

# Husband's Social Support, Emotional Competence and Compassionate Love in Mother of Children with Autism Spectrum Disorder

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## ABSTRACT

Parents of children with autism spectrum disorder (ASD) experience greater levels of stress, anxiety, and depression than parents of children with other developmental disorders. Mothers experience stress in caring, while loving care is needed, which in this study defined as compassionate love, to optimize the development of children with ASD. This study intends to observe family environmental factors and affection factors that affect compassionate love. The purpose of this study is to find the correlation between husband's social support, emotional competence, and compassionate love of the mother of children with ASD. This research used structural equation modelling (SEM) analysis method supported by Lisrel program. Subjects consisted of 205 mothers of children with ASD, from Semarang, Yogyakarta and Solo, Indonesia. Data collection used a questionnaire link form distributed online and scale distribution manually. The study used three measuring instruments, namely the Provision of Social Relationship scale for husband's social support, the Emotional Competence scale, and the Compassionate Love scale. The hypothesis of this study is that emotional competence mediates the relationship between husband's social support and compassionate love of the mother of the children with ASD. The results of model test of the effect of husband's social support, emotional competence on compassionate love matched the research data (classified as good fit). Husband's social support has a significant effect on compassionate love, through emotional competence. These results prove that emotional competence is an mediating variable. Limitations, suggestions, and research implications are discussed further.

**Keywords:** *Husband's social support, Emotional competence, Compassionate love, Mother, Autism.*

## 1. INTRODUCTION

One of developmental problems in children causing greater level of stress in parents is autism [1]. Autism or Autistic disorder is defined as developmental disorder or abnormality in social interactions and communication which is characterized by constraints in activities and interests [2]. Autism is a brain developmental disorder which is usually observed in the first three years of life. This disorder results in children with autism being less able to communicate with their social environment and less able to control their behavior [3].

Prevalence of autism has increased for the recent years. The data of ASA (Autism Society of America) shows that in the year of 2000 the prevalence of autism was 60 per 1,000 births, with

the ratio in population is 1:250. While the data of CDC (Centers for Disease Control and Prevention, USA) shows that in 2001 the ratio was 1:150 and in several area in UK/the US, the ratio was 1:100. In 2012, CDC recorded that 1 in 88 children is diagnosed with autism and in 2015, a 30-percent increase was recorded, which means that 1.5% or 1:68 children in the US is diagnosed with autism [4]. Another source of data recorded that the estimated number of children with autism is 1 in 150 children (67 in 10,000) in the US [5]. Prevalence of autism in Asia had been recorded as 14.8 in 10,000 during the period of 1980 to 2009 and in China, in 2009, 10.3 in 10,000 children aged 2-6 years old is diagnosed with autism [6]. In 2018, there were 205,200 Australians diagnosed with autism, an increase of 25.1% from 164,000 people with autism in 2015 [7].

The prevalence of autism in Indonesia has also increased in the recent years [2]. In 2010, the number of children aged 5-14 with ASD were estimated as 90,000. The total population of Indonesia in 2010 was 236,5 million, with growth rate 1.14% according to Central Bureau of Statistics. In 2015, the number of people with autism in Indonesia was estimated as 134,000 compared to the total population of Indonesia which was recorded as around 250 million, based on the Central Bureau of Statistics [8]. The increase of prevalence of children with ASD, including in Indonesia, has resulted in higher interest to conduct studies on ASD, especially parenting children with ASD.

Research shows that parents of children with ASD experience greater level of stress [9], anxiety, and depression [10] [11], compared to parents of children with other developmental disorders [12]. The facts indicate that there are issues in parenting children with ASD. Parenting and caregiving are natural roles of a mother [13]. Mothers or parents of children with ASD deal with challenges in a lifelong commitment of caring children with ASD and they have a concern for the future of children with ASD, which in turn contributes to the condition of mothers' mental health and quality of parenting [14] [15] [16] [17].

Parenting with care are important to optimize the development of children with ASD [18], this method of parenting is known as compassionate parenting [19]. Based on an evolutionary perspective, parenting and caregiving for children are reflected in compassion, which means that compassion is part of a caring system that is manifested in providing love and protecting children [20]. Dalai Lama [21] defines compassion as an openness to the suffering of others with a commitment to relieve it. Feldman & Kuyken [22] stated that compassion is an orientation of the mind to understand the suffering and experience of the suffering of others and the ability to overcome suffering with compassion, empathy, willingness, and patience. Sprecher & Fehr [23] introduced compassionate love which is defined as cognitive, affective, and behavioral abilities that focus on attention, care, tenderness, and orientation that support, help, and understand others, especially when the person is suffering or in need of help. A study on mothers of children with autism suggested that compassionate love is predictor of parenting efficacy, family life efficacy, mother's meaning of life and mother's parenting efficacy [24]. Compassionate love is essentials for mothers of children with ASD.

Volling et al [25] mentioned that family environment has a significant effect on social and

emotional development of individuals as well as creates compassionate love in individuals. One of the components of family environment is social support perceived by individuals. An initial research suggested that supports from family consisting of spouse, siblings, and extended family in parenting children with ASD increases mother wellbeing in Indonesia [26]. Husband's social support can increase endurance and psychological wellbeing of their wives as mothers of children with ASD [27][28]. One of husband's social supports can be manifested in the role of fathers in developing self-control in children [25]. In summary, fathers play an important role as husband's social support which is needed by mothers in parenting their children to encourage mothers' compassionate love.

Compassionate love is mediated by internal processes (including emotion and motivation) which are responsible of expressed behavior [25]. Emotions are predictors of the formation of compassionate love in individual. Msiska et al [29] suggested that emotions is one of the constructs that mediates one's experience and knowledge to form compassionate behavior. Volling et al [25] also suggested that mothers of children with ASD should be able to control and manage their emotion as well as express acceptable emotion which is known as emotional competence [31], to be able to increase the quality of parenting with compassionate love. Better quality of parenting from mothers stimulates child's physical and psychological wellbeing [32][33], as well as supports the development of children with ASD [10]. Based on the explanation above, it can be summarized that emotional competence can be employed as a mediator to form individual compassionate love. The research aims to test the hypothesis that there is a correlation between husband's social support and compassionate love in mothers of children with ASD with emotional competence as mediator.

## 2. METHOD

This research design is quantitative – cross sectional, with correlational method. The study population were mothers of children with ASD at "Yamet-Child Development Center" Therapy Center for Children with Special Needs and "Pusat Layanan Autis/Autism Service Center". Data were collected in Semarang, Yogyakarta, and Solo, Indonesia, with purposive sampling technique.

Scale or Instruments were distributed using online questionnaire (google forms) to online chatting groups, personal chats, and social media, while 60 questionnaires were directly handed to the subjects who were accompanying their children in

schools or therapy centers. From the total of 237 participants to whom is send the link of online questionnaire to the subjects, there were 205 participants who have filled the questionnaires (return rate=86%) and the number is considered adequate according to the criteria of minimum samples for SEM, which should be more than 200 subjects [34][35]. All responses were equipped with informed consent.

The subjects were mothers aged 25-45 yo ( $M = 32.3$ ;  $SD = 6.9$ ). Almost all subjects live with their husbands (95%) and mostly are graduated from high schools or universities. Children with autism consisted of 163 boys and 42 girls aged 4-15 years ( $M = 7.8$ ;  $SD = 3.2$ ). The number of children in the family, besides children with autism was 3.6 ( $SD = 1.6$ ).

Try-out on scales were conducted with Confirmatory Factor Analysis (CFA) technique using Lisrel software, resulted in indicators or valid items in scales using the result of standardized loading factors (SLF)  $> 0.50$  and  $t\text{-value} \geq 1.96$  (level of alpha 5%). Reliability test in SEM was conducted using composite reliability measure and average variance extracted measure. A construct is considered reliable if the value of composite reliability (CR) is  $\geq 0.70$ , and the average variance extracted (AVE) is  $\geq 0.50$  [36].

The description for each scale and the results of validity and reliability tests conducted on scale can be seen in the following pointers.

Scale of Compassionate Love [23], consists of 21 items of three dimensional, i.e. tenderness and caring; acceptance and understanding; and helping and sacrifice, as the adopted scale. Sample item: when I see my child feels sad, I will entertain him/her; I accept my child although he/she does the things which I consider as mistakes. The value of SLF ranges between 0.57-0.88 and no omitted items.

Scale of Husband's Social Support adapted from Provision of Social Relationship Scale (PRS) [37] consists of 18 items of six dimensional, i.e. attachment, social integration, reassurance of worth, reliable alliance, guidance, and opportunity for nurturance, as the adapted scale. Sample item: I have a strong emotional bond with my husband; I feel my husband doesn't appreciate my abilities. The value of SLF ranges between 0.54-0.79. From the initial number of items, 18 items, one item was omitted (item no. 18), so the total number of items for the research is 17 valid items.

Scale of Emotional Competence (Profile of Emotional Competence-PEC, [38]) consists of 20 items of five dimensional, i.e. identification, understanding, expression, regulation and use,

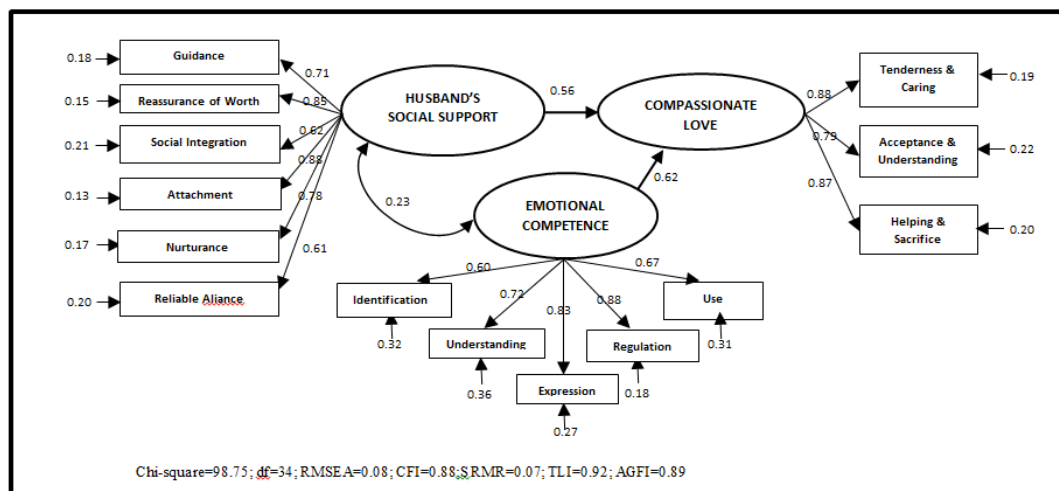
which categorized into intrapersonal and interpersonal dimension. Scale were adopted. Sample item: when I feel angry, I find it easy to calm down; when I'm depressed, I find it difficult to know exactly what kind of emotions I feel. The value of SLF ranges between 0.61-0.78. From 20 items, two items were omitted (item no 2 and no 17), resulted in scale with 18 valid items.

Data was analyzed using structural equation model, with Lisrel program.

### 3. RESULT

#### Model 1. Structural Model of Relationships between Variables

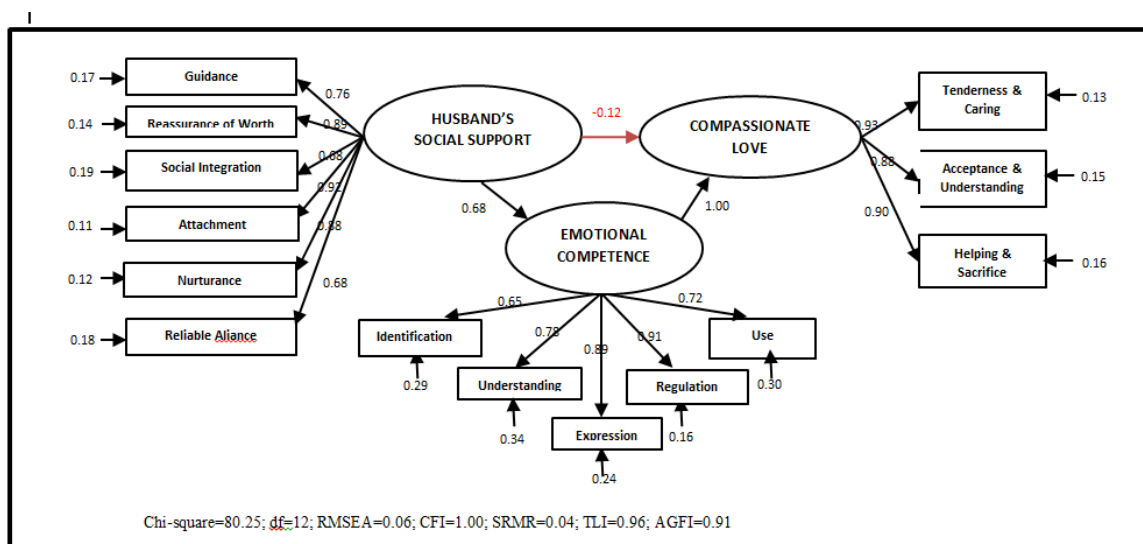
Structural model based on the hypotheses, i.e. Husband's Social Support and Emotional Competence Model have significant effect on Compassionate Love in Mothers of Children with ASD. The causal relationship between these variables is presented by the figure of structural model as shown in Figure 1.



**Figure 1.** Result of Model Test on Effect of Husband's Social Support and Emotional Competence on Compassionate Love in Mothers of Children with Autism Spectrum Disorder

Result of Model Test 1 showed that the model meets empirical data supported with the values as follows: chi-square=98.75; RMSEA=0.08; CFI=0.88; SRMR=0.07; and TLI=0.92, and AGFI=0.89. All indexes are categorized as marginal fit, except SRMR which is categorized as fit. It can be concluded that the model of Husband's Social Support and Emotional Competence on Compassionate Love in Mothers of Children with Autism Spectrum Disorder fit to the data of the research (categorized as marginal good fit)

Model 2. Structural Model with Mediations  
Mediator variable used in the research is Emotional Competence. It is presented by the figure of structural model as shown in Figure 2.



**Figure 2.** Result of Model Test on Effect of Husband's Social Support and Emotional Competence on Compassionate Love in Mothers of Children with Autism Spectrum Disorder with Emotional Competence as Mediator Variable

Figure 2 showed that the model fit with the empirical data, supported by the following values: chi-square=80.25; df=12; RMSEA=0.06; CFI=1.00; SRMR=0.04; TLI=0.96; and AGFI=0.91. The results affirm that the model of Effect of Husband's Social Support and Emotional Competence on Compassionate Love fit with the research data (categorized as good fit).

The model also showed that the aspects of attachment, nurturance and reassurance of worth are more dominant compared to the aspects of guidance, social integration, and reliable alliance in the variable of Husband's Social Support. The aspects of expression and regulation are more dominant compared to the aspects of identification, understanding, and use in the variable of Emotional Competence, and the aspects of tenderness & caring, acceptance & understanding, and helping & sacrifice are evenly balanced in the variable of Compassionate Love.

After model 2 was considered as good fit, analysis on correlations between variables was conducted, the results is showed and presented in Table 1.

**Table 1.** Factor Loadings of Path Analysis Model  
Test of Effect of Husband's Social Support and  
Emotional Competence on Compassionate Love

Path	Estimate	t-value	p-value	95% Confidence Interval	
				Lower	Upper
HS → EC	0.68	6.55	0.00	0.470	0.751
HS → CL	-0.12*	0.36	0.32	-0.221	0.09
EC → CL	1.00	5.88	0.00	0.788	1.000

Description:

HSS : Husband's Social Support

EC : Emotional Competence

CL : Compassionate Love

\* : non-significant correlation

Results of path analysis on correlations between variable showed that Husband's Social Support affects significantly to Emotional Competence ( $r = 0.68$  medium effect), Emotional Competence has a great effect on Compassionate Love ( $r = 1.00$  very strong effect), and Husband's Social Support has no significant effect on Compassionate Love ( $r = -0.12$ ).

Model 1 on the direct impact of Husband's Social Support on Compassionate Love shows the value at 0.56, meaning that the effect is real and has

medium effect, if it is apart from Emotional Competence. While based on model 2, as presented in Figure 2, Husband's Social Support has strong effect to Compassionate Love if Emotional Competence is included, showing the value at 1.00 (very strong). The comparison provides the evidence that Emotional Competence is a mediating variable. The results of the analysis showed that the hypothesis of the research is accepted.

## 4. DISCUSSION

Mothers of children with ASD, often feel stress in parenting [39]. Prolonged stress can lead to depression, which can re-affect childcare, i.e. mothers can be rude which reflects low compassionate love in parenting [40]. Furthermore, the low compassionate love of mothers in parenting can form low psychological well-being in mothers and children [26]. Then the mother's need for social support from the closest person, i.e. her husband, and the importance of having high emotional competence, are the main things that can improve positive parenting for children with ASD, which in turn stimulates the optimization of children's development.

The analysis on Structural Model 1 (figure 1), i.e. Husband's Social Support and Emotional Competence significantly influence Compassionate Love, which has a marginal fit value, meaning that the model is quite compatible with research data. According to Volling, Kolak, & Kennedy [25], interactions in the family affect the formation of compassionate love in individuals. It was further explained that the quality of marriage, in particular the quality of the relationship between husband and wife, influences mother's parenting attitude. Social support also influences individuals in dealing with parenting stress and parenting attitudes [41][42] and results in the formation of compassion in individuals [43]. Other research findings state that fathers play a role in the formation of self-control and negative emotions of children [25] so, it can support mothers to provide parenting for children with ASD who have challenges in emotional regulation [2]. Msiska, Smith, Fawcett, & Nyasulu [29], suggested that emotional involvement affects the formation of compassionate care, and this is consistent with findings in research suggesting that emotional competence influences mothers' compassionate love.

After that a new model is created, putting the variable of emotional competence between the variable of husband's social support and the variable of compassionate love (figure 2), for non-linear path analysis, which observes the variable of emotional

competence variable as a mediating variable. The results showed that the model fits with empirical data that the Model of the Effect of Husband's Social Support and Emotional Competence to Compassionate Love matches the research data (values are categorized as good fit). Based on table 2, the results of path analysis showed that husband's social support has a moderate effect to emotional competence; emotional competence has a very strong impact on compassionate love and husband's social support has non-significant impact on compassionate love.

Based on Model 1, husband's social support on compassionate love has a moderate magnitude of influence, only if it is not associated with emotional competence. While Model 2 shows that husband's social support on compassionate love becomes very strong if through emotional competence. It means that emotional competence is a mediating variable. All the results above show that the research hypothesis was accepted.

The findings of this study support the results of previous research which states that empathic responses in the form of one's emotional reactions mediate family environment relationships and the formation of compassionate love in individuals [25]. In the context of parenting children with ASD, considering their sensitive and emotional condition, mothers should provide a responsive and patient response in dealing with the children [44][45][17]. Parenting children with ASD requires a personal approach, considering the characteristics of the child and the ability to control mothers' emotions, so that mothers does not experience negative emotions that can have an impact on poor parenting behavior.

Emotional control, the ability to manage emotions, showing appropriate emotional expression can have a positive impact on children with ASD, which stimulates the physical and psychological well-being of children for the optimization of children's development [10][31][32]. Emotional control, ability to manage emotions, and displaying appropriate emotional expressions, are some of the aspects of emotional competence [30] and the findings of this study strengthen the statement that emotional competence is essentials in the constructed compassionate love, especially as mediating variable for external factors.

The study also suggests that there are variations in the value of the influence of each factor on the psychological construct (variables) examined in each model. In the variable of husband's social support, the aspects of attachment, nurturance and reassurance of worth, are more dominant than the aspects of guidance, social integration and reliable

alliance. This can be explained that mothers need positive attachment, forms of attention and positive appreciation from their husbands, rather than guidance and togetherness. It means that mothers require psychological support rather than just tangible assistance (physical or financial). The aspects of expression and regulation are more dominant than the aspects of identification, understanding, and use in forming emotional competence. The ability to express emotions properly and the ability to regulate emotions is needed, when mothers encounter children with ASD, whose main characteristics have limitations in both aspects. The aspects of tenderness & caring, acceptance & understanding, and helping & sacrifice, have relatively the same content in forming the variable of compassionate love.

## 5. CONCLUSION

The research aimed to determine the correlation between Husband's Social Support, Emotional Competence and Compassionate Love in Mothers of Children with Autism Spectrum Disorder, has resulted in two tested models that fit with the empirical data. Significance tests resulted in a conclusion that there is a correlation between Husband's Social Support with Compassionate Love with Emotional Competence as mediating variable. The results showed that the research hypothesis was accepted.

The limitations of the study include the absence of diagnostic data on the type of autism disorder based on its categories, because the more severe the type of disorder will affect the stress level experienced by mother who caring for children with ASD. Researchers try to minimize this limitation by maintaining data homogeneity, by limiting the location of data collection. It is suggested for other researchers to highlight the individual demographic factors, specifically the criteria for autism of children with ASD. In addition, further research can consider the influence of cognition and other affection factors on the compassionate love in mothers caring for children with ASD, such as mothers' knowledge of autism and their acceptance for children with ASD.

The implication of this study is empirical evidence of the importance of husband's social support and emotional competence for mothers in caring for children with ASD, which can be developed by researchers interested in studies related to families with ASD, specifically designing intervention programs employing husband's social support and competence individual emotions to

enhance compassionate love in parenting children with ASD.

## AUTHORS' CONTRIBUTIONS

The author does the research as a whole. Co-authors assist in the preparation of research articles.

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