

Examining Perceived Social Support and Levels of Happiness in Mothers of Children with Autism Spectrum Disorder

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Abstract

The aim of this study is to examine perceived social support and levels of happiness in mothers of children with autism spectrum disorder. The study group of the research consists of 30 mothers providing primary care to 30 subjects (5 girls and 25 boys) aged 7-25 attending the Armağan Dönertaş Handicapped Children Education and Rehabilitation Application and Research Centre of Trakya University, and who were in the autism spectrum disorder group according to the DSM-5 criteria. In line with the purpose of the study, the participants were asked to respond to the Multidimensional Scale of Perceived Social Support, whose Turkish validity and reliability study was conducted by Doğan and Akıncı-Çötök (2011), and the Oxford Happiness Questionnaire, whose Turkish validity and reliability study was carried out by Arkar and Yıldız (2001). Based on the findings of the study, it was determined that the highest perception of social support was for Family Support. Furthermore, when evaluated in terms of standard deviations, it was determined that there was a more homogeneous distribution in this dimension compared to the others. It was seen that the distributions in the other dimensions were slightly above the mean. Considering the distribution of the happiness questionnaire, it was determined that the distribution was close to the mean. Moreover, it was determined that the minimum score was 77 and that the maximum score that could be obtained from the scale was 139, not 174. It was seen that the distribution was in the range of 62 points and remained within a limited structure. The findings of the study show that there was no significant relationship between the items of Happiness and Perceived Social Support. It is predicted that mothers' levels of happiness will increase by benefitting from professional social support resources and services provided by social care experts.

Keywords: autism spectrum disorder, social support, happiness

1. Introduction

The feeling and responsibility of being a mother and father change from the moment spouses begin having children. When there is a child, the woman assumes the role of a 'mother', while the man takes on the role of a 'father' (Sivrikaya & Çiftçi-Tekinarslan, 2013). While the family lives with the idea of being happy with the child they brought into the world, the fact that a child came into the world with special needs ruins this happiness, and families give typical grief reactions and go through the five stages of grief: denial, anger, bargaining, depression and acceptance (Çiftçi-Tekinarslan, 2010). In particular, when families observe and witness the limitations shown by their children with autism spectrum disorder, such as "deficiencies in social communication and social interactions, and repetitive behaviours and interests" (American Psychiatric Association, 2013), they experience severe depression and stress (Özkubat, Özdemir, Selimoğlu, & Töret, 2014). Moreover, when a child with special needs joins the family, families have to make a number of adjustments due to their child's lifestyle, material and spiritual potentials, and difficulties in their relations with the social environment (Nealy, O'Hare, Powers, & Swick, 2012; Sim et al., 2018).

The family that takes care of the child begins to seek support first from their own family and then from their milieu as the child grows up. The social support system includes the process of psychological, emotional, material and spiritual support coming from the individual's environment (Ünlü & Gökler, 2021). Yıldırım (1997)

defines social support as a close bond that the individual establishes with someone he can share his secrets with, whom he trusts, and who is important to him, rather than the number of people he communicates with (Ardahan, 2006). Furthermore, social support is of great importance in helping families cope with stress, their ability to control themselves and to be optimistic, reducing their anxiety even if it does not eliminate anxiety (Ersoy & Çürük, 2009), experiencing a successful adaptation process with their child, and preventing them from feeling alone (Ünlü & Gökler, 2021). It is possible to evaluate social support from three aspects. Financial support is support from someone else for the individual's financial needs (kitchen or bus expenses, etc., finding a job). Emotional support is meeting the individual's social needs, such as love, compassion, empathy and inclusion in a group. Mental support is information that will help the individual to solve his/her problems (Arıcıoğlu & Gültekin, 2017). Accordingly, assisting the social support needs of mothers of children with autism spectrum disorder is important for these children.

As the concept of happiness varies among individuals, it has also occupied a large place in the literature as a relative and comparative concept with numerous different definitions given up to the present. The definition of happiness in the Life Satisfaction Survey of the Turkish Statistical Institute (TÜİK) is "a state of being and contentment with life characterised by the absence of pain, grief and suffering and instead of these, the presence of feelings of joy, pleasure and satisfaction" (TÜİK, 2011). In the dictionary of the Turkish Language Association (TDK), happiness is defined as "the state of being proud of achieving all aspirations fully and continuously; prosperity, bliss, blessing, contentment, blissfulness" (TDK, 2022). According to Moeini, Barati, Farhadian and Ara (2018), happiness is regarded as a positive inner experience arising from individuals' cognitive and emotional interpretations of their lives. Biswas-Diener and Wiese (2018) stated that people are happy due to the dominance of positive emotions in their lives and that people who only occasionally experience negative emotions are generally happy. According to studies, the socio-demographic characteristics of individuals (age, education level, financial income, marital status, work and employment status, personality, social relationships, number of children, etc.) determine the degree of happiness (Koç, 2020; Aluş & Yalçınkaya, 2015). Moreover, it is stated that in the 21st century, happiness is based on the psychological, sociological, economic and political structure that the individual exists in (Aluş & Yalçınkaya, 2015).

Examining the studies on social support in the literature, it has been determined that social support reduces stress (Drogomyretska, Fox, & Colbert, 2020; Duarte, Bordin, Yazigi, & Mooney, 2005) and family burden (Sivrikaya & Çiftçi-Tekinarslan, 2013), reduces depression (Kurtbeyoğlu & Demirtaş, 2020), increases self-efficacy and life satisfaction (Çattık & Aksoy, 2018), increases psychological well-being (Yüzbaşı, 2019), and reduces mothers' anxiety and parental burnout levels (Tunç & Özkardeş, 2020). When the happiness levels of families with special needs children are examined in the literature, it is stated that these families have lower levels of happiness than families with typically developing children (Eroğlu, Arıcı-Özcan, & Peker, 2015). In addition, Akoğlu, Şahin, and Çakmak (2018) stated that the happiness levels of mothers of children with autism spectrum disorder were lower than those of mothers of other individuals with special needs.

Considering that in the literature review, autism spectrum disorder affects not only the diagnosed individual but also his/her family, and the lack of services provided to families with individuals with special needs (Işıkhan, 2006; Atlı, 2019), and with the thought that the quality of life of parents who have children with special needs is mixed with happiness, in this study, the aim is to carry out the research with the thought that it is important to meet mothers' needs and that there may be a relationship between their happiness and the social support provided to them.

2. Method

2.1 Research Model

This study was designed in a correlational survey model. By means of the correlational survey model, the existence of a possible relationship between the variables to be included in the study can be revealed, and if there is a relationship, the degree of this relationship can be expressed (Büyüköztürk, 2007). In this study, the distributions and relationships of the participants' happiness and perceived social support were examined.

2.2 Participants

The study group of the research consists of 30 mothers providing primary care to 30 subjects (5 girls and 25 boys) aged 7-25 attending the Armağan Dönertaş Handicapped Children Education and Rehabilitation Application and Research Centre of Trakya University, and who were in the autism spectrum disorder group according to the DSM-5 criteria.

2.3 Data Collection Tools

In this study, the Multidimensional Scale of Perceived Social Support and the Oxford Happiness Questionnaire were used. The Multidimensional Scale of Perceived Social Support was developed by Zimet, Dahlem, Zimet, and Farley (1988) and adapted to Turkish by Eker, Arkar, and Yıldız (2001). The scale consists of 3 dimensions and 12 items. These dimensions consist of Family (4 items), Friends (4 items), and Significant Other (4 items). Scale items are in the form of a 7-point Likert-type scale, ranging from 1 = strongly disagree to 7 = very strongly agree. Since the dimensions of the scale each have the same number of items, a minimum of 7 and a maximum of 28 points can be obtained from each dimension, while a minimum of 12 and a maximum of 84 points can be obtained from the whole scale. Another measurement instrument used in the study is the Oxford Happiness Questionnaire. The questionnaire was developed by Hills and Argyle (2002) and adapted to Turkish by Doğan and Akıncı-Çötök (2011). This scale contains 29 items and is unidimensional. The items are in the form of a 6-point Likert-type scale, ranging from 1 = strongly disagree to 6 = strongly agree. A minimum of 29 and a maximum of 174 points can be obtained from the scale.

2.4 Data Analysis

Means and standard deviations were calculated to examine the distribution of the scores obtained by the participants from both scales. In addition, in the Multidimensional Scale of Perceived Social Support, interpretation was made by obtaining the means of the dimensions according to the item scores by dividing the means of the dimensions by the number of items.

The other research question of the study is the size of the relationship between the two variables. The distribution of the scores obtained from both scales was examined. The distribution was assumed to be normal if the skewness and kurtosis values were between ± 1.5 when divided by their standard errors (Tabachnick & Fidell, 2007). The Pearson correlation coefficient was calculated if the distribution was normal, while the Spearman correlation coefficient was calculated if it was not. Correlation values between 0-.30 were evaluated as low, between .30-.70 as medium, and above .70 as high (Büyüköztürk, 2007).

3. Results

1) What are the distributions of the participants' perceived social support and their levels of happiness?

To answer this question, the arithmetic means and standard deviations of the scores obtained by the participants from both scales were calculated and the results are presented in Table 1.

Table 1. Distributions of scores obtained by participants from scales

	N	Minimum	Maximum	Mean	Standard Deviation	Total/Number of Items
Family	30	4	28	21.73	5.49	5.43
Friends	30	4	28	14.13	7.47	3.53
Significant Other	30	4	28	15.10	6.44	3.78
Happiness	30	77	139	108.97	16.10	3.76

When Table 1 is examined, it can be seen that the highest perception of social support is for Family Support. Furthermore, when evaluated in terms of standard deviations, it was determined that there is a more homogeneous distribution in this dimension compared to the others. It can be seen that the distributions in the other dimensions are slightly above the mean.

Considering the distribution of the happiness scale, it was determined that the distribution is close to the mean. Moreover, it was determined that the minimum score is 77 and that the maximum score that could be obtained from the scale is 139, not 174. It can be seen that the distribution is in the range of 62 points and remains within a limited structure.

2) Is there a significant relationship between the participants' happiness scores and their scores for perceived social support?

To answer this question, it was desired to calculate the correlation between the scores obtained from the scales. To determine the methods to be used, the distributions of the obtained scores were examined and the results are presented in Table 2.

Table 2. Analysis results for normality of scores

		Statistic	Std. Error	Statistic/Std. Error
Family	Skewness	-1.48	0.43	-3.46
	Kurtosis	2.83	0.83	3.40
Friends	Skewness	0.42	0.43	0.97
	Kurtosis	-0.72	0.83	-0.86
Significant Other	Skewness	-0.12	0.43	-0.28
	Kurtosis	-0.68	0.83	-0.82
Happiness	Skewness	0.17	0.43	0.39
	Kurtosis	-0.75	0.83	-0.90

According to Table 2, since the Family Support dimension did not meet the assumptions, the Spearman correlation coefficient was calculated between it and the other variables, while the Pearson correlation coefficient was calculated between those that met the assumptions, and the results are presented in Table 3.

Table 3. Correlations between perceived social support and happiness

	Family	Significant Other	Happiness
Family ^a	0.12 ^a	0.19 ^a	-0.14 ^a
Friends		.55 ^{b*}	-0.07 ^b
Significant Other			-0.16 ^b

Note. ^aSpearman correlation was performed, ^bIn Pearson correlation, *Significant at .01 level.

Following the analysis, no significant relationship was found between the items of Happiness and Perceived Social Support. There was a moderate, positive and significant relationship between the perceived support of Friends and that of the Significant Other.

4. Discussion

The aim of the study was to examine perceived social support and levels of happiness in mothers who have children with autism.

Based on the findings of the study, in the social support scores obtained by the mothers, it was determined that they first received support from their families, and then their significant other and their friends. According to Karpat and Girli (2012), it was seen that parents received support from their families in the first place, from their friends in the second place, and from people in the significant other category in the third place as the source of social support. In a qualitative study conducted by Özkubat, Özdemir, Gürel-Selimoğlu, and Töret on perceived social support in parents with autistic children, the views of the parents revealed that they did not receive any support from the family or close circle in terms of raising their children. In a qualitative study conducted by Toker, Başgöl, and Özaydın (2019) with mothers of children with Down syndrome, the mothers stated that their close relatives provided the most social support, followed by their spouses and their children. In a qualitative study carried out by Arıcıoğlu and Gültekin (2017) on social support and future concerns of mothers of mentally retarded children, it was reported that mothers did not receive social support from their spouses, families or people outside the family. According to Boyd (2002), it was determined that mothers who did not receive support from their spouses experienced more stress. Strengthening family functions is also an important factor in the social support received from the family (Arıcıoğlu & Gültekin, 2017). In a study conducted by Meral and Cavkaytar (2012) on perceived social support in families with children with autism, it was emphasised that social support was primarily from family, friends and the significant other. Accordingly, the findings of our study are supported by those of other studies. Moreover, Özbay and Aydoğdu (2013) reported that the social support received by family members from their spouses, neighbours and society had a positive effect on their coping with the situations they faced. Hisoğlu (2018) stated that levels of depression and life satisfaction among parents who received social support from sources such as spouses and friends improved positively. Bromley, Hare, Davison and Emerson (2004) reported that levels of family support for mothers of children with autism spectrum disorder were low and that this caused psychological discomfort in mothers. In addition, in the meta-analysis study by Schiller, Dorstyn, and Taylor (2021), it was stated that social support given to caregivers of children with autism spectrum disorder protected them from depression. As a result of the literature review, it is

recommended that families with individuals with special needs receive social support for their quality of life, regardless of age (Ersoy & Çürük, 2009).

According to the findings of the study, when the distribution of the happiness scale was examined, it was determined that mothers of children with autism were happy. The reason for the high level of happiness in mothers of autistic children is thought to be their acceptance of their children's situation over time (Karpat & Girli, 2012). It is presumed that the high levels of happiness of the mothers in the study, despite the difficulties they experienced with their children, resulted from turning these difficulties into positive thoughts. Greenberg, Snelzer, Krauss, Chou, and Hong (2004) reported that although it is difficult to have a disabled child, some mothers adapt to this situation. According to Eroğlu, Özcan, and Peker (2015), however, it was determined that the psychological resilience, happiness and well-being scores of mothers with special needs children were lower than the psychological resilience, happiness and well-being scores of mothers with typically developing children. In addition, considering that mothers of children with special needs have different personality traits, it can be stated that happiness levels vary from person to person. According to Emerson, Hatton, Llewelly, Blacker, and Graham (2006), it was determined that the happiness levels of mothers with mentally retarded children were lower than those of mothers with normally developing children.

According to the findings of the study, no significant relationship was found between perceived social support and levels of happiness in mothers of children with autism. There was a moderate, positive and significant relationship between the perceived support of friends and that of the significant other. According to their research, Findler, Jacoby, and Gabis (2016) found that when the social support levels of mothers with disabled children were low, their happiness levels were also low. They reported that a lack of inadequacy of social support in stressful situations led to psychological distress, emotional problems, and somatic diseases, which in turn caused low levels of happiness. Wallander, Varni, Babani, Banis, and Wilcox (1989), however, stated that attachment orientation, feelings of guilt and social support will contribute to the happiness levels of mothers with disabled children (as cited in Findler, Jacoby, & Gabis, 2016). Moeini, Barati, Farhadian, and Ara (2018), in their study conducted with elderly people, stated that living with family members (spouse and children), receiving financial and moral attention and support, and creating feelings of love, attention, self-esteem and value in the elderly led to a happy and healthy life.

When the findings of the study are evaluated, it was determined that mothers of children with autism spectrum disorder were unhappy despite receiving the most support from their families. In this context, in future studies, mothers' perceptions of social support can be evaluated in more detail by conducting a descriptive analysis, and happiness levels of parents who have children with other types of disorders can be compared with the findings of this study. Moreover, it is predicted that mothers' levels of happiness will increase by benefiting from professional social support services provided by social care experts.

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