

RESEARCH ARTICLE

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**Psychosocial Adjustment and Its Relationship with Psychological Resilience
Among Mothers of Children with Physical Disabilities -A Field Study in Algeria-**

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Abstract:

The current study aimed to explore the relationship between psychosocial adjustment and psychological hardiness among mothers of children with physical disabilities and to examine the impact of educational level on these two variables. This study was conducted on a sample of 146 mothers from 6 provinces across Algeria. The study concluded with the following results:

There is a statistically significant positive correlation at the 0.01 significance level between psychosocial adjustment and psychological hardiness among mothers of children with physical disabilities.

There are statistically significant differences at the 0.01 significance level in the level of psychosocial adjustment among mothers of children with physical disabilities, attributed to the variable of educational level, in favor of the higher educational level (university level).

There are no statistically significant differences at the 0.01 significance level in the level of psychological hardiness among mothers of children with physical disabilities attributed to the educational level, favoring the higher educational level (university level).

Keywords: Psychosocial adjustment, physical disability, mother, psychological hardiness.

Introduction

One of the most important goals of human sciences is to build individuals who enjoy good physical and psychological health. This contributes to the advancement and continuous improvement of individuals, enabling them to develop balanced and integrated personalities. It also prepares them to fulfill their social and professional roles effectively, regardless of the challenges they face. Psychology and education sciences place great emphasis on human development and address obstacles that may hinder progress, such as physical or mental disabilities.

Physical disability, in particular, significantly depends on the mother, as the child often cannot perform tasks independently or, in some cases, not at all. Despite being able to see, hear, and speak, the child may struggle to express themselves through movement due to the severity of their disability.

This condition can be congenital or acquired, and it may result from issues in the central nervous system, muscles, joints, or bones.

Having a child with a disability imposes psychological, social, and financial pressures on family members. Treatments for such conditions often require extended periods and may not lead to full recovery. The mother, being the primary caregiver, bears the majority of this burden. She faces exhaustion, frustration, and a loss of self-confidence, which can lead to neglecting other responsibilities. The experience of having a child with a physical disability can be a painful ordeal, potentially triggering psychological crises within the family and sometimes causing family disintegration. Mothers often bear the blame, compelling them to handle the child's needs independently and search for solutions to improve the child's condition.

Mothers with a positive mindset tend to take proactive steps to address the challenges, while those with a negative outlook may adopt a resigned attitude, believing it to be fate. This often results in neglecting the child's needs, leaving the child as a victim of such mindsets. (Milaib Badi'a & Kali, 2021, p. 89)

1. Problem Statement

Facing crises and overcoming challenges are closely tied to the level of psychological resilience among mothers, particularly those of children with physical disabilities. Based on this premise, the study raises the following questions:

1. Is there a relationship between psychosocial adjustment and psychological resilience among mothers of children with physical disabilities?
2. Are there differences in psychosocial adjustment levels among these mothers based on their educational level?
3. Are there differences in psychological resilience levels among these mothers based on their educational level?

2. Hypotheses

1. There is a statistically significant relationship between psychosocial adjustment and psychological resilience among mothers of children with physical disabilities.
2. There are no statistically significant differences in psychosocial adjustment levels among these mothers based on their educational level.
3. There are no statistically significant differences in psychological resilience levels among these mothers based on their educational level.

3. Objectives of the Study

1. To determine whether a relationship exists between psychosocial adjustment and psychological resilience among mothers of children with physical disabilities.

2. To identify whether differences in psychosocial adjustment levels among these mothers are attributable to their educational level.
3. To examine whether differences in psychological resilience levels among these mothers are attributable to their educational level.

4. Significance of the Study

The importance of this study lies in the following:

- Enriching the theoretical and scientific understanding of the role of psychological resilience in supporting mothers of children with physical disabilities.
- Highlighting the significant role mothers play in raising and nurturing children, particularly those with special needs.
- Contributing valuable research in the field of special education.
- Shedding light on the psychological state of mothers of children with physical disabilities and the pressures they face.
- Exploring the impact of psychosocial adjustment on mothers' resilience and their ability to care for children with physical disabilities.
- Understanding the importance of psychological well-being in improving the quality of care provided by mothers to their children with physical disabilities.

5. Study Boundaries

- **Subject Boundaries:** This study examines the relationship between psychosocial adjustment and psychological resilience among mothers of children with physical disabilities.
- **Temporal Boundaries:** The study was conducted between January 2024 and April 17, 2024.
- **Spatial Boundaries:** The research was carried out in several Algerian provinces, including Oran, El Bayadh, Ain Temouchent, Tipaza, Batna, and Souk Ahras.
- **Human Boundaries:** The study sample consisted of mothers of children with physical disabilities.

Study Terminology:

1. Psychological Adjustment:

-Definition: It is represented by an individual's acceptance and realistic understanding of themselves, as well as their ability to satisfy their biological, psychological, and social needs while reducing tensions and anxiety in a socially acceptable way. It drives individuals to be productive and maintain positive relationships with their environment. This includes the ability to control emotions and modify behavior to achieve self-satisfaction, confidence, personal and social security, and a sense of self-worth.

- Operational Definition: It is measured through mothers' responses to the first dimension of the Psychosocial Adjustment Questionnaire.

2. Social Adjustment:

-Definition: This refers to an individual's satisfaction and understanding of themselves and their abilities, along with their capability to establish successful social relationships within and outside the family. It involves adhering to societal norms, values, and ethics, as well as engaging in social activities like visiting friends, enjoying gatherings, and participating in trips or club events.

- Operational Definition: It is measured through mothers' responses to the second dimension of the Psychosocial Adjustment Questionnaire.

3. Psychosocial Adjustment:

Definition: A continuous dynamic process reflected in an individual's satisfaction with themselves and the fulfillment of primary and secondary needs through positive interactions and behaviors. These behaviors demonstrate a balanced personality that acknowledges others' rights, adheres to societal ethics, complies with social control rules, and aligns with the norms and values of the community. It also includes the ability to form relationships characterized by kindness, cooperation, and mutual respect.

Operational Definition: It is measured through mothers' responses to the Psychosocial Adjustment Questionnaire.

4. Psychological Resilience:

Definition: A set of characteristics reflected in an individual's belief in their effectiveness and their ability to utilize all available psychological and environmental resources. This allows them to perceive life stressors accurately, interpret them realistically and logically, and adapt positively. It includes three dimensions: commitment, control, and challenge (Hassan, 2017, p. 51).

Operational Definition: It is measured through mothers' responses to the Psychological Resilience Questionnaire.

5. Motor Disability:

Definition: Disability is primarily a medical issue, but motor disability also entails physical, psychological, social, and educational challenges. Children with motor disabilities face limitations in movement and motor functions and struggle with social adaptation due to restricted abilities and challenges in accessing experiences available to their peers. Despite the prevalence of motor disability, it is still not fully addressed as a social issue deserving strategic educational and social intervention. This is evident in the lack of studies providing therapeutic programs to train parents on proper ways to deal with children with motor disabilities, with particular focus on the psychological well-being of the mothers of such children.

- Motor disability is generally defined as the impairment of body functions related to movement, which is often permanent and affects an individual's ability to perform daily activities (Hanna et al., 1997).

- It can also result from central nervous system disorders, skeletal issues, or muscular impairments, leading to chronic conditions that necessitate specialized educational, medical, and psychological services (Sartawi, 1998).

Operational Definition: It refers to children with motor disabilities caused by central nervous system disorders or skeletal or muscular impairments, who have normal intelligence and are integrated into mainstream schools or enrolled in special programs or centers.

6. Previous Studies:

Study by Al-Khamisi (2011):

Title: "Family Stress as Perceived by Parents of Children and Adolescents with Autism."

Objective: To explore the types of stress experienced by families of autistic individuals and compare the stress levels between families of autistic children and adolescents.

Sample: 54 parents (mothers and fathers) of autistic children and adolescents in autism centers and special education schools in Jeddah, Saudi Arabia.

Findings: The study identified that stress related to a lack of information and stress caused by the child's characteristics were the most significant stressors. Families of autistic adolescents experienced higher stress levels compared to families of autistic children concerning child-related stress. However, no differences were found in stress related to financial or informational factors. This study aligns with the current research focus on psychological resilience in mothers of children with special needs.

Study by Gilani Asia (2024):

Title: "Psychological Resilience and Its Relationship with Marital Adjustment Among Mothers of Twin Children: A Field Study in Touggourt and Ouargla."

Objective: To examine the relationship between psychological resilience and marital adjustment, considering variables like educational level, marriage duration, and the rank of the twin children.

Sample: 60 mothers of twin children.

Findings: Significant correlations were found between psychological resilience and various dimensions of marital adjustment (agreement, satisfaction, cohesion, and emotional expression). There were no significant differences in psychological resilience based on educational level, but differences were found based on marriage duration.

Relevance: This study shares a focus on psychological resilience among mothers and highlights key relational dynamics.

7. Theoretical Framework:

Key Theories Explaining Psychosocial Adjustment:

1. Psychoanalytic Theory:

- Sigmund Freud's Perspective:

Freud emphasized the dynamic interaction of the three components of personality—Id, Ego, and Superego—in shaping behavior. He argued that human behavior results from the interplay between these components (Weiten & Lloyd, 2004, p. 33).

2. Behavioral Theories:

- Behavioral theories emphasize observation, measurement, and reinforcement in shaping adaptive and maladaptive behaviors. Theorists like Bandura highlighted the role of social learning through observation and imitation in acquiring adaptive behaviors, including psychosocial adjustment.

3. Social Theories:

- These theories focus on external behaviors and group interactions. They suggest that individuals often conform to group norms to meet daily life requirements and achieve adjustment. Positive adjustment involves aligning with societal norms and actively contributing to family and community well-being, while negative adjustment entails deviating from group norms or engaging in harmful behaviors (Kamel, 2003, p. 37).

8. Psychological Resilience:

Definition: Resilience is the individual's struggle for achievement and excellence in stressful situations. It reflects high coping capabilities and effective use of personal and environmental resources to interpret and manage stressors constructively, ultimately achieving success (Magdy, 2007, p. 75).

- **Additional Perspective:** Resilience serves as an intrinsic resource to mitigate the negative effects of stress on psychological and physical health. It facilitates successful problem-solving and prevents future stressors (Qadri & Lounis, 2007, p. 21).

- **Characteristics:** A resilient individual demonstrates adaptability, psychological flexibility, self-efficacy, and robust psychological immunity.

Theories Explaining Psychological Hardiness:

Kobasa's Theory (1979): This theory is based on several empirical foundations from the perspectives of scholars such as Frankl, Maslow, and Rogers. They suggested that an individual's ability to cope with life's challenges largely depends on their capacity to effectively use personal and social resources. Kobasa's model is one of the key frameworks for this study, which connects several factors, identifying three main ones: the individual's internal structure, cognitive style, and feelings of threat and frustration (Al-Yafi, 2013, p. 21).

The core assumption of Kobasa's theory emerged from a study conducted on business executives, lawyers, and mid-to-senior healthcare professionals, examining their psychological and physical health in the face of traumatic events. The study revealed a new positive factor in preventing psychological and physical disorders: psychological hardiness, with its dimensions of commitment, control, and challenge. Kobasa concluded that people with high psychological hardiness express positive self-regard even in the most threatening situations and are physiologically less reactive (Radi, 2008, p. 122).

Maddi's Theory: The first concepts of psychological hardiness appeared in the work of American psychologist Salvatore Maddi, who supervised Kobasa's doctoral work. Maddi's writings on ideal identity and pre-disease personality highlighted the chronic lack of meaning and existential despair becoming typical in modern life due to cultural, societal, and technological changes. He began conducting a 12-year study with students at the University of Chicago (Halka, 2006, p. 35).

Maddi also conducted a detailed study on 400 employees before Apple Inc. decided to downsize. The results showed that two-thirds of the sample suffered from poor performance, leadership issues, and health problems, including heart attacks, physical distress, depression, drug use, and sometimes even death, due to extreme pressure. However, the remaining third, who faced similar intense pressures, maintained their health, performance, and enthusiasm. This led to the question: what caused the differences between the two groups? Maddi found that those who persevered under stress maintained three core beliefs that helped transform their difficulties into opportunities: commitment, which led them to actively engage with events instead of avoiding them; control, which encouraged them to confront challenges and influence outcomes; and challenge, which helped them view changes from stress, whether positive or negative, as new learning opportunities. These three elements determined how individuals respond to life's pressures, as shown in the study on Apple employees, emphasizing these foundational traits as coping mechanisms during difficult times (Halka, 2016, pp. 36–37).

Patron's Theory: Patron, a retired colonel and researcher at the National Center for Technology and National Security in the U.S., focused on studying psychological hardiness responses to stress, particularly in soldiers. His research, based on Kobasa and Maddi's theories, contributed significantly to the development of hardiness theory, particularly in military, security, and organizational contexts. Patron adopted Kobasa's definition of psychological hardiness as a triadic personality structure that can be developed and enhanced. He argued that enhancing psychological hardiness leads to better performance health and prevention of stress-related issues. Patron believed that individuals today work in a complex and changing environment, leading to higher levels of stress, which often results in health and career problems. However, some individuals remain resilient under pressure. To answer why certain individuals manage to withstand stress, Patron conducted research at the U.S. Military

Academy and various European military colleges. His findings indicated that soldiers with higher levels of psychological hardiness demonstrated outstanding abilities, which helped them face combat and perform tasks despite the pressures of war and combat operations (Halka, 2016, p. 38).

Dimensions of Psychological Hardiness:

1. **Commitment:** Refers to an individual’s sense of responsibility towards others and life events, including family, social, and professional roles (Muftah, 2010, p. 129). There are various forms of commitment, including religious, legal, and social commitments.
2. **Control:** Refers to an individual’s belief in their ability to control and influence life events, take responsibility for their life events, and make choices and decisions (Mokhimer, 1997, p. 14). Control types include decision-making control, cognitive control, behavioral control, and retrospective control.
3. **Challenge:** Kobasa defines challenge as the belief that change in life events is natural and necessary for growth, rather than a threat to one’s security (Kobasa, 1994, p. 54).

Research Methodology:

- The researcher adopted a descriptive-analytical approach, defined as "a method of analysis based on sufficient and accurate information about a specific phenomenon or subject within a known time frame, to derive scientific results interpreted objectively in line with actual data" (Miqdad & Fara, 2004).

Study Sample:

- The study targeted a sample of 146 mothers of children with motor disabilities from five Algerian states. The survey was distributed via social media, specifically a Facebook group titled "Mothers of Children with Special Needs in Algeria."

The sample description is as follows:

Sample Size	Age of Mother				Education Level			Employment	
	19-29	30-40	41-51	>52	Low	Medium	High	Employed	Not Employed
146	27	85	23	11	67	50	29	84	62

Study Tools:

Social Compatibility Scale for Mothers of Children with Autism Spectrum Disorder (Developed by the Researcher) The scale was created based on previous scales, notably Mahmoud Atiya's 1996 translation of Thorpe, Clarke, and Tighe’s social compatibility test. The researcher adapted the scale to fit the Algerian context, reducing the number of items to 49 across three dimensions: psychological compatibility (17 items), social compatibility (18 items), and family compatibility (14 items).

Psychometric Properties of the Scale:

Validity: Validity was assessed using two methods:

1. **Judge Validity:** A group of experts evaluated whether the scale accurately represented the subject matter.

2. **Internal Consistency:** Using correlation coefficients between scale dimensions and total scores, the scale demonstrated a high level of validity.

- **Reliability:** Reliability was measured using Cronbach's Alpha, which showed high consistency (Cronbach's Alpha = 0.897), indicating the scale's reliability.

Psychological Hardiness Scale (Based on Imad Mohammed Ahmed Mokhimer, 2006): A 47-item scale that measures psychological hardiness across three dimensions: commitment, challenge, and control. The reliability and validity of the scale were also confirmed through testing and statistical analysis.

Hypothesis 1: "There is a statistically significant correlation between social-psychological adjustment and psychological resilience in mothers of children with physical disabilities."

Table 2: Pearson Correlation Coefficient between Social-Psychological Adjustment and Psychological Resilience.

Variables	Pearson Correlation Coefficient	Significance Level
Social-Psychological Adjustment and Psychological Resilience	0.624	0.01

From the above table, it is clear that the first hypothesis is correct, and there is a statistically significant positive correlation at the 0.01 significance level between social-psychological adjustment and psychological resilience in mothers of children with physical disabilities.

Hypothesis 2: "There are no statistically significant differences at the 0.01 significance level in the level of social-psychological adjustment in mothers of children with physical disabilities due to educational level."

Table 3: One-way ANOVA Analysis of Differences in Responses to the Social-Psychological Adjustment Scale Based on Educational Level

Dimensions	Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F-value	Significance Level
Social-Psychological Adjustment	Between Groups	8476.287	2	4238.143	14.421	0.000
	Within Groups	87285.860	297	293.892		

It is evident from the results in Table 3 that there are statistically significant differences in the responses of the sample participants regarding the social-psychological adjustment scale due to the mother's educational level for children with physical disabilities.

To determine the direction of the differences, the following procedure was taken:

Table 4: Scheffe's Post-Hoc Test for Pairwise Comparisons to Determine the Direction of Differences in Social-Psychological Adjustment

Educational Level	Mean Differences	P-value	Statistical Significance
Low (below high school) vs. Medium	0.247170	0.9770	Not Significant
Medium (High school) vs. High	4.53333*	0.0010	Significant
High (University) vs. Low	4.28616*	0.0000	Significant

From the Scheffe table, we conclude that the differences are in favor of the higher or university education level.

Hypothesis 3: "There are no statistically significant differences at the 0.05 significance level in the level of psychological resilience in mothers of children with physical disabilities due to educational level."

Table 5: One-way ANOVA Analysis of Differences in Responses to the Psychological Resilience Scale Based on Educational Level

Dimensions	Source of Variance	Sum of Squares	Degrees of Freedom	Mean Squares	F-value	Significance Level
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Psychological Resilience	Between Groups	3840.127	2	1920.063	13.155	0.000
	Within Groups	43348.660	297	145.955		

It is evident from the results in Table 5 that there are statistically significant differences in the responses of the sample participants regarding the psychological resilience scale due to the educational level of the mother of the child with a physical disability.

To determine the direction of the differences, the following procedure was taken:

Table 6: Scheffe’s Post-Hoc Test for Pairwise Comparisons to Determine the Direction of Differences in Psychological Resilience

Educational Level	Mean Differences	P-value	Statistical Significance
Low (below high school) vs. Medium	0.247170	0.9770	Not Significant
Medium (High school) vs. High	4.53333*	0.0010	Significant
High (University) vs. Low	4.28616*	0.0000	Significant

From the Scheffe table, we conclude that the differences are in favor of the higher or university education level.

General Conclusion:

Based on the previous findings, the study concluded the following:

- There is a statistically significant positive correlation at the 0.01 level between social-psychological adjustment and psychological resilience among mothers of children with physical disabilities.
- There are statistically significant differences at the 0.01 level in the level of social-psychological adjustment among mothers of children with physical disabilities attributed to the educational level variable, favoring those with higher educational levels (university).
- There are no statistically significant differences at the 0.01 level in the level of psychological resilience among mothers of children with physical disabilities attributed to the educational level variable, favoring those with higher educational levels (university).

Recommendations ;

- Attention should be given to mothers as they are the direct caregivers of children with physical disabilities.
- Focus should be placed on the psychological, social, and family adjustment of mothers, as this will positively reflect on their care for their child. The more resilient the mother is, the more effective she will be in taking care of her child. Therefore, it is important to provide psychological support for these mothers, allowing them space to release their fears and helping them accept the situation as a challenge.
- Increased research should be conducted on this topic due to its importance in Arab communities.

Conclusion:

My personal interest in this topic stems from my direct experience with a child from this group. I went through a difficult period where I lost my strength and will to live. I lost my psychological resilience and became socially isolated, losing all my adjustment with myself and my community. However, I decided to fight this situation and forced myself to engage with the group I belonged to, taking responsibility for this case. I accepted my new role and began the caregiving journey. From that moment, my psychological resilience returned, and I was able to face the situation and enjoy it. Now, my daughter is a person who is fully integrated into society, and I am proud of my accomplishments and my strength. I am working hard to share my experience with other mothers. That is why I created a Facebook group where I conducted my research, and I am trying to help them accept, adjust, and build psychological resilience, leading to success in caregiving.

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