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Gender Differences in Marital Relations in the Shadow of an Intellectually Disabled Mother

Diferencias de Género en las Relaciones Maritales a la Sombra de una Madre con Discapacidad Intelectual

D. Shmuel Grossman
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GENDER DIFFERENCES IN MARITAL RELATIONS IN THE SHADOW OF AN INTELLECTUALLY DISABLED MOTHER/

DIFERENCIAS DE GÉNERO EN LAS RELACIONES MARITALES A LA SOMBRA DE UNA MADRE CON DISCAPACIDAD INTELECTUAL

Doctoral Dissertation

Shmuel Grossman

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Doctoral thesis submitted to aspire to the degree of Doctor by Shmuel Grossman directed by Doctors Cecilia Ruiz Esteban and Inmaculada Méndez Mateo

Murcia, 2021

Shmuel Grossman

The Doctors, Cecilia Ruiz Esteban and Inmaculada Méndez, professors of the Department of Evolutionary Psychology and Education of the Faculty of Psychology of the University of Murcia, as directors of the thesis presented to aspire to the degree of Doctor by Shmuel Grossman

HEREBY CERTIFY:

That the thesis **" GENDER DIFFERENCES IN MARITAL RELATIONS IN THE SHADOW OF AN INTELLECTUALLY DISABLED MOTHER/ DIFERENCIAS DE GÉNERO EN LAS RELACIONES MARITALES A LA SOMBRA DE UNA MADRE CON DISCAPACIDAD INTELECTUAL"**, made by the aforementioned doctoral student, meets the scientific and academic conditions necessary for its presentation.

Murcia, 2021

Sgd.: Cecilia Ruiz Esteban and Inmaculada Méndez

Todos los nombres utilizados para denominar a los sujetos de investigación que figuran en esta tesis son **ficticios**. Se han incluido exclusivamente para facilitar la lectura de la misma.

All the names used to referring to the research subjects that appear in this thesis are **fictitious**. They have been included exclusively to make it reading easier.

To my directors,

Cecilia Ruiz Esteban

Inmaculada Méndez Mateo.

Thank you for making my dream of becoming a doctor possible.

RESUMEN

La esencia del presente estudio es examinar la intimidad y la satisfacción con la intimidad entre las parejas en las que la madre de uno de los cónyuges tiene una discapacidad intelectual. La discapacidad intelectual es un término que existe en el DSM-V (2014) y que sustituye al término "retraso mental" que era válido hasta mediados de los años 90. Los hijos de madres con discapacidad intelectual son caracterizados en la sociedad como diferentes desde su nacimiento, cuando la experiencia de crecer con una madre con discapacidad intelectual moldea la vida a su sombra así como los patrones de intimidad en etapas posteriores de la adolescencia del niño. Esto va acompañado de estigmas que en muchos casos afectan al cónyuge y a la familia del mismo. El propósito del presente estudio es profundizar en el conocimiento existente en el campo de la elección del cónyuge y la creación de relaciones de pareja entre los hijos de una madre con discapacidad intelectual. Para ello, se examinaron las relaciones en las que una de las partes tiene una madre con discapacidad intelectual, así como el modelo de intimidad que el mismo cónyuge había absorbido en la infancia. El estudio actual integra las interpretaciones subjetivas de los sujetos investigados sobre la situación en la que se encuentran, y examina los sentimientos personales, empezando por la apertura y la aceptación del "otro" y hasta las barreras emocionales en el cónyuge de alguien cuya madre tiene una discapacidad intelectual.

La importancia de la investigación radica en que podría ofrecer una solución a la problemática derivada de una situación en la que la madre de uno de los cónyuges tiene una discapacidad intelectual. La problemática radica en dos factores de riesgo. Uno - es la exposición a un entorno de vida que es disfuncional, incluyendo las experiencias de vida que podrían socavar los niños a una madre con discapacidad intelectual, como la falta de atención constante y hasta un abandono real. La segunda - es como la familia no funciona correctamente, el marido llega a un hogar que no se mantiene y por lo tanto los conflictos se están creando entre los padres. Estos conflictos pueden incluso llevar a la violencia verbal y física dentro del núcleo familiar. Estos dos factores de riesgo podrían perjudicar a los hijos de los cónyuges, uno de los cuales es hijo de una madre con

discapacidad intelectual, que ha vivido un modelo en la infancia y estaba acostumbrado a él. Las ventajas del presente estudio radican en su capacidad para contribuir a la comprensión de la situación y en la eliminación de los estigmas que acompañan a los hijos de madres con discapacidad intelectual. Se trata de casos en los que los hijos de una madre discapacitada intelectualmente sienten ocasionalmente vergüenza de ella y se sitúan entre la burla del entorno ante el estigma y la vergüenza que sienten ante su condición de hijo o hija de una madre discapacitada intelectualmente. Esta vergüenza les perjudica a ellos y perjudica a la madre discapacitada intelectualmente así como la relación hacia ella. La comprensión de la situación familiar, podría aumentar la comprensión hacia la madre y hacia sus hijos y familiares que la rodean. Además, la comprensión de la situación facilita que los hijos de una madre discapacitada intelectualmente se realicen, a diferencia de alguien que se siente incómodo con una madre discapacitada intelectualmente y, por tanto, la mayor parte de su vida está en un estado de decadencia. Si el punto de partida es positivo, interculturalmente abierto, es fácil construir la intimidad al inicio de la relación y la relación de pareja más adelante. Cuando hay comprensión, el interés de la pareja supera las pequeñas barreras relacionadas con la discapacidad intelectual. Como resultado, se crea una armonía, así como una disposición a las concesiones y una voluntad de reconocer la contribución de lo que aparece como un problema, y reconocer lo que el mismo problema podría ofrecer a la familia de los cónyuges.

El método de investigación elegido para este fin es el método cualitativo, a través de entrevistas semiestructuradas, dirigidas a parejas una de las cuales tiene una madre con discapacidad intelectual. Se entrevistó a 30 parejas, que el investigador abordó con el método de bola de nieve. El investigador se dirigió a personas con una madre discapacitada intelectualmente, a las que conocía, y les pidió que se pusieran en contacto con personas que conocieran y que también tuvieran una madre discapacitada intelectualmente. La población de la investigación, que estaba compuesta por parejas, abarcaba de hecho tanto la muestra cualitativa como la cuantitativa, la investigación era mixta - cualitativa y cuantitativa (MMR). La ventaja del método cualitativo, con el que se inició el estudio, está en el hecho de que la guía de la entrevista presenta las preguntas que orientan el procedimiento de investigación. De este modo, se crea una teoría que se

va construyendo poco a poco y se crea un modelo teórico, según los datos que surgen de los contenidos de la investigación. Este modelo teórico podría explicar la probabilidad de correlación entre los diferentes datos, que conducen a las variables del estudio cuantitativo. Así, se creó un marco que permitió la predicción a través de la muestra cuantitativa.

En primer lugar, se examinaron cinco preguntas de investigación en el presente estudio:

1.   ¿El hecho de que uno de los cónyuges haya nacido de una madre con discapacidad intelectual, tiene un impacto en el sistema de intimidad?

2.   ¿Cuáles son las implicaciones de la vida a la sombra de una madre con discapacidad intelectual, en el sistema de intimidad?

3.   ¿Existe un impacto de la etiqueta y la autoestima de una persona que fue criada a la sombra de una madre discapacitada intelectualmente, en la elección de un cónyuge y el patrón de intimidad?

4.   ¿Cuáles son las implicaciones de la necesidad constante de apoyar y ayudar a una madre con discapacidad intelectual, en la intimidad?

5.   ¿El género de un hijo de una madre discapacitada crea una diferencia en el impacto sobre la intimidad, es decir, hay una diferencia entre un hijo de una madre discapacitada y su cónyuge, y entre un caso de una hija de una madre discapacitada y su cónyuge, en las respuestas a las preguntas anteriores?

Estas preguntas sirvieron de base para elaborar una guía de entrevista, que incluía preguntas centrales para los entrevistados. De las respuestas a las preguntas se desprende que la relación de pareja y el matrimonio con una persona cuya madre es discapacitada intelectualmente tiene casi siempre implicaciones en la relación de pareja y en la intimidad de los cónyuges. En ocasiones, estas implicaciones son positivas y en la mayoría de los casos son negativas. El modelo de relación de pareja que una persona ha absorbido en la infancia tiene mucho impacto en la intimidad que podrá desarrollar con el cónyuge. Las debilidades que presenta la parte cuya madre es discapacitada intelectualmente, perjudican la relación de pareja y el matrimonio. En cuanto a la última

pregunta de la investigación, no se encontraron diferencias entre hombres y mujeres, en su comportamiento como cónyuges. Sin embargo, mientras que una parte de los cónyuges reveló mucha empatía hacia la madre del cónyuge a pesar de la discapacidad, y tal vez de hecho debido a la discapacidad, hubo cónyuges que se han expresado con dura agresividad contra la presencia de una madre con discapacidad intelectual en la vida de la pareja y en la vida familiar. Los que trataban negativamente la presencia de la madre discapacitada, la consideraban entre una molestia y un verdadero estorbo. Los que trataban positivamente, veían en ella un modelo de comportamiento hacia un padre que inculcar a sus hijos y, por tanto, elogiaban al cónyuge que tiene una madre con discapacidad intelectual, como una persona con atributos humanos con la que es bueno vivir y con la que están orgullosos de compartir su vida. Es posible que la tendencia hacia una madre con discapacidad intelectual haya cambiado junto con el cambio en la percepción de la discapacidad intelectual, ya no como una condición estática e irremediable, sino como una situación dada que es cambiante, y como tal, también permite una dirección más flexible hacia las personas con discapacidad intelectual, así como tratarlas como si tuvieran un potencial que no se percibía como tal en el pasado. Por lo tanto, el aprecio hacia ellos ha aumentado y el trato hacia ellos ha mejorado. Estas direcciones afectaron directamente a la relación de pareja. Mientras que los cónyuges que podían aceptar a la madre discapacitada intelectualmente contribuían a fortalecer la relación de pareja, a la satisfacción con la relación de pareja y a la calidad de la intimidad, cuando un cónyuge rechazaba a la madre discapacitada intelectualmente, se producía un distanciamiento entre ellos y su intimidad perdía su sabor y entraba en dificultades.

Además de la investigación cualitativa, también se realizó una investigación cuantitativa, en la que se descubrió que las mujeres se enfrentan mejor que los hombres a la discapacidad intelectual de la madre de uno de los cónyuges. El significado es que la satisfacción media de la relación de pareja de las hijas con las madres con discapacidad intelectual es significativamente mayor que la satisfacción con la relación de pareja de los hijos con la madre con discapacidad intelectual, sin embargo, en la esposa de un hijo con una madre con discapacidad intelectual la diferencia entre la satisfacción media con la relación de pareja fue menor, e indicó una media más alta de satisfacción con la relación de pareja entre las esposas con un hijo de una madre con discapacidad

intelectual que la satisfacción con la relación de pareja del propio hijo. Aparentemente, hay implicaciones recíprocas entre la satisfacción y la intimidad entre los cónyuges, ya que los hombres cuya madre es discapacitada intelectualmente dan testimonio de una media más baja en la intimidad, tanto que las hijas de una madre discapacitada intelectualmente como que las mujeres que la madre de su marido es discapacitada intelectualmente. Es decir, el daño a la satisfacción con la relación de pareja, así como a la intimidad es mayor en los hombres que son hijos de una madre con discapacidad intelectual que en las mujeres cuya madre es discapacitada intelectualmente o cuya madre del marido es discapacitada intelectualmente.

De lo anterior se desprende que en la mayoría de los casos, los hombres están bloqueados emocionalmente, y en su relación con la madre, y principalmente con la madre de su esposa, hieren a la mujer y su relación con ella, hieren su relación de pareja a largo plazo y hieren la intimidad, en ocasiones irremediablemente. Además, se ha comprobado que cuanto mayor es la lejanía del cónyuge con la madre con discapacidad intelectual, menor es la intimidad entre los cónyuges y viceversa. En gran medida, la percepción de la vida a la sombra de una madre con discapacidad intelectual es un producto cultural y una proyección de la educación en el hogar. Las personas que crecieron en familias no multiculturales y que están encerradas en un único patrón que es el propio, tienen dificultades para aceptar a una madre con discapacidad intelectual, sobre todo cuando es la madre del cónyuge, también pagan un precio por ello en su relación de pareja y en su intimidad. En cambio, quienes crecieron en la apertura y aceptan lo anormal y lo diferente, no ven en la discapacidad intelectual una aberración de alguna norma y disfrutan de una buena relación de pareja y de una sana intimidad. Cuando el tema de discusión es una madre con discapacidad intelectual, se la trata como a cualquier otro padre. Se trata de una condición humana, y los sujetos investigados que la comprenden, se ahorran la angustia y disfrutan de lo que ofrece.

Ante el hecho de que hay muy pocos estudios en el campo de la relación de pareja y la intimidad de las parejas una de las cuales tiene una madre con discapacidad intelectual, el presente estudio sirvió como uno de los estudios pioneros, particularmente en Israel.

Por lo tanto, el estudio no pudo abarcar la totalidad de los temas que se encuentran en él, y esa es la razón de varias limitaciones que han surgido del estudio actual. Especialmente en el estudio actual las limitaciones son importantes, ya que no abordan la amplitud real del campo que incluye el problema expuesto en lo anterior. Se pueden indicar los fenómenos que existen en todo el mundo, sin embargo se estudió en un estrato más bien estrecho en Israel, entre la sociedad judía. Es decir, hay ausencia de culturas que necesitan ser estudiadas, ausencia de dirección suficiente de un amplio abanico de valores, y además, ante la dificultad de localizar población que no es común, lo que significa acoplado que uno de ellos tiene una madre discapacitada intelectualmente, y ante la negativa de parte de los potenciales sujetos investigados a cooperar, la muestra cuantitativa coincidió con la muestra cualitativa y el resultado puede verse como insuficiente. Parte de las limitaciones se derivaron de la falta de utilización de variables de contexto, como la religión o la edad. Ante las limitaciones y las necesidades que pueden surgir a flor de piel en un estudio de este tipo, se dieron recomendaciones para futuros estudios. Entre las recomendaciones se consideraron las limitaciones existentes en el estudio actual. Entre estas limitaciones estaba la falta de tratamiento de las diferentes culturas, como la árabe frente a la occidental, la sociedad religiosa frente a la secular, etc. La consideración de las diferentes sociedades es vital, ya que las diferentes culturas abordan de forma diferente las discapacidades, la ayuda a los necesitados y el resto de valores, respecto a los cuales hay diferencias entre las sociedades tradicionales y/o religiosas, y entre las sociedades seculares y las modernas. El resultado es, por tanto, que la sociedad está compuesta por grupos diversos y no se observa en ella una distribución equitativa, sobre todo porque la sociedad no está construida para la igualdad, y los que tienen poderes hegemónicos son diferentes de una sociedad a otra. Para comprender el fenómeno, es necesario realizar estudios que abarquen todo el mundo, o al menos todo el continente, de modo que sea posible comprender no sólo la afirmación relativa al impacto de una madre con discapacidad intelectual en su hija o hijo y en la familia que construyeron, sino también examinar diferentes posiciones, con diferentes antecedentes y desarrollar una base para una investigación estable que pueda en el futuro proporcionar una respuesta más seria a las cuestiones que se han planteado anteriormente.

Contents

Resumen

El término "discapacidad intelectual" apareció en el guía DSM-5 (2014) y se sustituyó el término "retraso mental", que era válido hasta mediados de los años 90. Los hijos de madres con discapacidad intelectual se caracterizan en la sociedad como diferentes, desde la niñez, cuando la experiencia de crecer con una madre con discapacidad intelectual forma la vida en su sombra, así como los patrones de intimidad en etapas posteriores de la maduración del niño. Además, hay estigmas, que afectan, en muchos casos, al cónyuge y a su familia. El propósito del presente estudio es profundizar el conocimiento existente en el campo de la elección de un cónyuge y la creación de relaciones íntimas entre los hijos de una madre con discapacidad intelectual. Además, se examinó la intimidad en el caso en que uno de los cónyuges tuviera una madre con discapacidad intelectual, y se investigó el modelo de intimidad que el cónyuge ha absorbido en la infancia. El método de investigación elegido para este propósito es MMR, cuyo objetivo es combinar una variedad de modelos para el mismo propósito, a fin de recibir las respuestas óptimas a las preguntas de investigación. El método de investigación elegido para este propósito es la realización de entrevistas cualitativas y semiestructuradas dirigidas a parejas en las que uno de los cónyuges tiene una madre con discapacidad intelectual. Se realizaron entrevistas a 30 parejas y la estrategia del investigador siguió el método de la bola de nieve. La muestra fue intencional.

Cinco preguntas de investigación fueron examinadas en el presente estudio:

1. ¿El género de un hijo de una madre discapacitada crea una diferencia en el impacto sobre la intimidad, es decir, hay alguna diferencia entre un caso de un

hijo de una madre discapacitada y su cónyuge, y un caso de una hija de una madre discapacitada y su cónyuge?

2. ¿La circunstancia de que uno de los cónyuges nació de una madre con discapacidad intelectual tiene un impacto en el sistema de intimidad?

3. ¿Cuáles son las consecuencias de la vida a la sombra de una madre con discapacidad intelectual en el sistema de intimidad?

4. ¿Hay un impacto del etiquetado y autoestima de una persona que se crio a la sombra de una madre con discapacidad intelectual, sobre la elección de un cónyuge y el patrón de intimidad?

5   ¿Cuáles son las repercusiones de la constante necesidad de apoyar y ayudar a una madre con discapacidad intelectual en la intimidad?

Estas preguntas sirvieron como base para la estructuración de la guía de la entrevista, que incluía las preguntas principales a los entrevistados. Estas preguntas también ayudaron a formar el cuestionario cerrado, que se había creado para respaldar los hallazgos y presentar el aspecto empírico de la investigación, pero las limitaciones de la muestra deben tenerse en cuenta. Las respuestas a las preguntas revelan que la intimidad y el matrimonio con una persona con una madre con discapacidad intelectual casi siempre tienen implicaciones para la intimidad de los cónyuges. De vez en cuando, dichas consecuencias son positivas, aunque en su mayoría son negativas. El modelo de intimidad que un individuo absorbió en su infancia tiene una gran influencia en la intimidad que logra desarrollar con su cónyuge. Los puntos débiles demostrados por la parte con una madre con discapacidad intelectual causan daño a la intimidad y al

matrimonio. Respecto a la última pregunta de la investigación, no se encontraron diferencias entre las mujeres y los hombres, en su comportamiento como cónyuges.

Los resultados de la hipótesis número 1, junto a las pruebas adicionales que examinaron la conexión entre la duración del matrimonio y el número de hijos que la pareja tiene en relación con la satisfacción en la relación y la intimidad, estaban en línea con los resultados cualitativos, pero los resultados de los dos no se habían reforzado hipótesis adicionales. Es posible que la limitación en el tamaño de la muestra sea la razón de eso.

Debido a la escasez de investigaciones disponibles sobre el tema, el presente estudio ha servido como un estudio pionero, particularmente en Israel. Por lo tanto, este estudio no podría haber englobado la totalidad de los temas involucrados y esta es la razón de varias limitaciones que se plantearon en el presente estudio. Parte de las limitaciones fueron causadas por la falta de uso de variables contextuales, como la religión o la edad. Debido a las limitaciones y necesidades que podrían alcanzar la superficie en un estudio de este tipo, se formularon recomendaciones para realizar más estudios.

Abstract

The term "intellectual disability" appeared in the DSM-5 (2014) guide and replaced the term "mental retardation" which was valid until the mid-90's. Children of intellectually disabled mothers are characterized in society as different, from as early on as from childhood, when the experience of growing up with an intellectually disabled mother shapes the life in her shadow, as well as patterns of intimacy in later stages of a child's maturation. In addition to that, there are stigmas, affecting, in many instances, the spouse and their family. The purpose of the current study is deepening the existing knowledge in the field of choosing a spouse and creating intimate relations amongst children of an intellectually disabled mother. Additionally, intimacy in which one of the spouses has a mother with intellectual disability was examined, and the intimacy model that a spouse has absorbed in childhood was researched. The research method chosen for this purpose is MMR, the objective of which is to combine a variety of models for the same purpose, in order to receive the optimal answers to the research questions. The first research method chosen for this purpose is qualitative, semi-structured interviews addressed to couples in which one spouse has an intellectually disabled mother. Participants were 30 couples and were interviewed, to which the researcher's approach was performed in the snowball method. The sample was intentional.

Five research questions were examined in the current study:

1. Does the gender of a child of a disabled mother create a difference in the impact on intimacy, meaning, is there a difference between a son of a disabled mother and his spouse, and between a case of a daughter of a disabled mother and her spouse?

2. Does the fact that one of the spouses was born to an intellectually disabled mother have an impact on the intimacy system?

3. What are the implications of life in the shadow of an intellectually disabled mother, on the intimacy system?

4. Is there an impact of tagging and self-esteem of a person who was raised in the shadow of an intellectually disabled mother, on choosing a spouse and the pattern of intimacy?

5. What are the implications of the constant need to support and help an intellectually disabled mother, on intimacy?

These questions served as a basis for structuring the interview guide, which included the main questions to the interviewees. These questions also helped form the closed questionnaire, which had been created in order to support the findings and present the empirical aspect of the research, but the sample limitations should be taken into consideration. Answers to the questions reveal that intimacy with and marriage to a person with an intellectually disabled mother, almost always has implications on the intimacy of the spouses. Occasionally, those implications are positive, though mostly they are negative. The intimacy model an individual had absorbed in their childhood has great influence on the intimacy they manage to develop with his or her spouse.

Weaknesses demonstrated by the party with an intellectually disabled mother, brings about harm to intimacy and to marriage. Regarding the last research question, no difference was found between women and men, in their behavior as spouses.

The findings for hypothesis number 1 as well as additional tests that examined a connection between duration of marriage and number of children the couple has in relation to satisfaction in the relationship and the intimacy, were in line with the qualitative findings, but findings of the two additional hypotheses had not been reinforced. It is possible that the limitation in the sample size was the reason for that.

Due to scarcity of available research on the researched subject, current study has served as a pioneer study, particularly in Israel. Therefore, current study could not have encompassed the entirety of themes involved and this is the reason for various limitations, which arose, in current study. Part of the limitations were caused by lack of use of background variables, such as religion or age. Due to the limitations and needs, which might reach the surface in a study of this sort, recommendations for further studies were given.

Introduction

In 2014, there were about 33,000 people of both genders listed in Israel, with an intellectual disability (Shalom, Ben-Simchon, & Hareel, 2014). Additionally, according to Zacks, Uda-jaraisi, & Schroier (2014), there are about 5,300 couples listed in Israel where at least one of the spouses has an intellectual disability, and the number of these couples is in a rising trend. Especially in Israel, there are too many couples, where at least one of the spouses has an intellectual disability. As far as it is known, no data has been published regarding the number of children born to families with an intellectually disabled mother; however, a special processing of the National Insurance Institute reveals that there are more than 15.000 such children in Israel (Zacks, Uda-jaraisi, & Schroier, 2014).

Researchers have been researching the subject of children born to families in which at least one of the parents is intellectually disabled, for several years now. As there is always the chance a child will not be able to develop properly, and there is a constant question of whether or not enable a child to grow up in a house in which at least one of the parents is intellectually disabled, due to the danger to his/her development (Levitan, 2011; Strnadová, Bernoldová, Adamčíková, & Klusáček, 2017). The subject of the development of a child in a family where at least one of the parents is intellectually disabled provides multiple studies (Ćwirynkało, Borowska-Beszta, & Bartnikowska, 2016; Kahonde, McKenzie, & Wilson, 2018: Wilson, Parmenter, Stancliffe, Shuttleworth, & Parker, 2010). However, research material regarding development of children who grow up in a family where at least one of the parents is intellectually

disabled and arriving at intimacy and marriage with that background, is scarce. Studies dealing with intimacy amongst those adults, who marry a person from a normative family are even scarcer (Grey, Totsika, & Hastings, 2017; Jecker-Parvex & Breitenbach, 2012).

Research objective in current study is on both the academic and the practical planes. Findings that might be revealed in relation to the research questions, regarding implications of life with an intellectually disabled mother and additionally, social implications of an individual being a daughter or son of an intellectually disabled mother, might provide knowledge regarding the coping method in those situations and in situations that life brings about for people with such background. Furthermore, intimacy is one of the central and important issues in the life of an individual, especially one coming directly or indirectly from a background of disabilities in general, and intellectual disability in particular (Brant, 2014). Additionally, despite the fact that these are people without disabilities, who face the stigmas linked to them and must cope with these stigmas when dealing with prejudice, there is an importance to gender in relation to them, meaning, fulfilling the proper function in gender roles, in absence of which an individual feels humiliation and discomfort (Michael, 2018).

There is also significance the fact that the current study is rather pioneering. It studies many variables that might affect the lives of children of people with an intellectual disability. Society has a clear interest to integrate them and to enable their development into regular and normative families (Efevbera, McCoy, Wuermli, & Betancourt, 2017¸ Vardi, 2006). Therefore, even if current study cannot respond to all

subjects, which constitute needs of daughters and sons of disabled parent, it might be an opening for multiple follow-up studies.

The current study will open with a literature review dealing with different fields of the researched subject. These include the field of intellectual disability, the meaning of nuclear family and parents' home, the importance of relations within the family, gender significance in the family, life in the shadow of an intellectually disabled parent and means of assisting with coping mechanisms regarding the challenges involved as well as the interaction of a child with his or her intellectually disabled mother, the value of intimacy and maintaining intimacy between spouses, one of whom has an intellectually disabled mother. The second chapter will provide methodology specifications, including research method, research questions, sample, validity and reliability, research process and methodological limitations. The third chapter will introduce research findings, supported by quotes provided by the interviewees – children to an intellectually disabled mother and their spouses. The fourth chapter will present the discussion, answer the research questions and connect the dots between the literature and the findings.

Chapter 1: Literature review

Around 66.000 people with a developmental intellectual disability are registered in the departments of social services throughout the State of Israel, out of whom about 26,000 are mature adults, age 20 and above. People with a intellectual disability are entitled, according to law, to be integrated in various programs intended for them. These programs accompany an individual with intellectual disability from a young age and include, amongst other things, rehabilitation, daycare centers adjusted to the needs of a child, special kindergartens and schools, and upon maturity – residential programs, as well as day program and occupation programs on behalf of the Department of Treating an Individual with Developmental Intellectual Disability in the Ministry of Welfare and Social Services (Pearlman, Cohen, & Rosner, 2016).

Intellectual disability develops as a result of genetics, as well as injuries of various kinds. Israeli law determines that a condition of intellectual disability is diagnosed only by a diagnosis committee made up of five professional members. The role of this committee is to make a decision regarding the existence of intellectual disability in an individual presented before it, to determine the level of their disability and suitable methods of treatment (Pearlman, Cohen, & Rosner, 2015).

The diagnosis includes classification of developmental intellectual disability according to six levels, starting with mild intellectual disability and ending with profound intellectual disability. The level of disability is determined, amongst other things, according to intellectual functioning, adaptation functioning and extent of support required for proper adaptation of an individual in all areas of their life. The

Committee also addresses the level of behavioral functioning. In addition to the diagnosis, the Committee also decides on a treatment program (Pearlman Cohen, & Rosner, 2016).

1.1. Intellectual disability

Intellectual disability is a phenomenon that exists in every society. The phenomenon has been known from as early as the ancient periods in history as a significant disability in intellectual functioning, and intellectual disability in adaptive behavior of an individual, which appears before the age of 18 and affects multiple adaptive, perceptual, social and practical skills. Currently, intellectual disability is not regarded as a stable phenomenon, but rather as a situation that might change over time, since an individual with intellectual disability receiving suitable support, might overcome the disability and step outside the limits of the definition (Armates, 2009).

1.1.1. Definition

The term "intellectual disability" appeared in the DSM-5 (2014) guide and replaced the term "intellectual disability" which was valid until the mid 1990's and appeared in DSM-IV (1994) guide. An intellectual disability is a neuro-developmental disorder, diagnosed as an intellectual development disorder. The term "intellectual disability" was accepted by federal law in the United States (Public Law 111-256, Rosa's Law) and is in health and education professions as well as other fields that have contact with this population group. The diagnostic criteria of intellectual disability are based on

the need for evaluation of cognitive ability (IQ) and adaptive functioning. The higher the cognitive ability, an individual will be measured according to IQ, however, the severity of intellectual disability is measured according to adaptive functioning rather than IQ score. The term "intellectual disability" is valid for all severity levels of intellectual disability, from lightest to the most severe (DSM-5, p. 834).

Intellectual disability relates to a permanent condition of intellectual functioning which is significantly lower than the average, as well as a deficiency in adaptive behavior, and it is revealed during the development period. An Intellectual disabled person "is an individual who, due to lack of development, or wrong development of his intellectual ability, has limited adaptive behavior and requires treatment" (Welfare Law, 1969, chap. 1).

The currently accepted definition of intellectual disability is of Grossman (1983), and the updated definition from 1992 is based on it. According to the definition: "Intellectual disability relates to intellectual functioning which is significantly below the average and as a result or in addition to parallel limitations in adaptive behavior, which are expressed during the period of development" (Schalock et al., 2010, p. 47).

As stated in the DSM definition, in the past, an intellectually disabled individual was defined as an individual with intellectual disability ("Intellectual disabled " by law). This means that an individual, due to lack of development or deficient development of his or her mental skills, limited ability and difficulties with adaptive behavior, requires treatment. This definition includes four central components: developmental, mental, adaptive, and the need for treatment and support. Furthermore, the law indicates that "a mentally ill individual, according to care laws for mentally ill individuals, is not treated

as a Intellectual disabled person for matters of this law" (Daily, Ardinger, & Holmes, 2000). Regarding the law in Israel, the only entity permitted to define who has an intellectual disability, is the Diagnosis Committee. The Committee operates according to law and its role is to decide the existence of intellectual disability, the level of the intellectual disability and the means of treatment. Different factors can cause intellectual disability; however, it appears that in most cases, it is the result of a damage occurring prior to birth or close to it, even if discovery and diagnosis occur at a later stage (Rutter, 2006). Legislator's definition is broad and thus its advantage, as it enables addressing those criteria according to findings arising from new studies guiding those people dealing with the phenomenon. The definition of the American Association for Intellectual disability:

Intellectual disability relates to an essential limitation in current functioning. It is characterized by significantly low intellectual functioning, coexisting with limitations connected with two or more of the following adaptation skills: communication, self-help, daily life, social skills, use of community resources, self-directing, health and security, study functioning, leisure and occupation. Intellectual disability is revealed before the age of 18 (Luckasson et al., 2002).

The main uniqueness of the new definition is in the attempt to extend the scope of the definition, of which the main index was intellectual functioning, by means of adding additional indexes taken from the adaptive scope and addressing the maximal age in which a person can be diagnosed as Intellectual disabled. The adaptive indexes are those that testify to the ability of an individual to learn, internalize and apply social norms. They meant to broaden the basis of the evaluation of the subject of Intellectual

disability and propose characteristics anchored in external reality, which can be emphasized.

Over the years, the American Association added to and changed the definitions and in 2014 it included the following characteristics that exist also today (Krahn, Walker, & Correa-De-Araujo, 2015):

- It preserves the term Intellectual disability.

- The guidelines of 1992 definition including the functional orientation and emphasis on support.

- The three diagnostic criterions relating to intellectual functioning, adaptive behavior and age.

The definition includes:

- Criterion of standard deviation for intellectual components and adaptive behavior.

- Fifth dimension of participation, interactions and social roles.

- Use of terms that demonstrate that perceptional, social and functional skills can properly represent the multi-dimensionality of the definition.

- Current study on the evaluation of support and determining the intensity of support.

- Broadening the previous process of three steps as part of the evaluation.

- Broadening the discussion regarding diagnostic views and classifications and recommendations relating to other populations.

In a definition from 2002, the term of Intellectual disability was significantly extended while emphasizing on functional orientation, the ecologic view and use of supportive paradigms for sorting and providing services. This definition, similarly to other definitions of the AAMR from the near past, includes three broad components of significant limitation in intellectual functioning parallel to and in context to significant disability in adaptive behavior, which is expressed in the period of development.

1.1.2. Incidence and causes of intellectual disability

Professional literature indicates that 3% of the population in every society are people born with damage, which has a significant probability of the existence of Intellectual disability. Nowadays the common approach is that there is a combination of factors operating together to bring about a condition of Intellectual disability (Wacker, Berg, & Harding, 2002). The common factors of disability are internal or external damages occurring at pregnancy and birth, influences of alcohol and drugs, physical damages, metabolic changes, etc. Genetic reasons cause Intellectual disability only in about 35% of the cases (Ainsworth, & Baker, 2004).

The extent of the phenomenon is one percent of the population born in a single year, labelled as individuals with intellectual disability. This determination is based upon the requirement of simultaneous existence of intellectual disabilities and adaptive behavior disabilities. Presently, it is customary to assume that statistically, in every society, 0.5% of the general population are individuals with intellectual disability, and as a result, they are considered as requiring support in most fields of life throughout their entire life. The Ministry of Social Affairs treats about 25,000 individuals with intellectual disability in all ages and all levels of functioning (Pearlman, Cohen, &

Rosner, 2016). More than 5,200 couples of which at least one of the spouses has intellectual disability live in Israel as of 2014 (Shalom, Ben-Simhon, & Goren, 2014). Table number 1 presents demographic data regarding the intellectually disabled population in Israel in the year of 2014. Table number 1, according to Shalom, Ben-Simhon, and Goren (2014), delineates the marital status, gender and parenting of children of intellectually disabled individuals, receiving a disability pension due to the disability.

Table 1. Demographic data of the mentally disabled population in Israel (Shalom, Ben-Simhon, & Goren, 2014).

Marital status	People with Intellectual disability		Gender			
			Men		Women	
	Total	Of them: parents	Total	Of them: parents	Total	Of them: parents
Total	32.909	5.510	18.321	2.999	14.588	2.511
Widow/er	317	190	89	52	228	138
Divorced	2.391	1.336	1.044	534	1.47	802
Married	5.106	3.667	3.154	2.348	1.952	1.319
Single	25.095	317	14.034	65	11.061	252

In reviewing the epidemiologic studies of intellectual disability, it was indicated that 52% of the intellectually disabled population has more than one factor that contributed to its creation. Intellectual disability often reflects the accumulated influences of several risk factors, or reciprocal relations between them (Even, 2002). In many instances, particularly those of mild intellectual disability, there is difficulty in identifying the factors (Ainsworth, & Barker, 2004). The approach maintaining that it is not possible to identify the factors in some cases, focuses on types of factors and timing of factors.

Following are the types of factors:

- Bio-medical: factors related to biological processes such as genetic disorders or nutrition disorders.

- Social factors: factors related to incorrect social or familial reciprocal relations.

- Behavioral factors: factors related to dangerous behavior of the mother such as injuries or consumption of drugs.

- Educational factors: factors related to existing education and stimulation possibilities which provide assistance with the mental development and the development of adaptive skills (Wacker, Berg, & Harding, 2002).

Intellectual disability factors, and their combination, when there is more than one,, also determine the characteristics of intellectual disability and level of intellectual disability, starting with mild disability all the way to severe intellectual disability.

1.1.3. Characteristics and levels of intellectual disability

The dimensions included in the definition receive their current meaning from the definitions of American Association on Intellectual and Mental Disabilities and from the World Health Organization and are updated when international terms are updated (Johnson, & Traustadóttir, 2005). Following are the definitions for these dimensions.

1. The developmental component – also defined in Israel according to criteria determined in research and international associations: The age of 18 years is considered the end of the adolescence period. Meaning, if an individual has suffered damage from the beginning of his or her development, however, it was not deemed significant in the beginning, but upon growing up, it became clear that the damage limits their functioning as the social and adaptive requirements become more complex, and now they require more support. It is possible to diagnose the individual's problem as developmental should it be discovered by the age of 18. If one was functioning suitably, despite their limitations, after passing the age of 18 and meeting the requirements expected from their chronologic age, even should their functioning reduce in the future, their condition is not included in the definition of developmental damage according to all international criteria (Wadsworth, Milsom, & Cocco, 2004).

2. Mental capability – measured and determined according to standard tests, employed in Israel as all over the world, presenting validity and skills that are appropriate for the Israeli culture. In this case too. It is determined that a significant decrease means two standard deviations from the average (each standard deviation equals 15 IQ points). Therefore, everything below IQ of 70 is

considered a significant decrease only in intellectual functioning, and it is not sufficient to define the condition as intellectual disability according to this criterion alone (Gordon, Tantillo, Feldman, & Perrone, 2004).

3. Adaptive behavior – defined and measured according to the fields and criteria determined by American Association on Intellectual and Developmental Disabilities (ten areas of life as defined in 1992 and updates introduced in 2002), and the central index is support level required for functioning in the determined areas.

4. Requiring treatment – in a Legislator's definition, the meaning is extent of required support (on and off), increased or permanent disability (in order for an individual to function in areas of life expected of them). The distinction between intellectual disability and mental illness is extremely important and vital for determination of methods for treatment and support, which are different in the two cases, therefore, it is so much important to distinguish between them despite the difficulty and the shadowing existing between both phenomena (Eftink, 2010).

The definition of the Israeli Legislator from 1969, was also pertinent a decade ago, to the central measures defining the intellectual disability phenomenon. The contents of these dimensions are updated according to international studies (Eftink, 2010). The definition and its components determine and guide the process of diagnosis and the process of decision-making regarding the existence of intellectual disability. An individual is defined as one with intellectual disability, when there is a significant decrease in his or her intellectual functioning, as well as, simultaneous significant

decrease in his or her adaptive functioning and they require care, when the damage appeared before the age of 18 and does not stem from a mental condition or a condition of cultural or emotional deprivation (Gordon et al., 2004).

Since the beginning of the 20th century, when intelligence tests started to be used as a central component in defining Intellectual disability, the levels of Intellectual disability were defined according to various severity levels, determined according to intelligence quotient – the IQ scores. Therefore, scientists who have dealt with Intellectual disability phenomenon, excitedly and hastily adopted numerical indexes that enabled them to classify people without any difficulty and without exerting any additional professional judgement. For them, IQ was the target, rather than an additional means for assessing and making decisions (Flanagan, & Harrison, 2012). Some of those researching the field address the characterizing and diagnosis of intellectual disability in this manner to this day. It was believed that IQ scores optimally reflect the learning ability of the individual and that it does not change throughout their life. Therefore, Intellectual disability levels were defined as follows:

- IQ 55-69 is considered mild Intellectual disability.

- IQ 40-54 is considered medium Intellectual disability.

- IQ 20-39 is considered severe Intellectual disability.

- IQ of below 20 is considered profound Intellectual disability (Standen, Brown & Cromby, 2001).

Over the years, it has been concluded that these classification methods are unsuitable for defining the functioning and the support needs of the population, in a manner that is suitable for the individual and for the development of appropriate services.

It was found that individuals defined as having mild Intellectual disability considering their specific IQ, functioned in a completely different manner and required a different kind of support and treatment than other individuals also defined as having mild Intellectual disability with similar IQ (Eden, & Passig, 2007). Meaning, the criterion of IQ did not supply suitable information about the true functioning and needs of an individual. Additionally, it revealed that people defined as belonging to one of the categories such as educational, training, treatment, etc., were completely different from one another, while their inclusion in a specific category often prevented them from being exposed to learning methods, practice or treatment which they required. The difficulty in classification according to IQ stemmed from the fact that an exclusive criterion of IQ was used in different treatment conditions (Weiss, Bialik, & Kizoni, 2003). Different cases have a need for different types of intervention, when treatment intervention is required, as the intellectual disability is more severe and prevents the disabled from being autonomic in various functions.

Nowadays, characterization of Intellectual disability measures 8 areas of problem behavior. The SIB-R (Scales of Independent Behavior-Revised) provides norms from infancy through to the age of 80 and above. It has been used, among other things, in intellectual disability. Some experts consider that one of the strengths of the SIB-R is that it has application for basic adaptive skills and problem behaviors of people with significant intellectual disability can map to American Association of Intellectual disability levels of support. The SIB-R is considered to be much less vulnerable to exaggeration than some other measures of adaptive behaviors (Haslett & Anthony, 2018).

1.1.4. Conditions requiring treatment intervention or support

In Israel, over the years, it was discovered that determination of level of intellectual disability according to IQ alone, does not enable planning of personal intervention nor development of suitable services. Therefore, an attempt was made to define the levels of intellectual disability, still accepted in professional terminology, with content more suitable for the required purposes, in order to guarantee suitable support. Two intermediate levels were introduced – mild-medium Intellectual disability, and low-medium Intellectual disability, as it was found that there are functioning conditions that are not possible to define in an absolute manner in one of the four groups (Tam, Man, Chan, Sze, & Wong, 2005). Occasionally, there are also implications to intellectual disability that might put the intellectually disabled individual or their environment at risk. Occasionally, people who are intellectually disabled, have aggressive behavior (Hagerman, Hills, Scharfenaker, & Lewis, 1999), and occasionally, challenging behavior of various types that might endanger the environment or interrupt it (Džidić, Jelić, Sekelj-Kauzlarić, Vlak, Vakran, & Eldar, 2006). Occasionally, there is a danger of self-harming (Rojahn, Schroeder, & Hoch, 2007).

There are conditions of intellectual disability, such as severe or nursing disability, in which an individual requires constant support, = in at least three areas of life. Meaning, there is a need to perform vital activities for them (such as feeding, bathing, etc.). In other conditions of intellectual disability, an individual requires increased support in other areas, meaning, the presence of an external factor is obligatory, in order to supply direct assistance in performing various actions. Profound Intellectual disability (those requiring nursing, when there is defective development or

lack of development), where there is significant reduction of personal functioning, and when there are four standard deviations or more in the suitable intelligence tests and in adaptive fields measured through the support level a person requires in ten areas of life (Elgie, & Hastings, 2002). In nursing disability, an individual requires constant support in all areas of life. In this type of support, all activities required for the fulfillment of needs, in all areas, are performed by an external support factor. By way of extensive experience, the American Association on Intellectual and Developmental Disabilities of 1990 propose that the determination of the existence of Intellectual disability is done according to the three criterions found in the definition (Cohen, Hutchfield, Thomae, & Gustafsson, 2010): intellectual functioning, adaptive behavior and developmental age. Alongside the evaluation of the level of support and type of support an individual requires, most suitable for guaranteeing personal care and efficient services (Wacker, Berg, & Harding, 2002). The key for a decision regarding support or intervention is the functioning capability of an individual.

1.1.5. Functioning capability

In a comprehensive study conducted in Israel regarding couples with intellectual disability, 40 couples were observed over a long period of time in their homes. Two behavioral and adaptation systems were observed, noted and indicated. The first – the daily behavioral and adaptation system for familial functioning, according to acceptable measurement scales regarding the functioning of families, including maintenance of home, cleaning, shopping, payments, fulfilling duties, educating children, participation in the close and distant community, relations with extended family and more. The second behavioral system examined was the communication system between spouses, the ability

of one to listen to the other, support, concede, give, accept, put demands forward in a mutual discussion and fulfill them. The findings revealed a phenomenon which has not been found until then in other studies (Levitan, 1990): the functioning system of the family was lower in relation to similar populations (about 27% out of 100%), as opposed to a very good emotional system (of about 90% out of 100%), which is an indication of good and supportive communication between spouses.

According to Levitan (1990), familial functioning and forms of attachment in the family were not affected by differences in the disabled groups –

- When two spouses are intellectually disabled.

- When only the husband is intellectually disabled.

- When only the wife is intellectually disabled.

Therefore, it appears that intellectually disabled couples were found extremely low in functioning level and extremely high in the level that supports and connects between them (Levitan, 1990). Despite the fact that the research subject is intimacy of children with mentally disabled mothers, current study is of relevance, as parents' intimacy is a model of intimacy and affects the development of their children's personality structure, meaning, this is the intimacy model that is presented before them as they are about to start a family.

The capability of women with intellectual disability to fill their role as mothers, is also influenced by the attention given by the medical team in examinations and treatment preceding birth. Most probably, information given by medical teams' personnel, regarding services to mothers diagnosed as intellectually disabled, is minimal.

Despite the fact that medical teams' personnel believed that women with intellectual disability can be successful mothers, many of them also believed that these women should have abortions (Strnadová, Bernoldová, Adamčíková, & Klusáček, 2017).

It can be seen in studies (Levitan, 2011; Tymchuk & Feldman, 1991) researching broad populations and their comparison with children of intellectually disabled parents, that there is no difference between children of intellectually disabled parents and children of normative parents, providing the child in a family of intellectually disabled parent is being supported and assisted by a figure of "additional parent", usually, a normal family relative (a grandparent in most cases). The significant participation of such a figure, fills the spaces created by a lack of parental functioning and provides an optimal and supportive living environment (Levitan, 2011; Tymchuk & Feldman, 1991).

1.1.6. Resilience

The term resilience relates to a dynamic process containing positive adaptation in the context of significant distress (Luthar, 2000). Two significant conditions are concealed in this definition –

1. The fact that an individual was exposed to real threat or significant distress.

2. Existence of positive adaptation despite difficulties in the process of the individual's natural development (Nagelkerk, Reick, & Meengs, 2006).

Research on the term of resilience started, in fact, in order to better understand how people succeed in successfully coping with trauma, dangers and difficulties of life (Greene, 2002). The term "ego resilience" can be found as early as in writings of Freud and Erikson, and describes an individual's resources under stress or conditions of trauma

(Ryan, & Bernard, 2000). At the same time, as early as in the beginning of 1920's, new approaches started to develop in the field of social work. These approaches focused on the strengths of those applying for service rather than their pathology, weaknesses or problems (McGaha, 2002).

During the 50's and the 60's, interest regarding differences between people in their ways and methods of coping in their environment, grew. Particularly, emphasis was put on stressful life events and ways of coping with these. The term resilience is a relatively new term in the field of developmental psychology research. The term started developing in this field during the 1970's and it originates from studies dealing with the field of children endangerment (Thyer, 2001). These studies examined the influence of risk factors such as poverty, lack of parental functioning etc., on future development of children. It was found, that despite the expectation that their achievements will be low, their achievements were identical to those of children who have not been exposed to these factors and thus the hypothesis of those studies was that difficult events in childhood, do not necessarily predict future pathology (Luthar, Cicchetti, & Becker, 2000).

It was found that an individual is capable of overcoming most extreme events and exhibiting positive coping, despite their exposure to significant distress. This phenomenon of developing optimal coping mechanisms and adaptation has been defined as resilience (Neill & Dias, 2001). Resilience, then, is a resource enabling relatively efficient recovery from and adaptation to distress, disaster, crisis or change, and explains the unique methods of coping that any individual employs when dealing with complex situations (Luthar, Cicchetti & Becker, 2000).

The term resilience has three main definitions, which have been researched and described:

1. The definitions relating to the term of resilience as a resource one has and which is an integral part of an individual's character.

2. Definitions relating to the term as a coping method (Stake, 2000).

3. Definitions relating to the term as a result of functional, practical reactions and adaptation to circumstances and events, or as a process guaranteeing adaptation.

Multiplicity of definitions indicates a difficulty in conclusive identification of these qualities, causing people to react differently to conditions of distress and difficulty. A sense of resilience is not general and does not exist in all areas of one's life and throughout all of his years. In fact, studies in the field can only indicate resilience in a field they have researched, without the ability to generalize in regard to any other areas of life (Gorbatov, & Moshe, 2009). However, the hypothesis is that the process of building resilience in one field will strengthen one's functioning in his or her coping with stressful life events in the future (Alschuler, 2000).

1.1.6.1. Resilience according to Antonovsky and the Salutogenesis model

According to the salutogenic model of Antonovsky (1979), every individual lives in a world of continuous pressing stimulations and therefore, the condition of stress in itself is not defined as an abnormal situation. The term Salutogenesis is composed of the two words Salus (health) and Genesis which means Origin, in Latin, and in fact tries to define the origins of health of Man, and stands opposite the pathogenesis model (Lykes,

2002), which predicts illness or pathology. According to this model, stress factors are an inseparable part of the routine of an individual's life. Stress factors are not rare in our world and as a result, it is called-for to examine the sources of coping, health and welfare of those people exposed to them. The negative or positive direction of influence of external and internal stimulations on an individual, as well as the intensity of influence, depend upon the way one perceives the world rather than on the world itself. Instead of discussion regarding health as a by-product of external stress, Antonovsky discussed health as a by-product of interaction between an individual and human systems in any given moment (Roglic et al., 2005).

According to the salutogenic approach, a stressor is an external or internal stimulation causing tension, this tension can be resolved by employing external or internal resistance resources a person possesses and adjusting them in order to cope with the difficulty he or she faces. Alternately, should one lack these resources, tension might lead to a sensation or experience of stress. "The salutogenic characteristics", therefore, are those factors enabling an individual to maintain or better his health, while interacting with the life situation he is found in.

The search for response to those health factors that enable coping, brought about the definition of "generalized resistance resources" – meaning, the characteristics of an individual, a group or a situation (material resources, knowledge, intelligence, coping strategies, social support, religion, philosophy, etc.) that according to empiric evidence or common sense help successfully cope with the inherent stressors of human existence (Langeland, & Wahl, 2009). After examining the common denominator of generalized coping resources, it became clear that all resources encourage and promote experiences

that assist an individual to perceive the world as cognitively, instrumentally and emotionally-motivationally "logical" (James, 2005).

This examination originated the term "sense of coherence" – this is a global orientation expressing the extent of an individual's profound and consistent confidence. It is determined dynamic when (Krantz, & Ostergren, 2004) –

1. Stimulation which is distinct from the internal and external environment of an individual during the course of his or her life, is structured, predictable and clear.

2. An individual possesses the required resources for coping with the demands posed by this stimulation.

3. These demands are a challenge that justifies exertion and obligation (Langeland, & Wahl, 2009).

Antonovsky, (in Eriksson, & Lindström, 2007), emphasizes that the term "sense of coherence" is an orientation disposition more than a personality pattern / characteristic or coping strategy. Sense of Coherence, according to Antonovsky, is composed of three components, which when exist in high levels in an individual, are indicative of high SOC (Almedom, 2004):

1. Comprehensibility: an individual's ability to find logic in different situations he or she faces.

2. Meaningfulness: an individual's ability to find meaning in his or her life and the challenges it presents.

3. Manageability: an individual's feeling that he or she possesses the required resources for coping with life's challenges.

An individual with a strong sense of coherence, upon facing stressors –

- Will aspire to and have motivation for coping (meaningfulness).

- Will believe that the challenge is understood (comprehensibility).

- Will believe that he has coping resources (manageability) (Langeland, & Wahl, 2009).

This is in fact an expression of his or her resilience. The uniqueness of this approach is expressed in the combination of motivational, cognitive and behavioral components. The choice in Antonovsky's salutogenic model reflects the researcher's perception that adaptation to the complex reality of life and crisis situations should be examined, while focusing on a viewpoint of health and positive coping (Krantz, & Ostergren, 2004).

1.1.6.2. Developing resilience and risk and protective factors

The origin of the resilience approach, emphasizing the strengths and resources of an individual, is in an approach based on identifying risks. While the approaches are different and even opposing, both are vital and actually complement each other. Understanding and identifying risks is vital should it be possible to reduce those risks or help people cope despite those risks (Gary, & Reker, 2006). Criticism of this approach is due to the fact that it emphasises lack rather than strengths thus creating negative labelling and stigma for an individual, and in radical incidents even turning into a self-realizing prophecy. This occurs when an individual receives a message of low expectations for succeeding from society due to risks he or she is in (James, 2005). On the other hand, development of resilience might be more effective in populations defined

as "at risk" and for whom the reality of life is not always possible to change. Studies regarding resilience proved that identifying those strengths in an individual, accompanied by messages of high expectations from him or her, might be of benefit (Richardson, Adner & Nordsrom, 2002).

As stated, these two components, risk factors and protective factors, are vital for understanding the term of resilience. Risk factors have accumulating influence and therefore there is greater importance to the amount of risk factors a person will be exposed to in their childhood than the weight of each separate factor. Risk factors might be internal or external, and they are diverse and changing in relation to the development of various problems later on in life. Nonetheless, there is a diagnosis of seven common general risk factors (Feigin & Sapir, 2005) –

1. Exposure to financial and social want – group of complex factors connected to one another such as severe health conditions, low socio-economic status, lack of educational opportunities, etc.

2. Exposure to dysfunctional living environment and lack of parental functioning – parental neglect, inconsistent education, lack of parental supervision.

3. Exposure to familial conflicts – high level of familial instability, arguments and violence at home.

4. Exposure to a parent's adaptive or mental difficulty.

5. Influence of age group.

6. Traumatic life events.

7. Organic / genetic factors (Eriksson & Lindström, 2007).

The protective factors are the same qualities, congenital or acquired, which make one immune. It is obvious that the more risk factors there are, the greater number of protective factors an individual will need in order to increase the chances of functioning and coping.

Multiple studies on resilient children identified three main sources of protective factors –

- Internal qualities of a child.
- Family characteristics.
- Community and social support.

It is possible to classify external risk factors into three main branches, in each one, an emphasis is given to three areas of life – home, school and significant frameworks and community and society – caring relationships and high expectations, meaningful participation (Miller, 2003).

1.2. The Nuclear family

Bandura is the father of social learning. According to Bandura (1969), there is close reciprocal activity between three factors – behavior, cognition and environmental factors. This means that while an individual is influenced by their environment they influence it as well. Acquiring identity is acquiring behavior patterns in general and acquiring the roles of genders also constitutes a process of learning through observation. Therefore, the entire practical and conscious attention of an individual, meaning behaviors, positions, feelings, gender roles, characteristics such as aggression or weakness and others, acquired through observing other individuals, who serve as models

for observation and imitation. That is the unique force of the family home. Learning does not have to occur constantly and routinely. It is a process affected by a variety of personal factors such as gender, age, personal abilities, the motives causing an individual to acquire a specific behavior and naturally the role model before them - the personal model. The model includes age, thus indicating the difference in process of learning from parents as opposed to learning from children; gender of the role model, whether they are of same gender or another; personal qualities and mainly availability, which can mostly be found in parents or children in a family. A child who observes his or her environment is mediated by his or her understanding of the world, meaning by cognitive factors.

1.2.1. Parents' home as the basis of individual's socialization process

Most of the basic educational processes occur mainly amongst the nuclear family. Furthermore, the source of motivation necessary for learning, including learning in school, exists in the family and daily life of a pupil. In recent years, many countries, including Israel, have adopted the open-door approach. The meaning of that is that the establishment also realizes that the child's base is his or her parents' home, and the parents have the maximal sensitivity for a child's individual needs. Occasionally, within the family structure, interests that contradict one another can be found. An example of that is the need for involvement alongside independence, the desire to combine a career with perfect parenthood as well as additional aspects, at times ambivalent, found in different areas of life (Shofer & Engelhard, 2013). In addition to those areas, the parents' home is also the basis of different areas of development, such as potty training, separation, power struggles, hygiene, nutrition, regulating behavior, socialization, boundaries and quality interaction with children (Bird, 2017).

Some studies (Chesney, & Belknap, 2004; Peloza, White, & Shang, 2012) indicate that socialization processes that an individual goes through at home as a child, have conclusive influence on his or her self-image, as well as their self-confidence. According to these studies, adolescents who gain basic trust relations with humans in their youth, develop self-confidence. Upon maturity, these trust relations help these individuals create relationships of trust with other people and control the course of their own lives.

1.2.2. Relationship of parents as a model for intimacy

The Freudian approach clearly emphasizes that the relationship with others is a function of the primary experience of the relationship with the parents, whereas remoteness or over-proximity to the parents create distrust and detachment from other people. According to Erikson (1963), in their lifetime, an individual goes through eight developmental stages, and coping with every stage is dependent upon implementation of the previous stage. The significant natural environment of a child is their family, therefore problems regarding this environment might harm the ability of a child to complete the development stages, including his or her separation from parents and creating a mature intimacy. The sensation of willingness for attachments and trust in another are dependent upon the emotional security an individual receives in the first years of life out of contact with the family. A direct result of this self-confidence is the ability and will to experience new situations, be separated from the family and expand the fields of interest while making contact with the extended society, and creating an intimate relationship.

Satisfaction with the origin family and levels of autonomy and intimacy within it are qualities that constitute the foundation of development of the ability to create close emotional relations (Goldberg, 2005). A significant correlation was found between early childhood relations with parents and the meaning of intimacy relationship for their child (Katz-Shuster, 1999). Additionally, significant correlation was found between parental relationships characterized by caring attention and low level of fear of intimacy in marriage (London, & Weisbart, 2010).

Relationship of parents shapes the future of their children's intimate relations and in many cases their future life. When a couple comes from a model in which they saw teamwork between the parents, they will thus aspire to recreate this model. This is the desired and positive situation. Oppositely, when there is an internalized model of belligerence, when one of the spouses is belligerent and that is the model he / she has absorbed, while the other is weak, he or she cannot expect teamwork in the intimacy they structure (Brant, 2014). It can be learned from the above, that should there be an intellectually disabled mother, while the father is a normal person, the father has advantage over the mother, him being the stronger one between the spouses in the balance of power. In this situation, the intimacy model that children of the spouses would gain is the humiliation of mother or humiliation of the weak.

Family theoreticians and researchers have indicated at existing correlations between the qualities of the parental intimate relationship and the quality of intimate relationships of the offspring (Bouchard, & Lachance-Grzela, 2016; Khaleque, 2018; Ripoll-Núñez, & Carrillo, 2016). Literature examination indicates that the theory and research focus particularly on intergenerational transference of instability and

pathologies in married life from parents' generation to children's generation, and less of a transference of intimacy qualities in healthy relationships (Narula, 2018; Pham, 2014; Xi, 2016). As an example of instability in parents' intimacy, studies conducted on the subject of children of divorced parents indicate that these children have lower probability of getting married as compared to children of married parents (Ampuero, 2014; O'Brien, 2013). However, should they get married, they do so at a younger age and report having less trust in their spouses and less altruistic love towards them (Katz-Shuster, 1999).

In a study conducted by Katz-Shuster (1999), significant correlation was found between parents' intimacy and the meaning of their child's intimate relations: quality and characteristics of parental intimate relations are the basis for the significance of their offspring's intimate relations, there is a correlation between the characteristics of parental intimate relations and the scheme of an offspring's intimate relations. Thus, an individual who has observed the intimate relations of his or her parents, characterized by warmth, understanding, acceptance, inclusion and reciprocity, and who has structured a scheme of intimate relations based on those elements, will tend to emphasize the within the meaning he or she assigns to the intimacy experience, those same elements of warmth, understanding, acceptance, inclusion and reciprocity. Oppositely, an individual who has observed parental intimate relations characterized by dependence, merging and care for self, will tend to emphasize within the meaning he or she assigns to the intimacy experience those same elements, meaning dependence, merging and care for self. It thus transpires that relations in family have significant importance regarding the intimate relations of the next generation.

1.3. Relations in a family

As current study focuses on children of intellectually disabled mothers, this part was designed to explain and clarify the uniqueness of a mother and her role in the family, compared to other members of the small family cell. In order to better understand the essence of a family cell, and its role for a child growing up in a family in general and in a family with an intellectually disabled mother in particular, it is important to examine the relations in that small cell, in order to understand the role each figure has in the family fabric for others, and especially for the children. Despite the fact that the father is perceived as a clearer, more defined and sharper figure than the mother, it is possible to estimate that he / she can be replaced some way or another, however, in actuality, it is an erroneous generalization, and the pair "mother and father" is considered to be an undisputed foundation of human existence (Erlich, 2009). Furthermore, despite the existence of single-parent families and even alternative families, such as two mothers or two fathers, the traditional structure of a family gives a child all he or she needs, meaning, a father figure, a mother figure, and if there are sisters and brothers in the family then each member of the nuclear family cell has their own unique and vital role (Michael, 2018).

The importance of relations in a family for the children cannot be overstated, however, in fact, those affect the parents as well. Morris, Robinson, Hays-Grudo, Claussen, Hartwig and Treat (2017) maintain that a child's characteristics and his or her interaction with their parents, has much influence on the family's income. The closer the relationship between the parents and the child, the warmer they are and the more understanding there is, the bigger the chance that the income of the family will increase.

Another common claim is, inter-family relations affect the interaction of family members with the social environment and as well the child's functioning in school (Lareau, 1987; Shofar-Engelhard, 2013).

Therefore, an absence of one parent is a deprivation in the development of a child. Therefore, just as absence of a mother is significant and crucial to the development of a child, thus absence of a father is absence of a key figure that might assist an individual to extract solutions for different problems. Like the mother, the father has a lot of experience, and occasionally, even when a son is already grown up and is a father himself, he still needs his advice, and in cases when the father is absent, anger regarding his absence spreads to all family members. In order to understand inter-family relations, the need of the father's embrace, his strength, his being an anchor, should be emphasized – these are all motives recurring in all families and are more accentuated in cases where a father is missing, for a son who has himself become a father (Pechler, 2016). The following section will examine the role of a father in a family.

1.3.1. Position and importance of father in a family

The role of the father in a family is to anchor and stabilize it, both socially and financially. Presence of the father of a family prevents intervention attempts of other people as well as attempts to gain control over family property. Even more so, statistics reveal that in more than 80% of families in the Western world, the father is responsible for most of the financial income, and whether this stems from gender discrimination or any other reason, his role is an important one. An additional reason is the father's assertiveness that assists in creating order in the family and in the anchoring of rules. Father also serves as a role model for the boys in the family (Michael, 2018). Pechler

(2016) maintains that a father fills a vital role in preserving family members' mental resilience. The importance of father is in life sequence and child development, and should the father die, it becomes a traumatic experience and a threat to the life sequence. The need for a father's presence and the difficulty of his absence, resembles in different meanings, the need for a mother and the difficulty in her absence.

Should the father die, love of the son towards him does not disappear, and similarly to the case of death of the mother and the feeling of a daughter regarding her mother's death, the father's death creates sorrow, and occasionally anger, regarding the departure. The unequivocal need of a father is also true for daughters. The more mother is left alone without a father present, her communication with her daughter is of less quality, and occasionally, the daughter even disappears for periods of days or weeks. Single families, headed by a woman, have less intimacy between mother and daughter, and the connection lacks anything related to sensitive subjects such as sexuality, relations between the genders and sexual relations in particular (Crichton, Ibisomi & Gyimah, 2012). This aspect projects also on men who have grown up without a father and are not closely familiar with fatherly skills. They lack these in their intimacy, parenthood and career. Occasionally, a family without a father encounters financial difficulties. At times, a mother finds it difficult to lead the family, and the children, boys as well as girls, feel that there is no authoritative guiding hand. A father who has grown up without a father, also feels the loss, the absence, experiences intimacy difficulties and tries to adopt father figures (Pechler, 2016).

Support of Pechler's claim can be found in the words of Landau (2002), who maintains that parental loss, whether as a result of death or as a result of distancing enforced by

divorce, was found as a strong predictor of referrals of children at a school age to mental health services. Additionally, a study regarding the influence of the father's presence on the child's welfare, when mother's presence remains unchanging, reveals that in terms of the child's welfare the presence of two living parents is preferable. The importance of two parents together is enormous, that an examination of benefit versus damage reveals that at times there should be an avoidance of preliminary actions that might create a situation in which a child will not have two parents, such as a situation in which sperm or eggs of a deceased are frozen, in order to create future fertilization from them. In a situation such as this, it is obvious that a child will not have at least one parent, therefore, Landau refers to it as a "planned orphanage". In order to better understand the significance each parent has, they are to be seen as having actual different roles, supporting each other, and the better functioning they demonstrate, the better the family will function as a group (Hodes, Meppelder, Moor, Kef & Schuengel, 2017).

Adar-Bonis (2007) maintains that when examining familial relationships, the relationship of the father with his spouse, which are equal relations, are to be distinguished from the relationship of a parent and their child, which are relations of dependency. Children have equalitarian relationships with their sisters and brothers. Meaning, each of the two parents constitutes as a support base for the child and navigates their childhood, development and maturing. Incapacity of one parent damages the process of the child's proper development. Thus far the importance of the father can be seen, as well as the necessity of both parents, and when the subject of discussion is the nuclear family cell, there is also great importance to sisters and brothers of a child.

1.3.2. Additional children

Additional children are important and have a significant role in a family. On one hand, they contribute to family unity and tighten the bond between various parts of the family, and on the other hand, facing competitiveness, occasional rivalries between siblings, and the family cell is sort of a microcosm of life external to the family (Doron, Ben-Simon, Golan, Levi, Gotliv & Ben-David, 2014). Additional children in the family are an experience common to most children, growing up with at least one brother or sister. It is a long-term relationship one is born to and they continue together, as long as they are both alive (Berg-Cross, 2010). When additional children are present, they have multiple reciprocal influences. They learn various skills from one another, interactions are created between them and this creates the development of different behaviors or patterns in the younger sibling (Rust, Golombok, Hines, Johnston & Golding, 2000).

Relations between children in a family have great influence on the personality and development of an individual. An older sibling, especially a same gender sibling, has significant influence on an individual's socialization processes. Additionally prominent is their influence on shaping the identity of younger siblings in stages of adolescence and early adolescence (Wong, Branje, VanderValk, Hawk & Meeus, 2010). Mature siblings of the same gender become gender models for the young siblings. The gender of mature children has meaning and importance for a child's development. When an older sibling is male, children adapt masculine behavior, in both genders (Wong et al., 2010). When boys have big brothers and girls have big sisters, they are more conformed to their gender than single children or children of opposite gender (Rust et al., 2000). However, there is a gender difference between sisters and brothers, as it was

found that mature sisters take more responsibility for their young sisters and brothers than mature brothers (Doron et al., 2014). An additional study revealed that in instances of sickness in a family and disability in parents' functioning, the siblings might take upon themselves the duty of maintaining the family, and thus reversal of roles is created between parents and their children (Hodes et al., 2017).

The influence of additional children in a family on the development of an individual can also be found in the mature stage of an individual life. The fact of their shared life invites siblings to become role models for their other siblings, to be friends and occasionally rivals as well. They have a position in family conflicts, and in many instances, mature siblings create a coalition with young siblings. At times, various influences between siblings are direct and operate upon the child him or herself, and in other cases they are indirect and contribute to the entire family structure and shaping thereof (McHale, Crouter, & Whiteman, 2003). Siblings have significant influence on social structure accompanying a child in their childhood or in their first years of adolescence, and occasionally throughout their entire life (Wong et al., 2010). As Adar-Bonis (2007) maintains, relations between children in a family are dependent upon relations between parents and children. When discussing relations of parents and children, it is possible to discern in research literature, that relations of a mother and her children have a special status.

1.3.3. Uniqueness of mother's status for her children

Yuval (2012) maintains that a mother's love for her children is probably the most potent love of all. Children's identification with their mother has been acknowledged since the beginning of history, in humans and in mammals. Relations of mothers and their children are stronger and more complex compared to other connections in the family, such as the connection between brothers, between a father and his children and between a mother and her spouse (Benjamin, 2015; Coleman, 2017). This is a preliminary encounter with warmth, feeding, softness and security, an encounter that starts a journey, and which is attempted to be recreated during one's entire life (Freedman, 2011). Many theoreticians emphasized the importance of care and its quality provided by the main caregiver, the mother, during adolescence and maturing years, for the individual's proper development. Therefore, the reason for that is also clear, that the individual influence of a mother in situations of a developmental problem in a family, has the biggest influence on the siblings' acceptance level and self-esteem. The influence of a mother is stronger than the influence of a father and even more than that of the parents' dyad. The use of the technique of cooperative coping of both parents is efficient for the entire family, including the children-siblings (Kenig-Gurfinkel, 2004).

Bowlby (1988) attributed crucial importance to a mother-child connection. According to him, warm, intimate, diffusional and continuous relations with the mother are essential for proper physical and emotional development, while the connection with the mother contributes to the infant's sense of self. Winnicott (1965) emphasized the importance of environment in the development of an infant and a child, while the central issue is the dependency relations between a mother and her child. According to him, in

order for an infant to realize the development processes in full, the motherly environment should be "good enough", meaning, to adjust herself to the infant's needs (Winnicott, 2004).

Relations of a mother and her children are prominent in monkeys in general and in chimpanzees, which are attributed to the group of big monkeys called "apes", in particular. The mother observes her children, is present and monitors their actions and games (Jeannin, Gilbert, Amy, & Leboucher, 2017; Stanford, 2012). The Western world is accompanied by mother's love for her children, since the days of ancient Greece, with the exclusion of certain periods throughout the Middle Ages, this love is perceived holistically as the "motherhood profession" which includes love, care, treatment and education (Badinter, 1985). The story of Binding of Isaac might teach about the difference between a mother and her children and a father and his children. The love of a mother to a child is perceived as a myth since the stories of Genesis. A father can be tougher and even cope with the divine task of sacrificing him, while the mother cannot bear it. The connection between a mother and a child is perceived as absolute (Gartenberg, 2014).

Badinter (1985) presents the term of motherhood as the work of a mother that "guarantees the survival of a fetus and the process of its turning into a complete person" (p. 14), and therefore, it is possible to understand the prolonged process that a mother and her children undergo and the unique bond between them, as she coaches them for the task of life. A mother giving birth to a baby feels that it is part of her and as a result, from its birth, concerns and fears regarding the baby awaken in her: is everything all right with it?   Am I caring for it as I, as a mother, should? This phenomenon is common

to most young mothers. This is a natural worry, caused by a symbiosis between a mother and a baby. The mother feels that the baby, and later on, the child, is a part of herself (Schetter, & Tanner, 2012).

These anxieties and worries are part of a fabric of emotions characterizing a woman in her transition to parenthood. When a woman becomes a mother, a variety of emotions arise in her experiences. On the one hand, positive emotions such as happiness, enjoyment and satisfaction, and on the other hand, negative emotions such as fears and anxieties, responsibility, guilt and feelings of distress. The motherhood myth is imprinted in society consciously and unconsciously, and according to which, motherhood is an instinctive feeling that fills a woman more than any other component of her identity, while idealization of motherhood in the Western culture is a result of the responsibility attributed to a mother by society. In many cases the social demand of a mother is to be perceived as a good mother, she shall prefer the needs of her children over her own needs. She must be loving and not express feelings of rage that awaken regarding the connection with her children and caring for them (Freedman, 2011; Gross, 2018). Thus, one can realize the significance of the relationship of a mother and her children in general. However, it turns out that there is a difference between the connection of a mother and her daughter and the connection of a mother and her son. The gender difference examined in current study and the literature regarding it will be further discussed.

1.4. The gender difference: Relations of mother and daughter as opposed to relations of mother and son

Despite the fact that general orientation for child-parent relations stem from mental connection, by way of symbiosis and closeness, there are also external factors, such as the material factor, influencing the relations of a daughter or a son with each parent. Occasionally, remarriage, lack of financial capability due to death of a father who was the provider, or cases in which a child was taken away from a mother due to social circumstances, to a family with preferable opportunities for raising the child as compared to that of the mother, and therefore the child was taken away from her, similarly to current social services actions. At times the original mother would pop up after a prolonged absence of many years, however, the connection between a mother and her children, and particularly between a mother and her daughter, was impossible to rehabilitate (Dixon, 2014).

It is possible that part of a mother's weakness stems from her gender status as well, as the absence of a mother is mainly a function of how society perceives her, meaning not what is written about her, but rather how it is written. Method of observation, the description, the report and deduction regarding the mother is fundamentally masculine, and it is interesting to think what could be a "feminine" method through which the mother's voice and her subjectivity could be made present (Palgi-Hecker, 2006). Apparently, this is the reason why one of the most influencing factors on children is the sense of presence of the mother. It is also possible that this was Bowlby (1969) intention when maintaining that the connection with the caregiving image has central importance in the psychological development of an individual and "the

hunger of a child for love and presence of his mother is as vast as his hunger for food"
(Bowlby, 1969, p. 13).

The aforementioned statements, regarding matters of relationships of mothers and daughters, is not comprehensive and there are also reversed situations, caused by the fact that women find it harder to adjust to a divorce process and its results, as opposed to men, both in fulfilling their role as a single parent and a mother and coping with the routine of daily life (Katz & Pesach, 1985). In situations of divorce. In many instances, one of the parents tries to seduce a child through gifts, shopping sprees and other temptations. From this aspect, the fathers' situation is good, in most cases. On the other hand, there are situations, particularly when a boy or girl are old enough to have their own opinion, in which they prefer one side of the conflict, and so they occasionally break the contact with the other side. Thus, it happens that occasionally a daughter remains with the father and alienation is created between her and mother, alienation that might last for many years (Haselhoff, Faupel & Holzmüller, 2014; Morris, 2014).

Mother-daughter connection is characterized by more conflicts than any other parent-child dyad as a result of its intensity and length, conflicts that are enhanced in adolescence which is a period characterized by internal chaos (Chodorow, 2014). It is of significance to note that adolescence is an age in which conflicts erupt between daughter and mother. Occasionally, a father is also involved in the conflict turmoil, as he partners with the mother in the support given to their daughter in her development and her going out into the big world. A daughter occasionally breaks the limits and that might cause worry her parents, however, they are the ones who assist her with that, as the attention they pay her builds her self-confidence, which enables her to do as she pleases, knowing

that she has the support of her parents (Chodorow, 2014). Freedman (2011) also views such conduct in a similar manner. According to her, becoming independent stimulates the girl to show that she is different from her mother, therefore, the girl initiates defying behaviors, excluding the mother and even disrespecting her abilities and skills. The adolescent knows she has a home to come back to and also whom to get a hug from when she receives a painful blow. Despite the fact that father is also part of the support a daughter receives, eventually, she shares the intimate details with her mother, who gives a hug and offers support at times of distress.

From daughters examined in a study by Becker (2009), one can learn about four patterns of connections and coping strategies. One – daughters who perceived their mothers as partners in events happening in their lives, good and bad. The "good enough" mother, who, due to her giving and inclusion capabilities gained a good daughter, who took care of her in the past and takes care of her in her illness as well. In those cases, daughters have developed a pattern of "continuous funeral", maintaining a close and intimate relationship like they had the past, accompanied by a sensation of loss of a mother and the partnership they had between them as well as a sensation of early and extremely severe grief, while simultaneously trying to find signs of closeness in the mother's responses. The second – pattern of negative connection on the daughter's part, finding her mother repulsive and critical, has behaved like a bad daughter who did not gain expressions of physical or spoken love, and did not grant that to her mother. In such cases, the daughters have developed a pattern of ambivalent relationship, on one hand, closeness was expressed, and on the other hand, avoidance of connection. They combined anger and pain towards their mother, alongside understanding and

compassion. The daughters took care of the mother, mainly, out of responsibility and commitment, although not regularly.

The third – daughters whose connection pattern with their mothers was ambivalent and characterized by closeness and rejection at the same time. Those daughters tried to forget and correct, while establishing a new relationship, different from the one in the past. Forgetting of a mother enabled the daughters to interpret her behavior as loving and warm which was not the actual case. The fourth – daughters who were unable to have any connection with mothers and even after confirmation of mother's illness there was detachment, expressed by complete distancing and disconnection between the daughter and her mother. This pattern appeared in one subject only. One can learn about the strong connection between a mother and her daughter from Becker's study (2009), where, with exception of one interviewed subject, all daughters were worried about the mother, embellished the past and took care of mother in various degrees.

1.5. Life in the shadow of an intellectually disabled parent

There is a connection between having children and failure of the intellectually disabled family life. Intellectually disabled parents exhibited great difficulty in bearing the burden of raising children, and this difficulty continuously increased with the increase in the number of children. The ability of parents with an intellectual disability to take care of their children is feeble. They need each other in a dependent and childish manner and draw much strength from each other. When a child is born to an intellectually disabled family, it has no possibility of being awarded the mature responsible support a parent should give their children. Intellectually disabled fathers are very much dependent on their wives, they feel rejected and respond aggressively towards the children (Kendel, 2007; Levitan, 1990).

Early studies reinforced the prevalent perceptions according to which damage is caused to a child as a result of growing up in a family in which one or both parents are intellectually disabled. Cognitive and emotional damages to a child's development were described; this is a complex childhood, filled with dilemmas, children who are required to fulfill parental roles at an early age, while they are in a continuous search for alternative parental image. Children who deal with a sense of shame regarding a parent, shame that leads to a vast need for hiding, and at the same time, with the social labelling of those surrounding them. The studies describe children who were taken out of dysfunctional homes (Weshler, 2009). The claim is that those children are in developmental risk that would prevent them the proper development necessary for their maturity (Lindberg, Fransson, Forslund, Springer & Granqvist, 2017). In recent years, there are other voices, maintaining that children of intellectually disabled parents who

are supported by an "additional parent" figure, usually a regular relative, are no different than other children of the same age (Levitan, 2011).

A study which researched intervention (Hodes, Meppelder, Moor, Kef, & Schuengel, 2018) based on attachment theory, in order to examine the parent-child harmonic interaction, while examining the self-discipline of parents with mild intellectual disability or borderline intellectual functioning, discovered that the effect of intervention on harmonic interaction between a parent and a child is conditional upon the parents' behavior patterns and social adaptation capability. It was found that various phenomena in the functioning of parents were not conditional upon their IQ level and influences of self-discipline have not been found as well. Despite the fact that intervention did not affect parenthood, it was found to possibly be beneficial for interactions between children and parents who adapted lower functioning in a family and towards their children as well (Hodes et al., 2018).

The field of research regarding children born to an intellectually disabled parent is still in its inception. Existing studies were conducted on a relatively narrow sample of children and focused mainly on preschool children, and few focused on children in elementary school age. Vast majority of studies were not conducted from a viewpoint of children themselves (Jabbar, 2014; Rogers, 2005; Weshler, 2009). Weshler (2009) indicates risk factors existing for all children who were born to a family with an intellectually disabled parent.

1. Exposure to a parent's adaptive or mental difficulty. Children who had at least one parent with adaptive difficulty, were forced to fill the role of a parent from a young age.

2. Exposure to financial and social depravity. Most families come from a low socio-economic background. Exposure to social depravity was prominent in all cases. Lack of social interactions was also prominent, due to the shame involved in bringing people home and sharing their life with people outside the family.

Support of Weshler's second claim can be found in a study (Powell, & Parish, 2017) which reveals that children of intellectually disabled mothers were not found to be in increased risk to become aggressive, unless the income of their family was much lower than the federally defined poverty line. Furthermore, families headed by intellectually disabled mothers experience many difficulties related to social-economic factors, limited social support and low personal health.

In-depth examinations and observations monitoring families of intellectually disabled individuals, in which the parents raise a child without the support of other people, indicate damages and difficulties in the development of these children. For example, a larger number of intellectually disabled children were transferred to special education institutions, than children from the normal population. Young children provide a variety of behavioral and non-verbal clues an adult must know how to interpret in order to respond to the child's needs. Interpretation capability requires abstract and symbolic thinking. There is a doubt, whether an intellectually disabled parent, possesses such capability, in order to provide the needs of a child and broaden their world. Additionally, in their further upbringing, cognitively immature parents will not understand the needs of their children who change upon growth and will not succeed in changing their reactions according to these changes and adjust them to the new situations (Levitan, 2011; Steinhauer, 1985).

Despite the above mentioned, in 2017, a broad comparison study (McConnell, Feldman & Aunos, 2017) was conducted in multiple countries, in order to examine parental functioning of intellectually disabled individuals and also examine their influences regarding their children's health. The study spread across the following countries: Australia, Canada, Czech Republic, Iceland, UK, United States, Sweden, Netherlands, Norway and Poland. The study revealed that the knowledge of training intellectually disabled parents or those with borderline intellectual capacity, has increased and reasons for taking a child out of such a home for the sake of their welfare are extremely limited. Meaning, it was found that a child can develop properly and normally, even in a home where one of the parents was intellectually disabled (McConnell, Feldman & Aunos, 2017).

Past studies (Bachrach, 2017; Delfabbro, Fernandez, McCormick, & Kettler, 2013, 2015; Mildon, 2011) indicated the fact that parents' intellectual disability is a significant variable regarding the damage to children's intellectual level. However, the more the subject of intellectual disability was identified in both parents, a child's intellectual disability was deeper. Children suffered from educational, behavioral and mental problems, and eventually, an external help or taking the children out of their home was required, in order to reduce chances of abuse, neglect and developmental problems, as was the case in most families who had no support (Levitan, 2011). On the other hand, presence of an intellectually disabled parent in a family has not only negative implications. A study by Grey, Totsika and Hastings (2017) revealed that presence of such a parent has positive implications as well, both in the aspect of psychological adaptation to others and to those who are different, and in the actual existence of support,

which benefits acceptance and internalization of the existence of different and complex, frequent and occasional human conditions, and that helps cope with those phenomena.

There are conditions in which the intellectual disability goes together with cerebral palsy. In many cases the cerebral palsy limits the functioning and thinking capabilities of an individual. In cases such as these, caretaking of this individual will take up most, if not all, of family members' time (Calis, Veugelers, Sheppard, Tibboel, Evenhuis, & Penning, 2008). O'Callaghan's study (2011) indicates that there is a genetic connection between mothers and fetuses with CP. Specific subgenus of CP have higher chances of having genetic origins than other types. In cases in which the mother has genetic influence on the child, the child's self-confidence or self-esteem is more negatively affected.

Despite the obvious importance of a mother to her children in general and to her daughter in particular, as described in the previous part of the literature review, in recent years, new theories which acknowledge the importance and significant role of the father and significant caregivers other than the mother, are at a rise. Children growing up without mothers and daughters growing up without mothers are phenomena that have been familiar from as early as the Roman era. In all mentioned cases, a 'surrogate mother', [and it might be better to define this as 'mother substitute'], was found for the child (Dixon, 2014). A father, similarly to a grandfather and grandmother, has importance and meaning in his children's life, including the life of daughters. Some of these theories were supported by studies, which will be covered in the next section of the chapter.

1.5.1. "Additional parent"

Importance and position of a father in a family and in relations of siblings were described in previous parts of the literature review. Despite the aforementioned, in recent years, more studies reveal that the issue of children in families headed by an intellectually disabled mother, is more complex than it would naturally be assumed. Studies on the broad population and their comparison with children of intellectually disabled parents reveal that there is no difference between children of mentally disabled parents and children of normative parents, and that is on the condition that the child in the family of an intellectually disabled parent had been assisted and supported by a figure of "additional parent", usually, a regular relative (mostly grandfather and grandmother). The significant participation of this figure fills the gaps created due to lack of parental functioning and provides an optimal and supportive living environment (Levitan, 2011; Tymchuk, & Feldman, 1991). This can be better understood through studies which teach that in situations where a single mother has difficulties of leading a family, her children, daughters as well as sons, feel that there is no authoritative guiding hand and try to adopt father figures (Pechler, 2016), while each such figure might be considered as an "additional parent".

When a mother has intellectual disability, it is important that her extended family, her own family and that of her husband's, will be involved and provide support. In many instances, when the intellectual disability towards the children becomes clear, it is possible to learn about the extended family's involvement (Wolowicz-Ruszkowska, & McConnell, 2017). When a mother is intellectually disabled, an "additional parent" could be fathers / stepfathers, brothers, cousins, aunts, spouses and mature children (Grey,

Totsika, & Hastings, 2017). The importance of the "additional parent" does not only stem from a need to support the children, but rather the intellectually disabled parent him or herself, as without this support, they will be a burden only on their children, without them having the strength to cope with the intellectually disabled parent and without them being able to stabilize their lives.

Furthermore, it is also impossible in these cases to rely on welfare services, as these do not provide a complete response to the needs. In countries such as Switzerland, in which there is a long tradition of care for intellectually disabled individuals in state institutions, there are still many intellectually disabled adults, supported by their family, living in their own apartment, and the majority of this population is autonomic in a manner relative to their condition. Meaning, direct assistance is required only for complex tasks. Some of the intellectually disabled individuals also have intimacy relations, some, mostly with borderline intellectual disability, are married and most of them have children. The large majority, about 88 percent, are employed in regular frames. However, when taking a closer look at the aging of these people, expectations do not include living in the community. That is the reason why the more they age, the services provided for them during occupational age and slightly afterwards, are not sufficient for members of this population as they grow old (Jecker-Parvex & Breitenbach, 2012).

As indicated, a preferable type of additional parent is grandparents. The figure of grandmother or grandfather serves as an individual particularly close to a granddaughter or a grandson for good reason. Thomése and Liefbroers' (2013) study explored the involvement of grandparents in the care for young children and its effect

on subsequent child births in dual-earner families. The study looked at 898 Dutch men and women aged 18-49. The findings showed that grandparents' involvement were better than other options (except the parents), and it may also be part of reproductive strategy. Grandparents can provide more informal child care than parents. If parents give the grandparents access to the child. The study of Gregory, Okeke, and Ezeh (2017) indicates that the greatest satisfaction for children, especially at younger ages, is usually spending time with Grandma or Grandfather.

The advantage of grandmother or grandfather as an "additional parent", is hidden in the fact that the grandparenthood system tends to perceive grandchildren as a continuity and even as a symbolic eternity sensation, seeing as one of the most important elements in human life is continuity and the significance of grandchildren, is that life continues, even should an individual, as a private body, seize to exist. Furthermore, grandparenthood is not reduced only to the joy and happiness their new role awards them, but rather, as a result of this, grandmothers and grandfathers discovered within themselves new sides of softness, tolerance, patience, willingness and obligation. In the interpersonal context, grandfathers and grandmothers described renewed esteem for extended family members, including the spouses of their children (Findler, 2009). Tzur-Shwartz (2013) also emphasizes the unique role of grandparenthood in the extended family and the moderating influence of grandfathers and grandmothers, in situations of functional problems in the nuclear family.

Despite the aforementioned, a child does not always have a grandmother or grandfather, therefore, there is an advantage to the extended family over external people. An example for that can be found in the support provided by the Afro-Caribbeans who

immigrated to the United States and who have greater means for their family members. The mutual and trivial responsibility they see in their role, to help their family members, teaches about the importance of family in general, beyond the small family cell. Similar support is given by Filipinos, who work abroad, in different places around the globe, and send money back home. This way, they enable their family members to improve their standard of living and quality of their lives. Another example is Indians who work abroad in order to help their family. All these examples teach us about the potential inherent in the extended family, to serve as "another parent", when in most cases one or both parents leave in order to work in different countries and the children remain with grandparents or uncles (Taylor, Forsythe-Brown, Lincoln, & Chatters, 2017). From the above one can learn that the tighter the proximity in the family, the more preferable it is to consider relatives as potential "additional parents", especially due to the need to improve the self-image and self-esteem of those growing up in the shadow of an intellectually disabled parent.

1.5.2. Implications – self-image and self-esteem of children of an intellectually disabled mother

Children of an intellectually disabled mother are characterized in society as different from as early as their childhood, however, the attitude towards them is ambivalent. On one hand, the stigma of a daughter or son of an intellectually disabled mother is attached to them, but on the other hand, they are addressed to as normal children, as the academic demands from them are no different than the demands their peers face. Furthermore, when they take part in social or group activities and games, they can sense a different attitude in the face of an intellectually disabled parent, but on

the other hand, the demands from them are identical to those expected from others. In simple words, they are expected to maximally contribute without being awarded any facilitations due to the disability of their mother (Wolowicz-Ruszkowska & McConnnell, 2017).

The term "self-esteem" includes within it the entirety of approaches, judgements and values an individual has regarding their emotions, thoughts, abilities and value as a person (Coopersmith, 1967). The esteem an individual has for him or herself is the same as self-judgement, which includes the positions of the person regarding him or herself. The term gained a broad attention in the frame of caretaking and personality theory by Rogers (1959), according to which self-acceptance is a necessary condition for better interpersonal relations with others (Ronen, 2005). Some view self-esteem as an internal, consolidated quality, which is not affected by the experiences of an individual, however, most theoreticians see the creation of self-esteem as a continuous process affected by interaction of the person with him or herself, with others and with the external reality (Abu Id, 2010; Kenig-Gurfinkel, 2004). Feldman, Varghese, Ramsay, and Rajska (2002) claim that self-esteem consists of relationships between self and other individuals. A person is a social product of their environment and therefore, perceives him or herself only in the presence of others and as he or she thinks they see him. Therefore, an individual develops a perception of self on a basis of positions of others towards him. Therefore, an individual's self-esteem is a product of social interaction created as a reflection of others' perceptions of him. Self becomes an object for him or herself only through internalizing the positions of others towards them.

Rogers (2005) maintained that in self-evaluation a person attributes different importance to different fields according to the importance of the field in their eyes. He perceives a person's self-image as developed throughout their life, growing from experiences and developing by his or her experiences with their environment, meaning, self-image is a product of social interaction (Moshkovitz, 2011).

Some theoreticians claim that the term "self-image" has different definitions originating in different theories. These theories of "self-image" have been given different terms, but share identical meaning, "self-concept", "self-esteem", and "self-evaluation" (Harari, 2008). Some view "self-image" and "self-esteem" as having two different but close definitions, while self-image relates to the perception of self, meaning, an individual addresses him or herself as a perceived object; however, the method of the self-perception differs from one approach to another (Kaniel, 2006). Nonetheless, since the interviewees in these studies (Harari, 2008) themselves don't distinguish between the different definitions, during the process of the interviews and the analysis thereof we will use the more common term – "self-image".

From 23 in-depth interviews (Wołowicz-Ruszkowska & McConnell, 2017) conducted with adults who have mothers with medium to severe intellectual disability, childhood experiences of the interviewees and the role the mothers fill in their rearing rise to the surface. Abilities of the intellectually disabled mothers were poor, and they particularly failed in maintaining their children's daily routine, could not help them with their homework, did not maintain their hygiene in their young age, and most of the frustration her children felt stemmed from instances when they visited their friends and had an index of comparison. In many cases, the implications were unjustified anger with

the mother or shame. In other cases, it harmed familial pride and self-confidence of the daughter or son of an intellectually disabled mother and undermined their self-esteem.

A study (Hindmarsh, Llewellyn, & Emerson, 2017) which examined the correlation between intellectual disability of a mother and the emotional and social welfare of a child, found that children of intellectually disabled mothers, ages 3 and 5, tend to be more exposed to harsh living conditions than children of normal parents. These living conditions might explain, at least partially, why those children are exposed to increased danger of poverty, social depravity and emotional depravity in their childhood. Additionally, it was found that improvement of quality of life and standard of living of intellectually disabled mothers, might also influence the social and emotional welfare of a child. Despite the above, in a study conducted for a period of two years, a follow-up on lives of eight intellectually disabled mothers from different ethno-cultural communities in Canada, and a total of 33 in-depth interviews with them, it was found that intellectually disabled mothers also defend and protect their children as best as they can, and additionally, when these mothers experience violence at home or from society, they use strategies of resistance, occasionally at a high personal cost, in order to provide a better life for their children (Pacheco & McConnell, 2017).

An additional study examined whether an intellectually disabled mother gave birth to children who were at increased risk to be diagnosed as mentally ill, have injuries and certain chances of displaying violent behaviors, as compared with regular mothers. The research population was a group of children born in Sweden between the years 1999 and 2005. It was found that children of an intellectually disabled mother had a higher risk of having a mental disorder in early childhood, as well as an increased risk of injury

as a result of falling. Therefore, these children also required medical care more frequently than normal children, as a result of injuries, violence and abuse caused by a mother with intellectual disability. The greatest risk found related to trauma was violence and abuse by an intellectually disabled mother (Wickström, Höglund, Larsson & Lundgren, 2017). Studies researching non-normative childhood present a similar picture. Non-normative and high-risk childhood are fertile ground for strength, personal growth and development of high personal and social capabilities. It was also found that siblings of intellectually disabled children are similar to siblings without disability, in terms of their self-esteem, level of self-differentiation and in their perception of stress in the family (Vardi, 2006).

1.5.3. Differentiation of self

The definition of differentiation of self, according to Rabin and Lans (2011) is the ability of a person to manage their feelings as well as think in an inclusive and mature manner. It expresses both the dualism and the dialectics of expressions of individuality as well as relations with others.

The definition was designed to describe the differences between people in extent of the differentiation from the origin families they developed. On the bottom edge of the scale there is a person with low differentiation level. This individual dedicates most of his or her time and attention to love another or be loved by them and is occupied with dealing with the feeling of rejection of another, therefore very little energy is left for this individual to realize additional targets and goals in their life. Their daily functioning is controlled by the emotional responses of another and they suffer from chronic anxiety, which does not enable relaxation and relief. The individual is preoccupied with

consistent search for relationships that will be identical to the relationships with the origin family, has many disappointments and failures and finds it difficult to maintain long-term relationships (Barnett & Hyde, 2001).

Oppositely, an individual with a high level of differentiation gradually separates from the origin family and becomes an adult aware of him or herself. This individual is confident and does not act based solely on praise or criticism. They are aware of their opinions, take responsibility for themselves, and can listen to another and appreciate them. The level of their chronic anxiety is low and they can deal with stressful events without developing many annoying symptoms (Kerr, 2002).

Bowen (1978), referred to differentiation as a range of emotional capability. The range spans between zero and one hundred. One hundred symbolizes an imaginary ideal that cannot be achieved. Among other things, differentiation was defined as an extent of emotional maturity. Increasing differentiation is a continuous process, one that continues throughout an individual's life. Through differentiation, an individual can improve connection with the origin family and with other relatives as well, establish relationships and increase independence. The higher the individual's differentiation level, the better they avoid assimilating with the emotional problems of others, and their reactions towards close relationships will be less emotional. Regarding this issue, Bowen (1976) maintains that the role of the differentiation scale is to classify all levels of human functioning across a single dimension. The scale removes the need for the idea of normality. It has no bearing on health, emotional deficiency or pathology. Some people, found in the lower part of the scale, maintain their life in emotional balance without any psychological symptoms, and some are found higher on the scale [...] people in the lower

part of the scale are more vulnerable to pressure, and their recovery from symptoms might be slower or impossible, while people found in the upper part of the scale tend to recover quickly (Bowen, 1978).

Lans (2006) conducted a study on differentiation and romantic jealousy: when an individual has high differentiation level, they are able to control more successful emotional tools and therefore succeed in coping with situations arousing jealousy, seeing as differentiation regulates anxiety and creates a sense of security in situations that arouse anxiety of abandonment and rejection by a spouse, which hold a threat to the relationship.

A high level of differentiation enables a person to develop intimate relations with another without fear that his or her self will get lost and be devoured by "us". The ability to peacefully bear variance and interpersonal differences, enables one to maintain balance in the emotional system and demonstrate good coping and adaptation capabilities in pressure situations. These individuals do not need real detachment in order to exist within a family space, they are familiar with the borders between "me" and "us" and they operate from such a place (Goldberg, 2005; Vardi, 2006).

And oppositely, over-involved people were found to have a tendency to experience situations in the highest levels of intensity. The index of over-involvement was found to be the variable with the highest prediction level of most emotional indexes and behaviors of maintaining the relationship (Lans, 2006). This image coincides with Bowen's perception (1978) regarding tendency of over-involved people to create symbiotic intimate and inseparable relations accompanied by development of acute relations of dependence on the other. Thus, every real, potential or imaginary clue

regarding a threat to the intimacy relations, is attributed catastrophic qualities and causes a threat to the intimacy relations.

Psychologists and researchers estimate that there is close contact between the self-differentiation process and the adaptation process: proper differentiation process is connected to good adaptation and difficulty in developing differentiation might lead to problems of adaptation, that are expressed by low self-esteem, difficulty in basic trust, lack of confidence and suspicion, lack of will or ability to create profound and significant relationships with others, seclusion and in exceptional instances, disassociation with the environment (Erikson, 1950 ; Kernberg, & Caligor, 2005).

Couples with a low differentiation level will adapt less to marriage. Bowen (2006) claims that the lower the differentiation, the higher the potential for crises that intensify anxiety and pressure, and the harder spouses will find it to adapt to marriage. Couples with a high differentiation level will adapt better to marriage. The theory of the family as a system emphasizes the existing connection between the differentiation level, to properly function as an adult, including developing the ability for intimacy, only after the adult individual succeeds in creating mature separateness from his parents, then will they be able to create intimate relationships with someone of the opposite sex (Williamson, 2001). It is easy to understand that in couplehood relationships, when a spouse is not only a spouse, but he or she also has their own family and friends, there are social and gender impacts in the case of an intellectually disabled mother.

1.6. Social and gender implications of mother's intellectual disability

Little is known about the experience of growing up with an intellectually disabled mother. However, there are a number of prominent studies examining the phenomenon (Grey, Totsika, & Hastings, 2017; Jecker-Parvex & Breitenbach, 2012; Park & Epstein, 2013; Weshler, 2009; Wołowicz-Ruszkowska & McConnell, 2017;). It is interesting to see that the subject is rather in its infancy, as all the aforementioned studies examining this phenomenon are almost exclusively from last decade. The research purpose of studies regarding experiences of intellectually disabled mothers, was researching motherly experiences and included a description of capabilities of mothers, the subjective meaning and essence of motherhood, and also the perception of the personal role of the disabled, in her actions as a mother. It was found that for intellectually disabled mothers, as with all individuals, there are implications of factors related to their condition, their early experiences, and especially experiences with their origin families and their personality, which were significant for the quality of motherhood (Parchomiuk, 2017).

Intellectually disabled mothers are considered to be passive, needy and requiring protection (Pacheco & McConnell, 2017). It might be the reason for the fact that intellectual disability of a mother is perceived as a risk factor for the development of a child. To assist in bridging the gap between intellectually disabled mothers and normal mothers, a comparison study was conducted, and in this study a small group (n=23) of mothers diagnosed as being intellectually disabled, were examined in comparison to a control group (n=25). Possibilities of abuse or trauma in the mothers' past were examined. Normal changes were found in the intelligence and motherhood of control

groups, while identifying place of residence, income, age and child's gender, ensuring similar background data. Additionally, the motherly resource was evaluated through a semi-structured interview. It was found that there was a better chance for proper motherly functioning in control group mothers compared to intellectually disabled mothers. Mainly, a gap was found in children's self-confidence that was higher in families where both parents are normal (Granqvist, Forslund, Fransson, Springer & Lindberg, 2014).

When an intellectually disabled parent has children, the damage can be reduced by providing formal support, which might supply social and educational backup for children from socially limited homes. This support focuses on the abilities of a child, their interests and needs, as opposed to their mother. Support focused on the children might also come from a female volunteer (Collings, Grace, & Llewellyn, 2017). It was found that intellectually disabled mothers suffered more from violence (Pacheco, & McConnell, 2017). Findings of a study conducted by Eisikovits, Guttmann, Sela-Amit and Edleson (1993) teach that couples who display violence towards the woman are characterized by intimacy relations of significantly lower quality than that of couples without violence between them. It was found that violent men perceive themselves as being in conflict with their wives in issues of raising the children. Researchers explain this finding by the fact that women are likely to try and express their opinions regarding the issue of raising the children and exerting control, and this might collide with the position of the man according to patriarchal positions that exist in some cultures.

1.6.1. The significance of being a daughter of an intellectually disabled mother

During the years of childhood and adolescence, a parent represents security. Their absence from active, daily functioning constitutes a real threat physically and mentally, to the development of an individual in childhood, adolescence and maturity. Normally, the mother is considered to be the main caregiver and figure of attachment (Schultz, Remick-Barlow, & Robbins, 2007; Zall, 1994). A mother-daughter connection which is prematurely interrupted hides within it a loss of primary identification figure, influences sensations of self and incumbers a normative transition between development stages and the process of making decisions, a difficulty that reawakens with each developmental step such as choosing a career, entering intimacy and parenthood (Pill, & Zabin, 1977). The earlier the connection breaks between a parent and a child, the enfant will experience greater difficulty in his or her development. When connection between mother and her daughter is interrupted, this lack might accompany the daughter throughout her entire life. This is true for adolescence, however, in early childhood it might be critical for the girl's feminine development, as she will lack a role model, particularly a figure she can identify with (Efevbera et al., 2017).

Identification should be added to all factors of social learning. An individual not only identifies with things he or she sees and likes or with actions of those serving as a role model, but rather develops selective identity, which comes to expression in sexual behavior. Usually, the identity developed by a daughter is the result of the mother role model and the identity a son develops is the result of the father as a role model. Loss of identity of a mother creates depravity in a daughter's role model (Bandura, 1969).

1.6.2. Social address and its implications on self-image of daughter and son of an intellectually disabled mother

Despite a rise in the number of international studies, which observe experiences of intellectually disabled parents and their children, few employed population-based data. Following study examined the behavioral and cognitive results of three year old American children of intellectually disabled mothers, in comparison with children of mothers without intellectual disability. The findings reveal that children of intellectually disabled mothers are less developed, both behaviorally and cognitively (Powell, & Parish, 2017).

Sy, Fong, Carter, Boehme and Alpert (2011) also emphasize the social context and claim that girls are perceived from the beginning as lacking in those attributes which gain high appreciation by the family, society and culture, and this is where their low self-esteem stems from. Other researchers (Lie, 2009) stress the effect a social stereotype has of a "docile and passive woman" on socialization processes of women and the way they are being educated. This stereotype and others have an impact on the way women and men consolidate their personal identity. It was found that girls and women have a more negative perception of self than boys and men (Pines-Malach, 2011). Pines-Malach (2011) states that men (for example), usually receive a slightly higher score than women on questions examining self-esteem. She indicates three factors that affect the extent of self-esteem: age, extent of sexual classification, and the basis for self-esteem.

When a mother is intellectually disabled, a stigma regarding the functional limitations of the mother is quickly created. Occasionally, this stigma poses the biggest challenge for her children, who must cope with this challenge in the social environments

they operate in. Even when children do not have any sort of intellectual or developmental disability, when the intellectually disabled mother is found out, the stigma sticks to them almost immediately, and more than once constituting a barrier in their development in society, occupation and their promotion opportunities (Wolowicz-Ruszkowska & McConnell, 2017).

Several studies indicated that there is higher incidence of mental illness amongst intellectually disabled mothers. In families with an intellectually disabled mother, it was found that the social-economic status is lower and there is higher risk of alcohol and drug abuse by the mother, as compared with normal mothers (Wickström et al., 2017). The purpose of a study by Wołowicz-Ruszkowska and McConnell (2017) was to examine the experience of adolescence in the shadow of an intellectually disabled mother, from the viewpoint of mature children. The significance of age, especially when the subject of discussion is adults, is caused by the fact that adults are not only preoccupied with surviving, succeeding or failing at school and their relations with other individuals in their age group. Adults are supposed to provide for themselves and there is great importance to their ability to advance in the occupational framework. Adults also usually aspire to create relations with the opposite gender, and later on raise a family. Therefore, the basic complexity which begins in childhood, increases, develops and intensifies in adulthood. At times, this complexity accumulates, starting with frustrations of childhood, stigmas, lack of self-confidence, depravity in self-esteem, whereas all these implicate the interaction capability with superiors at work and with the opposite gender.

Social references have implications on the self-image of an individual whose mother is intellectually disabled. There is great importance for this in the researched issue, as children of an intellectually disabled mother live at home, with its shortcomings that stem from the intellectual disability, from their infancy until their adulthood, and occasionally even after the military service. Self-image is built during adolescence, between ages 14 and 23, during this period these young individuals internalize the social expectation from their self-image and whether they meet or fail to meet this requirement. If they feel that they fulfil the social expectations, their self-image is positive. The further they are from the social expectation, the more negative their self-image (Park & Epstein, 2013). Children who are exposed to violence grow up in an atmosphere of deficient communication and in lack of appreciation and mutual respect amongst family members, suffer from low self-image. The low self-image is added to additional factors from home, and as result, these adolescents develop severe adaptive disorders and have low self-image, experience seclusion and partial or multiple detachment from their environment (Edwards, 2008).

Despite the aforementioned, a study conducted by Pacheco and McConnell (2017) contributes to a research approach that challenges the perception of intellectually disabled mothers as being passive. However, the study reveals the suppression intellectually disabled mothers face. Although a sample which included intellectually disabled mothers (n=263) and a control group of mothers with no intellectual disability (n=1298), found that children of intellectually disabled mothers demonstrated lower behavioral and cognitive results as compared to children of same age group of mothers with no mental deficiencies (Powell & Parish, 2017). Nonetheless, it is probably caused

by the fact that intellectually disabled mothers suffer from low socio-economic status and social isolation, caused by, amongst other things, the poverty accompanying their children. Those intellectually disabled mothers require the assistance of social services, especially when they do not have formal support (Collings, Grace, & Llewellyn, 2017).

Self-image is a personality image of the way an individual perceives him or herself (Bojner-Horwitz, 2004). Self-image is caused by the confidence and belief of one in his or her own self and in their abilities. When an individual's self-confidence is high, they might feel complete, project it and in return gain affection from the environment. This process creates feedback. The more self confidence an individual projects, the more wanted they are by their social environment, and the more they project weakness and lack of self-confidence, the more rejected they are by their environment. An individual's self-confidence is not connected to his or her appearance nor even their unique abilities, but rather the self-identity which they develop (Thompson, & Heinberg, 2002). Every image – social, intellectual, professional or competitive, in both genders, is intended to serve as a package which shapes the self-confidence of an individual and his or her belief in their ability to present themselves in society, in a variety of fields in which they aspire to achieve certain things. Self-image is composed of normative, cultural, aesthetic and competitive components. Positive self-image is connected to self-esteem. The more one appreciates him or herself, the higher their self-image. When the self-esteem is low, self-image is also low, harming the individual's satisfaction level and dragging them to depression (Porter, Stern, Mazzeo, Evans, & Laver, 2012). Therefore, low self-image influences the individual's relations with the opposite gender.

1.7. Creation of intimacy relations by a child of an intellectually disabled mother with the opposite gender

1.7.1. Defining intimacy

The theoretic classic definition of intimacy by Timmerman (1991) is: quality relationship in which there must be a feeling of mutual trust between individuals, and their emotional closeness to one another, when they are capable of communicating overtly and openly and reveal thoughts and emotions before one another. Knott, Wetterneck, Derr and Tolentino (2015) provide a definition by Cordova and Scott (2006), that the more intense the intimacy, the more likely the connection and relations require intensive maintenance between the individuals. Considering the definition of intimacy by Cordova and Scott (2006), Knott et al., (2015) suppose that powerful intimate behaviors might calm and contribute support and feeling of closeness in moments of weakness. Therefore, use of intimacy might be effective for handling interpersonal problems, particularly in the familial framework.

The definition of intimacy is complex. There is social expectation for intimacy between people in its sexual sense, meaning, sexual relations, which are perceived as intimate relations between spouses, however, on the other hand, women try to channel the term of intimacy only to their familiar spouse, due to social expectations they encounter. However, the term "intimate relations" is social and changes throughout its creation by the social players, in their relations with the environment. Therefore, "intimate relations" is a vague and inaccurate term that might be interpreted as different types of relations between friends, sexual relations between spouses, and amongst family

members. There is also a difference between intimate relations shared by individuals who are close, and intimacy in society. Thus, in sociology, the term 'intimacy' was replaced with the term 'privacy'. The changing of the term of intimacy began in the 1980's. There was a period when the term was used to describe non heterosexual relations. In the beginning of the 1990's, the term was used to describe discourse of love or an asymmetry of emotional behavior, and at the end of the 1990's, to describe the relations of intrafamily discussion. After that the term also received meaning in the political plain, describing proximity relations between countries or between groups or politicians (Grochalska, 2014). Real intimacy cannot be measured through theoretical perceptions or by comparisons or positions. Intimacy can exist between two people who are close to each other, such as spouses. Intimacy is vital for people who are close to one another mentally. Intimacy has emotional implications and it causes over-proximity between people who are already close to one another (Waring, 1985). As for spouses, intimacy is a central component of the relations.

1.7.2. Value of intimacy between spouses

Despite the fact that couples are clearly aware of the importance of vitality of communication and intimate conversation for their functioning and mutual welfare, too many couples report that their communication is rather superficial and rarely includes expression of feelings and mutual listening (Brant, 2014). Illuz (2008), who opposes the claim that a capitalistic labor world is free of emotion and is controlled by bureaucratic rationality alone, maintains that it is not true that financial behavior is only calculated and cold, but rather the opposite. The very environments in which there were opposite expectations, meaning, cold business considerations with no regard to the general

environment, as opposed to warm and emotional relations in the private environment, have changed their tendency. Illuz (2008) maintains that financial relations become extremely emotional, and oppositely, close and intimate relations started to be defined, to a large extent, through financial models of bargaining, exchange and fairness, while this phenomenon appears to her to be a continuously expanding process. This process of exchanging emotional trends in a financial environment versus private environment is called "emotional capitalism". Meaning, there are no longer private spheres and public spheres which are opposite to one another, but rather a permeating of characteristics of one environment into the other. According to her, capitalism culture itself is that which cultivated emotional culture in all environments – in the workplace, in the family and in our relations with ourselves. It is possible that this explanation by Illuz (2008) might clarify the reason that couples live with thin and superficial emotions, and the reason for the fact that in a situation of inequality, of any kind, lack of intimacy might be created, as one party will feel like a loser while the other party wins and that might create a sensation of rejection on the losing side.

Miller (2003) proposed examining skilled intimate communication according to seven aspects:

1. Does the speaker have a feeling that the spouse hears them?

2. To assume responsibility of our feelings and deliver a clear message of the subject one speaks about to the other.

3. If there is a desire for intimate relations rather than formal relations, one must speak clearly. Not indirectly, and not by clues. The words must be

accurate, not vague and one must make sure the words are understood by
the spouse.

4. Relations of transparency, clarity and explanation for every message or
request, might deepen the intimacy between two people.

5. If intimacy is what one desires, there is a need for a sense of humor.

6. Intimacy requires an environment of cooperation, combined with a dialogue
of questions as well as giving and receiving relevant information.

7. Atmosphere of security. In an intimacy situation, spouses should ensure that
both have the sensation that the other respects what is important for them
and that things are being done with a feeling of companionship.

The need for intimacy is perceived as important and vital, specifically due to the
dichotomous desire most humans possess. On one hand, the will to protect their intimate
details from all, and on the other hand, to share it with whoever is perceived by them as
discreet and trustworthy. Intimacy protects people from the embarrassment of public
exposure, specifically when keeping a secret is desired (Sarkadi & Rosenqvist, 2001).
Simmel (1964) maintains, for good reason, that there is maximal intimacy in a dyad,
which is the smallest group, with an existence entirely dependent upon its two members.
Moreover, a dyad is the best guarantee for keeping a secret, due to the brave coalition
existing between the two. Personal characteristics such as age, gender, intimate
experiences and personal positions are perceived by most people as sensitive information
they rather hide. There is also a difference between men and women in their subjects of
exposure (Sarkadi & Rosenqvist, 2001). Furthermore, intimacy might assist both people
who are in intimate relation to "shed layers".

In fact, this is a world image that Jung (1987) calls '*persona*' and the shadow. Persona is the mask one wears to become a part of society, while in practice, he hides truths which deter people. These are darker sides Jung (1987) calls '*the shadow*'. Thus, a folk legend is created for each individual, according to how they appear in public. These truths encumber an individual and create the need to be exposed on one hand, but deterred by society's knowledge on the other hand. Intimacy creates proper and desired proximity for one to expose additionally non-complementing layers of their life, with the belief it will be kept a secret between the two, and none of them needs to worry by exposure (Hartman & Zimberoff, 2004). Thus, the main intimacy factor is sexuality. Sexuality has the most personal characteristics of one's identity, and it is a primary component of the right of privacy. Sexuality affects one's sensations, man or woman, their level of comfortability with their body and genitals. Intimacy which is related to sex, might affect the meaning of life (Zomer, 1989).

1.8. Interaction between a child of an intellectually disabled mother and the opposite gender

1.8.1. Personal sensations in interaction with opposite gender versus social reference

The subject of burden on non-formal caretakers has been researched since the 80's, however, in recent years, research in this field gains speed and it examines the complexity of aspects and effects related to treating people with disabilities. This also deals with the effects of caretaking on the lives of primary supporters in the occupational, personal, social and health fields (Brodesky, Raznitzky & Siton, 2011).

The common notion in research literature based on sociological and psychological models of stress is that caretaking often causes stress and pressure amongst the supporters. Nonetheless, it should be stated that recently, positive aspects related to support of family members are also examined: they feel that they are beneficial, necessary and that caretaking awards a new meaning to their life (Brodesky, Raznitzky & Siton, 2011).

Life alongside a disability and the constant caretaking of a person with disability create a heavy emotional weight on the supporting family member that comes to expression through emotions of frustration and disappointment, a sense of being a victim and symptoms of depression (Gilad, 2007). Additional characteristics and problems family members face when taking care of a person with disability: they are forced to concede and compromise in fields of occupation, leisure and social life. The financial situation of the family is affected. The family deals with a heavy burden, both emotional

and physical, that has negative implications on the supporter's health and social isolation of family members including children of the disabled (Neon, 2009).

The subject of the impact of caretaking of an intellectually disabled mother on the intimacy system has not been researched yet. Various studies were conducted on the impact of birth of a child with intellectual disability and caretaking of such a child on the intimacy system of his or her parents.

Friedrich and Friedrich (1981) found that mothers of Intellectual disabled children experience less satisfaction in their marriage compared to mothers of a normal child. Levy-Shiff (1986) found that in families of a child with Intellectual disability, there is more discussion on the subject of the child's problems than on any other subject and this might lead to weakening of the intimate relationship. Berg-Cross (2010) reports lower levels of familial resources and lower levels of satisfaction with family life. Families of a Intellectual disabled child constitute a group of high risk for the creation of emotional and personality problems. In addition to the effect of individuality on each parent separately, there is an impact on the intimate relationship in a family including difficulties in intimate interaction.

Most studies indicate the negative effect of an abnormal child on satisfaction with marriage, despite the fact that factors of age and gender of a child, severity of intellectual disability and nature of relationships of a parent prior to his or her birth have some effect (Shmerling, 2005).

Nonetheless, it is yet possible to directly project finding from these studies on the matter at hand, due to several reasons:

a. The interaction in caretaking of a child (biological) is essentially different than the interaction in caretaking of a parent.

b. Caretaking of a mutual child is considered as a symmetrical factor to stress (meaning – it affects both spouses at the same time more or less equally and parallel) while caretaking of a parent is an asymmetrical factor to stress (meaning, it affects spouses differently, as this is caretaking of a parent of only one spouse).

c. Birth of an intellectually Intellectual disabled child is usually an unexpected event while marriage and intimate relation with a son of an intellectually disabled mother is made out of choice and the difficulties are partially predicted.

Studies on caretaking of an elderly parent fit the subject of current study as they are based on similar background – caretaking of a parent, an asymmetrical factor to stress and in the way of required caretaking – as multiple studies on the elderly were conducted on populations with cognitive problems and dementia. Nonetheless, the difference should be stressed – a couple that takes care of an elderly parent will mostly do so in an advanced stage of the intimate relationship: the average age of a "primary caretaker" of an elderly is 55 years old (Brodesky, Raznitzky & Siton, 2011), and it is in any case a limited period of time. While in marriage with a son of a disabled parent – caretaking of the parent begins immediately upon entering the family, as part of a package deal.

In her study, Bressler (2006) examined the extent of mental stress of children of married couples who take care of an elderly parent, and it was found that a differentiating ability of a person to define themselves separately from the family member they take care of (in this case the ability of a spouse to define him or herself separately from his

mother / father), has an opposite correlation with mental stress, which allows them to respond better to the given reality of a parent's disease, to make decisions and solve problems in a more suitable manner. Additionally, the feeling of absence of inter-generation threat (a subjective feeling that the son or daughter do not feel like they are their parents' "little children", was found to be in opposite correlation to mental stress. When the relationship of the supporter with his or her spouse was examined, it was found that the variables found with opposite correlation to mental stress were differentiation and intimacy (an ability to achieve an emotional relationship that has trust, commitments, exposure, love and affection, while relating to the other person as a separate integrative figure). The quality of intergenerational relations has more weight in effect on burden than the quality of the intimate relationship.

Occasionally, tensions are created between spouses, one of whom has an intellectually disabled parent requiring treatment. Apparently, one of the reasons for these tensions is the investment of providing continuous treatment to an elderly relative with an intellectual disability at the expense of investment in family members and health and welfare of those people in contact with him (Grey, Totsika & Hastings, 2017).

1.8.2. Spouses' starting point

Understanding of social context is important and significant for accepting support for children of an intellectually disabled mother. Although this support is informal, seeing as the children do not have an intellectual disability, in face of primary social attitude towards to them, accompanied by stigmas, support is critical for understanding the experience of children growing up with intellectually disabled mothers and the importance of the possibility to assist them in coping with social

challenge (Wolowicz-Ruszkowska & McConnell, 2017). Growing up with an intellectually disabled mother, leads to implications on one's personality, starting with the intimacy model in their home, through stigmas accompanying them in society and ending with a shaken self-confidence, accompanying them to adulthood and intimacy life (Thompson, & Heinberg, 2002).

Illuz (2008) addresses the narrative of self-realization. According to Maslow, self-realization is an individual's highest desire, and as Illuz (2008) maintains: "a man is not a man until he realizes his "true" self. One who does not act this way is dishonest with himself, and is in fact nothing but ill." This author parallels self-realization with emotional health. As Maslow states, "the people we call 'ill' are those who are not themselves, people who have developed various kinds of neurotic defense mechanisms that prevent them from being human" (Illuz, 2008, p. 70). Each spouse wishes to realize themselves, however, from a state of inequality, realization is also different. For a spouse coming from a regular background, realization relates to things in which one deals with in daily life, out of desire for self-realization regarding the place one has been before (Gross, 2018). Oppositely, for a spouse coming from a background of an intellectually disabled mother, self-realization is the creation of a normal framework that would be an improvement in comparison to what one experienced before (Nave, Elaad & Ran, 2003). The different starting point is what shapes the balance in the relationship of both spouses in their mutual life, starting with the beginning of intimacy all the way to marriage and starting a family.

1.8.3. Mutual life

Both man and woman bring attachment patterns from their past in a nuclear family and from intergenerational cultural patterns into the relationship, however, at the same time, they create attachment patterns of their own. The patterns they create, including the balance of power between spouses, dictate spouses' conduct in the present. Models that belong to the past, mainly preserve and strengthen the positions each spouse holds (Brant, 2014). Nowadays, intimacy does not usually begin with marriage [with the exception of collectivist conservative societies, such as Jewish Orthodox or Arab], and occasionally, it is also possible to identify family life in an intimacy not formally established. Since the 1970's, a prominent change has taken place in intimacy and / or family framework. There are more and more intimacy and familial relations, both in the Western world (Rodrigue, Dimitri, Reed, Antonellis, Hanto & Curry, 2011) and in Israel (Balush, 1994), while over the years, formal institutions lose their power. Meaning, intimacy and familial relations exist when spouses share residence, until intimacy connection is recognized without a marriage ceremony, or even before that.

Spouses open a narrative between them. The narrative touches upon and deals with multiple fields that shape an intimacy narrative characterizing the specific couple discussed. Intimacy is shaped this way and attachment patterns are also shaped this way. Meaning, what each spouse says and how they speak as well as what each spouse tends to hear from the other. How one interprets things, whether as affection, support, love or as criticism, guilt and dissatisfaction. Whether the man would rather withdraw and distance himself, avoid contact and permit uncertainty. As long as one of the spouses behaves consistently, supportingly, stably and in a balanced manner, while the other

spouse responds to this behavior in good will and gestures of their own, a circle of steady and healthy intimacy is created (Brant, 2014). While there are romantic intimacy relations that come into being and evolve while deepening the familiarity between the spouses, there are intimate relations that stem from compromise, meaning, from a recognition that one cannot get the spouse one really wants and therefore being happy with what there is (Fletcher & Kerr, 2010).

When there is a narrative of coping and empowering there is an aspiration that each spouse will be able to express themselves and their feelings and provide reasons for their behavior. Spouses have mutual interest in creating harmony at home, and preserving it, out of willingness to contain personal concessions, share feelings and personal information and additionally, both spouses have the ability to accept responsibility and guilt. Oppositely, it is also a possibility that a couple will develop a narrative of blaming and avoidance of taking personal responsibility. In such a situation, spouses will not consider the contribution of various circumstances positively, as contributing to a problem, but rather point a finger at each other, be sarcastic, and might even be malicious. Occasionally, this might lead to a divorce (Brant, 2014). It should be taken into consideration that the more an individual is limited in their ability to create romantic ties, the more content they will be with what they have. However, it appears that the development of love naturally leads to investment in the relationship and its reinforcement, and lack of investment in the relationship leads to its upsetting (Butzer & Campbell, 2008). Nonetheless, the more options there are for the spouses to meet new partners, in many cases they will find it difficult to resist the temptation and neglect the relationship which they are in, and oppositely, those with less options, preserve the

relationship and acknowledge their importance, as the element which keeps them in the circle of intimacy and family (Fletcher, & Kerr, 2010).

1.9. Decision of institutionalizing, its realization and implications

The decision of institutionalizing is to formally turn intimacy into a family, through marriage. Family is a primary group which is also a social institution responding to the expressive and instrumental needs of the individuals that belong to it. Family is established on blood relations, marriage, adoption or choice. There are relations of dependency and closeness between the individuals in a family, and they identify themselves as belonging to one particular family (Cox, & Paley, 2003). The definition of the term 'family' depends on culture and can change from one society to another. The difference comes to expression in a family's life patterns, who is included in the family, etc. (Kozlowska & Hanney, 2002).

Israel is considered to be a modern country in the financial, political and cultural aspects, and it is similar to Western countries in many senses. Israel has undergone an accelerated modernization process that has also led to an increase in the level of women's education, mechanization of households and increase in the number of working women. Nevertheless, in Israel, compared to other Western countries, the family institution continues to remain steady and central. However, in recent decades, there is a tendency of minimization to the gap. In other words, there is a decrease in the marriage rate and an increase in the divorce rate (Pasternak, 2002) (Central Bureau of Statistics, Natural movement – marriage and divorce, 2008-2009). These are the main data, depicting change in the institutionalizing of relationships in Israel.

- Since the 1970's, a decrease is apparent in the marriage rate in Israel.

- Since the early 1970's, the divorce rate has increased in men and women in all age groups, both Jews and Muslims.

- Marriage rate in Israel in 2009 was higher than the parallel rate in OECD countries.

- Divorce rate in Israel is low, compared to the parallel rate in most OECD countries.

According to the Central Bureau of Statistics it is also possible to distinguish between two "pure" types of work and authority division in a family:

- Segregated type: there is clear, strict and non-cooperative segregation between roles of spouses: the wife is responsible for the household and children and the husband is responsible for the livelihood.

- Joint type: there is no clear segregation between the roles of a husband and the roles of a wife and there is cooperation between them in various fields (Adema, Fron, & Ladaique, 2011).

Despite the fact that the subject matter of current study is the intimacy of children of parents who are intellectually disabled, rather than intimacy of the parents, current study is extremely relevant since intimacy of parents affects the development of their children's personality, and this is the intimacy model that lies before them when they are about to start their own family.

There is a correlation between having children and failure of Intellectual disabled individual's family life. The Intellectual disabled parents demonstrated high difficulty

levels of carrying the burden of raising children, and this difficulty increased as the number of children grew. The ability of parents who are intellectually disabled to take care of their children is weak. They need each other in a dependent and childish way and draw a lot of energy from each other. When a child is born to a family with intellectual disability, it has no capability of giving them the mature and responsible support that a parent should give their children. Intellectually disabled fathers are extremely dependent on their wives, feel rejected and respond aggressively towards children.

1.9.1. Gender aspect of son / daughter of an intellectually disabled mother versus spouse's family

Bowen (1988) adds that people develop different levels of differentiation from their origin families, as a result of the level of differentiation their parents developed from their origin families, and as a result of the relationships between the individual and his or her parents, siblings and other family members (Shapira-Berman, 2000). Gender is a central status that affects almost all aspects of our lives. Gender, the cultural aspect of the sex, symbolizes the significance a society and its culture relate to the biological distinction. That which is defined in a certain society as 'feminine' or 'masculine' is what comprises gender. According to that, sex is perceived as a status one belongs to while gender is an achieved status (Harrison & Westwood, 2009).

The socialization process for gender roles begins from as early as infancy and continues throughout a person's life. It takes place in different social frameworks with a participation of different socialization agents (Nave, Elaad, & Ran, 2003). In some societies there is a phenomenon of male sexism and it expresses the belief that one gender is inferior compared to the other gender. This stereotype perception expresses the

dominance of men and the expression of patriarchy. It brings about discrimination of women and their deprivation in society (Harrison & Westwood, 2009; Nave, Elaad, & Ran, 2003).

Gender status is learned during the socialization process and it includes the definitions of rights and duties linked to gender. The definition of gender changed over time, and it is different from one society to another. In a pluralistic society, gender roles became more flexible and diverse. Sociologists call the expected behaviors connected to a certain status a 'role'. Gender roles are defined as the expected positions and behaviors society relates to each sex. For example, the definitions of demands on roles of father and mother statuses are structured as gender oriented and reflect traditional social perceptions regarding gender roles. Father's status creates an expectation of a provider, discipliner and primary decider, while mother's status calls for emotional involvement, expression of love and caring for children. Modern societies usually enable a measure of flexibility in the execution of roles (Nave, Elaad, & Ran, 2003).

1.9.2. Relation of extended family

The revolutionary study conducted by Weshler (2009) which examined childhood in the shadow of an intellectually disabled mother, from the viewpoint of the children themselves, revealed that a child of an intellectually disabled mother is exposed to multiple risk factors, however, children who grew up in the shadow of an intellectually disabled mother, have also developed high personal resilience, against all odds. According to Wesler's study (2009), two main risk factors are:

1. Exposure to dysfunctional living environments and lack of parental functioning. All interviewees experienced dysfunctional familial living environments due to the disability of their dysfunctional parents. However, when an intellectually disabled mother is discussed, the experiences of the interviewees spanned between inconsistent care and education (as a result of limitations of time and other resources of the father), and insufficient supervision to the point of neglect.

2. Exposure to familial conflicts. The nuclear family being a dysfunctional unit, particularly the home, in which the mother does not function, and the father comes home to a situation of neglect, this awakened multiple conflicts, including conflicts between parents and the extended family, parents amongst themselves and also parents and their children. Some interviewees even described a continuous exposure to physical and verbal violence.

Relations of mother / daughter-in-law or mother / son-in-law are part of the complexity of relationships between individuals in nuclear and extended family, whether parental, relations between spouses and intergenerational relationships, relations between relatives of the married and relations between women. Although these relationships were recognized as common, complex and problematic and as having implications on other relationships within the family, the relationship with the mother-in-law is a neglected field in psychological research and in the study of family and education (Linn & Breslerman, 1996). The research and theoretical literature in the study of relationship with a mother-in-law spans through several fields:

Anthropological field –In this field we will find that these relationships are most present, as opposed to other fields of knowledge in social sciences. In anthropological research, relationships with mother-in-law are presented as complex and with a problematic potential, universally, beyond time and various cultures. This can be seen in a comparative-intercultural study conducted by Adler, Denmark and Ahmed (1989), that examined attitudes towards family members in the US, Egypt, Kuwait and Sudan. The study did not propose difference between the various cultures and found that attitudes towards "mother" and "grandmother" were the most positive ones (they were perceived as loving and caring), and attitudes towards "mother-in-law" and "stepmother" were the most negative ones (they were perceived as vicious and repulsive).

Linn and Breslerman (1996) present a documentation of various cultures in places such as China, Taiwan, Georgia, Africa, Sudan, etc., that give indication to a correlation between strict familial and social patterns and between a problematic nature between mother and daughter-in-law. Absence of clear limits between the nuclear family and the extended family, and patterns of strict inter-generational hierarchy contribute to the problematic potential in relationships. In different cultures an attempt was made to anchor these complex and problematical relationships by various familial laws in order to mitigate the problem.

Psychological and sociological field –Psychological studies on the nature of relationships with mother-in-law were conducted out of a developmental-psychoanalytic orientation and leaned on Freud's (1965) developmental psycho-sexual theory. Freud (1965) addressed the issue of mother-in-law and her son-in-law, and claimed that in

primitive societies, there are patterns of defiance and avoidance of relationship with mother-in-law that attest to the man's fears of the future aging of his wife.

Relationships with the mother-in-law in psychological and psychoanalytical literature appear also as an example to copying anger directed at spouses and projecting it on an outside person (Brammer & Abrego, 1981) and scapegoating them (Vernon, 2010). In structural familial theory and familial-systematic theory, inter-generation hierarchy is emphasized as being significant for the structure and organization of a group (Cone, 2013).

According to these theories, the problematic aspect in the relationship with the mother-in-law is the difficulty regarding limits and familial structure. The duty of a son or daughter-in-law is to determine clear limits between the new family unit and the origin family, whereas a mother-in-law has difficulty to adjust herself to the new structure, limits and duties created in the family. Accordingly, the conflict with a mother-in-law can be viewed as an expression of pathology in the process of differentiation of family members from their origin family and possibly as an interruption of the processes of creating a new familial system, caused by the mother in law (Goldberg, 2005).

The first and most extensive study on this subject was conducted by Duvall (1954, in Bressler, 2006). In a coast to coast radio broadcast late at night, Duvall asked her audience to write her "who is the most problematic family member?" Duvall received over 5.000 postcards, 75% of the respondents stated mother-in-law as the most problematic family member.

Sister in law came second place (mostly the oldest sister of the husband), whereas the men in the family (son-in-law, father-in-law, brother-in-law, father and son) received a minute percentage of complaints. In the second stage of the study, questionnaires with more specific questions were sent to 1.337 subjects.

And the third stage, 60 subjects were interviewed in order to isolate the correlation between quality of relations and variables such as gender, number of years of marriage, religion, imagination, familial background and residential environment.

Based on the findings, it appears that most complaints came from Jewish families. Duvall explained this datum through the cultural, social and personal upheavals the Jewish family has been through in the US of the 50's, which constituted a source of inter-generation tensions. Number of years of marriage affected the relations as well: the longer the couples were married, the less complaints there were. Relationships were found to be more problematic amongst families residing in rural areas than in urban ones. Duvall explained it by the fact that the distance between residence of parents and their children in rural areas is shorter than in urban ones, and the relationship is more intense (Linn & Breslerman, 1996).

Duvall stressed the fact that women (mainly daughters-in-law) complained more than men and that the majority of complaints were towards women. Most complaints were leveled at the mother-in-law but also at the sister-in-law, mainly the husband's older sister. Duvall explained it by the fact that the husband's older sister who occasionally fills a motherly role towards him, is perceived by the daughter-in-law as 'another mother-in-law'.

From a summary of complaints leveled at the mother-in-law, Duvall coined the term "mother-in-law syndrome". Mother in law syndrome is characterized by intervention, possessiveness and criticism, as well as by all too close frequent relations of the mother-in-law with the lives of her married sons. According to relevant statements, attributes characterizing a mother-in-law are:

1. Intervenes, dominates, and interrupts privacy.

2. Possessive, demanding, protective, demanding attention.

3. Critical, complaining, blaming, mocking, nagging.

4. Avoiding, indifferent, not helpful.

5. Immature personality

There are other attributes that characterize the mother-in-law stereotype. About one quarter of Duvall's subjects reported having a good relationship with their mother-in-law. In a factor analysis of what contributed to the harmony of relationships, it turned out that most factors were related to mutual acceptance, mutual respect and absence of opportunities for creating problems (geographical distance or demise of a mother-in-law) (Linn & Breslerman, 1996).

Duvall's study (1954) is a significant milestone in relationships with a mother-in-law, due to its originality and to the wide sample of examined subjects. However, Duvall's study did not yield many subsequent studies. Linn and Breslerman (1996) explain this by the fact that researchers tended to attribute key significance in problematically to the personality traits of a mother-in-law (mother-in-law syndrome), and thus deduced that mother-in-law is the cause for problematic relationships, a claim

that was reinforced by the fact that daughters-in-law complained about mothers-in-law much more than the other way around.

1.9.3. Private familial life versus responsibility and burnout

Family is a primary group which constitutes, among other things, a social institution that supplies the expressive and instrumental needs of individuals belonging to it. Family is based on blood relations, marriage, adoption or choice. Individuals in a family have relations of dependence and closeness and they recognize themselves as belonging to one specific family. The definition of the term "family" is culturally dependent and can change from one society to another. The difference will be expressed in a family's life patterns, who will be included in the family and more (Harrison & Westwood, 2009). Researchers claim that the family institution in Western cultures is in a crisis: there is a decrease in the marriage rate and an increase in the divorce rate, as well as an increase in connection patterns which exceed the acceptable marriage patterns (Pines-Malach, 2008).

When spouses become parents, they create a new nuclear family. In intimacy, parenthood awakens certain psychological content in each of the spouses. The childhood memories of spouses who have not yet become parents, rarely surfaced. When a child is born, especially a first child, many of these wounds might burst out. Those wounds were created in childhood, however, have not yet healed. Those wounds have not been revealed in the intimacy stage, before the children were born. Childhood memories and internalized positions from the family are different between the spouses, due to the fact that each one came from a different background. When the baby arrives, there is a need to combine all the personal and emotional baggage with needs of the baby. Furthermore,

a need to balance the two worlds the parents came from is also created. A question arises, at what specific point in time do all these experiences meet this specific couple? (Brant, 2014).

According to the myth, mothers describe emotional maturity as their desire to become mothers, and the experience of pregnancy as a preparatory experience for motherhood. On the other hand, some mothers describe unpreparedness and lack of maturity in regard the motherly role as result of changes they experience themselves, including adaptation difficulties in the mother's identity as well as conflicts that arise between the needs of the mother and the baby, that might even cause rejection of the infant (Farrelly, Stewart-Withers & Dombroski, 2014). Difficulties in transition to parenthood might also stem from changes in connection with the spouse, with the appearance of parallel processes of strengthening of the connection with the baby on one hand and appearance of difficulties in the intimate connection on the other hand. New mothers describe a difficulty in light of the transition from focusing on intimacy to focusing on the child, when intimacy is pushed aside, and the baby becomes the center of the spouses' world. Therefore, amongst feminist female researchers, motherly experience was conceptualized in all its complexity, strength and the contradictions hidden within it, emphasizing the mother mostly as a separate subject rather than as an object, as the origin which all of us have indeed come from, however, in times of separation and distance from her, central dramas occur in our development and essence (Benjamin, 2015; Freedman, 2011; Gross, 2018; Palgi-Hecker, 2005).

When social welfare system finds it difficult to cope with needs of elderly intellectually disabled people, in many instances, the mature children of intellectually

disabled people become their parents' caregivers, assuming the role of child-parent, thus, when adults have children, they look at the intellectually disabled parent as an additional child, in all respects, including maintaining daily schedule of the disabled parent, feeding them, caring for their medical and recreational needs, which are occasionally similar to those of children (Jecker-Parvex & Breitenbach, 2012).

Chapter 2: Methodology

2.1. Research purpose

The purpose of the current study is deepening the existing knowledge in the field of gender difference choosing a spouse and creating intimate relations amongst children of an intellectually disabled mother Research method chosen for the current study is the qualitative method, the purpose of which is to learn about human and social situations comprehensively, while emphasizing subjective interpretations of an individual. The importance of individual subjective interpretation also stems from scarcity of research on the subject as well as personal feelings, which occasionally create personal emotional blocks for each of the study participants. Furthermore, due to the fact that the study deals with choosing a spouse and creating intimacy relations amongst children of an intellectually disabled mother, the qualitative researcher aspires to examine the researched phenomenon from various angles. The questions in qualitative research are phrased with the purpose of understanding the phenomena, as perceived by the study participants. The advantage of questions in qualitative research (compared to questions in quantitative research), is that they guide the research procedure. The theory is structured gradually (grounded theory) and the theoretical model which was created is anchored with data, explains correlations between terms, and provides a framework which enables prediction (Charmaz, 1990), according to the research questions.

2.2. Research questions

1. Does the gender of a child of a disabled mother create a difference in the impact on intimacy, meaning, is there a difference between a son of a disabled mother and his spouse, and between a case of a daughter of a disabled mother and her spouse?

2. Does the fact that one of the spouses was born to an intellectually disabled mother, have an impact on the intimacy system?

3. What are the implications of life in the shadow of an intellectually disabled mother, on the intimacy system?

4. Is there an impact of tagging and self-esteem of a person who was raised in the shadow of an intellectually disabled mother, on choosing a spouse and the pattern of intimacy?

5. What are the implications of the constant need to support and help an intellectually disabled mother, on intimacy?

2.3. Method

Use of Mixed Methods Research (MMR)

In this study I will make integrated use of mixed methods research, hereinafter referred to as MMR. Use of MMR brings together qualitative and quantitative approaches in order to collect data, analyze and process it. This method helps increase the reliability of the findings (Ferreira & Trudel, 2012). This method includes mixing qualitative and quantitative methods (in changing order). There are two methods of mixed research: MMR and mixed model research. In MMR, the researcher makes use of

the paradigms of the qualitative research in one stage and the paradigms of the quantitative research in a different stage of the same research. Mixed model research, on the other hand, uses the two strategies, quantitative and qualitative, in an integrated manner, in the same research and the same stage (Johnson & Onwuegbuzie, 2004). In this research I will integrate the interviews-conversations and the empirical data, meaning, the mixed model.

A qualitative-quantitative interactive sequence will be carried out throughout the discussion. That is how the MMR will develop the research pattern, in which qualitative research is conducted during the first stage and the quantitative research is conducted after that, and the findings of the first stage constitute as a foundation and a basis for the second stage of the research. This category is different from a category that is exclusively quantitative or qualitative, as the first two categories refer to the research paradigms in a dichotomous manner, comparing method to method, whereas the mixed category is based on a sequence. The desired starting point in the mixed sequence of the two strategies is based on the four following central principals (Schrum & Ohler, 2005):

1.   The sequence is built around the theory: the quantitative paradigm begins with a theory and ends with a theory, and the qualitative paradigm begins with collection of data and ends with a theory.

2.   The research question dictates the preferred research method.

3.   Congruence between the research question and research plan is the basic criterion for a research with high scientific value.

4.   Ensuring the validity of the research - evaluation validity and research plan validity, will be examined, among other methods, by the Alpha Cronbach Test on SPSS.

The considerations in choosing the research paradigm in MMR are guided by six stages (Pituch & Lee, 2006).

1.   Identifying all the research objectives, and agreeing on them.

2.   Identifying all the research questions, and agreeing on them.

3.   A need for congruence and consistency between the research objectives and research paradigm.

4.   The research paradigm needs to convince that it fits the research objectives, while taking the advantages and limitations of each research paradigm into consideration.

5.   The research paradigm needs to convince that it is suitable for answering the research questions.

6.   The epistemological research hypotheses should be in congruence with the research objectives, research questions and research methods.

There are considerations in favor of and against mixing the methods.

Considerations against mixing: the theoretical basis is different in the two approaches, and the research foundation hypotheses are very different. Discovering the truth, objectivity. All in all, these methodologies are difficult to mix: limited or mass alignment, different sampling considerations, aspirations to generalize, prediction and finding regularity compared with searching for the extraordinary, spontaneous and relative.

On the other hand, there are also quite a few key points in favor of the method. In general, mixing quantitative and qualitative provides a richer picture of the phenomenon which is discussed. There are fields in which there must be a quantitative

evaluation (diagnosis, placement, epidemiology) and adding a qualitative component enrichens the observation.

It is now time to present the considerations in choosing a mixed alignment:

One consideration is scope and character of the research question. A second consideration is knowledge in research methods. In addition to these, there are of course the disciplinary considerations, meaning, what are the fields the research deals with? Another question is who is the target audience of the research?

So what are the reasons in favor of it?

The reasons necessitating the MMR are delving deeper into the research field, enriching the body of studied knowledge, validating the findings by use of different methods.

However, as mentioned, there are also reasons to reject the use of MMR, among which: increase in research duration, greater need for resources and of course, good command of the two paradigms is required. An important aspect is the existence of greater challenge in the syntheses of the findings.

According to Greene (2002), the objectives of mixed research are:

● Use of different methods in order to examine different phenomena that are part of the wide range of the research.

● Triangulation - use of different methods to research the same phenomenon, in order to reinforce the conclusions regarding that phenomenon.

● Complementariness - use of different methods to research different aspects or dimensions of the same phenomenon, in order to give further depth to the interpretations that are given.

● Development - findings arrived at using one method are used for developing another method (developing research tools, for instance).

● Initiating- just as in complementariness, different aspects of the same phenomenon are studied, but the objective here is not to validify but to renew, ask new questions or provide additional research directions.

The quantitative approach began its journey in psychology's attempt to imitate exact sciences via the behavioristic approach, which perceived man in accordance with natural sciences. The central principle guiding the researchers was reductionism, meaning the hypothesis that all the different parts of man (personality traits, memory, identity, etc.) can be studied, causal laws can be found, join them together with other laws and a comprehensive picture of man can be achieved. When I studied research in the 70's, the language maintained was dry and cold (research = cold brain), striving for objectivity. We could not write in first person in the research reports, and personal, experiential sentences would be erased by the lecturers. Findings that did not pass the statistical significance did not appear in the research at all, and that which had not been measured or evaluated did not exist. All of this had been done in order to imitate research in natural sciences and receive scientific recognition and academic promotion from the heads of the university, most of whom were from the field of natural sciences. During the last generation objections started to rise up regarding this determinism, after the borders between causality and probability in the framework of quantum mechanics

started to blur. The difficulty of natural sciences in relation to determinism had broadened to sciences dealing with humans. Postmodernism movements also influenced the quantitative method, and after their identity had been formed, they allowed themselves to compromise and "cut corners" (for example, Kaplan & Maxwell, 2005).

<u>The qualitative approach rebelled the quantitative approach in order to create its own identity.</u>

After the quantitative approach created a unified identity for itself and gained self confidence in the world of academia, the qualitative approach too began forming its own identity, by radically relying on philosophical foundations. The qualitative researchers radicalised their viewpoints, like a rebellious teenager pushing away his shadow from his the shadow of his parents' tree so that his own shadow can be seen. This phenomenon is prominent when students come up to me immediately declaring that they want to conduct quantitative or qualitative research, like they immediately have to declare loyalty to one way, vision or identity.

The qualitative researchers presented the holism against the reductionism, relying on a number of claims: (a) man is different from nature, and the explanations for human activity are different than those of the behavior of materials in nature; (b) man and his surroundings are complete in a manner that is difficult to disassemble and then put together; (c) in order to understand man he should be perceived as an entity with free choice, operating in complex integration with significant difference in and among other humans; (d) it is important to research what man knows about himself, and how it affects his behavior, emotions and thoughts, which come to expression in a personal story, a

combination of the researcher's toolbox of qualitative and quantitative research (a narrative); (e) completeness of man within the social, cultural and moral contexts should be researched; (f) being aware of and seeing "the whole" requires the researcher to spend time with the research participant in a non-controlled environment and in a situation where the researcher is affected by the process and influences it.

<u>There is a logical middle ground (between holism and reductionism)</u>

Relying on philosophical foundations radicalised the viewpoints, and a "war" broke out between the approaches, in which ballistas were flung, putting emphasis on the differences rather than the similarities. The impression was that the gap between the quantitative and the qualitative approach is identical to the gap between different religions, without the ability to bridge it and reach a compromise (Alexander, 2006). Nowadays, after the qualitative approach received recognition in its own right, it is possible to go back to a logical middle ground (Patton, 2002). The logical middle ground is conditioned by the understanding that the philosophical perceptions regarding the different dimensions express sequences, not dichotomy.

We can consider, for example, the contradiction between reduction and holism. An approach of radical holism does not enable research, because one whole (narrative) is always different from another, in its situation, time and context, and generalisations and certain regularity cannot be created within one research and several researches. However, radical reductionism is also illogical, because over-disassembling creates loss of meaning. Science, in its nature, cannot perceive the entire reality, and needs to disassemble it to separate parts. Therefore, the debate between holism and reductionism

is the sum of a whole, on which the research will be conducted. It can be disassembled into broad concepts (such as learning, values and achievements) and then reassembled, and in that manner, keep moving from small parts on to larger ones and create a logical hierarchy in the disassembly level.

<u>A toolbox, rather than identities</u>

The war between the two camps (Leuders & Schulz, 2019) faded out during the last few years, the generals tired of regurgitating their claims. The identity of each of the methods had been formulated by uncompromising viewpoints, and after the fog of war dissipated it became clear that the similarities are greater than the differences and it is time to return to the middle ground and cooperate. Assuming that agreements can be reached when a concrete discussion regarding a particular issue will arise. (See Leuders & Schulz, 2019 in order to learn about the "wars" between the approaches on the philosophical level, and the attempts to reach compromises). Acknowledging the fact that researches are not perfect and there are deviation factors in every type of research, encouraged organizations and researchers to combine methods in the same research, on order to minimise deviations enjoy the benefits of each of the methods (Tashakkori & Teddlie, 2003 ; Axinn & Pearce, 2006).

On a basis unifying the methods, the article focuses on research teaching in higher education in the field of social sciences. In order to focus on research teaching (pedagogical knowledge) and due to insufficient space in this study I avoided going into detail regarding important fields like the philosophy of science and the complex relationship between science and politics and power groups in society. The article is

composed of three chapters: the first will deal with the research teaching objectives shared by the two approaches; the second chapter will present the outline for a study book intended for both approaches; the third will present unique principles for research teaching, including training research teaching lecturers. The objective of the research teaching is the need to fluctuate between disciplinarian and pedagogical knowledge.

When discussing disciplinarian knowledge, the meaning is the way in which the knowledge is organized in academia for research purposes. Nowadays, it is expressed in research books and papers like that of Tashakkori & Teddlie (2003, 2010) and Fidel (2008), who represents a quantitative approach, and Tzabar Ben Yehoshua (2001) and Shkedi (2004), who represent the qualitative approach. Pedagogical knowledge refers to the way the disciplinarian knowledge is organized and serves the objective of teaching and learning through the syllabus (Shulman, 2004). The main component of pedagogical knowledge is the combination between learning and teaching, which make up the two sides of the same coin. Dealing with research teaching methods requires organizing the disciplinarian knowledge into pedagogical knowledge, for the sake of teaching it. Unfortunately, there is little formal pedagogical knowledge for research teaching in social sciences (Wagner, Kawulich & Garner, 2011), and we need to make the first moves.

The claim is that each approach needs the other and they complement one another. Both approaches play on the "science field", and the principal guiding it is basic doubt and constant examination of claims and truths, where everything is testable. Both of the approaches, the quantitative and the qualitative, have potential contributions to

this objective, so long as they do not hold on to radical and uncompromising viewpoints, imbibing from philosophical perceptions that radicalise viewpoints in their nature.

The price paid for this cooperation by the two approaches, is their move from the approach level to the methods and tools level. According to this, quantitative research refers to tools with a numerical representation of the world (as in natural sciences). Qualitative research represents the concepts and phenomena in the world through words, texts, images, etc. The philosophical anchor of the mixed approach includes two components: (a) dynamic approach (b) pragmatic approach (Onwuegbuzie & Leech, 2005; Patton 2002; Tashakkori & Teddlie, 2003).

Philosophical foundations: Dynamic and pragmatic approach

At the basis of the philosophical perception unifying the approaches is the hypothesis that the human mind is dynamic, complex and flexible. man operates from an inner logic that needs to be revealed, and so can help the researcher understand what is happening inside his "black box" and should not be referred to as an animal running around in mazes in order to receive reinforcements or as a mystic creature exposed to the demonic influences of the past. In order to mix the qualitative and quantitative research in the researcher's toolbox and understand the mind, researchers are willing to accept man's reports regarding how he perceives himself, the "other" and the world. That is how man became a central partner in understanding himself and ceased being an object placed under the microscope.

Therefore, the human mind is similar to "dynamic systems" (Keenan, 2010), with high differentials among and between people. That is the reason why the teaching should

take this difference into consideration and the participants' viewpoints need to be combined rather than referred to as objects (APA, 2003). Due to the fact that man is comprised of dynamic systems, he should be researched via a combination of methodologies: quantitative and qualitative, length researches, research analysis and a combination of lab researches (in vitro) with field researches in reality (Dunbar & Blanchette, 2001). Because the world is complex and dynamic, it should be represented in every possible way, and a combination of methods comes closer to the truth than any approach taken on its own (Yoshikawa, Weisner, Kalil & Way, 2008).

Support for mixing the approaches for teaching needs can be received from the pragmatic (instrumental) approach, developed by Duey and others (Charmaz, 2003). Pragmatism maintains that the truth is measured by practical purposes, and a claim's truth is determined by its practical results and the benefits it serves. Research should be functional; its value will be measured by its practical value in life, and mixing methods will lead to problem solving.

Evidence and fact based researches - aspiration to objectivity

Focusing on the principle of objectivity, shared by the two methods. In the past, researchers were assumed to be totally objective (absolute truth) and the truth could be discovered via free research using his or her mind and a method that would ensure objectivity. And so the researcher had to prove that his theory was correct, and at the same time, rule out alternative theories. In the postmodern era, the concepts of "truth" and "objectivity" became problematic because of two main reasons: (a) researches conducted by Kahneman, Tversky and others, demonstrate that the human mind is not

so rational and has many limitations and deflections (Kahneman, 2005); (b) the complex and dynamic nature of the universe and of man is expressed in the chaos theory (Locke, 1991) and the difficulty in finding the regularity of cause and effect.

2.3.1. The Qualitative Study

A qualitative method was chosen through semi-structured interviews of 15 daughters and 15 sons of intellectually disabled mothers. In a qualitative study, researchers do not limit themselves to phrased questions, although there are such, particularly in a semi-structured interview. In qualitative research, there is a possibility of communicating directly with the researched subject, listening to them, discussing, observing and reading. This examination is also defined as a naturalist examination, one that attempts to remain loyal to the nature of a phenomenon, observing the primary natural condition of the phenomenon, raising questions and reaching conclusions regarding the phenomenon from the subjective viewpoint of a researcher. Quantitative research is characterized by measuring variables and the influence of an independent variable on a dependent variable, all the while phrasing questions as accurately as possible, whereas qualitative research does not include questions that are phrased with limiting conditions, and the research tool might be expressed, amongst other things, in methods such as in-depth interviews and discourse research (Izraeli, 1999). One must remember that qualitative research is a comprehensive name for a broad variety of qualitative research methods, such as observation, participating observation, interpretive analysis and more. A method of semi-structured interview was chosen for the purposes of the current study. Seeing as the qualitative paradigm focuses on people, interviews conducted with the chosen individuals in a study extracts stories from them, and in case

of current study, the stories are both the stories of adolescents and the stories of the parents of these adolescents. These individuals play the role of informants. They speak not only what they are asked about, but rather add layers of their world and experiences, and those layers shed light on other aspects (Shkedi, 2004).

Tzabar Ben-Yehoshua (2011) maintains that qualitative research is "a research with people rather than a research of people". Meaning, the female and male subjects in a qualitative research are not passive, but rather, through their participation in a study and their ability to express themselves and bring their opinion forth, they become a primary part of the research process and that is exactly the case in the current study. In qualitative research, the researcher is the primary research tool (Tzabar Ben-Yehoshua, 1995). For good reason, Izraeli (1999) adds that while quantitative research is experimental and is mainly used in the fields of natural sciences, economics and management, qualitative research is real, deals with matters that occur in reality and is used mainly in the fields of behavioral sciences and deals with people and animals. Furthermore, Izraeli (ibid) maintains, that in comparison with quantitative research, which is traditional, and due to the fact that it is limited to a specific method, qualitative research is alternative, describes reality and searches for new explanations to that which exists. The current study examines people and social phenomena, such as the process of acquaintance between spouses, at least one of whom has an intellectually disabled mother. The role of the self-confidence of an individual with an intellectually disabled mother will be examined in relation to the acquaintance process, and the social interactions of a daughter or a son of an intellectually disabled mother will also be examined. Due to the aforementioned, the study is conducted with participants, with

daughters and sons of intellectually disabled mothers, with their feelings and their experiences and with their sensations regarding their experiences and intimacy skills with spouses. In light of the aforementioned, a qualitative method, designed to examine the researched phenomenon and provide an explanation for it, was chosen.

Intellectual disability is not uniform. Furthermore, it is not static. There are different levels and different types of intellectual disability. Intellectual disability might change and even undergo a correct intervention process that can take an individual out of the range of intellectual disability, one was diagnosed as belonging to, according to the definition in law (Armates, 2009). Therefore, it appears that each intellectually disabled individual is unique and each individual connected to them and the feelings and positions of that individual, is a unique and particular case, which depends on the personality and mental resilience of the individual and on the level of their mother's intellectual disability. Therefore, the study was conducted according to phenomenological-hermeneutic perception, which perceives the human world as composed of multiple subjective realities (McLeod, 2001). Due to the fact that the purpose of the study is to deepen existing knowledge in the field of choosing a spouse and creating intimacy relations regarding children of an intellectually disabled mother, it will be possible to expose, explain and interpret experiences of each of the interviewees, informants, while there is an expectation of variety of meanings and interpretations of interviewees regarding the phenomena their unique life experiences summon since their childhood. This method of exposure of experiences makes no attempt to confirm or refute theories or hypotheses existing in the research field (Mertens & McLaughlin, 1995). In the case of the current study, this is a preferred method, due to

the fact that research material on the subject is scarce, and in qualitative research it is possible to expand existing knowledge in this field, and that can be considered as a significant contribution of the current study.

The intimacy expected in the current study, in which face to face interviews are conducted, while the female and male subjects are invited to be active participants in the process and have a discussion with the researcher regarding the researched reality interpretation, expands the ethics of qualitative research towards mutuality and partnership. This is also the meaning of research "with" the researched subjects rather than "of" the researched subjects, which is perceived as promising mutual exchange between the researcher and a researched subject and as narrowing the gap of powers and asymmetry in the relations between them. Thus, the current study makes it possible to describe, reflect and interpret a complex reality, with its unique dimensions and processes, which gain a special expression in light of the sensitive subject that is being researched (Tzabar Ben-Yehoshua, 2001).

2.3.2. The Quantitative Study

The current research will make use of the quantitative method. This method is based on the positivist approach that determines that the science must rely on objectivity, meaning independence of the research conclusions at the researcher's starting point as well as empiricism, meaning the ability to examine the researcher's hypotheses by collecting observational data. Therefore, quantitative research has a few main characteristics: (1) Scientific social research should be limited to collecting data relating to phenomena that can be objectively observed. (2) Use of statistical data. The positivists believed the social world can be categorized objectively. Use of these categories will enable counting sets

of observed social facts and create statistics in accordance with that. (3) Search for empirical regularities, correlating between different social facts. A correlator is the inclination of two things or more that can be found together and may refer to the intensity of the relationship they share. (4) Search for causal connections, if there is a strong correlation between two types or more of social phenomena. In this case, the positivist sociologist might suspect that one of the phenomenon is causing the others to occur. The positivists believe that analysis with many variables can establish causal connections between two variables or more. If these findings had been examined in a variety of contexts, the researchers can be certain that they achieved the ultimate objective of positivism: defining the laws of human behavior (Babbie, 2013).

It can be said that the positivist paradigm guiding the quantitative approach is based on the hypothesis that the social reality has an objective ontological structure and that people respond to that environment. Quantitative research involves counting and measuring events and requires statistical analysis of numerical data. The hypothesis at the base of the positivist paradigm is that there is an objective truth in this world that can be measured and scientifically explained. The main concern of the quantitative paradigm is that the measurement is reliable, legitimate and includes a clear prediction of cause and effect (Kavoura & Bitsani, 2014). Quantitative research is deductive and particular and based on consolidating research hypotheses and empirically examining them in regard to a particular data group. Scientific hypotheses are devoid of values; the values of the researcher, subjective deflections and preferences have no place in quantitative approach. Researchers can present the process of the relationship between the couple and the mother with the mental disability as concrete and tangible and it can be analyzed

in an autonomous manner, without involving outsiders and affecting the ethical aspect of the research (Kavoura & Bitsani, 2014). Since quantitative research is deductive, it emerges from the theory and finds the body of data relevant to it. The positivist approach is interested in reinforcing or refuting hypotheses developed in the theory while aspiring to generalize them on the whole population. Therefore, quantitative research is linear, structured and detailed.

2.4. Participants

A sample in qualitative research is based on a small number of people experiencing the researched phenomenon and can shed light on it in a profound manner rather than according to statistical principles (Patton, 2002). Profound understanding of subjective perceptions can be realized in samples spanning between 8 to 20 participants (Hill, Thompson & Williams, 1997). The sample in the current study will include 20 couples, at least one of the spouses has an intellectually disabled mother, fifteen of whom are women and fifteen are men. (1) A daughter or son of an intellectually disabled mother; (2) The interviewee leads life of intimacy or had led life of intimacy in the past; (3) Married for a period of at least six consecutive months, so that it will be possible to talk to an interviewee-informant about a collection of experiences and sensations. This period was determined with the purpose of understanding the perception of interviewees after sufficient experience in terms of time, adapting to the situation in which a spouse whose mother is intellectually disabled and coping with the responsibilities and assistance required of them; (4) Interviewees will be Jewish, urbanites, in order to reduce bias, as much as possible. Additionally, immigrants will not be interviewed, due to the

fact that oftentimes two and even three generations live in one apartment. Details of the couples as follows:

Sample Description:

The study included 20 married couples, hence 40 participants, every partner has a certain proximity to the mentally disabled mother.

Half of the participants are men, the other half are women.

The average age is 42.89 years, standard deviation is 13.61 years. Age range is 23-71.

Family status: 38 of the subjects are married and 2 are divorced. Average siblings per subject: 3, standard deviation is 1.9.

Average number of children per subject: 2.65, standard deviation is 1.4.

Education: 2 (5%) have post-primary education, 13 (32.5%) have high school education, 19 (47.5%) have post-high school education (BA), 4 (up to 12.5%) have a second degree (MA) and 1 (2.5%) has a third degree.

Occupation: 23 (57.5%) are salaried employees, 3 (7.5%) are employed managers, 8 (20%) are self-employed, 6 (15%) don't work.

Salary: 8 (20%) earn a way below average salary, 9 (22.5%) earn a below average salary, 8 (20%) earn an average salary, 12 (30%) earn an above average salary, 3 (7.5%) earn a way above average salary.

Distribution of relationship with the mentally disabled mother (table 2).

Table 2: Prevalence of the Variable of Proximity to the Mentally Disabled Mother

Sample Percentage	N	Proximity to the Mentally Disabled Mother
32.5	13	mentally disabled mother's son
20	8	mentally disabled mother's daughter
27.5	11	wife of mentally disabled mother's son
20	8	husband of mentally disabled mother's daughter
100	40	Total

Husbands and wives, ages between 22 and 67, averaging at 48 years of age. All interviewees are married for the first time, married between 0.5 to 34 years, averaging at 21.3 years. 26 of the interviewees have biological children, numbering from 1 to 6, all of whom are without intellectual disability.

1. Shlomo and Adina, married for 10 years + 5 daughters. Both 32 years old.

    Husband's mother is intellectually disabled. Lives in Jerusalem.

    Adina is an administrative manager, has 15 years of education. Shlomo is a teacher. Live in a settlement near Jerusalem.

2.Moshe and Batya, 36 and 34 years of age, married for 12 years + 6 children.

    Husband's mother is intellectually disabled. Lives in Jerusalem.

    Moshe is a teacher in Jerusalem. Batya is a teacher in Jerusalem. Both have 15 years of education, live in Jerusalem.

3.Gadi and Sigal, 44 and 42 years of age, married for 18 years + one son.

Gadi's mother is intellectually disabled. Lives in Beit-Shemesh. 67 years old.

Gadi has a grocery store and Sigal is a housewife. Both have 12 years of education, live in Beit-Shemesh.

2. Sasha and Yulia,46 and 45 years of age, married for 21 years + 2 children.

   Sasha's mother is intellectually disabled. Lives in Or-Yehuda, 69 years old.

   Sasha is a chemist and Yulia works with computers. Both have 15 years of education. Live in Givatayim.

3. Avi and Bracha. Married for 34 years. 60 and 57 years of age + 3 children.

   Avi's mother is intellectually disabled. Lives in Jerusalem.

   Avi is a restaurateur and Bracha is a chambermaid in a hotel. Both have 12 years of education. Live in Jerusalem.

6. Nili and Meni, 42 years of age + one daughter, married for 19 years

   Nili's mother is intellectually disabled, 64 years old. Lives in Ramat Gan.

   Nili is a jeweler and Meni is an economist. Both have 16 years of education. Live in Ramat Gan.

7. Shula and Menahem, 31 years of age, married for 5 years, no children.

   Shula's mother is intellectually disabled, 62 years old, lives in a settlement near Haifa.

Shula works in a bank and Menahem works as a nurse in Hadassah Hospital in Jerusalem. Both have 16 years of education. Live in Jerusalem.

8. Sarit and Yaniv, 38 and 44 years of age, married for 14 years + 3 children.

    Sarit's mother is intellectually disabled, 66 years old, lives in Ramat Gan. Sarit is senior economist in a high-tech company and Yaniv is an architect. Both have a Master's Degree and 18 years of education. Live in Ramat Gan.

9. Dina is 44 and Israel is 47, were married for 19 years + 2 children. (Currently divorced).

    Dina's mother is intellectually disabled, 72 years old, lives in Kiryat-Malachi.

    Dina works as an assistant for elderly people on behalf of Social Insurance. Israel works as a packer in a supermarket. Both have 12 years of education. Live in Ashkelon.

10. Tali and Yossi, 67 years of age, married for 19 years + 4 children.

    Tali's mother is intellectually disabled. Lives in Kiryat-Ono.

    Tali works as a lawyer in a big firm in Tel-Aviv. Yossi is an engineer in the Municipality. Both have 16 years of education. Live in Tel Aviv.

11. Nissim and Tzipi, 47 and 44 years of age, married for 11 years + 2 children.

    Nissim's mother is intellectually and physically disabled, 69 years old, lives in Hadera.

    Both are teachers in high school, 16 years of education, currently live in Netanya.

12. Eitam and Yona, 32 and 27 years of age, married for 5 years + one child.

    Eitam's mother is intellectually disabled, 58 years old, lives in Tel-Aviv.

    Eitam is a lawyer, he has 16 years of education. Yona is unemployed, she has 12 years of education. Live in Givatayim.

13. Tziona and David, 66 and 67 years of age, married for 33 years + 4 children.

    David's mother is intellectually disabled, 89 years old, lives in a retirement home in Ramat-Gan.

    Both are retired from the Israel Electric Company. Both have 12 years of education. Live in Ramat-Gan.

14. Ruth and Jonathan, 26 and years of age, married for a year, no children.

    Ruth's mother is intellectually disabled, 52 years old, lives in Ashdod.

    Ruth is a medicine student and Jonathan is pharmacy student, 16 years of education up until now, live in Ashdod.

15. Neta and Ya'akov, 54 and 53 years of age, married for 22 years + 3 children.

    Yaakov's mother is intellectually disabled, 78 years old, lives in Petah-Tikva.

    Neta is an interior designer, she has 15 years of education. Yaakov owns a grocery store, he has 12 years of education. Live in Petah-Tikva.

16. Yosef and Nehama, 45 and 44 years of age. Married for 14 years + 2 children.

    Nehama's mother is intellectually disabled, 67 years old, lives in Jerusalem.

    Both work in a family bakery in Raanana, 12 and 11 years of education.

17. Orit and Bar, 33 and 37 years of age, married for 9 years + one child.

    Both of Bar's parents are disabled.

    Orit is unemployed, she has 12 years of education and Bar works in food supply, he has 12 years of education.

18. Yinon and Orna, 24 and 22 years of age, married for six months, no children.

    Both of Orna's parents are 59 and intellectually disabled. Live in Or-Akiva.

    Both are economics students, 14 years of education, live in Herzeliya.

19. Izhak and Mirit,49 and 43 years of age, were married for 21 years, currently divorced, 8 children.

    Mirit's mother is intellectually disabled, 71 years old, lives in Bnei-Brak.

    Izhak is unemployed, he has 15 years of education, Mirit is a cashier, she has 12 years of education, live in Bnei-Brak.

20. Gershon and Malka, 28 and 26 years of age. married for 2 years, with no children.

    Gershon's mother is intellectually disabled, 54 years old, lives in Beer-Sheva.

    Malka is unemployed, Gershon works in a carpet store, both have 12 years of education, live in Beer-Sheva.

21. Shalom and Ester, 61 and 57 years of age, Married for exactly 20 years + 2 children.

    Ester's mother is intellectually disabled, 73 years old, lives in Karmiel.

Shalom does not work due to health disability. Ester works in bed linen store. Both have 12 years of education, live in Karmiel.

22. Nurit and Ofir, 37 and 39 years of age, married for 14 years, 3 children.

    Nurit's mother is intellectually disabled, 66 years old, lives in Ariel.

    Nurit is a teacher, 15 years of study. Ofir is vice-principal of a school, 18 years of education, live in the Shomron.

23. Ora and Yonatan, 46 years of age, married for 13 years, 4 children.

    Jonathan's mother is intellectually disabled, 70 years old, lives in Kiryat-Arba.

    Both work in the Israel Defense System. Both have 15 years of education. Live in Kiryat-Arba.

24. Yair and Noy, 55 years of age, married for 31 years + 5 children.

    Noy's mother is intellectually disabled, 77 years old, lives in Bat-Yam.

    They have a souvenir shop in Holon, 12 years of education. Live in Holon.

25. Asaf and Reut, 41 and 39 years of age, married for 11 years + 2 children.

    Reut's mother is intellectually disabled, 72 years old, lives in Jerusalem.

    Asaf teaches in psychometric courses and Reut is a secretary in CPA's office, both have 16 years of education, live in Jerusalem.

26. Yoni and Ester, 31 and 30 years of age, married for 6 years + 2 children.

    Yoni's mother is intellectually disabled, 55 years old, lives in Tel-Aviv.

Work in sales marketing, both have 14 years of education, live in New-York.

27. Yossi and Ateret, 45 and 44 years of age, married for 22 years + 9 children.

    Both have a disabled mother. Yossi's mother is 71, lives in Jerusalem and Ateret's mother is 68, lives in Ramat-Gan.

    Yossi teaches in a Yeshiva and Ateret is a housewife. Ateret has 12 years of education, Yossi has 18 years of education in the Yeshiva. Live in Binyamin.

28. Shimon and Tamar, 38 years of age, married for 16 years + 5 children.

    Shimon's mother is intellectually disabled, 64 years old, lives in Rosh-Haayin.

    Shimon is a computer programmer and Tamar is a preschool teacher. Both have 16 years of education, live in Petah-Tikva.

29. Yaakov and Hadas, 33 and 31 years of age, married for 6 years + 2 children.

    Hadas' mother is intellectually disabled, 59 years old, lives in Ariel.

    Hadas is a housewife and Yaakov owns a carpentry shop, both have 15 years of education, live in Northern Shomron.

30. Itzik and Noa, 44 and 42 years of age, married for 17 years + 3 children.

    Itzik's mother is intellectually disabled, 71 years old, lives in Rehovot.

    Own a big import company, both have 15 years of education, live in Modiyin.

2.5. Research tools

There are 2 kinds of Research tools in current MMR – Qualitative and Quantitative.

2.5.1 Qualitative method

Data is collected by Questionnaires Guide (appendix 1) through semi-structured in-depth interviews in order to discover subjective meanings for behaviors, emotions and interactions with the environment (Creswell, 1998). These interviews enable freedom in the researched subjects and in the relations between interviewer and interviewees (Roulston, 2010). The interview includes two parts – one, a brief questionnaire regarding socio-demographic characteristics (annex 1). The second and central part, is an interview guide, based on key questions on subjects that were found to be significant for the study, both derived from literature and talks with specialists in the field, who deal with population of the intellectually disabled in Israel, and are aware of the needs and difficulties of a family in which at least one of the spouses has an intellectually disabled parent. The guide is a basis for the interview and enables freedom and flexibility in terms of bringing up subjects in a dialogue with the interviewees (McLeod, 2001). The researcher used the interviewees' language for the development and elaboration of various subjects. From the outset, subject matters of the interviews are common to all interviewees. These are the subject matters and fields of perceptions of the interviewees regarding their personal, social and intimacy life, on which the questions in the questionnaire guide focus:

1. The initial understanding that mother is intellectually disabled (Inspired by Wolowicz-Ruszkowska & McConnell, 2017; Park & Epstein, 2013)

2. Description of the origin family and childhood experiences from home and in society (According Bowen, 1978; Barnett & Hyde, 2001; Goldberg, 2005).

3. Sense of self in face of development at a home in which mother is intellectually disabled (According Bowlby, 1988).

4. Acquaintance with a spouse, responses of the families and the intellectually disabled mother (According Wolowicz-Ruszkowska & McConnell, 2017).

5. Response of a spouse to the information regarding existence of an intellectually disabled mother (According Brant, 2014; Wolowicz-Ruszkowska & McConnell, 2017).

6. Strength and weakness points regarding existence of an intellectually disabled mother (According Weshler, 2009; Wolowicz-Ruszkowska & McConnell, 2017).

7. Self-image (According Harari, 2008; Moshkovitz, 2011).

8. Influence of mother on the spouse (According Pacheco & McConnell, 2017).

9. Changes in the connection of daughter or son with the intellectually disabled mother since marriage (According Brodesky, Raznitzky & Siton, 2011).

10. Conflicts in intimacy, in face of the existence of an intellectually disabled mother of one of the spouses (According Linn & Breslerman, 1996).

11. Satisfaction with married life, in face of the existence of an intellectually disabled mother (According Goldberg, 2005; Brant, 2014).

12. Emotion and emotional self-esteem (According Illuz, 2008).

13. Is there any courting on part of a daughter or son of an intellectually disabled mother (According Goldberg, 2005).

14. Creation of intimate relationships (According Williamson, 2001).

15. Influence on intimacy, intimate relations and the stability of intimacy (According Goldberg, 2005; Vardi, 2006).

The way in which the interview will be conducted in practice, could have been different, unique from one interviewee to another, and dependent upon motivation and the relations created with the interviewer. The initial estimation was that interviews will take about 40 minutes. Should an interviewee accept the request, the interview will be recorded and transcribed literally, for the purpose of precise analysis.

2.5.2. The Quantitative Method

The current research will make use of the quantitative method. This method is based on the positivist approach that determines that the science must rely on objectivity, meaning independence of the research conclusions at the researcher's starting point as well as empiricism, meaning the ability to examine the researcher's hypotheses by collecting observational data. Therefore, quantitative research has a few main characteristics: (1) scientific social research should be limited to collecting data relating to phenomena that can be objectively observed. (2) use of statistical data. The positivists believed the social world can be categorised objectively. Use of these categories will enable counting sets of observed social facts and create statistics in accordance with that. (3) search for empirical regularities, correlating between different social facts. A correlator is the inclination of two things or more that can be found together and may refer to the intensity

of the relationship they share. (4) search for causal connections, if there is a strong correlation between two types or more of social phenomena. In this case, the positivist sociologist might suspect that one of the phenomenons is causing the others to occur. The positivists believe that analysis with many variables can establish causal connections between two variables or more. If these findings had been examined in a variety of contexts, the researchers can be certain that they achieved the ultimate objective of positivism: defining the laws of human behavior (Babbie, 2013).

It can be said that the positivist paradigm guiding the quantitative approach is based on the hypothesis that the social reality has an objective ontological structure and that people respond to that environment. Quantitative research involves counting and measuring events and requires statistical analysis of numerical data. The hypothesis at the base of the positivist paradigm is that there is an objective truth in this world that can be measured and scientifically explained. The main concern of the quantitative paradigm is that the measurement is reliable, legitimate and includes a clear prediction of cause and effect (Kavoura & Bitsani, 2014). Quantitative research is deductive and particular and based on consolidating research hypotheses and empirically examining them in regard to a particular data group. Scientific hypotheses are devoid of values; the values of the researcher, subjective deflections and preferences have no place in quantitative approach. Researchers can present the process of the relationship between the couple and the mother with the mental disability as concrete and tangible and it can be analyzed in an autonomous manner, without involving outsiders and affecting the ethical aspect of the research (Kavoura & Bitsani, 2014). Since quantitative research is deductive, it emerges from the theory and finds the body of data relevant to it. The positivist approach

is interested in reinforcing or refuting hypotheses developed in the theory while aspiring to generalise them on the whole population. Therefore, quantitative research is linear, structured and detailed.

The Quantitative Research Tool

The research tool, excluding nominal values, will be based on an interval level of measurement. Among the values of an interval level of measurement there are equal intervals which indicate equal differences in the measured quality of the variable. Meaning, the values maintain an order between them, so that higher values indicate a higher position than the lower values. Because the interval between the values is defined, one can determine how many measurement units higher or lower than another value a particular value is (Birenboim, 1997).

The scale used for this particular study tool is Likert scale, meaning, an index created out of a simple summation of the scores in the items group. The items in this scale are phrased in the form of statements or claims (meaning, short sentences expressing a particular viewpoint regarding the study subject), and the researcher will formulate a large number of statements, utilizing every variable that has been studied. The answers to Likert scale fluctuate on a scale consisting of 5 possibilities: 5 - highly agree, 4 - agree, 3 - maybe, 2 - disagree, 1 - strongly disagree.

The research tool is a four part questionnaire: (1) petitioning the examinee (2) personal details questionnaire (3) Satisfaction in the relationship questionnaire (4) Intimacy questionnaire that includes the following Tools:

1.   Petitioning the examinee, explaining the essence of the questionnaire. The topic of confidentiality and anonymity of the examinees will be emphasized as well as their ethical rights, as well as their right to avoid the questionnaire and even stopping in the middle of the process, without having to explain their decision. The examinee will be asked to try and answer the questions for the sake of reaching quality conclusions in the research (appendix 2).

2.   Sex; age; family status; number of marriage years; relationship with the mentally disabled mother, number of children in the parental home (including me); number of children I have; education; partner's education; occupation; salary (appendix 3).

3.   Satisfaction in the relationship - GRIMS interview. A 28 item questionnaire taken from Rust, Bennun, Crowe and Golombok (1986). Originally, there were Alpha Cronbach marks: 0.91 for men and 0.89 for women. Out of all the questions, questions number 3, 6, 7, 8, 11, 13, 16, 18, 19, 21, 23, 24, 26, 27 are reversed questions and in order to receive the direct result a scale reversal will be conducted (appendix 4).

4.   Intimacy questionnaire by Moore, McCabe and Stockdale (1998) which includes 27 items, 16 of which are indicative of negative intimacy (appendix 5) (items number: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16); 8 items (number: 17, 18, 19, 20, 21, 22, 23, 24) are indicative of positive intimacy; and 3 items (number: 25, 26, 27) are indicative of shared by the couple. The inner consistency Alpha Cronbach marks in the questionnaire were: emotional aspects = 0.73; sexual aspects = 0.77; general intimacy = 0.71.

2.6. Validity and reliability

2.6.1. Qualitative research

Qualitative research emphasizes description and analysis of a broad variety of experiences and meanings and does not aspire to represent or generalize any type of population (unlike quantitative research, which operates with the intention of finding representation or generalization in a specific population). Therefore, the focus is on presenting the overall phenomenon and deepening the understanding of its coherence (Angen, 2000). In the qualitative research, trustworthiness is perceived as a scale for estimating the research (Mertens & McLaughlin, 1995). Reliability in the current study is achieved by detailed description of a variety of realities, based on in-depth interviews with a variety of interviewees, women and men, who have one common denominator – their being a daughter or son of an intellectually disabled mother.

The interviews enable the children of an intellectually disabled mother, to fully express their interpretations, meanings, emotions, perceptions and description of their intimate relationships, in face of the given situation they find themselves in since birth. This way, interviewees can describe and express their experiences from childhood, at school, the entirety of social interactions they have experienced, up to the stage they became acquainted with their spouse. Among other things, they will have the opportunity, in places they would find it difficult to express themselves in speech, to write down their feelings by themselves. This way they can describe the blockages they faced and the limitations they had put unto themselves, as a result of their self-image or level of their self-confidence.

Additional credibility will be achieved on the basis of grounding or supplying rich data, meaning, through bringing forth actual quotes from the interviews, which will enable readers to evaluate its thematic understandings (Kaplan & Maxwell, 2005). An example for deepening credibility and rich data, is in a correlation of that which occured at home during the childhood or adolescent period, and what is currently happening in the life of an interviewee and their spouse, while at the same time, the personal and professional lives of the interviewees also enter into the data fabric, so that in a holistic observation, it is possible to see that the study is not only conducted on the subject of intimacy of children of an intellectually disabled mother, but rather on the complex narrative of the interviewees.

2.6.2. Quantitative Research

The research tool is a four part questionnaire: (1) petitioning the examinee (2) personal details questionnaire that includes the following:

Tools

1. Satisfaction in the relationship - GRIMS interview. A 28 item questionnaire taken from Rust, Bennun, Crowe and Golombok (1986). Originally, there were Alpha Cronbach marks: 0.91 for men and 0.89 for women.

2. Intimacy questionnaire by Moore, McCabe and Stockdale (1998) which includes 27 items, 16 of which are indicative of negative intimacy The inner consistency Alpha Cronbach marks in the questionnaire were: emotional aspects = 0.73; sexual aspects = 0.77; general intimacy = 0.71.

Reliability According to Alpha Cronbach in the Current Study:

1. Satisfaction in the couple relationship questionnaire: 28 questions, Alpha Cronbach a=0.81.
2. Intimacy in couple relationship questionnaire: 27 questions, Alpha Cronbach: 0.80.

2.7. Procedure

The sample was conducted by the snowball method. As a son of an intellectually disabled mother – a fact accompanying the researcher throughout his life, he approached individuals with a mother in similar condition or with parents in similar condition, and asked to be connected to individuals they know, who also have an intellectually disabled mother.

With both individuals he was familiar with and to those whose details were given to him, the researcher, starting from the very first phone conversation, presented himself and his personal connection with the researched subject. Following that, he explained the questionnaire details, the confidentiality and ethics rules which would be kept. After a meeting was set up, the researcher arrived at the set place and gave the interviewee an 'ethics page', as explained in Dushnick and Tzabar Ben-Yehoshua (2001), the need to present an interviewee with an ethics page, is to guarantee the realization of the ethics value of informed consent, clarifying the research purposes and the interviewees' rights during and after the interview.

2.8. Data collection

Qualitative research operates towards authentic understanding, empowerment and giving a loyal expression to voices of interviewees. The meaning of that is that no attempt is made to "educate" interviewees and to direct them by way of address or style of conversation. The purpose was to address both the interviewees and the questions regarding their mother, being intellectually disabled, as individuals operating in a pluralistic society, from an assumption that each one will express him or herself differently.

The advantage in receiving the accurate words of the interviewee, is in enabling them to express themselves as they are used to, and additionally, to learn about their lifestyle and background, their family, the implications of the mother's, both in regard to the spouse and in regard to other people in the family and outside it. This position is critical in the current study, due to the sensitivity, complexity and stigma that society, the public and even the spouse might direct towards both the daughter or son of an intellectually disabled mother and the mother herself and the family. In light of this, the researcher, both in interviews and in analysis, will operate towards being empathetic and giving an expression to parents' voice. Therefore, the interpersonal connection with the interviewees empowers ethical issues such as sincere presentation of research purposes and methods and maintaining dignity and confidentiality (Patton, 2002).

Finally, pearson correlation coefficient and variance analysis had been conducted (SPSS 24.0).

Chapter 3: Results

In the current study, the researcher interviewed 30 couples in which one spouse is a child of an intellectually disabled parent. This chapter will examine the extent of the effect of the phenomena on their current lives. First of all, the feeling of the child, when they were very young, and already knew that their mother is intellectually disabled.

a) Qualitative results

The results chapter is arranged according to the research questions, so that question is presented in the beginning, followed by question 2, all the way to question 5. At first, the findings will deal with the influence of the sex of the child of the intellectually disabled mother on the intimacy with the spouse, and are intended to create a distinction between the sons and daughters of the intellectually disabled mother, and their spouses. It is of importance to mention that some of the findings related to this question are relevant to other questions as well.

Altogether, few minimal negative qualities and points of weakness were mentioned in the interviews, Shlomo, for instance, describes himself as: "…don't hold my ground so much, don't really set provisions…" and Adina, his wife, strengthens his opinion by stating that he: "…yields to others at his expense …" a very similar outcome comes up from Sasha's viewpoint, as he answered: "…I don't defend my truth enough in arguments with her, and very quickly sacrifice my desires on the altar she built", and Yulia his wife, views matters likewise: "he doesn't have the strength of a man but some sort of flaccidity that reflects his family very much". Moshe saw himself as pretty closed up, stating his negative qualities as: "…closed off, do not share my world…

Regarding the care of the intellectually disabled mother by Dina, her daughter, and Israel, her husband, the couple did not show any signs of disagreement, and on the contrary, claimed that their support of her gave them only blessing and grace, as reflected in Dina's words: "…To my great joy, that doesn't bother my husband at all and when I can't get to it due to an overload of tasks he helps my mother… I don't see how this [helping the mother] is different from any other task I have…". Her husband Israel, attests to the fact that he often assists Dina to help her mother, and says that the impact on intimacy "…adds a blessing of grace to our home…", and that "…I don't see how this is different from other tasks. This is what a home is built on. Grace towards every Jew, and even more so, when it is moreover a family member…"

Opposite to the description of the children-in-law which claim having harmful relationships with their spouses, a significant part of interviewees who have an intellectually disabled mother testified that although in their childhood they tried to deny the condition of their mother or to rebel against her, presently, relations of all children with their mothers are very good, as Gadi mentioned in the interview: "… [in my childhood] I didn't want any connection with her. Later on that changed because I accepted her as she was. I understood that she was my mother and that's that. [after marriage] I appreciate her more. It is unbelievable that she succeeded in raising a family with a disability like she has, just now as a father I am aware of the difficulty". Sarit describes the same pattern: "…I tried to ignore her. I didn't agree that she would be my mother. Or that she will walk me to kindergarten. And if she came anyway, I would ignore her and punish her. Not speak to her for several days …". When Sarit was asked about helping her mother today, she answered positively, stating: "…the truth is that it

is a task that I like and I am devoted to it…", continuing and indicating that the relations between are very good: "…For some reason I am more connected to my mother after my marriage than before…"

As stated in some interviews, the feeling of caring is very strong among the children of the intellectually disabled mothers, as Yulia indicates: "…he treats [his mother] as if she was half God…". Avi also mentions that: "…my wife sometimes claims that I erase the entire world due to my mother…". Batya harshly describes that: "…I feel that Moshe wasn't yet separated from his mother's home when we started to build our mutual home. Furthermore, Moshe puts his mother in first priority and myself and the children after her. Meaning, the moment there is some sort of collision, he will invest the time and resources in his mother. For example: during the first and only time we took a vacation outside the city, his mother called and asked us to come to her because she was alone. The vacation was cancelled. We drove back to her despite the fact that by the time we arrived someone else had already come".

Avi addresses the issue of helping his mother and says: "as long as it isn't too much at the expense of my wife's needs, it is understood. The moment it exceeds that, there is reason for a fight". This help is different from his other tasks "since it's not actually domestic matters. For her this is something that comes from the outside and therefore holds such a place, and not given a central importance as I give it".

Israel Dina's husband: "…no [lack of intimacy conduct patterns, but] on the contrary, I feel that she is better…". Similarly, to the latter, Sarit also raises a point of conflict: "…Particularly around the subject of both of us helping my mother. He does not realize why visiting her is required so much... To tell the truth, it is a task I like and

I am devoted to it, and my husband sees that and asks why aren't you so devoted to the usual domestic tasks as well…"

The same connections, through the eyes of the children, confirm these attitudes, as Gadi describes the connection of Sigal, his wife, to his mother: "…Practical connection. Not very warm, and on the other hand there is no disconnection…". A more severe picture is described by him later on: "…The connection between my mother and my wife – is daughter-in-law – mother-in-law relations by the book, lots of struggles and hurting each other, and it is expressed when my wife and I argue or disagree on something. My mother will always take my side, and that makes my wife angry. She has an adverse effect on her…"

Shlomo and Adina are both satisfied on a medium level, but although Moshe feels satisfaction in his marriage, Batya, his wife, says that: "…there are things that could be improved..."

Another difference between husband and wife is presented by Gadi, who claims to be: "…completely satisfied with marriage…", but Sigal, his wife, is satisfied only: "…to a medium degree and above…".

The phenomena are sometimes described in terms of environment and life status, as in Batya's case, who claims: "…My mother in-law creates a suffocating bond without leaving any space and place for the other… when I am in her home I cannot sit and read a book. She will immediately approach and ask what does it say… she calls in the most inconvenient times and it is simply impossible to disconnect the call and put an end to it…". Yulia describes a similar situation, stating that: "…We went to a wedding of

friends of ours and she asked to come, which ruined our privacy. And it was not the only time she did it…". Yulia describes the environment which is created, as one that follows them, as a couple, outside of the confined walls of their family, and furthering the influence of the intellectually disabled mother to events of friends. Both Batya and Yulia describe a profound loss of privacy. It is important to note that neither Batya nor Yulia described their way of retaliation or their way of coping with the situation.

The interconnections were examined, e.g. children-mother and children-spouse. In the next part of the study, an intra-connection will be examined, hence, spouse-disabled mother in law. In the cases of Adina and Batya, the relations between them and their mother-in-law is far from perfect, and Adina describes: "…minimal connection. No connection was built beyond that…", and Batya expands: "…I try and maintain a connection which is not too deep… Moshe wants us to be in a close connection with her, so we arrive, and I try to be very nice, and to be with her all the time, non-stop, but this is not easy for me…".

Nili, Manny's wife, testifies on his behalf: "…Good connection, dining on Saturdays at our home and paying visits…". Avi also claims to have a good connection with his disabled mother in law: "…Good connection. We don't talk much. There is mutual respect, good relations…".

Yaniv continues this line of findings regarding his connection with his mother-in—law to be: "…very good. I think she is a special woman…", and goes on to describe their connection as: "…a very respectful and good connection…".

Respect is also a key word also in Israel's description of his connection with his mother-in-law: "…a very respectful and good connection…", and his wife, Dina, testifies to the connection of Israel with her mother as being: "…a very good connection…", and that: "…mother loved and still loves him very much today…".

The evidence for a gender dependent finding continues to rise, as Yossi says, regarding his connection with his disabled mother-in-law to be a: "…pretty good connection. There is a strong affectionate bond…", and Tali, his wife, describes Yossi's connection with her mother as: "…a caring, understanding, sensitive connection…".

Maybe the words of Batya, who was the only daughter-in-law whose connection with mother-in-law included feelings of appreciation towards her, could prove crucial to understanding this matter, as she said: "…I became more attentive, more inclusive…", but it is important to note that Batya is the exception, and that most daughters in law had negative relations with their disabled mother in law.

Adina, Shlomo's wife, describes their situation in a similar way, stating that: "…Sometimes this comes at the expense of the new nuclear family. This can contradict family activities. It creates difficulty in the home conduct when his assistance is required. You can't choose that, you don't make an appointment for yourself and then choose the optimal time, it can come at inconvenient times... usually in this stage of our lives taking care of parents isn't required, thus this commitment makes it harder…". Adina also claims that there is a difference between his mother's tasks and theirs: "…the rest of the tasks with our children – we choose that. My mother-in-law's tasks, I didn't take those into consideration", and added that: "…that is an additional task to all the rest. When the

task of caring for a parent knocks on the door of a couple at the age of 40 it is a totally different meaning than at the age of 20, when they've just begun their intimacy…".

Batya, his wife, contradicts him and claims that he helps: "…in everything. In the physical issues – he is responsible for the whole financial aspect, the migrant worker, all the paperwork and bills, all the medical issues. He is also involved in social and emotional aspects: starting with a dancing performance of his mother and ending with every tiniest problem arising between anyone and anything – he is the one who immediately gets a phone call…". Batya does not think that her husband helps only in small matters, and states that: "…in other fields you can and should put limits, so it will not hurt other things, but in this matter my husband is not able to refuse, even though it negatively affects home. And the subject is not a one-time occasion you can muster-up strength. This is a constant matter we have been coping with since we got married…".

Yossi, Taly's husband, does not feel a burden and has no sense of conflict, saying: "…Even when she is at her mother's, I really try to understand. But it does not bring about bad taste or bitterness to the intimacy…". Similarly, Sigal, Gadi's wife, answers with total positivity that her husband lacks intimacy conduct patterns and mentions this point several times: "…he has no family habits at all. I feel like I am his mother. He didn't come prepared for marriage… lots of fights revolve around matters of home because he has no background in it. In the most trifle things…".

His wife, Bracha, was also raised this way and claims that: "…I don't know what intimacy conduct patterns are, so I don't know how to answer the question. You should understand that in a Kibbutz, there was no such thing as intimacy. It is totally different from today…".

The following findings deal with the intimacy conduct between the spouses. This conduct is also related to the relationship of the spouses, one of whom being the child of an intellectually disabled mother.

There were some couples where both spouses answered with complete negation on the three items, their marriage is founded on a total equalitarian basis and they have no status differences. It is so with Shlomo and Adina, Avi and Bracha, Shula and Menachem, Dina and Israel. Bracha, Avi's wife, was asked "did you feel (in the past or in the present) that your spouse is inferior to you, due to his family?" and her answer was: "never. In the Kibbutz no one is inferior, everybody is equal". The following question asked was: "does this come up in fights between you? If so, in what context?" And her answer was: "no. It shocks me that there could be such a thing. This befits beasts".

Batya: "to strengthen and fortify the internal limits of the couple from the people surrounding them". An intense conflict is created between those spouses when on one side, the biological child, born into a reality in which the disabled mother is supported by him, and the child considers it as natural reality. And on the other side the spouse feels differently, and in their opinion the attitude towards the parent is not balanced: Meni: "sometimes her mother drives her crazy and she forgets her husband and children". Adina claims that Shlomo, her husband, doesn't realize the real condition of his mother: "he doesn't feel they are disabled. He told me once – they have no shortcomings… it would be easier for me if he would accept her condition and her shortcomings".

Batya and Yulia, both described the loss of privacy in their adult lives, being children in law who entered the lives of the intellectually disabled mother (in law) in a later stage in life. "Shlomo recognizes the reality less and therefore my feeling is different than his. There is some kind of hiding or denial here on his part, regarding his parents. It is hard to conduct yourself truthfully in the face of hiding or denial".

As stated above, in some cases the relationship with the intellectually disabled mother turns out to be more independent after the marriage, and Nili describes: "…the dependency connection between us reduced…". As a reinforcement to that status, Shlomo also describes a more independent mother after his marriage in a way that seems: "…more distant, physically and mentally…".

An intellectually disabled mother sometimes fails to see her children as a separate personality, and finds it difficult to disconnect from them emotionally, even and especially after their marriage. This outcome could create, in some cases, situations of disagreement and conflict between the newly formed family and the intellectually disabled parent. On the other hand, sometimes the intellectually disabled person shows a great sense of independence, a behavior that could lead to less disagreements with its adult children.

Yulia defines the connection between her and her spouse's intellectually disabled mother in the same manner: "…Actually we have no common language. A cold greeting to each other…". Sasha concurs and explains: "…She treats her as intellectually damaged, a stranger, detached…" and links, as stated above, this outcome to her parents' view of his mother as: "…With no ability to accept a disabled person and respect them as a human being…".

The concept of "cold" is present in Bracha answers too, as she describes her relationship with her spouse's intellectually disabled mother as: "…a connection of cold peace. I am from the United Nations. Unrelated to the fact that she is disabled…". In another reply she adds and somehow contradicts: "…I have feelings of closeness and appreciation for my mother-in-law…".

Although in depicted case(s) in this study most of the couples presented opposite opinions regarding this issue, Sarit clearly feels that she lacks intimacy conduct patterns, and this is opposite to the image her husband described. Other couples have presented a unanimous voice regarding their perception of the intimacy skills of children of an intellectually disabled mother. Dina does not feel she lacks intimacy conduct patterns, quite the contrary: "…I learned a lot from them about appreciation and mutual respect and humility and that you do not possess the truth in its entirety…".

However, Sigal, Gadi's wife, says that he is required to help his mother more than she can endure, stating that: "…in almost every field. He claims the Filipino does plenty but it isn't true regarding all fields. She can't do things related to the Hebrew language or be assertive opposite the municipality or government ministries...he doesn't put our family in the center. Sometimes I feel like he forgets he got married…". Gadi claims to understand his wife's feelings, and says: "…For my wife she is considered outside the nuclear family, therefore, as she said it should be a second priority – after her and the children…". But there is also a different attitude, presented by Bracha, Avi's wife: "…totally yes…" [satisfied with her marriage].

Yulia strengthens his feelings by mentioning that: "…all that being said, he comes from an abnormal family…". In a way, Yulia's thoughts about Sasha are not new,

and as stated before marriage, Yulia's family expressed the same notion Yulia expresses now, as Sasha described: "…They were as anxious as she was. They come from another city with no ability to accept the disabled and respect them as a human being…".

In contrast to Sarit, her husband, Yaniv, does not mention any domestic conflicts that rise out of this issue, and on the contrary, sees the good in it, stating that: "…it gives a good example to our children as well…".

Still, Yulia claims it affects their intimacy: "…I think my parents were right by saying he will be connected to his mother. It leads to tensions… All other tasks are trivial and the couple agrees together on ways of managing them. His mother's tasks are not trivial and that cannot be at the expense of us both…".

Sigal, in her answers to various questions, also mentions the issue of her husband's attention being drawn towards the mother: "…he does not put our family in the center. Sometimes I feel like he forgets he got married. […] our intimacy is not always intimate. Sometimes we are destined to live with strangers within the intimacy…". Gadi also focuses on the intimacy level being hurt by the attention drawn by the mother: "…here my mother has joined the intimacy equation. So much so that my wife sometimes says: we are not a couple, we are a triangle…".

The following findings deal with the intimacy system between the spouses, in the shadow of an intellectually disabled mother.

To verify carefully what the implications are on the child, and on the intimacy about to be formed...". Sigal: "to think very well before doing it. It has an enormous

impact in shaping a home [...] our intimacy is not always intimate. Sometimes we are destined to live with strangers within the intimacy".

As a disabled person, the intellectually disabled parent is highly dependent, spiritually and emotionally, and sometimes even practically and physically, on his children. Therefore, the possibility of the children's marriage could prove a tipping point for the intra familial relations, thus the following category scrutinizing the intellectually disabled mother's reactions towards the child's marriage.

As an example, Nili describes her mother's reaction towards her own marriage as equal to losing a reliable caretaker, and in her own words: "... Mom did not respond well. She did not want me to get married as I took care of her and she didn't want to lose her caretaker...".

Although the special condition from which Sasha's mother benefits, his wife, in Sasha's eyes, does not seem to benefit from it and although Sasha does not feel inferior to Yulia , his wife, he does think that she thinks so, as he stated: "...She acts as if only she understands, because I am a son of a handicapped parent that doesn't really understand how things should be done, and therefore, she should be asked about every little thing".

Avi was born and raised in a Kibbutz, where the children are raised in a children home, not with their parents. Hence, Avi stated that: "...we did not know in the Kibbutz what intimacy was at all, so I was an un-knower amongst un-knowers' society so I felt very comfortable...".

The situation with Shlomo and Adina is more complex. Shlomo replies that the issues with which he is required to help his mother are: "…to spend time with her. To help in general things…", and adds: "…if that requires much from me it affects intimacy badly… because …it requires special attention. Deviation from daily life…". The conflict is even more intense within Moshe and Batya's family, as Moshe claims that his help is summed up with: "…domestic bills…", and that he: "…doesn't feel that it is different…" than his other tasks.

Sasha's need to care for his mother is both subjectively and objectively less demanding than in other cases, due to outside interventions, and he says that: "…Although it is minor, my wife keeps reminding me about it again and again…".

Regarding the emotional dependency of the parent towards the child, Tali describes the change that occurred after her wedding in her relationship with her intellectually disabled mother as demanding in a manner that is both hurtful and derogatory, and she explains the connection: "… becomes more sensitive in an internal layer… The emotional support my mother needs affects my intimacy. It requires a lot of energy from me… I prepare myself mentally before I go to her, also before I talk to her on the phone, as I know where this might lead to…".

As stated before, the intimacy of the children of an intellectually disabled mother and the spouse is hurt, to some degree, by the connection formed between the children and the intellectually disabled mother. When asked: "did you feel that you / your spouse [a child of the intellectually disabled parent] lack intimacy conduct patterns, due to a different intimacy of your / his parents", Shlomo answered that he in no way feels lacking in intimacy patterns due to his mother. Oppositely, Adina, his wife, does feel

that Shlomo lacks intimacy conduct patterns, and this is due to different intimacy conduct of his parents: "…due to that, he did not see normal intimacy of a couple, and that led to a starting point which isn't as good. The conduct he saw at home was others', the domestic cook. This way it became fixated in our intimacy. I don't know how much affection he saw between his parents. I feel deprived…".

The same pattern, but opposite, is presented by another couple, as Moshe answered in a positive manner stating that he lacks the intimacy skills, but Batya, his wife, answered unequivocally that her husband, the child of an intellectually disabled mother, does not lack intimacy skills, saying: "…I don't think so. Maybe the fact that he is very independent and decides by himself and not after we had a couple conversation…".

Cases in which the daughter of an intelligently disabled mother felt inferior regarding her spouse: Sarit feels inferior to her husband and Nili does too, the latter answered: "possibly, there is always the feeling that something is missing… I always have the need to receive from intimacy what I didn't receive from Mom". Tali: "maybe in the beginning, when I saw his parents. How they communicate with him. I saw the gap between his parents and my parents. There was a sense of inferiority in the beginning". It should be noted that both Sarit and Tali were those who testified to their self-image being hurt until present day due to the disabled mother. In those three cases, the husband, on his side, does not feel his wife is inferior to him, it does not even come up in fights between them and he does not use it to hurt her.

Gadi answers that he definitely lacks intimacy conduct patterns: "…I didn't know what intimacy was when I was with my parents at all…Only at my adolescence I

observed other couples and there I learned ways of behavior and conduct with my wife and children…". Regarding his wife, Gadi says: "…sometimes she reminds me that I have no good example of how a home should be run…".

Yaniv, who claims that: "…I don't see more absence than with any other person. Every person arrives with ignorance…".

Although most of the intellectually disabled mothers have a private caretaker to care for their daily needs, the feelings of burden still arose, as can be seen in the case of Tali and Yosi. Tali claims that the emotional burden has the most influence on her and her family, saying that: "…These days my mother has a caretaker 24 hours a day, so she doesn't need me for practical assistance, but she needs me in the emotional field. I am not there. I feel I can't help her…". Tali also claims that this situation affects their intimate lives: "…The emotional support my mother needs affects my intimacy. It requires lots of energy from me, I need to spend a lot of time with my mother and I cannot find it…".

Apparently, the situations that arise from the aforementioned lead to a marriage that is not so satisfying, although the roots of that could be found someplace else.

Another case is a shared perception of the marriage by both husband and wife, as Sasha is: "…not really…" satisfied with his marriage, and Yulia's, his wife, describes her satisfaction as "so-so", and she defines their connection to be of: "…many declines. Some rises…". Another different shared notion of marriage is with Avi and Bracha, as Avi said, regarding his satisfaction with marriage: "……of course. I won the best pioneer".

Gadi included the future in his answer, saying that: "…at the moment it seems to me similarly stable, but in the future I am sure that it will be more stable". Gadi's wife, Sigal, was influenced in her answer by her husband looking at the future, saying: "…less stable. This is a source of many hardships and copings. My husband always says that eventually I will be full of gratitude that thanks to his mother our intimacy will eventually be more stable than that of other couples…" Gadi also focuses on the intimacy level being hurt by the attention drawn by the mother: "…here my mother joined the intimacy equation. To the extent that my wife sometimes says: we are not a couple, we are a triangle…".

Following are the answers of interviewees to the question of "is your intimacy more stable / less stable / similarly stable in relation to couples where both parents are normative" to which mixed responses were given. Adina claimed them to be: "…less stable. When there is no strength with a correct and strong intimacy scene, it clouds the marriage very much. It gets to situations in which you do not always know where the red line is and where the decline began…". Batya concurred: "…more stable because of Moshe's internal strengths, and the importance he gives to our relationship. We don't have supporters from the outside so we must find strengths from within, and then it is stronger…".

Sasha and Yulia were very direct and saw the stability of their marriage in the same manner, as Sasha stated: "…less stable…" and Yulia continued: "…less stable, clear and simple…". Another couple saw the stability eye to eye but in a more positive way, as Avi claimed: "…between similarly stable and more stable, compared to other

healthy couples…" and Bracha expressed her opinion by saying: "…it has no effect. Similarly stable…". The same perception was described by Nili, claiming that: "…the connection is more stable, the connection is good and it is becoming stronger" and Manny approved: "…it seems the same to me…".

The following findings will explain the influences on those who grew up in the shadow of an intellectually disabled mother regarding their self-labelling, self-esteem and their choice of partner, as well as the creation of intimacy patterns between spouses, when either husband or wife has an intellectually disabled mother.

The outcome of the phenomenon could prove to be varied, Gadi, for example, showed high self-image, and in no way feels inferior to his spouse, he did however indicate several times throughout his interview that his wife brings up this exact point during conflicts: "…She calls me names that another woman cannot call her husband… unfortunately I hear 'the CP was transferred to you by inheritance', 'defected as your mother'. But I must say that she always regrets it later, but I don't forgive her for it, and I never will…".

Dina, being a child of an intellectually disabled mother, describes the loss of privacy, which started in her childhood: "…From a very young age, Mom asked to go with me to school, to extra-curricular activities and to be with me during school breaks, and I was very much ashamed…". Almost all children of an intellectually disabled mother described a childhood in which they felt feelings of shame due to the disabled parent, and their self-image was hurt due to that. Most interviewees indicated ridicule and distance on the part of their peers, while coping with the situation included attempts of hiding or denial. To answer the question: "what was your reaction to the fact that your

parent is different from others" Shlomo answered: "…shame, and an attempt to run and hide from the situation". Moshe also indicated shame as having a strong hold in his self-image, stating: "…sense of shame. I avoided bringing friends over. I didn't discuss it with anyone…".

Avoidance of crowds could also be related to social encounters that evolved around the intellectually disabled mother in a young age, as Sarit stated: "…completely! I feel that until present day. I will never agree to lead or share my opinion in front of a big audience. I am very shy and introverted…". Regarding the question: "what was your response to the fact that your mother is different from others?", Sarit replied: "…I tried to ignore her. I didn't agree that she would be my mother. Or that she will walk me to kindergarten. And if she came anyway, I would ignore her and punish her. Not speak to her for a few days…".

Dina included the feeling of shame and the social embarrassment from a very young age, and testifies: "…when I was little, there was a feeling of shame to go out with Mom to playgrounds, etc. From a very young age, Mom asked to go along with me to school, to extra-curricular activities and to be with me during school breaks, and I was very much ashamed, I didn't agree for her to come with me. I even asked her not to come to parent meetings because she humiliated me with all the questions, she asked the teacher. I was also ashamed of the way she talked to my friends…".

Tali shed more light regarding the experiences of growing up in the shadow of an intellectually disabled mother and claimed that she was: "… hurt badly. There was no one to defend you, to stand behind you. I was with myself; I didn't have my parents' shadow; I had no defense…". Tali also felt the sense of shame, stating that her response

to her mother being different from other parents was: "…shame. Against. Anti-everything. I wasn't ready to accept it". And to the question "has childhood and life in the shadow of the parent harmed your self-image..." Sasha was the only interviewee to react calmly to the fact that his mother is different from others, and his explanation for that is unique and interesting: "…we lived in a small town near Moscow, where there were many disabled people. Probably due to the fact that there was a nuclear investigatory institute nearby… therefore I accepted it calmly…". Because of his different experience, Sasha also did not consider himself to possess special emotional or behavioral characteristics and stated: "…because I didn't consider it to be something unusual, I think it didn't create different qualities in me…".

Gadi also used the notion of shame when addressing the question: "what was your reaction to the fact that your parent is different from others", and he answered: "…I was very much ashamed of her, I didn't want to go around with her and to be with her: "… and regarding the question: "has your childhood and your life in the shadow of a disabled parent harmed your self-image", Gadi replied, emphasizing his feeling of insecurity: "…in the beginning, very much. I was very insecure because of her; I didn't want any connection with her. Later that changed…". Shame and change overtime were mentioned in Avi's interview too, when answering the same question: "…in the beginning I was very much ashamed. In the Kibbutz, parents were very active and I couldn't hide her". And to the question "has your childhood and your life in the shadow of a disabled parent harmed your self-image", replied: "in the beginning of course it did. In the Kibbutz there were many parent meetings and my mother was always absent from them. I felt like a stranger amongst my friends. I am not equal amongst equals. Although

once, the counselor approached me and told me that the entire Kibbutz is my mother. There is no privacy and everything belongs to everyone. Anyway, I didn't feel good about the fact of my mother being disabled…". The feelings of shame are also presented in Shula's interview: "…I was very much ashamed. That day I cried… the children laughed at me a lot, and I was very vulnerable…". Nili further described a similar experience: "…it was unpleasant for me; I was insulted when children hurt me…".

The insecurity, experienced by some, could also lead to a unique outcome, as stated by Moshe. Moshe concludes his answers with an explanation of growth: "…when I was a child it harmed my self-image, but when I grew up I didn't feel that anymore…", and Shula expresses something very similar, stating that: "… When I was a child, children laughed at me a lot, and I was very vulnerable. Only when I grew up I learned to accept this and see the good in it". Dina also testifies: "today I am at peace with myself as I realized that this is the way I should have grown, and that is how God chose I will grow up and develop my powers". A connection between the growth and responsibility can be found in Nili's explanation that the reason for growth in her self-image is the responsibility and key role she filled at home: "…until I grew up it harmed my self-image. Later, it actually strengthened my self-image, that I became responsible…".

Avi, Bracha's husband, when asked about the effect his mother had on choosing a spouse, answered: "…I was looking for someone sensitive and inclusive who will be able to deal with my mother in the best possible way, someone who will not be indifferent to her condition, who will know how to talk to her, to walk with her.... Actually, that didn't work, and there was some difficulty with coping …". However, he

still considers the connection as a positive one: "…in total, there is mutual respect and an attempt to find common ground…".

Sarit: "I definitely took into account that I will never be able to get married and I will remain lonely".

Shula: "Once a friend's mother told me that she had someone divorced in mind to introduce to me. She told me 'you couldn't possibly marry a healthy person, since you are from a problematic family…'. I took it really badly and I feared I will indeed have a problem".

However, despite that, in all interviewees, both males and females, there is no single description that due to a disabled mother, they were forced to marry a spouse with some sort of flaw.

Strange findings emphasize the gender differentiation regarding mother in law-spouse connection, as when the spouse is male (and the child of the intellectually disabled mother is a daughter), as stated by many of the interviewees. Manny, for example, claims to try very hard to respect his disabled mother in law: "… I try to uphold respect for mother, as if she was my mother…". That description is endorsed by Menachem's wife, Shula, who describes her husband's connection with her intellectually disabled mother as: "…a connection of respect and warmth…".

Bracha answers: "if the errands happen to fall on family projects it is very difficult for me that he favors his parents over the nuclear family…it is hard for me to admit and it seems to me that I never said and admitted to someone's face that on my part, it hurts more when it is mother-in-law, and I don't know why".

The intimacy being hurt is only one aspect of the family life which the children of an intellectually disabled mother bring to their relationships. Manny, in his interview, tells the story of a family event over which was put under question because of his wife's disabled mother: "… my sister's wedding took place on the Filipino caretaker's day off, and she [my wife] wanted to arrive only to the ceremony, and I told her: 'over my dead body. Am I divorced? Look for a babysitter for your mother and come with me to the entire event'. Eventually she accepted, but only after the Rabbi talked to her. I told you, her kindness drove her crazy… there was a crisis, there was crying and shouting, but I wasn't ready to give up. I felt it was either me or her mother. She had to decide where she stands. I was so irritated, I lost my temper, so much so that I was willing to separate because of it. Women, they are light-minded, can't tell right from wrong…". His wife Yulia mentions the minimalistic intervention required from her husband: "…to tell the truth, not so much [regarding Sasha helping his mother] but even then, whatever he does is more than another son helping his mother…".

Self-esteem is a unique and important characteristic in a person's life and has been the target of many interdisciplinary research inquiries. This characteristic is considered to be highly desired in most human cultures and its apprehended importance overcame, in some cases, the objective judgement in a way that raises one's self esteem is considered a goal in itself. Hence, understanding self-esteem as an outcome of the phenomenon is highly important.

Last, there were some participants who still feel the negative effect of the phenomenon on their self-esteem, such as Sarit, who, now that she is mature, feels that her self-image was hurt due to her childhood and life in the shadow of her mother: "…To

this day , I still feel so unfortunate for growing up in such a troubled family with mother who is disabled mentally and physically…".

The spouses of the children of an intellectually disabled mother claimed their partners have high emotional qualities in the same manner the children have described themselves. Israel, Dina's husband, described her as having: "…rare abilities of attentiveness, inclusiveness and kindness which to my opinion stem from her mother…".

Gadi's wife, Sigal, added that: "…he is a strong personality with many strengths to do good, and to lead…". Adina indicates the good qualities which developed in her husband, Shlomo: "…grace, a giving nature, desire to help, generosity, profound understanding of the other side, inclusion ability...". When asked if she feels her husband is inferior to her due to his family, she answered: "…on the contrary, it made him who he is…". Batya also described the positive qualities which developed in her husband, Moshe, and listed them: "…Grace, giving without limits, mental strength, mental completeness, positive viewpoint, an ability to find a common language with everyone, patience and understanding. He has strengths that are hard to find in ordinary people who grew up in a normal home… I don't feel he is inferior to me. On the contrary, I feel he exceeds me in many ways. He has a very moderate personality and mental completeness, due to the extremely complex childhood he had experienced…".

The male spouses of children of an intellectually disabled mother see their wives in the same manner as the wives of children of intellectually disabled mothers do, for instance,Yaniv claims to see positive qualities which developed in his wife, Sarit, as she grew up in such a family: it encouraged her sensitivity, attentiveness, patience. All the reasons that made me choose her".

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Batya gave a different interpretation to her husband's behavior, as she claimed he is: "…overly-independent, he got used to working alone. Lack of worry and thinking about himself…". Sigal, Gadi's wife, indicates that: "…sometimes he does not see anybody. Goes right forward. Hits whoever is on his way. Like a storm, runs over and does not listen".

Following are the answers of interviewees to the question of "is your intimacy more stable / less stable / similarly stable in relation to couples where both parents are normative" to which mixed responses were given. Shlomo claimed his marriage to be: "…similarly stable…" Moshe stated that his marriage is: "…more stable, since without the strength I brought from home, current intimacy would be more unstable…".

The following findings will present the influence the constant need to support an intellectually disabled mother has, and the effect it has on the intimacy and couplehood.

Other spouses are also dissatisfied with the reality that the spouse's mother takes up her child time or both of their time. Yonatan maintains: "Ruth is more devoted to her mother than to the intimacy and that disrupts the proper managing of home". Yona maintains that "Eitam's mother is a great burden on us because Eitam is an only child and his father passed away and there is no one to help us with daily conduct". Izhak blames his divorce from Mirit on Mirit's mother "since she took too large a part in their intimacy". Ofir in fact responded with anger, when referring to Nurit's mother: "we don't have 3 children, but rather 4. Nurit's mother is one of them. The oldest. If I had known this before the wedding, we would not be married today".

All interviewees who were children of an intellectually disabled mother, indicated they had positive emotional qualities. Shlomo indicated having: "…Understanding, sharing, empathy, inclusiveness…" and Moshe described himself as having: "…Mental strength. Resistance to difficult situations. Independence. Inclusive ability…". Gadi further claimed: "…I everyone in need, a lot, because all my childhood I was educated to help Mom without thinking of what I will get in return… I am reserved, I don't burst out. I am able to contain things that are not my own, as I suffered a lot in my childhood…".

Some interviewees, like Gadi, could relate their emotional strengths to their childhood, Sasha, for example, said: "…Only in retrospect do I understand that I bring along advantages such as inclusiveness and understanding of the other and that I do not possess any and all understandings and explanations…". The term "retrospective" also came up in Avi's interview: "…I think in retrospect that it built great responsibility and patience in me…". Nili also indicated that past experience is responsible for the emotional qualities in her: "…For me, all the hardships were translated into growth. In the beginning, I was extremely rebellious and it was very constructive for me. I understood that the sense of responsibility is on me and not on Mom. I grew up fast. It built caring in me. I was like a mother at home. I took care of my little brothers. It changed me a lot for the better. Gave me strength and tools to help me and others. I learned from a small age to cook by myself and to let go of childish indulgence…". "Caring" is a term that was used frequently by the interviewees to describe themselves, Sarit mentions when describing herself: "…Caring. Helping others…", Dina: "…Caring, keen eye, responsible, motherly…"

Most biological children reveal feelings of profound appreciation for the achievements of their disabled mother being able to raise them, and they demonstrate those feeling by expressing responsibility and dedication to their mother, as, for example, Avi stated:"… in my high school period I was already very proud of her … it was extremely important for me to stay close to my mother and therefore, I stayed in our Kibbutz…". Sarit adds: "…All my caretaking is performed with lots of heart …".

However, not all children of intellectually disabled mothers feel simple and direct responsibility and care for their mothers. Tali, for example, repeatedly emphasized how much connection with her disabled mother demands her strength and is mentally hard for her. So does Shula, in subtext, answering that she cannot refuse her mother's requests, and that she is more bothered with her than with her husband: "…when my mother's requests are at our expense…".

A similar approach of encouragement and support, that might deepen the intimacy between spouses, was presented by Tzipi and other spouses of daughters and sons of an intellectually disabled mother. Tzipi considers the presence of the mother of her husband, Nisim, a blessing for her children, at least in the educational aspect: "the complex reality taught our children that nothing is handed to them on a golden plate. Nothing can be taken for granted". Asaf relates, in very similar words, to the mother of his wife (Reut): "if there is something good in our family it is Reut's mother. She taught us in the most experiential way that nothing can be taken for granted in this world'. Neta also relates in a similar manner to the dedication of her husband, Yaakov: "Yaakov was a personal example for the children regarding respect for a mother. This is something words cannot express. You have to see it in order to believe it".

Although the situation of caring for the intellectually disabled mother did not bother Menachem too, his wife, Shula, being the daughter of the intellectually disabled mother, claims the caretaking does hurt their relationship. Menachem stated that the burden is not so heavy, because his wife needs to be there only: "…once a week, when the caretaker is not there…", And he also claims that: "…it's one of the tasks. It isn't something which isn't routine…". Shula, his wife, feels the caretaking of her intellectually disabled mother does affect their intimacy, stating that: "…it causes disagreements between me and my mother. Despite the fact that my husband is more inclusive and caring, it bothers me when my mother's requests are at our expense…". Shula claims that the reason behind the feeling of burden is her inability to refuse her mother's requests and said that: "… I can refuse or send someone else when it comes to other tasks. And here I must do it and I can't refuse. Sometimes I can only postpone…".

In order to understand the severity of the phenomenon's impact, one must first address the phenomenon itself. It can be in literature, in art, in life, but one must not only keep in mind the problematic issue of reliability when a description of the phenomenon arises in a retrospective manner, but also acknowledge that the phenomenon itself is being described by the subject mental description of the phenomena, and not as the only obliged scenario . The child, as described before, is most susceptible to be influenced by the adult caretaker in his life, therefore the impact of an intellectually disabled caretaker could prove to have a long lasting effect on the child's adult life, later on.

As daughters-in-law, Adina, Batya and Yulia's viewpoints are unique and somewhat more objective than that of the direct children of the intellectually disabled mother (although their objectivity is relative at best). Therefore, their indication of the

dependency connection between the intellectually disabled parent and the child - their husband - depicted greater obligation and a feeling of responsibility of a child towards the parent, to the verge of self-annulment, As Adina describes: "…Shlomo has a deep commitment to his mother… a deep commitment that obligates him and does not release. Therefore, disagreement was created with the creation of the new unit between us…". Adina also described Shlomo to be: "…blindly and extremely protective of his mother…". Sigal, in a similar way, defines the connection as: "…Practical connection. A cold peace…". And again: "…What really drives me mad is that in the middle of an argument, he talks about his mother, 'she would have done this and that'...".

3.2 Empiric Results - the Quantitative Test

Because the research objective was to examine the level of satisfaction in the couple relationship and level of couple intimacy, and whether these variables are dependent on level of proximity to the mentally disabled mother, statistical analysis, both descriptive and deductive, had been conducted and the results are as follows (see in table 3).

Table 3 - Averages and Standard Deviations of Research Variables

Research Variables	N	Minimum	Maximum	Average	Standard Deviation
Satisfaction in couple relationship	40	1.96	4.39	3.18	.602
Intimacy in couple relationship	40	1.37	5.37	3.07	1.033

The first research hypothesis maintains that:

1. There is a positive connection between level of satisfaction in the couple relationship and level of couple intimacy. In order to examine the relationship between the research variables, Pearson Correlation Coefficient had been conducted for the entire sample. The analysis demonstrates that there is a significant and clear connection between level of satisfaction in the couple relationship and level of couple intimacy (r=0.68, p<0.01), so that the greater the satisfaction in the couple relationship, the greater the couple intimacy, in accordance.

2. Additionally, the correlation between the research variables amongst women and men separately, in order to examine whether there are differences in the groups regarding the connection between level of satisfaction in the couple relationship and level of couple intimacy.

   Amongst men: positive and highly significant correlation had been found between the variables: satisfaction in the couple relationship and level of couple intimacy (r=0.83, p<0.001).

   Amongst women: positive and significant correlation had been found between the variables: satisfaction in the couple relationship and level of couple intimacy (r=0.55, p<0.05).

The research hypotheses had been reinforced and a connection had been found between the satisfaction in the couple relationship and level of couple intimacy. The correlation is higher amongst men, but there is a significant connection between the variables

amongst women as well. Therefore, the findings indicate that the first research hypothesis had been reinforced, as there is a significant connection between level of satisfaction in couple relationship and level of couple intimacy.

The second research hypothesis maintains that a difference will be found between the types of proximity to the partners' mentally disabled mother, in the level of satisfaction in the couple relationship. In order to examine this hypothesis, a one-sided variance analysis had been conducted. The analysis demonstrates that the difference found between the groups in level of satisfaction in the couple relationship is not significant $f(3,35)=2.08$, $p>0.05$.

The results indicate that couples in which the wife is the daughter of the mentally disabled mother are indeed more satisfied in the couple relationship than couples in which the husband is the son of the mentally disabled mother, but it is important to emphasize that these differences are not significant enough and so the second research hypothesis had not been reinforced.

The third research hypothesis maintains that a difference will be found in types of proximity to the partners' mentally disabled mother in the level of couple intimacy. In order to examine this hypothesis, a one-sided variance analysis had been conducted. The analysis demonstrates that a significant difference between the groups in level of satisfaction in the couple relationship had not been found $f(3,36)=.39$, $p>0.05$. Differences between the groups in level of couple intimacy had not been found, therefore the third research hypothesis had not been reinforced.

The following are the averages and standard deviations of the research variables according to proximity to the mentally disabled mother.

Table 4 - Averages and Standard Deviations of the Research Variables According to Proximity to the Mentally Disabled Mother

		N	Average	Standard Deviation	f
Satisfaction in couple relationship	Son of mentally disabled mother	13	2.981	.566	2.08
	Daughter of mentally disabled mother	8	3.357	.630	
	Wife of son of mentally disabled mother	11	3.026	.582	
	Husband of daughter of mentally disabled mother	8	3.545	.539	
	Total	40	3.181	.602	
Intimacy in couple relationship	Son of mentally disabled mother	13	2.840	1.0415	0.39
	Daughter of mentally disabled mother	8	3.292	1.1686	
	Wife of son of mentally disabled mother	11	3.077	1.1334	
	Husband of daughter of mentally disabled mother	8	3.246	.840	
	Total	40	3.077	1.0338	

Pearson Correlation Coefficient had been conducted between research variables and additional variables. The results are as follows:

1. A significant and descending connection between level of satisfaction in the couple relationship and number of children in the family had been found (r=-

0.33, p<0.05), so the greater the number of children, the lower the satisfaction in the couple relationship.

2. A significant and descending connection between level of satisfaction in the couple relationship and number of years of marriage (r=-0.37, p<0.05), so the longer the couple is married, the lower the satisfaction in the couple relationship.

3. Significant connection between level of couple intimacy and number of children in the family had not been found (r=-0.27, p>0.05) .

4. A significant and descending connection between level of couple intimacy and number of years of marriage had been found (r=-0.37, p<0.05), so the longer the couple is married, the lower the level of couple intimacy.

Chapter 4: Discussion

The first question in the current study deals with implications of the fact that one of the spouses has an intellectually disabled mother, on the intimacy of the spouses. One of the causes for intimacy between spouses in stress conditions might be a differentiation of self (Goldberg, 2005; Vardi, 2006; Williamson, 2001). Apparently, this factor is missing, as differentiation of self is an ability of an individual to manage their thoughts as well as think in a comprehensive and mature way (Rabin & Lans, 2011), while expressing individualism in relationships with others. Meaning, both being 'me' and being considerate of emotions and needs of the 'other' (Grey, Totsika & Hasting, 2017).

In the current situation, the 'other' is not just someone else, but also different from the environment, meaning, a normative 'otherness', being considerate of the other holds within it the multicultural understanding that people are different from one another, not only in their culture, but rather in their qualities and their intellect, and each person should be allowed their autonomy and needs. It is possible to say that differentiation of self is an ability to detach oneself from a specific event or situation and look at it as an observer and not as an involved party. This is probably where the answer to the first question lies. Meaning, whoever of the spouses perceives the situation in which there is an intellectually disabled mother, as a reasonable one, which exists in the complexity of humanity, might develop intimacy and even improve it, or be able to address an intellectually disabled mother as any other parent. When considering Bressler's claim (2006) regarding inter-generational gaps, then in facing those gaps, it is possible to see in most parents an image that is different than the young generation, and that is it mainly a matter of perspective.

Three existing trends towards intimacy between spouses can be noted, as a result of the implications of the fact that one of the spouses has an intellectually disabled mother. One trend is a positive one and it is acceptance. Acceptance and understanding might contribute to the connection and intimacy between spouses and improve the intimacy experience between them (Katz-Shuster, 1999). Examples for these cases are represented through statements such as Avi's statement regarding his wife, Bracha, that he sees her as the best partner, meaning, the willingness to take care of Avi's mother and consider her as part of the family. From time to time, the presence of an intellectually disabled mother is considered an educational advantage, since the complex reality teaches the children that nothing is presented on a golden tray and nothing should be taken for granted.

When Neta claims that Yaakov set a personal example for the children regarding respect for mother, her statement is also interesting from a feminist aspect, as she does not consider the deed done by Yaakov as just respect for a parent or simply as proper humane response, but rather speaks from the viewpoint of a mother. Meaning, the uniqueness of a woman in the familial fabric. She emphasizes how her husband gives value to the motherly experience (Benjamin, 2015; Gross, 2018), so it is possible to consider Yaakov's behavior not only as a contribution to the mother, but also a contribution to Neta as a mother herself. Therefore, she considers his behavior as a contribution for herself as well and that leads to improvement of intimacy, sharing, love and warmth between spouses.

According to this example it is possible to see, that emotional intelligence is the overall cognitive ability to process emotional information, to identify an emotional

status, in yourself and in others, to use emotions in order to advance thinking and to regulate emotional behavior (Caruso, Mayer, Bryan, Phillips & Salovey, 2019). Therefore, the emotional outcome of the phenomenon could widen the knowledge regarding the influence of an intelligent disabled mother on her child.

An additional example of a positive address to the presence of an intellectually disabled mother is given by Orit as extremely affects their intimacy, especially when both parents of her husband are disabled. They got married with this knowledge, and she is happy with her decision. Orit assumed that this is an abnormal situation, however, not a detrimental one but rather one that enables growth. In a situation in which both parents of Bar, her husband, have an intellectual disability, he is endowed with over-sensitivity, and that might actually contribute to their relations, to the love he can shower her with, her being an improvement compared to the human environment which he grew up in, and therefore, elicit his appreciation for her, as she indeed describes.

Support of this aspect, which expresses family harmony and satisfaction derived from the relationship, where mutual understanding is ingrained, especially the understanding towards the special needs of the partner, can be found in positive and significant (high level of significance) connection found between level of satisfaction in the relationship and level of couple intimacy. This connection between the variables indicates, as the interviewees' testimonials indicate, that when there is satisfaction, the closeness and support are greater, and the greater the satisfaction in the relationship, the couple intimacy increases accordingly. It is always important to remember that whoever provides the experience of caring for the challenged parent is the partner whose mother is this parent (Katz-Schuster, 1999). Furthermore, it is interesting to note that the

intensity of the connection amongst the men is greater and stronger than amongst the women, quite significantly so (r=0.83, p<0.001 for men compared to r=0.55, p<0.05 for women). This datum is significant, if we go back to the interviews presented in the first tendency - acceptance. This tendency is the positive one between the three tendencies and it can be seen that in all the cases in which the mentally disabled mother is the husband's, the wife takes a significant part in caring for the mother, even if the sensation of added value derived from the caring is experienced mostly by the husband (Gross, 2018). It is possible that this fact also explains the difference in the correlation between satisfaction in the couple relationship and couple intimacy for the men compared to that of the women. In these cases, in which the mentally disabled mother is the man's mother, the man is the one enjoying the care his mother receives, and probably, as a result of that, the level of satisfaction causes his heart to go out to his wife, he feels obligated to her and closer to her. The woman, on the other hand, welcomed the mother, but is now obligated to take care of a woman with special needs, and it was probably not her dream to begin with. Therefore, the web of the relationship between the couple is positive on her side too, but less so than the husband's.

The second trend is also one of acceptance, of considering the intellectually disabled mother as a parent like any other parent. This approach can correspond with a claim made by Bressler (2006) regarding intergenerational gaps that naturally create differences between parents and their children, therefore, intellectual disability is a phenomenon that can be addressed as any other disability, with understanding, and occasionally even with forgiveness. In this situation, the presence of a mother does not

hurt the intimacy between spouses, as they do not consider a mother with intellectual disability to be a nuisance for which t one of the spouses is responsible for.

Similarly, to the first trend, in considering an intellectually disabled mother just as any other parent, there is an internalization of general human conditions that are possible in any family. Due to that, there is also an educational element to it, indicating at acceptance and internalization of various conditions (Grey, Totsika & Hasting, 2017), and this is presented in the way Tziona relates to David's mother, that they do not see it as any different from parents who are not disabled. Ora also addresses Yonatan's mother similarly, that there was never an influence on their intimacy. However, the fact that they are religious must be taken into consideration. This important variable was not included in the current study, however, for the purpose of the discussion it was found that amongst religious families, there is a higher sense of growth from crisis or illness or disability of one of the family members, than in secular families.

Belief in God and the religious approach create personal resilience and positive thinking that lead to growth from the crisis (Tobias, 2006), while secular people consider disability as a personal problem that they must cope with by themselves (Buck, Williams, Musick & Sternthal, 2008). Additionally, religious people also rely on external forces, while secular people rely on their personal strength and occasionally consider the disabled in a family as a kind of a blessing and a Mitzvah that they maintain by taking care of him (Wemm, 2009). A similar situation is presented by Yossi and Ateret, however, they are in a slightly different category than most of other subjects, due to the fact that both of them have an intellectually disabled mother, so it can be assumed that the understanding will be greater, as none of them arrives at a new reality.

Here too, it can be seen that with the exception of Yossi and Ateret, both of whom have a disabled mother and the mutual understanding and so, apparently, to a greater degree, all other cases with a positive tendency are those of the mentally disabled mother being the husband's mother, and the wife taking part in caring for her. Sometimes even the main carer. In this case as well, one can understand the stronger statistical connection between level of couple relationship satisfaction and level of couple intimacy for the men than the women, for the same reasons mentioned in the first tendency, acceptance.

The third approach is antagonism towards the mother, out of different feelings that she consumes most of her child's attention, that she hurts the intimacy or that she does not enable the spouses the mobility they wish for. Thus, residues which hurt the intimacy between spouses are created. For example, Yonatan maintains that his wife is more devoted to her mother than to the intimacy. Yona maintains that her husband's mother is a great burden on the family, because her husband is an only child and complains that there is no one to help them in the daily conduct. Izhak tells that he and his wife have divorced, because her mother took too large a part in their intimacy. Ofir actually responded with anger, when regarding Nurit's mother, that they don't have 3 children, but rather 4.Indeed, there is an effect according to which children of an intellectually disabled mother experience crises in their intimacy interactions (Brodesky, Raznitzky & Siton, 2011; Neon, 2009).

In the case of the third tendency, the negative and antagonistic, reinforcement can again be found for the findings of the first hypothesis which were presented in the two previous tendencies. If we note who complains about the presence of the mentally disabled mother, it seems that, with the exception of one case, in all other cases the mother is the

wife's and the husband is the one who does not accept her presence. The husband is not willing to contribute to the care effort and even hurts his wife by doing so, and in one case, the couple got a divorce. Therefore, it can be seen that just as the positive and strong connection can be found between level of satisfaction in a couple relationship and level of couple intimacy, especially for the men, the opposite is more extreme for the men as well. Meaning, the lower the satisfaction in the couple relationship, the couple intimacy is therefore hurt as well, and it is especially significant for the men, who express great antagonism for the wife's mentally disabled mother. The general direction in the findings of the third hypothesis was also in accordance with the tendency, meaning, the lower the level of closeness with the mentally disabled mother, the lower the intimacy between the couple and vice versa. Because this finding was not found to a significant degree, it cannot be referred to, but should be re-examined, due to the limitation expressed in the sample size, which will be discussed in the limitations paragraph.

Regarding the second research question, the effect of an intellectually disabled mother on the intimacy of the spouses stems mainly from three main factors. First – position of daughter or son of an intellectually disabled mother. Second – position of spouse towards the intellectually disabled mother or towards the investment in her daughter or son's part. Third - level of intellectual disability. In most cases discussed the intimacy is not an equal one, between a regular person and an intellectually disabled person, in conditions where intellectual disability is of slight degree (Brant, 2014), therefore, the first two factors are those that have effect.

An additional factor is the mother's level of dependency, however, this factor should not be included, due to the fact that the intellectual disability of a mother brings

along with it, from the outset, dependency on children. Usually, the more a child of that mother invests in taking care of her, the spouse feels that it is at his / her expense or at the expense of their home and family. This is how Adina feels towards Shlomo, and most extremely, Yulia expresses similar feelings towards Sasha, who dedicates a lot of time and attention to his mother and that it is at the expense of their home and family. Therefore, her evaluation of the quality of marriage and level of intimacy between them is also low.

Oppositely, if the spouse's approach is open and accepting, it might contribute to the intimacy between them. It is a fact that Shalom and Ester agree that the presence of Ester's mother, with her intellectual disability, in their home, has only contributed to the family and to the education of the children, and the same applies to Asaf's appreciation of Reut's mother is the best thing in their family. It can clearly be seen here, that indeed, satisfaction with origin family and level of autonomy and intimacy in it, are the key qualities for the creation of quality intimacy (Yarom, 2018). Thus, it is revealed that not only the presence of an intellectually disabled mother affects intimacy, but rather, the process of development of a child in shadow of his or her intellectually disabled mother as well.

Overall, everything related to intimacy between the couple and satisfaction in a couple relationship, the results found when examining hypotheses 2 and 3 are inconsistent with the hypotheses derived from the findings of the first hypothesis and do not coincide with the interview findings. It can be noted that the couples where the female partner has the mentally disabled mother are more satisfied in the couple relationship than those where the male partner has the mentally disabled mother, whereas in examining the first

hypothesis opposite the qualitative findings, the hypothesis was the other way around. It seems that these findings, which are not significant anyhow, cannot be referred to, same as the findings of the third hypothesis, previously discussed, and are also not significant, even if their orientation coincides with the interviews and the division of the three tendencies.

Implications of life in the shadow of an intellectually disabled mother on intimacy, in many instances, are connected to culture and education. Nissim and Tzipi and also Neta and Yaakov are good examples of this, due to the fact that they consider the intellectual disability phenomenon to be a lever for personality and conscious growth. They consider this an educating and teaching factor, as Ofir grew up in a family that does not accept the abnormal and the different, thus, he is not used to the phenomenon, and therefore considers it a diversion from what is normative and the intellectually disabled are treated negatively. This includes the environment and there is a habit pattern to it as well. On one hand, a person who had grown up in the shadow of an intellectually disabled mother, where the non-disabled party addresses their intellectually disabled spouse with love and understanding, also grows up in a world of healthy intimacy. For good reason a significant correlation exists between parental connection models in childhood, characterized by caregiving attention, and lack of fear of intimacy or a low level of fear of intimacy in marriage (London, & Weisbart, 2010).

There is no scientific agreement or a prevailing trend in research of implications of life in the shadow of an intellectually disabled mother on intimacy of her children. There are those who refer to life in the shadow of an intellectually disabled mother or in the shadow of a parent with intellectual disability with gravity and consider it a

developmental risk for children (Lindber et al., 2017; Powell & Parish, 2017; Weshler, 2009). On the other hand, there is an opinion that children from homes in which one or both parents are intellectually disabled, can in fact develop like normal children or even grow from it (Grey, Totsika, & Hastings, 2017; Levitan, 2011; McConnell et al., 2017).

Asaf is not a son of an intellectually disabled mother, but rather a spouse of the daughter of such a mother. Nonetheless, he can appreciate the advantages found in it and the insights his spouse has assimilated while growing up in the shadow of an intellectually disabled mother, as well as the positive effects of these insights on intimacy. Although the study did not deal with the existence of an "additional parent" figure, however, the literature definitely indicates that children can develop regularly in a family with an intellectually disabled parent, should there be a figure of "additional parent" who complements the lack and the gap (Levitan, 2011; Pechler, 2016; Tymchuk & Feldman, 1991).

Dina, Shlomo, Gadi, Tali and Avi were ashamed of their mother, and as they describe their relations with their mother when they were young, it is clear that the mother has undermined their self-confidence – a situation which continued throughout the years and hurt their ability to create intimacy or create intimate relationship with the opposite gender. This is supported in literature (Hindmarsh, Llewellyn, & Emerson, 2017; Porter et al., 2012). Apparently, there is an aspect of culture to this, as Sasha for example, is not ashamed of his intellectually disabled mother at all. The reason for that is probably him being accustomed to it, as the town he lived in, in Russia, had a high number of intellectually disabled people and it did not seem to be a reason for shame,

undermining of self-confidence or intimacy, as testified by Sasha, his intimacy abilities were not damaged.

Oppositely, Yulia, his wife, also from Russian culture but one where there are not a lot of intellectually disabled, is hostile towards his mother, offends Sasha verbally and relates to intellectual disability as hereditary damage. The approach that attitude towards the intellectually disabled is culture-dependent, is familiar in literature and acknowledges the fact that the more open and liberal the perception of environment, the more human rights are of importance in a place, thus intellectual disability is perceived as a shortcoming, but one that enables living with that individual (Illuz, 2008; Pacheco & McConnell, 2017).

The fourth question related to the implications of the permanent needs of an intellectually disabled mother. Not all implications on intimacy stem from her needs. The aforementioned indicates that two factors affect intimacy, regarding living in the shadow of an intellectually disabled mother. One factor is the model a child assimilated at home, from his or her parents. If they had a relationship of control and authority, when the intellectually disabled party is the hurt party, they will grow up with an intimacy model without intimacy and apparently will carry along fears in their intimacy later on.

Opposite to that, if parents shared understanding and love between them, he will be able to have a healthy intimate connection. The second factor is shame. The more a child was ashamed with their mother in childhood, they are left with damage to their intimacy capabilities. This is where the permanent needs of a mother enter the equation, as a factor reinforcing the weakness of a child of an intellectually disabled mother in the intimacy framework. Occasionally, they wish to make amends for it, as in the case of

Dina, Shlomo or Moshe, and then a child invests a lot of time in taking care of the mother and helping the mother with her needs at the expense of home. Thus, the category goes back to the first, meaning, to implications of the fact that one of the spouses has an intellectually disabled mother, on the intimacy of the spouses.

The greater the sense of shame, the greater need created for concealing (Weshler, 2009), therefore, concealing basically hurts intimacy and ability of a child of an intellectually disabled mother to create healthy intimacy with their spouse. The difficulty increases when a family in which there is an intellectually disabled mother, has low financial income, when a child is ashamed to invite friends over, so as not to be exposed as damaged and poor. It causes the child to withdraw and affects their ability to develop intimacy (Powell & Parish, 2017). Weshler (2009) adds the limitation of social labelling, meaning, the stigma accompanying those who have an intellectually disabled mother.

As for the third research question, stigmas and prejudice directed towards those who grew up in the shadow of an intellectually disabled mother, have implications on choosing a spouse and additionally, after intimacy has developed, on the intimate patterns between spouses. The stigma, directed in society towards children of intellectually disabled mothers, even when the children themselves are completely normal, creates an ambivalent attitude towards those children. On one hand, they are perceived as being inferior, and maybe damaged, due to their mother's disability. On the other hand, the requirements from them are the regular requirements. This attitude leads to multiple frustrations, that project on intimacy life, as the lack of confidence created in children of intellectually disabled mothers, as a result of social attitude, projects on personal life and intimacy as well (Wołowicz-Ruszkowska, & McConnell, 2017).

And indeed, Sigal describes "intimacy" which is not always intimate whereas Batya describes an existence of internal boundaries in Moshe, her husband, boundaries that compartmentalize the spouses amongst their friends as well. This distinction of the spouses amongst their friends, in situations that prevent, or at least disturb the spouses when conducting themselves as regular people, mainly in the face of the instinctive attitude towards the intellectually disabled mother (Palgi-Hecker, 2005), and in the face of self-acceptance issues of a child of an intellectually disabled mother and their acceptance in society (Ronen, 2005).

The self-identity one develops, both by growing up in the shadow of an intellectually disabled mother and by being a child of such a mother, with all the stigmas accompanying it, creates low self-esteem (Thompson & Heinberg, 2002). The low self-esteem causes them to find a spouse who is also perceived in society as less appreciated, meaning, the choice is one of compromise (Fletcher & Kerr, 2010). A choice stemming from compromise, weakens a child of an intellectually disabled mother from the outset, and this might accompany the relations between the spouses through their entire life.

The result is a non-equalitarian relationship, lack of equality hurting the self-confidence of the weak party, who does not initiate but rather surrenders and therefore the intimacy between the spouses is shaky as well. Implications of weaknesses can be seen in the relations between Shlomo and Adina and Sasha and Yulia. Batya also maintains that Moshe has not yet separated from his mother. In all cases where the party who has an intellectually disabled mother, comes from a position of weakness, intimacy between the spouses is hurt.

However, in all cases in which an individual enters the intimacy with a weakness, an additional problem comes with it. The problem is a conflict between the need to meet the requirement of intimacy and family, and a need to assist the intellectually disabled mother. This conflict intensifies the negative attitude of the spouse, undermines their relationship and narrows down to a minimum, and occasionally completely, the possibility of creating intimacy (Linn & Breslerman, 1996). According to Erikson's developmental approach (1963), life in the shadow of an intellectually disabled mother, might hurt the ability of a child to complete the process of his development.

This might occur, not only due to the actual problematic parental experience, but rather due to various implications, such as growing up in the shadow of fears, insecurity and sensation of inferiority, which might hurt the ability of a child to complete the developmental stages, particularly, separation from the parents and creating mature intimacy. The importance Erikson assigns to separation from the nuclear family in order to create intimacy connection, might explain the damage to intimacy, as can be seen, for example, in Batya's claim, regarding the fact that Moshe has not separated from his mother, and also in the abundance of Yulia's claims regarding the strong and natural bond in his eyes, and in cultural recognition displayed by Sasha, in all respects of the intellectual disability of his mother.

It is therefore clear that the permanent need to support an intellectually disabled mother and assist her, has implications on intimacy in mutual life. Normally, both parents support a child and assist in his or her development (Adar-Bonis, 2007). When one of the parents cannot support a child, the support basis narrows down, occasionally by half, and at times more or less than half. As maintained earlier, there is an importance

to the family's financial situation, and the more financially established the family, the less damage created due to incapacity of one of the parents (Dixon, 2014; Weshler, 2009). When discussing an intellectually disabled mother, instead of both parents supporting the child, one parent needs to support both wife and child or a number of children. Furthermore, in this situation, the child him or herself becomes supporter for their mother, so instead of developing healthily like all children, the child is pushed into a condition that is not healthy and if there is no "additional parent", they might find themselves leaving school and having to find work and even turning to crime, due to the fact that they have no guiding hand from the family (Jecker-Parvex & Breitenbach, 2012). This may also be the reason, the statistical findings are indicative of that. As the number of children in the family increases, so the connection between the couple diminishes. In this case, it is not normally supposed to be like that, but the greater the number of children in the family, the greater the need to invest more time in each and every one of them. The presence of the mentally disabled mother is then more prominent, because the partner of the person whose mother is mentally disabled, can calculate what is given to her on expense of the children and that might stir up hostility on the partner's side, both towards the mentally disabled mother and their partner, the child of that mother.

Even when it is possible to assist a mother and reach achievements, as many of the interviewees have higher education and free professions, still a spouse is occasionally an obstacle. An individual who has an intellectually disabled mother, even when intimacy is important to them, will not withdraw from the mother. Dina, for instance, was ashamed of her mother in the past and currently takes care of her, and Sasha, to

whom the need for taking care of his mother is obvious. On the other hand, in many cases spouses are present, and demand attention, quality time and investment in family, while a prominent part of all these is directed towards the intellectually disabled mother.

Supporting mother is vital, as she cannot function on her own (Strnadová et al., 2017), and the dissatisfaction of a spouse is also possible to understand, them not willing to sacrifice themselves only because they married an individual whose mother is intellectually disabled. Due to the fact that tensions are created around the care of an intellectually disabled mother, indeed, spouses coming from a normal background occasionally find it difficult to accept that and the tensions turn into a conflict, destroying the desire for proximity, intimate development or intimacy (Grey, Totsika, & Hastings, 2017). These tensions can also be seen amongst most of the couples, whereas they are most prominent in Avi and Bracha, Shlomo and Adina, Dina and Israel, Shula and Menahem and many other couples from the sample. Particularly prominent are Sasha and Yulia, and she does not cease complaining and insulting him and his family, due to his mother's disability.

On the other hand, as noted in the examples presented before, one can grow from the crisis accompanying an intellectually disabled mother, as described by Dina, however, her words also indicate that it is a process, since she was in an inner conflict, till today's her acceptance, and sees her life as God chosen. The problem is that when growth leads to acknowledgement of the importance of mother, a reversed situation is created in the intimacy and partnership setup. The more a child of an intellectually disabled mother regrets their behavior towards her in the past, and now supports and helps her, thus intimacy is hurt and undermined more. However, occasionally there are

spouses, whose origin families are normal, and they turn out to be giving individuals and appreciate the efforts of their spouse, who helps the intellectually disabled mother.

The fifth research question deals with gender differences. Despite the fact that the literature indicates that when one of the spouses has an intellectually disabled mother, and the disability is of the husband's mother, the wife is less accepting than the husband is in the case of the wife's mother having intellectual disability (Harrison & Westwood, 2009; Nave, Elaad, & Ran, 2003). Current study did not find a significant effect of gender of a child of an intellectually disabled mother, and the results are indicative of that. There were wives in the current study who expressed profound and extensive support of the husband. A good example of that is Orit, who indicates that the disability of the mother has highly affected their relations, for the better, and this is a normal woman married to a man both of whose parents are intellectually disabled, and they got married with the knowledge of this fact, and she maintains that she is happy for that.

The same is true for Tzipi, who not only does not consider Menashe's mother's disability as something negative, but also considers it as a contributing and beneficial educational component. Neta similarly maintains that her husband set a personal example for the children regarding respect for the mother and it is something great for all of them. Thus, there is also support of men such as Asaf, who maintains that if there is something good in our family it is his wife's mother, because, as he testifies, she taught them in the most experiential way that nothing should be taken for granted in this life and this world. In these examples the spouses also testify to satisfaction with married life and to good and quality intimacy between them. Oppositely, men who are not happy with their spouse taking care of her intellectually disabled mother can also be seen.

Some of them grumble, like Yosef, who is not pleased with Nehama's scarce presence at home, due to the fact that she dedicates a lot of time to her mother. Izhak chose to divorce Mirit, since her mother took too large a part in their intimacy. Ofir also expressed a negative attitude, and chose to speak with quite a malicious tone that they do not have three children, but rather four, including his wife's mother, and if he would know this before the wedding, they would not be married.

It is interesting to note that Ofir flings his harsh criticism after 14 years of marriage and three children, and not anytime throughout the previous years, when he could have gotten a divorce or avoided having children. This data is again supported by empirical findings, according to which, as the number of marriage years increases, as well as the number of children in the family, the level of satisfaction in the marriage decreases, and as the number of marriage years increases, the level of intimacy between the couple decreases. It is very likely that it does not necessarily stem from the fact that the mother of one of the partners is mentally disabled, but it is probable that the presence of the mother in the family home weighs on the couple's harmony and adds to the hard feelings accumulated over the years, and the presence of the mentally disabled mother can be utilized in order to "ram" into her son or daughter.

Research limitations

Current study has primary methodological limitations. Society is composed of various groups, and each might view specific phenomena in an entirely different manner. That is why it was decided not to interview people in a similar situation from the Arab society or from a population of immigrants. A problem still remained, as religious and secular people were not separated in current study. Studies reveal that religious and secular people address developmental problems differently. Three longitudinal studies conducted by Park (2006), found that religion assists growth from a crisis caused by physical health, mental health and familial problems. The three studies support the notion that religion positively affects coping and growing from a crisis in different and complex ways.

Furthermore, The choice of the sample, which has been intentional and scarce, because of the special issue, and also the difficulty of locating and finding participants, and also with a too broad age range. Probably this research shall be complemented with a quantitative one, even with another longitudinal one.

In an additional study by Park, Edmondson and Mills (2010), religion and spirituality were examined in a context of stressful life events. They found that religion has two roles. First – people with religious faith exhibit a more moderate evaluation of stressful life events. Second – those with religious faith cope more easily with stressful life events. Additionally, it was found that religious faith might positively affect the perception of life with a person with intellectual disability (Tobias, 2006). And in addition to that, adoption of religious beliefs is perceived as a healthy and useful coping mechanism, which assists the planning of steps that would lead to achievement of

purposes. Religion assists in believing that an individual with special needs is in this world for a specific reason and there is someone, external, that controls what happens in the life of an individual with special needs (Hoolie, 2006).

Furthermore, literature regarding implications of an intellectually disabled mother on the intimacy of her children in their adulthood, is poor. Current study is not complete, due to the fact that it is a pioneer study in the field, particularly in Israeli society. Although there are mentions of the subject in research literature from around the world and Weshler (2009) also touched upon the subject in Israel, it is still a field not entirely understood and it consists of multiple variables yet to be examined. Due to this fact, not all variables that might affect the intimacy of children of intellectually disabled mothers were taken into consideration, and a single study or a few studies will most probably not be sufficient.

Among other things, differences between spouses were not examined, comparing cases in which one spouse has an intellectually disabled mother and others where both spouses have an intellectually disabled mother. Relations of spouses and their intimacy were not examined in relation to severity of the intellectual ability and its character. Additionally, the issue of "additional parent" in a family was not examined. Therefore, despite the fact that this study might shed light on various important aspects of intimacy between spouses, one of whom has an intellectually disabled mother, the current study has various limitations.

An important limitation that should be indicated is that there was no reference to age, seeing as due to changes in the family structure, a different approach can be seen, one which is more egotistical and nihilistic, on the side of the young generation, as

opposed to the parents' generation. It is only a 30 years difference, however, the gap is huge, due to the distinction between social processes in a collectivist society which characterized the State of Israel until nearly the end of the 1970's (Bentov, 1984), as opposed to globalization processes, openness and undermining of the family institution, characterizing the State of Israel since the early 1980's, and might teach about the difference in research subjects until the age of 40 and research subjects who are older than that.

Finally, as appears from the different periods and also receives support in the interviews, the older ones take care of their parents with more seriousness, and in many cases the spouses also show greater understanding of the need to take care of the mother with a disability. Oppositely, although the younger ones are close to their mother and take good care of her, however, the female spouses, and occasionally male spouses too, express dissatisfaction with the presence of a disabled parent in the vicinity of their child, meaning the spouse. Indeed, the above is not comprehensive, however it does represent the age groups and it teaches about a sample which is forcefully split.

Other limitations that can be mentioned are part of the quantitative section of the current study. The first limitation is a very reduced sample. The difficulty to convince people to agree to be interviewed and even answer a questionnaire regarding this sensitive subject matter could be mentioned. In this particular case, the subjects were also the interviewees - informants from the qualitative research, so that consistency between the interviewees' answers and perceptions can be studied. This limitation can be identified in every questionnaire that includes questions with sensitive characteristics.

Recommendations for further studies

There are limitations in the current study, both methodological (variable of religion) and also in the discussion (variable of age), that indicate at the necessity to split variables in further studies, meaning, to examine the issue of motherhood with an intellectual disability and the issue of a parent with an intellectual disability in general as well as fathers with an intellectual disability, in relation to age of children of those parents and their spouses, according to cultural changes the Israeli society has undergone, especially in the transition from collectivism to individualism. It is also necessary to examine the variable of religion, and split it according to different levels of secular, traditional, religious and orthodox. Literature teaches about a different attitude of religious and orthodox Jews towards disabled people (Wemm, 2009). Additionally, it is appropriate to examine differences of attitude, both towards an intellectually disabled mother and daughter or son of an intellectually disabled mother versus the number of children in the origin family.

Furthermore, it is necessary to examine differences between a parent who lives with their child and family, and a parent who lives alone or in some sort of an institution (retirement home, treatment institution, etc.). In both cases, a child is treated by their parent and takes care of them, however, when one speaks about a parent living with the family, the needs are intensive, such as of a disabled family member, and on the other hand, the parent's child is more at home, whereas when the parent lives outside of home, although the intellectually disabled parent and the related problems are further away, it occasionally leads to multiple absences of a parent's child from home and to various

implications. The current study has practical importance, due to the fact that it might teach about a preferable framework, both for a parent and for a child and their family.

An additional recommendation is to examine the intimate connections and quality of marriage in which both spouses have an intellectually disabled mother or an intellectually disabled parent. Those are rarer situations, however, as is revealed in the current study, they exist. Such a study might teach about the advantages and shortcomings of intimacy and marriage between people with parents with similar disabilities.

As for the statistical sample, it is recommended to conduct a long observational study over a period of a decade or more, in order to examine the change in the couple satisfaction in the relationship over time, as is demonstrated in the findings of the current study, and the same goes for having children, over time. The study should be conducted over a period of time in order to increase the sample, and mainly make use of layer sampling, so as to get a correct probabilistic sample. That way, a certain quota of samples from each sub-population can be ensured (according to education, religion, number of marriage years, age groups, etc.). With layer sampling, during the stage of the statistical analysis, it will be possible to weigh the layers so as not to create a deviation due to over-representation of the sub-groups.

Conclusions

The purpose of the current study was to examine patterns of intimacy between spouses, one of whom being a child of an intellectually disabled mother. The study examined the condition of intimacy between spouses, in their marriage and in the presence of an intellectually disabled mother-in-law, in face of development in the shadow of an intellectually disabled mother and in light of the intimacy model between the parents. In the course of that, the effect of stigmas accompanying children of intellectually disabled mothers was examined, as well as the intimacy model absorbed from the parents. Following are the conclusions of the current study.

In most cases, when one of the spouses has an intellectually disabled mother, there are implications on the spouses' intimacy. However, the implications are not uniform. In most cases, the implications of an intellectually disabled mother on one of the spouses are negative and come to expression in damage caused to intimacy between the spouses. However, there are also educational implications. Occasionally, the wife might consider the care of her husband for his mother a model of respect for the figure of mother, and in other cases the spouse whose mother is intellectually disabled sees an educational aspect in the situation, for both the children and the adults. In a small minority of cases, there are no implications in a situation when one of the spouses has an intellectually disabled mother, and it usually stems from the mother being in a remote location, such as a retirement home, treatment framework or a different country. In those cases, where visits of the mother are scarce, the effect on the spouse is little and therefore, it has no implication on intimacy.

It is clear from the interviews, that the men who are sons of a mentally disabled mother are more satisfied in the couple relationship and intimacy than the men whose wife is a daughter of a mentally disabled mother. These results coincide with the empirical test, which also found that the greater the satisfaction, the greater the intimacy. However, it is very important to take the research limitations into consideration, seeing as the sample is too small and is even divided, so the results are not significant and cannot be referred to as data. It is a fact that the findings of hypotheses 2 and 3 were not significant, in reference to the types of closeness to the mentally disabled mother compared to the couple relationship and intimacy. Therefore, the recommendations for further studies are no less important than the findings and their analysis.

Development in the shadow of an intellectually disabled mother, might affect intimacy between spouses, mainly, when a spouse develops a negative attitude towards the mother, or is angry with the spouse dedicating much of their time to their mother, with the feeling that it is at their expense. On the other hand, exaggerated investment of time and resources, on the part of the daughter or son of an intellectually disabled mother, might also hurt intimacy of the spouses and their satisfaction with intimacy life and marriage. In all cases, there are conditions in which an inclusive culture, one that accepts intellectually disabled people, might also contribute to the attitude towards an intellectually disabled mother and to her child's support of her as well.

In many instances, when a daughter or son were ashamed of their intellectually disabled mother and alienated her when they were young, they try to make amends for it in their maturity, and occasionally, it is at the expense of family, and it has a negative effect on the intimacy between the spouses. When there is an inclusive culture, which

sees no other option then support of an intellectually disabled mother from the outset, it might also lead to a conflict with the spouse. Despite the aforementioned, not only the attitude of a child towards their mother affects intimacy and not only the position of the spouse, but rather the intimacy model one absorbed at home as well.

In the majority of cases mentioned, these are couples of parents, where the father is not intellectually disabled and the mother is. Here the intimacy model is dependent on the attitude of the father, usually, the strong party, facing the weakness of the intellectual disability of the mother. A father who is supportive and loving might lead to a situation in which his child develops positive intimacy with a spouse and has higher self-esteem and self-confidence in developing intimacy with the spouse. Another scenario is a parent couple with one party which is dominant and humiliates the other party, presenting a model that their child absorbs and grows up with into adulthood, into intimacy, creating a lack of confidence that would characterize this intimacy. The intimacy model a child has grown up with and the stigmas that have permeated over the years, shape their self-confidence. Occasionally, feelings of guilt are added into that due to early alienation towards them and the desire to make amends for it.

Any weakness with which a child of an intellectually disabled mother arrives at intimacy and marriage, is reflected in their self-confidence and hurts the intimacy between spouses. On the other hand, any positive personal understanding, accompanying a situation in which the mother of one of the spouses is intellectually disabled, might assist the spouses to grow from the crisis and even consistently improve the intimacy and partnership between them.

No gender differences were found between the spouses of whose mother is intellectually disabled. Despite the expectation from literature, it was found that in most cases the spouses are not happy with the fact that there is an intellectually disabled mother in the family, a mother who creates an obligation, however, the dissatisfaction is not stronger in men or women, but rather similar. The same is true for satisfaction with intimacy and married life as well as the existence of intimacy, which is not stronger in any gender, there are women who are very supportive and encouraging and proud of the husband who is dedicated to his mother and there are also men who are very supportive and proud of their spouse, who is dedicated to her intellectually disabled mother.

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APPENDICES

Appendix 1: Questionnaires Guide

Questions for son to an intellectually disabled parent:

1. Describe your origin family.

2. At what age did you observe that your parent is different than others?

3. What was your reaction to that?

4. Are there positive attributes that have evolved in you as a result of being born to such a family? Which?

5. Are there negative attributes that evolved in you as a result of being born to such a family? Which?

6. Has childhood and life in shadow of the disabled mother harmed your self-image? If so, in what way?

7. Did you have any apprehensions towards finding a spouse? Which?

8. Has the fact that mother is intellectually disabled affect the choosing of a spouse? If so how?

9. How did you meet your spouse?

10. How and in which stage of the relationship, did you tell your spouse about the disability of the parent?

11. How did your spouse react to this information?

12. How did your family react in general and the disabled mother in particular, to the relationship?

13. How did family of your spouse react to the relationship?

14. What was the reaction of your spouse's family to the fact that your parent is intellectually disabled?

15. Have you (in the past or in the present) felt inferior in relation to your spouse?

16. Has your spouse treated you (in the past or in the present) as inferior in relation to him?

17. Has family of your spouse treated you (in the past or in the present) as inferior?

18. Does the fact that you are a son to an intellectually disabled mother come up in arguments or fights with your spouse? In what context?

19. Which points of strength do you bring along to the intimacy as a son to such a parent?

20. Which points of weakness do you bring along to the intimacy as a son to such a parent?

21. Are there special conflicts in intimacy due to the fact of you being a son to such a parent?

22. What relationship does your spouse have with your parent?

23. Does the fact of you being a son to an intellectually disabled mother affect your spouse (in various fields)? If so, how?

24. Did your relationship with your parent change after marriage? How?

25. Which fields are you required to help your parents in, presently?

26. How does this affect intimacy?

27. Is this help different than your other tasks and in what way? (such as: work, care of children and rest of the mutual household chores, help to elderly parent, charity).

28. Did you feel that you lack intimacy conduct patterns due to the different intimacy of your parents?

29. Describe your intimacy relationship?

30. Do you have dependency relations?

31. Do you feel satisfied with marriage?

32. Do you feel mature emotionally?

33. Is there a difference in your relation to the parent than in relation of your spouse to her? If so, what is it?

34. In your opinion, what does this difference stem from?

35. Describe an incident or conflict with your spouse, that the intellectually disabled parent had any effect (direct or indirect) on?

36. Has the fact that you have a disabled mother affect your intimacy? How?

37. To your opinion, is your intimacy <u>more stable / less stable / of same stability</u> in comparison to couples where two parents are normative?

Questions to the spouse:

1. Describe your origin family.

2. How did you meet your spouse?

3. How and in what stage of the relationship did you find out that your spouse has an intellectually disabled mother?

4. How did you react to this information?

5. How did your family react to the fact that your spouse has a disabled parent?

6. Have you felt (in the past or in the present) that your spouse is inferior in relation to you, due to his family?

7. Does this fact come up in arguments or fights with your spouse? If so, in what context?

8. Are there any unique conflicts in intimacy due to your spouse being a child to a disabled parent?

9. What is your relationship with your spouse's parent?

10. In which fields is your spouse required to help the disabled parent presently?

11. How does this affect intimacy?

12. Is it different than other tasks and in what way? (such as: a. Work. b. Charity. c. Help to an elderly parent. d. Help to a mutual child. e. Rest of mutual household chores.)

13. Did you feel that your spouse lacks intimacy conduct patterns, due to the different intimacy of his parents?

14. Describe your intimacy relationship.

15. Do you have dependency relations between you?

16. Do you feel satisfied with the marriage?

17. Do you feel mature emotionally?

18. Is there a difference in your relation to the disabled parent and relation of your spouse to her? If so, what is it?

19. To your opinion, what does this difference stem from?

20. Are there any points of strength that have evolved in your spouse due to his being born to such a family? What are they?

21. Are there any points of weakness that have evolved in your spouse due to his being born to such a family? Which?

22. Have changes occurred in you overtime due to your spouse being born to such a family? What are they?

23. Describe an incident or conflict with your spouse, that the intellectually disabled parent had any effect (direct or indirect) on?

24. What is your guidance or recommendation towards marriage to a son to an intellectually disabled mother?

25. Does the fact that your spouse has an intellectually disabled mother affect your intimacy? If so, in what way?

26. To your opinion, is your intimacy <u>more stable / less stable / of same stability</u> in comparison to couples where two parents are normative?

Appendix 2: Informed Consent

Dear Sir or Madam,

My name is Shmuel Grossman and I am a PhD student at Murcia University of Spain. As part of my studies, I am conducting research on the topic of gender differences in married life in the shadow of an intellectually disabled mother on one partner's side.

I conducted the first part of the study when carrying out an in-depth interview with you, and we are now at the second and final stage of the field research. In order to complete this stage I will ask you to answer the following questionnaire, which consists of three parts. The first is a personal information questionnaire, in which you will be asked to answer ten socio-demographic questions. The second is a couple relationship satisfaction questionnaire, and the third is a couple relationship intimacy questionnaire.

I emphasize that answering the questionnaire is voluntary and should be conducted with full consent. However, your right as a participant is to stop at any given stage, without needing to explain the reason for it. Nevertheless, I would be very grateful if you complete the questionnaire. Please remember: there are no right or wrong answers. The right answer is exactly what you feel or think.

The questionnaire is completely anonymous and will not mention any identifying information. Furthermore, the questionnaire is intended for the use of this particular study only, and each and every copy of the questionnaire will be destroyed after this use, in order to prevent contact with any outside factor or any attempt to try and figure out who the participant is.

I can be contacted for clarifications at any stage, including post-questionnaire, at this number: 0525802242 or email: t0525802242@gmail.com.

Would be happy to update you on the results, if you wish.

Thank you for your cooperation,

Shmuel Grossman

Appendix 3: Personal Information Questionnaire

Part A: Personal Information Questionnaire

Please answer the following questions with a numeric response or by circling the number of the correct answer.

1. **Sex**   1 - male   2 - female

2. **Age** _____

3. **Family status**   1 - single   2 - married   3 - divorced   4 - widowed

4. **Number of years of marriage** _____

5. **Relationship to the intellectually disabled mother**   1 - son of intellectually
    disabled mother   2 - daughter of intellectually disabled mother   3 - wife of
    son of intellectually disabled mother   4 - husband of daughter of intellectually
    disabled mother

6. **Number of children in my parents' home (myself included)** _____

7. **Number of children I have** _____

8. **Education**   1 - up to elementary education   2 - up to high school education 3
    - Up to BA Degree   4 - Master's Degree   5 PhD

9. **Partner's education**   1 - up to elementary education   2 - up to high school
    education 3 - Up to BA Degree   4 - Master's Degree   5 PhD

10. **Employment**   1 - salaried employee (regular worker)   2 - employee
    (manager)   3 - self employed   4 - not working

11. **Salary:** the average salary in the economy is about 11,000 Shekels. Is your

salary: 1 - way below average   2 - below average   3 - average   4 - above

average   5 - way above average

Appendix 4: Couple Relationship Satisfaction Questionnaire

Part B: Couple Relationship Satisfaction Questionnaire (GRIMS)

		strongly disagree	disagree	partially agree	agree	strongly agree
1	My partner is usually sensitive to and aware of my needs	1	2	3	4	5
2	I really appreciate my partner's sense of humor	1	2	3	4	5
3	It seems as if my partner does not listen to me anymore	1	2	3	4	5
4	My partner has never been unfaithful to me	1	2	3	4	5
5	I would be willing to give up my friends if it means saving our relationship	1	2	3	4	5
6	I am not satisfied in our relationship	1	2	3	4	5
7	I wish my partner wasn't so lazy and kept postponing things	1	2	3	4	5
8	I sometimes feel lonely even when I'm with my partner	1	2	3	4	5
9	If my partner leaves me I will never find life worthwhile	1	2	3	4	5
10	We cannot 'agree to disagree' with each other	1	2	3	4	5

11	It is not beneficial to continue with a marriage beyond a certain point	1	2	3	4	5
12	It seems we both like the same things	1	2	3	4	5
13	I find it difficult to show affection to my partner	1	2	3	4	5
14	I never have second thoughts about our relationship	1	2	3	4	5
15	I enjoy just sitting and talking with my partner	1	2	3	4	5
16	I find the idea of spending the rest of my life with my partner quite boring	1	2	3	4	5
17	There is always a lot of 'give and take' in our relationship	1	2	3	4	5
18	When we need to make decisions we become competitive	1	2	3	4	5
19	I no longer feel like I can really trust my partner	1	2	3	4	5
20	Our relationship is still full of joy and excitement	1	2	3	4	5
21	One of us usually talks ceaselessly and the other is usually silent	1	2	3	4	5
22	Our relationship is constantly evolving	1	2	3	4	5

23	Marriage is more about security and money than love	1	2	3	4	5
24	I wish there was more warmth and affection between us	1	2	3	4	5
25	I am totally committed to my relationship with my partner	1	2	3	4	5
26	Our relationship is sometimes tense because my partner constantly makes remarks and corrects me	1	2	3	4	5
27	I suspect we are on the verge of a breakup	1	2	3	4	5
28	We can always go back to ourselves and our relationship pretty quickly after an argument	1	2	3	4	5

Appendix 5: Intimacy Questionnaire

Part C: Couple Relationship Intimacy Questionnaire

		strongly disagree	disagree	partially agree	agree	strongly agree
1	My sexual desire has decreased because I feel uncomfortable with what my partner does	1	2	3	4	5
2	My partner seems uninterested in sex	1	2	3	4	5
3	I sometimes feel lonely when we're together	1	2	3	4	5
4	I sometimes find myself immersed in a serious conversation with my partner	1	2	3	4	5
5	I'm incapable of telling my partner when I want to have sex	1	2	3	4	5
6	When it comes to serious topics it seems that me and my partner have little in common	1	2	3	4	5
7	My partner often tries to change my ideas	1	2	3	4	5
8	I feel that our sexual activity is just routine	1	2	3	4	5
9	I often feel distanced from my partner	1	2	3	4	5

10	I sometimes feel neglected by my partner	1	2	3	4	5
11	My partner disagrees with some of my ideas	1	2	3	4	5
12	We seldom find the time to do fun things together	1	2	3	4	5
13	I feel that it's useless to discuss some things with my partner	1	2	3	4	5
14	I share only few common interests with my partner	1	2	3	4	5
15	We have very few common friends	1	2	3	4	5
16	Both of us usually keep things to ourselves	1	2	3	4	5
17	We have infinite things to talk about	1	2	3	4	5
18	My partner can really and truly understand my pain and enjoyment	1	2	3	4	5
19	My partner helps me clarify my thoughts	1	2	3	4	5
20	My partner listens to me when I need someone to talk to	1	2	3	4	5
21	I think we share some common goals	1	2	3	4	5
22	I can express my feelings without hiding behind defenses	1	2	3	4	5
23	We love spending time together	1	2	3	4	5
24	I'm satisfied with our sex life	1	2	3	4	5
25	Spending time together with our friends is important	1	2	3	4	5

26	We enjoy doing some of our shared activities with other couples	1	2	3	4	5
27	Many of my partner's close friends are my close friends too	1	2	3	4	5