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Psychological resilience for teachers of adolescents with intellectual disability and Autism spectrum

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Abstract

This study aimed to identify the level of psychological resilience among teachers of intellectual disability adolescents and adolescents with autism disorder. The sample of the study consisted of (67) male and female teachers working in special education centers with intellectual disability adolescents and adolescents with autism disorder in Amman the capital of Jordan. Researchers had developed the Psychological resilience scale, which was administrated on the participants after computing stability and validity. The results indicated that the level of psychological resilience was moderate among teachers of intellectual disability adolescents, while it was high among teachers of adolescents with autism disorder. Also the results revealed that there were no statistically significant differences in the level of psychological resilience differences due to the gender of the teacher.

Keywords: Psychological resilience, adolescents, intellectual disability, autism spectrum.

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1. Introduction

Psychological resilience is a relatively modern concept which has earned the attention of researchers in psychological studies. Kobasa was the first to use the concept of psychological resilience in 1979 (Othman, 2001). It is a general belief in one's effectiveness and ability to use psychological and environmental resources available in order to effectively realize and explain stressful life events" (Al-Hajjar, Dokan, 2006).

Kobasa (1983) indicates that stressful events evoke the nervous system and cause chronic stress, which exhaust the individual and lead him to physical diseases and psychological disorders. The role of psychological resilience is reducing the severity of this process through multiple ways including:

- Reducing the perception of events as severe and sharp.
- Using effective confrontation methods or transferring the individual from one state to another.
- Affecting social support and thus affecting the indirect confrontation approach.
- Leading to a change in health concerns such as following a healthy diet and exercising.

Kobasa (1983) demonstrated important features that distinguish individuals who resist and endure pressures, and called them the solid personality. Studies indicate certain traits that maintain physical and mental health, in spite of exposure to pressure (Al-Khafaji, 2013).

Individuals with high psychological resilience are characterized as having high self-efficiency and cognitive capabilities that enable them to realize life pressures as less stressful and as having more adaptive responses. Psychological resilience immunizes individuals, helps them cope with stressful life events, refine their personalities to be able to endure distress and limit its severe consequences, it also frees their lives from anxiety and depression in order to look for the future positively and hopefully (Kobasa, 1983).

Individuals with high psychological resilience are characterized by: the ability to withstand and resist, the ability to achieve, the ability to inter control, they are more initiative, more active and with high motivation, they are also more likely to control (Radi, 2008).

Individuals with low psychological resilience prefer stability in life goals set in mind, they don't have new targets, they lack meaning in their lives, they are also passive in their interaction with the environment, they expect constant threat, and feel vulnerable in the face of stressful events, and they are unable to bear bad consequences of stress (Mohammed, 2002). In addition, they are unable to be patient or take responsibilities, they lose their balance easily, they do not possess values, they avoid facing events, and they are unable to control. Furthermore, they have a tendency to seek social support and to avoid problems (Odeh, 2010).

Kosba concluded that psychological resilience is a general component of personal divided into three dimensions; commitment, control and challenge. Following is an explanation of these dimensions (Kobasa, 1983).

1) Commitment: It is a type of psychological contract that an individual adheres to toward self, objectives, values and others around him (Kobasa, 1983).

2) Control: It is; " the individual's believe that he is able to control events he receives, that he bears personal responsibility for his life incidents, and that he is capable of making decisions, choosing between alternatives, interpreting and appreciating events in addition to effective confrontation."

3) Challenging: It is; "one's awareness that changes in his life are exciting and necessary for growth rather than threatening. This would help him to initiate, explore the environment and acknowledges psychological and social recourses that help him cope with stress effective" (Kobasa, 1983).

Intellectual disability is found in all communities during different eras, in the past, the present and it will continue to exist in the future. Nevertheless, the prevalence of intellectual disability may vary from one society to another due to a number of factors. (Al-Khatib, 2013).

From the scientific point of view, most individuals with intellectual disabilities go through normal stages of growth, the same as individuals without disabilities, though individuals with disabilities go through these stages slower and sometimes faster than others. Therefore, they are more likely to go through the puberty stage, and most probably have the same needs like others. Due to the weakness in realizing values and standards that govern social behavior, many of individuals with intellectual disability may not distinguish between socially accepted and unaccepted behaviors, therefore they might develop some patterns of behaviors (derived from emotional or sexual motivations) that may be reinforced as a result of some reactions shown by others surrounding the child. (Arinc, 2005).

Autism Spectrum is a developmental disorder. The teenager with autism passes through all developmental stages. The most difficult stage and the most important is adolescence which is very important because it is a transitional stage between childhood and adulthood, and because of the several changes in physical, mental, emotional, and sexual growth that occur during it (Zahran, 2005).

Many changes accompany adolescence, some related to the family of the teenager himself; others relate to the society's perception and expectations about behaviors consistent with the age stage reached by him (Al- Zeriqtat, 2004).

In spite of physical changes associated with puberty in adolescents with autism, nevertheless, they show their inability to understand sexual developments happening to them as well as emotional changes, the increase in motivations and sexual instincts which may be delayed or last long (Sullivan & Caterino, 2008).

With the onset of puberty, the adolescent feel's sexual motivation, his sexual desire increases thus the adolescent must learn how to deal with it. Sexual curiosity also appears in addition to the intensity of passion to recognize the reality about sexual life, the large number of questions to adults and other peers who proceeded to adolescence, also noted the increase in sexual conversations, readings, watching pornographic movies and teenagers' eager to learn about sexual behavior from their peers (Gabriels & Hill, 2007).

Recent studies confirm that autistic individuals are interested in building emotional relationships with others, but characteristics of autism related to the inadequate social competence make it difficult for them to form such relationships or maintain it. People who suffer from autism may face severe problems associated with maturity and adolescence as a result of changes in their bodies since they have sexual needs and desires like others, and sexual growth is part of the integrated development of the personality. (Haracopco, Pedersen, 1992; Stokes, and Kaur, 2005; Sullivan, Caterino, 2008).

Autism as a developmental disorder leads to serious problems in growth and sexual behavior. The sexual concept evolves through social networking, physical communication, and role-playing. It represents roles and social standards. Perhaps the most common inappropriate problems in sexual behavior of adolescents with autism is eroticism which is a normal part of sexual expression, nevertheless, adolescents with autism do not realize that practicing this behavior in front of others is not appropriate, and many of them needs a permanent reminder, and interruption of this behavior as they do not distinguish between public and private places. They also often touch sensitive organs in front of others. Dealing with this matter represents a major challenge for teachers dealing with categories like this category of disability (Mlademovska & Tragkovski, 2010).

The purpose of this study is to detect the level of psychological resilience for teachers of adolescents with intellectual disabilities and Autism Spectrum. Although there are many studies about intellectual disability as well as autism, however, these studies overlooked the attention to psychological resilience for teachers of these two categories.

The present study attempts to answer the following questions:

1. What is the level of psychological resilience for teachers of adolescents with autism?
2. What is the level of psychological resilience for teachers of adolescents with intellectual disability?
3. Are there statistically significant differences at the significance level ($p=0.05$) in psychological resilience for teachers of adolescents with autism spectrum attributed to the teacher's gender?
4. Are there statistically significant differences at the significance level ($p=0.05$) in psychological resilience for teachers of adolescents with intellectual disability attributed to the teacher's gender?

2. Methods and procedures

2.1. Methodology

This is a descriptive study because this research method is suitable with the study's objectives as it seeks to describe phenomena's or events and expresses them digitally.

2.2. Participants

The sample consisted of (32) teachers dealing with (56) adolescents with autism, and (35) teachers dealing with (72) adolescents with intellectual disability enrolled in special education centers in Amman. They were selected deliberately from centers where targeted group of this study.

Table 1. The distribution of individuals according to study variables

Teachers	Gender	
	Male	Female
Teachers of adolescents with autism	15	17
Teachers of adolescents with intellectual disability	17	18

2.3. Tools

The Psychological Resilience Scale:

The psychological resilience scale was built by reviewing the literature (Kobasa, 1983; Al-Qura'an 2014) also by referring to specialized teachers who work with intellectually disabled adolescents and adolescents with autism in special education centers to determine some paragraphs of the scale. The initial vision of the scale consisted of (33) items distributed on three dimensions:

First: commitment, represented by paragraphs 1-5

Second: control, represented by paragraphs 6-12

Third: challenge, represented by paragraphs 22-33

Validity indications for the psychological resilience scale:

First: content validity:

The validity of the scale was investigated using validity of references. The preliminary version of the scale –which consisted of 33 items- was reviewed by 10 faculty members specialized in the field of special education, psychological and educational counseling, in order to judge whether an item

belongs to the dimension, and the extent of linguistic clarity. Agreement ratio between referees was 0.80.

Referees suggested deleting three paragraphs, one from the second dimension and two from the third. They also proposed modifying some paragraphs. The modifications were carried out. The final version of the scale includes 30 paragraph distributed on the following dimensions:

- The first dimension: commitment, represented by paragraphs 1-5.
- The second dimension: control, represented by paragraphs 6-20.
- The third dimension: challenge, represented by paragraphs 21-30.

Reliability indications for the psychological resilience scale:

Testing and retesting method was used to investigate stability of the scale. The scale was retested after two weeks on a sample of 30 teachers from the study participants, and then Pearson correlation coefficient was calculated between scores of both applications.

Reliability was also calculated using internal consistency by the Cronbach's alpha equation. Table (4) shows internal consistency coefficient according to Cronbach's Alpha and according to the retesting stability to dimensions and the whole scale. These values are considered appropriate for the purposes of this study.

Table 2. Internal consistency coefficient Cronbach's alpha and the retesting stability for dimensions and the total score of the psychological resilience scale

Dimension	Retesting stability	Internal consistency
Commitment	0.91	0.77
Control	0.84	0.75
Challenge	0.87	0.73
Total score	0.89	0.82

2.3. Correcting the psychological resilience scale

Answers were corrected according to a five Likert scale ranging from 1-5 (the score of 5 indicates always, the score of 4 indicates most times, the score of 3 indicates sometimes, the score of 2 indicates rarely and the score of 1 indicates never) for positively formulated paragraphs and are reversed in the case of negatively formulated paragraphs. The total score ranged between 30-150. Higher scores indicate more emergence of psychological resilience.

2.4. Procedures

- Referring to previous literature and gathering information by viewing important books, periodicals and studies related to the subject of study, as well as consulting specialists working in special education centers for male adolescents with intellectual disability and with autism spectrum.

- Identifying the study population that consists of teachers of adolescents with intellectual disability and with autism in special education centers in Amman.

- Preparing the study's scale which measures psychological resilience and investigating validity and reliability indications.

- Applying the study tool on participants with a number of 67 teachers of adolescents with intellectual disability and with autism.
- Data entry and analysis
- Indicating, viewing, interpreting and discussing results and concluding conclusions and recommendations.

3. Results

The first question: What is the level of psychological resilience for teachers of adolescents with autism spectrum?

To answer this question, means and standard deviations of psychological resilience for teachers of adolescents with autism spectrum were calculated? The following table illustrates this.

Table 3. Means and standard deviations for teachers of adolescents with autism spectrum in a descending order according to means

Number	Dimension	Means	Standard deviations	level
1	Control	3.72	.604	High
2	Commitment	3.59	.960	moderate
3	Challenge	3.52	.658	moderate
	Total score	3.63	.504	moderate

The Table (3) shows that means ranged between (3.52-3.72), where the control dimension had the highest average (3.72), and the challenge dimension came last with a mean of (3.52), and the total score with an average of (3.63).

The second question: What is the level of psychological resilience for teachers of adolescents with intellectual disability?

To answer this question, means and standard deviations of psychological resilience for teachers of adolescents with intellectual disability were calculated? The following table illustrates this.

Table 4. Means and standard deviations for teachers of adolescents with intellectual disability in a descending order according to means

Number	Dimension	Means	Standard deviations	level
1	Commitment	3.85	.894	High
2	Control	3.73	.587	High
3	Challenge	3.48	.648	moderate
	Total score	3.67	.460	High

The Table (4) shows that means ranged between (3.48-3.85), where the commitment dimension had the highest average (3.85), and the challenge dimension came last with a mean of (3.48), and the total score with an average of (3.68).

The third question: are there significant differences at significance level ($p=0.05$) in psychological resilience for teachers of adolescents with autism attributed to teacher's gender?

To answer this question, means and standard deviations of psychological resilience for teachers of adolescents with autism were calculated according to the teacher’s gender. To demonstrate statistical differences between means, t test. The following table illustrates this.

Table 5. Means, standard deviations, and t test for the impact of teacher’s gender on psychological resilience for teachers of adolescents with autism.

		Number	Mean	Standard deviation	T value	Freedom degree	Statistical significant
Commitment	Male	5	3.79	.964	1.070	30	.293
	Female	7	3.42	.954			
Control	Male	5	3.56	.644	-1.460	30	.155
	Female	7	3.87	.544			
Challenge	Male	5	3.53	.604	.038	30	.970
	Female	7	3.52	.721			
Total score	Male	5	3.59	.503	-.496	30	.623
	Female	7	3.68	.517			

Table 5. shows no statistically significant differences ($p = 0.05$) due to the effect of teacher’s gender in all areas and in the total score.

The fourth question: Are there significant differences at significance level ($p=0.05$) in psychological resilience for teachers of adolescents with intellectual disability due to teacher’s gender?

To answer this question, means and standard deviations of psychological resilience for teachers of adolescents with intellectual disability were calculated according to the teacher’s gender. To demonstrate statistical differences between means, t test. The following table illustrates this.

Table 6. Means, standard deviations, and t test for the impact of teacher’s gender on psychological resilience for teachers of adolescents with intellectual disability.

		Number	Mean	Standard deviation	T value	Freedom degree	Statistical significant
Commitment	male	7	3.86	.921	.047	33	.963
	female	8	3.84	.893			
Control	male	7	3.51	.644	-2.280	33	.029
	female	8	3.94	.453			
Challenge	male	7	3.45	.698	-.162	33	.873
	female	8	3.49	.616			
Total score	male	7	3.55	.501	-1.458	33	.154
	female	8	3.77	.402			

Table (6) shows no statistically significant differences ($p = 0.05$) due to the effect of teacher’s gender in all areas and in the total score except for the control dimension, differences are in favor of females.

4. Discussion

For the first and second questions, results indicated a moderate level of psychological resilience for teachers of adolescents with autism spectrum, while it was high for teachers of adolescents with intellectual disability. We might attribute this to the type of disability and associated characteristics. Individuals with autism spectrum are characterized by weakness in social networking, this may cause stress for teachers who are dealing with them in addition to problems affecting their psychological resilience. On the other hand, individuals with intellectual disability are friendly and like to communicate with others which make it easier for teachers to deal with them and to train them. Thus the teacher will not be exposed to big stressors making their psychological resilience higher.

With respect to the third and fourth questions, no statistically significant differences were illustrated in the level of psychological resilience due to the teacher's gender. This might be because teachers despite males or females are dealing with individuals with intellectual disability and with autism who have the same characteristics, and who have the same problems, thus male teachers and female teachers face the same problems. Furthermore, psychological resilience for individuals is not linked to gender. Both genders can have a high or a low degree of psychological resilience.

5. Recommendations

In light of the study results, we present the following recommendations:

1) To conduct studies on the subject of psychological resilience for teachers and parents of male and female adolescents with intellectual disability and adolescents with autism, taking into account other variables other than our study variables.

2) Organizing training courses and field training workshops for teachers dealing with adolescents with autism to improve their psychological resilience.

Acknowledgment

Authors acknowledge the following limitations and determinants:

- The sample: This study was limited to teachers of male adolescents with intellectual disability and adolescents with autism in special education centers in Amman, with ages ranging between 12-18 years old.

- Tools:

- The availability of psychometric properties (validity and reliability) for the tool used which is the psychological resilience scale for teachers of adolescents with intellectual disability and adolescents with autism.

- The possibility of generalization:

Generalization of results is limited only to societies similar to this study's population.

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