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## Hope, social relations, and depressive symptoms in mothers of children with autism spectrum disorder



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### ABSTRACT

**Background:** Raising a child with autism spectrum disorder (ASD) may negatively impact maternal mental health outcomes. Feelings of loneliness and a lack of social support may contribute to these outcomes. One factor that may help to promote better outcomes is hope. The current study examined the associations between maternal hope, loneliness, social support, and depressive symptoms.

**Method:** Ninety-four mothers of a child with ASD participated in this online study. Mothers were predominantly Caucasian, middle class, and educated. Children ranged in age from 2 to 13 years. Mothers completed questionnaires assessing hope, loneliness, perceived social support from friends and family, and depressive symptoms.

**Results:** The results of a multiple mediator model indicated that hope agency was indirectly associated with depressive symptoms via loneliness. In a follow-up serial mediation model, hope agency was associated with depressive symptoms through family support and loneliness.

**Conclusions:** The present study contributes to the growing body of research focusing on positive personality characteristics and mental health outcomes in mothers of children with ASD. Given that increased hopeful thinking was associated with less loneliness, the construct of hope should be given more attention in interventions that are aimed at improving maternal outcomes. Increasing hopeful thinking may be particularly important in aiding with improvement during psychotherapy for mothers with clinical levels of depressive symptoms.

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### 1. Introduction

Mothers raising children with autism spectrum disorder (ASD) face numerous challenges that may negatively impact their quality of life and mental health outcomes (e.g., Altieri & Von Kluge, 2009a; Davis & Carter, 2008; Kuhlthau et al., 2014). Studies have consistently demonstrated that mothers of children with ASD report elevated levels of stress and depressive symptoms compared to parents of typically developing children (e.g., Ingersoll & Hambrick, 2011; Lai, Goh, Oei, & Sung, 2015). Children's behavior problems are salient predictors of maternal outcomes (e.g., Davis & Carver, 2008; Falk, Norris, & Quinn, 2014); however, feelings of social isolation (Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001) may also contribute to maternal mental health outcomes. Following the increasing popularity of positive psychology, research has begun to focus on identifying factors that promote positive adaptation in mothers of children with ASD (e.g., Ekas, Timmons, Pruitt, Ghilain,

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& Alessandri, 2015; Faso, Neal-Beevers, & Carlson, 2013; Lloyd & Hastings, 2009a, 2009b). The current study contributes to this growing body of research by examining the associations between hope, social support, loneliness, and depressive symptoms in mothers of children with ASD.

One of the dominant themes that has emerged from over two decades of research with mothers of children with ASD is the increased amount of stress, depression, and anxiety that mothers experience (e.g., Bitsika, Sharpley, & Bell, 2013; Falk et al., 2014; Lai et al., 2015). One factor that may contribute to these negative outcomes are feelings of social isolation that parents often report. In one qualitative study, parents discussed issues surrounding a lack of time available to spend with friends and family (Altiere & Von Kluge, 2009a). Another qualitative study found that parents reported several themes surrounding feelings of social isolation, including feeling unable to be in public due to their child's behavior, losing friends, and being treated badly by strangers (Myers, Mackintosh, & Goin-Kochel, 2009). These feelings of social isolation may persist throughout the child's lifespan as parents of adults with high-functioning ASD also reported feeling that family members and friends did not understand the disorder and, therefore, did not provide support (Griffith, Totsika, Nash, Jones, & Hastings, 2012). Loneliness refers to feelings and thoughts of isolation and being disconnected from others (Russell, Peplau, & Cutrona, 1980) and is a cognitive appraisal of social relationships (Holmén & Furukawa, 2002). Individuals who report loneliness may have a large social network, but they are not satisfied with the interactions they have with those around them (Rokach, 2011). In the general population, greater loneliness was associated with poor psychological well-being, including increased depressive symptoms (Cacioppo, Hawkey, & Thisted, 2010) and increased hopelessness (Chang, Muyan, & Hirsch, 2015). To date, however, there have been no quantitative studies examining associations between loneliness and depressive symptoms in mothers of children with ASD.

The negative outcomes associated with raising a child with ASD have been well documented; however, there is considerable individual variability in outcomes and some mothers adapt to the challenges in a positive manner (e.g., Hastings & Taunt, 2002). Therefore, in recent years, studies have begun to focus on factors that promote better psychological well-being among mothers of children with ASD (i.e., lower negative outcomes and/or increased positive outcomes). This emphasis aligns well with the growing field of positive psychology, which focuses on positive outcomes and factors that promote positive adaptation (Seligman & Csikszentmihalyi, 2000). Research in positive psychology focuses on three domains: (1) the pleasant life; (2) the engaged life; and (3) the meaningful life (Duckworth, Steen, & Seligman, 2005). The pleasant life domain focuses on positive emotions, including feelings of happiness, satisfaction, and contentment. The engaged life refers to strengths of character that promote positive functioning (e.g., kindness, humor, fairness, hope, gratitude). Finally, the meaningful life involves belonging to or serving positive institutions (e.g., families, friendships, larger community). The current study focused on two domains, the engaged and meaningful lives, and their associations with maternal psychological well-being.

Hope has received increasing attention as a variable that may promote psychological well-being. Hope has traditionally been considered a strength of character that is part of the engaged life (Peterson & Park, 2009). In his theory of hope, Snyder (2002) argues that human behavior is goal-directed and that goals are fundamental to hopeful thinking. Hopeful thinking consists of an individual's perceived ability to generate ways of reaching goals (pathways) as well as their perceived ability to use these pathways to reach their goals (agency). Thus, agency is the motivational component of hope and reflects an individual's intention to act upon the pathways generated (Rand & Cheavens, 2009; Snyder, Feldman, Taylor, Schroeder, & Adams, 2000). Individuals who engage in elevated levels of both agentic and pathways thinking are typically referred to as *high-hope* people (Snyder et al., 2000). Hope is generally measured and conceptualized as a dispositional characteristic and measured using trait measures (e.g., Snyder et al., 1991); however, hope can also fluctuate in response to different situations (Snyder et al., 1996). It is important to note that while optimism and hope are both in the realm of positive psychology and appear to be similar constructs, they are only modestly related (Snyder et al., 1991). Optimism reflects an individual's general expectancies in life (Scheier & Carver, 1985) whereas hope refers to goal-directed thoughts and actions.

Since the development of the theory, hope has been consistently linked to a variety of favorable outcomes in the general population, including less depressive symptoms (Chang et al., 2013). Among parents of typically developing children, hope is associated with increased life satisfaction (Hoy, Suldo, & Mendez, 2013). Similar findings have been reported for parents of children with psychological and physical health problems. For example, Kashdan et al. (2002) examined hope in mothers of children with externalizing disorders and found that hope was associated with adaptive coping and better family functioning. In another study of parents of children receiving cancer treatment, Hullmann, Fedele, Molzon, Mayes, & Mullins (2014) reported that parents with higher levels of hope also reported more positive outcomes as a result of their child's cancer diagnosis. There are, however, limited studies examining dispositional hope among mothers of children with ASD. Lloyd and Hastings (2009a, 2009b) examined the relationship between dispositional hope and depressive symptoms in mothers of children with intellectual disabilities, including ASD. Results of that study indicated that hope agency and hope pathways were associated with decreased depressive symptoms. In a sample of mothers of children with ASD and mothers of children with Down syndrome, Ogston, Mackintosh, & Myers (2011) found that higher levels of hope were associated with less worry. However, mothers of children with ASD reported lower hope than mothers of children with Down syndrome. In another study of mothers of children with ASD, Faso et al. (2013) found that hope agency was associated with less depressive symptoms; however, in contrast to previous research (Lloyd & Hastings, 2009a, 2009b), hope pathways was not a significant predictor of depressive symptoms. Although both studies examined the direct relationship between hope and depressive symptoms, there is no research examining potential mechanisms that might explain this relationship.

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