

ISSN- 0301-1216

Indian J. Prev. Soc. Med. Vol. 55, No.3, 2024

A Comparative Study of Emotional Intelligence, Mindfulness, Social Support and Psychological Well-being of Mothers of Children with Cerebral Palsy and Intellectual Disability

Ved Prakash Rawat¹, Santosh Kumar Mishra², Garima Gupta³, Virali Prakash⁴

The present research paper planned to examine the difference between mothers of children with cerebral palsy and mothers of children with intellectual disability on the level of emotional intelligence, mindfulness, social support and psychological well-being. The study was conducted with 200 mothers of children with disability who were divided into two groups: 100 mothers of children with cerebral palsy and 100 mothers of children with intellectual disability. Purposive sampling technique was used and the participants' ages ranged from 25 to 55 years. The participants have been taken from various centers situated in different district of Varanasi, Chandauli and Gorakhpur in Uttar Pradesh. Total four psychometric tools namely - Emotional Intelligence Scale, Mindfulness Scale, Social Support Scale and Psychological wellbeing Scale were used. The result showed that no significant difference between mothers of children with cerebral palsy and mothers of children with intellectual disability on emotional intelligence but significant differences found between mothers of children with cerebral palsy and mothers of children with intellectual disability on mindfulness. There are significant differences between mothers of children with cerebral palsy and mothers of children with intellectual disability on social support and significant difference between mothers of children with cerebral palsy and mothers of children with intellectual disability on psychological well-being. Overall, the study emphasizes the importance of addressing the psychological needs of mothers of disabled children through emotional intelligence, mindfulness, social support, and psychological wellbeing.

Keywords: Emotional Intelligence, Mindfulness, Social Support, Psychological Well-being, Mothers of Children with Disability

Introduction

Mothers of disabled children play a critical role in the lives of their disabled children, facing unique challenges and demonstrating remarkable strength and resilience. Caring for a child with disabilities requires a level of dedication, compassion, and advocacy that goes beyond the ordinary. In the face of adversity, these mothers exhibit remarkable strength and resilience, challenging societal stereotypes and working towards creating a more inclusive and accepting world.

Cerebral palsy: Cerebral palsy (CP) is a neurological disorder that affects movement, muscle control, and posture. It is one of the most common motor disabilities in childhood, affecting approximately 17 million people worldwide. Cerebral palsy occurs as a result of brain damage or abnormalities in brain development, typically before or during birth. The condition is lifelong and requires ongoing management and support. Mothers of children with cerebral palsy face a range of challenges in their care giving role. These challenges can have a significant impact on their well-being and daily lives. Some of the common challenges faced by mothers of cerebral palsy children such as emotional and psychological stress,¹ physical demands and care giving responsibilities,² financial burden,^{3,4} social isolation and stigma,⁵ lack of support services,⁶ balancing multiple roles,⁷ and future uncertainty.⁸

1. Associate Professor, Department of Psychology, Vasanta College for Women, Admitted to the privileges of Banaras Hindu University, Rajghat Fort, Varanasi, **Email:** rawatv704@gmail.com
2. Assistant Professor, Department of Sociology, Vasanta College for Women, Admitted to the privileges of Banaras Hindu University, Rajghat Fort, Varanasi, **Email:** skmpdf@gmail.com
3. Assistant Professor, Department of Psychology, AMPG College, Admitted to the Privileges of Banaras Hindu University, Email: Chetganj, Varanasi. **Email:** grm.garima2@gmail.com
4. Former Students, Department of Psychology, Daulat Ram College, Delhi University, Delhi, **Email:** viralipraksh26@gmail.com

Corresponding Author: Dr. Santosh Kumar Mishra, Assistant Professor, Department of Sociology, Vasanta College for Women, Admitted to the privileges of Banaras Hindu University, Rajghat Fort, Varanasi, **Email:** skmpdf@gmail.com

| | | | | | | | |
|------------|------------|----------|------------|----------|------------|----------|------------|
| Submission | 02.09.2024 | Revision | 05.09.2024 | Accepted | 16.09.2024 | Printing | 30.09.2024 |
|------------|------------|----------|------------|----------|------------|----------|------------|

Prior Publication: Nil; **Source of Funding:** Nil; **Conflicts of Interest:** None, **Article #216/288**

Intellectual disability

Intellectual disability, also known as intellectual developmental disorder (IDD), is a neuro-developmental condition that affects an individual's cognitive functioning and adaptive skills. It is characterized by limitations in intellectual functioning and difficulties in areas such as communication, self-care, social interactions, and problem-solving. Intellectual disability is a lifelong condition that can vary in severity, with each person experiencing unique challenges and strengths.⁹

Raising a child with an intellectual disability can be emotionally and psychologically challenging for mothers. They may experience a range of emotions, including grief, guilt, frustration, and anxiety, as they navigate the complexities of their child's condition.¹⁰ Coping with the lifelong nature of intellectual disabilities and adjusting their expectations can be emotionally challenging.^{11, 12, 13}

Psychological well-being

Psychological well-being (PWB) is a broad concept that is reflected in the evaluation of people's lives itself. Such an evaluation covers a wide range of constructs like purpose in life, life satisfaction, emotion regulation, self-acceptance and so on. Although psychological well-being refers to the subjective feeling of contentment and happiness, satisfaction with life, personal growth, control over one's environment, feeling of self-dependence and acceptance, sense of accomplishment etc.¹⁴

Bhogle and Prakash suggested that PWB includes various things like meaning in life, absence of somatic symptoms, self-esteem, positive affects, daily activities, satisfaction, absence of suicidal ideas, personal control, social support, absence of tension and general efficiency.¹⁵ Burris et al, gave an operational definition of psychological well-being, which includes the notion of a person's welfare, happiness, advantages, interests, utility and quality of life. In sum, psychological well-being is the aggregation of self-acceptance, pursuit of meaningful goals, ability to manage complex environments, establishment of quality ties to others, continued personal growth and sense of autonomy.¹⁶

Emotional Intelligence

Emotional intelligence (EI) refers to a person's ability to understand and manage their emotions as well as recognize the feelings of others. Research shows it is a useful tool for navigating work life, relationships, education, and mental and physical well-being. American psychologists Peter Salovey and John Mayer formally introduced the concept of emotional intelligence in 1990. They defined EI as the ability to monitor one's own and others' emotions, discriminate between different emotions, and utilize this emotional information to guide one's thoughts and actions. Individuals with developed emotional intelligence can effectively use their emotions to direct their behaviour and understand both their own feelings and the feelings of others accurately.

Nowadays, many studies have shown that emotional intelligence continues to be recognized as a vital factor for personal growth, wellbeing, and successes, contributing to individuals' ability to navigate emotions, manage relationships, and thrive in various aspects of life.¹⁷

Mindfulness: Mindfulness is rooted in ancient contemplative traditions, particularly Buddhism.¹⁸ It involves intentionally bringing one's attention to the present moment, with non-judgmental awareness of thoughts, emotions, bodily sensations, and the surrounding environment. By cultivating this awareness, individuals can develop a profound sense of presence and connection with their lived experiences.^{19, 20, 21, 22}

Mindfulness is about being fully aware of thoughts, feelings, bodily sensations, and the environment around a person without getting caught up in judgments, interpretations, or distractions.²³

Social support: Social support is a crucial aspect of human life, encompassing the assistance, resources, and emotional comfort provided by social networks in times of need or stress. It plays a vital role in promoting well-being, resilience, and coping with various challenges. According to Wills, social support refers to both the perception and reality of being cherished and cared for by others, as well as being esteemed, valued, and an integral part of a social network that fosters mutual assistance and a sense of shared responsibilities.²⁴ Ozbay et al., said that social support is individuals' subjective evaluation that they will be able to receive the desired support and help at the time of need from the surrounding social networks including their spouse, relatives, friends, coworkers, or a community.^{25,26}

In the context of mothers of disabled children, social support becomes particularly important. Social support can create a sense of solidarity, reduce feelings of isolation, and provide opportunities for shared experiences and information exchange.²⁷

Rationale of the Study

In last few years numerous studies have been conducted to examine the psychological well-being of the mothers of children with disability. But there were no such studies available where emotional intelligence, mindfulness, social support and psychological wellbeing of mothers of children with disability have been taken as combined variables. Therefore, there is need to study to draw a conclusive fact about emotional intelligence, mindfulness, social support and psychological well-being of mothers of children with disability.

Objectives: To examine the difference between mothers of children with cerebral palsy and mothers of children with intellectual disability on the level of emotional intelligence, mindfulness, social support and psychological well-being (total and dimension).

Hypotheses

1. There would be a significant difference on emotional intelligence between mothers of children with cerebral palsy and mothers of children with intellectual disability.
2. There would be a significant difference on mindfulness between mothers of children with cerebral palsy and mothers of children with intellectual disability.
3. There would be a significant difference on social support between mothers of children with cerebral palsy and mothers of children with intellectual disability.
4. There would be a significant difference on psychological well-being between mothers children with of cerebral palsy and mothers of children with intellectual disability.

Methodology

Sampling technique:

Sample size: A Meta analysis conducted by Russell et al. 2022 the prevalence rate of Intellectual disability in India was 2%.³⁵ So based on this prevalence the minimum required sample size was calculated using the following formula:

$$n = \frac{z_{1-\frac{\alpha}{2}}^2 \cdot p \cdot (1 - p)}{d^2}$$

Where,
= z- score corresponding to significance level (1.96); p = expected proportion of children with ID or CP based on previous studies (0.02)

$$q = 1 - p = 0.98$$

d = absolute precision (2%)

So, the required sample size is 189. Now taking the non response rate of 5%, the adjusted sample size using the following formula is:

$$n_{adj} \cong 200 \qquad n_{adjusted} = \frac{n}{1 - r}$$

So, the study was conducted on 200 mothers of children with disability were taken in two groups of 100 mothers of children with cerebral palsy (N=100, age mean \pm SD (41.70 \pm 8.62) and 100 mothers of children with intellectual disability (N=100, age mean (42.70 \pm 8.19) within the age range from 25-55 years. Purposive sampling technique was adopted for the selections of participants in the present study from the three districts of Uttar Pradesh namely, Varanasi, Chandauli and Gorakhpur.

Sample: The sample of the present study was conducted on 200 mothers of children with disability were taken in two groups of 100 mothers of children with cerebral palsy (N=100, age Mean \pm SD (41.70 \pm 8.62) and 100 mothers of children with intellectual disability (N=100, Mean \pm SD (42.70 \pm 8.19) within the age range from 25-55 years. Purposive sampling technique was adopted for the selections of participants in the present study from the three districts of Uttar Pradesh namely, Varanasi, Chandauli and Gorakhpur.

Inclusion criteria: [a] Mothers having the child of cerebral palsy and Intellectual disability.

[b] Mothers within the age group between 25-55 years.

[c] Able to communicate in Hindi language.

[d] Willingness to provide informed consent and participate in this study.

Exclusion criteria

- Mothers with psychiatric illness or severe medical condition.
- Mothers having physical disability.

Design and Statistical Analysis: The present study adopted between group designs. The SPSS 20.0 was used for the analysis of data.

Measuring Tools

1. **Emotional Intelligence Scale:-** The Multidimensional Self-Report Emotional Intelligence Scale-Revised (MSREIS) is a self-report questionnaire designed to assess emotional intelligence across various dimensions. It was adapted in Hindi language by Pandey and Anand in 2008. This scale consists of 51 items and it is a 6 point Likert Scale with scores ranging from “strongly disagree” to “strongly agree”. The reliability indexes as ascertained by Cronbach’s alpha-coefficient for the scale as a whole were found to be 9153. The validity of the MSREIS-R was determined by computing inter-factor correlation between the dimensions of MSREIS-R.
2. **Mindfulness Questionnaire:-**The Five Facet Mindfulness Questionnaire-H (FFMQ-H) is a self-report questionnaire designed to assess mindfulness across five facets. It was adapted in Hindi language (with the help of Translation-Back- Translation method) by Mandal, Arya and Pandey in 2016. The scale comprised 28 items. Response on this scale recorded on a 5 point Likert scale ranging from “Rarely true” to “always true”. The reliability (internal consistency) of the full scale (alpha coefficient = 0.85) and that of the subscales of the FFMQ-H (alpha coefficient ranged from 0.61 to 0.81) was found to be satisfactory.
3. **Social Support Scale:-**The Social Support Scale, developed by Asthana and Verma in 2005, is a self-report questionnaire designed to assess the perceived social support received by an individual. The Social Support Scale is a brief, easy-to-administer self-report questionnaire containing 35 items, of which 25 items are positive and 10 items

are negative. Participants provide responses on a 5-point scale, ranging from "strongly agree" to "strongly disagree." The test-retest reliability of the scale was found to be 0.81. Construct validity of the scale was determined by calculating the coefficient of correlation between scores on the SSS and the P.G.I. Social Support Questionnaire (Nehru and others, 1998), which was found to be 0.59, showing moderate validity.

- 4. Psychological Well Being Scale:**The Psychological Well-Being Scale (PWBS) was developed by Sisodia and Chaudhary. The Psychological Well-Being Scale (PWBS) consists of 50 statements or items. It is an easy and quick measure rated on a 5-point Likert scale, with scores ranging from "strongly agree" to "strongly disagree." The test-retest reliability of the scale was found to be 0.87, indicating good stability over time. The consistency value for the scale was 0.90, showing high internal consistency. The scale was also validated against external criteria, yielding a coefficient of 0.94, indicating a strong relationship with other established measures of psychological well-being.
- 5. Procedure of Data Collection:** Data collection was sought from the different organizations situated in different district of Varanasi, Chandauli and Gorakhpur in Uttar Pradesh. After receiving the required permission, the tools were administered to the participants. When the participant completed the entire questionnaire, the researcher thanked to the participant for their cooperation in the study.

Results

The present research paper planned to investigate the level of emotional intelligence, mindfulness, social support and psychological wellbeing in mothers of children with cerebral palsy and intellectual disability. The results of the present research paper were shown with the help of various tables.

Table-1: Mean ± SD and t-value of mothers of children with cerebral palsy and mothers of children with intellectual disability on dimensions of emotional intelligence.

| Dimensions of Emotional Intelligence | Cerebral palsy (N=100) | Intellectual disability (N=100) | t-value |
|--|------------------------|---------------------------------|---------|
| | Mean ± S.D. | Mean ± S.D. | |
| Ability of express and appraise emotions | 97.30 ± 1.93 | 96.00 ± 2.27 | 4.35** |
| Ability to utilize emotions | 81.38 ± 2.12 | 83.04 ± 2.16 | -5.47** |
| Ability to manage emotions in self | 65.00 ± 1.40 | 63.91 ± 1.62 | 5.08** |
| Ability to manage emotions in others | 42.98 ± 1.46 | 43.83 ± 1.80 | -3.66** |

****p<0.01**

Table-1 reveals that mothers of children with CP scored significantly higher mean (97.30 ± 1.93) on first dimension *ability of express and appraise emotions* as compare to mothers of children with ID (96.00 ± 2.27), $t_{(198)} = 4.353$, $p<0.01$. On the second dimension namely *ability to utilize emotions* of mothers of children with ID scored significantly higher (83.04 ± 2.16) as compare to mothers of children with CP (81.38 ± 2.12) $t_{(198)} = -5.465$, $p<0.01$. On the third dimension namely *ability to manage emotions in self* of mothers of children with CP scored significantly higher (65.00 ± 1.40) as compare to mothers of children ID (63.91 ± 1.62), $t_{(198)} = 5.078$, $p<0.01$. On the fourth dimension viz. *ability to manage emotions in others* of mothers of children with ID scored significantly higher (43.83 ± 1.80), as compare to mothers of children with CP (42.98 ± 1.46) $t_{(198)} = -3.660$, $p<0.01$.

Table-2: Mean ± SD and t-value of mothers of children with CP and mothers of children with ID on dimensions of mindfulness

| Dimensions of Mindfulness | Cerebral palsy (N=100) | Intellectual disability (N=100) | t-value |
|------------------------------------|------------------------|---------------------------------|----------|
| | Mean ± S.D. | Mean ± S.D. | |
| Describing | 23.31 ± 1.73 | 20.07 ± 1.92 | 12.493** |
| Acting with awareness | 5.00 ± 1.05 | 3.92 ± 0.787 | 8.209** |
| Non-judgment to inner-experience | 22.71 ± 3.092 | 20.26 ± 2.809 | 5.865** |
| Non-reactivity to inner-experience | 19.71 ± 1.719 | 16.58 ± 1.897 | 12.225** |

Table-2 reveals that mothers of children with CP scored significantly higher (23.31±1.733) on first dimension of describing as compare to mothers of children with ID (20.07 ±1.93), $t_{(198)} = 12.49$, $p < 0.01$. On the second dimension viz. acting with awareness of mothers of children with CP scored significantly higher (5.00 ± 1.05) as compare to mothers of children with ID (3.92±0.79), $t_{(198)} = 8.21$, $p < 0.01$. On the third dimension viz. non-judgment to inner-experience of mothers of children with CP scored significantly higher (22.71 ± 3.09) as compare to mothers of children with ID (20.26 ±2.81), $t_{(198)} = 5.865$, $p < 0.01$. On the fourth dimension viz. non-reactivity to inner-experience of mothers of children with CP scored significantly higher (19.71 ± 1.719) as compare to mothers of children with ID (16.58 ± 1.90), $t_{(198)} = 12.23$, $p < 0.01$.

Table-3: Mean, Standard Deviation and ‘t’ value of mothers of children with CP and mothers of children with ID on dimensions of social support.

| Dimensions of Social Support | Cerebral palsy (N=100) | Intellectual disability (N=100) | t-value |
|------------------------------------|------------------------|---------------------------------|---------|
| | Mean ± S.D. | Mean ± S.D. | |
| Emotional Support | 46.63 ± 4.726 | 42.57 ± 7.267 | 4.752** |
| Informational Support | 15.74 ± 2.298 | 16.37 ± 2.554 | -1.717 |
| Non-reactivity to inner-experience | 40.08 ± 3.765 | 39.02 ± 4.6 | 1.84 |

****p<0.01**

Table-3 reveals that mothers of children with CP scored significantly higher (46.63 ± 4.73) on *emotional support* as compare to mothers of children with ID (42.57 ± 7.27), $t_{(198)} = 4.75$, $p < 0.01$. On the second dimension viz. *informational support* mothers of ID scored significant higher (16.37 ± 2.55), as compare to mothers of children with CP scored (15.74 ± 2.30), $t_{(198)} = -1.717$, $p < 0.01$. On the third dimension viz. *instrumental support* of mothers of children with CP scored significantly higher (40.08 ± 3.77) as compare to mothers of children with ID (39.02 ± 4.60), $t_{(198)} = 1.84$, $p < 0.01$.

Table-4: Mean, Standard Deviation and ‘t’ value of mothers of children with CP and mothers of children with ID on dimensions of psychological well-being.

| Dimensions of Psychological Well-being | Cerebral palsy (N=100) | Intellectual disability (N=100) | t-value |
|--|------------------------|---------------------------------|---------|
| | Mean ± S.D. | Mean ± S.D. | |
| Satisfaction | 39.87 ± 3.497 | 38.5 ± 4.584 | 2.376** |
| Efficiency | 38.59 ± 3.351 | 38.38 ± 4.428 | 0.378 |
| Sociability | 40.81 ± 3.727 | 37.84 ± 4.867 | 4.845** |
| Mental health | 38.83 ± 3.576 | 37.92 ± 4.609 | 1.56 |
| Interpersonal relations | 40.20 ± 4.002 | 37.74 ± 5.026 | 3.829** |

****p<0.01**

Table-4 reveals that mothers of children with CP scored significantly higher (39.87 ± 3.497) on *satisfaction* than the mothers of children with ID (38.50 ± 4.584), $t_{(198)} = 2.376$, $p < 0.01$. On the second dimension viz., efficiency found no significant difference between mothers of children with CP scored (38.59 ± 3.351) and the mothers of children with ID (38.38 ± 4.428), $t_{(198)} = 0.378$, $p < 0.01$. On the third dimension viz. *Sociability* of mothers of children with CP scored significantly higher (40.81 ± 3.727) than the mothers of children with ID (37.84 ± 4.867), $t_{(198)} = 4.845$, $p < 0.01$. On the fourth dimension viz. *mental health* of mothers of children with CP scored significantly higher (38.83 ± 3.576) as compare to mothers of children with ID (37.920 ± 4.609), $t_{(198)} = 1.560$, $p < 0.01$. On the fifth dimension viz. *interpersonal relations* of mothers of children with CP scored significantly higher (40.20 ± 4.002) than the mothers of children with ID (37.74 ± 5.026), $t_{(198)} = 3.829$, $p < 0.01$.

Table-5 indicates that emotional intelligence found no significant difference between mothers of children with CP (286.660 ± 5.737) and mothers of children with ID (286.780 ± 6.687), $t_{(198)} = -0.136$, $p < 0.01$. On the second variable

viz. *mindfulness* of mothers of children with CP scored significantly higher (70.730 ±6.004) than the mothers of children with ID (60.830 ±6.224), $t_{(198)} = 11.446$, $p < 0.01$. On the third variable viz. *social support* of mothers of children with CP scored significantly higher (102.450 ±9.643) than the mothers of children with ID (97.860 ±12.721), $t_{(198)} = 2.875$, $p < 0.01$. On the fourth variable viz. *psychological wellbeing* of mothers of children with CP scored significantly higher (198.300 ± 16.718) than the mothers of children with ID (190.380 ± 22.706), $t_{(198)} = 2.809$, $p < 0.01$.

Table-5: Mean, Standard Deviation and ‘t’ value of mothers of children with CP and mothers of children with ID on emotional intelligence, mindfulness, social support and psychological well-being.

| Dimensions of Psychological Well-being | Cerebral palsy (N=100) | Intellectual disability (N=100) | t-value |
|--|------------------------|---------------------------------|----------|
| | Mean ± S.D. | Mean ± S.D. | |
| Emotional Intelligence | 286.66 ± 5.737 | 286.78 ± 6.687 | -0.136 |
| Mindfulness | 70.73 ± 6.004 | 60.83 ± 6.224 | 11.446** |
| Social Support | 102.45 ± 9.643 | 97.86 ± 12.721 | 2.875** |
| Psychological Well-being | 198.30 ± 16.718 | 190.38 ± 22.706 | 2.809** |

**p<0.01

Discussion

The aim of the present study to investigate the level of emotional intelligence, mindfulness, social support, and psychological well-being in mothers of children with cerebral palsy and intellectual disability. The major findings of the present study are discussed in the light of issues, objectives and hypotheses mentioned in the study.

Firstly on Emotional Intelligence, mothers of children with cerebral palsy scored significantly higher on the first dimension of ability to express and appraise emotions (E1) compared to mothers of children with intellectual disability. This suggests that mothers of children with cerebral palsy exhibit greater proficiency in recognizing and understanding their own emotions. On the other hand, mothers of children with intellectual disability scored significantly higher on the second dimension of ability to utilize emotions (E2), indicating their higher skill in utilizing emotions effectively. Mothers of children with cerebral palsy scored significantly higher on the third dimension of ability to manage emotions in self (E3) compared to mothers of children with intellectual disability. This implies that mothers of children with cerebral palsy demonstrate better self-regulation and management of their own emotions. Conversely, mothers of children with intellectual disability scored significantly higher on the fourth dimension of ability to manage emotions in others (E4), indicating their higher ability to understand and manage emotions in others.

A study conducted by Bhalerao to examine emotional intelligence among mothers raising children with autism, children with mental retardation, and typically developing children. The results revealed that the level of emotional intelligence was higher in mothers of children with mental retardation compared to mothers of children with autism.²⁸

In the same context, Ravindranadan and Raju examined the emotional intelligence and quality of life of parents of children with special needs. The sample consisted of 200 parents, with 100 parents of children with special needs and 100 matched parents of normal children. The five selected categories of special needs were ADHD, Autistic Disorder, Down syndrome, Mental Retardation, and Learning Disabilities. The results revealed that the parents of children with special needs scored significantly lower than the parents of normal children.²⁹

Secondly on mindfulness, mothers of children with cerebral palsy scored significantly higher on the first dimension of describing (M1), indicating their greater ability to verbalize and articulate their internal experiences compared to mothers

of children with intellectual disability. This suggests that mothers of children with cerebral palsy exhibit a higher tendency to express and communicate their thoughts and feelings related to their inner experiences.

Furthermore, mothers of children with cerebral palsy scored significantly higher on the second dimension of acting with awareness (M2), reflecting their higher level of conscious awareness and attentiveness to the present moment compared to mothers of children with intellectual disability. This implies that mothers of children with cerebral palsy demonstrate a heightened ability to stay focused and engaged in the present, enhancing their mindfulness.

Additionally, mothers of children with cerebral palsy scored significantly higher on the third dimension of non-judgment to inner experience (M3), indicating their lower tendency to evaluate or criticize their thoughts, emotions, and sensations compared to mothers of children with intellectual disability. This suggests that mothers of children with cerebral palsy possess a greater ability to accept and observe their inner experiences without judgment or self-criticism.

Moreover, mothers of children with cerebral palsy scored significantly higher on the fourth dimension of non-reactivity to inner experience (M4), indicating their lower propensity to react impulsively or negatively to their internal experiences compared to mothers of children with intellectual disability. This suggests that mothers of children with cerebral palsy demonstrate a higher level of emotional stability and resilience in the face of challenging or distressing inner experiences. Overall, the findings reveal that mothers of children with cerebral palsy tend to score higher on all four dimensions of mindfulness, including describing (M1), acting with awareness (M2), non-judgment to inner experience (M3), and non-reactivity to inner experience (M4).

These results may have important implications for understanding the experiences and coping mechanisms of mothers raising children with these disabilities. The higher levels of mindfulness found in mothers of children with cerebral palsy may suggest that they possess enhanced skills to express and communicate their inner experiences, maintain conscious awareness in the present, accept their thoughts and emotions without judgment, and exhibit emotional resilience. These aspects of mindfulness may play a crucial role in helping them cope with the unique challenges they face in caring for their children with cerebral palsy.

Thirdly on Social Support, mothers of children with cerebral palsy scored significantly higher on the first dimension of emotional support (SS1) compared to mothers of children with intellectual disability. This suggests that mothers of children with cerebral palsy receive higher levels of emotional support from their social networks, including family, friends, and other sources of support. This emotional support can include empathy, understanding, and encouragement, providing a sense of comfort and reassurance for these mothers.

On the other hand, mothers of children with intellectual disability scored significantly higher on the second dimension of informational support (SS2), indicating that they receive more information-related support compared to mothers of children with cerebral palsy. This informational support can involve advice, guidance, and access to resources or knowledge about their child's condition, treatments, and educational or therapeutic interventions. Informational support can empower mothers and help them make informed decisions regarding their child's well-being and development.

But, there were no significant differences found in the third dimension of instrumental support (SS3) between mothers of children with cerebral palsy and mothers of children with intellectual disability. This dimension refers to practical assistance and tangible resources provided to mothers, such as help with daily tasks, transportation, or financial support. Both groups of mothers reported similar levels of instrumental support. Many previous studies have been conducted related to social support among mothers of disabled children, but no study has specifically compared the social support between mothers of children with cerebral palsy and mothers of children with intellectual disability. In the shed of enlightenment, a study done by Jadidi & Safary et al, compared social support and social anxiety levels between mothers of children with special needs and mothers of typically developing children. The findings revealed that mothers of

children with special needs experienced higher levels of social anxiety and lower levels of social support compared to mothers of typically developing children.³⁰

Another study done by Khan, Kamran et al., compared resilience, perceived social support, and locus of control among mothers of children with Autism Spectrum Disorder (ASD) and normal children. The study found significant differences in resilience and locus of control in mothers of children with ASD and normal children. However, resilience and perceived social support showed non-significant differences in both groups. The study also found a significant relationship between resilience and social support in both groups.³¹

In conclusion, the study sheds light on the significant differences in social support dimensions between mothers of children with cerebral palsy (CP) and mothers of children with intellectual disability (ID). The findings indicate that mothers of children with cerebral palsy receive higher levels of emotional support, while mothers of children with intellectual disability receive more informational support. Interestingly, both groups of mothers reported similar levels of instrumental support.

Lastly on Psychological wellbeing, mothers of children with cerebral palsy scored significantly higher on the first dimension of satisfaction (PSW1) compared to mothers of children with intellectual disability. This suggests that mothers of children with cerebral palsy experience higher levels of satisfaction in various aspects of their lives, such as their roles as caregivers and overall life fulfillment. The challenges and joys associated with raising a child with cerebral palsy may contribute to this higher satisfaction level. Mothers of children with cerebral palsy scored significantly higher on the second dimension of sociability (PSW2), indicating their greater sense of social connectedness and enjoyment of social interactions compared to mothers of children with intellectual disability.

This suggests that the mothers of children with cerebral palsy have a stronger social support network, engage in more social activities, and experience more positive relationships with others. Mothers of children with cerebral palsy scored significantly higher on the third dimension of mental health (PSW3) compared to mothers of children with intellectual disability. This indicates that mothers of children with cerebral palsy experience better overall mental well-being, including emotional stability, resilience, and psychological functioning. The ability to cope with the challenges of raising a child with cerebral palsy and finding meaning in their experiences may contribute to their higher mental health scores.

Additionally, mothers of children with cerebral palsy scored significantly higher on the fourth dimension of interpersonal relations (PSW4), suggesting that they have more positive and fulfilling relationships with others compared to mothers of children with intellectual disability. This highlights the importance of social support and healthy interpersonal connections in promoting the well-being of mothers raising children with cerebral palsy.

However, no significant differences were found in the fifth dimension of efficiency (PSW5) between mothers of children with cerebral palsy and mothers of children with intellectual disability. This suggests that both groups of mothers experience similar levels of efficiency in their daily lives, such as managing their time, responsibilities, and tasks related to caregiving. In the view of findings, Gull & Nizami have compare hope and psychological well-being between parents of physically disabled children and parents of intellectually disabled children. The results indicated that parents of physically disabled children scored significantly higher in both hope and psychological well-being compared to parents of intellectually disabled children. Additionally, the study found a strong and positive correlation between hope and psychological well-being among parents of differently-abled children.³²

Boromand, Narimani, et al, revealed a significant difference in psychological well-being factors between parents of normal children and parents of mentally retarded children. Parents of mentally retarded children reported lower levels

of psychological well-being in several areas, including positive relationships with others, mastering the environment, self-acceptance, independence, having a sense of purpose in life, and personal development.³³

Based on the study results and experiences, it is recommended to provide planned education and support to mothers of children with disabilities. This can be achieved by establishing appropriate institutions that offer psycho education and creating counseling groups where parents can connect with each other and express their feelings. Psychiatric social workers have great responsibilities for the services offered to the families of children with disability. Qualitative research would be appropriate to identify any additional factors that may interfere with parents' psychological well-being and general quality of life.

References

1. Ribeiro MF, Sousa AL, Vandenberghe L, & Porto CC. Parental stress in mothers of children and adolescents with cerebral palsy. *Revista Latino-Americana de Enfermagem*, 2014, 22 (3), 440-447. <https://doi.org/10.1590/0104-1169.3409.2435>
2. Raza HMA., Afzal B., Ahmed Ijaz & Muhammad Fiaz. Association of cerebral palsy child behaviour with caregiver stress level. *Journal of Health and Rehabilitation Research*, 2021, 1(1), 10-13. Retrieved from <https://jhrlmc.com/index.php/home/article/view/4>.
3. Seroke S, & Mkhize SW. Psychosocial experiences of mothers caring for children with cerebral palsy in the eThekweni district. *Health SA*, 2023, 28, 2072. <https://doi.org/10.4102/hsag.v28i0.2072>
4. Vadivelan K, Sekar P, Sruthi SS, et al. Burden of caregivers of children with cerebral palsy: An intersectional analysis of gender, poverty, stigma, and public policy. *BMC Public Health*, 2020, 20, 645. <https://doi.org/10.1186/s12889-020-08808-0>
5. Madzhie M, Mphephu KE, Baloyi V, & Chueng M. Daryl O'Connor (Reviewing editor). The challenges experienced by mothers with children suffering from cerebral palsy: A study conducted at Mutale Municipality, South Africa. *Cogent Psychology*, 2022, 9 (1). <https://doi.org/10.1080/23311908.2022.2043020>
6. Singogo, C., Mweshi, M., & Rhoda, A. (2015). Challenges experienced by mothers caring for children with cerebral palsy in Zambia. *South African Journal of Physiotherapy*, 71(1), 274. <https://doi.org/10.4102/sajp.v71i1.274>
7. Guimarães A, Pereira A, Oliveira A, Lopes S, Nunes AR, Zanatta C, & Rosário P. Parenting in Cerebral Palsy: Understanding the Perceived Challenges and Needs Faced by Parents of Elementary School Children. *International Journal of Environmental Research and Public Health*, 2023, 20(5), 3811. <https://doi.org/10.3390/ijerph20053811>
8. Khan U, Watson R, Pearse JE, Irwin L, Rapley T, & Basu AP. Grappling with uncertainty—Experiences of parents of infants following perinatal stroke. *Research in Developmental Disabilities*, 2022, 124, 104201.
9. Lee, K., Cascella, M., & Marwaha, R. (2019). Intellectual disability.
10. Azeem MW, Dogar IA, Shah S, Cheema MA, Asmat A, Akbar M, Kousar S, & Haider II. Anxiety and Depression among Parents of Children with Intellectual Disability in Pakistan. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 2013, 22 (4), 290-295.
11. Kumar I, & Akhtar S. Rate of anxiety in mothers of mentally retarded children. *Indian Journal of Psychiatry*, 2001, 43 (2), 27.
12. Khamis V. Psychological distress among parents of children with mental retardation in the United Arab Emirates. *Social Science & Medicine*, 2007, 64 (4), 850-857.
13. Tomaz, RVV, Santos VA, Silva de Avó, LRD., Germano CMR, & Melo DG. Impacto da deficiência intelectual moderada na dinâmica e na qualidade de vida familiar: um estudo clínico-qualitativo [Impact of moderate intellectual disability on the dynamics and quality of family life: a qualitative clinical study]. *Cadernos de Saúde Pública*, 2017, 33(11), e00096016. <https://doi.org/10.1590/0102-311X00096016>
14. Verma SK & Verma A. Manual for PGI General Well Being Measure. Lucknow. Ankur Psychological Agency, 1989.
15. Bhogle S. & Prakash II. "Development of the Psychological Well-Being Questionnaire", *Journal of Personality and Clinical Studies*, 1995, 11 (1-2), 5-9.
16. Burris JL, Brechting EH, Salsaman J, & Carlson CR. Factors Associated With Psychological Well Being and Distress Of University Students. *Journal of American College Health*, 2009, 57(5), 536-544.
17. Lopes PN, Salovey P, & Straus R. Emotional intelligence, personality, and the perceived quality of social relationships. *Personality and Individual Differences*, 2003, 35(3), 641-658. [https://doi.org/10.1016/S0191-8869\(02\)00242-8](https://doi.org/10.1016/S0191-8869(02)00242-8).
18. Garfield JL. Buddhism in the West. Retrieved from Info Buddhism: 2010, June, 30, https://infobuddhism.com/Buddhism_in_the_West_Jay_Garfield.tml
19. Kabat-Zinn J, Massion AO, Kristeller J, Peterson LG, Fletcher KE, Pbert L., ... Santorelli SF. Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 1992, 149 (7), 936-943. doi: 10.1176/ajp.149.7.936. PMID: 1609875.

20. Chambers R, Gullone E, & Allen NB. Mindful emotion regulation: An integrative review. *Clinical Psychology Review*, 2009, 29, 560–572. [PubMed] [Google Scholar].
21. Jha AP, Krompinger J, & Baime MJ. Mindfulness training modifies subsystems of attention. *Cognitive, Affective & Behavioural Neuroscience*, 2007, 7, 109–119. [PubMed] [Google Scholar]
22. Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84, 822–848.
23. Francis, C. A. (2012, May 31). The Mindfulness Meditation Retreat: Your Most Powerful Tool for Spiritual Development. Retrieved from Mindfulness Meditation Institute: <https://mindfulnessmeditationinstitute.org/2012/05/31/the-mindfulness-meditation-retreat-your-most-powerful-tool-for-spiritual-development/>
24. Wills, T. A. (1991). Social support and interpersonal relationships. In M. S. Clark (Ed.), *Prosocial behavior* (pp. 265–289). Sage Publications, Inc.
25. Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: From neurobiology to clinical practice. *Psychiatry (Edgmont)*, 4(5), 35–40.
26. Allen, K., Blascovich, J., & Mendes, W. B. (2002). Cardiovascular reactivity and the presence of pets, friends, and spouses: The truth about cats and dogs. *Psychosomatic Medicine*, 64(5), 727–739.
27. Chadda RK, Agarwal V, Singh, MC, & Raheja, D. Help seeking behaviour of psychiatric patients before seeking care at a mental hospital. *International Journal of Social Psychiatry*, 2001, 47 (4), 71–78. <https://doi.org/10.1177/002076400104700406>
28. Bhalerao AD. Emotional Intelligence Among the Mothers of Children With Intellectual Disability, Mothers Of Autistic Children And Normal Children. *International journal of creative research thoughts (IJCRT)*, 2022, 10, 478–487.
29. Ravindranadan V, & Raju S. Emotional intelligence and quality of life of parents of children with special needs. *Journals of the Indian Academy of Applied Psychology*, 2008, 34: 34–39.
30. Jadidi M., Safary S., Jadidi M., Jamali S. Comparing social support and social anxiety between mothers of children with special needs and mothers of normal children. *Knowledge and Research in Applied Psychology*. 2017; 16 (2):43–52.
31. Khan MA, Kamran R, & Ashraf S. Resilience, perceived social support and locus of control in mothers of children with Autism Spectrum Disorder (ASD) and those having normal children. *Pakistan Journal of Professional Psychology: Research and Practice*, 2017, 8, (1).
32. Gull M, & Nizami N. Comparative Study of hope and psychological well-being among the parents having physically and intellectually disabled children. *International Journal of Modern Social Sciences*, 2015, 4 (2): 143–152.
33. Boromand N, Narimani M & Mosazadeh T. Comparing the Psychological wellbeing factors among the parents of the mentally retarded children with those of the normal children. *International Letters of Social and Humanistic Sciences*. 2014, 21, 1–8.

Citation: Rawat VD, Mishra SK, Gupta G, Prakash V. A Comparative Study of Emotional Intelligence, Mindfulness, Social Support and Psychological Well-being of Mothers of Children with Cerebral Palsy and Intellectual Disability. *Indian J Prev Soc Med*, 2024; 55 (3): 130–140.