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FAMILY COHESION AND ITS RELATIONSHIP TO EMOTIONAL EXHAUSTION AMONG FAMILIES OF PERSONS WITH DISABILITIES IN JORDAN

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ABSTRACT

This study aimed to examine the levels of family cohesion and emotional exhaustion among families of persons with disabilities in Jordan, and to explore the correlation between these two variables. Additionally, it investigated differences based on the caregiver's gender and family income. A descriptive correlational approach was employed. The sample consisted of 144 parents (111 mothers and 33 fathers) of persons with disabilities. Data was collected using the Family Cohesion Scale and the Emotional Exhaustion Scale, both of which demonstrated high validity and reliability. The findings revealed moderate levels of family cohesion, whereas emotional exhaustion levels were high. Significant statistical differences were found in the total score of the family cohesion scale and the "shared activities and care-role organization" subscale, favoring fathers. No significant differences were observed regarding the caregiver's gender in "emotional bonding," "support and communication," or emotional exhaustion scores. Furthermore, family income significantly influenced family cohesion (total score and subscales of emotional bonding and shared activities), favoring families with an income of 500 JOD or more. However, income did not significantly impact "support and communication" or emotional exhaustion levels. Notably, the study identified a significant negative correlation between family cohesion and emotional exhaustion. The study underscores the vital role of family cohesion in mitigating emotional exhaustion among caregivers.

KEYWORDS: Family cohesion, emotional exhaustion, families of persons with disabilities in Jordan.

1. INTRODUCTION

Humans are inherently social beings, driven from birth by a fundamental need to belong to a group that provides psychological and social security, emotional warmth, and moral support. The family serves as the primary and essential incubator that fulfills these needs.

As a foundational social institution, the family bears the responsibility of nurturing, educating, and instilling values and standards that enable children to adapt to life's various demands (Shawareb& Alnasraween, 2025; Al-Zaghoul, 2016). The Level of Cognitive Distortions and their Relationship to Emotional Regulation among University Students in Jordan. Journal of Educational and Social Research, 15(3), 183. https://doi.org/10.36941/jesr-2025-0090. Family cohesion and strong bonds are indicators of its success in performing its vital functions and its ability to cope with the pressures and challenges that stand in its way.

Family cohesion is highlighted as a pivotal dimension of psychological and social health, reflecting the emotional bonds among members and their collective ability to cooperate, support one another, and interact positively in stressful situations.

Higher levels of cohesion correlate with increased opportunities for adaptation and a greater capacity to navigate crises successfully. Conversely, weakened cohesion directly undermines family stability and exacerbates psychological and emotional difficulties among its members (Olson & Gorall, 2003)

The challenge of having a family member with a disability is one of the most complex life situations, transcending a mere medical or physical condition to impact the family's economic, social, and psychological domains.

Families endure continuous caregiving and therapeutic burdens, alongside challenges stemming from societal perceptions. This is accompanied by high levels of emotional stress experienced by the parents manifesting as anxiety, tension, and fears concerning their disabled child's future, as well as feelings of sadness, frustration, and sometimes guilt (Hasting & Taunt, 2002; Al-Khatib, 2014).

The accumulation of these pressures can lead to emotional exhaustion, resulting in psychological burnout emotional fatigue, and a loss of the energy needed to cope with the demands of daily care (Maslach et al., 2015).

Emotional exhaustion refers to the progressive depletion of an individual's psychological and emotional resources resulting from chronic exposure to stressors.

This state leads to a decline in positive emotional responsiveness and an increase in feelings of fatigue, which adversely affects not only the parents' mental health but also the quality of care provided to the individual with a disability, as well as the overall dynamics of familial, marital, and sibling relationships (Al-Khaldi, 2019). Recent research has emphasized the importance of understanding the dynamic relationship between family cohesion and levels of emotional exhaustion within these families.

For instance, Aktan et al. (2025) found that parents with high levels of psychological resilience were less prone to emotional exhaustion, reporting only moderate levels of psychological burnout. This highlights the significant role of personal and social factors in mitigating emotional burdens. Similarly, Brites et al. (2024) demonstrated that dysfunctional family dynamics—particularly regarding cohesion and communication—are associated with elevated emotional exhaustion among caregivers, whereas the presence of a supportive partner and the equitable distribution of family roles serve as protective factors.

Furthermore, a study by Cohesion et al. (2023) indicated that families of children with disabilities exhibited higher levels of cohesion compared to families of children with chronic illnesses, reflecting the capacity of some families to positively reorganize their internal relationships despite ongoing challenges.

Lovion et al. (2024) further clarified that family support networks and shared responsibilities significantly reduce psychological distress and emotional exhaustion over time, whereas challenging behaviors in children tend to exacerbate emotional fatigue.

In the Arab context, Ayesh (2021) reported high levels of satisfaction with the quality of family life among families of persons with intellectual disabilities, reinforcing the vital role of a cohesive family environment in fostering psychosocial adaptation.

These global and Arab findings highlight the importance of studying the relationship between family cohesion and emotional exhaustion within families of persons with disabilities, particularly in Arab societies, including Jordan, where family ties play a pivotal role in support and care.

Given the limited number of studies that have comprehensively addressed this topic within the Jordanian context, there is a clear need for in-depth scientific research that clarifies the nature of this relationship and contributes to establishing a scientific basis for developing psychosocial support

programs for families of persons with disabilities.

2. Theoretical Background

2.1. Family Cohesion

Family cohesion is considered one of the most fundamental components of family mental health. It refers to the degree of emotional bonding and mutual support among family members, as well as the family's capacity to function as a unified entity when facing pressures and stress (Olson, 2000). Olson developed the Circumplex Model of Marital and Family Systems, which posits that cohesion ranges from low levels that are disengaged, to high levels enmeshed, whereas mid-range levels are viewed as more balanced and predictive of overall psychological health. The significance of cohesion lies in its role in enhancing family resilience, as it facilitates the development of effective coping strategies, improves communication, and builds internal social support networks (Walsh, 2016). Furthermore, family cohesion is associated with higher levels of relationship satisfaction and a reduction in anxiety, depression, and internal conflicts (Greeff, 2013). It also plays a crucial role in empowering parents to navigate the unique challenges associated with caregiving for children with special needs or disabilities.

Literature confirms that emotional exhaustion adversely impacts the quality of family life and increases susceptibility to various psychological and physical health issues, including anxiety, depression, and sleep disorders (Maslach et al., 2001). Furthermore, this state of exhaustion leads to a diminished capacity for sound decision-making, a reduced threshold for stress tolerance, and heightened interpersonal tension among family members.

2.2. Emotional Exhaustion

Emotional exhaustion is a core dimension of the burnout model developed by Maslach and Jackson (1981). It is characterized by a profound depletion of psychological energy, persistent emotional fatigue, andan inability to cope with daily stressors. Typically manifested in persons burdened by high-demand caregiving or professional responsibilities, emotional exhaustion serves as a direct response to chronic stress exposure. The clinical manifestations of emotional exhaustion include persistent fatigue, impaired emotional regulation, cognitive distraction, social withdrawal, and a weakened ability to provide emotional care to others (Maslach et al., 2001). Furthermore, levels of emotional exhaustion are associated with several determinants, including inadequate social support, high psychological burden, a lack of effective coping skills, and low family cohesion (Schaufeli & Bunk, 2003). Theoretical literature suggests that caregivers, including family members of persons with disabilities, are at a significantly higher risk of emotional exhaustion due to the relentless nature of daily caregiving tasks and the difficulty of psychologically detaching from these responsibilities (Lloyd & Hastings, 2009).

Empirical studies indicate that emotional exhaustion negatively impacts the quality of family life and increases the likelihood of developing psychological and physical health complications, such as anxiety, depression, and sleep disorders (Maslach et al., 2001). Moreover, it leads to a decline in sound decision-making abilities, a reduced threshold for stress tolerance, and heightened interpersonal tension within the family unit.

2.3. Families of persons with disabilities in Jordan

Families of persons with disabilities in Jordan encounter a complex web of psychological, social, and economic challenges. Regional literature indicates that in Arab societies, the burden of care predominantly rests upon the family unit, positioning it as the primary source of support, protection, and daily caregiving (Obeidat, et al, 2025; Al-Khatib, 2012). Social culture plays a pivotal role in shaping familial experience; disability remains a socially sensitive issue, often associated with social stigma or negative societal perceptions, which further exacerbates the pressures exerted on the family (Amr & Al-Natour, 2013). Studies conducted in Jordan reveal that these families frequently suffer from financial strain due to the costs of treatment and rehabilitation, a lack of specialized services in certain regions, and insufficient structured social support. Additionally, there is a pressing need for training in caregiving skills and psychological adaptation, alongside difficulties in balancing caregiving demands with other familial roles (Al-Khatib, 2012; Amr & Al-Natour, 2013). Consequently, family cohesion emerges as a critical factor in the adaptive capacity of these families; those with strong emotional bonds demonstrate lower stress levels and a superior ability to manage burdens (Ghubash et al., 2010). Conversely, emotional exhaustion is prevalent among family members—particularly mothers—due to their role in daily caregiving (Amr & Al-Natour, 2013). Therefore, investigating the relationship between family cohesion and emotional exhaustion among such families in Jordan is of significant scientific and practical importance. Such research

provides a deeper understanding of the factors influencing their quality of life and adaptive resilience, ultimately informing the development of psychological and counseling programs tailored to their actual needs.

2.4. Problem of the study

Families caring for persons with disabilities are increasingly susceptible to psychological and emotional stressors due to the rigorous demands of daily caregiving, burgeoning socio-economic burdens, and the challenges associated with societal stigma. Existing literature indicates that such pressures often culminate in emotional exhaustion, characterized by psychological burnout, emotional fatigue, and a diminished capacity for positive interaction within the family unit (Maslach et al., 2015; Al-Khaldi, 2019). Conversely, evidence suggests that family cohesion, as a primary indicator of social and psychological well-being, plays a critical role in supporting family members and bolstering their adaptive capacity to cope with these stressors (Olson & Gorall, 2003).

Despite the extensive global research on the relationship between family cohesion and psychological stress among families of persons with disabilities, empirical studies specifically addressing the direct correlation between family cohesion and emotional exhaustion within the Jordanian context remain sparse. Jordanian society is distinguished by an extended and collectivist family structure, which necessitates an investigation into how family cohesion functions as a buffer against emotional exhaustion. Furthermore, there is an urgent need for a profound scientific understanding to inform the design of targeted intervention programs and psychosocial support services.

Accordingly, the problem of this study lies in investigating the levels of family cohesion and the extent of emotional exhaustion among families of individuals with disabilities in Jordan, while elucidating the nature of the relationship between these two variables."

2.5. Importance of the study

The theoretical importance of this study lies in its contribution to addressing a knowledge gap regarding the relationship between family cohesion and emotional exhaustion within the Jordanian environment—a context that remains under-researched despite the increasing prevalence of persons with disabilities and the expanding caregiving roles assumed by families. Furthermore, this research supports the literature associated with Family Systems Theory, the Circumplex Model of Family Cohesion, and the Emotional Burnout Model, thereby enriching the conceptual framework in this field. Additionally, it provides comparative indicators against global findings, which serve to broaden the scope of theoretical interpretation across different cultural contexts.

While the practical significance of this study is manifested in its potential to assist policymakers in developing specialized psychosocial support programs targeting families of persons with disabilities, particularly within special education centers and civil society organizations. The findings may facilitate the design of family counseling interventions that emphasize family cohesion as a protective factor against emotional exhaustion. Moreover, this study provides essential data for researchers and practitioners to guide future inquiries into the mental health of Jordanian families. It further empowers psychological counselors to identify early indicators of emotional exhaustion among caregivers and to design effective therapeutic interventions.

3. METHODOLOGY

3.1. Study Design

This study employs a descriptive-correlational research design, which is the most appropriate approach for achieving the research objectives. This design allows for the measurement of levels of family cohesion and emotional exhaustion, as well as the exploration of the nature of the relationship between these two variables.

3.2. Population and Participants

The study population consists of families of persons with disabilities in Jordan who have children or family members requiring continuous care and who frequent special education centers or disability associations affiliated with the Ministry of Social Development.

A purposive sample of 144 parents was selected after obtaining the necessary data from relevant institutions. Participants represented diverse regions and cultural backgrounds within the study population. They expressed their willingness to participate in the study, noting the significant psychological and physical impact of caregiving responsibilities.

The details of the participants as shown in Table 1.

Table 1: Distribution of the Study Sample According to Family Cohesion and Emotional Exhaustion Variables.

Variable	Category	Frequency	Percentage
Caregiver Gender	Mothers	111	77.1%
	Fathers	33	22.9%
Monthly Income	Less than 500 JOD	106	73.6%
	500 JOD or more	38	26.4%

Measures: The study utilized the Family Cohesion Scale (Olson & Gorall, 2003) and the Emotional Exhaustion Scale (Maslach et al., 2001). Both instruments were translated into Arabic and subjected to rigorous validation and reliability testing.

Family Cohesion Scale: Comprised of 16 items distributed across three dimensions: Emotional Bonding (6 items), Support and Communication (5 items), and Shared Activities and Caregiving Organization (5 items).

-Emotional Exhaustion Scale: Comprised of 9 items.

3.3. Validity and Reliability

- Content Validity: The two scales were reviewed by 11 experts in psychological and educational counseling. Their feedback regarding item appropriateness and linguistic clarity was incorporated.
- Construct Validity: Correlation coefficients were calculated following a pilot study (n = 30). For the Family Cohesion Scale, item-total correlations ranged from 0.39 to 0.82, while item-dimension correlations ranged from 0.55 to 0.90. Inter-dimensional correlations ranged from 0.612 to 0.787, and dimension-total correlations ranged from 0.866 to 0.946. For the Emotional Exhaustion Scale, item-total correlations ranged from 0.47 to 0.75.
- Reliability: Test-Retest: Conducted over a two-week interval (n = 30). Stability coefficients for Family Cohesion dimensions ranged from 0.84 to 0.89 (Total = 0.90). For Emotional Exhaustion, the Pearson correlation coefficient was 0.91.
- Internal Consistency: Using Cronbach's Alpha, the Family Cohesion dimensions ranged from 0.77 to 0.81 (Total = 0.86). The Emotional Exhaustion Scale yielded an Alpha of 0.82. These values indicate high reliability suitable for the study's purposes.
- Scoring and Interpretation: A 5-point Likert scale was used for both instruments. To interpret the mean scores, the following criteria were applied:

Low: 1.00 – 2.33, Moderate: 2.34 – 3.67, High: 3.68 – 5.00

3.4. Procedures

The study followed a structured, systematic process to ensure ethical and methodological rigor. Initially, the research problem was identified, followed by the translation of the study instruments into Arabic. The psychometric properties—validity and reliability—were then established to ensure the scales' suitability for the target population. Both physical paper-based surveys and digital Google Forms were prepared for data collection.

Formal approval was obtained from the Ministry of Social Development to conduct the study within its affiliated centers and disability associations. Preliminary data from relevant institutions indicated that these families face multifaceted challenges, including physical and psychological health issues, financial strain due to rehabilitation costs, a scarcity of specialized services, and inadequate structured social support. Furthermore, families expressed a critical need for training in caregiving skills and psychological adaptation to balance caregiving demands with other familial roles.

Following the collection of contact information, potential participants were contacted to confirm their willingness to participate in the study. The participation process involved distributing the measures via Google Forms, which included a clear explanation of the study's objectives and a formal guarantee of confidentiality, stating that data would be used exclusively for scientific research. Comprehensive instructions for completing the scales were provided. Once the responses were collected, the data were imported into the Statistical Package for the Social Sciences (SPSS) for subsequent statistical analysis.

4. STATISTICAL ANALYSIS

To address the research questions, the following statistical methods were employed using the Statistical Package for the Social Sciences (SPSS):

-For the first and second research questions: Descriptive statistics, including means (M) and standard deviations (SD), were calculated to determine the levels of family cohesion and emotional exhaustion among the participants.

-For the third research question: Means and standard deviations were computed for both family cohesion and emotional exhaustion, categorized by the demographic variables of caregiver gender and household income. To identify statistically significant differences between these means, the Independent Samples t-test was utilized.

-For the fourth research question, Pearson's correlation coefficient (r) was calculated to examine the nature and strength of the relationship between family cohesion and emotional exhaustion.

4.1. Results and Discussion

First Question: What is the level of family cohesion among families of persons with disabilities in Jordan?

To address this question, mean scores (M) and standard deviations (SD) were calculated to determine the level of family cohesion among the study participants. Table 2 presents these results.

Table 2: Means and Standard Deviations for Family Cohesion Levels Among Families of Persons with Disabilities in Jordan (Ranked in Descending Order).

Rank	Number	Field	arithmetic mean	standard deviation	Level
1	2	Support and communication	3.66	0.55	middle
2	1	Interdependence emotional	3.64	0.57	middle
3	3	Activities Joint and organization role Care	3.60	0.56	middle
		gauge cohesion family	3.63	0.51	middle

Table 2 illustrates that the overall level of family cohesion among the study sample was moderate, with an aggregate mean of 3.63 (SD = 0.51). Regarding the specific sub-dimensions, the mean scores ranged between 3.60 and 3.66. The "Support and Communication" dimension ranked first, achieving the highest mean of 3.66 (SD = 0.55), indicating a moderate level. Conversely, the "Shared Activities and Caregiving Organization" dimension ranked last, with a mean of 3.60 (SD = 0.56), also representing a moderate level.

This finding indicates that family cohesion within Jordanian families of persons with disabilities is positioned at a moderate threshold. This level reflects a relatively stable foundation of familial relationships characterized by mutual support and emotional bonding; however, it lacks the sufficient robustness required to fully absorb the chronic daily stressors associated with disability care. The precedence of "Support and Communication" over other dimensions suggests that these families tend to prioritize the exchange of emotions, information, and verbal/emotional support.

In contrast, the relative decline in "Shared Activities and Caregiving Organization" may indicate that time constraints and economic pressures limit the family's capacity for collective planning and regular participation in recreational family activities. This pattern is consistent with existing literature, which posits that families facing long-term caregiving burdens often maintain a baseline of emotional cohesion while experiencing erosion in the organizational and recreational aspects of family life, primarily due to a continuous focus on meeting basic essential needs (Olson, 2000).

Second Question: What is the level of emotional exhaustion among families of persons with disabilities in Jordan?

To answer this question, mean scores (M) and standard deviations (SD) were calculated to assess the level of emotional exhaustion among the participants. Table 3 presents these findings.

Table 3. Means and Standard Deviations for Emotional Exhaustion Levels Among Families of Persons with Disabilities in Jordan (Ranked in Descending Order).

Rank	Number	Paragraphs	mean	standard deviation	Level
1	2	I wake up feeling exhausted even after getting enough sleep.	4.07	1.11	high
2	5	I find it difficult to concentrate due to anxiety about caregiving responsibilities.	3.94	0.98	high
3	7	I feel that I have become less patient than I used to be.	3.85	1.24	high
4	9	I believe that the caregiving responsibilities have negatively affected my mental health.	3.84	1.24	high
5	1	I feel my emotional energy runs out quickly when I take care of family members with special needs.	3.68	1.09	high
6	4	I feel mentally exhausted as a result of the constant demands of caregiving.	3.67	1.03	middle
6	6	Sometimes I refrain from socializing because I am emotionally exhausted.	3.67	1.34	middle
8	8	I am afraid I may not be able to continue meeting the care requirements for much longer.	3.58	1.11	middle
9	3	I feel that I am unable to provide emotional support as I should.	3.02	1.19	middle
		gauge depletion emotional	3.70	0.77	high

Table 3 reveals that the overall level of emotional exhaustion among the study sample was high, with an aggregate mean of 3.70 (SD = 0.77). The mean scores for individual items ranged between 3.02 and 4.07.

Specifically, Item 2 ("I wake up exhausted even after sufficient sleep") ranked first with a high mean of 4.07 (SD = 1.11). Item 5 ("I find it difficult to concentrate due to anxiety over caregiving responsibilities") followed in second place with a mean of 3.94 (SD = 0.98), also at a high level. Item 7 ("I feel I have become less patient than before")

ranked third with a mean of 3.85 (SD = 1.24). Conversely, Item 3 ("I feel I cannot provide emotional support as I should") ranked last with a moderate mean of 3.02 (SD = 1.19)

These findings indicate a high level of emotional exhaustion, representing a concerning indicator of chronic psychological depletion among caregivers. The elevated scores on items related to persistent fatigue, cognitive distraction, and diminished patience suggest that exhaustion is not merely physical; it encompasses cognitive and emotional dimensions as well. Interestingly, the lowest-scoring item pertained to the perceived inability to provide emotional support. This suggests that despite their profound exhaustion, families strive to maintain their affective roles, potentially reflecting a deep sense of moral and familial obligation. These results align with Maslach and Leiter's (2016) model of emotional exhaustion, which links intense, continuous demands and a lack of supportive resources to the emergence of burnout symptoms.

Third Question: Do levels of family cohesion and emotional exhaustion differ based on the variables of caregiver gender and household income?

To address this question, mean scores and standard deviations were calculated for both family cohesion and emotional exhaustion according to gender and income. An Independent Samples t-test was conducted to determine the statistical significance of the differences between these means. The results are presented in Table 4.

4.2. Caregiver Gender

Table 4: Means, Standard Deviations, and T-test Results for the Impact of Caregiver Gender on Family Cohesion and Emotional Exhaustion.

	Gender of caregiver	number	mean	standard deviation	value "T"	degrees of freedom	Statistical significance
Interdependence emotional	mother	111	3.63	623	-570	142	570
	father	33	3.69	360			
Support and communication	mother	111	3.62	604	-1.562	142	121
	father	33	3.79	272			
Activities Joint and organization role Care	mother	111	3.51	586	-3.656	142	000
	father	33	3.90	298			
gauge cohesion family	mother	111	3.59	.551	-1.998	142	048
	father	33	3.79	262			
gauge depletion emotional	mother	111	3.72	820	587	142	558
	father	33	3.63	.551			

Table 4 indicates significant differences in family cohesion levels attributable to the caregiver's gender, favoring fathers. The T-test results revealed statistically significant differences at the level of (α = 0.05) in the dimension of "Shared Activities and Caregiving Organization," where fathers recorded a higher mean (3.90) compared to mothers (3.51). Similarly, a significant difference was observed in the overall family cohesion score, with fathers averaging 3.79 versus 3.59 for mothers. Conversely, no significant differences were found in the dimensions of "Emotional Bonding" and "Support and Communication," nor were there any statistically significant differences regarding emotional exhaustion levels between the two groups.

The findings showing higher scores for fathers on certain cohesion dimensions, particularly shared activities and organizational roles, can be interpreted within the Jordanian cultural context. Traditionally, fathers may be less involved in the direct, intensive daily caregiving tasks, yet they maintain a more prominent presence in organizational aspects and decision-making processes. This role differentiation likely influences their more positive perception of family cohesion.

On the other hand, the absence of significant differences in emotional exhaustion between mothers and fathers suggests that the psychological burden of caregiving is not confined to the primary caregiver. Instead, it encompasses all family members involved in collective responsibility. This is consistent with previous literature on families of children with disabilities, which posits that the systemic impact of disability affects the psychological well-being of both parents, regardless of their specific caregiving duties (Hayes & Watson, 2013).

4.3. Household Income

Table 5: Means, Standard Deviations, and T-test Results for the Impact of Household Income on Family Cohesion and Emotional Exhaustion.

	Family income	number	mean	standard deviation	value "T"	degrees of freedom	Statistical significance
Interdependence emotional	less From 500 dinars	106	3.58	594	-2.317	142	022
	500 or more	38	3.82	471			
Support and communication	less From 500 dinars	106	3.61	526	-1.836	142	068
	500 or more	38	3.80	.595			

Activities Joint and organization role Care	less From 500 dinars	106	3.48	530	-4.385	142	000
	500 or more	38	3.92	509			
gauge cohesion family	less From 500 dinars	106	3.56	498	-3.098	142	002
	500 or more	38	3.85	473			
gauge depletion emotional	less From 500 dinars	106	3.74	800	1.085	142	280
	500 or more	38	3.59	657			

Table 5 indicates significant differences in family cohesion levels attributable to household income. The T-test results revealed statistically significant differences at the level of ($\alpha = 0.05$) in the dimensions of "Emotional Bonding" and "Shared Activities and Caregiving Organization," as well as in the overall family cohesion score. These differences favored families with a monthly income of 500 JOD or more, who recorded higher means in emotional bonding (3.82 vs. 3.58), shared activities and organization (3.92 vs. 3.48), and the total cohesion score (3.85 vs. 3.56) compared to families earning less than 500 JOD. Conversely, no statistically significant differences were observed in the "Support and Communication" dimension or on the "Emotional Exhaustion Scale" based on income.

These results suggest that families with higher income levels enjoy greater family cohesion, particularly regarding emotional bonding and the organization of caregiving roles. This can be understood in light of these families' ability to access supplementary support, such as specialized services or external assistance, which mitigates pressure on internal family dynamics.

In contrast, the lack of significant differences in emotional exhaustion levels based on income indicates that exhaustion is more closely linked to the intrinsic nature of caregiving itself rather than being solely dependent on material resources. While economic support is crucial, it does not necessarily eliminate the profound psychological burden associated with caring for an individual with a disability.

Fourth Question: Is there a statistically significant correlation at the level of ($0.05 \geq \alpha$) between family cohesion and emotional exhaustion among families of persons with disabilities in Jordan?

To address this question, Pearson's correlation coefficient (r) was calculated to examine the relationship between family cohesion and emotional exhaustion. The results are presented in Table 6.

Table 6: Pearson Correlation Coefficient for the Relationship between Family Cohesion and Emotional Exhaustion.

		gauge depletion emotional
Interdependence emotional	Correlation coefficient R	-393(**)
	Statistical significance	000
	number	144
Support and communication	Correlation coefficient R	-308(**)
	Statistical significance	000
	number	144
Activities Joint and organization role Care	Correlation coefficient R	-.588(**)
	Statistical significance	000
	number	144
gauge cohesion family	Correlation coefficient R	-.474(**)
	Statistical significance	000
	number	144

Statistically significant at the significance level (0.0 5)

** Statistically significant at the significance level (0.01)

Table 6 reveals a statistically significant negative correlation between family cohesion and emotional exhaustion among families of persons with disabilities in Jordan. The results demonstrate that as the level of family cohesion increases, the level of emotional exhaustion significantly decreases. Notably, the dimension of "Shared Activities and Caregiving Organization" showed the strongest correlation with reduced exhaustion. This underscores that clarity in roles and the equitable distribution of responsibilities serve as vital psychological protective factors. From a Family Systems Theory perspective, these findings align with the premise that a cohesive family unit, capable of organizational adaptation, is better equipped to confront chronic stressors and mitigate their psychological impact on individual members (Walsh, 2016).

5. CONCLUSION

This study unveils a complex landscape within Jordanian families caring for persons with disabilities, where family cohesion acts as a vital buffer against significant emotional exhaustion. The findings underscore that the "strength of the bond" within the Jordanian family is not merely a social value but a psychological necessity that directly mitigates parental burnout. However, the fact that emotional support outweighs practical role

organization suggests that while these families remain emotionally connected, their energies are depleted due to a lack of equitable burden-sharing or limited material resources. This research serves as a call to action for professionals and policymakers to recognize that the care of persons with a disability begins with supporting the family as an integrated system. Ultimately, the more cohesive and organized the family unit, the more resilient and capable its members become in sustaining their caregiving journey.

5.1. Recommendations

- Intervention Design: Develop family counseling programs specifically aimed at enhancing role organization and the shared distribution of caregiving responsibilities within the household.
- Specialized Support: Provide targeted psychosocial support services for caregivers, with a primary focus on the prevention of emotional exhaustion.
- Policy Development: Establish social and economic support policies tailored for low-income families caring for persons with disabilities to alleviate financial triggers of stress.
- Promoting Engagement: Encourage the participation of all family members in collective activities to strengthen emotional bonds and reduce psychological pressure.
- Future Research: Conduct qualitative longitudinal studies to gain a deeper, lived-experience understanding of the challenges faced by families of persons with disabilities.

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