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Investigation of relationship between perceived social support with scales of mental Wellbeing, in Mothers Having exceptional and normal children

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Abstract

Objective: This study aimed to investigate the relationship between perceived social support and scale of subjective well-being among women of children exceptional and ordinary. Method: In this correlational study, 400 mothers of children with exceptional and ordinary, simple random sampling, and multistage were selected, and the scales of social support (Zymet, 1988) , measures of subjective well-being, including life satisfaction (Diener, 1985), and positive and negative affect schedule (Watson, 1988), respectively. Results: The results obtained by analyzing the correlation matrix showed that in both groups of mothers, the relationship between total score, and perception of social support, life satisfaction and positive affect, positive and negative affect, negative . Conclusion: The perceived social support and mental well-being of their mothers, there is, by providing social support and timely, by the institutions and other family members, and appropriate training to women of exceptional children, subjective well-being will increase.

Keywords: subjective well-being - perceived social support -women of children exceptional

Introduction:

Man has, in the context of the ups and downs of his life, subject to certain diseases, accidents and unintentional injuries, which can be located, he temporarily or permanently, the blessings of health and independent living, deprive. Thus, a part of the population of each country, are suffering physical and psychological.

The birth and continuing care of mentally retarded children are often stressful experiences for family members as these children's difficulties touch the lives of those around them(Crnic et al, 1983;

Featherstone, 1980). The effect on the family unit can be far-reaching, restrictive and disruptive and they may be economic, social or emotional (Schonell &Watts, 1956, Quoted from Kerenhappachu & Godishala Sridevi,2014). Parents of children with mental retardation experiences high level of emotional, financial and physical stress (Byrne & Cunningham, 1985) that these cases are including multiple problems being a exceptional child for the family. There are multiple problems of having a mentally retarded child in the family. The problems are mainly related to the social ridicule and social stigma.

As a result of coping with these and many other challenges associated with raising exceptional children, parents report greater levels of depression (Olsson and Hwang 2001), higher levels of stress (Benson 2006), and generally lower overall well-being (Ekas et al.2009). Mothers are more active in their child's care and bear most of the burden associated with it. They tend to give themselves little time to adjust, as the child with the disability continues to require ongoing care. Mainly mothers have difficulty on child care taking, difficulty of feeding, bathing and dressing and caretaking time(Erickson & Upshur 1989). Many mothers suffer loss of self-esteem when they recognize retardation in their child. A serious defect, and may feel responsible for disappointing her mate and other family members by presenting them with a defective child. Closely allied to loss of self-esteem and with the feeling of shame they may anticipate social rejection, pity or ridicule and related loss of prestige. Some studies shows that mothers have to tend to do more work than their fair share, and their activities are often restricted (Goldman 1962).

Many studies have shown that mothers of mentally retarded children, high levels of stress and lower levels of psychological well-being, and physical health show (Mordach and Ageston, 1984; Romenz - Clarkson et al., 1986; Arbom, 1986 ; Isks, 1998; Lim, 2002; Laroik et al., 2006). The birth of mentally retarded children, is a big shock for his parents (Arbom, 1986). For this reason, these mothers may feel guilt, anger and embarrassment experience (Lim, 2002). Komingz, Bailey and Ray (1966) reported that, of mothers of children with mental retardation, anxiety and depression than mothers with normal children, and to their children control their anger, were more difficult. Their high levels of financial stress, emotional and physical, than mothers of normal children's experience, and the stress caused by financial pressures, emotional and physical, the mental health and psychological well-being of their low, were related. Romenz - Clarkson et al (1986) reported that mothers of children with intellectual disabilities, psychiatric symptoms more than normal children show, and conflict in their relationships, often leading to divorce. Imrson (2003) also found that having a child with intellectual disability, optimism and mothers' mental health, reduce. Overall review of studies that have been done on mothers of children with intellectual disability, shows that life is full of stress, emotional stress, family conflicts, problems and maintain control of children, and guilt lowers the level of mental health, in their the (Lim, 2002). Since each of these factors, in turn, could be the adoption and maternal well-being, influence, thus addressing the quality of life of mothers of children who are exceptional, subjective well-being is one of the indicators is important.

Theoretical basis of research:

perceived social support

Social support is broad term encompassing a variety of constructs, including support perceptions (perceived support) and receipt of supportive behaviours (received support), as the perception that support would be available if needed, and alternately, as the actual receipt of support.

Perceived social support, as the perception of love and support from family, friends and people in front of stressful factors, such as birth parents called for exceptional children.

subjective Wellbeing

Some studies, subjective well-being of the individual evaluation of their lives, in terms of present and past. This included an emotional reaction to events and judgment that he offers on life satisfaction (Glager and Labrodik, 2008; Steele et al., 2008).

Thus, subjective well-being, perceptions of life in the areas of behavior, emotional, psychological functioning and mental health.

Research Background

Enjoying social protection, a way of coping with the stress of having a child with a disability. So, parents, are exposed to negative life events, social support, coping as a source of external power is considered, or the role of parental influence on subjective well-being, play (Heda et al., 2010).

Some studies found that the presence of social support significantly predicts the individual's ability to cope with stress and it was knowing that they are valued by others is an important psychological factor in helping them to forget the negative aspects of their lives, and thinking more positively about their environment. It also found that social support not only helps improve a person's well-being, it affects the immune system as well. Thus, it also a major factor in preventing negative symptoms such as depression and anxiety from developing (Corey 2005).

Social support is thought to promote well-being by influencing emotions, cognitions and behaviours in a way that promotes positive affect (Cohen et al., 2000).

Results of Arjil (2001) and Diener (1999) also showed that between 8 and 20% of the variance in subjective well-being, through social factors can be explained and interpreted.

For persons in need, the receipt of help would seem to be associated with positive outcomes. Yet, an interesting dichotomy exists in the social support literature showing that *perceived* support has a positive association with wellbeing variables, yet, *received* social support is either unrelated or negatively related to these outcomes (Kaul & Lakey, 2003; Lakey & Lutz, 1996).

Instrumental support receipt may be negative for persons with chronic impairment as it may emphasize their inability to accomplish daily tasks (Reinhardt,Boerner & Horowitz,2006).

Effective protection of families, including strategies, in addition to increasing understanding of the family, about the causes of disability, increased sense of control, to the mishaps of life and strengthen

confidence in the context of having a child with a disability (Lansky et al. 2006). In this regard, various empirical evidence shows, social support, perceived as a source of confrontation, in predicting subjective well-being of parents, in the face of stressful events such as the birth of Exceptional Children, plays a very important role (Kakabaraee et al. , 2011; Dlengis and I Helts, 2005; Hyman, 2008).

The results of multiple studies have shown that low levels of social support, low levels of subjective well-being in the prediction is effective. In this regard, Vivan and colleagues (2011), in a study on 25 women with children with disabilities, and 40 mothers having normal children had mothers with disabled children, compared to mothers of normal children, other family members are more in search of support. The results showed that mothers with disabled children who were supported by other members of your family and friends, than mothers who were not supporting, showed a higher subjective well-being.

In particular, informal support, such as that provided by friends and family, has been shown to be effective in reducing stress among mothers of children with ASD. For example,mothers of children with autism who perceive receiving higher levels of support, especially from spouses and relatives,report lower levels of depression-related somatic symptoms and fewer marital problems (Dunn et al. 2001).

Several studies have also shown that mothers first turn to their spouse for support, then to their immediate family,and finally to other parents of children with isabilities (Boyd, 2002). Although different types of informal support have been associated with increased well-being, research has not systematically examined whether one source of informal support is more effective than another in helping mothers of children with ASD cope with stress. For example,although mothers of children with ASD may turn to their spouse first (Boyd 2002), their spouse may not be the most effective support. It is possible that their spouse may be equally distressed and unable to provide effective support (Coyne et al. 1990) and that extended family (e.g , parents, brothers, sisters, etc.) or close friends may be more beneficial in promoting mothers' well-being. Indeed,research suggests that women turn to individuals outside their marriage (e.g., friends and family) when they do not receive adequate support from their spouse (Julien and Markman 1991). Moreover, among mothers of critically ill children, social support from friends and family has been shown to buffer the adverse effects of having low spousal support (Rini et al. 2008).

The type and amount of social support from parents of exceptional children can also, to some extent, in the subjective well-being, they will affect. Meanwhile, Harry (2004), the parents of subjective well-being, with social support, were examined. The results showed a strong direct relationship between stress levels and unmet needs parents there. This means that, by increasing social support, and meet the needs of parents, their subjective well-being and increase stress levels and depression was reduced. Sikloman and Kern (2006), in a study on 56 cases of parents with children with autism, and 32 parents of children with Down syndrome, to determine the amount of social support, and mental well-being of their people. The results showed that parents from family, friends, and significant others were not supporting, life satisfaction and lower subjective well-being followed, showed. Several other studies, the preventive function of the impact of social support, the parents of exceptional children, and subsequently enhance their well-being, have insisted (Whitaker, 2002; Harrieti et al., 2003; Kalot et al., 2006).

There is general consensus that social support is positively related to Subjevtive well- being (Cohen, Gottlieb, & Underwood,2000; Okun, Stock, Haring, & Witter, 1984). Some even suggest that social support is necessary for Subjevtive well- being (Baumeister & Leary, 1995; Diener & Oishi, 2005; Diener & Seligman, 2002).

Thus, according to the importance of, and research on mothers with children who are exceptionally effective role in improving the quality of their lives, their families and disabled children, this study can be another piece of evidence in this area increase , and guidance to other research in this area, and on this basis we can proceed to plan treatment, and prevention of, and the well-being and mental health of all people, played a decisive role. The main objective of this study was to investigate the relationship between perceived social support, the scale of subjective well-being among children of mothers with exceptional and ordinary, in the city of Kermanshah, the results of the field to provide practical solutions aimed at managing and controlling the problem of family for exceptional children, provide. Thus, this study seeks to answer the following question:

Does between dimension of support experiences triple (family, friends and significant others), with dimensions of subjective well-being triple (life satisfaction, positive affect and negative affect), among mothers of with normal children and exceptional, there is a significant relationship?

Research methodology

The population, sample and sampling

Choice of research method depends on the purpose and nature of the subject, and its administrative facilities. The methodology of this study, according to the object and purpose of the method applied to take the correlation. The population of the study, all mothers with special children, and mothers with normal children in urban areas, and the village of Kermanshah, in the years 2014-2015 form. To submit samples from two sampling has been used. Sampling for mothers of special children, in collaboration with the Centers for Social Welfare, Education and Imam Khomeini Relief Committee in Kermanshah, as all the numbers exceptional list of all families with children, more than 350 families, were prepared. The names of those who might be in two different centers of social welfare, educational and medical centers, special education records and have been controlled. After preparing the list, a random sample of 200 cases (women with children exception) were selected.

Sampling for mothers of normal children (n = 200), multi-stage sampling was used. In this type of sampling, hierarchical society (from larger to smaller units), the types of units are selected (Sarmad et al, 2001). In this study, the first of the three districts of the city of Kermanshah, parts one and three were selected in the second stage, from every district to randomly select ten school was finally in the third stage, the mothers of students that, having normal children, and in terms of cultural, social, economic, somewhat like mothers of children were exceptional, in collaboration with the director and teachers were identified and selected.

Research tools

A) the scale of subjective well-being, including the scale of life satisfaction, positive and negative affect.

Scale of Satisfaction from Life (SWLS): Diener, Emmons, Larsen & Griffin (1985), to measure the cognitive dimension of subjective wellbeing, five-item version of the Satisfaction With Life Scale, developed. In this scale, participants each question on an eight-point Likert scale (from 0 to 7 strongly disagree strongly agree), respond. It should be noted that increasing students' scores on this scale, a score of them in overall life satisfaction, increased. On this scale, the range between the lowest individual score (0), and most (35), is obtained. Results Shokri study (2014) showed that among students in Iran and Sweden, exploratory and confirmatory factor analysis SWLS, in line with the findings of studies Diener et al. (1985), a single-factor structure SWLS supported. Iranian sample, Cronbach's alpha coefficient Satisfaction with Life Scale, equal to 0/84, in the case of Sweden vary from 850, and in both cases generally equal to 0/83, respectively. In this study, Kakabaraee (2011), for parents of normal children, Cronbach's alpha coefficient Satisfaction with Life Scale, equal to 0/80, for parents of exceptional children, equal to 0/81 and in both cases, in general, equal to 0/84 Obtained.

Positive and Negative Affect Schedule (PANAS): In this study, to assess the emotional well-being, based on positive and negative (Watson, Clark and Telgen, 1988), the characteristic mood was twenty. Questions PANAS different emotions, describe, and each into a positive affect, and negative affect scale are grouped. Participants all questions on a Likert scale, respond. In the range of 1 indicates a lack of emotional experience, and the number 5 indicates a very emotional experience, respectively. Positive affect overall score for each subject, by adding the scores of participants in each of the ten attributes describe positive emotions (interested, excited, strong, enthusiastic, proud, intelligent, talented, determined, understand, MO), and total score of negative affect, by adding the scores of participants in each of the ten attributes describe negative emotions (upset, sad, guilty, frightened, hostile, irritable, ashamed, nervous, anxious, fearful), respectively. Shokri study (2014) showed that among students in Iran and Sweden, the results of exploratory factor analysis and confirmatory factor analysis PANAS, in line with the findings Telgen Watson and Clark (1988), the two-factor structure PANAS supported. Iranian sample, Cronbach's alpha for the scale of positive and negative affect, 0/80 and 0/77, respectively, in the Swedish sample, 0/76 and 0/76 respectively, and in both cases, the Generally, respectively, 0/78 and 0/81 respectively equal. In this study, Kakabaraee (2011), for parents of normal children, Cronbach's alpha coefficients of the scales of positive and negative affect, 0/76 and 0/81 respectively, for parents of exceptional children, equal to 0/75 and 0/77 and in Both general, 0/78 and 0/81 respectively equal.

B) Multidimensional Scale of Perceived Social Support (MSPSS):ultidimensional Scale of Perceived Social Support, a subjective evaluation of the sufficiency of social support to act, by Zimet and collegues (1988) was designed. MSPSS, proficiency perceptions of social support, the three sources of "family", "friends" and "significant others" measures. MSPSS, as a tool for Your account] when participants are faced with a time limit, or if the researcher wants a certain time, the number of scales to meet the participants make use of MSPSS, to Because of the characteristics of easy implementation and cost-effectiveness, as emphasized, is recommended. MSPSS contains 12 questions, each question on a seven-point scale from strongly disagree (1) to strongly agree (7) graded. On this scale, all four questions, based on the sources of social support, to one of the functional groups of family, friends and significant others, has been assigned. It should be noted that, at this scale, with higher scores, their score of overall perceived social support, increased. In addition, the sum of scores on the questions of scale, the overall

score of each of the three subscales obtained. The results Zimet and collegues (1988), to evaluate the psychometric properties MSPSS showed that, a tool to evaluate the perceived social support, is valid and reliable. The results Brouwer and colleagues (2008) examined the psychometric properties of the Multidimensional Scale of Perceived Social Support, using confirmatory factor analysis showed that three-factor structure MSPSS (significant others, family and friends), an acceptable fit, with data. In this study, Shokri (2012), Cronbach alpha coefficients, total factor perceived social support, and the three dimensions of significant others, family and friends, the Iranian version respectively vary from 0/89, 0/84, 0/85, 0/91, in the case of Sweden respectively 0/91, 0/87, 0/86, 0/92, and at all times with 0/92, 0/89, 0/84, 0/94, respectively. In this Kakabaraee (2011), the Cronbach alpha coefficients of overall perceived social support, and the three dimensions of significant others, family and friends, the parents of normal children, respectively 0/73, 0/82, 0/87 , and in general vary from 0/85 and for parents of exceptional children, respectively 0/72, 0/85, 0/82 and the total was 0/87.

The Analysis of Data

In the present study, the collected data By means of statistical software SPSS from two aspects of descriptive and inferential statistics regarding were analyzed; In the descriptive aspects, Statistical indicators that were calculated, Include: Frequency, Percent, mean and standard deviation of descriptive data that is presented in table format. In the inferential aspects of data, from Pearson correlation matrix is used.

Research Findings

Table 1 the frequency of type disability children of mothers with children exceptional show.

Table 1 the frequency of type disability children of mothers with children exceptional

type disability	frequency	Percent frequency
Slow paced	81	%40/5
Partially sighted and blind	13	%6/5
Partially hearing and Deaf	71	%35/5
Physical-motor	11	%5/5
Several disability	16	%8
Other	8	%4
Tota	200	%100

Results Table 1 shows that the highest percentage of injuries and disabilities among children and adolescents exception of the city of Kermanshah, the children slowly step (40/5%), and disability hearing, the second (35/5%), the third multi-disability in children and adolescents (8%), followed by visual

impairments (6/5%), followed by physical-motor disabilities (5/5%), and finally unspecified injuries (4%), included.

Table 2 shows the frequency and percentage of mothers of children with special employment status and normal, respectively.

Table 2 the frequency and percentage Employment status of mothers of exceptional children and normal

Jobs	mothers of normal children		mothers of exceptional children	
	frequency	Percent frequency	frequency	Percent frequency
State	33	%9	14	%4
Free	6	%2	4	%1
Housewife	161	%89	182	%95
Tota	200	%100	200	%100

The data in Table 2 shows that, among the mothers of normal children (89%), and women of exceptional children (95%), the most frequent in both groups of mothers were housewifes.

Table 3 shows the frequency and percentage of mothers of children with special and regular education.

Table 3 the frequency and percentage of mothers of children with special and regular education

education	mothers of normal children		mothers of exceptional children	
	frequency	Percent frequency	frequency	Percent frequency
Illiterate	32	%8	102	%50/5
less than high school diploma	222	%55/5	62	%40/5
Diploma	128	%32	34	%8/5
associate degree and bachelor's degree	18	%4/5	2	%0/5
Tota	200	%100	200	%100

Results Table 3 shows that the education level of mothers of normal children, 8% were illiterate, 55.5% less than high school diploma 32%, diploma and 4/5% associate degree and bachelor's degree, but the education level of mothers of exceptional children , respectively, the percentage of illiterate 50/5, 40/5 of school education, 8/5 percent and 0/5 percent of high school diploma and were graduate.

Table 4 shows the frequency and percentage of families with children with special and regular income.

Table 4 the frequency and percentage of families income children with normal and exceptional.

income	mothers of normal children		mothers of exceptional children	
	frequency	Percent frequency	frequency	Percent frequency
100 thousand	34	%8/5	58	%14/5
100 to 200 thousand	74	%18/5	96	%24
200 to 300 thousand	96	%24	98	%24/5
300 to 500 thousand	196	%49	148	%37

Table 4 shows that the most common income level, in both groups of mothers of normal children (49%), and women of exceptional children (37%), between 300 to 500 thousand, and the least frequent in both groups of parents normal children (8/5%), and parents of exceptional children (14/5%), 100 thousand.

In Table 5, variable descriptive indicators of subjective well-being, and social support for mothers of special children, and normally offered.

Table 5, the mean and standard deviation of these variables to measure, for each show.

Table 5 descriptive indicators, mean and standard deviation of research variables in mothers

	variables	Normal mothers (N=200)		Exceptional mothers (N=200)	
		M	SD	M	SD
subjective well-being	life satisfaction	21/95	7/53	14/13	7/48
	negative affect	23/09	6/73	27/95	7/28
	positive affect	36/46	6/23	32/20	6/45
socia l support	Family	16/69	3/90	14/12	4/57
	Friends	11/81	4/93	10/79	4/57
	others Significant	15/44	4/13	12/89	4/36

In order to provide a simple picture of the relationship between social support perceived by the scale of subjective well-being among mothers of normal children, and mothers of children with exceptional correlation matrix was zero.

Table 6 correlation matrices of total score and dimensions of perceived social support with the scale of subjective well being between mothers of exceptional children

variables	life atisfaction	positive affect	negative affect
Family	∗0/23	∗0/22	∗-0/27
Friends	∗0/16	∗0/16	∗-0/26

others Significant	∗0/30	∗0/31	∗-0/21
total score of social support	∗0/28	∗0/28	∗-0/30

∗P< 0/05

Table 6 shows the results of correlation matrices that, in the group of mothers with special children, the relationship between total score, and the multiple dimensions of perceived social support, life satisfaction (0.28), and positive affect (0.28), positive and the relationship between total score, and the multiple dimensions of perceived social support, and negative affect (-0.30), is negative.

Table 7 correlation matrices of total score and dimensions of perceived social support with the scale of subjective well being between mothers of normal children

variables	life atisfactio	positive affect	negative affect
mily	∗0/30	∗0/30	∗-0/28
Friends	∗0/23	∗0/24	∗-0/18
others Significant	∗0/33	∗0/32	∗-0/28
total score of social support	∗0/36	∗0/36	∗-0/30

0/05 **∗P<**

Table 7 shows that the correlation matrix, the group of mothers with normal children, the relationship between total score and multiple dimensions, perception, social support and life satisfaction (0.36), and positive affect (0.36), positive and The relationship between total score, and the multiple dimensions of perceived social support, and negative affect (-0.30), is negative

Conclusion:

The present study aimed to investigate the relationship between perceived social support, the scale of subjective well-being among women with children was exceptional and ordinary. Therefore, to achieve the goals that sent the questions posed, this research is an attempt to achieve the scientific and evidence-based answers to the questions. The findings showed that in both groups of mothers with special children and mothers of normal children, the relationship between total score and the multiple dimensions of perceived social support (family, friends and significant others) with life satisfaction and positive affect, positive and a significant relationship between the overall score and the multiple dimensions of perceived social support and negative affect, negative and significant. In other words, the results showed that in both groups, the pattern of relationship between total score, and Perception of social support and subjective well-being measures, in terms of quality was similar. In this regard, various empirical evidence indicates, perceived social support, coping in predicting subjective well-being as a resource for parents, in the face of stressful events, such as births exceptional plays a very important role (Kakabaraee, 2011; Dlengis and I Helts, 2005; Hyman, 2008).

Also several other studies, the preventive function of the impact of social support on the parents of exceptional children, and subsequently enhance their well-being, have insisted(Whitaker,2002;Harriette et al,2003; Calvete et al,2006). As well as a number of studies show that There is general consensus that social support is positively related to Subjevtive well- being (Cohen, Gottlieb, & Underwood,2000; Okun, Stock, Haring, & Witter, 1984). Some even suggest that social support is necessary for Subjevtive well-

being (Baumeister & Leary, 1995; Diener & Oishi, 2005; Diener & Seligman, 2002). In this regard, our results also showed that the dimensions of life satisfaction and positive and negative affect, social support parents of normal children, and parents of exceptional children there. So, parents, are exposed to negative life events, social support is considered as a source of external power deal, or play an effective role on the well-being of parents (Heda et al., 2010). Vivan and colleagues (2011), a study showed that mothers with disabled children, normal children more than mothers, other family members are seeking support. The results showed that mothers with disabled children, from other family members, and friends were supportive, support to mothers who did not, showed a higher subjective well-being. Mental well-being depends on many factors, type and amount of social support from parents of exceptional children, too, can be somewhat subjective well-being, they will affect. Meanwhile Harry (2004), the well-being of parents, with community support, were examined. Results showed a positive correlation between stress levels, and parents' needs, which means that an increase in social support, and on behalf of the needs of parents, their mental well-being increase, and decreases the level of stress and depression. So, it seems that the mothers of exceptional children, according to the conditions and limitations of children, as well as various social and economic pressure, and the psychological birth of a disabled child is on them, not a good life satisfaction , and thus do not experience good mental well-being. Undoubtedly, the consequences of the lack of appropriate mental well-being experience, considerable damage on the various functions of the family enters. Therefore, it can be stated that the mothers of special children, according to the conditions and limitations of children, more needs support from family, friends and other social institutions, and if appropriate social support in education, power and medical part, to the families, in the state of their mental well-being, plays a very important role, and accept difficult for them, easy.

Practical suggestions:

The results of this study show that, between subjective well-being and social support, in exceptional and ordinary mothers with children, there. On this basis, it is suggested that institutions responsible for the condition of psychological intervention free of charge, along with the support of the economic, educational and culturally appropriate, provide for the families, the mothers of mentally disabled children, in the perception of their social status, have a positive assessment . Also, because the monthly incomes of families with special children is very low, it is recommended, Welfare Organization as trustee to offset the costs of these families, then take action.

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