Investigation of the Impact of Self-Compassion and Family Support Perception on Parenting Stress in Parents Who Have Children with Learning Disability, Autism Spectrum Disorder and Mental Disability

ABSTRACT
In this study, it was aimed to investigate whether the self-compassion levels and family support perception levels of individuals who have children with learning disability, autism spectrum disorder and mental disability have a significant effect on parental stress. In this context, a research was conducted with 180 individuals whose children received special education in a special education and rehabilitation center in Istanbul. Self-Compassion Scale, Family Social Support Scale, and Parental Stress Index Short Form were used to collect the data. In the study, data were analyzed using Independent Sample t-Test, Pearson Correlation Analysis and Regression Analysis. According to the findings, it was determined that the self-compassion levels and family support levels of the parents who have children with learning disability, autism spectrum disorder and mental disability had a significant effect on parental stress. Accordingly, as the level of self-compassion and family support increases, the level of parental stress of their parents decreases.

Keywords: family social support, self-compassion, parenting stress, learning disability, autism spectrum disorder, mental disability, parenting

ÖZET
Bu araştırmda öğrenme güçlüğü, otizm spektrum bozukluğu ve zihinsel engelli çocuğa sahip ebeveynlerde öz- duyarlılık düzeylerinin ve aile destek algısının ebeveynlik stresi üzerinde anlamlı bir etki oluşturup oluşturmadığının incelenmesi amaçlanmıştır. Bu bağlamda İstanbul ilinde bir özel eğitim ve rehabilitasyon merkezinde çocuğun özel eğitim gören 180 birey ile bir araştırma yapılmıştır. Verilerin toplandığıda Öz-Duyarlılık Ölçeği, Aile Sosyal Destek Ölçeği, Ebeveyn Stres İndeksi Kisa Form kullanılmıştır. Araştırmda Bağımsız Örneklem t-Testi, Pearson Korelasyon Analizi ve Regresyon Analizi kullanarak veriler analiz edilmiştir. Bulgulara göre öğrenme güçlüğü, otizm spektrum bozukluğu ve zihinsel engelli çocuk ebeveynlerinin öz-duyarlılık düzeylerinin ve aile destek düzeylerinin ebeveynlik stresi üzerinde anlamlı bir etkinin olduğu belirlenmiştir. Buna göre öz-duyarlılık düzeyi ve aile destek düzeyi yüksekliği ebeveynlerin ebeveynlik stresi düzeyi azalmaktadır.

Anahtar Kelimeler: aile sosyal destek, öz-duyarılık, ebeveynlik stresi, öğrenme güçlüğü, otizm spektrum bozukluğu, zihinsel engel, ebeveynlik

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INTRODUCTION

There is an established harmony in families and various dynamics among family members. The child to be born may reveal unpredictable adaptation problems. The newborn brings different dynamics to the unity of the family with its first physical and then psychological social characteristics. Even in balanced and harmonious families, the inclusion of a new individual in the family can create stress in the family and bring along some adjustment problems (Baltaş & Baltaş, 1986). All children need adults to support them in various developmental areas in the postnatal period. This critical period for the child often ends with the parent taking the lead role. Parents with normally developing children do not have much difficulty in meeting the needs of their children as they experience less emotional anxiety. When there is any disability in the child, families may feel guilty, feel sadness and have difficulty in completing the tasks they need to do with their children (Darıca, Abidoğlu, & Gümüşçü, 1992). It is stated that factors such as excessive duties for individuals, not being able to spare time for themselves, and lack of social relations are a source of stress and make it difficult for individuals to cope with stress (Baltaş & Baltaş, 1986).

The presence of an individual who supports the parents of children with disabilities in coping with stress is important. One of the factors that affect people's perceptions of events in the face of challenging and stressful situations in their lives and enable them to cope with the negative effects of stress is to be sure of the presence of someone to support them (Kaner, 2004). In a study conducted by Uğuz et al. (2004) on mothers with physically and mentally disabled children between the ages of 13-22 and mothers with healthy children, they stated that the mothers of children with disabilities had higher levels of stress than other mothers. Mothers of disabled children expressed the stress they experience with statements such as their children being too dependent on them, having difficulty managing themselves, and having more family responsibilities. In addition, mothers with a disabled child need more psychosocial support than mothers without a disabled child (Uğuz, Toros, İnanç, & Çolakkadıoğlu, 2004). While some families are more exposed to the negative reflections of stress on their lives, some families can resist stress sources. Families who interact with their friends, communities and the environment and maintain their ties are more able to withstand stress. Individuals can stay away from the effects of stress caused by the changes in their lives, thanks to the support they receive from their environment. However, individuals who develop constructive emotional relationships with people around them are also resistant to stress (Baltaş & Baltaş, 1986). Park et al. (2010) stated in their study on 225 mothers in Vietnam that social support has effects on maternal stress, but the strongest determinant of maternal stress is the child’s disability.

Individuals often find it difficult to show themselves the kindness, affection and importance that they show to strangers or friends (Neff, 2011; Neff & Vonk, 2009). In the flow of daily life, individuals do not find themselves “good enough” and make self-judgment while comparing their own characteristics with others. Self-judgment can lead to the loss of self-belief, despair, and doubt of one’s own potential. Instead of branding ourselves as good or bad altogether, giving up judgment and accepting it frankly creates the concept of self-compassion (Neff, 2011). Self-
compassion is the inward direction of compassion. It indicates an individual's ability to stand with painful emotions with warmth, closeness, and interest. It enables the person to relate to the self in the face of personal inadequacies and difficult life events (Neff & McGehee, 2010). Self-compassion conceptually involves being kind to oneself, not neglecting that human beings may have some deficiencies due to their nature and that this is normal (Neff & Vonk, 2009). When faced with sad experiences, individuals who ruthlessly criticize or isolate themselves gain awareness of their own attitudes through mindfulness (Germer, 2009). Developing awareness and attention facilitates emotional and behavioral self-regulation of individuals (Brown & Ryan, 2003; Keng et al., 2011) and contributes to psychological functioning (Keng, Smoski, & Robins, 2011). Brown and Ryan's (2003) clinical studies revealed that as awareness increases, stress decreases and emotional discomfort decreases.

The results of the study conducted by Moreira et al. (2015) on 171 children/adolescents and their mothers showed that there is a significant and negative relationship between mothers' self-compassion and parenting stress. One of the reasons for this relationship was explained by the fact that self-compassionate mothers were less self-critical and more confident in their abilities in caring for their children, and they were less stressed while struggling with parenting. Gouveia et al. (2016) stated in their study on 333 parents between the ages of 27 and 63 that high levels of self-compassion were associated with low parental stress. Therefore, in this study, it was aimed to examine whether the parents' self-compassion levels and family support perception levels of differently developed children have a significant effect on parenting stress. The other aim of our study was to examine whether individuals' self-compassion, family support perception and parenting stress levels differ according to demographic factors.

**METHOD**

In this part of the research, necessary information about the purpose, sample, data collection tools and data analysis methods of the research is included.

**Research sample**

The population of the research consists of individuals who have children with learning disability, autism spectrum disorder and mental disability and have been having special education in Özel Renkler Special Education and Rehabilitation Center in Istanbul between April to May 2019. Survey forms are given to the participants in person and received back. According to Yazıcıoğlu and Erdoğan (2004), it is necessary to study with a sample of at least 165 people in the population consisting of 500-750 people with p = 0.8 and q = 0.2 probabilities with 0.5 sampling error at α = 0.05 confidence interval. The sample of the research consists of 180 individuals who were randomly selected from the study population. %72.22 of the participants were mothers and %27.78 of the participants were fathers. %29.44 of parents have children with learning disability, %40.56 of parents have children with mental disability and %30.00 of parents have children with autism spectrum disorder.
Research model and hypotheses

The study was planned within the framework of the relational survey model since it was examined whether the self-compassion levels and family support perception levels of parents had a significant effect on parenting stress. Relational survey model is research models that aim to determine the existence and degree of change between two or more variables (Karasar, 2016). The research hypotheses are given below and the model is given in Figure 1:

- **H1**: There is significant effect of self-compassion on parenting stress in parents.
- **H2**: There is significant effect of family support perception on parenting stress in parents.
- **H3**: There is a significant difference in parenting stress of parents depending on gender of parents.
- **H4**: There is a significant difference in self-compassion of parents with depending on gender of parents.
- **H5**: There is a significant difference in family support perception of parents depending on gender of parents.

Data Collection

**Self-Compassion Scale**: The scale was developed by Neff (2003) and the 5-point Likert-type scale, which is rated (1) never (2) rarely (3) often (4) usually (5) always, has 26 items. The scale, which aims to measure the self-compassion levels of individuals, has 6 sub-dimensions: self-affection, self-judgment, awareness of sharing, isolation, consciousness, and excessive identification. With the adaptation study of the Self-Compassion Scale to Turkish, validity and reliability analyzes were performed by Akın and others (2007). As a result of the validity and reliability analysis of the scale with 633 university students, the internal consistency reliability coefficients; It was determined as .77, .72, .72, .80, .74 and .74, respectively.

**Family Support Perception Scale**: Another measurement tool used in the study is the qualitative dimension of the scale developed by Kaner (2001) measuring the perceived social support level; It consists of five sub-dimensions: emotional support, information support, care support, close relationship support, and financial support, and includes 31 items. Scale items are rated as (3)
always, (2) sometimes, (1) never. The first dimension of the scale is emotional support dimension, the second dimension is information support, the third dimension is maintenance support, the fourth dimension is close relationship support, the fifth dimension is material support. The highest score of 93 and the lowest score of 31 can be obtained from the scale.

**Parental Stress Index-Short Form:** The Parental Stress Index Short Form, developed by Abidin (1983), which aims to measure the perceived stress in the parents of children with different development, is another measurement tool used in the study. It has a 5-point Likert type rating. Although it consists of 36 items, it has 3 sub-dimensions as parental shortage, disruption in parent-child interaction and difficult child. Mert and others (2007) conducted the Turkish validity and reliability studies of the Parent Stress Index Short Form. It was stated that the internal consistency coefficients were .81, .76, .78, respectively, and that the stress was .71 in the total score of the scale.

**Data Analysis**

Statistical analysis of the data was made using the Social Sciences Statistics Package Program (SPSS) 22. It was seen that the internal consistency level of the majority of the scales and sub-dimensions were of sufficient reliability (α > .70). Kolomogrov Smirnov test showed that distribution is normal. At this point, data were analyzed using Independent Sample t-Test, Pearson Correlation Analysis and Regression Analysis.

**FINDINGS**

Examination of the difference in parenting stress, self-compassion and family support perception depending on gender of the parents.

Independent Sample of t-Test applied to find out whether there is a significant difference between mothers and father in parenting stress, self-compassion and family support perception. Results reflected in Table 1.

Table 1 Examination of the Difference in Parenting Stress, Self-Compassion and Family Support Perception Depending on Gender of the Parents

|                          | N  | M      | SS   | t    | df | p   |
|--------------------------|----|--------|------|------|----|-----|
| Parenting Stress         |    |        |      |      |    |     |
| Mother                   | 130| 192.73 | 35.86| 2.580| 178| .011|
| Father                   |  50| 176.10 | 45.47|      |    |     |
| Self-Compassion          |    |        |      |      |    |     |
| Mother                   | 130| 69.69  | 17.55| -2.245| 178| .026|
| Father                   |  50| 76.90  | 23.27|      |    |     |
| Family Support Perception|    |        |      |      |    |     |
| Mother                   | 130| 61.28  | 15.78| -.865| 178| .388|
| Father                   |  50| 63.64  | 17.79|      |    |     |

Analysis findings in the table reveals that parenting stress ($t_{(178)} = 2.580; p < .05$) and self-compassion ($t_{(178)} = -2.245; p < .05$) and levels of parents significantly differ depending on gender. However family support perception ($t_{(178)} = -.865; p > .05$) does not differ depending on gender of parents. Accordingly, it was determined that mothers had higher levels of parenting stress compared to fathers while fathers had higher levels of self-compassion compared to mothers. In addition hypoteses of H3 and H4 are accepted while H5 is rejected.
Examination of the relationship between parenting stress, self-compassion and family support perception.

The results of Pearson Correlation analysis applied to test whether there is a significant relationship between parenting stress, self-compassion and family support perception of parents are presented in Table 2.

Table 2 Examination of the Relationship between Parenting Stress, Self-Compassion and Family Support Perception

|                | 1           | 2                | 3                |
|----------------|-------------|------------------|------------------|
| 1. Parenting Stress |            | -.94**           | -                |
| 2. Self-Compassion |            | -                | .80**            |
| 3. Family Support Perception | -.83**     |                |                  |

** p<.001, * p<.05

Analysis findings in the table reveals that parenting stress is significantly associated with self-compassion ($r_{(178)} = -.94; p < .001$) and family support perception ($r_{(178)} = -.83; p < .001$) in a negative way.

The results of the Multivariate Linear Regression Analysis applied to test whether the effect of the self-compassion and family support perception levels of parents on the level of parenting stress is presented in Table 3.

Table 3 Examination of the Impact of Self-Compassion and Family Support Perception on Parenting Stress

|                | B   | SH  | t    | p     | F    | Model (p) | R²  |
|----------------|-----|-----|------|-------|------|-----------|-----|
| Self-Compassion | -.747 | .080 | -18.822 | .000 | 775.262 | .000 | .898 |
| Family Support Perception | -.238 | .096 | -5.996 | .000 |        |       |      |

According to the information in the table, it was determined that the levels of self-compassion and family support perception of parents with different developing children have a statistically significant effect on the parenting stress level ($F_{(2.177)} = 775.262; p < .001; R²= %89.8$). Accordingly, it was observed that the self-compassion ($\beta = -.75$) and family support perception ($\beta = -.24$) levels of parents had a negative effect on parenting stress levels. In addition hypoteses of H1 and H2 are accepted.

RESULTS, DISCUSSION AND RECOMMENDATIONS

In general, the presence of a child with a diagnosis requiring special education makes a difference, especially between the moods of the mothers, at the point of anxiety, stress, hope, and psychological well-being. It is known that mothers spend more time on the care, needs and responsibilities of children with special needs than fathers (Cavkaytar et al., 2008; Kiani and Nami, 2017). Although it has been revealed in various studies that mothers with differently developing children show symptoms of stress, anxiety and depression more than fathers, the findings in the
literature underlined that mothers with differently developing children and fathers also experience higher levels of stress than mothers and fathers with normally developing children. Among the mentioned studies, according to the study conducted by Kürşun (2018), it has been revealed that the perceived stress levels of individuals with children diagnosed with autism; according to the study conducted by Fisman et al. (1989), it was revealed that parental stress levels of the individuals with children diagnosed with autism or down syndrome; according to the study conducted by Miranda et al. (2015), it was found that parental stress levels of the parents with children with attention disorder / hyperactivity, autism spectrum diagnosis, and children with both autism and attention disorder / hyperactivity diagnosed; according to the study conducted by Dumas et al. (1991), it was revealed that the parental stress levels of parents who have children with autism or children diagnosed with behavioral disorders are higher than parents with normally developing children. In a parallel line, there are research findings in the literature reveal that mothers with atypically developed children have higher levels of depression, perceived stress, health anxiety, burnout, and lower levels of personal well-being, psychological well-being and dispositional hope, compared to mothers with normally developed children (Kutlu, 2011; Ertürk, 2018; Ersoy et al., 2020). In this context, determining the internal and environmental factors that affect the parenting stress of individuals with different developing children may be useful in developing therapy contents that may affect parental stress reduction. Hence, this study aims to contribute to the literature by setting an example for future studies to examine the effect of parents' perceived family support levels and self-compassion levels on parenting stress levels.

In a study conducted by Kahriman and Bayat (2008) with the parents of mentally, physically, physically and mentally disabled children registered in a rehabilitation center in Trabzon province, they found that the parents faced difficulties in the care of the child and needed support. In his research, Walker (2000) concluded that the informal support that mothers and fathers experience in relation to both the characteristics of the child and being a parent has a significant effect on parenting stress. In our study, it was determined that there is a significant negative relationship between the perception of family support and parenting stress levels of individuals with different developing children. In a related study conducted by Köksal (2011) among 200 mothers and fathers with mentally disabled children in the age group of 6-12, there was no significant relationship between perceived stress and social support levels of mothers, but a negative significant relationship between perceived stress and social support levels of fathers was determined. In addition, in the study of Sencar (2007) examining the relationship between the social support and stress levels perceived by families with autistic children, it was concluded that there is a negative relationship between the social support widths perceived by parents with autistic children, levels of satisfaction with social support, and stress levels. In addition, Tahmassian et al. (2011), in their study on Iranian mothers, concluded that as the self-efficacy and social support of mothers increased, parenting stress decreased.

In our study, it was determined that there is a negative relationship between self-compassion and parental stress levels of individuals who have children with learning disabilities, autism spectrum disorder and mentally disabilities. Similarly, in the study conducted by Neff and Faso (2015) in
the United States, it was found that there is a significant negative relationship between the self-compassion levels of parents with children with autism and their parental stress levels. In addition, in a study conducted by Torbet et al. (2019) among parents with children diagnosed with autism, it was found that there was a significant negative relationship between parents’ self-compassion levels and parenting stress levels. As a relatable feature, it was determined by Duran and Barlas (2014) that there was a significant relationship between self-compassion and burnout in the study conducted between parents of mentally disabled individuals. In addition, as a result of the research conducted by Gouveia et al. (2016), it was determined that there was a negative relationship between parents' self-compassion and parenting stress levels.

In our study, it was determined that mothers with children who develop differently have higher level of parenting stress compared to fathers. Similarly, in a study conducted by Koçhan (2019) with the participation of 274 parents with disabled children in Ankara, it was determined that the parenting stress level of women was higher than men. As a result of the research, it has been determined that men’s self-compassion levels are higher than women. Unlike our results, it was determined by Neff and Faso (2015) that there is no relationship between the self-compassion levels of parents with autistic individuals from different cultures in America and gender. The fact that the majority of the participants in this study are mothers of children is a limitation of the study. It is thought that collecting more data from fathers in future studies will be beneficial.

Self-compassion assumes the role of a tool that facilitates individuals to cope with the difficult events they face throughout their life. It can be said that self-compassion is a part of mindfulness-based intervention programs. Neece (2013) examined the effects of the mindfulness-based stress reduction program (MBSR) on the parents of 46 children with developmental delay, and at the end of the study, it was found that parents participating in this program reported lower stress and depression and higher levels of life satisfaction. At the same time, less behavioral problems were observed in the children of parents participating in MBSR. Bazzano et al. (2015), as a result of their research with 59 parents and caregivers with developmental delay, found that as a result of the mindfulness-based intervention program, the perceived stress level of the participants decreased and their self-compassion and well-being levels increased. Increasing the self-compassion levels of the parents of children who develop differently is important for their coping with stress and their psychological well-being. Studies of Bazzano et al. (2015) and Neece (2013) also reveal the benefits of mindfulness based intervention programs for parents.

In conclusion as the level of self-compassion and family support increases, the level of parental stress of their parents decreases. It is recommended to conduct researches on mindfulness, in the sample of parents who have children with learning disability, autism spectrum disorder and mental disability to contribute the literature. These programs will also contribute to individuals in terms of social support in terms of getting together with parents who have similar conditions and feel similar feelings. The findings of the study are limited to the scores obtained from the self-report scales of the participants. In future research, a clinical study can be conducted by extending programs to support parents throughout the process. Thus, apart from self-declarative responses, professionals can also get the chance to observe parents.
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