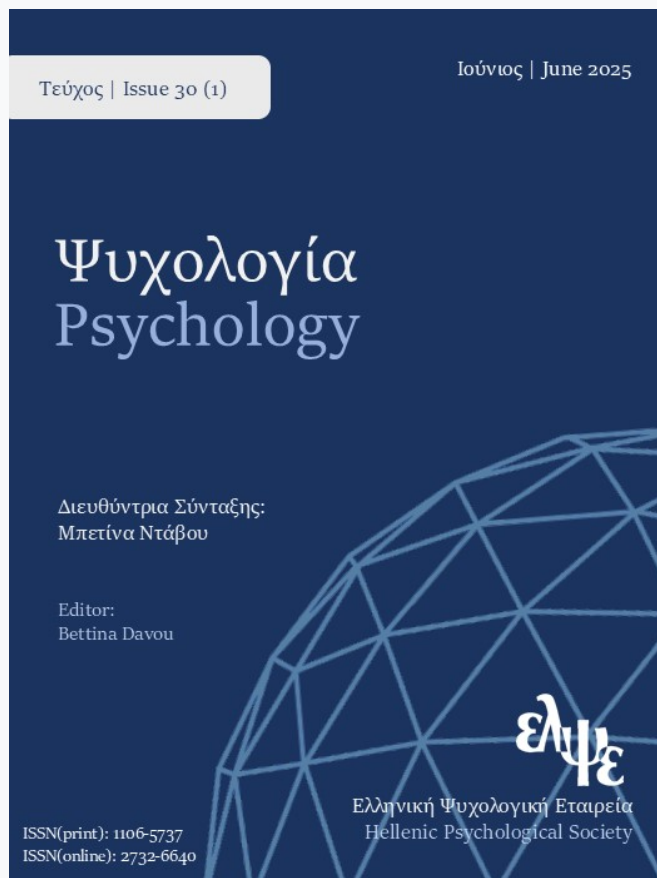


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## ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

# Meaning making in parenting a child with disabilities: Discrepancy of meaning, psychological distress, coping strategies and stress-related growth

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## KEYWORDS

Meaning Making Model  
Disability  
Parenting  
Psychological distress  
Meaning-focused coping  
strategies  
Benefit finding  
Turning to religion  
Stress-related personal growth

## ABSTRACT

This study investigates the psychological adaptation of parents raising children with disabilities through the framework of the Meaning Making Model. It specifically investigates how discrepancies between parents' global meaning (their broader beliefs and expectations) and situational meaning (their interpretation of their child's disability) affect their psychological distress, the use of meaning-focused coping strategies, and their stress-related personal growth. The sample comprised 186 parents, the majority of whom were female, with data collected through measures assessing the discrepancy between global and situational meaning, levels of distress, meaning-focused coping strategies (i.e., benefit finding and turning to religion), and stress-related growth. The results showed that parents who experienced greater meaning discrepancy were more likely to experience more stress and engage in coping strategies like benefit finding and turning to religion; they also reported higher levels of stress-related personal growth compared to those with lower discrepancy of meaning. These findings offer empirical support for the Meaning Making Model in the context of parenting children with disabilities, highlighting the crucial role of meaning-making processes in fostering resilience and personal development in parents facing challenging circumstances. For counseling and intervention, the results suggest that helping parents reframe the meaning of their child's disability to align more closely with their global beliefs—through meaning-focused coping strategies—may alleviate distress and improve their coping and adjustment.

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## Introduction

The birth and upbringing of a child with a disability is undoubtedly a major life event for parents and other family members (Bawalsah, 2016). In international literature, previous research has consistently shown that having a child with a disability is likely to result in a psychological burden (Al-Farsi et al., 2016; McLaughlin, 2012) that has serious and long-lasting effects on the family (Pousada et al., 2013). In recent years in Greece, research has increasingly focused on families of children with disabilities, as they encounter numerous stressors, making the role of parents challenging and laden with responsibilities (Tsibidaki, 2013, 2020). Factors such as socio-economic status and social support have been identified as crucial in addressing the needs of children with intellectual disabilities or autism spectrum disorders (Tsibidaki & Tsamparli, 2009). Conversely, research has shown that parents of children with disabilities often report positive effects on their family life and a high level of subjective well-being (Bayat, 2007; Jess et al., 2017). These parents frequently demonstrate personal growth (Tsioka et al., 2022), resilience (Bayat, 2007), and adaptability in managing their child's disability (Raina et al., 2005; Tsibidaki et al., 2017), employing effective coping strategies to navigate challenges (Bawalsah, 2016; Vernhet et al., 2019). This dual experience of burden and growth raises an important question related to the

“disability paradox” (i.e., the phenomenon where people with disabilities often report higher quality of life than what nondisabled people expect): why do some families adapt more successfully than others to the ongoing demands of raising children with long-term and complex needs (Carona et al., 2013)?

One possible explanation lies in parents' use of appropriate coping strategies, such as positive reframing, seeking social support, and problem-focused coping, to manage stressful situations (Bawalsah, 2016; Vernhet et al., 2019). These strategies aim to strengthen family resources, minimize stress or negative emotions, and maintain balance in family functioning (Bonab et al., 2017). Among these, meaning-focused coping strategies, as outlined in the Meaning-Making Model (George & Park, 2016; Park & Folkman, 1997), have garnered significant attention. This model explores how individuals' global beliefs and specific appraisals of stressful events interact to reduce discrepancies of meaning, which, when they occur, produce new meaning outcomes, and maintain psychological well-being. It provides a comprehensive framework for understanding how meaning-focused strategies, such as benefit finding and activation of spiritual or religious beliefs, hold a central role in coping with significant life stressors (Blacher & Baker, 2007; Harris et al., 2012; Wilgosh et al., 2004). In this framework, meaning-focused coping can lead to “meanings made” (Park, 2010, 2013), such as personal growth, improved family or social relationships, and a sense of purpose in life.

The Meaning Making Model has been supported by research in diverse populations, including cancer survivors (Exline et al., 2011; Park et al., 2008), bereaved individuals (Wortmann & Park, 2009), trauma-exposed college students (Park et al., 2012), and veterans (Steger et al., 2015). Research has also confirmed some of its fundamental principles in non-Western cultural contexts, including Iran (Ahmadi et al., 2022), Oman (Al-Farsi et al., 2016), China (Chen et al., 2021) and Korea (Lim & Kang, 2018). To the best of our knowledge, this model has not been thoroughly explored among parents caring for children with disabilities and has never been tested in the Greek context. Considering the paucity of research in this area, the present study aims to illuminate the potential impact of the discrepancy between parents' global and situational appraisals of meaning on their levels of distress, meaning-focused coping strategies, and stress-related personal growth. It is expected that the findings of our study will enhance our understanding of the meaning-related psychological processes involved in parental adjustment to disability. This, in turn, may provide valuable insights into counselling practices and intervention strategies designed to support families in similar situations.

### ***The Meaning Making Model as a framework for understanding parenting a child with a disability***

The Meaning Making Model (George & Park, 2016; Park & Ai, 2006; Park & Folkman, 1997) provides insight into how individuals cope with stress by finding meaning in challenging situations. It identifies two key components: global meaning and situational meaning. Global meaning encompasses an individual's overarching beliefs (e.g., in a just, good or predictable world), goals (e.g., relationships, work, knowledge), and subjective sense of meaning (i.e., that one's life is purposeful, coherent and significant). All the above shape how people interpret and navigate the world. Situational meaning involves the cognitive appraisals of specific stressful events (such as a child's disability), including how these align with or challenge global meaning. When a stressful event occurs, individuals evaluate its meaning and compare it to their broader worldview (global meaning). If there is no discrepancy between the global and situational meanings, distress is unlikely. However, if situational meaning violates global meaning (especially core beliefs or goals), psychological distress can result (Steger et al., 2015).

In the present study, the aforementioned model is employed as the theoretical foundation for elucidating how parents raising a child with a disability (re)create meaning. In particular, it assumes that parents expecting a healthy child often hold global beliefs about fairness, control, and predictability (Beighton & Wills, 2017; Riyahi et al., 2017). These parents establish personal goals and maintain a sense of coherence in their lives. The aforementioned elements collectively constitute the global meaning of these individuals. However, when confronted with a diagnosis of disability, their appraisal of the event (i.e., their situational meaning) may conflict with their core beliefs, such as their understanding of fairness in the world or their perceived control over life

events. This discrepancy can potentially result in anxiety and depression, depending on the extent of the perceived conflict (Beighton & Wills, 2017; Park & Folkman, 1997). Research has largely confirmed that violations of core beliefs and personal goals positively associated with increased psychological distress, thereby highlighting the important role that discrepancy of meaning plays in psychological distress across a range of life challenges (Appel et al., 2020).

### ***Coping strategies and outcomes of meaning-making processes***

The Meaning Making Model also emphasizes the role of meaning-making processes in coping with stress (Lachnit et al., 2020; Park & Folkman, 1997). When meaning violations occur, they can cause distress, but they can also trigger meaning-making processes, referred to as meaning-focused coping. It involves efforts to align situational appraisals with global beliefs (e.g., alter the appraised meaning of a situation) or adapt (e.g., change) global beliefs to accommodate new realities (Park, 2010). Meaning-focused strategies were found to be among the most effective ways of coping in low-control situations, such as encountering cancer (Park & Hanna, 2022). These strategies include positive reappraisal (Riley & Park, 2014), benefit finding (Langston et al., 2018), benefit reminding (Schwarzer & Knoll, 2003), reordering priorities (Boerner & Jopp, 2007) and activating spiritual or religious beliefs (Kaliampos & Roussi, 2017).

For parents of children with disabilities, in particular, coping strategies often involve reframing their child's disability as an opportunity for growth and learning (Antonopoulou et al., 2020; Beighton & Wills, 2017; Fairfax et al., 2019; Wang et al., 2011). As the Meaning Making Model assumes, employing meaning-focused strategies results in reducing meaning discrepancies, improving psychological adjustment and promoting subjective well-being during or after stressful events (Ahmadi et al., 2022; Lachnit et al., 2020).

In this model, the outcome of these meaning-making processes is referred to as "meanings made"; these reflect the result of efforts to reconcile global and situational meanings and enable effective coping and adaptation (Park, 2010; Park & Folkman, 1997). A wide range of positive outcomes can emerge from meaning-making processes, with personal growth being one of the most common, often referred to as "post-traumatic growth" or "stress-related growth" (Park & Helgeson, 2006). Personal growth involves the transformation of the appraised meaning of the stressor into a more positive interpretation, leading to outcomes such as improved relationships, enhanced personal resources and coping skills, a greater appreciation of life, and better health habits (Calhoun & Tedeschi, 2006). Additionally, individuals may experience altered self-perceptions or shifts in life philosophy following adversity (Tedeschi & Calhoun, 2004).

For parents raising a child with a disability, the "meanings made" often manifest as personal development, discovering new strengths, acquiring patience and coping skills (Samios et al., 2009). They may find that the challenges of raising a child with a disability strengthen their relationships, both within their family and with others who support them (McGaw, 2010). Some parents report a deeper appreciation for the minor achievements and moments of joy in life, finding new value in their child's milestones and accomplishments and becoming more grateful, despite the challenges (Kauffman & Landrum, 2013). For others, this experience may lead to deepened spiritual or religious beliefs, helping them find meaning in their situation (Platsidou et al., 2022). Conclusively, through this process, parents of children with disabilities may reframe their experience in ways that foster resilience and personal growth.

### ***Aim and hypotheses of the study***

As previously mentioned, research on meaning-making processes and the resulting "meanings made" by parents of children with disabilities remains extremely limited. While meaning-making processes have been studied in contexts such as bereavement (Holland et al., 2006), cancer survival (Park et al., 2008), natural disasters (Dursun et al., 2016; Park, 2016), and collective trauma (e.g., 9/11 terrorist attacks; Updegraff et al., 2008), much less attention has been given to families raising a child with a disability. This study addresses that gap, offering new

insights into how meaning-making processes function in this context. Specifically, it aims to examine the meaning-related coping strategies used by these parents, focusing on the activation of spiritual or religious beliefs and benefit finding. It also explores parents' stress-related growth as a form of "meaning made" through coping with their child's disability. In doing so, the study highlights the positive effects and perceived benefits of raising a child with a disability, contrasting with previous research that has predominantly emphasized the negative aspects of disability (Baldwin, 2015).

Based on the Meaning Making Model, the central research hypothesis is that the extent of the discrepancy of meaning that parents experience regarding the disability of their child will relate to their psychological distress, the coping strategies they use to adopt and the stress-related personal growth they achieve, which in turn reflects their adjustment. Specifically, it is hypothesized that (H1) parents experiencing a high discrepancy of meaning would report greater psychological distress compared to those with a low discrepancy of meaning; also, (H2) they will report higher use of meaning-making coping strategies, such as benefit finding and activation of religious beliefs; and (H3) they will exhibit more significant stress-related personal growth than parents with a low discrepancy of meaning.

## Method

### *Participants*

The study comprised 186 parents of preschool-aged children from across Greece who had received a diagnosis of disability. The average duration since diagnosis was 2.99 years ( $SD = 1.48$ ). Participants' age ranged from 25 to 63 years ( $M = 39.04$  years,  $SD = 6.04$  years). The majority of respondents were female (135, 72.6%) and identified as Greek ethnicity (93%). Additionally, most were married (170, 91.4%) and had two children on average (46.8%). Concerning educational attainment, 89 (47.8%) held a university or college degree, 56 (30.1%) were high school graduates, 22 (11.8%) completed compulsory education, and 19 (10.2%) pursued postgraduate or doctoral studies. A predominant proportion of participants (105, 56.5%) reported a moderate financial status, while 33.3% indicated good financial standing and 10.2% reported poor financial status.

### *Research instruments*

**Discrepancy.** The discrepancy between global and situational meaning was assessed with the Global Meaning Violation Scale (GMVS), which was developed by Park et al. (2016) and has demonstrated good psychometric properties in previous research (Appel et al., 2020; Lachnit et al., 2020). This scale comprises 13 items distributed across three dimensions: (1) Violations of belief (5 items, e.g., Item 2: "How much does your child's disability violate your sense that other forces have control in the world?"); (2) Violations of internal goals (5 items, i.e., Item 7: "How much does your child's disability interfere with your self-acceptance?"); and (3) Violations of external goals (3 items, e.g., Item 12: "How much does your child's disability interfere with your creative or artistic accomplishment?"). Participants were asked to indicate their level of agreement with each item using a Likert-type scale ranging from 1 (*not at all*) to 5 (*very much*).

The adequacy of a three-factor model, as posited by the developers of the scale, was assessed and found to fit the data well ( $\chi^2(58) = 2.043$ ,  $p < .001$ , CFI=0.956, TLI=0.940, SRMR=0.057, RMSEA=0.075). Additionally, the internal consistency reliability estimates for the three subscales were deemed satisfactory ( $\alpha = .80$ ,  $.90$ , and  $.87$ , respectively).

**Psychological distress.** It was assessed using two (of the three) subscales of the Depression Anxiety Stress Scale (DASS21; Lovibond & Lovibond, 1995): Depression (7 items, Item 6: "I couldn't seem to experience any positive feeling at all") and anxiety (7 items, Item 13: "I felt I was close to panic"). Participants indicated the extent to which each item was valid for them on a Likert-type scale (where 1 = *not at all* and 5 = *very much*). The DASS-21 is a widely used measure of distress with good reliability and validity in previous research (Ostafin & Proulx,

2020; Park & Gutierrez, 2016). When administered to the Greek population (e.g., Pezirkianidis et al., 2016) the DASS-21 showed very good reliability and structural validity.

The two-factor model tested was found to have a good fit to the data ( $\chi^2(62) = 2.532, p < .001, CFI = 0.941, TLI = 0.914, SRMR = 0.051, RMSEA = 0.091$ ). The reliability indices of the subscales were high ( $\alpha = .91$  and  $.87$ , respectively).

**Benefit finding.** This assessment was conducted utilising an improvised instrument, the Benefit Finding Scale (BFS), which was developed by the researchers for the specific requirements of this study. The construction of the scale entailed a comprehensive review of extant research in the field, drawing upon the contributions of numerous scholars in relevant studies (Beighton & Wills, 2019; Behr et al., 1992; Ferrer et al., 2015; Lovell et al., 2016; Pakenham et al., 2004; Samios et al., 2008) to identify tangible benefits derived from childhood disability. The BFS consisted of 7 items addressing both intrapersonal benefits (e.g., Item 2: “Through my child's disability I better understood children with disabilities and their specific needs”) and interpersonal benefits (e.g., Item 6: “Through my child's disability my family relationships were strengthened”) derived from the child's disability. Participants are asked to rate their level of agreement with each item on a Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Exploratory factor analysis of the scale revealed a single factor explaining 44.13% of the total variance, with a reliability coefficient of  $\alpha = .78$ . Confirmatory factor analysis verified this solution ( $\chi^2(13) = 1.341, p < .001, CFI = 0.985, TLI = 0.975, SRMR = 0.038, RMSEA = 0.043$ ).

**Activation of religious beliefs.** To measure this meaning-related coping strategy, one part of the Coping Orientations to Problems Experienced Inventory (COPE) (Carver et al., 1989), the Turning to Religion subscale, was used. Previous research has shown that, when administered to the Greek population (Kapsou et al., 2010; Tsioka et al., 2022), the COPE demonstrated very good reliability and structural validity. It consists of 4 items describing religious beliefs or strategies that can be activated to cope with stressful events (e.g., Item 2: “I put my trust in God”). Participants give their answers on a Likert scale ranging from 1 (*not at all*) to 5 (*very much*). Exploratory factor analysis of the scale revealed a single factor explaining 83.53% of the total variance, with a reliability coefficient of  $\alpha = .93$ . This factorial solution was verified with confirmatory factor analysis ( $\chi^2(2) = 0.463, p < .001, CFI = 1.000, TLI = 1.005, SRMR = 0.005, RMSEA = 0.000$ ).

**Stress-related growth.** Personal growth achieved as a result of the meaning making processes was measured using the short form of the Stress Related Growth Scale (SRG-SF, Park et al., 1996). In earlier studies, the scale exhibited adequate validity and reliability (Bjorck & Byron, 2014; Oliveira et al., 2021). It consists of 15 items assessing two dimensions: (1) intrapersonal growth (7 items, e.g., Item 2: “Because of my child's disability I feel freer to make my own decisions”) and (2) interpersonal growth (8 items, e.g., Item 1: “Because of my child's disability I have learned to be nicer to others”). Participants are asked to give their responses on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

The two-factor structure of the scale was confirmed by CFA ( $\chi^2(85) = 2.058, p < .001, CFI = 0.945, TLI = 0.932, SRMR = 0.043, RMSEA = 0.076$ ). The reliability of both factors is very good ( $\alpha = .89$  for intrapersonal and  $\alpha = .88$  for interpersonal growth).

### Procedure

Instruments that had not previously been used with Greek samples (i.e., the GMVS and the SRG-SF) underwent translation into Greek using the double-blind translation method. The collection of data was conducted between October and December of 2022, following the approval of the research proposal by the University of Macedonia Ethics Committee (33/28-07-2021). All participants gave informed consent. Participation was voluntary, ensuring anonymity and no extrinsic incentives were offered. The recruitment of participants occurred across various settings, including preschool general and special education units/schools, early intervention units, daycare centers, associations catering to individuals with disabilities, and online communities for parents of

children with disabilities. A total of 186 questionnaires were completed, with 145 (77%) administered in paper format and 41 (22%) administered digitally.

### **Data analysis**

Initially, Confirmatory Factor Analyses (CFA) were performed employing IBM AMOS statistical software (version 21) to validate the factorial structure of the instruments used. Subsequently, the reliability of all (sub)scales employed in the study was assessed using Cronbach's  $\alpha$  coefficient.

K-means cluster analysis was subsequently employed on the three discrepancy components (i.e., belief violations, extrinsic goal violations, and intrinsic goal violations) to classify participants into two groups. K-means clustering assumes numeric data, distinct and approximately spherical clusters, minimal outliers, variables standardized to a similar scale, and an adequately large sample size to ensure stable cluster formation (Jain, 2010). The number of clusters was predetermined to align with our goal of dividing the participants into those experiencing high versus low discrepancy between their global and situational meaning. To test for the validity of the clustering solution, a one-way analysis of variance (ANOVA) was run to check if there are statistically significant differences in the mean values of the discrepancy components across the two clusters.

Finally, a series of t-tests was applied to test the research hypotheses; that is, to check for potential differences between the two groups/clusters in relation to their psychological distress, the utilisation of benefit finding and turning to religion strategy, and their personal growth. Effect sizes were calculated using Cohen's  $d$ . A post hoc power analysis was conducted to assess whether the sample size was sufficient to detect significant differences between the two groups. Using Cohen's  $d$  values derived from the data, the achieved statistical power ( $1 - \beta$ ) was computed for each variable using GPower (Faul et al., 2007). The analysis was conducted with an alpha level of 0.05.

### **Results**

K-means cluster analysis was conducted on the three subscales of discrepancy (belief violations, intrinsic goal violations, and extrinsic goal violations), resulting in the classification of participants into two groups: (1) a high discrepancy in meaning group ( $n = 88$ ) and (2) a low discrepancy in meaning group ( $n = 97$ ). As illustrated in Table 1, the final cluster of centroids were notably distinct, indicating a clear separation between the two groups. All participants were successfully classified into one of the two clusters, with a balanced distribution between the groups. A one-way analysis of variance (ANOVA) was conducted on the two clusters, thereby confirming the validity of the clustering solution. A statistically significant difference was identified among the predictor variables (i.e., belief violations, intrinsic goal violations, and extrinsic goal violations) between the two clusters, with the high discrepancy group demonstrating consistently higher scores in comparison to the low discrepancy group. The clustering solution appears to meet the established criteria for evaluating the quality of cluster analysis, as recommended by Sideridis and Tsorbatzoudis (2003).

**Table 1.** Final Cluster Centers (Means) and ANOVA

	Clusters		F (1,183)
	High Discrepancy	Low Discrepancy	
Belief violations	3.55	2.33	94.72*
Intrinsic goal violations	3.72	2.14	177.00*
Extrinsic goal violations	3.41	1.56	242.28*

\*Note. \* $p < .001$

A series of t-tests was conducted to test the research hypotheses regarding potential differences between the two discrepancy groups/clusters in terms of their reports of psychological distress (i.e., anxiety and depression),

meaning-focused coping strategies (i.e., benefit finding and turning to religion) and stress-related personal growth. As shown in Table 2, the results partially supported H1: parents in the high discrepancy group reported significantly higher levels of anxiety (with a moderate effect size indicating a meaningful difference between the two groups), while no significant differences in depression were observed between the groups. H2 was fully confirmed, with parents in the high discrepancy group demonstrating higher mean scores in the benefit finding (with a moderate effect size) and the turning to religion strategies (with a very large effect size, indicating that people with high discrepancy of meaning rely much more on this strategy). Finally, H3 was also supported, with parents in the high discrepancy group presenting higher mean scores in the intrapersonal and interpersonal growth. In both variables, moderate-to-large effect sizes indicate a noticeable difference between the two means in personal growth.

Regarding the statistical power (see Table 2), the results showed that it was adequate ( $\geq 0.80$ ) for anxiety and intrapersonal growth and strong for benefit finding, turning to religion and interpersonal growth. However, the power for depression was below the recommended threshold, suggesting that a larger sample size may be required to detect meaningful differences in depression scores.

**Table 2.** Means (and Standard Deviations), Effect Sizes and Achieved Power of Psychological Distress, Meaning-Related Coping Strategies and Personal Growth of the two Clusters of Meaning Discrepancy

	High Discrepancy	Low Discrepancy	t (183)	Cohen's d	Achieved Power
Anxiety	1.66(0.81)	1.36(0.52)	2.97*	0.68	0.47
Depression	1.85(0.93)	1.62(0.71)	1.87	0.82	0.85
Benefit Finding	3.86(0.61)	3.48(0.69)	3.96**	0.66	0.97
Turning to religion	3.47(1.16)	2.68(1.28)	4.38**	1.23	0.99
Intrapersonal growth	3.94(0.58)	3.61(0.83)	3.18*	0.72	0.95
Interpersonal growth	3.81(0.62)	3.41(0.83)	3.67**	0.74	0.87

\*Note. \* $p < .05$ , \*\* $p < .001$

## Discussion

The Meaning Making Model proposes that individuals use meaning-related coping strategies in response to the perceived discrepancy between their global beliefs and goals – both intrinsic and extrinsic – and the challenges posed by stressful events (Lachnit et al., 2020; Park, 2010). This discrepancy may arise when situational meanings attributed to specific experiences, such as a child's disability, conflict with their overarching sense of global meaning (Park, 2013). As a result, individuals are likely to experience distress and be motivated to solve the problem or reduce their anxiety. Any change in global or situational meaning can facilitate adjustment (Park & Ai, 2006). Individuals engage in coping strategies aimed at reconciling this gap, ultimately leading to psychological adjustment and personal growth. This study explored these processes in parents of children with disabilities in Greece, a context where this model has not been extensively studied.

As the Meaning Making Model assumes, when parents give birth to a child with a disability, they experience a discrepancy between what they believed and dreamed about (global meaning) and what they have to face (situational meaning). This low-control situation triggers meaning-focused strategies that aim to help parents manage their emotions (such as anxiety and depression) and restore balance and well-being to family life (Ahmadi et al., 2022; Antonopoulou et al., 2020; Beighton & Wills, 2017). This assumption was tested in the current study. Parents of children with disabilities were classified into two groups based on the level of discrepancy they experienced between their global and situational meaning, as determined by the cluster analysis on belief violations, intrinsic goal violations, and extrinsic goal violations. The two clusters showed distinct

profiles (see Table 1), with the high discrepancy group exhibiting significantly higher scores on all three dimensions of discrepancy. The study then examined differences between these groups in terms of their psychological distress, their use of meaning-focused coping strategies (benefit finding and turning to religion), and their reports of perceived interpersonal and intrapersonal growth.

Interestingly, our results showed that, while the high discrepancy group reported higher levels of anxiety, no significant difference was found for depression. The moderate effect size for anxiety suggests a meaningful difference between the groups, with those experiencing higher discrepancy also experiencing higher anxiety. The non-significant finding for depression, despite a moderate effect size, could be due to the limited statistical power. However, it is also possible that anxiety is a more immediate response to the perceived discrepancy, reflecting the acute stress and uncertainty, while depression might be a more chronic condition influenced by other factors not captured in this study. Future research should investigate the temporal dynamics of meaning-making, anxiety, and depression in parents of children with disabilities. This pattern of results, where anxiety is more strongly linked to the stressor than depression, has been observed in other studies of chronic stress (e.g., Park & Gutierrez, 2016), suggesting that different emotional responses may be activated at different stages of the coping process.

The findings also revealed that parents in the high discrepancy group reported significantly greater use of benefit finding and religious coping strategies compared to those in the low discrepancy group. The moderate effect size for benefit finding suggests that this strategy is meaningfully related to meaning discrepancy. This aligns with research showing that benefit finding is a common response to adversity, allowing individuals to reframe challenging experiences in a more positive light (e.g., Langston et al., 2018). The notably large effect size for religious coping is particularly significant, suggesting that parents who experience a greater discrepancy in meaning are substantially more likely to turn to religion as a coping mechanism. This finding resonates with studies in the general population highlighting the role of religion as a source of meaning and comfort in the face of adversity (e.g., Ahmadi et al., 2022; Park & Hanna, 2022; Park & Slattery, 2013). A body of growing evidence suggests that religiosity and spirituality are part of coping with stressful life events (Harris et al., 2012; Kidwai et al., 2013). Particularly within the Greek cultural context, where religiosity is often prominent (Dragonas, 2013; Kaliampou & Roussi, 2017), it may reflect the importance of faith and religiosity in providing a framework for understanding challenging life events, and especially for parents raising a child with a disability (Πλατσίδου κ.ά., 2021). This finding is consistent with previous research on parents of children with disabilities (Jegatheesan et al., 2010; Nikmanesh & Ansari, 2018; Πλατσίδου κ.ά., 2021; Sharak et al., 2017; Yilmaz, 2019) suggesting that religion is a strong source of support for some families. However, it is important to acknowledge that reliance on religious coping may also have negative consequences for some individuals, particularly if it leads to passivity or avoidance of other problem-solving strategies (e.g., Park & Helgeson, 2006). Future research should explore both the positive and potentially negative aspects of religious coping in this population.

Furthermore, parents experiencing higher degree of discrepancy also reported higher levels of both intrapersonal and interpersonal growth, suggesting that higher perceived meaning-related conflict was associated with greater stress-related personal growth. These moderate-to-large effect sizes indicate that the experience of meaning discrepancy, while challenging, can also be a catalyst for significant personal development, both within the individual and in their relationships. This aligns with the literature on post-traumatic growth, which suggests that adversity can lead to positive psychological changes (e.g., Calhoun & Tedeschi, 2006; Park & Ai, 2006).

Overall, the findings of the present study suggest that parents who experience higher level of violation in their global meaning are more likely to engage in meaning-making processes, resulting in a greater perception of "meanings made" (i.e., personal growth) compared to parents with lower levels of discrepancy. In other words, the discrepancy between global meaning and the meaning ascribed to the stressful experience may trigger coping

strategies such as benefit finding and turning to religious beliefs. Through these meaning-focused coping processes, parents are able to (re)make sense of their stressful experiences, grow from them, and integrate these challenges into their broader understanding of the world, thereby restoring a sense of coherence and meaning in the face of adversity. This aligns with the Meaning Making Model and highlights the dynamic interplay between discrepancy, coping, and growth (Lachnit et al., 2020; Park, 2010; Park & Helgeson, 2006; Park & Folkman, 1997).

The study further indicates that parents of children with disabilities tend to display resilience, as they believe they can effectively cope with the challenges of raising a child with a disability. This is a common finding in related studies (Kadi & Cetin, 2018; Rajan et al., 2016), in which parents of children with disabilities reported high resilience despite the demands and challenges they face daily. A notable finding is that parents simultaneously perceive personal growth derived from their parental experiences. This observation offers insights into the "disability paradox," which posits that resilience is a pivotal element in this context. Parents of children with disabilities frequently report a combination of challenges and positive growth (Beighton & Wills, 2019). The present findings are consistent with earlier research that has identified positive outcomes, personal changes, emotional benefits and life satisfaction reported by parents and family members of children with disabilities (Beighton & Willis, 2017; Benson, 2010; Ferrer et al., 2015; Πλατσίδου κ.ά., 2021). Furthermore, they suggest that meaning-making processes, including coping strategies and personal growth, may be pathways through which parents navigate these challenges and experience positive outcomes (Park, 2010, 2013).

In attempting to interpret the aforementioned benefits, researchers hold conflicting or divergent views (McConnell et al., 2015). Some argue that these changes reflect genuine, significant, and lasting transformations in parents (Pelchat et al., 2009; Scorgie & Sobsey, 2000). Others propose that such benefits may be the result of cognitive coping mechanisms (Gupta & Singhal, 2004), where parents seek out or even imagine benefits as a way to manage stress (Folkman & Moskowitz, 2000). Supporting the latter perspective, Folkman (2008) suggests that whether these benefits are real or imagined, they serve an essential function by sustaining individuals' efforts to cope with adversity and improve subjective well-being. In line with this debate, our findings highlight that parents of children with disabilities perceive substantial personal growth and resilience. Our study does not directly address the question of whether these perceived benefits are "real" or a coping mechanism. However, the fact that they are associated with meaning discrepancy and other coping strategies suggests that they are an active part of the meaning-making process. Whether these perceived benefits represent actual transformations or coping strategies to manage stress, they play a crucial role in helping parents navigate adversity and enhance their overall sense of well-being.

Finally, a key contribution of this study is the use of the Benefit Finding Scale (BFS), an instrument developed specifically for this research. The BFS loaded onto a single factor, suggesting that parents may perceive the various benefits of raising a child with a disability as interconnected and part of a broader positive experience. While the BFS demonstrated good psychometric properties in this study, future research should further validate and refine the scale with larger and more diverse samples. It would also be beneficial to explore the relationship between the benefits identified by the BFS and other measures of well-being or adjustment.

The findings of this study offer valuable insights for mental health professionals working with parents of children with disabilities. Counseling interventions could focus on facilitating meaning-making by helping parents identify and articulate their global meanings and explore how their child's disability challenges or reshapes those meanings (Wong & Wong, 2012). Promoting benefit finding and healthy religious coping strategies could also be beneficial. Encouraging parents to identify positive aspects of their experience, while acknowledging the challenges, can support adjustment and growth. Furthermore, interventions could address anxiety related to meaning discrepancy, potentially through mindfulness-based techniques or cognitive restructuring. Given the strong role of religious coping, particularly in the Greek context, counselors should be sensitive to clients' spiritual beliefs and explore how faith can be a source of strength and resilience. However, it

is also important to be aware of the potential for negative aspects of religious coping, such as passivity, and encourage a balanced approach.

This study has several limitations. First, the sample consisted primarily of mothers (72.6%), which limits the generalizability of the findings to fathers. Future research should strive for a more balanced representation of both parents. Second, the sample was recruited from various settings, both in-person and online, which might have introduced selection bias. Parents who were already coping well or had strong opinions about disability might have been more likely to participate. Third, the study employed a cross-sectional design, which limits our ability to draw causal inferences about the relationships between meaning discrepancy, coping, and growth. Longitudinal studies are needed to examine how these processes unfold over time and to determine whether changes in meaning discrepancy lead to changes in coping strategies or personal growth. Fourth, reliance on self-report measures introduces the potential for response bias, including social desirability bias. Finally, the study was conducted in Greece, and the findings may not be generalizable to other cultural contexts. Cultural beliefs about disability, family support, and religious practices could influence the meaning-making process. Future research should explore these processes in diverse cultural settings.

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# Δημιουργία νοήματος κατά την ανατροφή ενός παιδιού με αναπηρία: Ψυχική δυσφορία, στρατηγικές αντιμετώπισης και προσωπική ανάπτυξη ως απόρροια του άγχους

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ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ	ΠΕΡΙΛΗΨΗ
<p>Μοντέλο Δημιουργίας Νοήματος Αναπηρία Γονεϊκότητα Ψυχική δυσφορία Στρατηγική εύρεσης οφέλους Στρατηγική ενεργοποίησης Θρησκευτικών πεποιθήσεων Προσωπική ανάπτυξη συνδεδεμένη με το άγχος</p>	<p>Η μελέτη διερευνά την ψυχολογική προσαρμογή των γονέων που μεγαλώνουν παιδιά με αναπηρία υιοθετώντας το Μοντέλο Δημιουργίας Νοήματος. Συγκεκριμένα, διερευνά το πώς η ασυμφωνία μεταξύ του καθολικού (οι ευρύτερες πεποιθήσεις και στόχοι) και του καταστασιακού νοήματος των γονέων (η ερμηνεία τους για την αναπηρία του παιδιού τους) σχετίζονται με την ψυχική τους δυσφορία, τη χρήση στρατηγικών αντιμετώπισης που επικεντρώνονται στο νόημα και την προσωπική ανάπτυξη που μπορεί να προέλθει από αυτή την αγχωτική κατάσταση. Το δείγμα περιελάμβανε 186 γονείς, οι οποίοι απάντησαν σε ερωτηματολόγια που αξιολογούν την ασυμφωνία μεταξύ καθολικού και καταστασιακού νοήματος, την ψυχική δυσφορία, τις στρατηγικές εύρεσης οφέλους και ενεργοποίησης θρησκευτικών πεποιθήσεων, και την προσωπική τους ανάπτυξη που απορρέει από το άγχος. Διαπιστώθηκε ότι οι γονείς που βίωναν μεγαλύτερη ασυμφωνία νοήματος ήταν πιο πιθανό να βιώνουν υψηλότερο άγχος και να χρησιμοποιούν στρατηγικές αντιμετώπισης που επικεντρώνονται στο νόημα. Επίσης, ανέφεραν υψηλότερη προσωπική ανάπτυξη που σχετίζεται με το άγχος σε σύγκριση με εκείνους που βίωναν μικρότερη ασυμφωνία νοήματος. Τα ευρήματα αυτά υποστηρίζουν εμπειρικά το Μοντέλο Δημιουργίας Νοήματος στο πλαίσιο της ανατροφής παιδιών με αναπηρία, υπογραμμίζοντας τον κρίσιμο ρόλο των διαδικασιών δημιουργίας νοήματος για την προώθηση της ψυχικής ανθεκτικότητας και της προσωπικής ανάπτυξης των γονέων που καλούνται να αντιμετωπίσουν παρόμοιες προκλήσεις. Τα αποτελέσματα μπορούν να εισφέρουν στη συμβουλευτική και το σχεδιασμό παρεμβάσεων: το να βοηθηθούν οι γονείς να επαναπροσδιορίσουν το νόημα της αναπηρίας του παιδιού τους ώστε να εναρμονιστεί καλύτερα με τις καθολικές πεποιθήσεις τους μπορεί να τους ανακουφίσει από το άγχος και να βελτιώσει την αντιμετώπιση και την προσαρμογή τους στην αναπηρία.</p>
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