



Religious orientation among parents of differently-abled children: A study of Kashmir valley

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Abstract

The present study was an attempt to assess the levels of religious orientation (intrinsic and extrinsic) of parents of differently-abled children. Moreover, the difference in intrinsic and extrinsic religious orientations with respect to residence, gender, educational qualification and child's level of retardation was also examined. The data for the present study was obtained from parents of differently-abled children [N=200 (Fathers 90 & Mothers 110)] belonging to various districts of Kashmir valley. Religious orientation was developed by Gorsuch & Vanable, 1983 and a demographic data sheet were used in the present study. The data collected was analyzed by using appropriate statistical techniques like frequencies, percentages, Analysis of Variance and t-test. The results showed no significant difference in intrinsic religious and extrinsic religious orientation among parents living in rural and urban areas. However, fathers of differently-abled children experienced more intrinsic religious orientation than mothers and no significant was found in extrinsic religious orientation. Literate parents were found high on intrinsic religious orientation than the illiterate ones. No significant difference was found between literate and illiterate parents on extrinsic religious orientation. The results further reveal that parents with children of mild and moderate level of retardation were found high on intrinsic religious orientation than their counterparts.

Keywords: differently-abled children, intrinsic religious orientation, extrinsic religious orientation residence, gender, educational qualification, child's level of retardation

Introduction

Having a child with a disability affects not only the stress levels of the parent, but major decisions of their life as well. They often experience a sense of loss and social isolation because somewhere a reduction in their social network decreases the ability for them to cope with stress. Mother of children with special needs can face uncommon emotional stress, reduction in their social network, stigma, marital relationship etc. The birth of a child with any form of disability causes a lot of agony and disturbance in the family. There is a feeling of shame and guilt, and many a times of shifting blame among the parents (Drew, Logan, & Hardman, 1984^[9]; Rangaswami, 1995). The male dominated society is quick to accuse the mother, holding her responsible for the child's deficiency. Out of shame and embarrassment, families prefer to keep their intellectually deficient children socially isolated. This only aggravates the problem as it affects the overall development of the child (Rastogi, 1981)^[32]. The presence of a child with developmental disability in the family creates additional needs, whether the family is able to meet the needs or not. It depends on a number of factors like nature of the event, the family resource, and its perception of the event. Unmet needs, tangible or intangible however create physical, psychological and social impacts on their day to day life (Girimaji, 1999)^[16].

Parental attitude and social interaction are two important factors for the healthy development of every child, normal or deficient. But such behaviors are the fallout of rejection of the deficient child by community groups of which he/she is, or aspires to be, a member. This leads to a conflict between love

and hate for the child, often resulting into feelings of guilt and consequent rejection (Sloper & Turner, 1993)^[34]. The diagnosis of developmental disability in a child can trigger a range of emotional responses in parents & across family systems. For some, it will constitute a crisis that requires extraordinary psychological adjustment on a parent's part and contains elements of harm, loss and weakness. For others the birth of a disabled child will be viewed as an unfortunate event, yet one that has positive implications; it may provoke psychological growth in some family members. The initial parental response may be a form of emotional disintegration. This may evolve into a period of adjustment and later into reorganization of the family's daily life (Marcia). Parental attitude is not only important for the adaptation of the deficient child, but it also shapes the attitudes and personality of siblings in the family. In fact, the personality and lifestyle of all members of the family are affected by the arrival of a mentally retarded child (Frude, 1992)^[12]. The parents, other members of the family, relatives, friends, and even neighbours of a child with disabilities may all experience stress to a varying extent. In particular, everyday problems in caring for a child with disabilities, such as sleep and behaviour difficulties, have a significant impact on maternal stress levels (Quine, 1986, 1991; Sloper, Knussen, Turner, & Cunningham, 1991)^[29, 30, 35].

Religion is as old as man himself. There is no evidence of era or period of human race without the association of religion. It has played a major role in the birth and development of civilizations, thus becoming an integral part of our living. Religion explains the relationship of nature, God and man and

explores cause and purpose of our existence. It brings humanity and divinity into focus. It adds a new dimension to life. And as a potent social and cultural force, religion has the ability to focus and coordinate human effort, to create awe and terror, to foster war and peace, to unify social groups, and to galvanize them against each other. Thus in the whole firmament of intellectual values, there is scarcely a more delightful, baffling and profound pursuit than the exploration, study and understanding of religion.

Religious orientation differs from religious affiliation, which refers to theological categories of, for example, Catholic, Protestant, Pentecostal, Jewish, Orthodox, Reformed, Conservative, Fundamentalist or Liberal (Levin & Schiller, 1987) [23]. The earliest studies of religiousness emphasized unidimensional measures using the variables of: religious belief, frequency of religious behaviours, and self-rating scales of religiousness. However, religion needs to be a central and integrating value, personally meaningful and satisfying regardless of religious affiliation (Batson *et al.*, 1993; Malony, 1994) [2, 26]. Bergin (1991) [5] points out that there has been a gradual development in greater specificity in forming typologies of the complex religious dimensions than in measuring religion as unidimensional.

The intrinsic religious orientation is linked to seeing religion as an end in and of itself. Individuals who score high on this religious orientation tend to shape their other life events around their religiosity. These individuals are comfortable with their beliefs and are not motivated to bend their religion to fit or justify their actions; instead, they model their actions on religious doctrines and teachings. In a colloquial sense, extrinsics tend to view God (or their higher spiritual power) as being on their side, whereas intrinsics are more apt to see themselves as being on God's (or their higher spiritual power's) side. In other words, "the extrinsically motivated individual uses his religion and the intrinsically motivated lives his religion," (Allport & Ross, 1967) [1].

Religious Orientation and Parents of Differently-abled Children

Few issues in human existence are as important as religion and spirituality, which pervades every stage of human development and provides meaning to the mysteries of existence. Religion not only brings out the best in people in the form of mystics, saints, music and literature, but has also been used through human existence to rationalise and justify inhumane treatment of others, persecution, intolerance of different beliefs systems, exploitative labour relations and political systems (Belzen, 1996) [3]. When one considers that the vast majority of the earth's population subscribes to some form of religion, despite the notable decrease in formal church attendance, the importance of religion in promoting mental health and facilitating recovering from illness needs to be examined (Spilka, Hood, Hunsberger, & Gorsuch, 2003) [37]. Humans are not only complex systems comprising physiological, social and psychological interdependent and interactive subsystems. Historically, it has been observed that state of mind and beliefs influence susceptibility to, recovery from, prevention and recurrence of illnesses (Solomon, 2002) [36]. Modern society is characterised by industrialisation and greater wealth, but this has not led to greater happiness and

contentment, rather to increase in the levels of depression, anxiety, alienation, violence, selfishness, psychological distress, isolation, excessive individuality, frustration, despair, and loss of courtesy and sense of community. In past four decades, there has been a rise in the study of the interactive effects between religion and various forms of health. Although research findings to the date generally show that religion is related to positive psychological health, there is as yet no clear consensus, as religion is mostly examined as included in social science indicators (Levin, 1994).

The birth of a disabled child is an event that affects all the family members. It requires a reassessment of the family functioning (Cohen, Friedrich, & Jaworski, 1994) [7]; Dyson 1989 [10]; Gallimore, Weisner, Kaufman, & Bernheimer, 1989 [14]; Heaman, 1995) [20]. The majority of families cope with the situation relatively well and are able to continue their life normally (Flynt, Wood, & Scott, 1992; Gibson 1995; Hamlett, Pellegrini, & Katz, 1992; Koller *et al.*, 1992) [11, 15, 19, 22]. However, coping with a physically or intellectually disabled child is a highly individual process, and there is evidence to suggest that some families may never adjust fully to this event (Gibson, 1995; Koller *et al.*, 1992) [15, 22]. One of the important coping mechanisms used by parents of mentally retarded children is religious orientation. Religion and spirituality have many benefits which aid in the coping process. Countless studies have consistently demonstrated that religious beliefs and practices are related to greater life satisfaction, happiness, positive affect, morale, and other indicators of wellbeing (Koenig *et al.*, 2001) [21]. Strong positive associations have been found between religiousness and greater hope or optimism about the future. It appears that where there is a belief in the miraculous or supernatural powers, there is hope. Other findings suggest that having a greater sense of purpose, meaning, and coherence in life provides a powerful boost for hope and optimism. It is for this reason that the religious person lives in a world that has purpose and meaning (Koenig *et al.*, 2001) [21]. Though the process of rearing a child with a developmental disability is arguably difficult for many families, there appears to be some families and parents who cope more easily with their child's disability (Gupta & Singhal, 2004) [18]. Two important factors, that have been identified as coping resources and have become rather popular in the realm of resiliency research, are spirituality and religious orientation (Gall *et al.*, 2005) [13]. Research studies have found religious orientation to be an important coping in both mothers and fathers of mentally retarded children (Bennett, DeLuca, & Allen, 1995) [4]. Nevertheless, those who regard religion as a positive coping strategy, in general have been found to show greater stress-related growth (Tarakeshwar & Pargament, 2001) [38]. In an investigation of the relationship between religious rituals and mental health, it has been found that cross-culturally, religious ceremonies play a significant role in reducing anxiety and isolation as emotions are acknowledged, expressed, and resolved within a social milieu of attachment and connection to significant others (Shumaker, 1992) [33]. Religion has also been found to act as a resource for fathers coping with their special needs children, as a father's experience revolves around his religious beliefs and practices and his relational resources (Olson, Dollahite, & White, 2002) [28].

Keeping the above facts into consideration, the aim of the present study is to assess religious orientation as well as find the difference among parents of differently-abled children on intrinsic religious religious orientation and extrinsic religious orientation with respect to residence, gender, educational qualification and child's level of retardation.

Objectives

1. To study religious orientation (Intrinsic and Extrinsic) among the parents of differently-abled children.
2. To study the significance of difference of intrinsic religious orientation on the basis of the residence among the parents of differently-abled children.
3. To study the significance of difference of extrinsic religious orientation on the basis of the residence among the parents of differently-abled children.
4. To study the significance of difference of intrinsic religious orientation on the basis of gender among the parents of differently-abled children.
5. To study the significance of difference of extrinsic religious orientation on the basis of gender among the parents of differently-abled children.
6. To study the significance of difference of intrinsic religious orientation on the basis of educational qualification among the parents of differently-abled children.
7. To study the significance of difference of extrinsic religious orientation on the basis of educational qualification among the parents of differently-abled children.
8. To study the significance of difference of intrinsic religious orientation on the basis of level of retardation of child among the parents of mentally retarded children.
9. To study the significance of difference of extrinsic religious orientation on the basis of level of retardation of child among the parents of mentally retarded children.

On the basis of the above mentioned primary and secondary objectives of the study, the following null hypotheses have been formulated:

Hypotheses

- H₀₁:** There is no significant difference in intrinsic religious orientation among the parents of differently-abled children with respect to their residence.
- H₀₂:** There is no significant difference in extrinsic religious orientation among the parents of differently-abled children with respect to their residence.
- H₀₃:** There is no significant difference in intrinsic religious orientation among the parents of differently-abled children with respect to their gender.
- H₀₄:** There is no significant difference in extrinsic religious orientation among the parents of differently-abled children with respect to their gender.
- H₀₅:** There is no significant difference in intrinsic religious orientation among the parents of differently-abled children with respect to their educational qualification.
- H₀₆:** There is no significant difference in extrinsic religious orientation among the parents of differently-abled children with respect to their educational qualification.
- H₀₇:** There is no significant difference in intrinsic religious

orientation among the parents of differently-abled children with respect to their child's level of retardation.

H₀₈: There is no significant difference in extrinsic religious orientation among the parents of differently-abled children with respect to their child's level of retardation.

Sample

The sample of the present study consisted of 200 parents (90 fathers and 110 mothers) of differently-abled Children. The researcher approached different institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of differently-abled Children. These institutions provided the statistics of differently-abled Children admitted in their respective institutions along with address and contact numbers of their parents. Later on the researcher used purposive sampling and communicated with the parents of these specially abled children and sought the consent from them for participation in the present study.

Religious Orientation Scale (1983)

The Religious orientation was developed by Gorsuch & Vanable, 1983. Otherwise known as Age Universal Scale of Religious Orientation, this scale contains 20 items, 8 of which are meant to characterize a person as intrinsic (5, 6, 7, 9, 11, 12, 16, 19) and rest of the 12 items (1, 2, 3, 4, 8, 10, 13, 14, 15, 17, 18, 20) are meant for measuring the extrinsic orientation. The responses are measured on a three point Likert format with the following scale points; No (1), Not Certain (2) and Yes (3).

The Age Universal Religious Orientation Scale has internal reliability coefficients of .66 (for the extrinsic scale) and .73 (for the intrinsic scale). Besides that, the Age Universal Religious Orientation Scale has good concurrent validity whereby it correlated .79 (for the extrinsic scale) and .90 (for the intrinsic scale) with the Allport-Ross Religious Orientation Scale.

Demographic Data Sheet

The researcher constructed a demographic data sheet keeping in view the sample of the study on variables: Gender, Educational Qualification, Residential status, and Child's Level of Retardation.

Procedure for Data Collection

In the present study purposive sampling method was used. The parents were approached personally in their homes after taking the information regarding those parents from the institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of these children. Informed consent was taken from parents in order to seek their voluntary participation and only those parents were included who agreed to take part in this study. They were given directions on how to give response on the scales. It was assured to the respondents that this data will be kept highly confidential and will be used only for research purposes. After motivating the respondents, the responses were taken from them. The data collection ended when

responses to all the scales were taken and keeping them in safe custody.

Analysis

The information/responses collected from the respondents were subjected to various statistical treatments. The data was analysed by using Statistical Product and Service Solutions (SPSS 16.0). Statistical techniques used for analyzing data were: frequencies, percentages, Analysis of Variance and t-test. Frequencies and percentages were calculated to describe levels of psychological distress among the parents of differently-abled children. t- test and Analysis of Variance were used to study the difference between parents of differently-abled children in religious orientation (intrinsic and extrinsic) on the basis of gender, residence, educational qualification and child’s level of retardation respectively.

Results and Discussion

Table 1: Showing Frequency and Percentage of Sample Group With Respect to Intrinsic Religious Orientation

Level	Range	f	%
Low	8-12	12	6
Moderate	13-20	111	55.5
High	21-24	77	38.5
Total		200	100

Table 1 reveals that out of 200 parents of differently-abled children 6% were found low on intrinsic religious orientation, 55.5% show moderate level of intrinsic religious orientation and 38.5% of parents were found high on intrinsic religious orientation.

Table 2: Showing Frequency and Percentage of Sample Group With Respect to Extrinsic Religious Orientation.

Level	Range	f	%
Low	12-18	5	2.5
Moderate	19-30	140	70
High	31-36	55	27.5
Total		200	100

Table 2 reveals that out of 200 parents of differently-abled children, 2.5% were found low on extrinsic religious orientation, 70% show moderate level of extrinsic religious orientation and 27.5% of parents were found high on extrinsic religious orientation.

Table 3: Showing Frequency and Percentage of Mothers and Fathers of differently-abled Children with Respect to Intrinsic Religious Orientation.

Level	Range	Mothers		Fathers	
		f	%	f	%
Low	8-12	10	9.10	2	2.22
Moderate	13-20	69	62.72	42	46.66
High	21-24	31	28.18	46	51.12
Total		110	100	90	100

Table 3 reveals that out of 110 mothers of differently-abled children, 9.10% fall in low level of intrinsic religious orientation, 62.72% fall in moderate level and 28.18% fall in

high level of intrinsic religious orientation.

The table further reveals that out of 90 fathers of differently-abled children, 2.22% fall in low category of intrinsic religious orientation, 46.66% were moderate and 51.12% fall in high category of intrinsic religious orientation.

Table 4: Showing Frequency and Percentage of Mothers and Fathers of differently-abled Children With Respect to Extrinsic Religious Orientation

Level	Range	Mothers		Fathers	
		f	%	f	%
Low	12-18	1	0.90	4	4.45
Moderate	19-30	83	75.46	57	63.33
High	31-36	26	23.64	29	32.22
Total		110	100	90	100

Table 4 reveals that out of 110 mothers of differently-abled children, 0.90% were found low on extrinsic religious orientation, 75.46 % were moderate and 23.64 % of mothers were found high on extrinsic religious orientation.

The table further reveals that out of 90 fathers of differently-abled children, 4.45% fall in low category of extrinsic religious orientation, 63.33% fall in moderate and 32.22% fall in high category of extrinsic religious orientation.

Table 5: Showing Comparison of Mean Scores of Intrinsic Religious Orientation and Extrinsic Religious among Parents of differently-abled Children With Respect to their Residence

Variable	Residence	n	M	SD	Df	t-value
Intrinsic Religious Orientation	Urban	100	18.88	4.23	198	1.22 ^{NS}
	Rural	100	18.20	3.67		
Extrinsic Religious Orientation	Urban	100	27.49	4.60	198	.258 ^{NS}
	Rural	100	27.32	4.72		

Total N=200

NS=insignificant, *P≤0.05 Level of significance

Table 5 reveals that there is not a significant difference in intrinsic religious orientation and extrinsic religious orientation between urban and rural subjects (t=1.22, p=.226, & t=.258, p=.797). Thus, our null hypotheses Ho₁, which states that “There is no significant difference in intrinsic religious orientation among the parents of differently-abled children with respect to their residence”; and Ho₂ “There is no significant difference in extrinsic religious orientation among the parents of differently-abled children with respect to their residence” are accepted.

Table 6: Showing Comparison of Mean Scores of Intrinsic Religious Orientation and Extrinsic Religious Orientation among Parents of differently-abled Children With Respect to their Gender

Variable	Gender	n	M	SD	Df	t-value
Intrinsic Religious Orientation	Mothers	110	17.20	4.04	198	5.69*
	Fathers	90	20.17	3.18		
Extrinsic Religious Orientation	Mothers	110	27.76	4.35	198	1.20 ^{NS}
	Fathers	90	26.96	4.97		
Total N=200						

NS=insignificant, *P≤0.05 Level of significance

Table 6 reveals that there is a significant difference in intrinsic religious orientation between mothers and fathers of

differently-abled children ($t = 5.69, p=.001$). The results show that mothers have low intrinsic religious orientation and fathers are high in intrinsic religious orientation. Thus, our null hypotheses H_{o3} , which states that “*There is no significant difference in intrinsic religious orientation among the parents of differently-abled children with respect to their gender*” stands rejected.

The above table further reveals that there no significant difference in extrinsic religious orientation between mothers and fathers of differently-abled children ($t=1.20, p=.229$). Therefore, the hypothesis H_{o4} , which states that “*There is no significant difference in extrinsic religious orientation among the parents of mentally retarded children with respect to their gender*”, stands accepted.

Table 7: Showing Comparison of Mean Scores of Intrinsic Religious Orientation and Extrinsic Religious Orientation among Parents of differently-abled Children With Respect to their Educational Qualification

Variable	Educational Qualification	n	M	SD	Df	t-value
Intrinsic Religious Orientation	Literate	135	19.04	3.96	198	2.63*
	Illiterate	65	17.49	3.78		
Extrinsic Religious Orientation	Literate	135	27.28	4.88	198	.508 ^{NS}
	Illiterate	65	27.64	4.14		
Total N=200						

NS=insignificant, *. $P \leq 0.05$ Level of significance

Table 7 reveals that there is a significant difference in intrinsic religious orientation between literate and illiterate parents of mentally retarded children ($t = 2.63, p=.009$). The results show that literate parents have more intrinsic religious orientation than illiterate ones. Thus, our null hypotheses H_{o5} , which states that “*There is no significant difference in intrinsic religious orientation among the parents of mentally retarded children with respect to their educational qualification*” stand rejected.

The table further reveals that there no significant difference in extrinsic religious orientation between literate and illiterate parents of mentally retarded children ($t=.505, p=.612$). Therefore the null hypotheses H_{o6} , which states that “*There is no significant difference in extrinsic religious orientation among the parents of differently-abled children with respect to their educational qualification*” stands accepted.

Table 8: ANOVA Summary of Intrinsic Religious Orientation among the Parents of differently-abled Children with Respect to their Child’s Level of Retardation

	Sum of Squares	df	Mean of Squares	F
Between Groups	270.475	2	135.238	9.338*
Within Groups	2853.205	197	14.483	
Total	3123.680	199		

*. $P \leq 0.05$ Level of significance

The table 8 presents ANOVA summary of intrinsic religious orientation among the parents of differently-abled children with respect to their child’s level of retardation. As is evident from the table, the F-value ($F=9.338, p<0.001$) is significant

at $p \leq 0.05$ level of significance. This indicates that groups differ significantly. In order to identify the significant difference in intrinsic religious orientation between the groups with respect to their child’s level of retardation, Turkey HSD test has been administered.

Table 9: Mean Difference of Intrinsic Religious Orientation Among the Parents of differently-abled Children in terms of Level of Retardation of their Children.

Levels of Retardation	M	MD
A	19.34	.78 ^{NS}
B	18.55	
A	19.34	3.34*
C	16.00	
B	18.55	2.55*
C	16.00	
Total N=200		

*. $P \leq 0.05$ Level of significance, NS=insignificant, A= Mild Level of Retardation, B= Moderate Level of Retardation, C= Severe Level of Retardation

From the table 9, it is evident that the mean difference between A&B is insignificant ($MD=.781, p<.394$), whereas mean difference between A&C and the mean difference between B&C is significant ($MD=3.34, p<.001$ & $MD=2.55, p<.006$). The results reveal that parents of those children with mild and moderate levels of have more intrinsic religious orientation than parents of children with severe level of retardation. Thus our null hypothesis H_{o7} , which states that “*There is no significant difference in intrinsic religious orientation among the parents of differently-abled children with respect to their child’s level of retardation*”, stands rejected.

Table 10: ANOVA Summary of Extrinsic Religious Orientation among Parents of differently-abled Children with Respect to their Child’s Level of Retardation.

	Sum of Squares	df	Mean of Squares	F
Between Groups	70.962	2	35.481	1.65 ^{NS}
Within Groups	4235.233	197	21.499	
Total	4306.195	199		

NS=insignificant

The table 10 presents ANOVA summary of extrinsic religious orientation among the parents of differently-abled children with respect to their child’s level of retardation. As is evident from the table, the F-value ($F=1.650^{NS}, p<0.195$) is insignificant at $p \leq 0.05$ level of significance. This indicates that the parents of differently-abled children don’t differ significantly on extrinsic religious orientation with respect to their child’s level of retardation.

Thus our null hypothesis H_{o8} , which states that “*There is no significant difference in extrinsic religious orientation among the parents of differently-abled children with respect to their child’s level of retardation*”, stands accepted.

Discussion

The aim of the present study was to study assess religious orientation among the parents of differently-abled children.

Moreover, the comparison among parents of differently-abled children on intrinsic and extrinsic religious orientation with respect to their residence, gender, educational qualification and child's level of retardation has also been examined. The results revealed that no significant differences were found among parents of differently-abled children on intrinsic and extrinsic religious orientation with respect to their residence. Regarding these findings there is hardly any study available in the literature which has directly focused on comparison among parents of differently-abled children on intrinsic religious orientation and extrinsic religious orientation

There is no significant difference among parents of differently-abled children on extrinsic religious orientation as far as their gender is concerned. However, significant difference was found among parents of mentally retarded children on intrinsic religious orientation. The earlier researches on intrinsic religious orientation among parents of differently-abled children with respect to their gender have mixed results. Several studies are inconsistent with our findings. For example, Cirhinlioglu and Demir (2012) [7] conducted a study to examine religious orientation and its relation to locus of control and depression and found that female participants had higher levels of intrinsic religiosity than male participants. Similarly, Beisinger and Arikawa (2008) [6] in a study examined that there was no significant differences between fathers and mothers on their intrinsic orientation and extrinsic orientation.

The results of the study further reveal that there is no significant difference among parents of differently-abled children on extrinsic religious orientation with respect to their educational qualification. However, a significant difference was found among parents of differently-abled children on intrinsic religious orientation. There is dearth of research studies pertaining to comparison of parents of differently-abled children on intrinsic religious orientation and extrinsic religious orientation with respect to their educational qualification. The extrinsic religious orientation describes a pattern of religious involvement marked by an individual's interest in gaining something from religious participation. Intrinsic religious orientation on the other hand involves seeing religion as an end in and of itself. This might explain the difference among literate and illiterate parents of differently-abled children on intrinsic religious orientation. Parents who were literate were found high on this facet, which indicates that such individuals, due to their power of knowledge might be different from the illiterate ones.

While comparing parents of differently-abled children on intrinsic religious orientation significant difference among them with respect to their child's level of retardation. The difference on extrinsic religious orientation among parents of differently-abled children with respect to their child's level of retardation was found insignificant. Parents of differently-abled children with child's mild level of retardation were found high on intrinsic religious orientation as compared to parents of children with moderate and severe levels of retardation. Several studies support these findings. Majumdar, Pereira and Fernandes (2005) [25] studied the stress perceived by parents of intellectual disabilities and normal children in the Child Guidance Clinic at the Institute of Psychiatry and Human Behaviour, Goa and they found that parents of

severely retarded children experienced higher levels of stress and anxiety as compared to parents of differently-abled children.

Limitations of the Study

- a. The sample of the study was collected on the basis of information provided by institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of differently-abled children in district Srinagar. The information provided by these institutions pertained to three districts, i.e. Budgam, Srinagar and Ganderbal and not to all districts of Jammu & Kashmir.
- b. The sampling technique used to collect data is purposive sampling which brings bias in the selection of sample and weakens the generalization of results of the study.
- c. Another limitation is that minimal demographic data were collected for the sample in this study. Information regarding the child's sex would also have been an important variable to include in the analysis. For instance, not knowing whether child was a male or female concealed any possible influence child's gender may have had on their parents.
- d. Only one psychological variable was taken into consideration.

Suggestions for Future Research

Based on the study limitations of this study, there are several recommendations for future research which are given below:

- a. There is much scope to conduct further research on religious orientation among parents of differently-abled children in order to better identify the pathways in which this variable has effect on their lives. This study provides the groundwork for further exploration. Further research should include a qualitative component, which would provide the opportunity to learn more about the lived experience of parents of differently-abled children.
- b. The adequate sample size should be taken from all the districts of Jammu & Kashmir in order to generalize the results.
- c. Tools used for such types of studies should be developed/ adopted taking into consideration socio-cultural aspects of the target population.
- d. There is also need to use random sampling method to select sample from different sections of the population with adequate proportions, in order to eliminate judgmental bias in selection of sample.
- e. Future studies should involve a larger and more diverse group of parents, including a more ethnically and racially diverse sample.
- f. Taking other correlated variables will pave a way for beautiful and wide ranged findings.

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