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Original Article

Resilience, attachment to God, and hope in mothers of children with a specific learning disability

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Abstract

Objectives: The aim of the current research was to study the relationship between resilience, personal attachment to God, and the level of hope in mothers of children with a specific learning disability (SLD).

Methods: The study sample consisted of 131 mothers of children with a diagnosed SLD in the city of Tabriz, Iran, in 2018. The Conner-Davidson Resilience Scale, the Attachment to God Inventory developed by Rowatt and Kirkpatrick, and Snyder's Adult Hope Scale were administered to the participants.

Results: The results showed a significant positive correlation between hope and both resilience and a secure attachment style to God, as well as a significant negative correlation between hope and avoidant and anxious attachment to God.

Conclusion: Concurrent regression analysis revealed that among the variables related to resilience and secure, anxious, and avoidant attachment, only resilience predicted hope. Resilience training for this group of parents as well as additional research designed to yield evidence-based practices related to the attachment to God variable in the area of special educational needs appears to potentially be of substantial value.

Keywords: Attachment to God; children with specific learning disability; hope; mothers; resilience.

In describing the psychology of religion, the study of personal attachment to God and attachment styles has become a field of significant interest.^[1] Studies of the nature and function of attachment to God have provided a valuable framework of understanding of the relationship between religious belief and interpersonal attachment relationships.^[1,2] Attachment constructs for Muslims include references to God as a source of safety and security in the Holy Quran. Several verses are consistent with the secure attachment to God described by Kirkpatrick and Shaver (1). For instance, the Lord says "... We are close to you; We are closer to you than the vein of your neck" (Surah 50, verse 16). The concept of nearness is also ex-

pressed as "We are the One who accompanies you," conveying the idea that God is with you wherever you are (Surah Al-Hadid, verse 4). These verses reflect the secure base and guardian role used in the context of attachment. Another verse notes that belief and remembrance of God will calm the heart and bring contentment (Al Raad, verse 28). God is seen as a source of stability and comfort. Christians and members of other religions also have a view of God as a provider of security, guidance, and love in the face of challenges.^[1]

Psychological care for patients with religious faith requires consideration of the individual attachment to God. A relational psychological approach includes a view of God in the

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What is presently known on this subject?

- Secure attachment to a caregiver is known to contribute to an important sense of safety. God may also serve as an attachment figure for believers. The bond felt with God has been shown to have a positive relationship to psychological well-being, contributing to characteristics such as resilience and hope.

What does this article add to the existing knowledge?

- A secure attachment to God was positively correlated with hope and resilience in mothers of children with a specific learning disability, which assists them in meeting the challenges of daily life. Resilience predicted maternal hope.

What are the implications for practice?

- Additional empirical knowledge of the impact of variables such as resilience, hope, and attachment to God in this specific group could prove beneficial to various aspects of care.

context of several elements, such as attachment style, as well as social and economic terms, etc.^[3] The effects of religious and spiritual attitudes on resilience, mental health, and therapeutic processes have been the subject of several research studies and it has been demonstrated that many individuals experience communication with God as a form of attachment. The nature and characteristics of individuals with resiliency features provide a context for adaptability.^[4,5] Resilient families respond positively to life's challenges by considering the problem, the risks and potential benefits, and the family's needs and plans. Since stress and risk factors are not constant and are affected by various factors, families with characteristics of flexibility are able to establish a balance between risk and protective considerations.^[6] Despite experiencing challenges and unfortunate events, resilient families are able to maintain or restore their self-esteem and psychological well-being over the long term.^[7]

Parents of children with a specific learning disability (SLD) often face challenges related to financial resources, the lack of adequate services, an insufficient support system, and negative attitudes or poor understanding of their child's abilities, which create several sources of potential tension. Additionally, complicated emotions and reactions of sadness, shock, long-term loneliness, denial, guilt, anger, disappointment, isolation, exhaustion, over-protection, embarrassment and hiding the child may endanger the family's ability to adapt.^[8,9] The parents' psychological response to unrealized aspirations for a healthy child may be significantly challenged by the many complex adjustments required.^[10]

SLD refers to a neurodevelopmental disorder that adversely affects academic learning, including reading (accuracy, reading rate, fluency, and reading comprehension), written expression (spelling, grammar, punctuation, clarity, organization of written expression), and mathematics (number sense, memorization of facts, accuracy or fluency, calculation, and accurate math reasoning).^[11,12] The current diagnostic approach no longer uses the traditional criterion of intelligence quotient test achievement. Diagnosis is multifaceted, but generally relies on persistent academic difficulty and related observations, as well as consideration of medical impairment, indications of individual development, and family history.^[11,13]

Although challenges accompany developmental deficits, such as those arising in the family context, interaction with peers, and learning and behavioral problems,^[14] attitudes regarding the possibilities for these individuals have changed recently, and the factors that reduce related stress have been the subject of some research.^[15,16] Resilience, attachment to God, and hope are recognized as psychological variables that can impact individuals' adaptation to tensions and life challenges.^[17,18] Hope is a factor that has been studied as a positive psychological construct in the fields of special educational needs and developmental deficiencies.^[19] Hope is a cognitive process reflecting the individual's motivations and expectations related to the ability to overcome obstacles and achieving personal goals. Hope provides inspiration when dealing with life challenges; it helps individuals choose a path to meet their goals.^[20] The model of this cognitive structure consists of 2 elements: agency (i.e., purposive will) and pathways (i.e., purposive design). Agency thinking refers to the motivational component of hope and reflects an individual's perception of their ability to achieve goals. Pathways thinking is the cognitive component of hope and represents an individual's ability to create reasonable ways to achieve goals.^[21]

A literature review of SLD and the hope construct revealed few studies on developmental psychology and religious views, such as attachment to God and hope. Available research in the Iranian context is of a causal-comparative or experimental design and related to mental and developmental disorders, not SLD.^[18] Psychological and social features (e.g., the severity of the disability, family income, and the types of services received) related to the disorder can affect the family context differently, and therefore require separate examination and analysis.^[22] This study, inspired by these features and differences, examined hope in the context of the variables of resilience and attachment to God among mothers of children with an SLD. The collection of additional data in the domain of positive psychology and religion for use in evidence-based decision-making for a particular disorder of learning will be beneficial.

The objective of this study was to examine the relationship between resilience, attachment to God, and hope in mothers of children with an SLD.

Materials and Method

The ethics committee of the University of Tabriz, Iran, approved this study in October 2018 (no: 131). Participation in the study was voluntary and without financial reward. All of the mothers who participated in the study provided consent following an explanation of the research goals, procedure, and their ability to withdraw.

The sample consisted of 131 mothers of children with an SLD in the city of Tabriz, Iran (the capital city of East Azerbaijan Province, population 1.559 million) who attended centers for those with an SLD in 2018. All of the participants were 20-60 years of age. Convenience sampling was used to select the

study group, and subgroups were formed according to variables such as socioeconomic status and family structure. Most were married members of the middle class.

The diagnosis of SLD was confirmed using the criteria of the Diagnostic and Statistical Manual of Mental Disorders, fourth edition.

The Conner-Davidson Resilience Scale, the Attachment to God Inventory developed by Rowatt and Kirkpatrick, and Snyder's Adult Hope Scale were administered to all of the participants.

The Resilience Scale^[23] consists of 25 items graded on a 5-point Likert scale (0-4 points). A study conducted in Iran reported a reliability score of 0.89, and a validity of 0.14-0.64.^[24] Another study reported a Cronbach alpha reliability score of 0.84.^[25] Factor analysis yielded a Kaiser-Meyer-Olkin coefficient of 0.89. Another study documented a coefficient of reliability of 0.77.^[26]

Rowatt and Kirkpatrick^[27] designed the multidimensional Attachment to God scale. The instrument consists of 9 items

scored on 7-point Likert scale (1=completely disagree, 7=completely agree). There are 3 subscales describing attachment: avoidant, anxious, and secure, with a Cronbach alpha coefficient of 0.92, 0.80, and 0.85.^[27] The reported internal consistency of the subscales was 0.76, 0.66, and 0.74, respectively, in a study conducted in Iran.^[28]

The Adult Hope Scale was developed by Snyder et al.^[29] and consists of 12 items scored on an 8-point Likert scale (1=completely disagree, 8=completely agree). Two subscales measure agency thinking (items 2, 9, 10, and 12) and pathways thinking (items 1, 4, 7, and 8). A reported internal consistency of the entire scale was 0.74-0.84, and the test-retest reliability was .80.^[30] There is a great deal of data recording concurrent validity of the scale. For instance, it has been shown to be correlated with optimism, an expectation of achievement, and self-esteem.^[29] In Iran, the validity of the total scale was reported to be .82, and .79 for the subscale of agency thinking and .75 for the pathways thinking subscale.^[31]

Table 1. Descriptive statistics of psychological characteristics of mothers of children with a specific learning disability in Tabriz (n=131)

Variables	Mean	SD	Min	Max
Resilience	72.30	13.93	32	98
Agency	25.41	4.98	10	32
Pathway	25.92	4.46	12	32
Avoidant attachment	13.33	6.34	6	30
Anxious attachment	9.91	5.30	3	21
Secure attachment	48.74	10.12	25	63

Statistical Analysis

The statistical analysis was performed using IBM SPSS Statistics for Windows, Version 25.0 software (IBM Corp., Armonk, NY, USA). Descriptive statistics of the psychological characteristics of the participants were calculated, and analysis of variance and causal research were used to investigate the relationships between the variables. To ensure that regression analysis assumptions (normal distribution, non-linear variables, and independence of error sources) were met, the Kolmogorov-Smirnov test, tolerance testing, and the Durbin-Watson test were conducted.

Table 2. Zero-order correlation matrix of the variables

Variables	Secure attachment	Anxious attachment	Avoidant attachment	Resilience
Secure attachment	1			
Anxious attachment	-0.84	1		
Avoidant attachment	-0.89	0.50	1	
Resilience	0.30**	-0.15	-0.35	1
Hope	0.35**	-0.22	-0.38	0.64

**P≤0.01.

Table 3. Concurrent regression analysis results

Predicting variables	Nonstandard coefficients								
	Beta	T	P	R	R ²	F	P	B	SD
Constant value	14.63	6.78	0	2.15	3.03				
Resilience	0.35	0.04	0.58	8.32	1	0.67	0.45	34.68	1
Anxious attachment	0.11	0.19	0.06	0.55	1.58				
Secure attachment	0.2	0.1	0.24	1.87	3.06				
Avoidant attachment	-0.250	1.004	-0.189	-0.252	2				

Results

The descriptive statistics of the psychological characteristics of the participant mothers are given in Table 1.

There was a significant positive correlation between resilience and hope ($r=.64$). Greater resilience increased the participants' hope, and reduced resilience resulted in reduced hope. Additionally, there was a significant positive relationship between a secure attachment to God and hope ($r=.35$). Hope increased with greater secure attachment to God and a corresponding relationship was also observed: as the attachment to God decreased, the level of hope decreased. There was also a significant negative relationship between an avoidant attachment to God and hope ($r=.38$) as well as an anxious attachment to God and hope ($r=.22$) (Table 2).

The results of concurrent regression analysis can be observed in Table 3, which illustrates that among the variables of resilience and secure, anxious, and avoidant attachment variables, only resilience ($\beta=0.58$) significantly ($p\leq 0.01$) predicted the mothers' hope in this study group; the other variables were not significant.

This study investigated the relationship between resilience, attachment to God, and hope in mothers of children with an SLD. The correlation matrices revealed a positive relationship between hope, resilience, and secure attachment to God. There were significant negative relationships between an anxious or avoidant attachment and hope. Additionally, simultaneous regression analysis indicated that among the variables of resilience and secure, anxious, and avoidant attachment, only resilience significantly predicted maternal hope.

Discussion

Our results are consistent with those of similar research of mothers of children with intellectual and developmental disabilities, including evidence-based observations related to religious structures, evolutionary psychology, and positive psychology.^[32] One study also noted that the strength of religious and spiritual beliefs was negatively correlated with depression.^[33] Resilience, as an adaptive and positive psychological construct in challenging life situations, has been shown to be the greatest predictor of hope in mothers of children with an SLD.^[4,5]

This study provides additional preliminary evidence of a positive correlation between a secure attachment to God and hope in mothers of children with an SLD. Prayer, reading the holy books, and taking part in religious ceremonies are among the behaviors that express attachment to God. Simpson et al.^[34] reported that a combination of religious behaviors often reflected a positive relationship with God. A secure attachment to God, especially through the process of prayer as a means of communication in critical, stressful situations, may facilitate the ability to overcome difficult conditions,^[1] or provide a sense of security and relaxation.^[35]

In Iran, a reference to God as a safe haven and source of security can be a form of support to mothers of children with developmental disorders who include religion in their response to child-development challenges and interpersonal relationships.^[18] The presence of God in their life provides many mothers with hope and motivation to face obstacles.

Although the conception of God, as an inner structure, is a challenge to measure objectively, cultural factors play a significant role in describing the role and function of religion in private life. In the Islamic world, God is a transcendental entity that individuals hold in their mind. This entity is defined by specific characteristics, including omnipotence, omniscience, caring for individuals, and guiding them toward success and self-actualization.

Limitations

This study has some limitations that should be mentioned. First, it is unclear if the mothers who participated answered honestly or had enough understanding of the scales. Another limitation is that the participant group was small and defined by a specific group, which restricts generalization of the findings.

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