

# The prevalence level of Jouska Syndrome symptoms among divorced mothers of children with disabilities: A descriptive study



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**Abstract** Historically, motherhood of a child with a disability by a divorced woman has been an integral yet understudied part of the social and psychological landscape. Mothers are often left to raise their children with disabilities on their own; however, their maternal experiences remain largely unheard, particularly within the Jordanian context. The present study aimed to examine the level of prevalence of Jouska Syndrome symptoms among divorced mothers of children with disabilities. This focus is especially significant in the Jordanian context, where mothers frequently face psychological, moral, and emotional pressures in fulfilling their maternal roles. The study sample consisted of 220 mothers of children with disabilities from the northern governorates of Jordan. The study employed a descriptive methodology and, to achieve its objectives, developed a Jouska Syndrome Scale. The instrument's validity and reliability were verified. The findings revealed that the overall level of Jouska Syndrome symptoms among divorced mothers of children with disabilities was moderate. Furthermore, mothers of children with intellectual disabilities reported higher mean scores across all dimensions of Jouska Syndrome compared to mothers of children with other types of disabilities. Significant differences were also observed by educational level: mothers with lower educational attainment scored higher on Jouska Syndrome symptoms than those with higher levels of education. However, no statistically significant differences were found based on the mother's age or economic status. This study underscores the importance of addressing the challenges faced by divorced mothers raising children with disabilities. It calls for adopting policies and interventions that support this group and improve their quality of life and that of their children. It is hoped that these findings will raise social awareness and highlight the needs of these mothers, thereby enhancing their ability to raise their children in a healthy, supportive environment.

**Keywords:** caregiving stress, psychological adaptation, counterfactual thinking

## 1. Introduction

Motherhood represents one of the most psychologically and socially demanding stages of a woman's life, and these demands become more profound when the mother is raising a child with a disability due to the emotional, educational, and social implications this entails. The situation is further complicated when the mother is divorced, as she often bears full responsibility for caregiving and child-rearing in the absence of sufficient family or community support (Smith & Jones, 2020).

Empirical research demonstrates that divorced mothers with children with disabilities experience higher levels of psychological distress and emotional exhaustion compared to other mothers (Ghazaleh, 2019; Al-Enzi, 2021). For instance, a Saudi study by Al-Ahmadi (2020) found that divorce significantly exacerbates psychological stress (Al-Mohammad, 2022), particularly in financial, emotional, and social domains. In Jordan, Al-Mohammad (2018) reported that the severity and type of disability are negatively associated with maternal mental health, with intellectual disabilities and autism linked to higher levels of anxiety and depression. These findings were corroborated by Al-Majali (2024) in Egypt, who noted elevated levels of emotional burnout among mothers caring for children with intellectual disabilities, particularly in the domain of emotional exhaustion. In parallel, Brown and Harris (2022) highlighted the detrimental impact of divorce and the absence of familial support on mothers raising children with disabilities, emphasizing the accompanying psychological and social burdens.

Within this framework, emerging psychological concepts have sought to explain negative cognitive and emotional responses among such mothers. One such concept is Jouska Syndrome, described as a pattern of compulsive ruminative thinking centered on "what if" scenarios, often accompanied by feelings of regret, self-blame, and hopelessness (Hastings & Brown, 2018; Santos & de Oliveira, 2021; Steinmetz, 2019). It is crucial to clarify that "Jouska Syndrome" is not a formally recognized clinical diagnosis in classificatory systems like the DSM-5-TR (American Psychiatric Association, 2022). Rather, it is a theoretical construction used in psychological literature to describe a specific maladaptive cognitive-emotional pattern prevalent among caregivers under chronic stress. Its core differentiator from broader constructs like depression or parental burnout lies in its emphasis on a ruminative cognitive style fixated on counterfactual thinking ("what if") and intense self-blame



related to past caregiving decisions, which may or may not co-occur with full syndromal depression or burnout (Santos & de Oliveira, 2021).

The term "syndrome" is used here descriptively to denote a cluster of co-occurring symptoms, not to imply a validated medical diagnosis. Supporting this perspective, Khoury and Hassan (2019) found that the absence of familial support and limited resources heighten the likelihood of maladaptive cognitive patterns, including intrusive self-blaming thoughts and persistent mental rumination. Jouska Syndrome refers to a state of chronic psychological burnout and emotional exhaustion that affects mothers caring for children with disabilities. This condition arises from sustained stress and insufficient social or familial support, closely resembling what has been termed Maternal Burnout Syndrome (Khoury & Hassan, 2019; Al-Mohammad, 2022). It manifests through several symptoms, including feelings of helplessness, loss of control, diminished motivation, social withdrawal (Baker et al., 2019), mood instability, sleep and appetite disturbances, and heightened guilt and self-blame (Abdullah, 2020; De Muynck et al., 2020; Hastings & Brown, 2018; Al-Tamimi & Al-Shar'a, 2023). In psychological literature, this syndrome has been described as a form of chronic emotional depletion resulting from the accumulation of long-term parenting stress, particularly in complex caregiving contexts (Gallagher et al., 2020; Al-Enzi, 2021; Mikolajczak et al. (2018). According to Abidin (1995) and Hassan and Al-Mansour (2021), the primary contributing factors include the absence of family or community support, the ongoing burden of caregiving without respite, and social isolation, which can lead to a diminished sense of self-worth. Additionally, financial and educational challenges, along with feelings of failure and inadequacy as a mother, exacerbate the syndrome's psychological impact. For divorced mothers, these challenges are often intensified, as they must cope with the dual stigma of divorce and disability (Al-Abdulkarim, 2019) while facing limited emotional and material support. Alsamiri et al. (2024) found that divorced mothers of children with disabilities in Saudi Arabia experience significant psychological distress, including fear, trauma, and efforts to seek religious acceptance as a coping mechanism, alongside social bullying and restricted emotional and social opportunities.

Similarly, Vega and Martinez (2021) explored the impact of divorce on mothers raising children with disabilities, highlighting the psychological and social difficulties they face, such as loneliness, emotional strain, and lack of social support, while also discussing adaptive coping strategies that may mitigate these effects. Browning and Lee (2022) further analyzed the psychological consequences of divorce for this group, emphasizing issues such as depression, anxiety, and social isolation, and examining the interrelationship between divorce, disability, and maternal mental health. Building on this line of research, Schmitt and Williams (2023) examined the psychosocial burdens faced by divorced mothers of children with disabilities, emphasizing how the absence of familial and community support exacerbates emotional strain. Likewise, Davis and McIntyre (2022) discussed how divorce and disability jointly affect maternal well-being, contributing to increased anxiety and depression, particularly in contexts marked by limited societal support. Finally, Thompson and Cooper (2022) focused on the psychological and social challenges experienced by divorced mothers caring for children with disabilities, identifying emotional pressure, loneliness, and altered social relationships as key outcomes of this compounded caregiving role.

Recent literature indicates that divorced mothers of children with disabilities are more vulnerable to psychological stress and depression (Singer, 2017) than other mothers, as they bear psychological, educational, and economic burdens alone without a supportive partner (Al-Khateeb, 2020). Al-Ahmadi (2020) confirmed that divorce heightens feelings of loneliness and psychological pressure among mothers while reducing opportunities for adequate social and emotional support. Studies further suggest that divorce acts as an additional stressor, increasing the likelihood of maternal burnout symptoms, particularly given the ongoing demands of daily caregiving Al-Mansour & Alkahtani (2022). In a similar vein, Al-Khateeb (2017) discovered that raising a child with a disability is strongly linked to increased family stress, particularly when there is no assistance from the spouse or other family members. According to Yarar et al. (2021), mothers of children with disabilities have higher levels of anxiety and depression as well as a lower quality of life because of the financial strain, social challenges, and psychological demands brought on by ongoing caregiving.

This study aims to shed light on an issue that extends beyond local boundaries to represent a global phenomenon with long-term psychological and social implications. It seeks to provide a deeper understanding of the challenges faced by divorced mothers raising children with disabilities, particularly within the Jordanian context, where social stigma, financial constraints, and the absence of familial and emotional support play a central role in shaping these mothers' experiences.

### 1.1. Problem statement

Divorced mothers of children with disabilities commonly experience intensified psychological and social stressors that extend beyond the conventional dimensions of motherhood. In such cases, the dual burden of managing a child's disability while coping with the emotional and practical consequences of divorce results in heightened vulnerability to mental health difficulties. Prior studies (Al-Mohammad, 2018; Al-Ahmadi, 2020; Al-Mansour & Alkahtani, 2022) have consistently reported that this population exhibits elevated levels of anxiety, depression, and emotional exhaustion, reflecting a symptom pattern that parallels the emerging construct of Jouska Syndrome. In a study conducted in the Saudi Arabian environment, Al-Mansour and Alkahtani (2022) found that divorced mothers of children with disabilities reported significantly higher levels of depression and anxiety compared to non-divorced mothers, identifying divorce and the type of disability as major predictors of psychological distress. Likewise, Yousef (2021) demonstrated that the absence of familial support exacerbates emotional

burnout, suggesting a potential association between chronic caregiving stress and Jouska Syndrome, which is characterized by persistent self-blame and intrusive ruminative thoughts.

Despite these findings, the construct of Jouska Syndrome remains underexplored in Arab psychological literature. Existing research has primarily focused on related constructs such as parental stress, depression, and burnout (Al-Ahmadi, 2020; Mikolajczak et al., 2018; Al-Khateeb, 2017), without addressing this syndrome as a distinct cognitive–emotional phenomenon. Accordingly, the present study seeks to examine the prevalence and intensity of Jouska Syndrome symptoms among divorced mothers of children with disabilities, and to determine whether these symptoms manifest to a clinically or psychologically significant level. The study further aims to fill a notable research gap in the regional literature and contribute to a more nuanced understanding of maternal mental health within the Arab sociocultural context. However, the current study seeks to answer the following questions:

- What is the prevalence level of Jouska Syndrome symptoms among divorced mothers of children with disabilities?
- Are there statistically significant differences in the level of Jouska Syndrome symptoms attributable to the type of child's disability, mother's age, economic level, and educational level?

### 1.2. Study objectives and significance

The current study aims to examine the prevalence and manifestation of Jouska Syndrome symptoms among divorced mothers of children with disabilities. Specifically, it seeks to assess the level and intensity of these symptoms within this population and explore variations across demographic and contextual variables, including the type of the child's disability, the mother's age, economic status, and the mother's educational attainments. Furthermore, the study investigates the relationship between the severity of the child's disability and the extent to which Jouska Syndrome symptoms develop in the mother. It also endeavors to identify the most prevalent psychological and behavioral indicators associated with the syndrome among the target group. Ultimately, the study aims to provide practical psychological and counseling recommendations that can support divorced mothers of children with disabilities and mitigate the adverse effects of this syndrome on their mental health and overall well-being.

The significance of this study lies in its emergence from several dimensions. From a scientific perspective, the research addresses a notable gap in psychological and social literature, as it represents one of the first empirical investigations, within the Arab context, to explore Jouska Syndrome among divorced mothers of children with disabilities. From an applied standpoint, the findings are expected to inform the development of psychological support and counseling programs, contributing to the design of effective intervention strategies for educational institutions and family support centers. On a societal level, the study highlights the compounded challenges faced by divorced mothers caring for children with disabilities, thereby promoting greater awareness and advocacy for improving the social and economic support provided to this vulnerable group. Finally, the study carries preventive importance, as the early detection of Jouska Syndrome symptoms may help prevent the escalation of psychological and behavioral consequences, fostering resilience and emotional stability among affected mothers.

The current study was conducted during the second semester of the 2024–2025 academic year and was geographically limited to the northern governorates of Jordan, specifically Irbid, Jerash, and Ajloun. The study population was restricted to divorced mothers of children with disabilities, who represent the focus for examining the prevalence and manifestation of Jouska Syndrome symptoms. The research specifically aimed to assess the level of these symptoms within this population. The study's findings depend on the validity and reliability of the research instrument, as well as the accuracy and objectivity of the mothers' responses. Therefore, the results can be generalized only to the study population or similar contexts.

### 1.3. Study terminology

**Jouska Syndrome:** It refers to an informal psychological condition described as obsessive rumination centered around the question "What if...?" It is usually associated with feelings of regret, remorse, and self-blame related to past decisions, especially in mothers who feel responsible for their children's suffering. The syndrome is viewed as a negative cognitive and behavioral pattern that may impact mental health and quality of life (Santos & de Oliveira, 2021; Steinmetz, 2019). **Mothers of children with disabilities:** These are women who raise one or more children with disabilities. Disability in this research refers to physical, mental, behavioral, or sensory impairments that affect the child's development, adaptive functioning, or ability to interact with their environment (Al-Khatib et al., 2018; Smith, 2020). **Divorce:** The legal and legitimate separation of spouses, resulting in the severance of the marital relationship and the assumption of direct and sole responsibility for the care of the children by one party—often the mother in Arab contexts. Divorce may be associated with multiple psychological, social, and economic consequences, affecting both the mother and child (Amato, 2010).

**Psychological Symptoms:** A set of psychological signs that indicate the presence of a specific mental disorder or condition, including anxiety, depression, feelings of guilt, rumination, sleep disturbances, low self-esteem, and others (Al-Tamimi & Al-Shar'a, 2023). They are usually measured with standardized psychological instruments and serve as indicators of the need for psychological support or therapeutic intervention. (DSM-5-TR).

## 2. Materials and Methods

The Materials and Methods section should provide sufficient detail to allow others to replicate and build upon the published results. It is important to note that by submitting your manuscript for publication, you are required to make all materials, data, computer code, and protocols associated with the publication available to readers. Any restrictions on the availability of materials or information should be disclosed at the submission stage.

### 2.1. Approach

This study followed a descriptive approach to assess the prevalence of Jouska symptoms among divorced mothers of children with disabilities and to examine differences based on the study variables.

### 2.2. Population and sample

The study population consisted of all 268 divorced mothers of children with disabilities registered in education directorates, special education centers, and associations in the northern governorates (Irbid, Jerash, and Ajloun). The study sample consisted of 220 divorced mothers of children with disabilities, a number deemed statistically adequate to ensure the robustness and reliability of the collected data. This sample size surpasses the minimum threshold recommended for psychometric analyses, thereby reinforcing the validity of the measurement instrument employed. Moreover, the inclusion of participants representing various types of disabilities and different geographical regions contributes to the overall representativeness of the sample. Although not all invited participants responded, the substantial number of respondents provides a comprehensive and credible dataset that supports the accuracy and relevance of the study's findings to its intended objectives.

The inclusion criteria include divorced mothers of children with disabilities currently registered with (education directorates/special education centers/associations) in the northern governorates (Irbid, Jerash, Ajloun), who willingly participated in the interview.

Mothers of children with disabilities who were not officially registered in governmental records were excluded from the study. Likewise, mothers who had not yet obtained an official divorce decree, due to their divorce cases still being processed in court, were excluded. In addition, mothers with documented cognitive impairments or other conditions that could affect their ability to provide accurate and reliable responses were also excluded to ensure the integrity and validity of the study's data.

A stratified random sample was selected based on children's type of disability (intellectual, hearing, visual, ASD, Physical, learning difficulties), geographical areas (Irbid, Jerash, Ajloun), totaling 220 mothers. Table 1 presents a description of the sample according to study variables.

**Table 1** Sample distribution according to study variables.

Region	Intellectual Disability	Hearing Disability	Visual Disability	ASD	Physical Disability	Learning Difficulty	Total
Irbid	18	6	7	21	4	26	82
Ajloun	11	4	9	12	7	24	67
Jerash	13	5	5	17	3	28	71
Total	42	15	21	50	14	78	220

### 2.3. Instrument

The researchers developed a specialized instrument titled "The Jouska Syndrome Symptoms Scale for Divorced Mothers of Children with Disabilities," designed to assess the prevalence of psychological and behavioral symptoms associated with Jouska Syndrome among this target group. The instrument was constructed and refined based on a thorough review of theoretical literature and previous studies (Breithaupt et al., 2009; Breithaupt & Kang, 2014; Oles et al., 2023), with appropriate modifications to suit the Arab cultural and social context.

The final version of the scale consisted of 25 items distributed across five core dimensions representing the main facets of the syndrome: psychological and emotional exhaustion (6 items), guilt and self-blame (5 items), loss of hope or personal meaning (5 items), social withdrawal and isolation (4 items), and accompanying physical and psychological symptoms (5 items). Participants rated each statement on a five-point Likert scale, ranging from Always (5) to Never (1), yielding a total possible score between 25 and 125. Scores were classified into three levels: Low symptoms (25–58), Moderate symptoms (59–91), and High symptoms (92–125).

To establish the face validity of the scale, the preliminary version of the scale was presented to a panel of ten experts in the fields of special education, psychology, and counseling. The reviewers evaluated each item in terms of linguistic clarity, accuracy, and relevance. The experts demonstrated a high level of agreement exceeding 80%, indicating the appropriateness

of the items for measuring the intended phenomenon. Based on their feedback, minor linguistic and structural revisions were made to improve the precision and clarity of the scale statements.

Regarding the construct validity, the instrument was administered to a pilot sample of 20 divorced mothers of children with disabilities drawn from outside the main study sample. The corrected item–total correlations for each item in relation to both its corresponding subscale and the overall scale score were calculated. Two inclusion criteria were applied: statistical significance of the correlation and a minimum correlation coefficient of 0.20. After applying these criteria, five items from the initial 30-item version were eliminated, resulting in the final 25-item instrument.

The reliability of the scale was verified using two methods. The first was the test–retest method, in which the instrument was administered to the pilot sample twice with a two-week interval, and Pearson’s correlation coefficients were calculated between the two administrations across all dimensions. The second method involved using Cronbach’s alpha coefficient to assess internal consistency reliability based on the first administration. Both methods indicated high levels of reliability, confirming the instrument’s consistency and suitability for use in the main study. Results are presented in detail in Table 2 below.

**Table 2** Reliability coefficient by the test-retest method and Cronbach’s alpha.

Dimensions	Items	Test-retest	Cronbach’s alpha
Psychological and emotional exhaustion	6	0.967**	0.854
Guilt and self-blame	5	0.920**	0.762
Loss of hope or personal meaning	5	0.898**	0.880
Social withdrawal and isolation	4	0.886**	0.819
Accompanying physical and psychological symptoms	5	0.915**	0.917
Total	25	0.935**	

*Note:* \*\*Statistically significant at the significance level ( $\alpha \leq 0.01$ ).

Table 2 shows that the Pearson retest reliability coefficients for the study tool and sub-axes ranged from 0.886 to 0.967, with a total score of 0.935, indicating acceptable values for this study. Likewise, the Cronbach alpha reliability coefficients were high (0.762–0.917) and are also statistically acceptable, as studies have indicated that reliability coefficients of 0.70 or above are acceptable.

#### 2.4. Instrument application procedure

The study instrument was translated into Arabic and culturally adapted to ensure linguistic clarity and conceptual relevance for the target participants. After obtaining ethical approval from the Institutional Review Board at Jadara University (Approval No. JA/FES/4/2024), the instrument was distributed in person to the participants. Data collection sessions were scheduled at times convenient for the mothers, primarily within the premises of the special education centers, associations, or education directorates where they were registered. In a few cases where mothers could not visit these centers, sessions were conducted at their homes, ensuring privacy and comfort. The researchers met individually with each mother to explain the purpose and procedures of the study in detail, emphasizing voluntary participation and the confidentiality of their information. The average duration for completing the questionnaire was approximately 25–35 minutes. The presence of the researcher aimed to clarify any ambiguous items if requested by the participant but adhered to a standardized protocol to avoid leading or influencing responses. This method of assisted application, while potentially introducing a social desirability bias, was deemed necessary to ensure comprehension and completion, especially given the sensitive nature of the topics and the potential variation in literacy levels among participants. Written informed consent was obtained prior to data collection, and pseudonyms were used to maintain confidentiality. Data collection was conducted over two months, from May 1, 2024, to July 1, 2024. The collected data were then digitally entered and securely stored.

#### 2.5. Data analysis

Statistical analyses were conducted using SPSS (Version 28). To examine the construct validity of the Arabic version of the instrument, an Exploratory Factor Analysis (EFA) was conducted using Principal Components Analysis (PCA). The questionnaire’s internal consistency reliability was assessed using Cronbach’s alpha. Additionally, descriptive analyses (means, standard deviations) and inferential analyses (one-way ANOVA) were performed to address the research questions and evaluate relationships among study variables.

### 3. Results and Discussion

This section presents the results of the study that aimed to identify the degree of prevalence of Jouska syndrome in a sample of divorced mothers of children with disabilities, followed by a discussion interpreting these findings considering existing literature.

### 3.1. Prevalence level of Jouska Syndrome Symptoms

To determine the level of prevalence of Jouska symptoms in the sample of divorced mothers of disabled children, arithmetic means, and standard deviations of participant responses were computed. Table 3 presents the findings.

**Table 3** Means and standard deviations for participants' responses regarding the level of prevalence of Jouska symptoms.

Rank	N	Dimensions	Mean	SD	%	Level
1	1	Psychological and emotional exhaustion	3.92	0.71	78.4%	high
3	5	Guilt and self-blame	3.65	0.75	73.0%	moderate
4	2	Loss of hope or personal meaning	3.48	0.80	69.6%	moderate
5	4	Social withdrawal and isolation	3.30	0.77	66.0%	moderate
2	3	Accompanying physical and psychological symptoms	3.75	0.69	75.0%	high
Total			3.62	0.65	72.4%	moderate

The results showed that the overall level of Jouska syndrome symptoms among divorced mothers of children with disabilities was at a moderate level, with an arithmetic mean of (3.62) and a relative weight percentage of (72.4%). This result indicates that the study sample experiences clear psychological and emotional pressures associated with the dual demands of caregiving (motherhood for a child with a disability in the context of divorce), although the severity of these symptoms did not reach the very high level that might indicate a severe disorder or complete inability to adapt.

This result can be interpreted considering theoretical literature through the lens of Stress and Coping Theories, as the chronic stresses resulting from caring for a child with a disability, exacerbated by marital separation and the loss of partnership support in caregiving, constitute a cumulative burden (Abidin, 1995; Mikolajczak et al., 2018). Nevertheless, the attainment of a moderate rather than high level may reflect the presence of psychological and social coping mechanisms among some mothers, such as those mentioned in the literature, including cognitive reappraisal, seeking religious and emotional support, or developing daily stress management skills (Vega & Martinez, 2021; Alsamiri et al., 2024). This is also consistent with the concept of psychological resilience, which refers to individuals' ability to maintain an acceptable level of psychological functioning despite exposure to severe stress.

**Linking to Previous Studies:** The moderate level result aligns with several studies conducted in similar contexts. For instance, Al-Zu'bi (2020) study in Jordan indicated that the level of psychological symptoms (such as anxiety and depression) among mothers of children with disabilities is often within moderate limits, attributing this to a relative balance between the magnitude of stresses and the available social support and personal adaptation. Alsamiri et al. (2024) study showed that mothers responsible for caring for children with intellectual disabilities experience levels ranging from moderate to high psychological stresses, emphasizing the role of social support as a primary mitigating factor.

Additionally, the study by Alsamiri et al. (2024) addressed ways of living and finding methods to cope with the presence of a child with a disability, while Vega and Martinez's (2021) study presented psychological and life adaptation strategies in the context of having a disabled child. On the other hand, the current result provides a more precise understanding compared to previous studies that reported very high levels of psychological suffering (e.g., Al-Ahmadi, 2020). This difference may be attributed to the specificity of the sample in the current study (divorced mothers only) and the nature of the instrument, which measured a specific syndrome (Jouska) focusing on a ruminative and regretful cognitive pattern, rather than just general symptoms of anxiety or depression. Furthermore, the current study was conducted in the northern governorates of Jordan, where community and family support networks may differ slightly from other regions.

**Analysis of Sub-Dimensions with High Levels:** Although the overall level was moderate, the analysis of sub-dimensions revealed two dimensions that achieved high levels: Psychological and Emotional Exhaustion (3.92): This dimension tops the symptoms, confirming the hypothesis that the continuous and draining nature of caring for a child with a disability, coupled with the absence of a partner after divorce, leads to emotional depletion. This aligns perfectly with the core concept of "parental burnout" as described by Mikolajczak et al. (2018), and with what Al-Khatib (2019) study indicated regarding the severe emotional suffering of mothers of children with disabilities due to the accumulation of daily demands. Accompanying Physical and Psychological Symptoms (3.75): The elevation of this dimension highlights the psychosomatic nature of chronic stress, where psychological pressures manifest as physical complaints such as sleep disturbances and headaches, supported by the Biopsychosocial Model of health. This result is consistent with what Abu Zaid (2020) study found regarding the physical symptoms accompanying anxiety among mothers of children with disabilities.

**Summary and Theoretical Implications:** In general, the result of the first research question confirms the presence of a tangible psychological burden among divorced mothers of children with disabilities, primarily manifesting emotional exhaustion and psychosomatic symptoms. It also indicates that the experience of these mothers is not necessarily one of complete collapse but may involve a degree of adaptation and coping under difficult circumstances. This precise understanding adds to the Arabic literature, which previously focused on measuring general depression and anxiety, by providing a more specialized picture of a specific cognitive-emotional pattern (Jouska syndrome) associated with regret and rumination. This result calls for further

qualitative studies to explore the specific nature of coping mechanisms used by this group to coexist with stress, and to understand the factors that prevent symptom escalation to high levels, thereby developing support programs based on the inherent strengths of these mothers.

### 3.2. Differences in Jouska Syndrome Symptoms based on demographic variables

One-way ANOVA was analyzed for each independent variable separately to define the differences, as shown in Table 4.

**Table 4** One-Way ANOVA for each independent variable separately.

Variables	f-value	Sig	Results	Direction of difference
Type of disability	3.72	0.031	significant	favoring intellectual disability
Mothers' age	2.15	0.067	Non-significant	-
Economic level	5.89	0.004	significant	favoring the low level
Educational level	4.25	0.012	significant	favoring the low educational level

The results of the analysis revealed statistically significant differences in the levels of Jouska Syndrome symptoms attributable to three main variables: the type of child's disability, the mother's economic level, and the mother's academic level. In contrast, the variable of the mother's age showed no statistically significant effect. Collectively, these findings provide a multidimensional picture of the factors that modulate the intensity of psychological suffering among divorced mothers of children with disabilities.

The results indicated that the type of the child's disability plays a central role in the intensity of Jouska Syndrome symptoms, with mothers of children with intellectual disabilities reporting the highest levels when compared to other disability types. This disparity finds its theoretical support in the Cumulative Stress and Resources Model, as intellectual disability, compared to other disabilities, is often associated with more complex, unpredictable, and round-the-clock caregiving demands, including challenges in communication, behavior management, and basic life skills (Smith, 2020). These chronic demands deplete the mother's psychological resources more rapidly and limit periods of rest and recovery, thereby accelerating the process of psychological burnout Mikolajczak et al., (2018) and fueling the ruminative regretful thinking pattern that characterizes Jouska Syndrome. This finding aligns clearly with previous literature that consistently indicated that the severity and type of disability are strong predictors of psychological distress in mothers. For instance, a study by Al-Mohammad (2018) in Jordan found that intellectual disability and autism spectrum disorder were associated with the highest levels of anxiety and depression. Similarly, a study by Al-Mansour & Al-Akhatani (2022) in Saudi Arabia confirmed that the type of disability was one of the strongest predictors of psychological distress among divorced women. More specifically, a study by Al-Yousef (2021) pointed out that mothers caring for children with intellectual disabilities experience elevated levels of "psychological burnout," which shares core symptoms with Jouska Syndrome, such as emotional exhaustion and loss of meaning.

Mothers from low economic levels recorded significantly higher scores in syndrome symptoms. This discovery highlights the structural dimension of psychological suffering, where material constraints act as a primary and amplifying stressor. According to Chronic Stress Theory, financial insecurity represents ongoing and prospective stresses that interact with caregiving pressures to create a vicious cycle. The costs of treatments, assistive devices, specialized care, and transportation impose a substantial financial burden (Al-Abdulrahman, 2019). This burden not only limits access to services but also amplifies feelings of helplessness and despair, which are core symptoms of Jouska Syndrome. This result is supported by findings from numerous studies in the Arab context. A study by Abu Zaid (2020) indicated that financial burdens were among the most prominent sources of psychological and physical stress for mothers of children with disabilities. Similarly, a study by Al-Khatib (2020) found that financial stress exacerbates feelings of anxiety and depression among divorced mothers in this group. On a theoretical level, this result affirms the principle that the social and economic context cannot be separated from individual psychological analysis, as poverty reduces available coping options and increases the sense of entrapment.

The results revealed that a lower academic level in the mother is associated with an increase in syndrome symptoms. This variable provides a cognitive and functional explanation for differences in adaptation. A higher educational level often grants mothers several advantages: (a) better cognitive skills in seeking information, understanding the child's diagnosis, and navigating complex service systems (Individuals with Disabilities Education Act [IDEA], 2004); (b) more effective coping skills, such as problem-solving and emotion management; (c) greater confidence in interacting with specialists and advocating for their children's rights; (d) better employment opportunities that may provide material and moral resources. Consequently, education acts as a protective factor that enhances feelings of self-efficacy and control, which are natural antidotes to the central feelings of helplessness and self-blame in Jouska Syndrome. This interpretation aligns with a study by Khalil (2018), which found that higher educational levels play an important role in reducing psychological burnout levels. Similarly, a study by Abdullah (2021) emphasized the role of educational level as a mediating variable that mitigates the impact of psychological stresses. This result reminds us of the importance of cognitively empowering mothers as an essential part of any support program, rather than merely providing emotional or material support.

The absence of statistically significant differences attributable to the mother's age is an important finding worthy of reflection. It suggests that the dual burden of caregiving (disability and divorce) imposes severe stress regardless of the mother's age stage. Younger mothers may have less experience but greater physical energy, while older ones may have more experience but less physical energy. What appears to be the decisive factor is not chronological age per se, but rather the available resources, social support, and prior adaptation experiences, which may vary with age but not in a linear or direct manner. This result aligns with some studies that found no substantial direct effect of age, such as a study by Al-Shammari (2019), which indicated that the impact of age on psychological adaptation may be limited and overlaps with other factors like social support. However, it contrasts with other studies that found younger mothers to be more susceptible to stress. This contradiction in the literature underscores the complexity of the age variable and the necessity of studying it in interaction with other mediating variables rather than in isolation.

**Conclusion and Implications:** The results of the second question collectively affirm the transactional nature of the stresses faced by this group. Risks (such as intellectual disability) do not operate in isolation from the context but interact with resource deficiencies (economic and educational) to produce a complex fabric of suffering. Theoretically, these results support ecological-contextual models in understanding parental mental health, which view the individual in continuous interaction with multiple surrounding systems (familial, economic, social). These results have clear practical implications:

**Program Targeting:** Psychological and social support programs should be proactive in targeting the most at-risk groups, particularly mothers of children with intellectual disabilities, mothers from low-income families, and mothers with limited education.

**Multi-Level Interventions:** Effective interventions should combine individual psychological support (to alleviate symptoms of rumination and guilt), material and service-based support (to reduce structural burdens), and cognitive and skill-based empowerment programs (to enhance feelings of efficacy). **Complexity in Assessment:** When assessing a mother's needs, specialists should consider the interplay of these factors (type of disability, economic status, educational level) rather than each in isolation, to understand the full picture of her vulnerabilities and strengths. In this way, the contribution of these results is not limited to confirming the existence of differences but draws a more precise map of risk and protective factors, enabling the design of more specialized, equitable, and effective support policies and programs.

#### 4. Final Considerations

In conclusion, the study reveals that divorced mothers raising children with disabilities face multifaceted psychological and social challenges. The burden of caring for a child with special needs is compounded by the emotional and social consequences of divorce, including the loss of family and community support. The findings indicate that these circumstances expose mothers to heightened psychological pressures such as loneliness, depression, and anxiety, which negatively impact their personal and social well-being. The study also highlights the crucial role of coping strategies adopted by mothers, whether through seeking psychological and social support or developing personal resilience. However, the limited availability of familial and community support remains a significant factor that exacerbates these challenges, emphasizing the need for serious intervention by both community institutions and governmental bodies to provide a more supportive environment for these mothers. Furthermore, the study underscores the importance of implementing continuous psychological and social support programs for divorced mothers and training professionals in the social and health care sectors on effective methods of assisting this group and addressing their specific needs.

Based on the findings of this study, it is recommended to enhance psychological and social support for mothers of children with disabilities, with particular attention to the groups most affected by caregiving stress. Advanced psychological support and continuous educational counseling should be provided to mothers of children with intellectual disabilities, given the ongoing challenges they face in care and education. Financial assistance and easier access to essential services are also recommended for mothers from lower-income households to help reduce the economic burden associated with caregiving. For mothers with lower educational levels, awareness workshops and training sessions should be organized to strengthen their coping and stress management skills. More broadly, it is essential to establish community support groups, ensure regular follow-up, and continuously evaluate the effectiveness of these programs to improve the psychological and social quality of life for mothers and their families.

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#### 5. Declarations

##### 5.1. Ethical considerations

This study was conducted in accordance with ethical standards for research involving human participants. All participants (divorced mother of children with disabilities) were fully informed about the objectives and procedures of the study, and their

participation was entirely voluntary. Informed consent was obtained from all participants prior to completing the questionnaires. Participants' anonymity and confidentiality were strictly maintained, and all data was used solely for research purposes. The study ensured that no personal identifiers were recorded, and responses were treated with the utmost discretion. The research protocol was reviewed and approved by the relevant institutional ethics committee, ensuring compliance with ethical guidelines in educational research.

### 5.2. Use of artificial intelligence (AI)

The authors declare that no generative artificial intelligence (AI) tools were used in the preparation, analysis, or writing of this manuscript.

### 5.3. Conflict of interest

The authors declare no conflicts of interest.

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