

Comparison of Parental Stress and Resilience of Mothers of Normal Children and Mothers of Children with Autism in Isfahan

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Abstract

Background: This study was conducted to evaluate and compare parenting stress and resilient mothers of normal children and mothers of children with autism in Isfahan.

Materials and methods: Mothers of autistic children and normal society to Isfahan. The sample size for the study, 50 normal children and 50 mothers of children with autism for autistic children from two centers were selected by convenience sampling. To obtain data from questionnaires NEO resilient Connor and Davidson, the scale of parental stress was used. Data were analyzed using multivariate analysis of variance analysis.

Results: The results showed a significant difference between the two groups of autistic children and normal children in Isfahan Modern resilient variables, parenting stress and neurosis in 01/0> P and extraversion variables and Flexibility There is a P<0.05 level. Resilient, parenting stress in mothers of children with autism and neuroticism and extraversion and flexibility than mothers of normal children in the group of mothers of children less than mothers of normal children had autism.

Conclusion: According to the findings, mothers of children with autism due to their abnormal, severe and specific conditions have their limitations that increase their stress and symptoms, and, on the other hand, to tolerate these problems. They exhibit a higher level of resilience and also less flexibility and extraversion in relation to the particular circumstances of the child.

Keywords: Autism spectrum disorder; Parental stress; Resilient

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Introduction

The prevalence of autism spectrum disorder has dramatically increased over the past decades and is now considered as one of the most common developmental disabilities [1]. Autism spectrum disorder is a serious neurodegenerative disorder affecting the ability of the child in communication and interaction with others. It also includes repeat in some behaviors, interests and activities and cause disruptions in social and occupational functions [2]. Since autism is considered as a disorder, not an illness, it is demanding to point to the symptoms; one could they say that there are different symptoms and behavioral patterns that indicate autism. The symptoms of autism spectrum are

three types: the first type is about seriously damaged social relationships involving disturbance in using multiple nonverbal behaviors and failure in communication. The second type is damage in communication including delayed growth, damage to the ability to start or continue conversation with others, the use of patterned and repetitive language, and the lack of spontaneous games. The third type includes limited, repetitive, and patterned forms of behavior and interests such as mental business and an uncompromising adherence to habits and customs [2]. Autism spectrum is defined based on the unconventional transformation of social and communicative interaction as well as considerable limitation of activities and desires, and can be regarded as one of the most serious and unknown disorders in childhood. Many

biologic causes, probably, accompanied with the impact of different psychological-social factors, result in a wide range of unusual behaviors in autistic people [3]. Children suffering from autism disorders have numerous behavioral problems such as stereotypical behaviors, irritability, destructive behaviors, and serious problem in forming social communications [4]; these problems are usually diagnosed before age 3, however, with a detailed examination of the child's behavior diagnostic age can be reduced to before age 2 [5]. During disorders diagnosis, parents would undergo increasing mental pressure that can result in reactions such as psychological distress, frustration, anger, depression, etc. Most families, find autism really disturbing and unexpected.

Many disturbances of autism and a variety of verbal, communicative, behavioral, and social abnormalities, as well as difficulty in diagnosis, the occurrence of post-normal symptoms in a child, the absence of definite and effective treatments and undesirable prognosis can be the basis of many psychological pressures that the family and close relatives of the child would undergo [6]. Thus, such behaviors create problems in the development and growth of children in their own homes and put their parents, especially their mothers, under huge stress. Autism has a considerable effect on life of the family life; high levels of anxiety, stress, isolation and the feeling of suspense in the parents of children suffering from autism disorders are some of the effects [7]. Reviewing the related literature on the parent-child relationship showed that the focus of the studies and examinations were on the effects that parents had on their children's psychological point of view, more recently, however, the focus has shifted to effects that children with autism have on their parents [8].

Some hypotheses of the cognitive cause of autism are focused on three areas of the environment: parental characteristics, family interactions, early stresses. From the time that Conner defined autism as an disorder, he also noted that the personality traits of the parents are involved in the occurrence of the disorder [9]. In other perspectives have shown that the interactions of parents with a child suffering from autism are usually negative, hostile, rejecting and non-supporting [3]. Higgins, et al. examined the relation of parents and children with autism and found that parents have a healthy self-esteem, but compared to parents of normal children, their marital satisfaction, popularity, and family adaptability were lower, and they lack the skills of coping with difficulties is the same as other parents [10]. Recent studies on the parents of autistic children revealed that parents and, in particular, mothers of children with autism are more likely to develop mental illness [11].

The most important factor causing such hardships for the parents is the stress and the effect of negative emotions. Many studies have shown that stress affects one's reactions in social, psychological, and physical areas of the family [12]. The presence of a mentally retarded child would result in other psychological injuries, including anxiety and stress. Accordingly, the mental health and life quality of parents are subordinated to the presence of a child in the family [13]. An important issues that today is drawing attention is the stress resulting from becoming a parent. Some studies show that the responsibility of caring a weak child brings about huge stress [14]. Parental stress is the result of a

perceived mismatch between parent's requests and individual resources, and such stress can be felt in several areas of the parent's life [15]. Abidine believes that parental stress is the fruit of main and visible interaction of parenting (such as depression, health, relationships and attachment to child, relationships with the spouse, sense of competence and limitation due to role or role of the mother) with child's traits (such as compromise, acceptance, creation, ambitious and exaggeration, reinforcement and admission), and also believes that the characteristics of the parent and child, as well as external situational variables and stresses of life (Such as divorce, occupational problems, etc.) is a reason for the probable increase in parenting stress and dysfunction [16]. Parental stress can reduce the mental health and well-being of parents [17], and can have long-term effects on children's health [18]. Studies show that parents of disabled children undergo stress and psychological crisis, and the presence of a disabled child compromises their physical and mental health, often with negative impacts on them [14]. Further, studies on the effect of the birth and mentally retarded children and parents show that parents who undergo high levels of stress have greater degree of depression and family separation; they also have less opportunities for their physical and mental health and suffer from lower creativity [19]. Various studies [20,21] have shown that parents of children with autistic dysfunction have more psychological disorders than parents of children with other psychological disorders, and have higher parenting stress. They also deal with more emotional syndrome and lower levels of psychological well-being compared to the parents of normal children or children with other disabilities [22]. Previous studies in western countries such as America have reported that mothers of autistic children have shown higher levels of anxiety and stress [23]. These pressures may be caused by problems of incompatibility and anti-social behaviors, self-harm, stereotypical movements or psychological pressures resulting from difficulties in communicating with society, and the problems associated with attending public places with the particular physical conditions of the child or high costs of educational and medical services [24]. Despite numerous problems in families with autistic and mentally retarded children, there are few studies available in this field, and as mentioned above, cultural context as well as all-round support can vary in the type and extent of problems in different societies. Since there has been no research studies on the problems of families with children suffering from autism in Isfahan, the present study aimed to compare resilient and parenting stress in mothers of normal children with mothers with children suffering from autistic in Isfahan hoping to identify problems and introduce them to the related organizations. They will provide support and reduce the problems of these families.

Methods

The present study adopted a descriptive and causal-comparative methodology. The sample population of the present study included all mothers of children with autism who attended the educational centers and rehabilitation centers of Autism Disorder in Isfahan and mothers of normal children in Isfahan. The subjects were 100 patients, 50 of whom were mothers of children with autism. The sampling method was the available sampling and children with autism were available in the center who refer to educational

and rehabilitation centers. The second group, 50 normal children, chosen randomly from one of the available schools in Isfahan who were matched in terms of education, parental age, and age and sex with the mothers of children with autism. After obtaining the letters of introduction from the Faculty of Education and Psychology of the University and referring to the Center for Rehabilitation and Training of Autistic Children, the parents were given consent forms as well as necessary explanations on the study. Finally, the related questionnaires were distributed and obtained after being completed.

Statistics

Connor and Davidson relief scale (CD-RIS): This scale consists of 25 questions which developed by Connor and Davidson to measure the power of coping with pressure and threat, and measures the resonance structure through five degrees in the Likert scale from zero to four. The minimum scorecard of subjects in this scale is zero and their maximum score is 100. The results of the pilot study regarding the psychometric properties of this scale confirmed its reliability and validity [25]. Samani et al. [26] also reported the reliability of this scale as 0.93. In a study conducted by Mohammadi the reliability of this tool was 89%. In order to determine the validity of this scale, the correlation of each score with the total score except for item 3 was estimated, with a coefficient ranging from 0.41 to 0.64 [26].

Parental stress scale: parental stress scale was introduced by Abidin and Brunner, and it is a questionnaire that assesses the importance of stress in the child's parental system. This questionnaire is grounded on this principle that parental stress can be derived from some of the characteristics of the child, some of the characteristics of the parent or the various situations that are directly related to the role of parenthood [16]. Initially, the parental stress scale had 150, and later it was reduced to 101 items with 19 optional items. The Likert scoring method is based

on responses ranging from 1 to 5. The total score is obtained from the sum of the scores. The coefficient of reliability and reliability of internal consistency was obtained by calculating the Cronbach's alpha for the whole scale in a group of 247 Hong Kong mothers which is 0.91. The distinguishing validity, validity coefficient with 5 other different instruments of stress, were 0.93, 0.38, and 0.66, respectively [27]. Dadsetan, et al. obtained the validity coefficient of the internal consistency of the instrument for the whole scale and the reliability coefficient of re-testing with an interval of 10 days, 88 and 94 percent, respectively [28]. Cronbach's alpha of this scale in the present study was obtained as 0.85.

Results

The age range of mothers with children suffering from autism ranged from 28 to 49 years old with an average age of 35.97 years and a standard deviation of 4.14 years. The age range of the mothers with normal children was 26-53 years old, with an average age of 37.18 years and a standard deviation of 5.97. The educational background in experiment group, that is mothers with children suffering autism, was as the following: 17% with diploma education, 21% apprenticeship, 39% BA and 23% MA and higher, and this variable for mothers of normal children was as: 13% with diploma education, 23% BA, 43 percentage of undergraduate education and 21% of graduate and postgraduate education (MA). **Table 1** shows the Cronbach's alpha coefficients, mean, and standard deviation of volatility measures; parental stress is divided into two groups of mothers of children with autism and mothers of normal children.

According to **Table 2**, all four attributes of F statistic are significant at $P < 0.01$ level. Therefore, the hypothesis of similarity assumption is rejected in two groups. This confirms that mothers with children suffering from autism and mothers with normal children are different. In **Table 3**, shows the results of the analysis of variance for the examined scales.

Table 1 Cronbach's alpha coefficients, mean, and standard deviation of the scales divided into two groups.

Scale	Cronbach's alpha	Mother with autistic children		Mothers with normal children	
		Mean	Standard deviation	Mean	Standard deviation
Resilient	0.76	166.51	64.77	136.05	90.95
Parenting stress	0.73	17.61	3.27	15.54	6.06

Table 2 Characteristics of F factor multivariate analysis.

Effect	Value	F	Meaningfulness
Pillai's trace	0.96	117.63	0.01
Wilks Lambda	0.03	117.63	0.01
Hotelling trace	22.97	117.63	0.01
Roy's largest root test	22.97	117.63	0.01

Table 3 The Results of analysis of variance for group effects.

Source	Sum of squares	df	Mean of squares	F	Meaningful Level	Ata level
Resilient	10457.70	1	10457.70	10.38	0.01	0.66
Group	17693.60	1	17693.60	17.57	0.01	0.73
Error	98782.47	98	1007.97			
Parental stress	625.72	1	625.72	8.35	0.01	0.59
Group	1829.40	1	1829.40	24.24	0.01	0.81
Error	7041.81	98	74.91			

As it is shown in **Table 3**, there is a significant difference between the two groups of mothers with children suffering from autism and mothers of normal children for the variables of resilient and parental stress at the level of $P < 0.01$. Regarding these results, according to **Table 2**, it can be concluded that the mean scores of resilient and parenting stress in the mothers of children with autism are higher than the mothers with normal children.

Discussion

The present study aimed to compare mothers of children with autism and mothers of normal children regarding the resilient and parenting stress. The results of parenting stress and resilient showed a significant difference between the two groups of mothers, so that the mean scores of parenting stress among the mothers with autistic children were higher than that of mothers with normal children. These results are in line with the findings Kokan and Oshiv [29] Khorram-Abadi [30], Meltzer and Mandel [31], Cohen and Carter [32] Higgins, Billy and Pearce [10], Webster et al. [7], Salovita et al. [14]. In possible explanation of these findings, it can be argued that one of the issues that cause parental stress in mothers of children with autism is the nature of autism disorder. Children with autism disorder have certain abnormalities and behavioral characteristics compared to normal

children, and this disorder is involve a wide range of verbal, communicative, behavioral and social abnormalities. These are main sources of stress for the parents [33], causing the stress of their parents even higher. Parents are also unable to understand the feelings or needs of their children [17] because they are having difficulty in communicating with their autistic child. As a result, children with autism impose other problems, such as stress, anxiety, family incompatibility, depression and overall psychosis on their parents [34], which results in a higher level of mental and psychological disability in parents. On the other hand, the mothers of children with autism are aware of the problems involved in treatment and rehabilitation and they face the fact that there is no definite, safe and rapid treatment for their children's disorder, this understanding, however, is not beneficial nor desirable [35]. Therefore, mother gradually ceases to struggle then give in and accept the truth, instead of fighting and changing, face reality, and start tolerating the situation. Mothers in this case thinks they don't have to hurry, and should show patience and resilient to their children. It is highly recommended to design methods and strategies to deal with this stress in order to improve the health of families with children with a disability especially with autism disorder. Therefore, it is suggested that consulting or therapeutic session be organized to increase mental health skills for parents, especially mothers of infected children.

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