



Psychological Immunity and Its Correlation with Life Stress among Mothers of Primary School Students with Learning Disabilities

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Article History

Receive Date: 2024/3/3

Revise Date: 2024/3/5

Accept Date: 2024/3/21

Publish Date: 2024/3/22

Abstract

This study investigates the correlation between psychological immunity and life stress among mothers of primary school students with learning disabilities. The research sample comprised a 100 mothers of students with learning disabilities, aged 25-32 years old ($M=26.5$, $SD=4.67$). The Psychological Immunity Scale (developed by the Researcher) and the Life Stress Scale (developed by El-Bahas, 2017) were employed as measurement instruments. The study utilized a descriptive and analytical approach, adhering to the principles of scientific data collection and interpretation to validate the study hypotheses. Statistical analysis of the results was conducted using SPSS software, including descriptive statistics (Means and Standard Deviation), Pearson's correlation coefficient, and t-tests to examine the relationship between psychological immunity and life stress. The findings revealed a negative correlation between psychological immunity and life stress, indicating significant differences between mothers with high and low levels of psychological immunity in terms of perceived life stress, in favor of mothers with lower levels. Additionally, variations in life stress levels were observed among mothers with differing economic statuses. The researchers concluded by presenting several practical recommendations based on the study findings.

Keywords: Electronic Program, Writing Performance

Introduction

Learning disabilities have become increasingly prevalent in contemporary society. Heightened awareness and advancements in diagnostic techniques have facilitated the identification of children with learning disabilities, which has significant implications for the stress their mothers experienced. These children may exhibit delays in

cognitive, social, and emotional development. Factors that impact any element of a family unit inevitably affect all other members. Parents, particularly mothers, of children with learning disabilities endure various forms of life stress, primarily stemming from their fears and anxieties regarding their child's future. The severity of these stresses is exacerbated by several factors, including the child's dependency on their parents, behavioral and health issues,

economic pressures, social stigmatization, and the increased time and attention required to care for the child, which may lead to time constraints for siblings.

While previous research focused on providing support to children with learning disabilities, the current study aims to offer effective interventions for their parents, especially mothers, by exploring the concept of psychological immunity and its relationship to life stress, thereby equipping these mothers with appropriate coping strategies.

Psychological immunity is a relatively novel concept in the field of positive psychology and mental health. It is considered a positive personality trait that establishes a psychological barrier against the adverse consequences of life stressors. Olah (2000) defined psychological immunity as "a comprehensive system of adaptive resources that provides immunity against stress, promotes healthy personality development, and acts as psychological antibodies."

Psychological immunity plays a crucial role in assisting mothers of children with learning disabilities to effectively cope with the challenges associated with raising a child with such disabilities. It enables these mothers to cultivate a culture of positivity, focusing on the silver lining of every stressful event rather than dwelling on the negative aspects. For instance, they may express gratitude for having a child, despite the learning disability, instead of lamenting over not having a child at all. Consequently, the mother is more likely to accept her child and employ language and thoughts that alleviate the emotional burden during stressful situations. Moreover, psychological immunity helps bolster these mothers' self-confidence, empowering them to make decisions for their child with conviction. It also enhances their self-efficacy in addressing their child's problems by fortifying their psychological resilience and honing their ability to seek alternative solutions to the same issue.

Furthermore, psychological immunity aids in developing these mothers' emotional regulation skills by training them to manage the intense and negative emotions that may arise from having a child with learning disabilities. This, in turn, helps to enhance their sense of control over stressful situations, enabling them to face such challenges head-on. Thus, it is evident that psychological immunity plays a vital role in assisting mothers of children with learning disabilities to effectively cope with the life stress resulting from raising a child with such challenges.

The Concept of Life Stress

The American Psychological Association (APA, 2015) defines life stress as "the intense strain generated by

critical life events or analogous experiences, such as professional failure, marital separation, or the loss of a loved one." Shokair (2003) further elucidates that stresses encompass a constellation of both external and internal stressors encountered by an individual throughout their lifetime, resulting in an inability to generate an appropriate response to the situation. This is typically accompanied by emotional and physiological disturbances that reverberate across other facets of the individual's personality. El-Bahas (2015) offers an alternative perspective, characterizing life stress as "a positive or negative shift in an individual's life circumstances that surpasses their capacities and competencies in effectively navigating this change, thereby engendering physiological, psychological, and behavioral repercussions." Similarly, Shalaby (2015) defines life stress as "any arduous situation that a family confronts in their daily existence due to the presence of a child with a disability, compelling the family to exert desperate efforts, whether positive or negative, in an attempt to cope with the concomitant challenges

Types of Life Stress

According to Shalaby (2015) life stress for parents of children with special needs can be categorized into the following types:

- 1. Economic Stress:** This type of stress pertains to the additional financial burdens associated with providing the necessary medical care and specialized equipment that their child may require.
- 2. Social Stress:** This encompasses the feelings of embarrassment and discomfort experienced by parents during social gatherings, which may compel them to avoid attending such events with their child. Consequently, this exacerbates their feelings of loneliness and social isolation.
- 3. Emotional Stress:** This form of stress includes the self-blame, pessimism, and diminished self-confidence that parents may experience due to having a child with special needs.
- 4. Cognitive Stress:** Cognitive stress refers to the absence or lack of information regarding their child's future prospects and potential
- 5. Characteristics of Life Stress**
Kamel (2004) outlines several key characteristics of life stress. It is typically an unusual event for the individual, disrupting their sense of coherence. Furthermore, it can engender feelings of passivity within the individual, such as fear

and a sense of deficiency. Moreover, life stress tends to linger in the individual's memory and may precipitate health issues, as well as emotional and behavioral disorders

Related Studies Addressing the Variable of Maternal Life Stress

Moideen and Mathai (2018) conducted a study titled "Parental Stress of Mothers of Children with Learning Disabilities." This study focused on the parental stress experienced by mothers of children with learning disabilities. The sample consisted of 112 mothers of children with learning disabilities and 112 mothers of typically developing children. The instruments used for the study included socio-demographic data and the Parental Stress Scale. The results revealed significant differences in stress levels between mothers of children with learning disabilities compared to mothers of typically developing children. The findings underscore the pressing need for interventions to assist these stressed mothers by providing counseling and teaching them effective coping strategies.

Mohamed (2018) conducted a study titled "The Effectiveness of a Cognitive Behavior Counseling Program in Reducing Psychological Stress among a Sample of Mothers of Children with Autism Spectrum Disorder." This study aimed to investigate the efficacy of a counseling program based on cognitive-behavioral theory in reducing the level of psychological stress among a sample of mothers of children with autism spectrum disorder. The participants were selected from the Ain Shams Specialized Center for Speech and Development of Autistic Children Skills. The subjects were randomly assigned to two groups: an experimental group consisting of 15 mothers who received the counseling program, and a control group consisting of 15 mothers who did not receive the counseling program. The psychological stress scale was administered to both groups before and after the program, with a follow-up test conducted one month later. To test the two null hypotheses of the study, means, standard deviations, and ANCOVA were computed. The results revealed significant differences ($\alpha \leq 0.05$) between the means of the two groups (experimental and control) for the total score on the psychological stress scale at the post-test and one-month follow-up. This indicated the effectiveness of the training program in reducing the level of psychological stress among participants and its sustained effect. Moreover, MANOVA results revealed significant differences between the two study groups on some subscales of the psychological stress scale in post- and follow-up tests.

Nofal *et al.* (2020) conducted a study titled "Time and Effort Management and Its Relationship to Facing Life Stress on Mothers with Hearing Disabilities." The study aimed to investigate the nature of the relationship between time and effort management, which comprised two axes (time management and effort management), and coping with life stress in its four aspects (social support, self-activation, psychological counseling, and acceptance) among mothers with hearing disabilities. Additionally, the study examined the differences between rural and urban, working and non-working mothers in managing time and effort across both axes and facing the four aspects of life stress. The study also sought to clarify the discrepancy between mothers in the study sample regarding time and effort management in its axes and facing life stress in its four aspects according to factors such as the number of children, family monthly income, and the educational level of parents.

The current study employed a descriptive and analytical approach, utilizing two questionnaires: one focusing on the management of time and effort among deaf mothers, and the other addressing the ability to cope with life stress. The questionnaires were administered to a sample of 250 deaf mothers selected through a random and objective method from both rural and urban areas in El-Gharbia Governorate, representing various social and economic levels. The results demonstrated a positive, statistically significant correlation at the 0.01 level between managing time and effort across both variables and facing life pressures in its four aspects. Furthermore, statistically significant differences were found between working and non-working mothers in coping with life pressures at a functional level of 0.05, favoring working mothers. Conversely, there were no statistically functional discrepancies between the study sample mothers in time and effort management across both axes according to the number of children in the family, the husband's age, the wife's age, and the family's monthly income. However, there was a statistically functional discrepancy in the educational level of the husband and wife, favoring those with higher education levels.

Businelle *et al.* (2014) conducted a study to prospectively examine the relationships between socioeconomic status (SES), demographic variables, and mental health, as well as to determine whether the number of life stressors mediated these relationships. The study utilized data from Wave 1 (2001–02) and Wave 2 (2004–05) of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC; $n = 34,459$). A mediation model was tested to assess the relative impact of socioeconomic and

demographic variables (all measured at Wave 1) on mental health three years later (Wave 2), while controlling for Wave 1 mental health. The number of life stressors experienced in the 12 months prior to Wave 1, assessed at Wave 1, was evaluated as the mediator.

The findings indicated that SES, age, race/ethnicity, gender, and marital status independently predicted changes in mental health ratings at Wave 2. Moreover, the number of life stressors mediated the relationship between socioeconomic and demographic variables and mental health. Exposure to life stressors helps to explain commonly reported socioeconomic and demographic disparities in mental health. These findings suggest that reducing exposure to stressors and/or improving coping mechanisms to deal with life stressors may both improve mental health and reduce health disparities.

Sharma *et al.* (2020) conducted a study to investigate the relationship between stress levels and the demographic variables of "Income" and "Marital Status" among employees. A sample of 172 employees from various sectors was surveyed using a standard questionnaire, and chi-square analysis was applied to obtain the appropriate results. The study concluded that there is a significant relationship between stress levels and the demographic variables of "Income" and "Marital Status" among employees

The Concept of Psychological Immunity

Several definitions of psychological immunity have been proposed by various researchers:

- Morsi (2000) defines psychological immunity as the ability of an individual to confront crises and distresses, navigate through difficulties and problems, and resist negative thoughts and emotions such as anger, dissatisfaction, hatred, and revenge. It aids the individual in coping with stressful situations and traumas.
- Ahmed & Qrany (2017) describe psychological immunity as a multidimensional system comprising personal traits that provide the individual with a strong will and the capability to achieve self-control and their objectives, enabling them to positively confront life stress and problems.
- Bhardwaj & Agrawal (2015) define psychological immunity as the ability, strength, or protective aspect of the mind that equips the individual with the capacity to resist stressors, fears, insecurities, and negative thoughts.
- Oláh (2009) regards psychological immunity as a collective concept of psychological

characteristics based on the defense system of the personality.

Components of the Psychological Immune System

The psychological immune system serves to protect the personality from the detrimental effects of stress on both physical and mental health Oláh (2005). An individual's ability to cope with stress, as well as the level and outcomes of this coping mechanism, largely depend on their psychological immune competence. The psychological immune system comprises three distinct subsystems: the approach-belief subsystem, the monitoring-creating-executing subsystem, and the self-regulatory subsystem.

The components of the approach-belief subsystem include optimism, a sense of coherence, the ability to seek challenges, and the capacity to monitor the physical and social environment by fine-tuning the cognitive apparatus to focus on positive outcomes. The monitoring-creating-executing subsystem encompasses ingenuity, problem-solving ability, self-efficacy, and the ability to mobilize social resources and exhibit social creativity. This subsystem integrates various personality traits, enabling an individual to shape their environment or themselves in accordance with their goals. The self-regulatory subsystem consists of coping potentials that provide control over attention and conscious functioning. These potentials include synchronicity (directing attention and maintaining focus to achieve the desired goal), persistence, irritability inhibition, impulsivity control, and emotional control. The three subsystems engage in dynamic interaction, stimulating and regulating each other's functioning. This interaction facilitates the development and fulfillment of the self through the integration of self-seeking information Oláh (2005).

Pentacle Model of Psychological Immunity

Oláh (2000) described 16 different factors of psychological immunity in his Psychological Immunity System Inventory. In contrast, Bhardwaj & Agrawal (2015) proposed five factors of psychological immunity, which are briefly outlined below.

1. **Self-esteem:** This factor involves maintaining a high level of self-regard even in the most unfavorable situations. It allows individuals to accept failures as a part of life and provides a safeguard against hostile and stressful events. Self-esteem enables individuals to recognize that both positive and negative experiences are inevitable.

2. **Adjustment:** This factor refers to the extent to which an individual finds themselves capable of living happily with day-to-day situations without engaging in self-blame. Adjustment is a behavioral process through which people achieve balance among various needs and the challenges presented by their environment.
3. **Emotional maturity:** Regarded as a continuous process in which the personality strives for a greater sense of emotional well-being, emotional maturity pertains to the capacity to comprehend and control emotions. It enables individuals to lead a life filled with happiness and fulfillment.
4. **Psychological well-being:** This factor represents a general sense of happiness and contentment. It is a relatively permanent mental state characterized by a combination of feeling good and functioning effectively.
5. **Positive memories** of the past: This factor involves recollecting successes and instances of good performance while tending to forget or disregard failures and mistakes. By focusing on positive memories, individuals are protected from feelings of guilt and anxiety

Related Studies on Psychological Immunity

Numerous studies have investigated the variables examined in the current study, particularly psychological immunity. One notable study conducted by Maskoun *et al.* (2021) explored the relationship between psychological immunity and anxiety in the context of the COVID-19 pandemic. The study aimed to identify the levels of psychological immunity and anxiety among a sample of Syrians residing both within and outside of Syria during the pandemic. The researchers utilized the Psychological Immunity System Inventory, based on the work of Oláh *et al.* (1996), and the Anxiety Scale during the COVID-19 pandemic. The sample comprised 3,123 Syrians, including those living inside and outside the country. After collecting and analyzing the data, the results revealed a statistically significant relationship between psychological immunity and anxiety. Significant associations were found not only between the overall dimensions of anxiety and psychological immunity but also among the individual dimensions of psychological immunity and anxiety. Alsherbiny and Abdelsalam (2021) conducted a study examining the relationship between psychological immunity and coping strategies among families of children with autism spectrum disorder (ASD) during the

COVID-19 pandemic. The primary objective of the study was to investigate the association between psychological immunity and the styles of coping strategies employed by these families.

The study sample consisted of 30 parents of children with ASD, comprising an equal number of males and females (15 each). The researchers developed two scales specifically for this study: the Psychological Immunity Scale and the Coping Strategies Scale. The results of the study revealed a significant positive correlation between psychological immunity and coping strategies among parents of children with ASD. Furthermore, the findings indicated that coping strategies were capable of predicting psychological immunity levels.

Yousef (2021) conducted a study investigating the relationship between psychological immunity, positive orientation towards life, and coping strategies among a sample of Ain Shams University students. The primary objective of the study was to examine the associations between psychological immunity and positive orientation towards life on one hand and coping strategies on the other.

The study sample comprised 261 male and female university students. The researcher employed three scales developed specifically for the study: the Psychological Immunity Scale, the Positive Orientation towards Life Scale, and the Coping Strategies Scale. The results revealed a positive correlational relationship between psychological immunity and positive orientation towards life. Additionally, a positive correlational relationship was found between psychological immunity and cognitive coping strategies.

In another study, Dubey and Shahi (2011) explored the role of the psychological immune system in the use of coping strategies and in attenuating stress and burnout among medical professionals. The study aimed to investigate the influence of the psychological immune system on the relationship between stress, burnout, and coping strategies.

The sample consisted of 200 doctors, including 100 M.S. /M.D. and 100 MBBS practitioners. The researchers administered the Perceived Stress Scale, Copenhagen Burnout Inventory, Psychological Immunity Inventory, and COPE-BREF. The findings revealed that general practitioners experienced significantly high levels of perceived stress and related burnout. However, their psychological immune system influenced the stress-burnout relationship and the use of coping strategies. Moreover, psychological immunity was found to balance the stress-burnout coping relationship. These findings

suggest that, similar to the physical immune system, a psychological immune system exists within the body, which can be developed and enhanced to overcome stress. Sohrabi *et al.* (2019) conducted a study aimed at evaluating the effectiveness of the Stress Immunization Program on coping with stress, emotion regulation, and mental health in female-headed households covered by the welfare organization. This quasi-experimental research employed a pretest-posttest and control group design. The study sample comprised 48 women covered by the Khomeini Welfare Organization, who were randomly assigned to either the experimental or control groups. Data were collected using the Coping Strategies, Emotion Regulation, and General Health (GHQ-28) questionnaires. The results were analyzed using multivariate analysis and analysis of covariance. The findings revealed that the Stress Immunization Program led to a greater utilization of positive coping strategies, such as problem-focused coping. Additionally, the program effectively reduced symptoms of somatic issues, anxiety, insomnia, social dysfunction, and depression in household women.

In conclusion, based on the findings, it can be stated that the Stress Immunization Program is a multi-dimensional approach that influences thoughts, emotions, and behaviors in individuals. Through factors such as cognitive restructuring, the search for meaning, relaxation exercises, and positive thinking, the program can have a significant impact on improving people's mental health.

Through careful analysis, it becomes evident that the subject of psychological immunity holds a distinguished status within the literature of psychology. The results of the aforementioned studies consistently indicate a significant relationship between psychological immunity and the reduction of stress. Psychological immunity acts as a protective factor against the dangers and threats encountered in one's daily life. Moreover, Oláh (2005) demonstrated that psychological immunity can be related to burnout in individuals experiencing stress. The success of coping strategies does not solely depend on coping skills but also relies on building and developing psychological immunity (Bhardwaj & Agrawal, 2015). Furthermore, the study conducted by Sohrabi *et al.* (2019) found that developing psychological immunity can effectively reduce symptoms of somatic issues, anxiety, social dysfunction, and depression in women.

Problem of the Study

The current study aims to address the following questions:

1. Is there a negative correlational relationship between psychological immunity and life stress?

2. Are there differences in the perception of life stress between mothers with high levels of psychological immunity and those with low levels?
3. Are there differences in the levels of perceived life stress among mothers based on their economic status (high vs. low)?

Objectives of the Study

The present study seeks to:

1. Identify the relationship between psychological immunity and life stress among mothers of children with learning disabilities.
2. Examine the differences in the perception of life stress between mothers with high levels of psychological immunity and those with low levels.
3. Investigate whether there are differences in the levels of perceived life stress among mothers based on their economic status.

Significance of the Study

The significance of the current study stems from its investigation into the variables of psychological immunity and life stress experienced by mothers of children with learning disabilities, particularly in relation to the multifaceted challenges, difficulties, and distress they face on a daily basis. Moreover, the concept of psychological immunity remains relatively unexplored in the Arab environment, specifically within the Egyptian context. Furthermore, this study underscores the pivotal role of mothers as integral members of the family unit and the cornerstone of society. Consequently, the research aims to offer valuable insights and effective strategies to empower these mothers in coping with and successfully navigating the complexities of stressful events and crises.

Methodology of the Study

Design of the Study

The current study employed a descriptive and analytical approach, which is grounded in the systematic collection and interpretation of data to validate the proposed hypotheses in a scientifically rigorous manner.

Sample of the Study

The study population comprised 100 mothers of students with learning disabilities, selected from schools in the El-Gharbia Governorate. The participants' ages ranged from 25 to 32 years, with a mean age of 26.5 years.

Instruments of the Study

1. Psychological Immunity Scale (developed by the researcher). This scale comprises 48 items and encompasses four dimensions: positive thinking,

emotional control, self-efficacy, and psychological resilience. The items are rated on a 3-point Likert scale, ranging from "always" to "never."

2. Life Stress Scale (developed by El-Bahas, 2017). This scale consists of 50 items and incorporates three dimensions: family stress, financial stress, and psychological and health stress. It assesses life stress, with items rated on a 3-point Likert scale, ranging from "always" to "never."

Hypotheses of the study

1. There is a negative correlation between psychological immunity and life stress.
2. There are differences in perceived life stress between mothers with high levels of psychological immunity and those with low levels, in favor of mothers with low levels of stress.
3. There are differences in perceived life stress feeling levels among mothers based on their social status and economic level (high vs. low).

Results

Results of the First Hypothesis:

To test the first hypothesis, Pearson correlation coefficients were calculated between the psychological immunity and life stress scales, both for the individual subscales and the total scores

Table 1: Correlation coefficients between psychological immunity and life stress scale scores (N=100)

Psychological immunity	Life stress			
	Family stress	Financial stress	Psychological and health stress	Total degree
Positive thinking	-0.293**	-0.263**	-0.037	-0.226*
Emotional control	-0.325**	-0.402**	-0.280**	-0.379**
Self-efficacy	-0.447**	-0.367**	-0.090	-0.357**
Psychological resilience	-0.389**	-0.379**	-0.049	-0.320**
Total degree	-0.429**	-0.415**	-0.089	-0.374**

** Significant at 0.01 level

Results of the Second Hypothesis:

To test the second hypothesis, the researcher allocated the study sample (n=100) into two groups. The first group had mothers with high psychological immunity scores, while the second group had mothers with low psychological immunity scores.

Table 2: Descriptive Statistics for the Psychological Immunity Scale

Scale	Psychological immunity
Average	77.03
Mean	78.00
Range	35
The lowest score	53
The highest score	88
Lower quartile	73-53
Second quartile	78-74
Upper quartile	82-79
Forth quartile	88-83

Table 2 shows that mothers with scores ranging from 53 to 73 are classified as having low levels of psychological immunity, while those with scores between 83 and 88 are considered to possess high levels of psychological immunity. To validate this hypothesis, the researcher employed two independent samples t-test

Table 3: t-Test for Independent Samples

Life Stress Scale	Groups	N	Average Ranks	Standard Deviation	Degrees of Freedom	T Value	Sig
Family Stress	Low PI	24	26.37	5.77	48	2.72	0.01
	High PI	26	22.30	4.78			
Financial Stress	Low PI	24	26.83	3.94	48	3.44	0.01
	High PI	26	22.34	5.14			
Psychological and Health Stress	Low PI	24	28.37	3.79	48	3.79	0.01
	High PI	26	23.50	5.12			
Total Degree of Life Stress	Low PI	24	110.45	15.22	48	4.15	0.01
	High PI	26	91.19	17.38			

** Significant at 0.01

The results for the second hypothesis indicate that there are statistically significant differences ($p < 0.01$) in perceived life stress between mothers with high levels of psychological immunity and those with low levels. This holds true for both the total score and all subscales of the life stress scale, with mothers possessing lower psychological immunity reporting higher levels of life stress.

Results of the Third Hypothesis

Third Hypothesis Results The study investigated whether there are statistically significant differences in perceived life stress among mothers of students with learning disabilities based on their economic level (high vs. low). An independent samples t-test was performed to test this hypothesis.

Table 4: Means, Standard Deviations, and T-Values From the Independent Samples T-Test Comparing High Vs. Low

Economic Levels On The Life Stress Scale.

Life stress Scale	Sample	N	Average Ranks	SD	Degrees of freedom	T value	Sigl
Family stress	High economical level	50	25.74	6.26	98	1.77	Not sig
	Low economical level		23.70	5.21			
Financial stress	High economical level	50	28.14	3.67	98	8.74	0.01
	Low economical level		21.98	3.36			
Psychological and health stress	High economical level	50	27.58	6.12	98	2.58	0.05
	Low economical level		24.48	5.87			
Total degree	High economical level	50	109.52	16.32	98	4.09	0.01
	Low economical level		95.62	17.59			

Table 4 shows that the mean ranks on the life stress scale and its subscales are higher for mothers with a high economic status compared to economically disadvantaged mothers. There are statistically significant differences ($p < 0.01$) between the mean ranks of high and low socioeconomic status mothers on the total life stress scale score and the economic stress subscale, in favor of mothers of high economical level

Discussion of the Results

The results of the first hypothesis demonstrate a statistically significant negative correlation ($p < 0.01$) between psychological immunity and life stress, both for the total scores and the individual subscales. This indicates that as levels of psychological immunity increase, perceived life stress decreases among mothers of children with learning disabilities. Overall, the findings point to a significant negative correlation between psychological immunity and all dimensions of life stress. Therefore, the hypothesis is supported and validated.

The findings of the first hypothesis of the present study align with previous related research. For instance, Maskoun et al. (2021) found a statistically significant relationship between psychological immunity and anxiety, both between the dimensions of anxiety and psychological immunity and between the dimensions of psychological immunity and anxiety. Similarly, the current study demonstrated that higher levels of psychological immunity among mothers were associated with fewer negative feelings and thoughts about their child's future and education. Moreover, Alsherbiny and Abdelsalam (2021) reported a

significant positive correlation between psychological immunity and coping strategies, with coping strategies predicting psychological immunity. This is consistent with the present study's observation that when mothers employed self-regulatory coping strategies such as self-monitoring, self-reinforcement, and positive self-talk, their psychological immunity increased, resulting in reduced life stress.

The results of Yousef (2021) study also support the findings of the present research. Yousef found a positive correlation between psychological immunity and positive orientation towards life, as well as between psychological immunity and cognitive coping strategies. This aligns with the experiences of mothers in the current study who utilized cognitive coping strategies to manage distressing emotions such as anxiety and anger, leading to improved emotional well-being and decision-making regarding their children. By replacing negative thoughts about their children with more positive affirmations, these mothers were able to enhance their mood and make better choices for their children. Consequently, their overall life stress diminished as their psychological immunity and positive outlook increased i.e., their life stress was reduced.

The findings clearly demonstrate a significant correlation between psychological immunity and life stress, suggesting that developing psychological immunity aids in coping with and reducing life stress. The researcher believes that Elevated life stress levels among mothers of children with learning disabilities can lead to increased anxiety and fear regarding their child's academic and life outcomes, potentially resulting in frustration, hopelessness, and self-blame. This, in turn, may decrease the mother's level of psychological immunity. Moreover, life stress presents unpleasant challenges that strain the mother's ability to adapt and cope effectively. Therefore, it is crucial and beneficial to provide these mothers with support to enhance their psychological immunity, empowering them to better manage life stress. By strengthening their psychological flexibility, mothers can develop healthier coping mechanisms and maintain a more positive outlook, ultimately reducing the adverse impact of life stress on both themselves and their children.

The results of the second hypothesis revealed statistically significant differences at the 0.01 level between mothers with high levels of psychological immunity and those with low levels, in terms of experiencing life stress in both the total score and its dimensions, in favor of mothers with low levels. The researcher believes that mothers possessing high levels of

psychological immunity are more likely to employ positive coping strategies when dealing with life stress and facing their child's challenges. This is due to the changes that occur in their thoughts, behaviors, and emotions as a result of having high degrees of psychological immunity. These results are consistent with the findings of Sohrabiet al. (2019), which demonstrated that developing psychological immunity leads to greater use of positive coping strategies, such as problem-focused coping and emotion-focused coping strategies. The study also showed reduced symptoms of somatic issues, anxiety, insomnia, social dysfunction, and depression in women, which contribute to decreased feelings of life stress. In the current study, mothers utilized problem-focused strategies, such as confronting and resolving issues by seeking support from counselors and consulting learning disability specialists to provide appropriate academic assistance for their children. They acquired high levels of psychological immunity, enabling them to transform negative thoughts about their children. Furthermore, these mothers employed emotion-focused strategies to manage their emotional responses to stressful situations, such as accepting their children and making peace with their challenges. By altering their emotional reactions, they experienced reduced feelings of shame and guilt. Consequently, mothers with high levels of psychological immunity experienced less life stress compared to those with low levels.

The findings of the current study also align with the results of Dubey and Shahi (2011), which revealed that, similar to the physical immune system, there is a psychological immune system within the body that can be developed and enhanced to overcome stress. Like the participants in the aforementioned study, the mothers in the current study employed active and adaptive coping strategies. The psychological immune traits enabled the mothers to handle stress more effectively. Their psychological immune system comprised a rich variety of components, such as self-efficacy, psychological resilience, emotional control, positive thinking, and problem-solving, creating a balance within their personality. This indicates that mothers with strong psychological immunity are less affected by stress resulting from raising a child with learning disabilities. Psychological immunity acts as a buffer, reducing the impact of stressful events and orienting them to apply problem-focused coping strategies, such as problem-solving and positive reinterpretation of stressful situations.

Furthermore, mothers who found that active coping strategies were not beneficial turned to adaptive coping strategies, such as seeking instrumental support and emotion-focused strategies like emotional control by regulating emotions like anger and frustration.

However, the current study does not align with Dubey and Shahi's (2011) findings regarding the use of maladaptive coping strategies. The current study did not find that when participants do not use active or adaptive coping strategies, they indulge in substance use and maladaptive coping strategies like behavioral and mental disengagement or self-blame.

In conclusion, the current study's findings underscore the importance of developing and enhancing psychological immunity among mothers of children with learning disabilities. By strengthening their psychological immune systems, these mothers are better equipped to cope with the stress and challenges associated with raising a child with learning disabilities, ultimately improving their overall well-being and that of their children.

The third hypothesis is validated and supported, indicating that demographic variables, such as economic level, can influence the stress experienced by mothers of children with learning disabilities. This hypothesis aligns with previous studies' findings, which demonstrated a significant relationship between stress and demographic variables like income and marital status (Sharma et al., 2020). In the current study, mothers with lower incomes suffered from higher stress levels compared to those with higher incomes.

Additionally, the findings of this study support those of Businelle et al. (2014), which indicated that economic status predicted changes in mental health ratings.

Furthermore, the number of stressors mediated the relationship between socioeconomic and demographic variables and mental health. These results highlight the importance of considering demographic factors, particularly economic level, when examining the stress experienced by mothers of children with learning disabilities. Mothers with lower incomes may face additional challenges and stressors that contribute to higher levels of stress compared to their counterparts with higher incomes.

To mitigate the impact of these demographic factors on mothers' stress levels, it is crucial to provide targeted support and resources to those who are more vulnerable due to their socioeconomic status. This may include financial assistance, access to affordable mental health services, and educational programs that promote the development of psychological immunity and effective

coping strategies. By addressing the influence of demographic variables on stress and providing appropriate support, it is possible to improve the well-being of mothers of children with learning disabilities and enhance their ability to cope with the unique challenges they face

Recommendations

The findings of the current study underscore the significant negative correlation between psychological immunity and life stress among mothers of students with learning disabilities. Based on these results, the researcher recommends:

1. Organizing seminars and advisory sessions for these mothers to raise their awareness of the importance of developing psychological immunity in order to relieve their feelings of life stress.
2. Conducting further studies on the impact of psychological immunity on reducing life stress and exploring effective methods to improve it. Organizing workshops for counselors to train them on how to enhance psychological immunity for mothers and all family members is essential.
3. Employing psychological immunity as a therapeutic intervention by counselors and therapists to decrease anxiety and depression among mothers of children with learning disabilities, as well as mothers of children with other disabilities.
4. Designing supportive psychological and family counseling programs through psychologists could significantly increase mothers' awareness of strategies to overcome life stress.

Conclusion

In conclusion, these recommendations emphasize the significance of providing comprehensive support and resources to mothers of children with learning disabilities, focusing on developing their psychological immunity to better cope with the challenges they face. By addressing the negative relationship between psychological immunity and life stress, it is possible to improve the overall well-being of these mothers and, consequently, enhance their ability to support their children's unique needs

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