



The parenting plan, optimism, and subjective well-being among mothers of children with intellectual disability

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Abstract

Mothers with intellectually disabled children expect to achieve subjective well-being so that they can best meet their children's needs while raising them. However, empirical evidence suggests that mothers who have children with mental retardation are dissatisfied with their lives and believe that their children are a burden to the family. As a result, achieving subjective well-being necessitates parenting plan and optimism. This survey study aims to examine the relationships between parenting arrangements of a mother of children with special needs and her subjective well-being, optimism of a mother of children with special needs and her subjective well-being, and parenting plan together with optimism of a mother of such kind and her subjective well-being. Eighty-five mothers who have intellectually disabled children participated in this study. They were asked to complete a questionnaire comprising three scales: parenting plan scale, optimism scale, and subjective well-being scale. Using the multiple regression analysis, this study revealed that: (1) parenting arrangements created by a mother of a child with mental retardation have a positive effect on her subjective well-being; (2) optimism of such mother about her child's condition has no significant influence on their subjective well-being; and (3) the mother's parenting plans together with optimism about her child's condition simultaneously have a positive impact on her subjective well-being. The findings of this study provide recommendations for future research and practices.

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Introduction

Subjective well-being is a cognitive and affective evaluation of one's life (Diener, 1984). Diener et al. (2002) define subjective well-being as having two basic

components: life satisfaction as a cognitive component and happiness as an affective component. Every mother, like mothers of mentally retarded children, wishes for her children to grow up healthily and happily and able to live life to the fullest without limitations. It is a difficult emotional experience for a mother to receive a diagnosis of child disability (Zabidi et al., 2023).

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According to Hadi et al. (2020), having a mentally retarded child is one of the internal obstacles that mothers face when carrying out their roles and responsibilities as parents, hence it potentially could be stressors (Hadi et al., 2020; Moawad, 2012).

Several terms refer to mental retardation as mental deficiency, mental defect, poor memory, intellectual impairment, subnormal mentality, mental disability, brain damage, or idiot. Arlington (2013) uses terms such as mental retardation, mental deficiency, mental defective, and feeble-mindedness. The Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-V) defines mental retardation as “disturbances in general mental abilities and disorders to function adaptively, such that individuals fail to meet standards of independence and social responsibility in one or more aspects of daily life, including communication, social participation, academic or occupational functioning, and personal independence both at home and in the community.” The diagnosis is complete if the condition appears during the developmental period, i.e., before the age of 18 years. *Mild* mental retardation is defined as having IQs between 55 and 70, *moderate* with an IQ in the 40 to 54 range, *severe* with an IQ in the 25 to 39 range, or *very severe* (profound) with an IQ below 25 (Arlington, 2013).

The experience of parenting for parents of disabled children varies depending on several factors, including the type and severity of the disability and whether or not the obstacle is visible to others (O'Reilly, 2010; Zabidi et al., 2023). Majumdar et al., as mentioned in Aldosari and Pufpaff (2014), studied 60 parents who had children with moderate to severe mental retardation (profound), 60 parents who had children with mild intellectual disability (mild), and 60 parents who had children with normal development but no mental retardation. According to the study's findings, parents of children with moderate to severe mental retardation had the highest frequency of stress and anxiety when compared to the other two control groups. Furthermore, a significant difference in pressure was discovered among mothers and fathers with mentally retarded children. It is found that mothers experience significantly more pressure than fathers.

According to Williams and Wright, many parents have negative thoughts when they know their child has deficiencies, such as guilt and fear of the future. A mother is a figure who is closest to the child, so being a mother to a mentally retarded child seems to have a huge responsibility. Living with a mentally retarded child is the same as living with a child who has never mentally developed just beyond the toddler stage, in spite of the fact that the child will grow into an adult physically (Hadi et al., 2020).

The reason for conducting research on the subjective well-being of mothers with intellectually disabled children is that mothers are dissatisfied with their lives because their children are not able to be independent, and they have spent almost all of their time serving their children both at school and at home. The mother could not forget the difficulties and obstacles she initially faced. Furthermore, as a mother, she must always be patient, demonstrating that she hardly has subjective welfare. If the mother does not have good subjective well-being, parenting a mentally retarded child will experience difficulty (Moawad, 2012). Subjective well-being is something crucial, as happiness and life satisfaction are both valued highly. In many countries, it is considered more important than money. It constitutes a method of evaluating individuals' and nations' quality of life in conjunction with economic and social indicators such as Gross National Income (GNP) and crime or health rates (Diener et al., 1997).

Literature Review

Subjective well-being, as the dependent variable under study, constitutes a state in which people perceive and evaluate everything that happens in their lives, including both cognitive and affective evaluations (Diener, 1984). Individuals' perspectives on their lives can be cognitive, as in life satisfaction, or affective, as in pleasant/unpleasant moods and emotional reactions. In an updated work, Diener et al. (2015) state that subjective well-being is an individual's experience that is either positive or negative and typically includes an assessment of all aspects of a person's life, while in another work, Diener et al. (2000) mention that individuals are said to have positive subjective well-being if they have life satisfaction, frequently feel joy, and rarely experience unpleasant emotions such as sadness and anger. Individuals with negative subjective well-being, on the other hand, are dissatisfied with their lives, have little joy, and experience more negative emotions such as anger and anxiety.

Subjective well-being is specifically used as a general term which consists of life satisfaction, mental health, and happiness from life (Oluş & Bakis, 2021). According to Seligman (2011) there are three main components of subjective well-being: (1) life satisfaction, which includes satisfaction with various aspects of life such as recreation, love, marriage, and friendship; (2) the presence of frequent positive affect (pleasant affect), which manifests as the emergence of specific positive emotions such as joy, love,

and pride; and (3) the presence of specific positive emotions such as joy, love, and pride.; and (4) the absence of negative affect (low levels of unpleasant affect), that is, the absence of feelings or emotions or mood specific pleasures such as shame, guilt, sadness, anger, and anxiety. According to this definition, the subjective well-being components that are measured in the current study are life satisfaction, positive emotions (positive affect), and the absence of unpleasant emotions (negative affect).

As an independent variable of the present study, parenting plans are written instructions on how parents will raise their children. Parents assign specific information about their children. A parenting plan can be informal and consist of an agreed-upon set of rules for children, but it is usually more formal. In their parenting plans, parents should identify important issues that will help them identify questions to discuss with other parents, such as how they will make decisions about their children. The parenting plan should consider the children's interests and needs. It should also consider the children's ages and how the plan may change as the children grow. The parenting plan should be detailed enough to set clear expectations, but flexible enough to allow for its implementation. Parental care arrangements should be determined by what is best for the children. If parents can communicate constructively with one another, they can create a parenting plan together. Parenting plans can help reduce conflict by clearly defining parental roles and responsibilities for each parent.

Meanwhile, optimism, as the other independent variable in this study, is defined as an individual's belief that bad events/failures are only temporary, have no effect on one's activities, and are not entirely the fault of oneself but can be caused by circumstances, fate, or other people (Seligman, 2011). Optimistic people believe that failure is caused by something that can be changed in order to be successful in the future. Optimism is defined as a general expectancy that good things will happen in the future, on the other hand, hope refers to the general cognitive-motivational variable including one's belief in which one utilizes pathway thinking and agency thinking (Biron et al., 2020).

Optimism is seen as an individual's ability to live confidently and positively (Steyn, 2011) whereas Seligman (2000) views optimism as a cognitive process that includes expectations about positive outcomes and causal attributions. When interpreting adverse or negative events, these expectations are external, temporary, and detailed, but internal, stable, and universal when responding to positive events. According to Peterson (2000), optimism is a mood or attitude associated with a social or material expectation about the future, something that is attractive or socially beneficial (Arskieva, 2019).

Seligman (2011) describes optimistic people as having the following characteristics. First, it is permanent. It means that the individual always believes in his own abilities and feels confident about his success, so that he considers his success to be a permanent or long-lasting ability, and considers his failure to be temporary so that the individual is not easily discouraged and will try to use his abilities when experiencing failure until the goal is achieved. Second, it is pervasive, which means individual who, when experiencing failure, mentions the reason for his failure specifically and uses a clear reason for the cause of his failure, whereas pessimism is an individual who, when experiencing failure, uses a general reason and assumes the cause of his failure is uncertain and comprehensive. Besides, it is personalized. An individual who, when experiencing success, is more confident and believes that the success they achieve is due to their own hard work and effort so that the individual has self-esteem and does not consider success achieved through the efforts of others or settings.

Optimistic individuals are more likely to interpret the negative events in a more positive and constructive manner, whereas pessimistic individuals are more likely to interpret the negative events in a fatalistic manner with a framework of helpless, global, and stable (Forgeard & Seligman, 2012). Optimistic parents of mentally retarded children will believe that their current actions will benefit both themselves and their children. According to Pragholaapati et al. (2020) parents' optimism about their children's future is absolutely essential in the care of mentally retarded children. According to Seligman (2011) the components used as indicators of optimism in this study are permanence (permanent and temporary), pervasiveness (specific and universal) and personalization (self and others).

Optimistic individuals are characterized by positive self-evaluation and assume that they can control important aspects of their lives, can relate well to their social environment, and view the future with positive hopes and expectations. Optimistic individuals are better prepared to face difficult and stressful situations, negative emotions, and they have the ability to get through them (Biron et al., 2020). Individuals who are more optimistic about the future are reported to feel happy and satisfied with their lives (Diener et al., 2000), meaning that individuals can have good subjective well-being. Optimistic individuals will also be motivated to work hard, have high morals, and show goal-directed behavior so that individuals have the ability to face various conditions, admit failure is only temporary, have valuable life experiences and physically and mentally have strong energy (Zagorski, 2020);

when individuals have strong energy, it will be easy to achieve good subjective well-being. Optimism can help improve psychological health, have a good feeling, solve problems in a logical way. Optimism can play a positive role in various situations which is very strong in stressful situations and all its aspects are needed in achieving subjective well-being (Miranda & Cruz, 2022).

According to the American Association on Mental Retardation (AAMR), the limits on mentally retarded adolescents are individuals aged 11 to 24 years or unmarried and showing limitations in function, which includes intellectual function below average so that it has limitations in two or more than adaptive skills such as communication, self-care, social skills, health and safety, academic functioning, and the use of leisure time (Situmorang & Mangunsong, 2018). Considering these limitations, psychologists conduct assessments in two areas: intellectual function and adaptive skills. An intellectual function is carried out by administering intelligence tests that demonstrate academic performance abilities, whereas the adaptive skills function demonstrates how mentally retarded adolescents make “adjustments” to their environment (Sun et al., 2022).

Further, the characteristics of mental retardation can be seen clearly, for example: the children with mild category can still learn normally, which means that they can receive academic education in public schools with special assistance from teachers. Physical disabilities are not noticeable, though they are slightly slower than the average of those without disabilities (Jacobs et al., 2022). Since they are shy and quiet, their adjustment is lower than that of normal teenagers. However, if they receive adequate service, especially if there is a training process to socialize themselves, this can change. They can still perform self-care tasks such as eating, bathing, and dressing without constant supervision.

Meanwhile, children with moderate mental retardation can still benefit from specific skill teaching (Jacobs et al., 2022). Physical abnormalities manifest as congenital symptoms from birth, and speech function is disrupted. Physical abnormalities include the tongue sticking out with salivation, the head being slightly larger than normal, and the physical condition being weak. As they are unable to care for themselves without the assistance of others, they require life protection and careful supervision, as well as continuous service and maintenance. Furthermore, they have impaired speech function. They can only be trained in special skills if their physical condition allows it (Arlington, 2013).

Children with profound mental retardation face serious challenges in terms of physical health, intelligence,

and the provision of appropriate educational programs. Physical abnormalities such as hydrocephalus, mongolism, large head, and wobbling are visible, indicating brain damage. Their language and speaking skills are very poor, as is their adjustment. These disabled people require medical assistance as well (Domenico et al., 2023).

In addition to the aforementioned characteristics, there are some unique psychological and behavioral characteristics of mentally retarded adolescents, as there is sometimes a variation in behavior in mentally retarded sufferers. As a result, psychological considerations must be taken when serving mentally retarded adolescents, as they require the following necessary considerations (Hallahan & Kauffman, 1994): (1) maintaining attention, as it takes energy to pay attention to them during the learning process; (2) maintaining memory, as mentally retarded adolescents have difficulty remembering information, particularly theoretical and complicated information; (3) self-regulation, referring to the ability to control one's own behavior, such as repeating by memorizing a list of words to be remembered and memorizing the material received; (4) language development difficulties, such as articulation errors, because poor language development leads to poor language skills; (5) academic achievement, because mentally retarded adolescents tend to fall short of expectations based on their intelligence level; (6) social development, because mentally retarded adolescents have difficulty making friends, their self-concept is low, many do not understand how to interact socially with others, and most likely, do not have the opportunity to socialize with others, and social development is hindered; and (7) motivation, because psychologically retarded teenagers believe that no matter how hard they try, they will always fail.

In this regard, parents can make guidance efforts that require a concrete special skill with an individual approach, must be repeated continuously, do not have high intellectual requirements, use simple words, and do not demonstrate any fear. All of this necessitates planning in the care of mentally retarded children, which is something that parents, particularly mothers, should do for their children. Concerning the condition above, the present study seeks the answers to the following questions: (1) Do parenting arrangements created by mothers with intellectually disabled children have a positive effect on their subjective well-being?; (2) Does optimism of such mothers about their children's condition have a significant influence on their subjective well-being?; and (3) Do the mothers' parenting plan creation together with their optimism simultaneously have a positive impact on their subjective well-being?.

Methodology

Respondents

This is a correlational survey study. As many as eighty-five mothers who have children with moderate mental retardation attending a Special Need School type C named “Yakut” in Purwokerto City, Central Java, Indonesia participated in this study. Those mothers whose children belong to either ‘severe’ or ‘mild’ intellectual disability level (based on the data provided by the school) were not included. Details of the respondents are available in [Table 1](#).

Table 1 Demographic profile of respondents

(N = 85)		
Aspects Revealed	Frequency	Percent of Total
Marital Status		
Married	76	89.4
Widow	9	10.6
Number of Children		
1	27	31.8
2	44	51.8
3	11	12.9
4	3	3.5
Educational Background		
Primary education	26	30.6
Secondary education	56	65.9
Tertiary education	3	3.5
Occupation		
Housewife	82	96.5
Entrepreneur	3	3.5

Data Collection

To collect the data, a questionnaire consisting of three instruments, i.e. parenting plan scale, optimism scale, and subjective well-being scale were utilized. The parenting plan scale comprises 21 items, derived from nine indicators such as written instructions on how parents bring up the kids, a set of agreed rules, and detailed expectations for the kids’ best future condition (Department of Justice of Canada, 2013) with reliability coefficient value of 0.891.

The optimism scale comprises 40 items, broken down from aspects of permanence, pervasiveness, and personalization (Seligman, 2011) with reliability coefficient value of 0.798. The subjective well-being scale consists of 10 items, broken down from components of life satisfaction, positive emotions, and absence of unpleasant emotions (Diener et al., 2000) with reliability coefficient value of 0.859.

The respondents worked on the questionnaire by choosing an option from –those choices provided: Strongly Agree, Agree, Disagree, and Strongly Disagree. The questionnaire was administered directly to the respondents at the end of school hours during the period of April, 2022.

Data Analysis

In this study, there are two independent variables, namely, parenting plan and optimism and one dependent variable, namely, subjective well-being. In line with the aims of the study, the multiple regression analysis was conducted to determine the direction and how much influence the independent variables have on the dependent variable (Ghozali, 2018). The hypotheses tested were as follows: (1) parenting arranged by a mother with intellectually disabled children positively affects her subjective well-being; (2) optimism of a mother with disabled children significantly influences subjective well-being of such mothers; and (3) parenting arrangements together with optimism simultaneously have a positive impact on their subjective well-being. The statistical tool SPSS 25.0 was employed to help with the data analysis.

Results

Before further processing the data, data normality test was performed. Normality test values using Monte Carlo showed $p = 0.376$ ($p > 0.05$). Therefore, the data were considered normally distributed. The test revealed that the data on parenting plans, optimism and subjective well-being are normal.

Results of the multicollinearity test showed that there is no multicollinearity because the VIF value is < 10 and the tolerance value is > 0.1 as shown in [Table 2](#).

The correlation test showed that parenting plan is significantly correlated with subjective well-being ($r = 0.395$) while optimism is not significantly correlated, as shown in [Table 3](#).

Table 2 Multicollinearity test

Research Variables	Sig	Tolerance	VIF
Parenting Plan	0.000	0.949	1.053
Optimism	0.017	0.949	1.053

Table 3 Correlation test

Variables under Study	1	2	3
1. Subjective Well-Being	1		
2. Parenting Plan	0.395**	1	
3. Optimism	-0.143	0.225**	1

First, analysis was performed to check the relationship between parenting plan and subjective well-being. The result showed a correlation coefficient of 0.395 and a *p*-value of 0.000, indicating that there is a significant correlation between parenting plan and subjective well-being. It means that the more comprehensive the parenting plan is, the greater the subjective well-being will be, and the other way round. Second, analysis was performed to check the relationship between optimism and subjective well-being. The result showed a negative correlation coefficient of -0.143 between optimism and subjective well-being with a *p*-value of 0.191. This finding suggests a very weak negative (inverse) correlation between mothers' optimism about their mentally retarded children's condition and their subjective well-being. It means when mothers' optimism about their mentally retarded children's condition increases, their subjective well-being to some extent tends to decrease. Third, analysis was performed to check the relationship between plan parenting and optimism on subjective well-being.

Result of the multiple regression test has shown a significant model (*F* = 11.061); *p* < 0.05) and that parenting plan and optimism affect subjective well-being with a contribution of 21.2 percent (*R*² = 0.212) as can be seen in Table 4.

Table 4 Multiple regression test

Variables under Study	R ²	F	Sig
1. Parenting Plan on Subjective Well-Being	0.156	15.317	0.000
2. Optimism on Subjective Well-Being	0.020	1.737	0.191
3. Parenting Plan and Optimism on Subjective Well-Being	0.212	11.061	0.000

The results of the multiple regression test show a significant model, that parenting plan and optimism affect subjective well-being. There is a positive relationship between both mothers' parenting plan and optimism and their subjective well-being, with coefficient value of 0.212 and a *p*-value of 0.000. This means parenting plans and optimism together contribute to the subjective well-being of mothers who have mentally retarded children by 21.2 percent. For each, parenting plan affects subjective well-being with contribution 15.6 percent. However, optimism insignificantly affects subjective well-being.

Based on results of the correlation analysis and the multiple regression analysis, it can be concluded that: (1) parenting plan negotiated by mothers of children with mental retardation correlates well with their subjective well-being. Contribution of parenting plan on subjective well-being is 15.6 percent; (2) there is no correlation

between optimism about their children's condition and their subjective well-being. Therefore, there is no significant contribution of optimism on subjective well-being; and (3) there is a positive relationship between both mothers' parenting plan and optimism and their subjective well-being, indicating that parenting plan and optimism together affect subjective well-being of mothers with mentally retarded children.

Discussion

According to the findings of the study, parenting plan has a positive effect on the achievement of subjective well-being in mothers who have children with mental retardation. This supports the research findings of Nur'aeni et al. (2021) regarding positive parenting programs, which reported that positive parenting programs are effective in improving the subjective well-being of mothers with deaf children. With regard to parenting plan and its relation with subjective well-being, the result of the present study is in line with that of research on “mindful parenting” programs, where parenting was reported to have improved the subjective well-being of mothers who have mentally retarded children (Rinaldi & Retnowati, 2016).

The current study also reveals a contradicting result that the optimism has no influence on subjective well-being among mothers who take care for their intellectually disabled children. It is most likely that a mother's optimism in the presence of her mentally retarded child does not always result in subjective well-being. Another plausible explanation is that optimism is not the only predisposition that contributes to subjective well-being. Other factors that influence the achievement of subjective well-being include problem-solving and coping strategies. A study by Nur'aeni et al. (2018), for example, discovered that coping has a direct effect on the subjective well-being of mothers who have children with intellectual disabilities.

Contrary to the finding above, a study by Ali and Zaman (2014) exhibited the existence of significant relationship between optimism and life satisfaction, where optimism contributes 12 percent of the variance in life satisfaction. Life satisfaction is a dimension of subjective well-being (Diener & Lucas, 2020). The negative result of the current study also denies the finding of research by Garvin and Putri (2021) reporting that there is a positive relationship between optimism and subjective well-being. Furthermore, the contradicting result of the current study opposes

a scientific report saying that a mother who has a child with special needs with hope for the future thinks positively and does not give up easily in nurturing and educating her child with special needs, enabling the child to see himself as an individual who has special needs, potential, and advantages that can be proud of, so that it is easier to achieve happiness or life satisfaction as an indicator of subjective well-being (Nirmala, 2013).

Interestingly, with respect to parenting plan and optimism as a joint, these two variables together have impact on the subjective well-being of mothers under research. Their individual contribution to the mothers' subjective well-being is 15.6 percent and 2 percent, respectively; while their joint contribution is 21.2 percent. Apparently, as mentioned earlier, parenting which demonstrates a strong role in bringing about subjective well-being, takes the benefit of its being combined with optimism and vice versa. Optimism alone cannot help improve an individual's subjective-well-being without the accompaniment of parenting plan or other variables that have scientifically been proven to have impact on subjective well-being.

Conclusion and Recommendation

Since the current study discovered a positive correlation between parenting plans and subjective well-being in mothers of mentally retarded children, it is hoped that it can help the Special Needs Schools type C, as a research partner institution, educate mothers on how to develop parenting planning programs for their children in order that mothers can achieve subjective well-being. To develop this parenting planning program, the institution should first train parents, particularly mothers, which may well be accomplished through a parenting plan developed in collaboration with the Faculty of Psychology. Such could be a work program for schools.

Regarding the present study's limitation, the respondents of this study were recruited from different levels of education, namely, primary school, secondary school, and tertiary education, but the researchers did not consider education as a variable that affects subjective well-being. Thus, there is a necessity for a study that examines the effect of education level on subjective well-being.

Conflict of Interest

We, the authors, declare that there is no conflict of interest.

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