. After explaining the objectives of the research thoroughly and assuring their anonymity and confidentiality of the information, participants were freely asked to cooperate with the interviewers and fill the questionnaires. By declaring participants' cooperation, the parents of these exceptional children (subjects) coordinated the time of their meeting with the interviewer, who was BA of psychology. The interviewer went to their home and the participants filled the questionnaire in this manner.

The data collected in this study were analyzed using SPSS v.15 and t-test statistical methods.

## RESULTS

Of the total 294 parents with exceptional children in the study, 147 (50%) were fathers, and 147 (50%) were mothers of exceptional children. Among them, 234 parents had one exceptional child (80%) and 60 (20%) had more than one exceptional child. Examining the demographics of the sample, it was determined that, in terms of career, highest frequency (39.5%) went for office employees and lowest frequency (3.4%) were retired. The highest frequency, in terms of education level, was related to Diploma graduate (35.5%) and the lowest frequency (5.7%) of the parents were illiterate (Table 1).

Table 1: Frequency distribution of the study participants according to career, education level and the number of exceptional children

career	percent	frequency	Education level	percent	frequency
Unemployed	30.1	89	illiterate	5.7	17
Employee	39.5	117	Junior high school	15.9	47
free	20.6	61	Diploma graduate	35.5	104
Worker	6.4	19	undergraduate	17.6	52
Retired	3.4	10	Graduate and higher	25.3	74
Parents with exceptional child	1 child	234	total	100%	294
	2 and more children	60			

Examining the mental health of Mothers with exceptional children, it was observed that the mean mental health of mothers with two or more children with special needs is higher than mothers with one exceptional children and it is statistically significant ( $p=0.001$ ). (Table 2).

Table 2: Comparison between dimensions of mental health of mothers in terms of the number of exceptional children

Dimensions of mental health	Number of children with special needs	mean	standard deviation	Significance level
Physical complains	1 child	1.22	1.03	df=146 t= -9.87 p<0.001
	2 and more child	3.02	0.76	
Obsession compulsion	1 child	1.20	0.90	df=146 t= -11.61 p<0.001
	2 and more child	3.22	0.98	
Sensitivity in Interpersonal relations	1 child	1.29	0.92	df=146 t= -11.31 p<0.001
	2 and more child	3.27	0.98	
depression	1 child	1.18	0.95	df=146

	2 and more child	3.02	0.84	t= -10.64 p<0.001
<b>anxiety</b>	1 child	1.21	0.97	df=146 t= -10.63 p<0.001
	2 and more child	3.16	1.01	
<b>aggression</b>	1 child	0.87	0.77	df=146 t= -14.30 p<0.001
	2 and more child	3.13	1.02	
<b>phobia</b>	1 child	0.88	0.79	df=146 t= -13.51 p<0.001
	2 and more child	2.94	0.88	
<b>paranoia</b>	1 child	1.28	0.90	df=146 t= -9.77 p<0.001
	2 and more child	2.88	0.79	
<b>psychosis</b>	1 child	0.84	0.80	df=146 t= -13.67 p<0.001
	2 and more child	2.96	0.91	
<b>total(Mental health)</b>	1 child	100.81	74.23	df=146 t= -12.35 p<0.001
	2 and more child	275.76	78.42	

Examining the mental health of fathers with exceptional children, it was observed that the mean mental health of fathers with two or more children with special needs is higher than fathers with one exceptional child but it is not statistically significant ( $p>0.30$ ). Only in aggression dimension, the mean mental health of fathers with one exceptional child is lower than fathers with two or more children and it is statistically significant ( $p=0.001$ ) (Table 3).

Table 3: Comparison between dimensions of mental health of fathers in terms of the number of exceptional children

Dimensions of mental health	Number of children with special needs	mean	standard deviation	Significance level
<b>Physical complains</b>	1 child	0.51	0.67	df=146 t= -0.81 p=0.42
	2 and more child	0.64	0.85	
<b>Obsession - compulsion</b>	1 child	0.61	0.70	df=146 t= -0.90 p=0.37
	2 and more child	0.75	0.69	
<b>Sensitivity in Interpersonal relations</b>	1 child	0.67	0.78	df=146 t= -0.00 p=1.000
	2 and more child	0.67	0.65	
<b>depression</b>	1 child	0.50	0.62	df=146 t= -0.92 p=0.36
	2 and more child	0.62	0.57	
<b>anxiety</b>	1 child	0.54	0.67	df=146 t= -1.21 p=0.23
	2 and more child	0.72	0.70	
<b>aggression</b>	1 child	0.47	0.67	df=146 t=0.07 p=0.94
	2 and more child	0.46	0.50	
<b>phobia</b>	1 child	0.40	0.53	df=146 t= -0.42 p=0.67
	2 and more child	0.45	0.39	
<b>paranoia</b>	1 child	0.72	0.77	df=146 t= -1.02 p=0.31
	2 and more child	0.89	0.86	
<b>psychosis</b>	1 child	0.40	0.51	df=146 t= -2.97 p=0.003
	2 and more child	0.75	0.65	
<b>Total(Mental health)</b>	1 child	48.30	54.28	df=146 t= -1.03 p=0.30
	2 and more child	60.52	52.57	

Examining the secure dimension of attachment to God among mothers, it was observed that mothers with one child have higher rates of secure attachment than mothers with two or more exceptional children, and it is statistically significant ( $p<0.001$ ). But regarding the dimensions of avoidance and anxiety, mothers with two or more children, compared to mothers with one exceptional child, have higher attachment and the differences are statistically significant ( $p<0.001$ ) (Table 4).

Table 4: Comparison of attachment styles to God in among mothers terms of the number of exceptional children

Dimension of attachment to God	Number of children	mean	Standard deviation	Significance level
Secure	1 child	6.01	0.78	df=146
	2 and more child	3.01	1.41	t= 16.31 p<0.001
avoidant	1 child	1.73	0.67	df=146
	2 and more child	5.40	1.75	t= -18.45 p<0.001
anxious	1 child	2.18	0.91	df=146
	2 and more child	4.76	1.91	t= -11.04 p<0.001

Examining the secure dimension of attachment to God among fathers, it was observed that fathers with one child have higher rates of secure attachment than fathers with two or more exceptional children and in the dimensions of avoidance and anxiety, fathers with two or more children, compared to fathers with one exceptional child, have higher rates but the differences are not statistically significant (Table 5).

Table 5: Comparison of attachment styles to God in among mothers terms of the number of exceptional children

Dimension of attachment to God	Number of children	mean	Standard deviation	Significance level
Secure	1 child	6.38	0.55	df=146
	2 and more child	6.22	0.41	t= 1.36 p=0.18
avoidant	1 child	1.55	0.55	df=146
	2 and more child	1.73	0.56	t= -1.49 p=0.14
anxious	1 child	1.67	0.61	df=146
	2 and more child	1.81	0.39	t= -1.06 p=0.29

Examining parents' resiliency in terms of the number of exceptional children, it was determined that the mean resilience of mothers with one exceptional child is higher than mothers with two or more and it is statistically significant ( $p<0.001$ ). Although the mean resiliency among fathers with one exceptional child is higher than those with two or more children, this difference is not statistically significant ( $p=0.11$ ) (Table 6).

Table 6: Comparison between mothers and fathers 'resiliency in terms of the number of exceptional Children

variable	Number of children	parents	mean	Standard deviation	df	t	Sig
resilience	1 child	mothers	86.94	16.97	146	13.34	0.001
	2 and more child		41.39	21.25			
	1 child	fathers	101.88	19.48	146	1.63	0.11
	2 and more child		95.12	15.41			

## DISCUSSION

Among the parents of exceptional children, no significant difference between fathers with one exceptional child and fathers with more than one child exceptional in terms of attachment to God, resiliency and mental health were observed, whereas mothers with one exceptional child were more resilient and healthy than mothers and this difference was significant. Although, the fact of having a child with special needs is really grievous; men can better cope and adapt with psychological stresses. Moreover, most men, including the sample in this study, are employed outside home and this would provide them with more social support to cope with stressful conditions. These findings are consistent with Austin, Saclovsky and Egan (2006) and Haninton (2005) which claim that women have higher emotional variability than men; they suffer from anxiety and neuroticism 50% higher than men do; they have more negative emotions in daily life and develop depression two times than men do. Likewise they are consistent with Granqvist and Kirkpatrick (2011), Rahimian and Bugar (2008) and Samani, Jokar and Sahargard's (2007) findings that exceptional children spend most of their times at home interacting with mother and their presence, due to having behavioral and emotional problems, decreases mothers' mental health and resiliency. The increase of exceptional children in families intensifies and maximizes the special needs leading to decline mother's mental health and resilience.

Results also revealed that mothers with one exceptional child have secure attachment to God; in comparison to mothers with more than one exceptional child who develop avoidant and anxious styles and these

differences are significant. Within the framework of attachment theory, individuals shape a communication model with self, others, and God depending on the attachment style. This model, on the one hand can reveal trust, confidence, anxiety or avoidance of communication. On the other hand in stressful conditions, such as the conditions of mothers with more than one exceptional child, psychological, social, economic, cultural and multiple pressures and stressors of the presence of such children, in addition to fueling the complexity of the issue, predispose mothers to select more immature attachment styles such as the models of anxiety and avoidance, even in relationship with God. In avoidant attachment, God is far away and inaccessible; and in anxious attachment, God is accessible and responsive inconsistently (Kirkpatrick & Shaver, 1992). Consistent with the findings of the present study, people with secure attachment to God, have less anxiety, less depression and physical illness, life satisfaction and psychological adjustment than those with insecure attachment (Kirkpatrick & Shaver, 1992). Insecure attachment is associated with higher anxiety (Rowatt and Kirkpatrick, 2002). Attachment styles with secure models have better psychological adaptability and mental health than avoidant style. Individuals with secure attachment consider God as more loveable and closer to one's own than individuals with avoidant attachment (Mikulincer et al., 2007). In fact attachment between the individual and God, as a perceived relationship, is beyond the limits of the physical presence (Kirkpatrick & Shaver, 1990). This relationship named as the belief in God, provides individuals with meaningful and purposeful attitudes toward the whole universe. In fact, God as the source and base of attachment allows to be accounted as the main position of attachment. One of the qualities of this attachment base is a secure shelter/refuge that can be referred to as affections (Salarifar, 2000), which is always accessible in spite of physical absence. Believing individuals (theists) consider God as the base of security since they perceive him as almighty and wise. Therefore they feel strong and secure from his presence (Kirkpatrick, 1994).

The overall results showed no significant difference between fathers with one child exceptional and fathers with more than one exceptional child in terms of attachment to God, resiliency and mental health, whereas mothers with one exceptional child were more resilient and healthy than mothers with more than one exceptional child. Also mothers with one exceptional child had secure attachment to God; in comparison to mothers with more than one exceptional child who have avoidant and anxious style. In addition to reminding families of precautionary measures to prevent the birth of exceptional children; authorities and social, economical and health institutions are demanded to pay much more attention to families with exceptional children and especially to mothers who indeed carry the intolerable burden of families and children's problems.

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