

ABSTRACT

Raising a child with an intellectual disability is a major challenge, particularly for mothers who bear the main burden

of care in contexts characterised by instability and a lack of resources. This study aims to assess the level of resilience among mothers of children living with an intellectual disability in Goma (North Kivu) and to identify the predictors of this resilience, distinguishing the influence of socio-

demographic variables from that of internal psychological resources. A quantitative cross-sectional survey was conducted amongst 38 mothers receiving care at the Frères de la Charité Centre for People with Physical Disabilities (CHP). Resilience was measured using a validated 28-item scale. Sociodemographic data and self-efficacy were collected via a questionnaire. Statistical analyses (chi-squared, ANOVA, multiple regression) were carried out using SPSS software. The majority of mothers (71.1 per cent) demonstrated excellent resilience ($\chi^2 = 6.73$, $p = 0.009$). Multiple regression analyses show that sociodemographic factors (age, occupation, educational attainment, family situation) account for only 1 per cent of the variance in resilience (adjusted $R^2 = 0.010$, $p = 0.407$). By contrast, a sense of self-efficacy emerges as a statistically significant predictor of resilience ($F(4,33) = 3.880$, $p = 0.011$). Mothers who feel 'entirely capable' of coping with difficulties achieve an average resilience score (104.44) that is significantly higher than that of the other groups. The results confirm that mothers' resilience in this context relies more on internal psychological resources, particularly self-efficacy, than on socio-demographic factors. These findings support interventions focused on strengthening personal capacities, to complement any material assistance.

Keywords: Resilience, self-efficacy, intellectual disability, mothers, DRC, North Kivu.

1. Introduction

The issue of disability is a global challenge in terms of public health and social inclusion. According to the World Health Organisation (WHO, 2012), around 10 per cent of the world's population – nearly 650 million people – live with some form of disability. This phenomenon is exacerbated by an ageing population and precarious living conditions, particularly in developing countries, where 80 per cent of those affected reside (UNDP, 2015). The adoption in 2006 of the United Nations Convention on the Rights of Persons with Disabilities marked a turning point by affirming that these individuals must enjoy the same fundamental rights and freedoms as everyone else. Intellectual disability, characterised by a significant limitation of intellectual abilities and behavioural adaptation (WHO, 2011), poses a particular challenge for families, and more specifically for mothers, who often bear the main burden of care. The sociologist Erving Goffman (1975) analyses disability through the concept of stigma, a visible physical or behavioural characteristic that disqualifies the individual in the eyes of society and leads to their rejection. The news of a child's disability triggers a series of complex psychological reactions in parents, including denial and refusal. Shame may lead them to hide their child and avoid any discussion of their condition (Zinschitz, 2007). The

psychologist Simon-Daniel Kipman (1991) describes this process as a 'grieving process' necessary for accepting the real child, who is different from the imagined child.

In the Democratic Republic of the Congo, despite constitutional recognition of the rights of people with disabilities (Article 49), support mechanisms remain inadequate. This situation is particularly critical in North Kivu province, a region marked by armed conflict and natural disasters, where social and health resources are severely strained. In Goma, a key transport hub in the east of the DRC, mothers of children with intellectual disabilities face a double burden: that of demanding and constant care, and that of a social environment that is sometimes exclusionary, or even discriminatory. The anthropologist Esther Goody (1982), in her work on parental roles, demonstrates how intensive *caregiving* can redefine identity and responsibilities within the family unit. Studies conducted in similar contexts shed light on this issue. Aldersey, Turnbull and Turnbull (2014) demonstrated, in a qualitative study carried out in Kinshasa, that families often perceive disability through spiritual and community-based causes, and that resilience is built within a local support network rather than through external experts. A study carried out in Cameroon in 2018 on the subjective psychological experience of parents with children suffering from cerebral palsy revealed a range of psychopathological symptoms (sleep disorders, depression, sadness, stress) exacerbated by negative cultural perceptions (Tshokote, 2021). In Tunisia, Thabetat et al. (2013) demonstrated that the presence of a child with a disability brings about profound changes within the family, triggering a process of adaptation and the implementation of adaptive strategies.

The theoretical framework of this research is centred on three fundamental concepts: resilience, self-efficacy and social support. The term 'resilience', borrowed from the physical sciences, refers to a material's ability to return to its original shape after an impact (Maestre, 2002). In psychology, Bowlby (1969) introduced the term to describe the ability of certain people to cope with hardship without being overwhelmed. Boris Cyrulnik defines resilience as 'the ability to live, to , to succeed and to develop in the face of adversity'. It is a dynamic and evolving process, not a static state: one is not born resilient, but becomes so through experience, the support received and one's own resources. According to Cyrulnik, mothers of children with disabilities can become resilient by transforming their pain into a journey of adaptation, thanks to maternal love, social support and their own inner strength. Werner (1986), in his seminal work on resilience, demonstrated that protective factors include personal resources, family support and opportunities provided by the environment. The theory of self-efficacy, developed by Albert

Bandura (1977), refers to the personal belief in one's ability to organise and carry out the actions necessary to manage potentially difficult situations. Bandura (1994) identifies four sources of self-efficacy: experiences of mastery, vicarious learning through observation, verbal persuasion, and physiological and emotional states. Parental self-efficacy is a key determinant of the quality of parenting practices and of coping with stress. Parents with a strong sense of self-efficacy are better equipped to cope with the daily challenges associated with their child's disability (Whiting et al., 2019). Research indicates that protective factors, such as responsiveness, positive affect, effective parenting practices and social support, help to reduce stress responses in children experiencing adverse events. The social support theory, developed by Cohen and Wills (1985), highlights the importance of interpersonal relationships in individuals' well-being and development. Social support can take several forms: emotional, practical, informational and financial. It plays a crucial role in stress management, resilience and coping with challenges. Thoits (1995) demonstrated that social support networks reduce parental stress, enabling parents to be more available and responsive to their children's needs. In the African context, Mkabile et al. showed that families and carers of children with intellectual disabilities face substantial challenges, highlighting the need for collaboration between formal and informal care systems.

1.1. Research question

Faced with the multidimensional challenges encountered by mothers of children living with intellectual disabilities in Goma, some manage to maintain a balance, adapt and rebuild their lives, thereby demonstrating resilience. The existing literature has mainly explored parents' psychological distress, but few studies have specifically examined the factors that promote resilience in this context, distinguishing between the relative influence of socio-demographic factors and internal psychological resources. Whilst the literature addresses the difficulties faced by mothers of children with disabilities, little research has explored the factors that promote their educational effectiveness in a context of vulnerability. Furthermore, the parental support programmes currently in place often focus on providing educational knowledge or material support, without necessarily taking into account the psychological and relational dimensions that underpin educational effectiveness. However, recent research (Whiting et al., 2019; Misbah et al., 2018) shows that strengthening parental self-efficacy is a particularly effective intervention strategy for improving parenting practices and family well-being. In a context of limited resources such as that of North Kivu, it becomes essential to identify the most relevant and accessible strategies for action.

This research therefore aims to answer the following questions:

1.2. Research questions

1. What is the level of resilience among mothers of children with intellectual disabilities receiving care at the Centre for People with Physical Disabilities in Goma?
2. Do socio-demographic factors (age, educational attainment, occupation, family situation) explain the level of resilience among these mothers?
3. Is a sense of self-efficacy a significant predictor of resilience among these mothers?

1.3. Objectives

General objective: To assess the level of resilience amongst mothers of children with intellectual disabilities in Goma and to identify the associated explanatory factors.

Specific objectives:

1. To measure the level of resilience among mothers with children living with an intellectual disability.
2. To analyse the influence of socio-demographic factors on the level of resilience.
3. To assess the role of self-efficacy as a predictor of resilience.

1.4. Hypotheses

Main hypothesis: Mothers of children with intellectual disabilities who are receiving support at a specialist centre exhibit a moderate to high level of resilience.

Specific hypotheses:

1. The level of resilience amongst mothers with children with disabilities appears to be high.
2. Sociodemographic factors (level of education, occupation, family situation) do not have a significant influence on levels of resilience.
3. A sense of self-efficacy is a significant and positive predictor of resilience.

2. Methodology

This research adopts a quantitative, descriptive and correlational approach aimed at measuring the level of resilience among mothers of children living with a learning disability and analysing the determinants of this resilience through a cross-sectional questionnaire survey. The study was conducted at the ‘Frères de la Charité’ Centre for People with Physical Disabilities (CHP) in Goma, located at 44 Pangi Avenue in the Murara neighbourhood, Karisimbi commune. Established in 1964 by Monsignor Joseph Busimba, the first Bishop of Goma, this centre provides rehabilitation, vocational training and care services for people with disabilities, including a Cerebral Palsy (CP) unit that specifically cares for children with neurodevelopmental disorders, including associated intellectual disabilities. The target population consisted of mothers with children living with a mental disability who were being treated at the Frères de la Charité Community Health Centre, and the final sample comprised 38 mothers selected using a non-probability convenience sampling method, due to their accessibility and availability at the centre whilst attending their children’s care sessions; this method was justified by the practical constraints of accessing this vulnerable population and by the exploratory nature of the study.

2.1. Data collection tools

A questionnaire was developed to collect the participants’ socio-demographic characteristics: age, occupation, educational attainment, family situation, number of children and age of the child living with a disability. The distribution of the sample according to these variables is presented in the tables below.

Table 1: Frequency distribution of the mothers’ socio-demographic characteristics (N = 38)

Variable	Category	Frequency	Percentage
Age	20–29 years	19	50.0%
	30–39 years	14	36.8%
	40–51 years	5	13.2%
Occupation	Retail worker	21	55.3%

	Entrepreneur	10	26.3%
	Teacher	5	13.2%
	Unemployed	2	5.3%
Level of education	No qualifications	2	5.3%
	Primary	10	26.3%
	Secondary	18	47.4%
	University	8	21.1%

Source: Field surveys

The age distribution ranges from 20 to 51 years, with a concentration in the 20–29 (50.0 per cent) and 30–39 (36.8 per cent) age groups, indicating a population that is generally young to adult. The occupational breakdown shows a clear predominance of shopkeepers (55.3 per cent), followed by entrepreneurs (26.3 per cent), reflecting a predominantly working and entrepreneurial population. Nearly half of the participants (47.4 per cent) have completed secondary education, whilst 26.3 per cent have completed primary education and 21.1 per cent have a university degree. These characteristics are representative of the working female population in the city of Goma, where the informal trade sector constitutes a major economic activity.

2.2. Data collection tools

A questionnaire was developed to collect the participants’ socio-demographic characteristics, including age, occupation, educational attainment, family status, number of children and the age of the child living with a disability. The distribution of the sample according to these variables shows that the mothers are aged between 20 and 51, with a concentration in the 20–29 age group (50.0 per cent) and the 30–39 age group (36.8 per cent), indicating a population that is generally young to adult. The occupational breakdown reveals a clear predominance of shopkeepers (55.3 per cent), followed by entrepreneurs (26.3 per cent), reflecting a population predominantly active in the informal sector, which is characteristic of Goma’s local economy. Nearly half of the participants (47.4 per cent) have completed secondary education, whilst 26.3 per cent have completed primary

education and 21.1 per cent have a university education, indicating that the majority of mothers have a basic education, with a substantial proportion having reached secondary level. The main data collection tool is a 28-item resilience scale, using a 5-point Likert-type response scale (1 = ‘Strongly disagree’ to 5 = ‘Strongly agree’). This scale assesses seven key dimensions of resilience: self-acceptance and acceptance of life, optimism, solution-focus, the ability to detach, social support, a sense of control and personal responsibility. A specific item was also included to measure self-efficacy through the statement: ‘I feel capable of coping with the difficulties life throws at me’. The scale was administered face-to-face at the centre’s premises, taking advantage of the mothers’ presence during appointments for their children’s care. Each administration lasted approximately 20 to 30 minutes, and the lead interviewer read out the items and recorded the responses to overcome any potential reading difficulties.

2.3. Ethical considerations

This study adhered to the fundamental ethical principles of research in the humanities and social sciences. Informed consent was obtained from the participating mothers following a clear explanation of the nature of the study, its objectives, the terms of participation and their right to withdraw at any time without justification or consequences. The data collected were treated in a strictly anonymous and confidential manner; no names or information enabling the personal identification of the respondents were recorded. The study adopted a non-intrusive approach, taking care not to infringe upon the participants’ sensitivities, particularly with regard to their experiences of their children’s disabilities. The questionnaire was administered in accordance with the mothers’ own pace and availability, without interfering with their children’s medical care. Finally, this research is undertaken in a spirit of benevolence, aiming to contribute to improving knowledge and support practices for these mothers, whilst ensuring their dignity and respect throughout the process.

3. Results

This section presents the study’s results, organised into three points: the mothers’ level of resilience, the influence of socio-demographic factors, and the role of self-efficacy as a predictor of resilience.

3.1. The mothers’ level of resilience

Table 2 shows the distribution of mothers according to their level of resilience.

Table 2: Mothers’ levels of resilience (N = 38)

Level of resilience	Observed frequency	Theoretical frequency	Standardised residual
Moderate resilience	11	19.0	-8.0
Excellent resilience	27	19.0	+8.0
Total	38		

$$\text{Chi-squared test: } \chi^2 = 6.73, df = 1, p = 0.009$$

The chi-squared test yields a value of $\chi^2 = 6.73$ for 1 degree of freedom, with a p-value of 0.009. As this value is below the conventional significance threshold of 0.05, the null hypothesis (H_0), which assumed an equal distribution across the categories, is rejected. The ‘Excellent resilience’ category is significantly over-represented in the sample, with 27 mothers (71.1 per cent) demonstrating high resilience, a result that cannot be attributed to chance.

3.2. Influence of socio-demographic factors on resilience

A multiple linear regression model was tested using the following variables: age, number of children, age of the child with a disability, family situation, occupation and level of education as predictors of the resilience score.

Table 3: Summary of the regression model

Model	R	R ²	Adjusted R ²	Standard error
1	0.413	0.170	0.010	13.593

Predictors: Level of education, Occupation, Age, Age of the child with a disability, Family situation, Number of children.

The coefficient of determination $R^2 = 0.170$ indicates that the set of independent variables explains only 17 per cent of the variance in the resilience score. The adjusted $R^2 = 0.010$ is virtually zero. This means that nearly 83 per cent of the

variability in the scores is influenced by other factors not included in this model.

Table 4: ANOVA for the regression model

Model	Sum of squares	ddl	Mean square	F	Sig.
Regression	1175.759	6	195.960	1.061	0.407
Residual	5,727.820	31	184,768		
Total	6,903.579	37			

Dependent variable: Resilience scale score

The ANOVA test indicates that the regression model as a whole is not statistically significant ($F = 1.061$, $p = 0.407$). Taken together, the predictor variables have no significant predictive power for the resilience score.

Table 5: Regression coefficients

Variable	B	Standard error	Beta	t	Sig.
(Constant)	79.146	16.613		4.764	0.000
Age	0.850	0.416	0.477	2.043	0.050
Number of children	-1.214	1.724	-0.174	-0.704	0.486
Age of the child with a disability	0.025	0.986	0.005	0.025	0.980
Marital status	-2.892	3.331	-0.186	-0.868	0.392
Occupation	-2.255	2.516	-0.149	-0.896	0.377
Level of education	-0.070	3.610	-0.004	-0.019	0.985

Analysis of the coefficients shows that none of the six independent variables is statistically significant. Only the 'Age' variable comes close to the significance threshold ($p = 0.050$), without quite reaching it. The standardised coefficients, which are close to zero, confirm the absence of any substantial relationship between these variables and the resilience score.

3.3. The role of self-efficacy

To assess the impact of self-efficacy on resilience, participants were asked to what extent they agreed with the statement: 'I feel capable of coping with the difficulties life throws at me'.

Table 6: Resilience score according to sense of self-efficacy

Level of self-efficacy	N	Mean	Standard deviation	Minimum	Maximum
Not at all	3	79.33	14.05	66.00	94.00
Not really	6	85.17	9.95	69.00	95.00
Partly correct	12	91.17	11.99	74.00	108.00
Quite good	8	89.63	15.97	59.00	108.00
Absolutely	9	104.44	7.40	92.00	114.00

The overall average resilience score increases gradually with the level of self-efficacy, rising from 79.33 for the 'not at all capable' group to 104.44 for the 'completely capable' group.

Table 7: ANOVA for resilience scores according to self-efficacy

Source of variation	Sum of squares	ddl	Mean square	F	Sig.
Between-groups	2208.315	4	552,079	3,880	0.011
Intra-group	4,695.264	33	142,281		
Total	6,903.579	37			

Analysis of variance (ANOVA) reveals a statistically significant difference between the mean resilience scores of the different groups ($F(4,33) = 3.880, p = 0.011$). This p-value, which is less than 0.05, indicates that self-efficacy has a significant effect on the level of resilience.

Table 8: REGWF post-hoc test

Level of self-efficacy	N	Subgroup 1	Subgroup 2
Not at all	3	79.33	
Not really	6	85.17	
Quite decent	8	89.63	
Partly correct	12	91.17	
Completely	9		104.44
Sig.		0.420	1.000

The REGWF post-hoc test reveals a clear distinction: the group feeling ‘completely’ capable (mean = 104.44) differs significantly from all other groups, which form a homogeneous group where resilience scores do not show any significant differences amongst themselves.

4. Discussion

The discussion of this study aims to interpret the results obtained in the light of the theoretical framework employed (resilience, self-efficacy and social support), to compare them with previous research conducted in similar contexts, and to draw out the implications — both theoretical and practical— for supporting mothers of children living with an intellectual disability in North Kivu.

4.1. A high level of resilience among mothers

The results of this study reveal a high level of resilience amongst the majority of the mothers interviewed, thereby confirming the main hypothesis. This finding is consistent with the work of Cyrulnik (2001) and Rutter (1993), who define resilience as a process of adaptation and reconstruction in the face of adversity. Mothers demonstrate remarkable adaptability, developing internal and external coping

mechanisms to deal with the daily challenges associated with their child’s intellectual disability.

Bayat (2007) also showed that a considerable number of families of children with autism exhibit resilience factors, reporting that they have become stronger as a result of having a disability in the family. In the Congolese context, Aldersey et al. (2014) highlighted that families often view disability as a community challenge to be resolved with local support, which can contribute to the development of resilience.

4.2. No influence of socio-demographic factors

Contrary to initial expectations, socio-demographic factors (level of education, occupation, family situation, child’s age) have no significant influence on the level of resilience. This lack of correlation is consistent with Werner’s (1986) findings, according to which resilience depends more on psychological and relational resources than on structural variables.

Only the mother’s age came close to statistical significance ($p = 0.050$), suggesting that a certain degree of maturity might play a role, albeit a marginal one. This finding is consistent with Belsky’s (1984) work on the ecological model of parenting, which emphasises the importance of context and individual resources rather than socio-economic characteristics alone.

This finding is particularly significant in the context of North Kivu: it indicates that women from all social and educational backgrounds can develop a high level of resilience, which challenges approaches that assume that only the most educated or privileged mothers are capable of adapting well.

4.3. The central role of self-efficacy

A sense of self-efficacy emerges as the main predictor of resilience. Mothers who perceive themselves as capable of coping with adversity have significantly higher resilience scores, which is consistent with Bandura’s (1977) theory of self-efficacy. This finding highlights the importance of self-confidence as a central resource in the resilience process.

Whiting et al. (2019) demonstrated that an intervention aimed at developing resilience and self-efficacy among parents of children with disabilities led to a significant increase in self-confidence and a reduction in psychological distress. Misbah et al. (2018) also demonstrated the effectiveness of acceptance and commitment-based group therapy in increasing the resilience of mothers of children with intellectual disabilities.

The REGWF post-hoc test reveals that a threshold must be crossed in terms of personal conviction for this to translate into a significant gain in resilience. Only the group feeling 'entirely capable' stands out clearly from the others, suggesting that moderate self-efficacy is not sufficient: it is a strong and unshakeable conviction that makes the difference.

4.4. Theoretical and practical implications

The results of this study have significant implications at both the theoretical and practical levels. Theoretically, this research contributes to the literature on resilience in three main ways: it helps to specify the determinants by showing that, in the context of a child's intellectual disability, the factors explaining maternal resilience are primarily internal and psychological (notably self-efficacy) rather than external and socio-demographic, which qualifies theoretical models that place significant emphasis on structural and socio-economic factors; it validates the central role of self-efficacy as a protective resource in the face of adversity, in line with Bandura's social cognitive theory, which posits that belief in one's own abilities determines how individuals mobilise their resources when faced with challenges; and it sheds new light on resilience in an African context characterised by instability and precariousness, thereby enriching a body of literature largely centred on Western countries, as evidenced by the work of Aldersey et al. (2014) in Kinshasa, which had already shown that resilience is closely linked to community and spiritual resources in this context. In practical terms, these findings call for a significant reorientation of interventions: support programmes for mothers of children with disabilities should prioritise building self-efficacy rather than focusing solely on providing material or informational resources, following the example of the interventions developed by Whiting et al. (2019), which are based on guided conversations about emotional and practical coping strategies and have proven effective; it is recommended that psychoeducational programmes be developed in the form of workshops aimed at strengthening parenting skills and self-confidence, such as the acceptance and commitment-based group therapy demonstrated by Misbah et al. (2018) have shown to be effective in increasing the resilience of mothers of children with intellectual disabilities; support policies should adopt a genuinely inclusive approach, accessible to all mothers regardless of their level of education or socio-economic status, as these factors are not predictive of resilience; and finally, beyond traditional material assistance, it is essential to develop psychological support programmes focused on strengthening psychosocial skills and a sense of control, which are the true drivers of maternal resilience in this context of vulnerability.

4.5. Limitations of the study and avenues for future research

This research has several methodological limitations: the small sample size (38 participants), which limits the generalisability of the results; convenience sampling, which may introduce selection bias; the cross-sectional design, which does not allow for the study of changes in resilience over time; and the use of a single measure of self-efficacy, whereas a validated scale would be more appropriate. These limitations open up avenues for future research: longitudinal studies with larger samples would help to confirm these findings, mixed-methods approaches combining quantitative data and in-depth qualitative interviews would deepen our understanding of the mechanisms underlying resilience, and intervention studies would test the effectiveness of programmes designed to enhance self-efficacy on maternal resilience, whilst comparative studies with other types of disability would help to refine theoretical models.

5. Conclusion

This study aimed to assess the level of resilience among mothers of children living with an intellectual disability in North Kivu and to identify the factors explaining this resilience. The results obtained allow us to draw several key conclusions.

Firstly, the survey reveals that the majority of mothers interviewed demonstrate excellent resilience (71.1 per cent). These mothers display remarkable adaptability and a proven ability to cope with the complex and long-term challenges posed by their child's disability. This finding leads us to accept the main hypothesis that these mothers develop a notable level of resilience. Secondly, the results refute the notion that traditional socio-demographic factors (level of education, occupation, family situation) have a decisive influence on resilience. The regression model is not statistically significant and its explanatory power is virtually nil. These variables, often regarded as central, prove to be weak predictors. Thirdly, this research highlights the crucial role of psychological and personal factors. The belief in one's ability to cope with difficulties (self-efficacy) emerges as a powerful and statistically significant predictor of resilience. Mothers who have a strong conviction in their ability to overcome adversity display a significantly higher level of resilience than others.

Ultimately, this study demonstrates that resilience amongst mothers of children with intellectual disabilities in North Kivu is a widespread phenomenon, but one that is explained less by external circumstances than by internal resources, particularly

confidence in one's own ability to adapt. These findings argue for a reorientation of support interventions. Beyond material or social assistance, it appears essential to develop psychological programmes aimed at strengthening these mothers' self-efficacy, coping strategies and psychosocial skills.

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