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The effect of susceptibility to false memories and phobia of feeling happy on the parental burden of caregivers of mothers of children with disabilities

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***Abstract*---Background** Raising a child with a disability can be a feeling of isolation and exhaustion, and understanding the health challenges faced by parents with children with disabilities is essential to providing adequate health care. **Objectives** The current study aimed to find out the impact of both susceptibility to false memories and phobia of feeling happy on the parental burden of caregivers of mothers of children with disabilities. **Method**: Participated in the study 132 As for Mothers of Children with Disabilities. Their age

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ranged from (20-over 35) years. The effect of susceptibility to false memories prepared by Ibrahim (2020) And the measure of happiness phobia Barakat (2020)The Parental Burden Scale for Caregivers of Mothers of Children with Disabilities.(Oh & Lee, 2009) **Results:** Susceptibility to false memories of mothers of children with disabilities was associated with an average level (89.5), a level of happiness phobia (83.0), and a medium level of parenting stress (102. 1). The results also showed that false memory susceptibility had no indirect effect on age, mother status, and happiness phobia variables, and that false memory susceptibility had no effect on happiness phobia, considering age, mother status, and education level variables, except for MRFDSTM. The results found that there was an indirect effect, and false memory susceptibility had no effect on mother status variables (widowed, divorced, married), mother education level, and had an effect on mother status variables, and no effect. Trace elements MRFID Age The components of the model show that false memory susceptibility and fear of happiness have no effect on the age variable, while false memory susceptibility has a statistically significant effect on mother's education and affects actual learning ability. Mother's qualification and mother's status have an effect on fear of happiness variable, and fear of happiness has an effect on mother's status variable (widowed, divorced, married), and fear of happiness has an effect on mother's status variable (widowed, divorced, married). MRFDSTM ⇒ Age on age variable. Finally, the value of correlation coefficient (R) is (598). The value of squared correlation coefficient is (358), the value of fitted correlation coefficient is (299), and the value of estimated standard error is (2.81302). The value of (F) is found to be statistically significant, reached (6.080), statistical significance was (000.), and the most significant of these variables for the dependent variable was the number of messages, followed by the function, then the variable of sensitivity to false memory, and finally the variable considering the beta coefficient, fear of happiness.

***Keywords*---**susceptibility to false memories, phobia of happiness, parental burden, mothers of children with disabilities.

1. Introduction

Parenting is a deep journey filled with love, joy, and challenges. For parents of children with disabilities, these complexities significantly impact their overall well-being. (Billen et al., 2023). Stress, fatigue, and emotional strain can lead to false memories, especially for caregivers. Such memory errors may heighten anxiety and self-doubt, adding to their caregiving burden. Research indicates that caregivers for chronically ill patients often face high stress, affecting memory accuracy and increasing emotional distress. (Almulla et al., 2024) . Research indicates that parents of children with disabilities face significant challenges to their well-being, with mothers experiencing greater parental fatigue, treatment burden, and emotional strain than those of typically developing children.(Findling

et al., 2023)The burden of the caregiver, especially feelings of guilt, strongly predicts mental illness in these parents (Gallagher et al., 2008). Attachment, social support and stress affect maternal happiness (Findler et al., 2016). Susceptibility rates differ with experimental conditions and methods. Analysis showed that 40% of participants recalled at least one false memory from false news, with each participant remembering or believing 22% of the total false news presented. (Failes et al., 2020). It turns out that 30% of test subjects formed false memories of their own experiences (Otgaar et al., 2022). Vulnerability to false memories varies widely depending on the context. Moreover, the studied individuals and the methods used were also included. It was found that 30% to 40% of individuals are prone to forming false memories of subjective events when exposed to suggestive information (Wade et al., 2002). Psychological resilience and mental health literacy mediate the relationship between caregiver burden and internal stigma (Sakız & Kaçan, 2023). As the burden of care increases, the family's quality of life decreases, and fatigue levels rise. (Öztürk & Alemdar, 2023)Personal resources such as cohesion and flexibility are negatively associated with parental burnout (Kwiatkowski & Sekulowicz, 2017). Parental stress mediates the impact of restrictive social activities on psychological well-being (Cramm & Nieboer, 2011). Prolonged care may accelerate cognitive ageing, particularly affecting memory in older mothers (Song et al., 2016). Studies confirmed that Mothers of children with disabilities Suffer from Higher levels of psychological distress compared to mothers of children with typical development (Abdulrahman & Bint, 2019; Gilson et al., 2018; Yim et al., 1996).

1. 1. Susceptibility to False Memories

Pseudo-memory is the recollection of non-existent events or altered memories of actual occurrences, often arising from similarities between events or a distorted grouping of them.. (Roediger & McDermott, 1995). This particular occurrence or segment of the event never truly touched the person's life during their existence; instead, it found a place in the depths of their recollections. Mothers raising children with intellectual disabilities often exhibit heightened awareness and empathy towards their offspring. (Feniger-Schaal & Oppenheim, 2013). These mothers may experience accelerated cognitive ageing, especially in episodic memory, especially when faced with higher levels of negative parenting experiences. (Song et al., 2016). A mother's emotional distress is associated with higher reports of behavioral and emotional problems in their children with chronic disabilities. (Brezner, 2016) Detailed questions for mothers and conversation control can affect children's false memories and suggestibility. (Principe et al., 2017). While children with intellectual disabilities show increased susceptibility to suggestion and false memories, those with autism spectrum disorder show less suggestibility. (Griego et al., 2019). Endurance and social support are predictors of stress adjustment in mothers of children with developmental disabilities (Weiss, 2002). False memories are incorrect attributions where vivid details or events are recalled but do not align with actual occurrences. Despite individuals' confidence in their recollections, the classification remains debated. The term "false memories syndrome" is not widely accepted; alternatives like "restored memories" have been proposed. These are also referred to as delusional memories, false recalls, and fallacy recalls. (Jutterdal & Hagelberg, 2024) Moreover, (Gallo et al., 1997) Pseudo-memory refers

to a distorted recollection of a past event that differs from reality. Memory distortion occurs when individuals create clear memories of events they haven't experienced or confuse events that happened before or after the intended event. (Loftus, 2005). False memories refer to the inaccurate or altered recollection of events, particularly regarding the birth of disabled children. Mothers often experience these memories in exaggerated or distorted ways due to information interference. Various theories, such as Fuzzy et al., suggest that when reflecting on an event, general knowledge can lead to errors by intertwining familiar concepts with the actual experience, regardless of the child's disability. (Brainerd & Reyna, 2002) False memories arise when individuals misremember events, particularly the experience of mothers with disabled children. These recollections may be entirely imagined or altered due to interference with existing memories. According to the Source-Monitoring Framework, false memories occur when individuals cannot accurately track the source of their original memories, leading to confusion about information origins and difficulty recalling details that mirror the original experience. (Johnson et al., 1993). Pseudo-memory is the inaccurate recollection of events, especially notable in mothers of disabled children. These memories often take on fantastical or false forms due to conflicting information or alterations in existing memories. Individuals are tested for susceptibility by exposing them to various stimuli, requiring them to recall learned material. Research shows memory recall is influenced by mood; negative feelings enhance recall of unpleasant words, while positive moods improve recognition of neutral or positive terms. (Leppänen, 2006; Storbeck & Clore, 2005)

1.2 Chemophobia

False or distorted memory recall involves the memories related to significant events, like the birth of a disabled child, particularly among their mothers. Such memories can be misleading or overly imaginative, often shaped by conflicting information or other distorted recollections. Mothers might form false memories that are altered or exaggerated due to this conflicting data. This can trigger a condition known as happiness phobia, where caregivers become hesitant to express positive emotions out of fear they may lead to negative consequences. These fears can contribute to chronic stress and depression, complicating the caregiving experience, although research on this specific phobia is limited (Shahali et al., 2024)They are related to being Positively happy with many desirable outcomes, such as Success, longevity, peace and positive social behavior's (Oishi & Schimmack, 2010)، Has There has been scientific evidence to suggest that the pursuit of happiness can backfire, in a way that may cause some to avoid seeking happiness under circumstances that they believe may lead to negative results (Ford et al., 2015) This phenomenon is known as "aversion to happiness" or "happiness phobia," stemming from the belief that happiness can be harmful. It suggests there are inappropriate levels, timing, means, and types of happiness, with individuals fearing negative consequences following moments of joy, leading them to avoid seeking happiness altogether. (Joshanloo & Weijers, 2014). The phobia of happiness expresses A person's reluctance to experience or express happy feelings in a way that may cause them to avoid happy situations too much, suppress feelings of happiness, or feel guilty or anxious about happiness (Agbo & Ngwu, 2017; Joshanloo, 2023; Joshanloo & Weijers, 2014) The fear of happiness is a disorder stemming from negative past experiences and

cognitive distortions that amplify unpleasant memories while dismissing positive ones. This condition leads to tension, insecurity, pessimism, anxiety about future social and economic issues, obsessive thoughts, and despair. Mothers of disabled children may experience distorted or overly imaginative recollections due to conflicting information, contributing to happiness phobia, where caregivers avoid positive emotions for fear of adverse outcomes. Such fears can result in chronic stress and depression, complicating caregiving, though research on this specific phobia remains limited. (Gilbert et al., 2012)As well as personality traits that are greatly affected by the presence of children with multiple disabilities within the family(Isgör, 2022) Some of the most prominent causes of aversion to happiness are psychological stress, traumatic past experiences, unfavorable life experiences, and self-esteem may all contribute to their emergence. The aversion to happiness can significantly impact an individual's well-being and quality of life, as these individuals desperately need to overcome such feelings to live a more satisfying and happy life. (Belen et al., 2020). It is described as a Phobia of happiness, which is a Fear of happiness in individuals who feel that experiencing or seeking happiness may lead to negative consequences (Abdulrahman & Bint, 2019). For mothers of children with disabilities, this condition may arise as a result of the complex emotional landscape in which they navigate. Their lives often involve increased caring responsibilities, societal stigma, and internal guilt, which can create barriers to embracing joy or positive experiences. (Phelps et al., 2009). These mothers may associate happiness with guilt, as if feeling happy reduces the seriousness of their children's challenges. In addition, fear of happiness may stem from an acquired belief that joy is transient or that a focus on personal happiness diverts attention from caring for their children. (Braine & Wray, 2018)

If a mother has a disabled child, she may develop a fear of happiness stemming from mixed emotions. Parents often experience sadness or anxiety due to the challenges of caring for a disabled child, which affects their personal and family lives. Consequently, when moments of joy arise, the mother might feel guilt or anxiety, believing such happiness is undeserved or could lead to negative outcomes.

1.3. Parental stress

False memories and fear of negative recollections can heighten stress, lower quality of life, and place more strain on caregivers. Thus, tackling these concerns through psychological interventions, support groups, and stress management is essential for enhancing caregiver well-being. (Shahali et al., 2024). Parental stress is a significant issue that needs greater focus in psychological research, as caring for a child with disabilities can be emotionally taxing for mothers. This situation often demands specific behaviors and attitudes to navigate daily challenges. In resource-poor settings, where 85% of children with disabilities reside, long-term caregiving leads to parental stress, financial strain, and mental health challenges. Additionally, these mothers face discrimination, stigma, and social exclusion. (Masulani-Mwale et al., 2016) Psychological stress from parental pressures is seen as a negative self-perception linked directly to the demands of parenting. (Gupta & Singhal, 2004) Parental perceptions of a mismatch between parenting demands and available resources can lead to decreased effectiveness, especially when parents are stressed and occupied with that stress, particularly in families with a

child who has a disability. (Hsiao, 2018) Stress is a negative emotional state linked to identifiable physiological, cognitive, and behavioral alterations. It affects how one perceives stressful situations. Stress results from an individual's assessment of their ability to cope; if deemed adequate, stress levels are low. Conversely, if capabilities seem insufficient or require significant effort to manage the stressor, stress levels increase. (Bawalsah, 2016). The experiment results in emotional, physiological, biochemical, and behavioral changes in individuals. A study using Track Analysis assessed parental experiences (n=420) from a national sample during the early months of the COVID-19 pandemic in the U.S.. (Russell et al., 2020). The findings indicated strong connections between parental caregiver burden, mental health, and children's stress perception. Stress arises when environmental demands surpass an individual's perceived abilities, with parental stress characterized as bothersome or challenging, particularly in families caring for children or individuals with disabilities. (Peng, 2017). Parents with disabilities employ various strategies to manage the impact of their condition on family life, while parental stress can hinder their effectiveness in parenting. (Khursheed & Inam, 2020). Parents of children with disabilities tend to face greater stress than those of typically developing children. Key factors contributing to this stress include (a) challenging behaviors from the child, (b) coping strategies of the parents, and (c) support systems available to the family (Hsiao, 2018). Caring for a child with disabilities presents ongoing challenges that impact all areas of childcare and the mental health of mothers, affecting their capacity to meet the needs of both the child and the family. Parental stress levels are higher than those of mothers with typical children, as revealed in the study.(Almulla et al., 2024) In Saudi Arabia, a study involving 206 parents of chronically ill children found that they experienced mild to moderate caregiver burden, moderate perceived stress, but high social support. (Aratti & Zampini, 2024) That 65% percent of parents experienced a significant caregiver burden, with around thirty percent facing severe parental stress. Caregiver strain was linked to how serious they perceived their child's condition and the external challenges presented. Mothers often struggle with practical coping strategies for issues stemming from disabilities, resorting instead to emotional adaptation or avoidance. Parental stress and childbirth trauma can negatively impact mothers' mental and emotional well-being, potentially leading to problems with thinking and memory. Such stressors may also increase the risk of mental health disorders like anxiety and depression, affecting their ability to recall memories accurately and healthily.

2. Hypotheses

- Levels of phobia of happiness, susceptibility to false memories, and parental burden for caregivers of people with disabilities vary.
- Susceptibility to false memories and their dimensions affect the phobia of feeling happy in a variable light (mothers' educational level, social status and age).
- Susceptibility to false memories, phobia of happiness and certain demographic variables can predict the parental burden of caregivers of mothers of children with disabilities

3. Methodology

3.1 Research design

This study investigates the correlation between mothers of children with disabilities and their susceptibility to false memories, focusing on the influence of these memories on a phobia of happiness. Utilizing various tools (including measures for false memory susceptibility, happiness, and caregiver burden), it seeks to assess how this susceptibility affects both the fear of happiness and the parental burden faced by caregivers, all without requiring long-term tracking that could hinder timely data collection.

3.2 Participants

The study focused on mothers of children with disabilities, randomly chosen from women visiting the Afada Center for the Care of People with Disabilities. The research tools were disseminated electronically via Google Forms to 175 participants. After excluding incomplete responses, the final sample comprised 132 respondents who met the participation criteria: willingness to answer the study tools, having a child with a disability, and being the primary caregiver for that child.

Table 1
Characteristics of Study Sample

Age		
20-27	37	28.0
28-35	52	39.4
More than 35	43	32.6
Work		
Yes	57	43،2
NO	75	56،8
Mother's education		
Secondary	40	30،3
University	71	53،8
Postgraduate	21	15،9
number of children		
1-3 Children	35	26،5
More than three children	97	73،5
Type of Disability		
Physical	36	27،3
Visual	35	26،5
Hearing	21	15،9
Mobility	21	15،9
Multiple	19	14،4
Severity of disability		
Mild disability	50	37،9
Moderate disability	52	39،4
Severe disability	30	22،7

3.3. Data collection instrument

The essential data collection tools in this study were as follows:

3.3.1 Structure and Content

The study tools consist of several sections, each targeting different aspects:

1. **Demographic information**: This section collects basic information about the respondent, such as (age, employment status, number of children, educational level, type of disability, severity)
2. **Susceptibility Scale to False Memories** Prepared by Ibrahim (2020) It consists of 22 paragraphs distributed over five Dimensionsshe:1. False memories resulting from forgetfulness and blurry thinking (22,21,19,18,17,15,13,7,4,3).2. False memories resulting from imagination and dreams (12.11,9).3. False memories resulting from thinking Internal and social interactions (5,6,6,14,16).4. False memories resulting from inaccuracies (20.8.1). 5. False memories resulting from the distortion of the source of the memory (10.2). The answer to the paragraphs of the scale varies according to the five-point Likert (No, sometimes, average, much, consistently), where the score ranged (from 22-110). The values of the consistency coefficients ranged between the dimensions of the scale (5.13**-7.52**), which are appropriate significant values. The alpha stability coefficient was (0.72, 0.69, 0.74, 0.73) for the dimensions, respectively, (0.78) for the degree of Kayla.
3. **The Happiness Phobia Scale was prepared** by Barakat (2020), consisting of 26 items, and the answers to the scale items range according to a five-point scale (strongly agree, strongly disagree). The consistency coefficient values for the scale items ranged from (0.352** - 0.799**), and the tool's stability coefficient reached (0.75), which are appropriate values for this study.
4. **The caregiver burden scale prepared** by Oh and Lee (2009) consists of 27 items and four dimensions. The physical dimension aligns with childcare requirements (1-6). 2. The emotional dimension (7-14). 3. The social dimension (15-22). 4. The financial dimension (23-27), the answers to it range according to the four-point Likert scale (low to high). The values of the consistency coefficients between the dimensions of the scale ranged (from 218**-5.12**), which are values of appropriate significance, and the alpha reliability coefficient reached (0.70, 0.71, and 0.78) for the dimensions, respectively (0.77) for the total score.

3.4 Procedures

3.4.1 Analysis

We utilized JAMOVE for data cleaning and analytics. Data collection involved several steps: 1) Securing approval from the Disability Center to use study tools with the target group. 2) Researchers sent the survey link to provided email addresses. 3) Potential participants were asked to consent to participation after reviewing an introductory email outlining the study's purpose, evaluation topics, and expected duration, along with information about voluntary participation, potential benefits and risks, and measures to ensure confidentiality and anonymity of their data. Only researchers would access the collected data. 4) Data collection took two months. 5) The survey data was inputted into JAMOVE for analysis, where descriptive statistics such as means and standard deviations were calculated to assess levels of happiness phobia, false memory susceptibility, and parental burden among participants. Mediation analysis was conducted to examine how false memory susceptibility and its dimensions influenced happiness phobia, considering variables like mothers' educational level, social status, and age.

4. Results

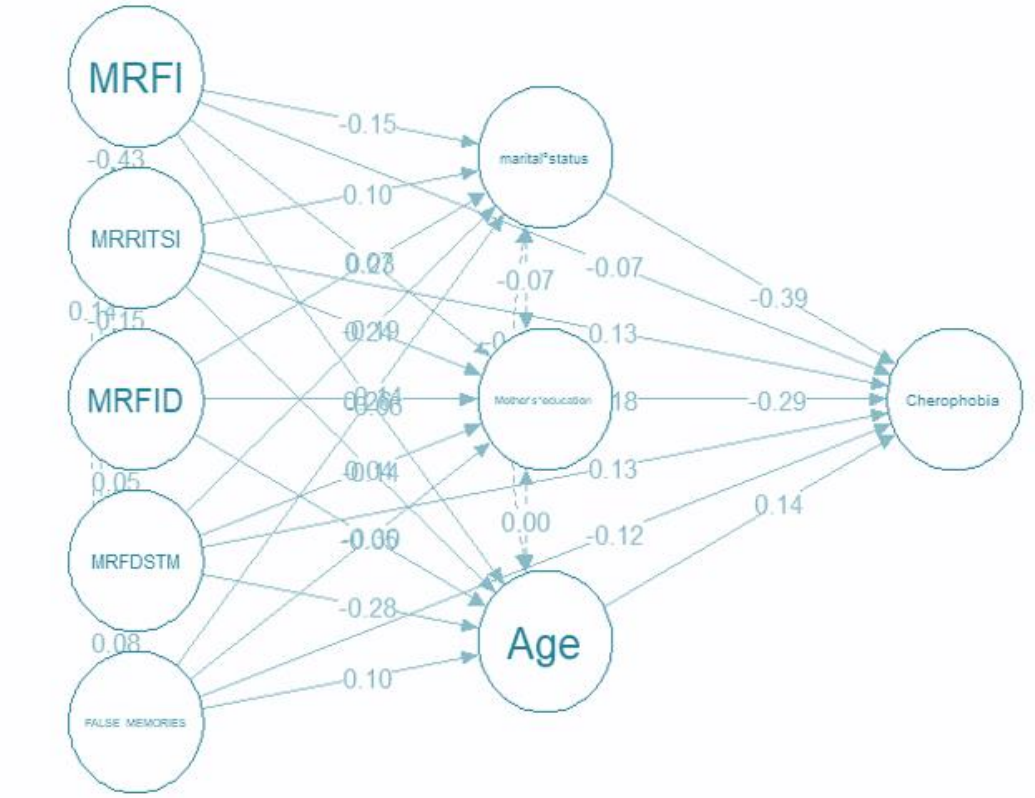
4.1 Arithmetic averages and standard deviations of phobia of happiness, susceptibility to false memories, and parental burden of caregivers with disabilities

Table 1 shows that mothers of children with disabilities had an average susceptibility to false memories of 89.5. In comparison, the average score for fear of feeling happy was 83.0, and parental burden registered a medium degree of 102.1.

Table 1

	Mean	Median	SD
FALSE_MEMORIES	89.51515	93.00000	8.4695
Chemophobia	83.03788	90.00000	20.9771
Caregiver°Burden	102.12879	102.00000	3.3599

4.2 The effect of susceptibility to false memories and their dimensions on phobia of feeling happy in a changing light (educational level of mothers, social status and age of the mother)



- No indirect effects of susceptibility to false memories were noted concerning age, maternal status, and happiness phobia.
- There were indirect effects observed between susceptibility to false memories and the mother's education level affecting happiness phobia, with a significant z value of 2.517 (p = .012).
- While most dimensions showed no indirect effects linking susceptibility to false memories and happiness phobia related to age, maternal status, and education, MRFDSTM indicated significant indirect effects (z = 2.0069, p = .045). For MRFID, z was 2.3760 (p = .018), for MRRITSI it was 2.1054 (p = .035), and for MRFI, z was again 2.1054 (p = .040).
- Model analysis revealed no influence of susceptibility to false memories or happiness phobia on age.
- A significant effect of susceptibility to false memories on mothers' educational qualifications was found, with z = 3.794 (p < .001).
- Significant impacts were also noted for practical qualifications of mothers, z = 3.3654 (p < .001), and for mothers in general, where z = 4.7321 (p < .001) affected happiness phobia.
- Susceptibility to false memories did not affect maternal status (widowed, divorced, married).
- Happiness phobia significantly influenced the mother's condition (widow, divorced, married).
- The MRFDSTM dimension showed a significant effect on age (z = 3.2969, p < .001) but not on mothers' educational qualifications; however, it did impact the mother's condition (z = 3.3550, p < .001).
- MRFID did not influence age or maternal condition but did affect mothers' educational qualifications, yielding z = 2.6987 (**< .007**.
- Findings revealed both direct and indirect effects of susceptibility to false memories on happiness phobia, influenced by certain demographic variables.

4.3. Predictive ability of susceptibility to false memories, phobia of happiness and some demographic variables in the parental burden of caregivers

The analysis of the multiple correlation coefficient, its square (representing the percentage of explained variance), the adjusted correlation coefficient, and the standard error of estimation reveals key insights into the study sample's susceptibility to false memories, happiness phobia, and various demographic factors concerning caregiver burden. The correlation coefficient (R) was 0.598, its square was 0.358, and the adjusted correlation coefficient was 0.299. The standard error of the estimate was 2.81302. Table 4 presents these values in detail.

Table 4

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.598a	.358	.299	2.81302

A regression analysis was performed to assess the statistical significance of the independent variables—susceptibility to false memories, its dimensions, and happiness phobia—on the dependent variable, which is the parental burden of caregivers. Table 5 displays the impact of these factors along with some demographic variables on caregiver burden, revealing a statistically significant F value of 6.080 with a significance level of 000.

Table 5

Model		Sum of Squares	df	Mean Square	F	Mr.
1	Regression	529.241	11	48.113	6.080	.000
	Residual	949.570	120	7.913		
	Total	1478.811	131			

Table 6 indicates that the total scores for false memories, happiness phobia, job function, and number of children can predict caregiver burden through the following equation: Y = (false memories, happiness phobia, job, and number of children).445 + happiness phobia score.070 + job -1.238 + number of children 2.377 + 87.459. The most significant predictor among these is the number of children, followed by job function, susceptibility to false memories, and finally the phobia of happiness, based on the beta coefficient.

Table 6

Model		Unstandardized Coefficients		t	Sig.
		B	Std. Error		
	(Constant)	87.459	8.085	10.818	.000
	Memories resulting from forgetting	.025	.033	.748	.456
	Memories resulting from imagination and dreams	-.027-	.240	-.112-	.911
	Memories resulting from internal thinking and social interactions	.273	.249	1.098	.274
	Memories resulting from inaccuracy	-.030-	.157	-.189-	.850
	Memories resulting from distortion of the source of the memory	.445	.207	2.149	.034
	Age	-.556-	.389	-1.430-	.155
	Occupation	-1.238-	.528	-2.345-	.021
	marital status	-.207-	.746	-.277-	.782
	number of children	2.377	.722	3.293	.001

Mother's education	-.252-	.474	-.530-	.597
Chemophobia	.070	.015	4.798	.000

5. Strengths and Limitations

This study contributes to existing literature by examining how false memories affect the quality of life and parental burden among parents with disabilities. It offers a unique investigation into this demographic, utilizing specialized tools tailored to their local context. However, there are limitations, including the reliance on a web-based survey, which may have excluded participants who did not check their email during data collection. Additionally, since the sample was drawn solely from Riyadh, Saudi Arabia's largest city, the generalizability of the findings is restricted. The tools used were also limited to the specific groups they were designed for. Riyadh's unique demographic, cultural, and economic factors could influence the results, making them less applicable to other areas with different social conditions.

6. Discussion

Caregivers of individuals with disabilities frequently encounter emotional pressures that impact their happiness. The concept of "happiness phobia" suggests that feeling happiness may result in negative outcomes. Although direct studies on caregivers experiencing this phobia are scarce, related research sheds light on their emotional challenges. A study by (Joshanloo, 2024), Research on happiness phobia across cultures highlights beliefs about the potential negative effects of happiness. Although it doesn't exclusively address caregivers, it notes that individuals under stress, like caregivers, might fear positive emotions. Collectively, these findings indicate that mothers of children with disabilities are vulnerable to false memories influenced by emotional and contextual factors, with an average happiness phobia score of 83.0 tied to emotional challenges and childcare worries. (Gilbert et al., 2012). Fear of happiness is a protective mechanism that reduces happiness to avoid disappointment. Given the unpredictability and difficulties of parenting, mothers of children with disabilities may believe that happy experiences are fleeting or unjustified (Joshanloo & Weijers, 2014)note that cultural and personal views of happiness that cause adversity can exacerbate this fear, especially in caregiving societies. Psychological support may help these mothers feel content and improve.

The mean parental burden (102.1) illustrates the significant but not overwhelming barriers faced by mothers of children with disabilities. External support systems and coping skills can reduce caregiver stress (Peer & Hillman, 2014; Smith et al., 2010) found that resilience, financial, and social resources influence the emotional and physical stress of parents of children with disabilities. The moderate level in this study suggests that while these women experience stress, partial support systems or personal coping strategies may help them manage it. In a study (Almulla et al., 2024)on A study involving 206 parents of children with chronic illnesses in Saudi Arabia found mild to moderate caregiver burden, moderate perceived stress, and high social support levels. Notably, perceived social support correlated significantly with caregiver burden

and stress, while caregiver burden also related significantly to perceived stress. The study's results (Aratti & Zampini, 2024) showed that 65% of parents showed a clinical level of caregiver burden, and about 30% showed a clinical level of parenting stress. Caregiver burden was related to the perceived severity of the condition and the externalizing problems displayed by their children.

The studies revealed both direct and indirect effects on the variables, aligning partially with previous research. Russell et al. (2020)performed a path analysis on parental experiences during the early months of the COVID-19 pandemic in the U.S. involving 420 participants. They found significant connections between parental caregiver burden, mental health, and children's stress perceptions. Arakkathara and Bance (2020) examined how resilience influences mental health in mothers of children with intellectual disabilities, involving 174 participants. Their findings indicated a positive correlation between resilience and maternal mental health, with regression analysis showing resilience accounting for 20% of the variance in mental health outcomes. Additionally, Porter et al. (2000) reported that caregivers experiencing emotional distress are more susceptible to false memories due to difficulties in accurately encoding and retrieving information. Similarly, Stenfors (2013) found that social pressures and emotional ties could affect memory accuracy, suggesting that mothers may reconstruct memories based on expectations rather than actual events.

A meta-analysis indicated that individuals with intellectual disabilities are more prone to false memories than the general population (Griego et al., 2019). Research shows that children with disabilities create more false memories compared to their typically developing peers. This situation can increase the cognitive and emotional demands on mothers, who must be more alert in discerning true from false memories (Mirandola & Pazzaglia, 2021). False memories can significantly affect family dynamics and legal matters. For mothers, who often act as primary caregivers and advocates, understanding false memories is crucial for navigating healthcare, education, and legal systems for their children. The stress experienced by parents of children with disabilities is notable, as studies reveal they face greater stress, negative emotions, and physical symptoms than parents of children without disabilities (Findling et al., 2023)

6. Recommendations

1. Enhance psychological support programs for mothers to alleviate stress from false memories, utilizing interventions, memory training, and cognitive awareness techniques.
2. Create focused social support networks to lessen parental burden, promoting mothers' involvement in support groups or workshops.
3. Initiate studies to investigate the links between parental burden, quality of life, and psychological factors to gain deeper insights into what impacts the well-being of mothers with disabilities.

7. Conflict of interest

The authors declare that the research was conducted without commercial or financial relationships that could be understood as potential conflicts of interest.

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