



RESEARCH PAPER

Moderating Role of Perceived Social Support in Psychological Distress and Subjective Well-being among Parents of Intellectually Disabled Children and Non-disabled Children

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ABSTRACT

This study examines the role of perceived social support in psychological distress and subjective well-being among parents of intellectually disabled and non-disabled children. A cross-sectional research design was used for this study. Data was collected from Peshawar and Punjab (Rawalpindi, Islamabad, and Wah Cantt); data were collected from 2016 to 2017 from the mentioned areas. The total sample of the study was (N=300) which was further divided into two groups intellectually disabled children's parents (n=150) and non-disabled children's parents (n=150). For the assessment Multidimensional Scale of Perceived Social Support, Depression Anxiety Stress Scale, Scale of Positive and Negative Experience, and Satisfaction with Life Scale were administered. The findings revealed that there was a negative correlation between psychological distress and social support among parents. There was a positive correlation between social support and subjective well-being, while on negative experience negative correlation was found. Perceived social support was the main predictor of psychological distress and well-being for disabled children's parents but not for the parents of non-disabled children. Findings showed that perceived social support was the main factor for psychological distress (Depression, Anxiety, and Stress) and subjective well-being among disabled children's parents; but with non-disabled children's parents, social support was not the main predictor.

Keywords: Intellectual Disability, Parents, Perceived Social Support, Psychological Distress, Subjective Well-Being

Introduction

Family is a key element in providing nurturance, love, close relation, safety, and care that are crucial for children's overall mental health (Kaytez, Durualp, & Kadan, 2015; Cin, Aslan-Aydin, & Ari, 2017). Intellectually disabled children are considered a curse for the caregivers and parents (Busch & Barry, 2007). Research evidences suggested that parenting of special child is not only a very difficult and demanding activity. It also causes various negative effects on parents psychological health. For example, Vivian (2007) studied psychological suffering among UAE parents of mentally handicapped children. 113 dads and 112 mothers completed questionnaires (QRS-F, PSI, and FES). Data analysis using hierarchical regression. Child traits (mental retardation, age), socioeconomic position, and father's employment status predicted parental psychological symptoms. Vered Shenaar-Golan (2015) found that parenting a special child increases psychological distress and affects subjective wellbeing. Therefore, for dealing with these negative affective states, parents use various coping patterns (social support, denial, and acceptance). Although, there was a considerable amount of research work supporting elements can pile up or decrease the stresses among parents of disabled and non-disabled children (Thompson, Flood, & Goodvin, 2006). The details of all the study variables and their literature review are as under:

Literature Review

Light (2012) defined social support as an individuals' perception of having some one or group for care and support. Mostly people get this care and support from family , friends and coworkers. According to Mirowsky and Ross (2002), Psychological distress is a state comprised of symptoms (depressive and anxious) with various features across cultures (e.g., insomnia, headaches, and lack of energy). Furthermore, Subjective well-being is defined as '*a person's cognitive and affective evaluations of his or her life*'. It has four dimensions positive affect, negative affect, life satisfaction, and domain satisfaction (Diener, 2009). And the lastly, intellectual disability referred as neurodevelopmental disorders that is characterized by the disturbance in the intellectual and adaptive functioning areas. This problem initiate in early childhood. (APA, 2013, p. 33)

Wolf (2009) studied the parent's stress and social support of autistic children. He found that when social support networks were present, such parents felt a low level of distress. Likewise, Vidhaya and Rajue's (2007) studied social support, marital satisfaction, and affective states. The results indicated that parents of disabled children had poor marital satisfaction, low social support, and low positive affect. As a result, poor satisfaction leads to lower well-being in such families. Limited research work is found regarding the role of social support in prenatal distress and SWB. Akturk and Aylaz (2017) conducted a study for the evaluation of anxiety level and coping strategies of disabled children's Parents. They found that social support was the main element in those parents for dealing with their anxiety. Ye etal (2021) surveyed 234 parents of special-needs children at COVID-19. Self-stigmatized parents had lower SWB, study found. Arzeen and Irshad (2021) evaluated parents of intellectually impaired children's psychological discomfort, social support, and subjective wellbeing. Purposive sampling was used to choose 150 parents (ages 20-35) from Pakistan. Pakistani mothers of special-needs children experience more psychological hardship than fathers. Fathers have more life happiness and social support than mothers. Stigmatization of special-needs families in Asian societies led to these findings.

Previous literature review sheds light on supportive patterns as a coping pattern for disabled children's parents. Cooke in 2010 suggested that future researchers should focus on protective factors like social support that can be the predominant factor in reducing the stressors of disability. In this regard, the present study highlighted the role of positive factors (perceived social support) in psychological distress and SWB among parents of intellectually disabled children and non-disabled children. For the current study, the following hypotheses are formulated which are:1) There is a negative relationship between perceived social support and psychological distress. 2) There is a positive relationship between perceived social support and Subjective well-being. Furthermore, this study explores the role of perceived social support on psychological distress and subjective well-being among parents of intellectually disabled and non-disabled children.

Material and Methods

For this study cross-sectional method was used. The sample of the current study was comprised of (N= 300) parents which was further categorized into two groups; parents of intellectually disabled children (n=150) and parents of non-intellectually disabled children (n= 150) with an age range of parents between (21 to 46 years and above). The inclusion criteria was parents with minimum education matric , not enrolled children (special and main stream school), must have been identified as normal, mild & moderate intellectually disabled and must be from middle class. The exclusion criteria was parents who are divorce or single, had any psychiatric history, had on-enrolled special child and with severe intellectual disability.

Data Collection and Procedure

First, authorities of special and mainstream institutes of KP (Peshawar) and Punjab were approached. After taking permission, the concerned teachers from institutes were approached for the records of children. Then researcher took the consent of parents and they were briefed about the nature of the study. A set of various standardized scales such as Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988; $\alpha = .89$); Depression Anxiety Stress Scale (DASS-42; Lovibond & Lovibond, 1995; $\alpha = .91$); Scale of Positive and Negative Experience (SPANE; Diener, Wirtz, Tov, & Kim-Prieto et al., 2009; $\alpha = .80/.79$); and Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985; $\alpha = .82$) along with Demographic information sheet were administered on all the parents. They were assured about the confidentiality of their responses and in the end, all parents were thanked for their positive responses.

Results and Discussion

All the results of the study were computed on SPSS (21) version. To fulfill the assumptions of the study Pearson product-moment correlation coefficient and Regression were computed on data (N=300).

Table 1
Details of Sample Characteristics of Main Study

Sample Characteristics	Categories	Total Sample (N=300) f (%)	Non-disabled Sample (N=150) f (%)	Disabled Sample (N=150) f (%)
Gender	Mothers	150 (50)	75 (50)	75 (50)
	Fathers	150 (50)	75 (50)	75 (50)
Age	20 -35	54(18)	M(20) (13.3)	M(34)(22.6)
		60 (20)	F(30)(20.0)	F(30)(20)
	35-45	45(15)	M(25) (16.6)	M(20) (13.3)
		50 (16.6)	F(25) (16.6)	F(25)(16.6)
	45- above	51 (17)	M(30)(20)	M(21) (17.3)
		40 (11.6)	F(20)(13.3)	F(20)(13.3)
Education	Matric	40 (13.3)	M(20) (13.3)	M(20)(13.3)
		40 (13.3)	F(20) (13.3)	F(20) (13.3)
	FA/F.Sc.	40 (13.3)	M(20)(13.3)	M(20)(13.3)
		35 (11.6)	F(15) (10)	F(20)(13.3)
	BA/B.Sc.	30 (10.0)	M(15) (10)	M(15)(10)
		40 (13.3)	F(20)(13.3)	F(20)(13.3)
MA/MSC.	40 (13.3)	M(20)(13.3)	M(20)(13.3)	
	35 (11.6)	F(20) (13.3)	F(15) (10)	
Province	Punjab	140 (46.6)	68 (45.3)	72 (48)
	KP	160 (53.3)	82 (54.6)	78 (52)
Departments	Govt.	152 (50.6)	79 (52.6)	73 (48.6)
	Private	148 (49.3)	69 (92)	79 (52.6)

Table 2
Descriptive for study variables of Disabled and Non-disabled Children Parent's Sample

Variable	M	S.D.	No of Items	α	Range		Skewness	Kurtosis
					Potential	Actual		
DASS-42	68.37	38.57	42	.91	0-3	4-109	.86	-.79
Dep	22.54	13.48	14	.74	0-3	0-38	.21	-1.34
Anx	23.63	12.81	14	.78	0-3	0-34	.12	-1.33
Stress	22.19	14.41	14	.79	0-3	1-37	.19	-1.48
MSPSS	34.01	17.86	12	.89	1-7	13-83	.47	-.84
Sig Others	10.90	6.43	4	.78	1-7	4-28	.94	.26
Family	11.44	6.53	4	.81	1-7	4-28	.69	-.41

Friend	11.66	6.15	4	.79	1-7	4-28	.27	-1.26
SWB (T)	39.09	17.12	12	.87	1-5	16-46	-.08	-1.54
PE	13.48	6.507	6	.80	1-5	9-30	.32	-1.02
NE	12.18	5.20	6	.79	1-5	7-26	.18	-1.12
SWLS	13.42	7.37	5	.82	1-7	5-35	.48	-.75

Note. DASS=Depression, Anxiety, Stress Scale; MSPSS= Multidimensional Scale of Perceived Social Support; SWLS =Satisfaction with Life Scale.

This table indicates the overall picture of data that is normally distributed across all the variables of the study. As far as Cronbach's alpha reliability estimates are concerned the values show that all scales are highly reliable.

Table 3
Relationship between DASS, Multidimensional Scale of Perceived Social Support, and Subjective Wellbeing among parents Non-disabled children (n=150) and disabled children (n=150)

Scales	Non-disabled		Disabled	
	DASS	MSPSS(T)	DASS	MSPSS(T)
Positive Experience	-.45**	.52**	-.37**	.35**
Negative Experience	.28**	-.10	.33**	-.32**
SWLS	-.62**	.85**	-.68**	.86**
MSPSS(T)	-.66**	----	-.72**	----

Note. DASS= Depression Anxiety Stress Scale; MSPSS (T) = Multidimensional Scale of Perceived Social Support Total **p<.01

Table 3 indicates that there is a significant correlation between DASS, MSPSS, and subjective well-being (positive experience, negative experience, and SWLS) among both samples; while on the negative experience just with MSPSS non-significant correlation is observed at **p<.01 level.

Table 4
Moderating role of Perceived Social Support in Relationship between Psychological Distress and Subjective Well-being (SWB) among Disabled children parents (n=150)

Model	Predictors	SWB	
		ΔR^2	B
Step 1	DASS	.04	-.20**
Step 2	DASS	.22	-.27*
	MSPSS		.40***
Step 3	DASS	.18	.15*
	MSPSS		.11**
	DASS.MSPSS		.003***
Total R ²		.44	

Note. DASS=Depression Anxiety Stress; MSPSS=Multidimensional Scale of Perceived Social Support; SWB= Subjective Well-being *p<.05, **p <.01, ***p <.001.

Table 4 displays the results of moderating role of perceived social support in the relationship between psychological distress and subjective well-being. The first step is statistically significant $\{\Delta R^2 = .04, F(1, 149) = 5.82, p < .01\}$ comprising of DASS, which is statistically significantly predicting SWB in negative direction $[(\beta = -.20, t = 2.44, p < .01)]$. Second step of model 1 also found to be significant $\{F(2, 148) = 10.22, p < .000\}$ where DASS $[(\beta = .27, t = 3.40, p < .01)]$ and MSPSS $(\beta = .40, t = 4.53, p < .000)$ were predicting SWB in expected directions. Step 2 explain significant unique variance $\{\Delta R^2 = .22, F(2, 148) = 13.22, p < .000\}$. Step 3 presents interaction of DASS and MSPSS. Overall, this step is found to be significant $\{F(3, 147) = 18.47, p < .0000\}$ and product of DASS and MSPSS predicts

SWB significant ($\beta=.15, t= 4.88, p<.000$). Interaction effect contributes to significant variance $\{\Delta R^2=.18, F (3, 147) =18.47, p<.0000\}$.

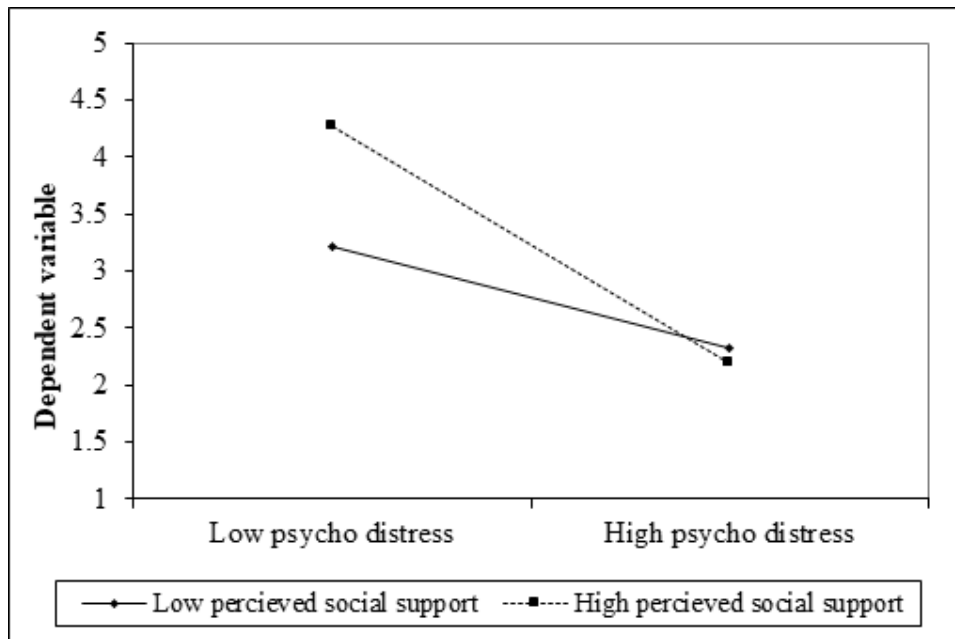


Figure 1: Negative relationship between psychological distress and SWB was affected by perceived social support among disabled children’s parents

This figure depicts the negative relationship between psychological distress and SWB was affected by perceived social support. Overall, the psychological distress, perceived social support their interaction constituted a significant model that explained 18 percent variance in subjective well-being.

Table 5
Moderating role of Social Support in Relationship between Psychological Distress and Subjective Well-being among non-disabled children parents

		SWB	
Model	Predictors	ΔR^2	B
Step 1	DASS	.15	-.21**
Step 2	DASS	.24	-.57**
	MSPSS		.45***
Step 3	DASS	.0001	.15***
	MSPSS		.17***
	DASS.MSPSS		.007
Total R2		.39	

Note. DASS= Depression, Anxiety, and Stress; MSPSS=Multidimensional Scale of Perceived Social Support; SWB= Subjective Well-being * $p<.05$, ** $p <.01$, *** $p <.001$.

Table 5 first step is statistically significant $\{\Delta R^2 =.15, F (1,149) =11.58, p<.001\}$ comprising of DASS, which is significantly predicting SWB in negative direction $[(\beta = -.21, t = 3.44, p< .05)$. Second steps of model 1 also found to be significant $\{F (2, 148) = 37.89, p< .000\}$ where DASS $[(\beta = -.57, t = 4.48, p< .000)$ and MSPSS $(\beta= .45, t=7.70, p<.000)$ were predicting SWB in expected directions. Step 2 explain significant unique variance $\{\Delta R^2 =.24, F (2, 148) =37.89, p<.000\}$. Step 3 presents interaction of DASS and MSPSS. Overall, this step is found to be non-significant $\{F (3, 147) = .41, p< .74\}$ and product of DASS and MSPSS predicts SWB non-significant $(\beta=.006, t=.99, p<.32)$. Interaction effect contributes to non-significant variance $\{\Delta R^2=.001, F (3, 147) = 2.49, p<.08\}$.

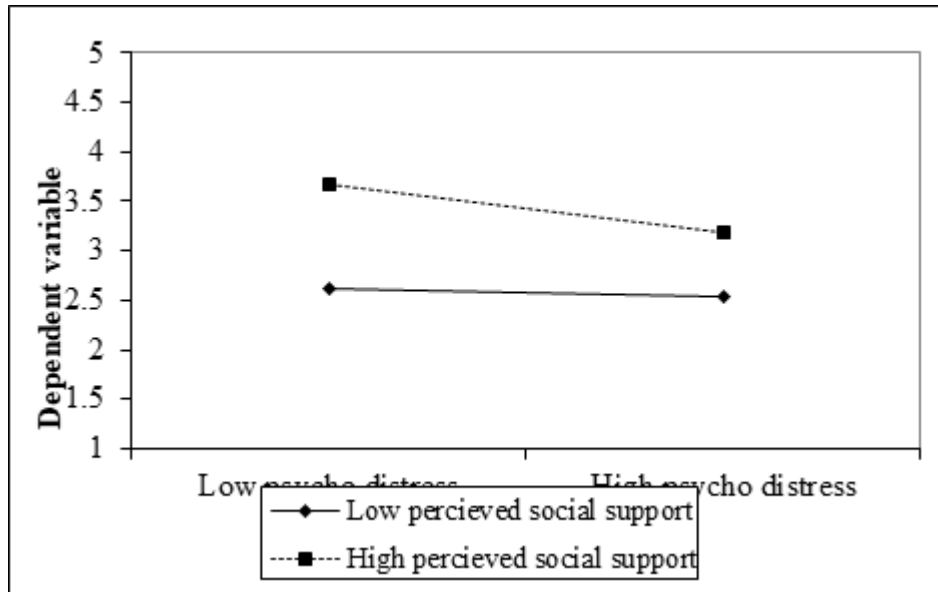


Figure 2: Negative relationship between psychological distress and SWB was not affected by perceived social support among non-disabled children's parents

This figure depicts the negative relationship between psychological distress and SWB was not affected by perceived social support. Overall, the psychological distress, perceived social support their interaction constituted a non-significant model that explained a .01 percent variance in subjective well-being.

Discussion

The findings of the study proved that there was a significant negative correlation between perceived social support and psychological distress (see Table 3). This finding was similar to patterns of Peer and Hillman (2014) in which they found two factors (optimism and social support) act as resilient elements. Another assumption of the study proved that perceived social support and subjective well-being positively correlated. Results indicated that support in both forms perceived or received linked with well-being (see Table 3). Supporting networks act as a shield for distress and promote the individual's well-being; if such networks were present in the stressful environment that enhanced the performance of the individuals. In some situations when such supportive patterns were not available as result poor mental health occurs (Bodla, Saima, & Ammaraa, 2012).

Results indicated that perceived social support acts as a buffer against psychological distress. Support networks promote higher subjective well-being (SWB) in intellectually disabled children's parents (see Table 4). Literature indicated that parents of special needs children (intellectually or autistic) had more stress, depression, and anxiety when such parents even perceived that supporting networks present in the environment their well-being increased; so in that context perceived social support reduced distress and promoted the well-being (Gjesfeld, Greeno, Kim, & Anderson, 2010; Brown, 2014). With non-disabled children's parents, the findings showed that social support was not predicting psychological distress and SWB (see Table 5). These finding can be explained by the fact that parents with normal child have more social support and opportunities for their children in life. Moreover, those parents and their children experienced less psychological distress and have excellent wellbeing as compared to the parents with intellectually disabled child.

Conclusion

Supporting networks (perceived or received) play a key role in providing unconditional help and care for such parents in dealing with stressful conditions such as

stigmatization and discrimination (Ye et al., 2021). This study's findings demonstrated that perceived social support acts as a catalyst in the connection between psychological distress and SWB. It means parents who perceived more social support experienced more subjective wellbeing and less psychological distress. Whereas, those parents who don't perceive the social support from family and friends experienced high levels of psychological distress and poor wellbeing. Moreover, being parents of special children brings much more difficulties and insecurities in family. Therefore, these parents always need some sort of helping hands in coping with their child's conditions. Mental health clinicians may assist in increasing positive parenting behaviors and promoting sharing of problems among close relatives, friends, families of other disabled children, social environment, and expert people who are educated in this subject to reduce psychological distress and improve well-being.

Limitations and Suggestion of the Study

Nevertheless, positive aspects of the study hold some confines as well that need to be addressed for future research. The first limitation of the study was only one culture was focused on; cross-cultural research is suggested for future research for exploring new challenges of disabled children's parents. Secondly, the study was based on a cross-sectional design with a small and less diverse sample size. Therefore, we cannot determine the causal effects of the study. So in future researchers should select the large sample size with diverse demographics with a longitudinal design for getting in-depth understanding for studied variables. Thirdly, for this study only one positive or protective factor (Perceived social support) was explored. It is suggested that new researchers will focus on other positive constructs (for instance, gratitude, hope, and resilience) along with other psychological problems linked with the wellbeing of parents' of intellectually disabled children.

Implications of the Study

Above-mentioned literature review highlights the role of excellent parenting in the development of a positive and healthy family. Parents of special children need some extra help and guidance from the people in their surroundings. Consequently, there is a strong need for professional assistance (counseling, training skills) for the betterment of parents. So, they can adopt the positive coping strategies and enhance their wellbeing. On the basis of study findings, a therapist (clinical & occupational) should arrange the monthly basis training sessions with parents, family members and teachers to educate them to perceive their child with disability as a problem not as a curse. Moreover, professionals should design the intervention programs that can enhance their social skills and wellbeing. In a country like Pakistan, where the majority of the general population have limited access to resources (financial, medical and professional). Therefore, it is the job of the government to facilitate health care services and organizations (public and private) to provide a platform for all the stakeholders (parents, teachers, mental health professionals, and media). So, we can deal with the stigmatization and discrimination of society towards special children and their families.

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