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Research Paper

# Fear of Negative Evaluation, Relationship Structure with Spouses, Shame and Guilt as Predictors of Resilience among Mothers of Exceptional Children from Lucknow and Kolkata

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## ABSTRACT

Caring for children with exceptionality can be particularly challenging for mothers, who often shoulder primary caregiving responsibilities. This cross-sectional study aimed to examine the relationship between fear of negative evaluation, relationship structure with spouses, shame, and guilt as predictors of resilience among 151 mothers (aged 25-65) of exceptional children in two Indian cities, Lucknow and Kolkata. The results indicated significant differences in fear of negative evaluation, relationship structure with spouses, and guilt between the two locations. Additionally, selected factors of resilience and guilt varied significantly among mothers belonging to nuclear and joint families. Shame and relationship structure adversely predicted maternal resilience in Lucknow and Kolkata, respectively. Fear of negative evaluation also negatively predicted resilience with high significance and similar magnitude in both cities. The study highlights the importance of cultural factors in addressing maternal resilience and suggests a need for developing interventions and support systems for mothers of exceptional children in India.

***Keywords:*** *Exceptional Children, Maternal Resilience, Fear of Negative Evaluation, Relationship Structure with Spouses, Shame and Guilt*

Children with exceptionalities exist in every society, often as some of its most marginalised. A World Health Organisation report from 2022 estimates their number to be as high as 93 million globally. These children constitute a highly diverse group, often exhibiting a wide range of conditions including but not limited to physical, sensory, intellectual and developmental disabilities. Reduction in childhood mortality rates often form the primary policy focus for most countries, leaving the issues arising due to child disability low on the priority list. (Cieza et al., 2021). These include significant barriers in access to quality education, to affordable healthcare, social activities, public spaces as also a social life unencumbered by discrimination and stigma.

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The challenge and stress of motherhood, arduous in itself, is often compounded in the parenting of an exceptional child, especially in collectivist cultures such as India, where mothers largely remain the primary caregivers of children. It is observed quite regularly that it is the mother that becomes an advocate for a child with disability, fighting to improve their quality of life, often facing discrimination and social stigma in the process. This leads to the experiencing of a roller coaster of emotions ranging from despair, self-blame, distress, rage, anxiety, to eventual acceptance.

Resilience, i.e., the ability to adapt and bounce back from challenging experiences, is essential for these women to navigate the ups and downs of raising an exceptional child. Mothers with higher levels of resilience are more likely to become focused on coping, be it by getting help, solving problems, cultivating coping skills, building support networks, engaging in self-care practices and finding meaning in their experiences, a positive outlook on life, and a sense of control over their circumstances.

Resilience in mothers with exceptional children is a multi-causal phenomenon. The current study limits its focus to three such predictors of maternal resilience, i.e., fear of negative evaluation, relationship with spouses and also shame and guilt. Fear of negative evaluation by others for their child's behaviour or developmental issues can be particularly acute for such mothers, leading to increased stress and anxiety and making it harder for them to seek support or help when they need it. The societal expectation to be the primary caregiver often leads to feelings of resentment or burnout. A supportive spouse can help to alleviate some of this burden and provide emotional and practical support. Finally, such mothers may experience feelings of shame and guilt for not being able to provide their child with a "normal" life, or for feeling negative emotions towards their own child at times. Understanding how these factors affect resilience is crucial to identifying and facilitating avenues for support and resources.

The current study seeks to examine the factors correlating and causative to the manifestation of resilience in mothers with exceptional children, while also seeking to recognise and account for cultural influences that may invariably be critical in the shaping the form and manner of resilience in such mothers. It recognises that the variability in manifestation of maternal resilience in such mothers, is contingent not only on individual traits and psychological makeup, but also on multifarious factors that exist as a consequence of being a member of a distinct sociocultural milieu. To that end, it uses a multi-dimensional model to examine the predictors of resilience among mothers of exceptional children from two Indian cities; Lucknow in Uttar Pradesh and Kolkata in West Bengal.

***Maternal Resilience***

Resilience can be defined as the "ability to maintain competent functioning in the face of significant life stressors" (Kaplan et al., 1996) It presupposes the presence of protective factors viz. personal, social, familial, and institutional safety nets that allow people to resist life stress. Furthermore, the dangerous, unfavourable, and threatening life conditions that result in individual vulnerability are also an important component of resilience. (ibid.). An individual's resilience at any particular time is determined by the ratio between the presence of protective variables and the presence of hazardous situations. Resilience is the capacity to manage psychologically or emotionally with a quick recovery to pre-crisis position (De Terte & Stephens, 2014) whereby people demonstrate positive adaptation despite significant adversity or trauma (Luthar & Cicchetti, 2000).

Roque and others define Maternal Resilience as the interaction between the mother's self-determination as a caregiver and personal mediating factors such as hopelessness, spiritual faith, rejection of personal responsibility on one hand and environmental mediating factors such as a lack of support from partner and limited resources for meeting needs on the other, (Roque et al., 2009). These factors help either mitigate or exacerbate the effect of the child's disability on the mother, thereby favouring or impeding her effective adaptation to the situation.

There is fairly extensive literature on resilience that can be contextually applicable in the case of mothers with exceptional children. Garmezy (1992) concentrated on the ways in which an individual could defend themselves from mental illness such as, by the development of their motivation, cognitive abilities, social awareness, and their unique "voice." Garmezy defined resilience as being "not necessarily impervious to stress; rather, resilience is intended to reflect the capacity for recovery and sustained adaptive behaviour that may follow initial retreat or incapacity upon the onset of a stressful event." Key elements of his theory include individual factors such as temperament and cognitive skills, familial factors such as family cohesion and warmth and external support factors.

Polk (1997) synthesised four ideal typical patterns of resilience, these being, dispositional pattern viz. physical and ego-related psychosocial attributes, relational pattern concerned with an individual's responsibilities in society and relationships with others, situational pattern or the ability to evaluate situations and act in response to the situation and philosophical pattern or a person's worldview and variety of resilience promoting beliefs.

According to Walsh's (2003) meta-analysis on family resilience, there are nine dynamic processes that families can engage in to build resilience. These processes include making sense of adversity, having a positive outlook, exploring spirituality and transcendence, being flexible, fostering connectedness, mobilizing economic and social resources, having clarity, sharing emotions openly, and solving problems collaboratively. Walsh posited that these processes are interconnected and can work together to help families strengthen their relationships and develop greater resources and competencies.

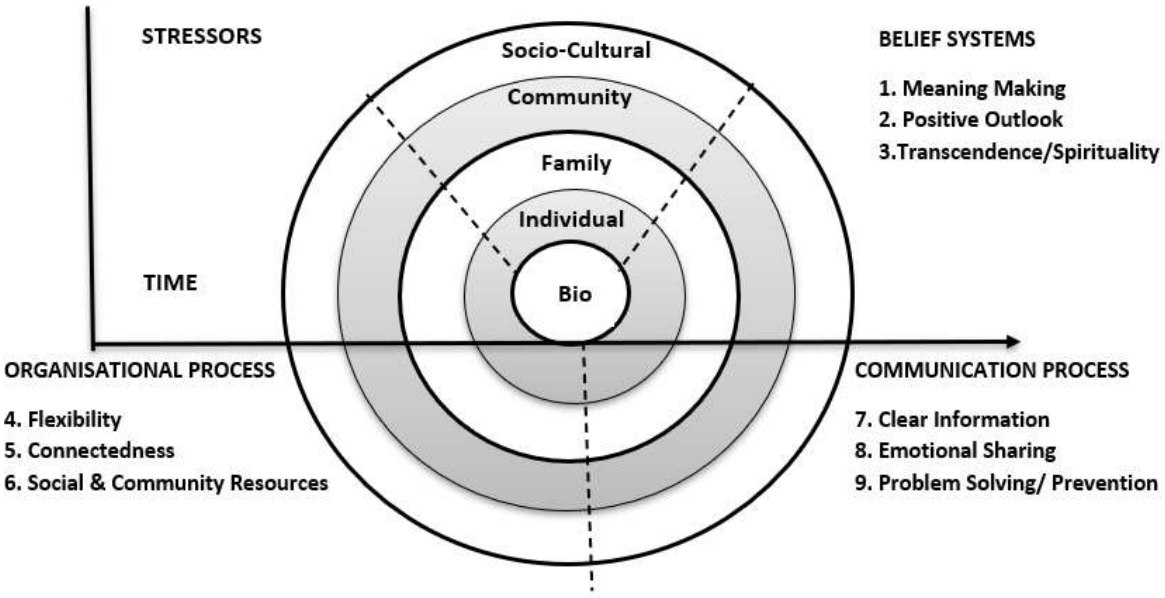


Figure 1: Pictorial Representation of Walsh Theory of Family Resilience Processes (Source: Walsh, 2016)

Resilience is not a trait or an adjective to describe an individual (Luthar & Zelazo, 2003); rather, it is a process involving contextual elements, the population of interest, the specific risk involved, the promotional factors, and the outcomes (Fergus & Zimmerman 2005). Much of the research into resilience processes have focused on either compensatory or defensive processes. Models of compensatory processes involve a direct impact of some promotional factor on an outcome; Fergus and Zimmerman (2005) describe a compensatory model of resilience as one in which a "promotive factor operate or act against the direction of a risk factor". Models of protective processes, on the other hand, work to moderate or decrease the effect of risk on a negative outcome.

In the context of mothers of exceptional children, resilience assumes particular importance. These mothers encounter distinct and ongoing challenges that can affect their emotional, physical, and mental well-being. Navigating complicated healthcare systems, advocating for their child's requirements, dealing with societal stigma, and managing the emotional effect of their child's condition can all be a part of raising an exceptional child. All these difficulties have a potential of taking a toll on a mother's emotional well-being and ability to manage. Mothers of children with developmental disabilities exhibit lower degrees of psychological well-being than mothers of typically developing children. They are more likely to experience depression, worry, failure, and guilt. (Dervishaliaj, 2013; Ekas, Lickenbrock, & Whitman, 2010). When mothers are continually subjected to stigma from members of the family and friends, as also the general public, they may begin to internalise that stigma, which can lead to increased stress and depression. (Mak & Kwok, 2010).

Developing resilience can help mothers of exceptional children in better coping with these challenges and thereby thriving in their role as caregivers. Mothers with greater levels of resilience can better manage stress, stay motivated, increase adaptability, build a support network and be better advocates for their child’s needs.

***Fear of Negative Evaluation***

The fear of negative evaluation is described as concern about other people's evaluations, distress over their negative evaluations, and the expectation that others will negatively evaluate oneself (Leary, 1983). This construct denotes a proclivity to be overly concerned with one's social behaviour and to be concerned about the perceived negative impressions that others may have of oneself. The fear of negative evaluation can be a significant source of social anxiety and can impair one's ability to participate in effective social interactions.

Individuals participate in self-presentation to manage their social image and impression. When individuals sense a threat to their desired social image or anticipate their failure in meeting social expectations, they develop a fear of negative evaluation (Leary & Kowalski, 1990). This further leads to excessive self-focus and avoidance of social situations, further reinforcing the fear of negative evaluation (Clark & wells, 1995).

A child's disability is a triadic experience, comprising three-way interactions between the child experiencing the dysfunction, the family affected by it, and the external environment where the disability manifests itself. (Falik, 1995). The fear of being evaluated and judged unfavourably by others may amplify the potential guilt and shame that results from failing to meet internalised ideal standards of motherhood (Rotkirch, 2009). Fear of negative evaluation in mothers of exceptional children can had a significant negative impact on their emotional health, social support, and their ability to advocate for their child's needs. This can exacerbate

existing mental health concerns, such as depression or anxiety, while also negatively impacting the mother's overall wellbeing.

***Relationship Structure with Spouse***

According to the literature on resilience, having a supportive person in one's life is an essential factor in resilience (Luthar, 2007). According to another study on interparental conflict, having a high-quality marriage may serve as a compensatory factor for families experiencing psychological distress. (Davies & Cummings, 2006). Having a good relationship with an intimate partner is correlated with less parenting stress (Mulsow et al. 2002).

David Schnarch (1991) emphasized the importance of individual growth and self-development in the context of a healthy and fulfilling relationship structure. Partners who can express their own thoughts, feelings, and desires without fear of being rejected or abandoned, and accept differences and conflicts in the relationship without feeling threatened can build a strong sense of self and overcome emotional and psychological challenges in relationships. This process of differentiation is a life-long journey that may entail learning to manage anxiety, improving emotional regulation skills, and growing one's self-awareness.

Fraley et al., (2011) defined spousal relationship structure as the way in which a marriage or long-term partnership is organized and defined between two individuals. It includes the roles, boundaries, expectations, and communication patterns that are established between the partners.

Their study investigated the concept of "attachment orientations" in the context of relationship structure, which relate to how individuals form and maintain close emotional bonds with others. Attachment orientations can influence how partners communicate, cope with conflict, and approach intimacy in a partnership. This theory emphasises the importance of understanding how individual differences and personal histories can affect the structure of a relationship, and how partners can collaborate to create a healthy relationship.

Burke and colleagues (2006) investigated the effect of spousal support on the well-being of mothers of children with severe disabilities. According to the research, mothers who reported greater levels of support from their partners had exhibited lower levels of stress and depressive symptoms. Furthermore, spousal support was a causative to higher levels of perceived social support and higher levels of happiness with the caregiving role.

In India, where women often face significant societal barriers to seeking external help and support, spousal relationships can play an outsized role in determining the level of resilience and well-being among mothers of exceptional children. Traditional gender roles and cultural expectations of women in India may make it difficult for mothers to prioritize their own needs and self-care, which may exacerbate the impact of strained spousal relationships. Many husbands may not be as involved as their wives in the care of their children with disability and may not be able to fully empathise with the extent of their wives' caregiving responsibilities. This can contribute to feelings of isolation, frustration, and resentment among mothers. In some cases, the mothers are forced to make the choice between staying in an unhealthy marriage and leaving their child without adequate care.

It is important to note that every family is unique, and the impact of the spousal relationship on mothers of exceptional children in India can vary widely. However, it is clear that spousal support and involvement is often a pivotal factor contributing to maternal resilience.

***Shame and Guilt***

Shame and guilt are cardinal human emotions that fulfil a purpose at both individual and relationship levels. Shame is an unpleasant self-conscious emotion characterized by negative affect, withdrawal motivations, feelings of inferiority, and tendencies to hide, escape, or deny (Tangney et al., 2007). Guilt, on the other hand, arises when oneself as having done something wrong or having violated a personal standard of behaviour, thus producing feelings of remorse, regret, and self-reproach.

Lamia (2017) described shame as a matter of hiding an individual's self. In social settings, individuals avoid the emergence of shame in order to avoid feeling worthless, inadequate, or deficient. Shame and guilt share many similarities in that they are both self-conscious emotions that require self-reflection and self-evaluation. (Tangney & Tracy, 2012). However, unlike shame, guilt is focused on a specific behaviour, and it tends to motivate us to make amends or take corrective action. Guilt can be uncomfortable, but it is generally considered to be a more adaptive emotion than shame, as it can lead to positive changes in behaviour and relationships.

The psychodynamic perspective suggested that guilt and shame arise from conflicts between the conscious and unconscious aspects of the psyche, rooted in childhood experiences with caregivers. The anthropological theories popularised around mid-20$^{th}$ century focused on understanding how these emotions are experienced, expressed, and interpreted in different cultural contexts. Anthropologists have studied how shame and guilt are understood and manifested in diverse societies, and how cultural norms and values shape the experience of these emotions.

Shame Resilience Theory (Brown, 2012) lays down a framework for understanding how people can build resilience to shame, which Brown defines as "the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging" by developing four skills: recognizing shame and understanding its triggers, practicing critical awareness, reaching out to others for support, and 'speaking shame'.

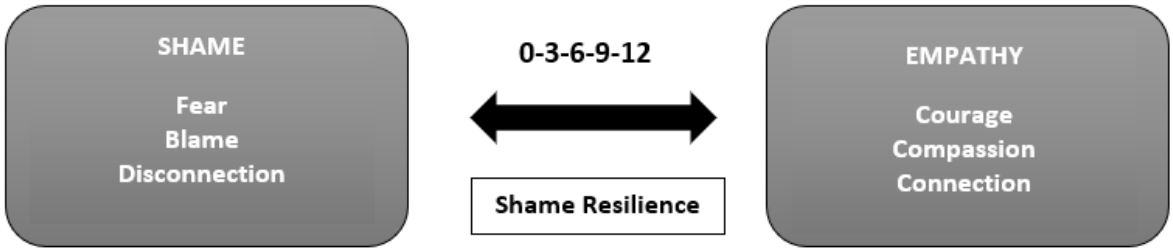


Figure 2: Pictorial Representation of Shame Resilience Theory (Source: Brown, 2007)

The difference between shame and guilt lies in one's perception of their power to meet one's own standards. Shame arises when an individual feels powerless to meet their ideal self's standards, while guilt arises when an individual feels a desire and ability to harm or violate their moral self's standards. These distinctions have important implications for motivation,

both positive and negative. Guilt is more likely to motivate reparative or self-punitive behaviour, while shame is more likely to motivate withdrawal or greater efforts to construct one's desired identity.

Guilt is an emotion that society has acknowledged as an inherent component of motherhood. (Sutherland 2010). Mothers of exceptional children may experience shame and guilt for a variety of reasons, including feeling responsible for their child's condition, not doing enough to assist their child, or not meeting societal standards of motherhood. This can trigger negative emotions like anxiety, sadness, and hopelessness thereby undermining a mother's resilience in the face of her circumstances. These negative feelings can also manifest in physical symptoms such as fatigue, insomnia, and decreased immune function, which can impair a mother's ability to deal with the challenges of parenting an exceptional child. Shame and guilt can also interfere with a mother's ability to seek support, which may further negatively impact her resilience. Mothers who feel ashamed or guilty may be less likely to reach out for help from family, friends, or professionals, which can exacerbate feelings of isolation and increase the burden of caregiving. It is critical to distinguish whether mothers are feeling shame or guilt because shame has more serious psychological consequences than guilt and has been more strongly linked to depression (Kim et al. 2011; Tangney and Dearing 2002).

In summary, conducting a comprehensive examination of the factors that contribute to resilience in mothers of exceptional children has the potential to offer substantial advantages for both the mothers themselves and their offspring. This type of research endeavour can aid in the identification of protective elements that can help to mitigate the negative effects of the numerous challenges associated with raising children with exceptional needs. Additionally, such an investigation can result in improved mental health outcomes for mothers, which can, in turn, enhance the parent-child relationship and overall family functioning. Ultimately, the benefits of this type of investigation extend beyond individual families to potentially inform policies and programs that support the needs of families raising exceptional children more broadly.

## METHODOLOGY

### *Purpose*

The purpose of this study is to investigate the relationship between fear of negative evaluation, relationship structure with spouses, shame and guilt as predictors of resilience among mothers of exceptional children from two Indian cities, Lucknow in Uttar Pradesh and Kolkata in West Bengal. Additionally, this study aims to explore the significance of culture in shaping maternal resilience.

### *Hypotheses*

**H1**: There exists a significant difference in the levels of resilience, fear of negative evaluation, relationship structure with spouses, and levels of shame and guilt among mothers between the two Indian cities of Lucknow and Kolkata.

**H2**: There exists a significant difference in the levels of resilience, fear of negative evaluation, relationship structure with spouses, and levels of shame and guilt between mothers aged 25-45 years and mothers aged 45-65 years.

**H3:** There exists a significant difference in the levels of resilience, fear of negative evaluation, relationship structure with spouses, and levels of shame and guilt between mothers living in joint families and mothers living in nuclear families.

**H4:** The levels of fear of negative evaluation, relationship structure with spouses, and shame and guilt significantly predict the levels of resilience among mothers of exceptional children in the city of Lucknow and Kolkata, respectively

***Sample***

The participants were recruited through purposive sampling, and the sample size was 151 mothers of exceptional children, with 76 participants from Lucknow and 75 participants from Kolkata. Purposive Sampling was used because the researcher deliberately chose to focus on a particular subset of the population, i.e., Mothers of Exceptional Children.

***Inclusion Criterion:***

- Mothers of exceptional children with clinical diagnosis in the cities of Lucknow and Kolkata.
- Mothers of exceptional children within the age range of 25 to 65 years.
- Mothers of exceptional children with mild to moderate level of disability.
- Mothers of exceptional children enrolled at special schools and/or therapy centres.

***Exclusion Criterion***

- Mothers of exceptional children from single parent family units.
- Mothers of exceptional children with severe level of disability.
- Mothers of exceptional children below the age of 25 and over the age of 65.

***Instruments***

- **Maternal Resilience Scale (ERESMA):** ERESMA developed by Roque, Acle & García (2009) is a 45-item self-report tool to measure the resilience of mothers or caregivers of exceptional children. The items are rated on a five-point Likert scale ranging from never to always, and the questionnaire includes six subscales: self-determination, hopelessness, spiritual faith, rejection of personal responsibility, lack of support from the partner, and limited resources for meeting needs.
- **The Brief Fear of Negative Evaluation Scale (BFNE):** BFNE is a 12-item self-report questionnaire designed to measure fear of negative evaluation, which is a subset of social anxiety. Developed by Leary in 1983, BFNE is a shortened version of the 30-item Fear of Negative Evaluation Scale created by Watson and Friend in 1969. The items are rated on a five-point Likert scale, with items 2, 4, 7, and 10 being reverse scored.
- **The Relationship Structures Questionnaire (ECR-RS)**: ECR-RS designed by Fraley, Hefferman, et al. (2011) assesses attachment patterns in close relationships with respect to mother, father, romantic partner, and best friend. The questionnaire consists of 9 items that were designed to evaluate a variety of interpersonal targets and for a variety of age groups. The items are rated on a seven-point Likert scale ranging from strongly disagree to strongly agree and consist of two subscales, one for attachment-related avoidance and the other for attachment-related anxiety.
- **State Shame and Guilt Scale (SSGS):** SSGS developed by Marschall, Saftner & Tangney (1994) is a self-report tool that assesses the in-themoment feelings of shame and guilt experiences. The questionnaire includes 10 items rated on a five-point Likert scale, with two subscales for guilt and shame.

***Procedure***

Following the conceptualization of the study, permission was obtained from the authors of the psychometric tools to utilize their measures for the investigation. The population and sample size were then determined, and since no prior Indian studies existed for either of the scales, a pilot study was conducted to assess whether Indian mothers of exceptional children could comprehend the items and respond to the questionnaires with ease. The results of the pilot study confirmed that the scales could be applied to the Indian population. Subsequently, the questionnaires were distributed offline to the sample population in a group setting. The participants were required to provide informed consent, demographic information, and responses to the four standardized scales. Once data collection from both cities was completed successfully, the responses were aggregated, and the scores of the respondents for all four scales were calculated and compared using SPSS.

## RESULTS

Demographic profile of the sample collected in Lucknow, Uttar Pradesh and Kolkata, West Bengal is shown in table 1.

***Table 1: The demographic distribution of the sample***

| **Variables** | | **N** | **%** |
|---|---|---|---|
| **Location** | Lucknow | 76 | 50.33 |
| | Kolkata | 75 | 49.67 |
| **Age of mothers** | 25-45 | 131 | 86.75 |
| | 45-65 | 20 | 13.25 |
| **Family Type** | Nuclear | 93 | 61.59 |
| | Joint | 58 | 38.41 |
| **Employment Status** | Full-time | 19 | 12.58 |
| | Part-time | 9 | 5.96 |
| | Self Employed | 13 | 8.61 |
| | Unemployed | 110 | 72.85 |
| **Age at marriage** | 18-25 | 79 | 52.30 |
| | 25-35 | 42 | 27.81 |
| | Above 35 | 2 | 1.32 |
| | Below 18 | 28 | 18.54 |
| **Number of children** | 1 | 77 | 50.99 |
| | 2 | 50 | 33.11 |
| | 3 | 21 | 13.91 |
| | 4 | 2 | 1.32 |
| | Above 4 | 1 | 0.66 |
| **Age of Exceptional Child** | 1-5 | 40 | 26.49 |
| | 5-10 | 41 | 27.15 |
| | 10-15 | 40 | 26.49 |
| | 15-20 | 19 | 12.58 |
| | 20-25 | 11 | 7.28 |
| **Type of Exceptionality** | ADHD | 7 | 4.64 |
| | Autism Spectrum Disorder | 50 | 33.11 |
| | Cerebral Palsy | 3 | 1.99 |
| | Down Syndrome | 4 | 2.65 |
| | Hearing Impairment | 68 | 45.03 |

| | | | |
|---|---|---|---|
| | Learning Disability | 4 | 2.65 |
| | Mental Retardation | 9 | 5.96 |
| | Speech Impediment | 6 | 3.97 |
| **Enrolment in Formal Educational Institute** | No | 29 | 19.21 |
| | Yes | 122 | 80.79 |

Table 1 indicates that there is a fairly equal number of the mothers hailing from Lucknow and Kolkata. Most of them belonged to the age group of 25-45 years (86.8%) and most of them belonged to nuclear families (62%). Most of the mothers were unemployed by occupation (72.9%). Least were part time employees (6%). Most mothers claimed to have gotten married in the age range of 18 to 25 years (52.3%). Most of them had single child (51%), and it was reported than most of exceptional children were between 5 to 10 years age (27%). The highest number of exceptionalities was found to be that of hearing impairment (45%), followed by autism spectrum disorder (33%). Cerebral Palsy was found to be the least (2%). When asked if their children with exceptionality were enrolled in any formal educational institute, most of them acknowledged the same (81%).

***Table 2: Descriptive statistics of the variables***

| **Variables** | | | **N** | **M** | **SD** |
|---|---|---|---|---|---|
| **Location** | **Self Determination** | Lucknow | 76 | 39.30 | 5.09 |
| | | Kolkata | 75 | 43.67 | 2.82 |
| | **Hopelessness** | Lucknow | 76 | 43.86 | 9.28 |
| | | Kolkata | 75 | 47.13 | 8.42 |
| | **Spiritual Faith** | Lucknow | 76 | 21.54 | 4.17 |
| | | Kolkata | 75 | 24.23 | 1.68 |
| | **Rejection of Personal Responsibility** | Lucknow | 76 | 18.97 | 3.70 |
| | | Kolkata | 75 | 21.63 | 2.95 |
| | **Lack of Support from Partner** | Lucknow | 76 | 28.12 | 6.24 |
| | | Kolkata | 75 | 30.81 | 5.05 |
| | **Limited Resources** | Lucknow | 76 | 22.67 | 5.37 |
| | | Kolkata | 75 | 22.20 | 4.23 |
| | **Fear of Negative Evaluation** | Lucknow | 76 | 28.87 | 9.64 |
| | | Kolkata | 75 | 23.76 | 9.79 |
| | **Relationship Structure** | Lucknow | 76 | 21.45 | 13.66 |
| | | Kolkata | 75 | 13.67 | 9.67 |
| | **State Shame** | Lucknow | 76 | 9.39 | 4.67 |
| | | Kolkata | 75 | 10.84 | 5.19 |
| | **State Guilt** | Lucknow | 76 | 10.04 | 4.92 |
| | | Kolkata | 75 | 16.55 | 5.02 |
| **Age (in years)** | **Self Determination** | 25-45 | 131 | 41.66 | 4.61 |
| | | 45-65 | 20 | 40.20 | 4.91 |
| | **Hopelessness** | 25-45 | 131 | 45.41 | 9.10 |
| | | 45-65 | 20 | 45.95 | 8.39 |
| | **Spiritual Faith** | 25-45 | 131 | 22.89 | 3.31 |

| | | | | | |
|---|---|---|---|---|---|
| | | 45-65 | 20 | 22.80 | 4.37 |
| | **Rejection of Personal Responsibility** | 25-45 | 131 | 20.36 | 3.64 |
| | | 45-65 | 20 | 19.85 | 3.30 |
| | **Lack of Support from Partner** | 25-45 | 131 | 29.61 | 5.81 |
| | | 45-65 | 20 | 28.45 | 5.97 |
| | **Limited Resources** | 25-45 | 131 | 22.61 | 4.69 |
| | | 45-65 | 20 | 21.30 | 5.64 |
| | **Fear of Negative Evaluation** | 25-45 | 131 | 26.37 | 10.14 |
| | | 45-65 | 20 | 26.10 | 9.43 |
| | **Relationship Structure** | 25-45 | 131 | 16.66 | 11.63 |
| | | 45-65 | 20 | 23.60 | 15.85 |
| | **State Shame** | 25-45 | 131 | 10.23 | 4.97 |
| | | 45-65 | 20 | 9.35 | 5.09 |
| | **State Guilt** | 25-45 | 131 | 13.50 | 5.94 |
| | | 45-65 | 20 | 11.75 | 5.82 |
| **Family Type** | **Self Determination** | Nuclear | 93 | 42.11 | 4.09 |
| | | Joint | 58 | 40.45 | 5.32 |
| | **Hopelessness** | Nuclear | 93 | 45.88 | 8.75 |
| | | Joint | 58 | 44.84 | 9.40 |
| | **Spiritual Faith** | Nuclear | 93 | 23.11 | 3.40 |
| | | Joint | 58 | 22.50 | 3.53 |
| | **Rejection of Personal Responsibility** | Nuclear | 93 | 20.57 | 3.58 |
| | | Joint | 58 | 19.84 | 3.60 |
| | **Lack of Support from Partner** | Nuclear | 93 | 30.51 | 5.40 |
| | | Joint | 58 | 27.78 | 6.12 |
| | **Limited Resources** | Nuclear | 93 | 21.83 | 4.95 |
| | | Joint | 58 | 23.41 | 4.49 |
| | **Fear of Negative Evaluation** | Nuclear | 93 | 25.96 | 10.77 |
| | | Joint | 58 | 26.93 | 8.74 |
| | **Relationship Structure** | Nuclear | 93 | 16.60 | 12.50 |
| | | Joint | 58 | 19.16 | 12.28 |
| | **State Shame** | Nuclear | 93 | 10.42 | 5.01 |
| | | Joint | 58 | 9.62 | 4.92 |
| | **State Guilt** | Nuclear | 93 | 14.32 | 5.78 |
| | | Joint | 58 | 11.59 | 5.84 |

Table 2 reflects the descriptive analysis of the variables in terms of location, age and family types. The data suggests that Lucknow has lower mean scores for most variables compared to Kolkata, except for fear of negative evaluation and relationship structure. The age group 25-45 has slightly higher mean scores than 45-65 for most variables, except for hopelessness and relationship structure. Joint family type has slightly lower mean scores for most variables compared to nuclear family type except for limited resources, fear of negative evaluation and relationship structure.

***Table 3: t test for location groups (Lucknow and Kolkata)***

| Variables | t | df | SE | *p* |
|---|---|---|---|---|
| Self Determination | -6.53** | 117.24 | 0.67 | 0.000 |
| Hopelessness | -2.27* | 147.97 | 1.44 | 0.024 |
| Spiritual Faith | -5.21** | 99.04 | 0.52 | 0.000 |
| Rejection of Personal Responsibility | -4.88** | 142.73 | 0.54 | 0.000 |
| Lack of Support from Partner | -2.92** | 143.52 | 0.92 | 0.004 |
| Limited Resources | 0.60 | 141.95 | 0.79 | 0.550 |
| Fear of Negative Evaluation | 3.23** | 148.87 | 1.58 | 0.002 |
| Relationship Structure | 4.04** | 135.17 | 1.92 | 0.000 |
| State Shame | -1.80 | 146.96 | 0.80 | 0.074 |
| State Guilt | -8.04** | 148.85 | 0.81 | 0.000 |

*$p < 0.05$ **$p < 0.01$

Table 3 reflects that for the six subscales of resilience, except for the Limited Resources subscale, there exists significant differences among the locations of Lucknow and Kolkata ($p < 0.05$). The location differences in terms of fear of negative evaluation and relationship structure were also found to be significant ($p < 0.05$). For state shame, no significant difference in location was found ($p$ = n.s.), however, state guilt showed significant difference ($p < 0.05$).

Hence, the hypotheses $H_1B$ and $H_1C$ were accepted. However, $H_1A$ and $H_1D$ could be partially accepted, owing to non-significant difference in one subscale for each of the variables.

***Fig. 3: Illustrating the means for the variables across the two locations.***

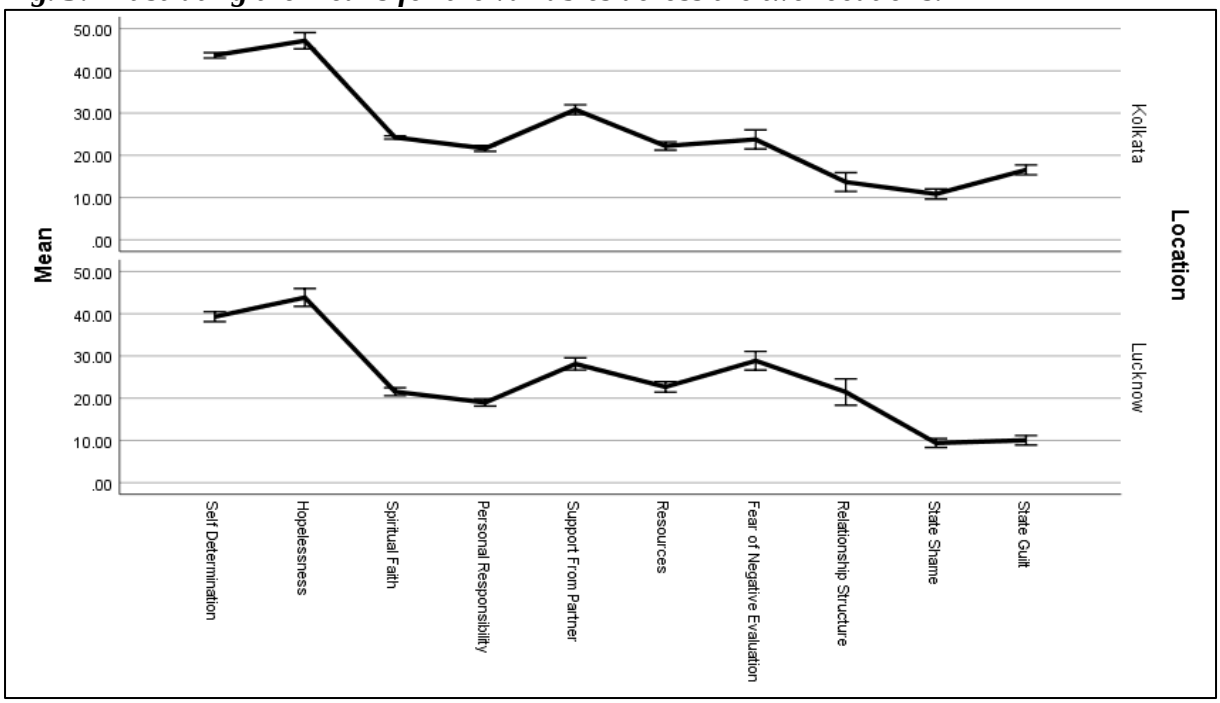

***Table 4: t test for age groups (25-45 years and 45-65years)***

| Variables | t | df | SE | *p* |
|---|---|---|---|---|
| Self Determination | 1.25 | 24.39 | 1.17 | 0.222 |
| Hopelessness | -0.26 | 26.32 | 2.04 | 0.794 |
| Spiritual Faith | 0.08 | 22.44 | 1.02 | 0.934 |
| Rejection of Personal Responsibility | 0.63 | 26.60 | 0.80 | 0.532 |
| Lack of Support from Partner | 0.81 | 24.81 | 1.43 | 0.424 |
| Limited Resources | 0.99 | 23.19 | 1.33 | 0.333 |
| Fear of Negative Evaluation | 0.12 | 26.19 | 2.29 | 0.908 |
| Relationship Structure | -0.20 | 21.82 | 3.75 | 0.843 |
| State Shame | 0.72 | 24.84 | 1.22 | 0.477 |
| State Guilt | 1.25 | 25.42 | 1.40 | 0.222 |

Table 4 reflects that for the six subscales of resilience, except for the Limited Resources subscale, there exists no significant differences among the ages of 25-45 years and 45-65 years ($p$ = n.s.). Similarly, no significant difference among the age groups were found in terms of fear of negative evaluation, relationship structure, state shame and state guilt ($p$ = n.s.).

Hence, $H_2A$, $H_2B$, $H_2C$ and $H_2D$ could not be accepted.

***Fig. 4: Illustrating the means for the variables across the age groups.***

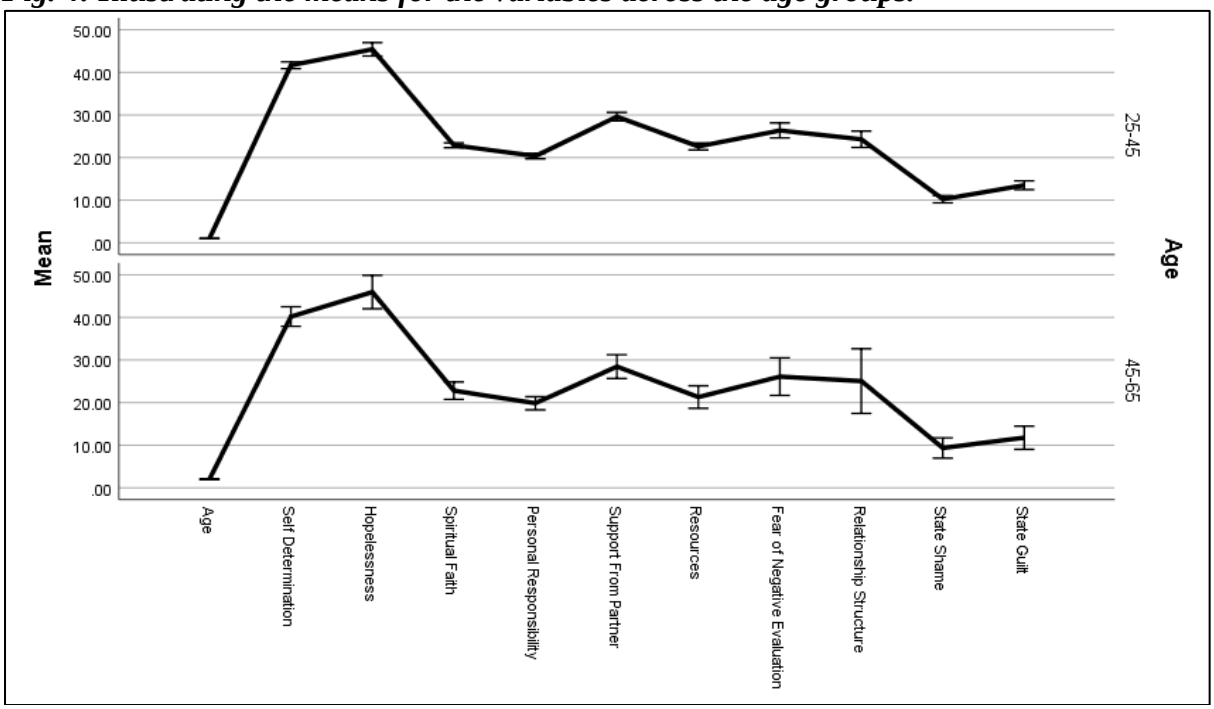

***Table 5: t test for the family types (nuclear and joint)***

| Variables | t | df | SE | *p* |
|---|---|---|---|---|
| Self Determination | 2.03* | 98.45 | 0.82 | 0.045 |
| Hopelessness | 0.68 | 114.51 | 1.53 | 0.500 |
| Spiritual Faith | 1.04 | 117.51 | 0.58 | 0.299 |
| Rejection of Personal Responsibility | 1.21 | 120.63 | 0.60 | 0.230 |
| Lack of Support from Partner | 2.79** | 109.82 | 0.98 | 0.006 |
| Limited Resources | -2.03* | 129.94 | 0.78 | 0.045 |
| Fear Of Negative Evaluation | -0.61 | 138.90 | 1.60 | 0.544 |
| Relationship Structure | -1.23 | 122.73 | 2.07 | 0.220 |
| State Shame | 0.96 | 122.64 | 0.83 | 0.337 |
| State Guilt | 2.81** | 120.14 | 0.97 | 0.006 |

*$p < 0.05$ **$p < 0.01$

Table 5 reflects that for the six subscales of resilience, except for the self-determination, lack of support from partner and the limited resources subscale, there exists no significant differences across the family types where the participants reside ($p$ = n.s.). The differences in terms of fear of negative evaluation and relationship structure were also found to be non-significant ($p$ = n.s.). For state shame, no significant difference in the family type was found ($p$ = n.s.), however, state guilt showed significant difference ($p < 0.05$).

Hence, the hypotheses $H_3B$ and $H_3C$ could not be accepted. Also, $H_3A$ and $H_3D$ could be partially accepted, owing to non-significant difference in most of the subscales in the variables.

***Fig. 5: Illustrating the means for the variables across the family types.***

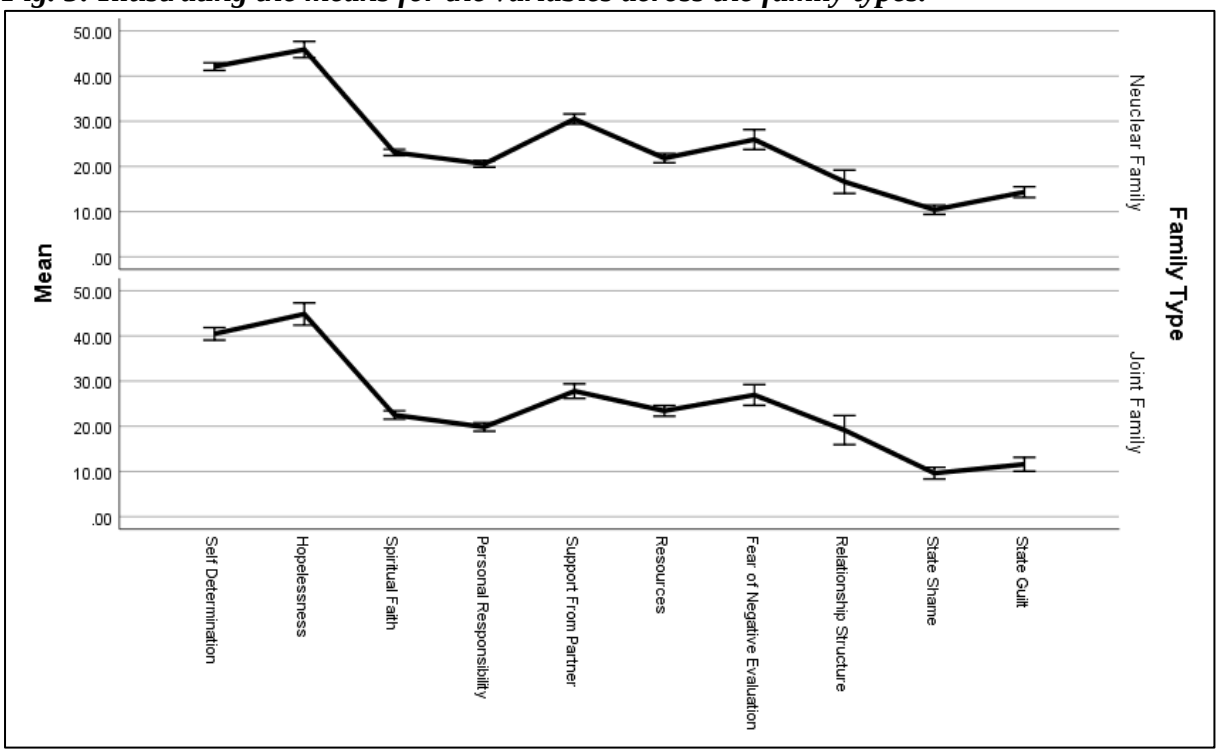

***Table 6: Regression analysis for the Lucknow group with total resilience score as the criterion***

| Predictors | b | SE | β | t | *p* | 95% CI | |
|---|---|---|---|---|---|---|---|
| | | | | | | Lower | Upper |
| Fear of Negative Evaluation | -0.71 | 0.19 | -0.29** | -3.68 | 0.000 | -1.09 | -0.32 |
| Relationship Structure | -0.23 | 0.14 | -0.14 | -1.64 | 0.106 | -0.51 | 0.05 |
| State Shame | -2.69 | 0.66 | -0.54** | -4.06 | 0.000 | -4.01 | -1.37 |
| State Guilt | -0.11 | 0.64 | -0.02 | -0.18 | 0.859 | -1.38 | 1.16 |

*$p < 0.05$ **$p < 0.01$

Table 6 shows the multiple regression analysis for the Lucknow group. The model was found to be good-fit and eligible for checking regression estimates (F=29.97; $p < 0.001$). Resilience was found to be significantly predicted by fear of negative evaluation (β = -0.29; $p < 0.001$) and state shame (β = -0.54; $p < 0.001$). The negative β indicates that with an increase in these variables, resilience will experience a decrease and vice-versa. Relationship structure and state guilt did not significantly predict resilience ($p$ = n.s.). The other estimates of regression have been provided in the table.

***Table 7: Regression analysis for the Kolkata group, with total resilience score as the criterion***

| Predictors | b | SE | β | t | *p* | 95% CI | |
|---|---|---|---|---|---|---|---|
| | | | | | | Lower | Upper |
| Fear of Negative Evaluation | -0.49 | 0.17 | -0.30** | -2.93 | 0.005 | -0.82 | -0.16 |
| Relationship Structure | -0.75 | 0.16 | -0.45** | -4.71 | 0.000 | -1.06 | -0.43 |
| State Shame | -0.26 | 0.36 | -0.08 | -0.72 | 0.471 | -0.97 | 0.46 |
| State Guilt | -0.11 | 0.34 | -0.04 | -0.33 | 0.743 | -0.80 | 0.57 |

*$p < 0.05$ **$p < 0.01$

Table 7 shows the multiple regression analysis for the Kolkata group. The model was found to be good-fit and eligible for checking regression estimates (F=11.14; $p < 0.001$). Resilience was found to be significantly predicted by fear of negative evaluation (β = -0.3; $p < 0.01$) and relationship structure (β = -0.45; $p < 0.001$). The negative β indicates that with an increase in these variables, resilience will experience a decrease and vice-versa. State shame and state guilt did not significantly predict resilience ($p$ = n.s.). The other estimates of regression have been provided in the table.

Hence, $H_4A$ and $H_4B$ were partially accepted owing to significant prediction of two variables out of four for each of the locations.

## DISCUSSION

The study attempted to determine the location, age and family-type differences in the various subscales of resilience, and in fear of negative evaluation, relationship structure with spouse, guilt and shame among mothers of exceptional children. It also aimed to determine the location-wise prediction of resilience by different variables. The findings with necessary tabulations and visualizations which have been interpreted in the previous section, will be discussed in the current section.

Though research on exceptional children and also on the mothers of such children are scarce in India, works in the likes of Ashraf and Pandey (2023) and Rao (2006), are important to note, which have focused on the participants from Lucknow and Kolkata, respectively. A research on mothers of exceptional children included mothers within the age group of 25 to 65 years (Parish et al., 2010), which is similar to the age range of mothers in this current research. Another study highlighted the mean age of 40.08 ± 5.3 years among their sample of mothers of mentally retarded children (Shirani et al., 2015) and it approximately corroborated with the middle point of the age range of the present research. The same study also indicated that most of the mothers had elementary level of education and were housewives (unemployed). The number of siblings that a child has, is an important variable in determining stress (Gallagher et al., 1983) and the development of language disorder in such children (Langdon, 1989). Shirani et al. (2015) noted the mean age of the exceptional children in their study to be 13.7 ± 3.4 years, which is nearby the modal age of children (more than 5 to 10 years) in the current research. In proper education outcomes among children, Shmidt et al. (1985) and Panda and Bartel (1972) believed the type of their exceptionality is important, which has been assessed in this research. Contesting our present findings, Moyi (2012) found that most parents in their sample were reluctant to enroll their children in special schools.

As mentioned above, some research on this area has already been done on the two separate locations of Lucknow and Kolkata, however, the differences in the various psychological constructs were not shown in terms of these two locations. The current study showed significant location differences across almost all of the subscales of resilience. Research provides evidence that activities like recreation can increase resilience (Buchecker & Degenhardt, 2015) among people. Though recreation activities are very limited among parents of exceptional children, the hard and fast lifestyle of metropolitan cities like Kolkata can endanger it further. While this notion corroborates the finding of high mean hopelessness (M= 47.13, SD= 8.4) among Kolkata mothers, table 2 notes that low scores in the other resilience subscales among Lucknow mothers contends the current findings. Self-determination (M= 39.3, SD=5.1), spiritual faith (M= 21.5, SD= 4.2), rejection of personal responsibility (M= 18.9, SD= 3.7) and lack of support from partner (M= 28.1, SD= 6.2) were expected to be higher in the non-metropolitan city of Lucknow. Again, the fear of evaluation, which is a component of social anxiety (Weeks et al., 2008), maladaptive relationship structure with spouse (as indicated by higher divorce rates in more urban areas by Gautier et al., 2009) were found to be significantly higher (M= 28.9 and 21.5, respectively) in the non-metropolitan city of Lucknow. However, going against this notion, guilt showed significantly higher mean in case of Kolkata (M=16.6, SD= 5.02).

Like this current research, a study has been found that states age differences are not significant in explaining resilience among autistic schoolers and preschoolers (Ji et al., 2022). The core reason is that resilience and stigma are associated in case of people with mental disorders (Kim & Jang, 2019), irrespective of their age, and hence, irrespective of such childrens'

mothers' age as well. At the same time, this can give rise to fear of negative evaluation, shame and guilt, which again, shall not be affected age. Though relationship quality usually decreases with age (Birditt et al., 2019), it does not concur to the findings of this research. Table 2 indicates similar means for both the age groups of the mothers, across all the variables.

Concurring to the current findings, a recent study in Kashmir, India states that resilience is better in joint families as compared to nuclear families (Singh & Wani, 2020). Such was not the finding in the current research, since the resilience factors like hopelessness, spiritual faith and personal responsibility showed no significant difference among the family types. Table 2 indicates a minute gap in the means of the nuclear and joint families for the above stated variables. In fact, self-determination (M= 42.1, SD= 4.1) and support from partner (M= 30.5, SD= 5.4) were significantly higher among women hailing from nuclear families. This indicates that high resilience among joint families may be prevalent in usual cases, but not when families have exceptional children. Similarly, the type of family did not discriminate among the other variables. However, mothers of exceptional children belonging to nuclear families showed significantly higher mean guilt (M= 14.3, SD= 5.8), owing to lack of familial support, something which is usually found in the joint families.

Regression analyses in both the cities reflected that the fear of negative evaluation significantly predicts resilience with negative directionality. A recent study on children with neurodevelopmental disorder linked the two variables in a mediation model (Yosefi et al., 2020). Savari et al. (2021) states that social support and resilience are positively related, and these two constructs predicts quality of life of parents with disabled children. Van Vliet (2008) regards shame as an assault to self and hence, has the potential to negatively affect resilience. This corroborates the present finding in Lucknow city only. Concurring to the finding in case of Kolkata city only, Bradley & Hojjat (2017) regards that resilience is positively related to marital satisfaction. Since lower relationship structure score relates to better relationship quality, a significant prediction of resilience (with negative directionality) by relationship structure supports the above stated notion.

## CONCLUSION

The study aimed to investigate the relationship between fear of negative evaluation, relationship structure with spouses, shame and guilt as predictors of resilience among mothers of exceptional children based on location, age, and family type. The study found significant differences in resilience across almost all subscales based on location, with low scores in several resilience subscales among mothers from Lucknow. Additionally, fear of evaluation and relationship structure with spouses were significantly higher among mothers from Lucknow, while guilt was significantly higher among mothers from Kolkata. Age and family type did not show significant differences in resilience, fear of negative evaluation, relationship structure with spouse, shame and guilt. The study suggests that resilience factors like hopelessness, spiritual faith, and personal responsibility showed no significant differences among family types, but support from partners and self-determination were significantly higher among mothers from nuclear families. The study also suggests that high resilience among joint families may be prevalent in usual cases, but not when families have exceptional children. The study found that fear of negative evaluation negatively predicts resilience in both cities. Additionally, Shame and Relationship Structure, in Lucknow and Kolkata, respectively, were found to negatively and significantly predict Maternal Resilience. Overall, the study highlights the complex interplay of various factors in shaping resilience. By acknowledging these factors, policymakers, healthcare providers, and educators can develop

culturally sensitive programs and policies to provide better support to these mothers and their families.

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***Conflict of Interest***

The author declared no conflict of interest.

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