



Role of Gender of Parents in their Resilience

Yukti Ajawani, Research Scholar,
Kalinga University, Raipur, Chhattisgarh, INDIA

ORIGINAL ARTICLE



Corresponding Author:
Yukti Ajawani, Research Scholar,
Kalinga University, Raipur,
Chhattisgarh, INDIA

shodhsamagam1@gmail.com

Received on : 04/09/2020
Revised on : ----
Accepted on : 12/09/2020
Plagiarism : 09% on 05/09/2020



Plagiarism Checker X Originality Report

Similarity Found: 9%

Date: Saturday, September 05, 2020
Statistics: 342 words Plagiarized / 3805 Total words
Remarks: Low Plagiarism Detected - Your Document needs Optional Improvement.

ROLE OF GENDER OF PARENTS IN THEIR RESILIENCE ABSTRACT Gender difference in resilience of parents was studied. It was hypothesized that female parents (Mothers) would be more resilient than male parents (Fathers). Final random samples of 120 male parents and 120 female parents were selected from larger respective populations (n=300, each).

Abstract

Gender difference in resilience of parents was studied. It was hypothesized that female parents (Mothers) would be more resilient than male parents (Fathers). Final random samples of 120 male parents and 120 female parents were selected from larger respective populations (n=300, each). Resilience was studied with the help of Stress Resistance Scale (Ajawani & Varwandkar, 2010). The results confirmed the research hypothesis.

Key Words

Resilience, Gender.

Introduction

According to Anthony (1987) resilience refers to “the idea of an individual’s tendency to cope with stress and adversity. This coping may result in the individual ‘bouncing back’ to a previous state of normal functioning, or using the experience of exposure to adversity to produce a ‘steeling effect’ and function better than expected”. Masten (2009) asserts that “resilience process is much like an inoculation which gives one the capacity to cope well with future exposure to disease”. Zautra et al. (2010) defined resilience as the result of individuals’ ability to interact with their environments and the processes. This interaction leads to either promotion of well-being or protecting the individuals against the threatening impact of risk factors.

Terr (1983) asserts that there are factors which are found to modify the negative effects of adverse life situations. The primary factor is to establish relationships within and outside the family which provide care and support, create love and trust, and offer encouragement. There are additional factors which are associated with

resilience. This includes the capacity to make realistic plans, having self-confidence, and a positive self-image, developing communication skills, and the capacity to manage strong feelings and impulses.

Werner (1995) differentiated three contexts-personal attributes, the family, and the community-for protective factors.

Peers et al.(2007) have reported that there is a neurological basis of resilience to stress. Neuropeptide Y (NPY) and 5-Dehydroepiandro-sterone (5-DHEA) are reasoned to reduce sympathetic nervous system activation. This protects the brain from the significant harmful effects due to chronically elevated cortisol level and thus, limit the stress response. Apart from it, it has also been thought that oxytocin system's impact on the hypothalamic-pituitary-adrenal axis mediate the relationship between social support and resilience.

Gender is one vital factor which seems to play role in resilience. Human differentiation on the basis of gender is a fundamental phenomenon that affects virtually every aspect of people's daily life. Human evolution provides bodily structures and biological potentialities that permit a range of possibilities rather than dictate a fixed type of gender differentiation. Berscheid (1993) asserts that "gender differentiation takes on added importance because many of the attributes and roles selectively promoted in males and females tend to be differentially valued with those ascribed to males generally being regarded as more desirable, effectual, and of higher status". Bandura (1986), Beall & Sternberg (1993), and Epstein (1997) assert that "although, some gender differences are biologically founded, most of the stereotypic attributes and roles linked to gender arise more from cultural design than from biological endowment". Gender refers to everything else associated with one's sex, including the role, behaviour, preferences, and other attributes that define what it means to be a male or a female in a given culture. Several theories - biological theory, evolutionary theory and psycho - social theory, gender role socialization theory, social role theory, cognitive theory and gender - schema theory have been proposed to explain gender development.

Genetic factors can modify the impact of environment. Boys have been found to be more vulnerable than girls to a variety of environmental stressors (Rutter, 1987). Similarly, in her study of people on the Hawaii in Island of Kauai, Werner (1989) found that boys were more vulnerable than girls to caregiver deficits. During adolescence, girls became more vulnerable but by age 30, the risk of vulnerability had shifted back to men.

Higgins & Endler (1995) evidenced that "males used more task-oriented coping and females more emotion-oriented and social diversion-oriented coping. They also reported that females experienced more somatic symptoms and more psychiatric symptomatology generally".

Bhan et al. (1998) found that mothers' optimism alleviated stress while caring for children with cerebral palsy.

Bussey & Bandura (1999) assert that "females have to bear discrimination of the majority in every sphere starting from their own family to the society who provide impoverished environment which affect their well-being and personality. This continuous discrimination may lead to inferiority among females and prones them to be poor resilient.

Dalal & Pande (1999) and Mangala & Ghai (2000) also found that negative attitude towards the disabled were common and there was a general lack of understanding towards mothers who bore the primary responsibility of care taking".

McDonough & Walters (2001), Tamres et al. (2002), Torkelson & Muhonen (2004), Matheny et al. (2005), and Lindquist et al. (2006) found that "women showed tendency to use social support and help-seeking behaviours to cope with stress, which served as protective factors against the incidence of critical adverse situations, the sources of high resilience. In contrast, males are more likely to use

maladaptive coping strategies, such as consuming alcohol and following unhealthy eating and other living behaviour patterns which may lead them to be low resilient". As explained by Condly (2006), several factors account for boys' vulnerability: the predominance of mother-needed families without male role models; harsher treatment of boys in school and at home; and their less mature neurological and biological development.

Taylor et al. (2000), and Taylor (2006) assert that "women under stress are more likely to tend to the kids or "interface" with family and friends than to flight or flee". Taylor et al. (2000) found that "there was considerable gender differences in dealing with stressful situation. Males were found to respond to an emergency situation with aggression (fight responses), while females were found to flee (flight response), for example, turn to others for help, or attempt to defer the situation. A mother is mostly prone to show protective responses toward her ochildren and affiliate with others for shared social responses to challenging situation".

Goldbeck (2001) found that mothers of specially abled children reported more frequent and more effective coping compared to the fathers in the study. Mothers and fathers did not vary in their self-reported quality of life. Mothers and fathers strongly correlated in the religious coping style.

Pole et al. (2001) found that there was no gender difference in PTSD symptoms and female police officers were as highly exposed to critical incidents and as resilient as their male colleagues.

Simmerman & Blacher (2001) studied fathers' and mothers' perceptions of father involvement with young children with a disability. Sixty families were taken in the study at two time points about 1.5 years apart. In data analysis, mothers' satisfaction with fathers' involvement elucidates noteworthy variance in mothers' and fathers' marital adjustment at both time points, even after contributions of child maladaptive behavior and caretaking stress were accounted for".

Hastings et al. (2002) investigated factors related to a group of 41 mothers' positive perceptions of their children with intellectual disabilities. The findings revealed that the positive perception of her child with intellectual disability served as a source of happiness and/or fulfilment, personal growth and maturity, and strength.

Robins et al. (2002) have shown that "females are of poorer self-esteem than males, which can also be thought playing its key role in lowered stress resistance and thus poor stress resilience in females".

Beasley et al. (2003) assessed possible gender differences in resilience. There were no significant differences in mean resilience scores, except for distraction-oriented and social diversion-oriented coping, where women scored higher than men.

Gray (2003) observed that mothers and fathers of children with autism differed in respect of their coping strategies.

In a qualitative study (Pelchat et al., 2003), focus groups were taken to identify the differences and similarities in the experiences of parents of children with a disability. "Two main themes appeared, indicating the ways in which the mothers' and fathers' were alike and different. First was related to the roles, actual and expected, in the various subsystems of family life. Second was related to the normalization and stigmatization that ensued child's problem. Mothers' scored better in terms of interpersonal and group communications. It seemed that fathers' expectations were difficult to fulfil than the mothers'. The fathers' expectations were related to the outer world; the actual day-to-day tasks related to the child's care were not the priority. The mothers were less demanding and their expectations were more self-focused".

Other researchers (Mirowsky & Ross, 1989; Mirowsky & Ross, 1995; Almeida & Kessler, 1998; and McDonough & Strohschein, 2003) also observed that female students had greater stress scores

related to college attendance, uncertainty about the future and the total stress score than male students. The common coping strategy reported by males were praying to God and thinking of alternatives and by females were praying to God, consulting relatives, friends, and counselors. The greater approach of males for thinking of alternatives, might have given them a sense of control over stress situations leading to higher level of resilience. Women are also prone to internal distress and to experience anxiety. All these lead them to be poor resilient”.

In a study (Gurzkowska, 2005) sample consisted of 253 high school students (82 boys and 171 girls). The International Physical Fitness Test, Profiles of Mood States Questionnaire, Self-Assessed Psychological Well-being and Physical Health were used. The result revealed significant interactions between physical fitness and gender. Females not only less favourably assessed their health, experienced more somatic complaints but also manifested more marked negative mood states which can be considered poorer pre-existent factors to inculcate resilience in future.

Vijaylaxmi & Lavanya (2006) observed a just opposite finding i.e., adolescent boys were found to have significantly higher stress, while no such difference was observed in a study by Mathew & Jayan (2006).

Oswald (1997), Nolen-Hoeksema & Rusting (1999), Blanchflower & Oswald (2001), Di Tella et al. (2001), Plagnol & Easterline (2008), and Olds & Schwartz (2009) observed a happier state of mind in women than in men, a core component in resilience”.

In a study (Hastings et al., 2005), coping strategies in mothers and fathers of preschool and school-age children with autism was investigated. Parents of preschool children (n=89) and parents of school-age children (n=46) completed a measure of the strategies they used to cope with the stresses of raising their child with autism. Results showed four valid coping dimensions: “active avoidance coping, problem - focused coping, positive coping, and religious/denial coping. Further data analysis showed gender differences on the first two dimensions. An association between coping strategies and parental health and mental health was also found”. In another study, Hastings et al. (2005), did a systemic analysis of psychological functioning in families of children with autism. The purpose of study was to address relationships between child, partner and parent variables. Parents of 48 children with autism (41 mother-father pairs) described child characteristics and their own stress and mental health. Mothers were found to report both more depression and positive perceptions than fathers. Data analysis proposed that paternal stress and positive perceptions were predicted by maternal depression; maternal stress was predicted by their children’s behavior problems and by their partner’s depression.

Dale et al. (2006) studied mothers’ attributions following their child’s diagnosis of autism spectrum disorder. Sixteen mothers were interviewed to examine the nature and impact of their beliefs about their child’s ASD using semi-structured interviews and measures of depression, parenting stress and expectations of their child’s future, based on Weiner’s (1985) three-dimensional model. The findings imply that mothers made a diverse and compound range of attributions that were consistent with Weiner’s dimensions of locus of cause, stability and controllability.

Oelofsen et al. (2006) inspected relationships between parental stress, sense of coherence (SOC), social support, and health in parents of preschool children with and without developmental disorder (DD). Fifty nine families with preschool children with developmental disorder and 45 families of typically developing pre-schoolers completed the study questionnaire. Results showed that mothers and fathers of children with DD reported higher levels of parenting stress, weaker SOC. Mothers, in two parent families, reported poor health, higher levels of parenting stress, and weaker SOC as compared to their partners. There were no significant differences in health, parenting stress, or SOC between parents of children without DD. These findings indicate possible gender differences in parental adjustment to their child’s disability.

After examining people's adaptation after the 9/11 attacks, Bonanno et al. (2007) showed that women tended to be poorer resilient than men while adapting to critical situation like 9/11 attacks.

Gray & Holden, (1992), Boyd (2002) and Fischer et al. (2007) suggest that "mothers expected to play traditional role of primary care giver, especially when there is a specially abled child in the family. The importance of social support proved to be of more importance in resilience of mothers of child with autism spectrum disorder than of fathers. It is also found that mothers who perceive higher levels of informal and formal social support reported lower levels of depression, anxiety and anger".

In a study (Zautra & Hall, 2009) greater resilience was found associated with lower depression scores for students whose stress impeded their academic performance, irrespective for their sex.

Dabrowska et al. (2010) studied the profile of stress in mothers and fathers of preschool children with Autism, Down Syndrome and typically developing children. They also investigated the relationship between parenting stress and coping style. Parents (n=162) were examined using Holroyd's 66-item short form of questionnaire of Resources and Stress for Families with Chronically Ill or Handicapped Members and the Coping Inventory for Stressful Situations by Endler and Parker (2008). The results pointed out higher level of stress in parents of children with autism. Furthermore, an interaction effect was observed between child diagnostic group and parents' gender for two scales for parenting stress: dependency and management limits of family opportunities. Mothers of children with autism scored higher than fathers in parental stress; no such differences were seen in other two groups. Emotional-oriented coping was the predictor of parental stress in parents of children with autism and Down syndrome, and task-oriented coping was the predictor of parental stress in parents of typically developing children.

Positive experiences of mothers and fathers of children were investigated in a study. Participants included 23 mother- father pair raising children with autism. Parenting stress and positive experiences of raising their children were measured. Results pointed that mothers showed significantly more positive experiences than the fathers. Parenting stress was negatively related to positive experiences by both mothers' and fathers'. Fathers', but not the mothers', positive experiences were negatively related to their partners' reports of parenting stress (Kayfitz et al., 2010).

Kakar (2012) assert that "family is very important and children are valued with motherhood, holding an exalted position in traditional Indian culture and to have a child with disability is a traumatic experience and often mothers blamed themselves. In another study, stress among mothers of children with intellectual disabilities was assessed in Urban India. The study also examined the extent to which child functioning and maternal coping predict maternal stress. The authors identified negative and positive dimensions of Indian mother's care giving experiences with the help of qualitative analysis. The results indicated that three-fourth of the sample attained significant stress scores and maternal coping emerged as a strong predictor of stress for mothers of boys with intellectual disabilities. Quality analysis indicated positive and negative maternal experiences related to self, child, family and community (John, 2012).

In a review of studies, Lee (2013) examined 28 research papers in relation to maternal stress, sleep and well-being in mothers of children with developmental disorders (DDs). The findings of the study revealed that mothers of DDs experienced higher levels of stress as compared to mothers of typically developing children and it remains high over the course of time. Moreover, these mothers experience depressive symptoms as well as poor sleep quality. The results also showed that there is a bidirectional relationship between depressive symptoms and poor sleep quality. For example, more stressed mothers experienced more depressive symptoms. Maternal stress and depressive symptoms were directly related to child behavior problems. Ma et al. (2013) observed non-significant role of gender in resilience.

In another study (Ozturk et al., 2014), “a comparison between mothers and fathers of children with ASD in parental stress, attitude and mental health was done. Parents of children with ASD (n=99) were examined using Parenting Stress Index-Short Form, the Parental Style Questionnaire, the Self-Perceptions of the Parental Role and the Symptom Checklist-90-Revised. The results indicated that there were gender differences in the parental attitude and mental health. Mothers described that they engaged in more social behaviors with their children than the fathers. Moreover, mothers reported higher level of depression than fathers. No difference was noted on Parenting Stress Index-Short Form. Regression analysis results showed that parenting distress was associated with depression, balance of parents’ diverse roles in their life and dysfunctional interaction between parents and children. These findings culminate both similarities and differences between mothers and fathers of children with ASD and the existence of a relationship between parental stress, mental health and attitude”.

In a cross-sectional and longitudinal study (Jess et al., 2018), maternal stress and the functions of positivity in mothers of children with intellectual disability was investigated. Authors examined the relationship between children’s behavior and mental health problems with maternal health problems. Mothers of children with severe intellectual disability (n=135) who were between 3 and 18 years of age were included in the study. Multiple linear regression models investigated the potential function of maternal positivity. At a cross-sectional level, maternal positivity was found to be significant independent predictor of maternal stress and moderated impact of child behavior problems on maternal parenting-stress. Longitudinally, maternal positivity did not have direct relation with later parenting- stress nor functioned as a moderator. Findings from this research indicates that positivity serves as a compensatory function.

Picardi et al. (2018) found that mothers of children with ASD experienced greater subjective burden than fathers. They also observed a positive association between burden and a problem- focussed coping dimension, such as engagement coping in both parents.

Problem and Hypothesis

The only problem of the research pertained to role of gender of parents in their resilience.

It was hypothesized that female parents (mothers) would be more resilient than male parents (fathers).

Methodology

Sample

A final random sample of 120 male parents and 120 female parents were selected from respective populations of 300 parents, each.

Tool

The Stress Resilience Scale constructed and standardized by Ajawani & Varwandkar (2010) was used to assess resilience level of parents. The test is highly reliable and valid, the coefficients ranging between 0.68 to 0.77 and are significant. The raw scores can be converted into percentile norm.

Procedure

Initially, educational institutes were approached for the purpose of data collection. Parents (n=600) of the available students were contacted through the teachers and randomly selected 120 male parents and 120 female parents were administered a stress resistance scale to obtain resilience scores of these parents.

Result and Discussion

A perusal of Table 1 clarifies that average resilience score of female parents (M=96.29) was higher than that of male parents (M=78.19).

Table 1. Average Resilience Scores of Male and Female Parents and Obtained “t” Ratio

Comparison Group	N	M	$\sum x^2$	Obtained t Value	Level of Significance
Male Parents (Fathers)	120	78.19	29629.10		
Vs				18.02	P<0.01
Female Parents (Mothers)	120	96.29	28470.84		

The obtained significant t ratio (t=18.02, P<0.01, df= 238) provided ample statistical ground to accept research hypothesis, refuting the null hypothesis. It is concluded that female parents truly were more resilient than male parents.

The finding of the present research is in consonance to those of Gray & Holden (1992), Oswald (1997), Bhan et al. (1998), Nolen-Hoeksema & Rusting (1999), Taylor et al. (2000), , Blanchflower & Oswald (2001), DieTella et al. (2001),Goldback (2001), Boyd (2002), Hastings et al. (2002), Pelchat et al. (2003), Taylor (2006), Fischer et al. (2007), Plagnol & Easterline (2008), Olds & Schwartz (2009), Kayfitz et al. (2010), Ebrahimi et al. (2012), and Jess et al. (2018).

The research hypothesis was formulated on the basis of some psycho-socio-cultural factors which seemed to contribute to resilience as promoting and protective factors specially in case of female parent (mother) who is the prime care taker of her child. Probably the seeds of resilience start when she observes herself in role of would be mother, when the child is in her womb. This resiliency becomes stronger as the child grows ahead and gets crystallized after the child birth. Most of the mothers must be knowing in advance how the days of pregnancy and partum period are difficult to bear. However, in spite of this acknowledgement in advance they love the opportunity of playing role of mother. This gives psychological self-support to her gender identity. Social-cultural environment at family level also is a crucial factor in favour of female parent. Family members may have more empathy and thus directly or indirectly extend their helping hands and attitude too towards the mother which are boosting factor for mother’s resiliency. Apart from it, both gender groups of parents are nurtured from the beginning early in life, quite differently. Their responsibilities as father and mother are also defined very well in society and mostly well accepted by them too. These cause development of different psychological characteristics in male parents (fathers) and female parents (mothers) which are responsible for varying levels of resilience in them.

Furthermore, to assert that females specifically in Indian culture are better nurtured to be emotionally sensitive towards caring of other family members. This prones them to be less vulnerable to stressors in family scenario. These factors may be present all the time when the mother delivers a normal child. However, it becomes a crucial state when sooner or later it becomes clear to all family members that the born child is not normal, rather he is a specially abled one. Even the male parent most oftenly withdraws his physical-emotional-social support to his wife, the female parent. This raises a severe stressful situation for the mother and she finds herself the solo soldier in the battlefield of caring the specially abled child. Since adaptation to this critical condition is not only necessary but also satisfying to mother which increases as the child grows. This brings in ability of Compassion, Divinity, Flexibility, Forgiveness, Gratitude, Openness to Experience, Self-acceptance, Self-actualization, Self-awareness, Spiritual Practice, and Transcendental awareness, which in turn make female parent to be more resilient than her counterpart – male parent who probably due his out of house responsibility, most of the time is unable to feel so to take care of his specially abled child, rather feels irritated and thus lesser resilient.

Jess et al. (2018) also argue that positivity of mother serves as a compensatory function.

It can be concluded that gender played vital role in resilience of parents. More specifically, female parents were more resilient than male parents.

References

1. Ajawani, J.C., & Varwandkar, V. (2010) *Stress Resistance Scale*. F.S. Management(I) Pvt. Ltd., F.S. House, maruti Vihar, Raipur (C.G.) India.
2. Almeida, D. M., & Kessler, R. C. (1998). *Everyday stressors and gender differences in daily distress*. *Journal of Personality and Social Psychology*, 75 (3), 670- 680.
3. Anthony, E. J. (1987). *Risk vulnerability and resilience: An overview*. In E. J. Anthony and B. Choler (Eds.), *The Invulnerable Child* (Pp- 3- 48). New York: Guilford Press.
4. Bandura, A. (1986). *Social Foundations of Thought and Action- A Social Cognitive Theory*. Englewood Cliffs, New Jersey: Prentice Hall.
5. Beall, A. E. & Sternberg, R. J. (1995). *The social construction of love*. *Journal of Social and Personal Relationships*, 12 (3), pp. 417- 438.
6. Beasley, M., Thompson, T., & Davidson, J. (2003). *Resilience in response to life stress: The effects of coping style and cognitive hardiness*. *Personality and Individual Differences*, 34(1), pp. 77- 95.
7. Berscheid, E. (1993). In A.E. Beall & R. J. Sternberg (Eds.), *The Psychology of Gender*, pp. vii-xvii, New York: Guilford press.
8. Blanchflower, D. G. & Oswald, A. J. (2000). *The rising well- being of the young*. In D. G. Blanchflower, & R. Freeman (Eds.), *Youth Employment and Joblessness in Advanced Countries*. Chicago: NBER/ University of Chicago Press.
9. Bonanno, G. A., & Galea, S. (2007). *What predicts psychological resilience after disaster? The role of demographics, resources, and life stress*. *Journal of Consulting and Clinical Psychology*, 75 (5), pp. 671- 682.
10. Boyd, B. A. (2002). *Examining the relationship between stress and lack of social support in mothers of children with autism*. *Focus on Autism and Other Developmental Disabilities*, 17 (4), pp. 208- 215.
11. Condly, S. (2006). *Resilience in children: A review of literature with implications for education*. *Urban Education*, 41 (3), pp. 211- 236, doi: 10.1177/0042085906287902.
12. Dabrowska, A. M. & Pisula, E. (2010). *Parenting stress and coping styles in mothers and fathers of pre- school children with autism and down syndrome*. *Journal of Intellectual Disability Research*, 54(3), pp. 266-280.
13. Dalal, A. K., & Pande, N. (1999). *Cultural beliefs and family care of the children with disability*. *Psychology & Developing Societies*, 11 (1), pp. 55- 75.
14. Dale, E., Jahoda, A., & Knott, F. (2006). *Mothers' attributions following their child's diagnosis of autistic spectrum disorder*. *Autism: The International Journal of Research and Practice*, 10(5), pp. 463-79. Doi: 10.1177/1362361306066600.
15. DiTella, R., MacCulloch, R. J., & Oswald, A. J. (2001). *Preferences over inflation and unemployment: Evidence from surveys of happiness*. *American Economic Review*, 91, pp. 335- 341.
16. Ebrahimi, A., Keykhosrovani, M., Dehghani, M., & Javdan, M. (2012). *Investigating the relationship between resiliency, spiritual intelligence and mental health of a group of undergraduate students*. *Life Science Journal*, 9, pp. 67- 70.
17. Endler, N., & Parker, J. D. A. (2008). *Coping Inventory for Stressful Situations Manual*. North Tonawanda New York: Multi- health systems, Inc. 1990.

18. Epstein, C.F. (1997). *The multiple realities of sameness and difference: Ideology and practice. Journal of Social Issues, 53, 259-278.*
19. Fischer, J., Corcoran, K., & Fischer, J. (2007). *Measures for Clinical Practice and Research: A Sourcebook. New York: Oxford University Press.*
20. Goldbeck, L. (2001). *Parental coping with the diagnosis of childhood cancer: Gender effects, dissimilarity within couples and quality of life. Special issue: Special Issue on Children and Cancer, 10(4), pp. 325-335.*
21. Gray, D. E., & Holden, W. J. (1992). *Psycho- social well- being among the parents of children with autism. Australia and New Zealand Journal of Developmental Disabilities, 18(2), pp. 83- 93.*
22. Gray, D. E. (2003). *Gender and coping: The parents of children with high functioning autism. Social Science and Medicine, 56 (3), pp. 631- 642.*
23. Gurzkowska, M. (2005). *Physical fitness as a resource in coping with stress among high school students. Journal of Sport Medicine and Physical Fitness, 45(1), 105-111.*
24. Hastings, R. P. & Taunt, H. M. (2002). *Positive perceptions in families of children with developmental disabilities. American Journal on Mental Retardation, 107(2), pp. 116-127.*
25. Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Degli, F., Espinosa, F. D., & Remington, B. (2005). *System analysis of stress and positive perceptions in mothers and fathers of the pre-school children with autism. Journal of Autism Developmental Disorders, 35(5), pp. 635-44. Doi: 10.1007/510803-005-0007-8.*
26. Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Degli, F., Espinosa, F. D., & Remington, B. (2005). *Coping strategies in mothers and fathers of pre- school and school age children with autism. Autism, 9(4), pp. 377- 91. Doi: 10.1177/1362361705056078.*
27. Higgins, J. E. & Ender, N. S. (1995). *Coping, life stress, and psychological and semantic distress. European Journal of Personality, 9(4), pp. 253- 270.*
28. Jess, M., Totsika, V., & Hastings, R. P. (2018). *Maternal stress and the functions of positivity in mothers of children with intellectual disability. Journal of Child and Family Studies, 27, pp. 3753-3763.*
29. John, A. (2012). *Stress among mothers of children with intellectual disabilities in urban India: Role of gender and maternal coping. Journal of Applied Research in Intellectual Disabilities, 25(4), pp. 372-382.*
30. Kakar, S. (2012). *The inner world: A Psychoanalytic Study of Childhood and Society in India. New Delhi: Oxford University Press.*
31. Kayfitz, A. D., Gragg, M. N., & Orr, R. R. (2010). *Positive experiences of mothers and fathers of children with autism. Journal of Applied Research in Intellectual disabilities, 23(4), pp. 337-343. Doi: 10.1111/j.1468-3148.2009.00539.x.*
32. Lee, J. (2013). *Maternal stress, well- being, and impaired sleep in mothers of children with developmental disabilities: A literature review. Research in Developmental Disabilities, 34(2), pp. 4255-73. Doi: 10.1016/j.ridd.2013.09.008.*
33. Lindquist, K.A., Barrett, L.F., Bliss-Moreau, E., & Russell, J.A. (2006). *Language and perception of emotion. Emotion, 6, 125-138.*
34. Ma, L. C., Chang, H. J., Liu, Y. M., Hsieh, H. L., Lo, L., Lin, M. Y., & Lu, K. C. (2013). *The relationship between health- promoting behaviors and resilience in patients with chronic kidney disease. Scientific World Journal, Article ID 124973.*

35. Mangala, C., & Ghai, A. (2000). *Understanding motherhood in the context of a developmentally disabled child (Unpublished undergraduate dissertation). Jesus and Mary college (University of Delhi), Delhi.*
36. Masten, A. S. (2009). *Ordinary magic: Lessons from research on resilience in human development. Education Canada, 49, pp. 28-32.*
37. Matheny, K. B., Ashby, J. S., & Cupp, P. (2005). *Gender differences in stress, coping and illness among college students. Journal of Individual Psychology, 61 (4), pp. 365- 374.*
38. McDonough, P., & Walters, V. (2001). *Gender and health: Reassessing patterns and explanations. Social Science and Medicine, 52(4), pp. 547- 559.*
39. McDonough, P., & Strohschein, L. (2003). *Age and the gender gap in distress. Women and Health, 38 (1), pp. 1-20.*
40. Mirowsky, J. & Ross, C. E. (1989). *Social Causes of Psychological Distress. New York: Alsin De Gruyter.*
41. Mirowsky, J., & Ross, C. E. (1995). *Sex differences in distress: Real or artifact?. American Sociological Review, 60 (3), pp. 449- 468.*
42. Nolen- Hoelsema, S., & Rusting, C. L. (1999). *Gender differences in well- being. In D. Kahneman, E. Diener, & N. Schwarz (Eds.) Well- being: The Foundations of Hedonic Psychology (pp. 330- 350). Russel Sage Foundation.*
43. Oelofsen, N. & Richardson, P. (2006). *Sense of coherence and parenting stress in mothers and fathers of preschool children with developmental disorder. Journal of Intellectual and Developmental Disability, 31(1), pp. 1-12. Doi: 10.1080/13668250500349367.*
44. Oswald, A. J. (1997). *Happiness & economic performance. Economic Journal, Royal Economic Society, 107 (445), pp. 1815- 1831.*
45. Ozturk, Y., Riccadonna, S., & Venuti, P. (2014). *Parenting dimensions in mothers and fathers of children with autism spectrum disorder. Research in Autism Spectrum Disorders, 8(10), pp. 1295- 1306.*
46. Peers, J., Moreira-Almeida, A., Nasello, A., & Koenig, H. (2007). *Spirituality and resilience in trauma victims. Journal of Religion and Health, 46(3), 343-350.*
47. Pelchat, D., Lefebure, H., & Perreault, M. (2003). *Differences and similarities between mothers and fathers in experiences of parenting a child with disability. Journal of Child Health Care, 7(4), pp. 231-242.*
48. Picardi, A., Gigantesca, A., Tarolla, E., Stoppioni, V., Cerbo, R., Cremonte, M., Alessandri, G., Lega, I., & Nardocci, F. (2018). *Parental burden and its correlates in families of children with autism spectrum disorder: A multicentre study with two comparison groups. Clinical Practice and Epidemiology in Mental Health, 14, pp. 143- 176. Doi: 10.2174/1745017901814010143*
49. Plagnol, A.C., & Easterline, R.A. (2008). *Aspirations, attainments, and satisfaction: Life cycle differences between American women and men. Journal of Happiness Studies, 9(4), 601-619.*
50. Pole, N., Best, S., Weiss, D., Metzler, T., Liberman, A., Fagon, J., & Marmar, C. *Effects of gender and ethnicity on duty- related post traumatic stress symptoms among urban police officers. Journal of Nervous and Mental Disease, 189 (7), pp. 442- 448.*

51. Robins, R. W., Trzesniewski, K. H., Tracy, J. L., Gosling, S. D., & Potter, J. (2002). *Global self-esteem across the life span. Psychology and Aging, 17 (3), pp. 423- 434.*
52. Rutter, M. (1987). *Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry, 57 (3), pp. 316- 331.*
53. Simmerman, S., & Blacher, J. (2001). *Fathers' and mothers' perceptions of father involvement in families with young children with a disability. Journal of Intellectual and Developmental Disability, 26(4), pp. 325-338.*
54. Tamres, L. K., Janicki, D., & Helgeson, V. S. (2002). *Sex differences in coping behaviour: A meta-analytic review and an examination of relative coping. Personality and Social Psychology Review, 6(1), pp. 2- 30.*
55. Taylor, S. E., Klein, L. C., Lewis, B. P., & Gruenewald, T. L. (2006). *Bio-behavioral responses to stress in females: Tend-and-befriend, not fight or flight. Psychological Review, 107 (3), pp. 411- 429.*
56. Taylor, S. E. (2006). *Tend and befriend: biobehavioral bases of application under stress. Current Directions in Psychological Science, 15 (6), pp. 273- 277, doi: 10.1111/j.1467-8721.2006.00451.x.*
57. Terr, L. D. (1983). *Time sense following psychic trauma: A clinical study of ten adults and twenty children. American Journal of Orthopsychiatry, 53(2), pp. 244- 261.*
58. Torkelson, E., & Muhonen, T. (2004). *The role of gender and job level in coping with occupational stress. Work and stress, 18(3), pp. 267- 274.*
59. Vijayalakshmi, K., & Lavanya, P. (2008). *Relationship between stress and mathematics achievement among intermediate students. Edutracks, 7 (71), pp. 34- 37*
60. Werner, E. E. (1989). *High-risk children in young adulthood: A longitudinal study from birth to 32 years. American Journal of Orthopsychiatry, 59, pp. 72- 81.*
61. Werner, E. E. (1995). *Resilience in development: Current directions in psychological science, American Psychology Society, 4(3), 81-84*
62. Zautra, A. J., & Hall, J. S. (2009). *The Making of Resilient Communities. Resilience Solutions Group, Arizona State University.*
63. Zautra, A., Hall, J., & Murray, K. (2010). *Resilience: A new definition of health for people and communities. In J. R. Reich, A. J. Zautra & J. S. Hall (Eds), Handbook of Adult Resilience, pp. 3-30, New York: Guilford Press.*
