**Quality of life of mothers of children with intellectual-developmental disabilities**

**Background**

The subject of this study is mothers of children with intellectual-developmental disabilities and their perceptions of their quality of life. Children with intellectual-developmental disabilities need emotional acceptance to improve their functioning and integration within society. Families of these children, especially mothers, are a cornerstone of the lives of these children. There is a consensus among researchers that “quality of life” is a multidimensional concept consisting of various intertwined facets of both objective and subjective natures. An integrative definition of “quality of life” is that it is a function of an individual’s satisfaction with the correlation between their needs and aspirations and their satisfaction with their lives. The higher the adaptation between an individual and their environment, the higher their quality of life. Most studies in the Western world have found that various factors affect the quality of life of families containing children with intellectual-developmental disabilities, such as family relationships, values, and family health. Children with intellectual-developmental disabilities present a special reality due to their uniqueness, a reality that involves different adaptive, perceptual, social, and practical characteristics.

Recently, more attention has been paid to the families of children with intellectual-developmental disabilities on the assumption that children’s well-being is significantly affected by the well-being of their parents and families. For these children to grow up in a healthy and functional environment, it is necessary to take care of their families so that reasonable welfare conditions can prevail. Quality of life studies of families of children with intellectual-developmental disabilities have emphasised that to provide for the well-being of these children, their parents need good health, financial resources, strong family ties, access to leisure, career opportunities, support from others, and service support, and community and public engagement.

*Parents of children with intellectual-developmental disabilities*

An intellectual and developmental disability is characterised by limited functioning in perceptual, social, and practical adaptive skills [American Society for Intellectual and Developmental Disability (AAIDD) 2013]. This disability demands special coping mechanisms that affect the relationships between family members and the social, economic, and mental state of parents (Neikrug *et al*. 2011). The definition of the American Psychiatric Association (APA) DSM-V (2013) refers to three components of disability: intellectual function, adaptive function, and limitation during development.

Studies on the parents of children with intellectual and developmental disabilities show that parenting in such cases creates considerable tension. This tension is often the result of the heavy sense of responsibility felt by parents and a lack of resources in the form of knowledge, support, and guidance (Cohen 2011). Parents of children with intellectual-developmental disabilities experience increased stress and anxiety and find it difficult to cope. Feelings of tension among parents of children in this category are significantly greater as compared to parents of typical children (Hedov *et al*. 2002). The tension, which begins from the moment the news is received, adds to feelings of guilt and anxiety about coping and is expressed in the children themselves, in the parents’ relationships, and in the healthy siblings of a child with a disability (Peer & Hillman 2014).

In addition, parenting a child with intellectual disabilities can trigger feelings of anxiety, shame, and guilt (Beresford *et al*. 2007; Ha *et al*. 2008). Children with intellectual disabilities depend on their parents for the long term, and sometimes, parents find it difficult to find frameworks suitable for their child’s needs (Levi-Schiff & Shulman, 1998). These emotional difficulties vary by the disability type and age (Blacher & Baker 2002). Studies have found seven main areas of difficulty: 1) financial difficulties resulting from the need for medications, hospitalisations, equipment, medical advice, and special treatments; 2) family and emotional difficulties manifested as stressful emotional relationships, overprotectiveness, time poverty, appeals to the rest of the family, blaming the spouse as genetically responsible for their child’s condition, and a general increase in the level of tension and family conflicts; 3) changes in family conduct, such as difficulties in utilising leisure time and giving up opportunities for professional advancement; 4) difficulties in social life, embarrassment resulting from disabled children’s behaviours and appearance, reactions from friends and neighbours, restrictions of various types that can lead to the social isolation of the family; 5) the burden caring for a child with special needs alongside the day-to-day management of a home and family; 6) the family’s contact with institutions can also cause immense difficulty where the family becomes dependent on institutions to provide medical services and education for their children; 7) the daily physical and mental burdens, economic burdens, and the huge investment in various life skills – learning, leisure, play and social participation.

Past studies have focused on children’s disability. In contrast, recent studies have expanded the field observation to encompass other factors related to these children, including family, community environmental support, and family quality of life. Today, the quality of family life is measured using two primary tools: the Beach Center FQOL Scale (Beach Center On Disability 2005), developed by a team of researchers at the University of Kansas Disability Beach Center, and the quality of life survey (FQOLS-2006), developed by an international team of researchers. The latter metric considers nine key dimensions that are particularly important for family quality of life, such as family health, economic well-being, family relations, support from other people, support from services operating in the field of special needs, cultural and spiritual beliefs, career or studies, leisure activities and interactions with the community (FQOLS-2006).

*Quality of life*

The question of what actually constitutes a “good” life has preoccupied researchers in various fields. A new concept called “quality of life” was created. Over time, this has become a focus of interest and research (Keng & Hooi 1995; Sullivan 1992). Three main approaches are used to define the concept of “quality of life”: the objective-social approach, the subjective-psychological approach, and the adaptation approach (social policy) (Schaluk 1998). There is agreement among researchers that “quality of life” consists of dimensions from different fields and includes objective aspects and subjective aspects of life (Nicrogue *et al*. 2006).

According to the objective-social approach, quality of life includes external objective conditions that depend on the environment, such as health, public safety, education, standards of living, place of residence, and leisure (Landesman 1986). Since the dimensions are external and environmentally dependent (related to the environment), Shye (1979/1989) argues that quality of life should be distinguished from environmental quality. Environmental quality concerns the degree to which the environment promotes the quality of life of the individual living within it (Shye 1979). Therefore, the objective dimensions do not represent the quality of life of the individual but rather the quality of their environmental conditions (Evans *et al*. 1985).

According to the subjective-psychological approach, the concept of “quality of life” refers to an individual’s self-perception of their quality of life. This definition refers to psychological and mental well-being, interpersonal relationships, personal development, and self-realisation. It also refers to the level of satisfaction, that is, the degree of positive attitudes of the individual towards their life (Andrew & Withey 1976; Haycox 1995).

The third approach, the “goodness of fit” approach, combines the two previous approaches and believes that an individual’s “quality of life” is a function of their satisfaction with the correlation between their needs and aspirations and how satisfied they are with their life outcomes (positive attitudes towards their life). The higher the match between the individual and their environment, the higher their quality of life (Lehman 1988; Schalock 1990). According to this model, improving quality of life depends on planning the environment in a way that will suit the characteristics of the individual (Schalok 1998).

Researchers who defined the concept of family quality of life pointed to great difficulty in defining it because the concept is inclusive, flexible, and multidimensional (Turnbull *et al.* 2004b). In recent years, family quality of life has been defined as a dynamic sense of family well-being both in terms of the personal subjective perception of every detail within the family life and in terms of the general feeling of the family system as a single entity (Zuna *et al*. 2010). The concept began to develop in the 1980s when studies focusing on people with disabilities and their families began publishing intervention programmes to support them (Brown 2010). As a result of these studies, governments in developed countries began to call for increased provision of services to families of these children. This was done on the basis of the parents being their main caregivers and responsible for their life outcomes (Brown *et al*. 2012).

The purpose of the current study is to examine how mothers of children with intellectual-developmental disabilities perceive their quality of life. The research question at the heart of this study concerns how having children with intellectual-developmental disabilities affects mothers’ quality of life.

**Method**

The study is qualitative. Qualitative research allows us to study reality as reflected in the eyes of the subjects and emphasises a deeper understanding of the person, their thoughts, assumptions, and behaviours.

Qualitative research requires in-depth investigation of research subjects, exploring their behaviour and experiences using instruments like semi-structured and unstructured interviews. Qualitative research is broadly defined as “any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification” (Strauss and Corbin 1990, p. 17). The in-depth understanding of a phenomenon gained using qualitative methods gives researchers access to the world of the subjects while also requiring them to recognise their blindspots and biases as observers (Creswell 2009). Studies in the qualitative frame offer interpretive descriptions that try to reach a subjective understanding of the subject without a prior hypothesis but through learning and experience. The qualitative research method was chosen since the study focuses on the quality of life of mothers as perceived by them, and since the term quality of life is a term that refers to subjective aspects.

*Study participants*

The study included thirty mothers of children with intellectual-developmental disabilities at the medium level, between the ages of eight and twelve, who attend special education elementary schools in northern Israel.

The two criteria for selecting the participants for this study were a moderate level of functioning of the child and an average age between eight and twelve. Moderate functioning was required because extreme or mild conditions could skew the data. The age range was chosen for similar reasons. When children are too young, mothers may still be in shock. The selection criteria were designed to maintain unbiased results.

*Research field*

The researcher chose a convenience sample for selecting the participants. Most of the interviews were conducted in the homes of the interviewees. Some were conducted at the workplace of the mothers in the north of Israel. The field was selected based on geographic proximity, accessibility, and availability.

*Research Tools*

This research used semi-structured interviews.

*Semi-structured interviews*

The purpose of using the interview is to try to understand in depth the person’s inner world (Gilat & Hertz-Lazarovitz 2010) and the meaning it gives to their experiences. In-depth interviews allow interviewees to contribute information in as much detail as they are comfortable with and to offer their points of view and experiences fully (Fontana & Frey 2000; Turner 2010). The interviews contained ten questions designed to elicit open responses. These can be seen in Appendix 1.

*Research process*

Mothers of children who matched the study criteria were identified through the researchers contacting school administrations, explaining the study and its purpose, along with the selection criteria for participants. After an agreement was reached in principle, families were identified to take part in the study. The school secretariat sent the families letters explaining the study and attached requests for participation in the study.

Interviewees who gave their consent to participate in the study signed a consent letter. Participants were assured anonymity at the beginning of each interview. In addition, pseudonyms were used during the study, and the real names of the participants were not mentioned at all. After the interviews were recorded and transcribed, the researchers destroyed the recordings.

*Data analysis method*

Data analysis was carried out using a qualitative method as an analytical process, using intuitive characteristics to generate meaning and interpretation. After the transcription of each of the interviews, the transcripts were analysed in a multi-stage manner to identify categories by cross-referencing information from different interviewees. Repeated categories were found, categories were mapped, and major categories were built (Creswell 2009).

The first stage of data analysis was conducted while listening and transcribing the interviews and writing footnotes. After initial categories were detected and defined by identifying repeated sentences, more precise categories were defined (Ayalon & Sabra Ben-Yehoshua 2010; Gambaton 2006).

The next section presents the findings from the analysis of the interviews, with the aim of examining how mothers of children with intellectual-developmental disabilities perceive their quality of family life.

**Results**

In this section, the main findings from the interviews are explored in reference to the categories that arose, and later, the meanings that arose from the texts are explained and supported by the interviews conducted.

Of the interviews conducted with thirty mothers of children with intellectual-developmental disabilities, four main categories were identified.

The categories identified formed a matrix that affected the mothers on several levels. The mothers noted that raising children with intellectual disabilities had an impact on their relationships and parenting. The mothers commented on their self-exclusion from social events on account of embarrassment regarding their children's conditions. They noted the value of the support offered to them by their extended families and by educational facilities catering to their children. Finally, they all pointed to the immense burden of stress and fatigue imposed on them by the responsibilities of catering for their children’s specific needs. Some common themes were loneliness, feeling different and excluded, and feeling disappointed. The mothers, nevertheless, also pointed to positive emotions associated with caring for their children.

The first category emerging from the findings concerned aspects of the family. This category focused on marital relationships and parenthood: factors influencing maternal quality of life within the family. This finding aligns with the definition of family life quality in Zuna *et al.* (2012) as a dynamic sense of familial well-being, both subjectively personal in each family member’s perception of their lives within the family and in the overall perception of the family system as a unit.

Mothers addressed difficulties in their marital relationships, particularly when both spouses began to suffer from extreme mood swings due to the pressures associated with parenting children with cognitive disabilities. They discussed their unmet needs and those of their spouses, as well as their parenting for a child with disabilities and their other children. This finding receives significant support in the literature. It suggests that coping with a child with cognitive disabilities in a family is far more complex than parenting a developmentally typical child. The parental stress associated with children with disabilities is far greater than their peers caring for typical children. The challenge of coping can manifest in various ways, affecting not only the children themselves but also the marital relationship, healthy siblings, and interactions among family members (Peer & Hillman, 2014). Parenting a child with cognitive disabilities may evoke feelings of anxiety, shame, and guilt, which can potentially influence mothers' perceptions of their parenting experience.

Negative emotions and a failure to cope constitute compromised mental well-being. Mental well-being is one of the key factors in family life quality perception. Relationships within the family are identified as a primary dimension influencing family life quality. It is reasonable to assume that an individual’s perception of family life quality rises when these relationships are good (Brown *et al*. 2006). Consequently, strained relationships and their perceived deficiencies correlate to a perception of poor quality of life, as articulated in the mothers’ statements.

This research finding highlights dissatisfaction in the realm of family relationships, manifested in recurring conflicts between spouses and dissatisfaction on the part of mothers towards their children with cognitive disabilities in terms of the time they allocate to them and their interactions with them. These factors affect their perception of parenting. This finding aligns with that of Ajuwon and Brown (2012), who indicated that tense family relationships negatively impact family life quality.

However, this finding contradicts other studies (Brown *et al*. 2010; Schmidt & Kober 2010), which found that the majority of families containing children with cognitive disabilities expressed satisfaction, among other aspects, regarding the relationships within the family.

It is important to note that the findings from this study contradict the findings of studies on family life quality conducted in Israel among parents of children with cognitive-developmental disabilities. In those studies, family relationships as a measure of life quality were notably satisfactory, especially within the Arab community (Neikrug & Omietanski 2006; Neikrug *et al*. 2011/2014).

Social aspects, in general, were expressed in terms of dissatisfaction with social connections and interpersonal interactions with a negative impact on quality of life. Mothers described how their participation in events required unique organisational challenges that included finding a safe space for the child, concerns about their care during the event, or worries about potentially embarrassing or annoying questions if they chose to bring the child to social gatherings.

According to the literature, families of individuals with disabilities often confront numerous social obstacles, including isolation, rejection, and humiliation. Disability is sometimes perceived as degrading and embarrassing for the family, to the extent that assistance in caring for the disabled person is avoided out of reluctance to expose themselves (Barakat, 1993).

The reasons mothers raised for their avoidance of events and reluctance to form interpersonal connections also appear in a review by Mccubbin and Huang (1989), who presented seven areas of difficulty, one being the challenges in societal aspects of life, such as parental embarrassment from the behaviour or appearance of their child, reactions from friends and neighbours, or limitations causing the family’s social isolation. Families face many challenges in raising a child with special needs, including social relationships (Guyard *et al*. 2012; Neikrug *et al*. 2011).

In Israeli society, there are negative attitudes toward individuals with disabilities (Sikron, 2013). The stigma affecting people with disabilities in Israel affects various aspects of their lives and leads to isolation and social distancing (Naon, 2009). Specifically within Arab society, due to the emphasis on collective values and interdependence, parents of children with special needs tend to distance themselves from social interactions to avoid uncomfortable social situations (Dwairy 2004; Hagg-Yaish 1994).

The majority of mothers expressed satisfaction at the support received in two primary realms of their lives considered significant factors influencing their family life quality. Firstly, they noted the value of the support they received from their close-knit circle, particularly their families and their spouses’ families, played a crucial role. Secondly, the support from the educational systems catering to their children was noted positively. Studies illustrate that parenting is an experience fraught with tension, resulting from the gap between the heavy sense of responsibility felt by the parent and the scarcity of available resources in terms of knowledge, support, and guidance (Cohen 2011). At times, parents struggle to find suitable frameworks tailored to their children’s needs and their personal requirements or support frameworks with specialised professional assistance (Levi-Shif & Shulman 1988).

The findings of this study highlighted that the overwhelming majority of mothers relied heavily on two sources of practical and emotional support: their families and their spouses’ families. The mothers cited that family networks assist in various aspects, including child care, educational, developmental and emotional support, and contribute to the acceptance of the children. The second source of support was the educational system. It is perceived as serving as a source of knowledge and guidance regarding care for their children and a significant factor in reducing their stress levels. Some mothers viewed the educational framework as a place that helped them navigate uncertainties about their child’s life. These same mothers expressed high trust in the professionalism of the therapeutic teams assigned to them within the educational system.

This finding is backed up by the research literature, such as the work of Zuna *et al*. (2009), who address systemic factors explaining family life quality. These factors can include governmental policies, laws, intervention programmes, and entities providing support services such as education and welfare. Zuna *et al*.’s (2009) theory regarding quality of life offers a model that integrates all interacting factors affecting family life quality. Systems, policies, and intervention plans influence personal and familial support, and the provision of services and the implementation of regulations are predictors of family life quality. Additionally, individual and family characteristics interact with the services and support provided to them, also acting as predictors of family life quality (Zuna *et al*. 2009).

Furthermore, empirical studies have found the impact of factors such as support from services catering to special needs and community engagement to be significant. This influence was observed in research utilising life quality questionnaires examining nine dimensions contributing to family life quality (Brown *et al*. 2006).

Contrary to recent research that found mothers to be satisfied with the support received from their children’s educational system, other studies discovered lower satisfaction with personal support and assistance from special needs services (Brown *et al*. 2010; Schmidt & Kober, 2010). These findings contradict Ajuwon and Brown (2012), who showed that support from services negatively impacted parental family life quality. Moreover, this study did not corroborate findings from studies conducted in central Israel, indicating parental dissatisfaction with external life quality domains such as support from others or support from services and community resources (Neikryg *et al*. 2011).

The interviews were laden with emotional language. The interviewees addressed feelings of stress, pressure, fear, worry, disappointment, longing, and loneliness. Alongside these emotions, positive feelings that emerged while being close to their intellectually disabled child were described. This finding implies that the presence of a child with intellectual disability significantly affects mothers’ quality of life.

This finding resonates with research indicating that parenting a child with intellectual disability may evoke anxiety, shame, and guilt (Beresford *et al*. 2007; Ha *et al*. 2008), although emotional difficulties vary depending on the type and age of the child’s disability (Baker & Blacher 2002).

Upon receiving the news of having a child with intellectual disability, the entire family experiences shock, anger, fear, guilt, and concerns about the future (Banach *et al*. 2010; Gardiner & Iarocci 2012). Subsequently, the family faces numerous challenges in raising their children, which involve both physical and mental effort (Guyard *et al*. 2012; Neikrug *et al*. 2011).

An intriguing sub-category emerged in the emotional aspects. Alongside the negative emotions expressed by mothers, most of them expressed genuine love for their disabled children, found joy in their children’s happiness, and cherished feelings of closeness. Most mothers were content with their reality and did not seek any special treatment from their environment, especially distancing themselves from feelings of pity directed either towards them or their child.

**Discussion**

The results of this study shed light on the complex experiences and emotions of mothers raising children with intellectual-developmental disabilities. Four main categories emerged from the interviews, and these categories had a significant impact on the lives of these mothers.

The first category explored family dynamics, particularly focusing on the impact of raising children with cognitive disabilities on maternal quality of life within the family. Mothers reported difficulties in their marital relationships, citing extreme mood swings due to the pressures associated with parenting children with cognitive disabilities.

Unmet needs and challenges in parenting both their child with disabilities and their other children were discussed. This finding aligns with existing literature that suggests parenting a child with cognitive disabilities is more complex and stressful than parenting developmentally typical children. Strained relationships within the family can negatively impact the overall perception of family quality of life.

The second category explored mothers’ dissatisfaction with social connections and interpersonal interactions, which had a negative impact on their quality of life.

They described challenges in family friends’ events, including finding safe spaces for their children and care at these occasions.

This aligns with previous research that highlights the social obstacles faced by families of individuals with disabilities, such as isolation and rejection. Negative societal attitudes and stigma towards individuals with disabilities in Israel were mentioned as contributing factors to these challenges.

The majority of mothers highlighted the value of the support they received from their close-knit circle, including their own families and their spouses’ families.

They also noted the positive impact of educational systems catering to their children, which provided knowledge, guidance, and emotional support.

This finding underscores the importance of social support in helping parents navigate the challenges of raising a child with cognitive disabilities. Government policies, laws, and support services were mentioned as factors influencing family quality of life.

The interviews revealed a range of emotional experiences, including stress, pressure, fear, worry, disappointment, longing, and loneliness.

Positive emotions, such as love for a child with a disability, joy in their children's happiness, and feelings of closeness, were also expressed.

This range of responses highlights the emotional complexity of parenting a child with intellectual disabilities. The emotional difficulties experienced by these mothers are consistent with existing research, emphasising the anxiety, shame, and guilt that may accompany parenting such children.

It is important to note that while many mothers faced challenges and negative emotions, they also displayed resilience and a deep love for their children. They did not seek special treatment or pity but rather sought understanding and support from their social networks and the educational system. Mothers perceive their family quality of life as low due to general conditions like lack of resources and societal circumstances due to the presence of a child with intellectual disability. However, when they receive support, their quality of life improves. The child is seen as a source of love and happiness, not a hindrance to life quality.

In summary, this study underscores the multifaceted experiences of mothers raising children with intellectual-developmental disabilities, emphasising the importance of family dynamics, social support, and emotional well-being in shaping their quality of life. These findings provide valuable insights into the unique challenges and strengths of these mothers and highlight the need for societal support and understanding.

**The limitations of the study**

The limitations of this research provide context for the results and indicate areas where further investigation may be needed. Here are some potential limitations of the research. The study is based on interviews with thirty mothers of children with intellectual-developmental disabilities. This sample size may be relatively small, and the findings may not be fully representative of all mothers in similar situations. Generalising the results to a larger population should be done cautiously.

The use of convenience sampling to select participants could introduce bias into the study. Mothers who volunteered for the interviews may have unique experiences or perspectives that differ from those who did not participate. This could limit the external validity of the findings.

The data collected through interviews rely on the mothers’ recollections and self-reports. This introduces the potential for recall bias, as participants may not accurately remember or report certain aspects of their experiences. Additionally, participants’ responses may be influenced by their current emotional states or subjective interpretations. The study primarily relies on qualitative interviews to gather data. A single-method approach limits the depth and breadth of the data collected. Complementing interviews with quantitative measures or surveys could provide a more comprehensive understanding of the experiences of mothers.

The study primarily focuses on the experiences of mothers, but it may not capture the broader family dynamics or perspectives of fathers, siblings, or other family members who also play significant roles in caregiving and support.

**References**

Ajuwon, P. M. & Brown, I. (2012) Family quality of life in Nigeria. *Journal of Intellectual Disability Research*, *56*(1), 61−70. <https://doi.org/10.1111/j.1365-2788.2011.01487.x>

American Psychiatric Association (2013) *Diagnostic and statistical manual of mental disorders: DSM-5*. 5th edition. Washington, D.C.: American Psychiatric Publishing.

Andrews, F. M. & Withey, S. B. (1976) *Social indicators of well-being: Americans’ perceptions of life quality*. New York: Plenum. <https://doi.org/10.1007/978-1-4684-2253-5>.

Banach, M., Iudice, J., Conway, L. & Couse, L. J. (2010) Family support and empowerment: Post autism diagnosis support group for parents. *Social Work with Groups*, *33*(1), 69−83.

Barakat, H. (1993) *The Arab World: Society, Culture and State*. Los Angeles: University of California Press.

Beach Center on Disability. (2005) *The Beach Center Family Quality of Life Scale*. Lawrence, KS: Beach Center, University of Kansas.

Beresford, B., Rabiee, P. & Sloper, P. (2007) *Outcomes for Parents with Disabled Children, Research Works*. York: University of York.

Bernier, S. (1999) *School Safety: Policy and Practice*. Washington, DC: National Criminal Justice Association.

Birnbaum, G., Orr, I., Mikulincer, M. & Florian, V. (1997) When marriage breaks up − Does attachment style contribute to coping and mental health? *Journal of Social and Personal Relationship*, *14*(5), 643−654. <https://doi.org/10.1177/0265407597145004>.

Blacher, J., & Baker, B. L. (2002) *The Best of AAMR. Families and Mental Retardation: A Collection of Notable AAMR Journal Articles across the 20th Century*. Washington, D.C.: American Association on Mental Retardation.

Brown, E. A., Johansson, L., Farrington, K., Gallagher, H., Sensky, T., Gordon, F. *et al*. (2010) Broadening Options for Long-term Dialysis in the Elderly (BOLDE): differences in quality of life on peritoneal dialysis compared to haemodialysis for older patients. *Nephrology Dialysis Transplantation*, *25*(11), 3755−3763. [https://doi.org/10.1093/ndt/gfq212](https://doi.org/10.1093/ndt/gfq212" \t "_blank)

Brown, I. (2010) ‘Family quality of life: a comparison of trends in eight countries’, in V. P. Prasher (Ed.), *Contemporary Issues in Intellectual Disabilities.* New York: Nova Publishers, 64−255.

Brown, R. (1997) *Quality of Life for People with Disabilities: Models, Research and Practice*, 2nd edition. London: Stanley Thorne.

Brown, R. I., MacAdam-Crisp, J., Wang, M., & Iarocci, G. (2006) Family quality of life when there is a child with a developmental disability. *Journal of Policy and Practice in Intellectual Disabilities*, *3*(4), 238−245. <https://doi.org/10.1111/j.1741-1130.2006.00085.x>.

Brown, R. I., Schalock, R. L., & Brown, I. (2009) Quality of life: its application to persons with intellectual disabilities and their families – introduction and overview. *Journal of Policy and Practice in Intellectual Disabilities*, *6*(1), 2−6. <https://doi.org/10.1111/j.1741-1130.2008.00202.x>.

Bubolz, M. M., & Whiren, A. P. (1984) The family of the handicapped: An ecological model for policy and practice. *Family Relations*, *33*(1), 5−12. <https://doi.org/10.2307/584584>.

Cummins, R. (1995) On the trail of the gold standard for subjective well-being. *Social Indicators Research*, *35*(2), 179−200. <https://doi.org/10.1007/BF01079026>.

Creswell, J. W. (2009) *Research design: Qualitative, quantitative, and mixed methods approaches*, 3rd edition. Thousand Oaks: Sage Publications.

Denzin, N. K., & Lincoln, Y. S. (1994) ‘Introduction: Entering the field of qualitative research’, in N. K. Denzin & Y. S. Lincoln (Eds.) *Handbook of Qualitative Research*, Thousand Oaks, CA: Sage Publications, 1−17.

Diener, E. (1984) Subjective well-being. *Psychological Bulletin*, *95*(3), 542−575. <https://doi.org/10.1037/0033-2909.95.3.542>

Dwairy, M. (2004) Parenting styles and mental health of Palestinian-Arab adolescents in Israel. *Transcultural Psychiatry*, *41*(2), 233−252.

Emerson, E., Hatton, C., Llewellyn, G., Blacker, J. & Graham, H. (2006) Socio-economic position, household composition, health status and indicators of the well-being of mothers of children with and without intellectual disabilities. *Journal of Intellectual Disability Research*, *50*(12), 862−873. <https://doi.org/10.1111/j.1365-2788.2006.00900.x>

Evans, D. R., Burns, J. E., Robinson, W. E. & Garrett, O. J. (1985) The quality of life questionnaire: A multidimensional measure. *American Journal of Community Psychology*, *13*(3), 305−322. <https://doi.org/10.1007/BF00914935>.

Fontana, A., & Frey, J. H. (2000) The interview: From structured questions to negotiated text. *Handbook of qualitative research*, *2*(6), 645−672.

Gardiner, E., & Iarocci, G. (2012) Unhappy (and happy) in their own way: A developmental psychopathology perspective on quality of life for families living with developmental disability with and without autism. *Research in Developmental Disabilities*, *33*(6), 2177−2192. <https://doi.org/10.1016/j.ridd.2012.06.014> [PMID:22789702](https://www.ncbi.nlm.nih.gov/pubmed/22789702)

Guyard, A., Michelsen, A. I., Arnaud, C., Lyons, A., Cans, C., & Fauconnier, J. (2012) Measuring the concept of impact of childhood disability on parents: Validation of a multidimensional measurement in a cerebral palsy population. *Research in Developmental Disabilities*, *33*(5), 1594−1604.  <https://doi.org/10.1016/j.ridd.2012.03.029>

Ha, J. H., Hong J., Seltzer, M. M., & Greenberg, J. S. (2008) Age and gender differences in the well-being of midlife and aging parents with children with mental health or developmental problems: report of a national study. *Journal of Health and Social Behavior*, *49*(3), 301−316. <https://doi.org/10.1177/002214650804900305>

Haycox, A. (1995) *The Costs and Benefits of Community Care*. England: Averburg.

Hedov, G., Anneren, G. & Wikblad, K. (2002) Swedish parents of children with Down’s syndrome. *Scandinavian Journal of Caring Sciences*, *16*(4), 424−430. <https://doi.org/10.1046/j.1471-6712.2002.00109.x>

Keng, A. K., & Hooi, W. S. (1995) Assessing quality of life in Singapore: An exploratory study. *Social Indicators Research*, *35*(1), 71−91. <https://doi.org/10.1007/BF01079239>

King, K. B., Porter, L. A., Norsen, L. H., & Reis, H. T. (1992) Patient perception of quality of life after coronary artery surgery: Was it worth it? *Research in Nursing and Health*, *15*(5), 327−334. <https://doi.org/10.1002/nur.4770150503>

Landesman, S. (1986) Quality of life and personal satisfaction: Definition and measurement issues. *Mental Retardation*, *24*(3), 141−143.  [PMID:3736403](https://www.ncbi.nlm.nih.gov/pubmed/3736403)

Lehman, B. (1988) A quality of life interview for the chronically mentally ill. *Evaluation and Program Planning*, *18*(2), 155−164. <https://doi.org/10.1037/1040-3590.9.4.503>

Manor-Binyamini, I. (2011) Mothers of children with developmental disabilities in the Bedouin community in Israel: Family functioning, caregiver burden, and coping abilities. *Journal of Autism Developmental Disorders*, *41*(5), 610−617. <https://doi.org/10.1007/s10803-010-1080-1>

McCubbin, M. A., & Huang, S. T. (1989) Family strengths in the care of handicapped children: Targets for intervention. *Family Relations*, *38*(4), 436−443. <https://doi.org/10.2307/585750>

Neikrug, S., Roth, D. & Judes, J. (2011) Lives of quality in the face of challenge in Israel. *Journal of Intellectual Disability Research*, *55*(12), 1176−1184. <https://doi.org/10.1111/j.1365-2788.2011.01475.x>

Patton, M.Q. (1990) *Qualitative Evaluation and Research Methods*, 2nd edition. Newbury Park, CA

Peer, J.W., & Hillman, S.B. (2014) Stress and resilience for parents of children with intellectual and developmental disabilities: A review of key factors and recommendations for practitioners. *Journal of Policy and Practice in Intellectual Disabilities*, *11*(2), 92−98. <https://doi.org/10.1111/jppi.12072>

Rillotta, F., Kirby, N., Shearer, J., & Nettelbeck, T. (2012) Family quality of life of Australian families with a member with an intellectual/developmental disability. *Journal of Intellectual Disability Research*, *56*(1), 71−86. <https://doi.org/10.1111/j.1365-2788.2011.01462.x>

Rosenbaum, P. (2011) Family and quality of life: key elements in intervention in children with cerebral palsy. *Developmental Medicine & Child Neurology*, *53*(4), 68−70. <https://doi.org/10.1111/j.1469-8749.2011.04068.x>

Samuel, P. S., Rillotta, F., & Brown, I. (2012) Review: The development of family quality of life concepts and measures. *Journal of Intellectual Disability Research*, *56*(1), 1−16. <https://doi.org/10.1111/j.1365-2788.2011.01486.x>

Schalock, R. (2004) The concept of quality of life: what we know and do not know. *Journal of Intellectual Disability Research*, *48*(3), 203−216. <https://doi.org/10.1111/j.1365-2788.2003.00558.x>

Eylon, Y., & Tzabar Ben-Yehoshua, N. (2010) ‘Field-Anchored Content Analysis Process’, in L. Kassan & M. Kromer-Naevo (Eds.), *Analysing Data in Qualitative Research*. Be’er Sheva: Ben-Gurion University Press, 64−255.

Elkrinaoui, A. (1999) ‘Culturally Sensitive Psychotherapy in Arab Society’, in K. Rabin (Ed.), *Being Different in Israel: Ethnicity, Gender, and Treatment*. Tel Aviv: Ramot, page range unspecified.

Gaveton, D. (2006) ‘Field-Anchored Theory: The Meaning of Data Analysis Process and Theory Construction in Qualitative Research’, in N. Tzabar Ben-Yehoshua (Ed.), *Traditions and Trends in Qualitative Research*. Tel Aviv: Dvir, 64−255.

Giltat, A., Hertz-Lazarov, R., Hovav, M. & Ramot, A. (Eds.). (1998) *Parenting and Developmental Disability in Israel*. Jerusalem: Y.L. Magnes Press, Hebrew University.

Dagni, A., & Dagni, R. (2009) *Public Attitudes toward People with Disabilities: Survey conducted by the Geocartography Institute for the Commissioner for the Rights of Persons with Disabilities*. Jerusalem: Israeli Ministry of Justice Press Office.

Hage-Yihya, M. (1994) The Arab Family in Israel: Its Cultural Values and Connection to Social Work. *Society and Welfare*, *14*(3−4), 249−264.

Hasnain, R., Shpigelman, C. N., Scott, M., Gunderson, J. R., Rangin, H. B., Oberoi, A., & McKeever, L. (2014). ‘Surveying People with Disabilities: Moving Toward Better Practices and Policies’, in Timothy P. Johnson (Ed Handbook of Health Survey Methods .) (pp. 619−642). Wiley-Blackwell. <https://doi.org/10.1002/9781118594629.ch24>

Cohen, A. (2011) *Parenthood Experience: Relationships, Coping, and Development*. Kfar Bialik: Ah Publishing.

Levy-Shif, R., & Shulman, S. (1998) ‘Families with Children with Developmental Disabilities: Parental, Marital, and Familial Functioning’, in A. Dovadoni, M. Hovav, A. Rimerman & A. Ramot (Eds.), *Parenting and Developmental Disability in Israel*. Jerusalem: Magnes Press, Hebrew University, 15−34.

Ministry of Social Services. (2014). Ministry of Social Services Website, Israel. Retrieved March 2016 from [http://www.molsa.gov.il](http://www.molsa.gov.il/)

Naykrug, S., Roth, D., Judes, J. & Zimiro, N. (2014) Challenges of Disabilities, Quality of Life for Arab Families in Israel with a Disabled Child. *Issues in Special Education and Integration*, *27*(1), 98−115.

Naykrug, S., Roth, D. & Judes, J. (2006) ‘Quality of Life among Families in Israel with a Child with Special Needs’, in M. Hovav & F. Gitelman (Eds.), *From Segregation to Integration: Coping with Disabilities in the Community*. Jerusalem: Beit Issie Shapiro and Carmel Publishing, 297−328.

Sikron, P., Nissim, S., Gerard-Beshir, R., Berlub-Kotler, L. & Rivkin, D. (2013) *Disability Database − Strategic Document 2013*. Jerusalem: JDC-Brookdale Institute.

Sandler-Lev, A. & Shak, Y. (2006) *Research Report: The Disabled in the Arab Society in Israel: An Opportunity for Social Change*. Jerusalem: JDC Israel.

Zbar Ben-Yehoshua, N. (1990) *Qualitative Research in Teaching and Learning*. Giv’atayim: Mada.

Zbar Ben-Yehoshua, N. (Ed.). (2001) *Traditions and Trends in Qualitative Research*. Lod: Dvir.

Zbar Ben-Yehoshua, N. (Ed.). (2016) *Traditions and Trends in Qualitative Research: Perceptions, Strategies, and Advanced Tools*. Tel Aviv: Mofet Institute.

Schalock, R. L. (1990) ‘Attempts to conceptualise and measure quality of life’, in R.L. Schalock (Ed.), *Quality of life: Perspectives and Issues*. AAMR: Washington DC, 141−148. <https://doi.org/10.1007/978-90-481-9650-0_2>

Schmidt, M. & Kober, R. (2010) *Quality of life of families with children with intellectual disabilities in Slovenia. Enhancing the Quality of Life of People with Intellectual Disabilities*, Springer Netherlands.

Shye, S. (1989) The systemic life quality model: A basis for urban renewal evaluation. *Social Indicators Research*, *21*(4), 343−378. <https://doi.org/10.1007/BF00303952>.

Shye, S. (1979) *A Systemic Facet-Theoretical Approach to the Study of Quality of Life*. Jerusalem: The Israel Institute of Applied Social Research. <https://doi.org/10.1007/BF00303952>

**Appendix 1**

Interview Questions

1. Please tell me about yourself.

2. Can you please tell me about your family and your child with intellectual-developmental disabilities?

3. Describe a typical day in your life as a mother.

4. How do you balance caregiving responsibilities with other aspects of your life?

5. Can you tell me about experiences that have been particularly challenging?

6. Describe your social interactions and relationships with friends and family.

7. Describe your relationship with your spouse or partner.

8. Describe the strategies or coping mechanisms you used to maintain family

dynamics.

9. What sources of support have been most valuable to you?

10. Can you share any specific examples of support or resources that have made a positive

impact on your family’s quality of life?