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Social support and post-crisis growth among mothers of children with autism spectrum disorder and mothers of children with down syndrome

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ABSTRACT

Background: Raising a child with special needs challenges mothers in complicated ways, yet, alongside these difficulties, there is evidence for maternal post-crisis growth. Social support is one element that may contribute to growth.

Aims: This study explores the relationship between social support and post-crisis growth, examines type of disability as a mediating variable between support and growth, and, looks at the relations between subtypes of support and growth.

Methods & Procedures: Participants included 99 mothers of children with Autism Spectrum Disorder (ASD) and 119 mothers of children with Down Syndrome (DS). Mothers completed three self-report questionnaires: demographic, Multidimensional Scale of Perceived Social Support, and the Stress-Related Growth Scale.

Results: Social support was found to predict maternal post-crisis growth with type of disability serving as a mediating variable between them, such that social support contributes to post-crisis growth only among mothers of children with ASD. In addition, results revealed various correlations between types of support and types of growth.

Conclusions & Implications: The findings indicate that compared to DS, characteristics of ASD may contribute to less maternal post-crisis growth, and that social support serves as an important predictor for growth in this group. Finding ways to increase social support for mothers of children with ASD thus gains additional importance.

What this paper adds?

This paper contributes to our understanding of mothers of children with disabilities, and emphasizes the impact of different disabilities. This is the first study that explored type of disability as a mediating variable between social support and maternal post-crisis growth. We found that social support predicts post-crisis growth for mothers of children with ASD, but not for mothers of children with DS. ASD is generally characterized by impaired social interactions and mothers of children with ASD more often contend with negative attitudes from society towards their child. The study's results emphasize the importance of social support, particularly for mothers of children with ASD, and the need for programs to help them receive this support.

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1. Introduction

For women who bear children, motherhood is one of the most complex tasks in the life of a woman, and it requires constant development and adaptation of the mother's relationship to the child (Mishori, 2014). Raising a child is accompanied by a framework of expectations and the investment of numerous physical and emotional resources. This investment is often rewarded when a mother sees the child reach developmental milestones and thrive. In contrast, receiving a diagnosis of a disability is often seen as a crisis, and raising a child with a disability poses a variety of complex challenges for the mother (Siman-Tov & Kaniel, 2011; Wayment, Al-Kire, & Brookshire, 2018). The intensive caring for a child with a disability and its inherent challenges can lead to maternal feelings such as denial, anger, guilt, loneliness, and despair (Benson & Karlof, 2009; Benson, 2014; Hastings et al., 2005; Shepherd, Landon, Taylor, & Goedeke, 2018). In addition, it is common for mothers raising children with a disability to experience symptoms of psychological distress, a sense of loss and ongoing crisis, and damage to their mental health (Benson, 2018; Padden & James, 2017; Zablotsky, Bradshaw, & Stuart, 2013). Alongside the difficulties, there is research evidence showing maternal growth in various areas of life that results from contending with the crisis of navigating a diagnosis of a child's disability (Blacher & Baker, 2007; Scorgie & Sobsey, 2000). The current study explores the impact of the child's particular disability on mothers of children with Autism Spectrum Disorder (ASD) and mothers of children with Down Syndrome (DS).

1.1. ASD and DS

Children diagnosed with ASD demonstrate impaired communication and social interactions and limited or repetitive behavior patterns (American Psychiatric Association DSM-5 Task Force, 2013). They often struggle to interact with those around them, show a lack of understanding of social situations and cues, have trouble initiating and maintaining conversation, and difficulty understanding verbal and non-verbal communication. Children with ASD often show patterns of repetitive behaviors or limited behaviors expressed as attachment to rituals, fixations, and obsessions, as well as inappropriate activity or excessive knowledge in one narrow interest. Within the diagnosis of ASD it is important to note that there is a wide variability between children and varying levels of functionality.

DS is one of the most common chromosomal disorders, and children with DS have prominent physical characteristics and various physiological problems (Centers for Disease Control & Prevention, 2014; Roizen & Patterson, 2003). DS is associated with cognitive and learning complications such as memory impairment, difficulty with conceptualization, generalization, abstraction, acquisition of learning strategies, and slow response compared to their same-age peers. Children with DS have strong social abilities compared to those with other intellectual disorders, and are often very affectionate (Di Nuovo & Buono, 2011; Dykens, 1999). At the same time, they have difficulty comprehending speech and using pre-verbal communication such as pointing, eye contact, and gestures (Centers for Disease Control and Prevention, 2014). As with ASD, there are varying levels of functionality among children with DS (Fidler, Most, & Philofsky, 2009; Patterson, Rapsey, & Glue, 2013). These aspects of DS, along with the external appearance and cognitive difficulties, make it harder for these children to adapt to society and form normative social relationships (Grieco, Pulsifer, Seligsohn, Skotko, & Schwartz, 2015).

1.2. Impact of raising a child with a disability on mothers

A child's disability clearly influences the mother in a variety of ways. Mothers of children with ASD experience higher levels of stress compared to mothers of typically developing children (e.g., Hayes & Watson, 2013; Hutchison, Feder, Abar, & Winsler, 2016; Seymour, Wood, Giallo, & Jellett, 2013), mothers of children with other developmental disabilities (e.g., Craig et al., 2016; Dykens, Fisher, Taylor, Lambert, & Miodrag, 2014), and mothers of children with DS (Dabrowska & Pisula, 2010; Hayes & Watson, 2013). Higher stress levels can be an outcome of the complications and challenges of raising a child with ASD, as well as a result of the lack of social communication that characterizes many children with this disorder (Ludlow, Skelly, & Rohleder, 2012). Additionally, mothering a child with ASD is depicted as challenging in terms of the behavioral difficulties facing these children, such as unanticipated and uncontrollable tantrums and aggression that lead to increased stress and difficult daily life (Fletcher, Markoulakis, & Bryden, 2012; Myers, Mackintosh, & Goin-Kochel, 2009).

Mothers of children with DS also face a variety of meaningful challenges in the raising of their children, and often experience greater stress than mothers of typically developing children (e.g., Dabrowska & Pisula, 2010; Marchal, Maurice-Stam, van Trotsenburg, & Grootenhuis, 2016; Phillips, Conners, & Curtner-Smith, 2017). However, studies have found that compared to families of children with other cognitive disabilities or ASD, the effects of raising a child with DS seem milder (Dabrowska & Pisula, 2010; Hodapp, Ly, Fidler, & Ricci, 2001; Lanfranchi & Vianello, 2012). Studies refer to the "Down Syndrome Advantage" to highlight how raising a children with DS is considered easier than raising a child with a different disability (Stoneman, 2007). Children with DS generally have a positive and more social temperament and higher levels of functioning compared to other disabilities (e.g., Corrice, Glid, & den, 2009; Hodapp & Dykens, 2009;). These behavioral patterns may explain lower levels of parental stress and better emotional welfare amongst mothers of children with DS compared to those with other disabilities (Esbensen & Seltzer, 2011). Nonetheless, the "Down Syndrome Advantage" is not accepted by all, and may result from other differences relating to the comparison groups that were studied, such as parents' ages (Corrice & Glidden, 2009; Esbensen & Seltzer, 2011). What is clear is that mothers of children with DS face difficulties not encountered by mothers of typically-developing children. The current study thus looks at some different ways that raising a child with ASD and DS can impact mothers.

1.3. Post-crisis growth

Together with the evidence of the difficulties that mothers raising a child with a disability experience are reports of personal growth (Blacher & Baker, 2007; Scorgie & Sobsey, 2000). Post-crisis growth is defined as the process of creating meaning following a crisis. The term is generally applied to situations that have far-reaching impact upon various aspects of life (Schaefer & Moos, 1992). Post-crisis growth following a stressful situation can be expressed in positive ways including, among others, feelings of strength and power, improvement in interpersonal relations, spiritual development, and finding meaning in life (Calhoun & Tedeschi, 2004; Joseph & Linley, 2006; Taubman, Findler, & Kuint, 2010). Indeed, mothers describe positive outcomes such as religious and personal growth and greater appreciation for life as a result of raising a child with a disability (Bekhet, Jonson, & Zauszniewski, 2012; Ekas & Whitman, 2011; Markoulakis, Fletcher, & Bryden, 2012). For example, Counselman-Carpenter (2017) found that mothers of children with DS reported positive person growth and improved mothering skills as a result of raising their child. Similarly, McGrew and Keyes (2014) found that one year after their child was diagnosed with ASD, there was an increase in the mothers' positive perceptions of raising a child with ASD, a reduction of the negative views of the child, reduction in overall stress, and a feeling of greater support.

1.4. Social support

Social support is one element that has been found to help mothers in reducing the negative impact of raising a child with a disability. Perceived social support is a person's knowledge that he/she has someone to turn to receive empathy, cooperation, and help. The latter can come in the form of information, emotional support, assistance with day-to-day tasks, etc. Many studies have found that support from family, friends, and community is an important resource that serves as a proactive factor that contributes to successful coping by mothers of children with disabilities (Altiere & von Kluge, 2009; Bromley, Hare, Davison, & Emerson, 2004). This has been found both amongst mothers of children with ASD (e.g., Ruiz-Robledillo, De Andrés-García, Pérez-Blasco, González-Bono, & Moya-Albiol, 2014; Wayment & Brookshire, 2018; Weiss et al., 2013), and mothers of children with DS (Esbensen & Seltzer, 2011; Yildirim & Yildirim, 2010).

While there is evidence that social support can aid maternal coping, few studies have examined the nature of the relations between support and growth among parents of children with disabilities (Zhang, Yan, Barriball, While, & Liu, 2015), despite research showing that social support relates to growth among those who experience health-related stressors and personal traumas (Prati & Pietrantoni, 2009). The current study therefore aims to explore the relations between social support and post-crisis growth among mothers of children with ASD and those with children with DS. The following research questions and hypotheses guide the study.

1.5. Research questions and hypotheses

1 What is the nature of the relationship between perceived social support by mothers of children with ASD and DS and post-crisis growth? We hypothesized that increased social support will positively relate to post-crisis growth.
2 Is there a relationship between different types of support (family, friends, important individuals) and types of growth (personal, social, religious)? This question was more exploratory, and as such, we expected to find differences but had no specific hypotheses in terms of the particular relationship.
3 Does the type of disability mediate the relationship between social support and post-crisis growth, and if so, how? We hypothesized that type of disability will mediate between social support and post-crisis growth, such that maternal growth will vary between mothers of children with ASD and mothers of children with DS.

2. Method

2.1. Participants

Participants were recruited via social media – such as Facebook and online forums for parents of children with special needs across Israel. Participating mothers completed a consent form and all ethical requirements were fulfilled. No compensation was provided to participants. A total of 99 mothers of children with ASD (72 boys, 27 girls) and 120 mothers of children with DS (69 boys, 50 girls) participated. On average, the children were 12 years old (SD = 5.94). Mothers' ages ranged from 27 to 73, with an average of 45 (SD = 7.69) amongst the ASD group and 48 (SD = 10.16) amongst the DS group. A majority of the mothers were married (87.4% and 87.9% for the ASD and DS groups, respectively). All the mothers completed high school and a majority of mothers had an undergraduate degree (62.6% - ASD, 51.3% - DS).

2.2. Measures

2.2.1. Demographic questionnaire

Designed for the purposes of this study, this 20-item, self-report questionnaire was divided into two sections. The first section comprised questions on the family's background, including" age, SES, marital status, education, and religious affiliation. In Israel, there is a broad range of religious affiliation. This ranges from secular, through traditional and National-Religious, to Ultra-Orthodox. Affiliation relates to the level of religious observance and belief in God, but also to involvement with particular communities and the more general way of life (Manor-Binyamini, 2012). The second section included questions relating to the child such as age, gender,

birth order, and diagnosis.

2.2.2. Multidimensional scale of perceived social support ([MSPSS] Zimet, Dahlem, Zimet, & Farley, 1988)

This 12-item, self-report questionnaire examines a person's perceived level of support from three sources – family, friends, and other significant individuals. The survey includes four questions relating to each source (e.g., "I received the help and emotional support that I need from my family"; "There is a special person around when I am in need"; "I have good friends with whom I can share my joys and sorrows"). Participants respond on a Likert-type scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). Reliability for the questionnaire in the current study was Cronbach's $\alpha = 0.91$ for overall score, $\alpha = 0.91$ for family support, $\alpha = 0.89$ for friends' support, and $\alpha = 0.80$ for support from other important individuals.

2.2.3. Stress-Related growth scale ([SRGS] park, Cohen, & Murch, 1996)

This 26-item, self-report questionnaire measures post-crisis growth and aspects that can predict growth of parents of children with special needs. The items divide into three areas: personal growth, social growth, and religious growth (e.g., "I learned to look at things in a more positive way"; "I developed/increased my trust in God"). Participants are asked to respond to items on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores reflect feelings of greater growth in that particular area. Reliability for the questionnaire in the current study was Cronbach's $\alpha = 0.92$ for overall score, $\alpha = 0.85$ for personal growth, $\alpha = 0.86$ for social growth, and $\alpha = 0.87$ for religious growth.

As the study focused on mothers' own perceptions of their support and their growth, self-report measures were selected. The MSPSS and SRGS are well-validated and reliable questionnaires that have been used in previous studies (e.g., Badura et al., 2017; Pargament, Koenig, & Perez, 2000; Zambon et al., 2010). Mothers received and returned the questionnaires via internet or pre-paid Israeli post, and were asked to complete the three measures in the following order: demographic, MSPSS, and SRGS.

2.3. Data analysis

In order to evaluate the nature of the relationship between social support and post-crisis growth, we first ran 2-tailed Pearson correlations between the variables, including the subtypes of support (family, friends, important individuals) and growth (personal, social, religious). Subsequently, we ran a hierarchical regression, with step 1 including the demographic variables that significantly varied between the groups, (child's gender, mother's age, and religious affiliation), adding in the disability in step 2, and including the interaction terms (support x disability) in step 3.

3. Results

We first present the descriptives of the demographic variables. This is followed by the correlations between the types of support and the types of growth. Last, we present the descriptives relating to support and growth based on type of disability and the hierarchical regression.

3.1. Demographic variables

Significant differences were found between the two groups on a number of demographic variables. Mothers of children with DS were significantly older than mothers of children with ASD ($T = 2.39, p < .05$). There were significantly more boys diagnosed with ASD than with DS ($\chi^2 = 5.14, p < .05$). This is in line with the prevalence of ASD between boys and girls, which currently stands at 4:1 (Bishop, Veenstra-VanderWeele, & Sanders, 2016). Significant differences were also found between the groups in terms of religious affiliation. The number of secular mothers was significantly lower in the DS group compared to the ASD group, and the percentage of Haredi mothers in the DS groups was significantly higher than in the ASD group ($\chi^2 = 28.22, p < .01$). This is in line with the prevalence of DS in Israeli society (Ergaz-Shaltiel et al., 2017). Women in the religious sectors in Israel will almost never abort a baby with DS, while women in the secular community may consider this option more frequently. As such, the number of children with DS in the National-Religious and Ultra-Orthodox communities tends to be higher than in the general population. In addition, women in the Ultra-Orthodox community tend to have many more children and bear children at later ages, also contributing to the higher prevalence in this community (Ergaz-Shaltiel et al., 2017). The above variables were thus controlled in the subsequent statistical analyses. No significant differences were found between the groups for the other demographic variables (place of birth, SES, education, age of child).

3.2. Relations between types of support and types of growth

Pearson correlations revealed the relationships between the different types of social support and different types of post-crisis growth. Table 1 reveals significant positive correlations between most types of support and most types of growth. There was no significant correlation between the various types of social support and personal growth.

3.3. Social support, post-crisis growth, and disability

We examined the means and standard deviations of social support and personal growth in the two groups of mothers. Amongst

Table 1
Correlations Between Types of Social Support and Types of Post-Crisis Growth.

	1	2	3	4	5	6	7	8
1. Social support	–							
2. Family support	.87**	–						
3.Friends' support	.84**	.58**	–					
4. Support from others	.81**	.59**	.49**	–				
5. Growth	.20**	.14*	.20**	.18**	–			
6. Personal growth	.08	.02	.11	.07	.95**	–		
7. Social growth	.32**	.22**	.32**	.26**	.87**	.70**	–	
8. Religious growth	.23**	.24**	.10	.25**	.64**	.49**	.44**	–

$p < .05$*, $p < .01$**.

mothers of children with ASD, social support averaged 3.95 ($SD = 0.85$) and growth averaged 3.68 ($SD = 0.80$). Amongst mothers of children with DS, support averaged 4.12 ($SD = 0.91$) and growth averaged 3.68 ($SD = 0.88$). Higher scores reflect higher levels of social support. We ran hierarchical regression analyses to predict maternal post-crisis growth based on disability, controlling for varying demographic variables (child gender, maternal age, maternal religious affiliation).

Table 2 shows that the various predictors significantly predicted 14.2% of the variance in maternal post-crisis growth. The background variables entered in step one explained 4.17% of the variance and the addition of social support in step two added 7.6% beyond the demographic variables. The type of disability in step three explained an additional 10.83% of the variance. The interaction between social support x type of disability was significant, revealing that type of disability does serve as a mediating variable between social support and post-crisis growth (see Fig. 1).

A significant interaction was found between the type of disorder and social support. Simple slopes analyses (Preacher, Curran, & Bauer, 2006) for probing this effect indicated that one level of the confounding variable - ASD, demonstrate a positive correlation between social support and post-crisis growth ($B = 0.43$, $SE = 0.10$, $t = 4.39$, $p < 0.001$).On the other hand, under the level of AS disorder, no association was found ($B = 0.02$, $SE = 0.08$, $t = 0.25$, $p > 0.5$).

4. Discussion

The current study examined the relations between social support and post-crisis growth among mothers of children with ASD and mothers of children with DS. Results showed that social support predicts maternal post-crisis growth and that type of disability serves as a mediating variable. Additionally, relations were found between different types of support and different types of growth.

4.1. Social support and post-crisis growth

The results support our hypothesis that increased social support would be associated with increased maternal post-crisis growth. This is in line with other studies that found a similar association (Bekhet, Johnson, & Zauszniewski, 2012; Ekas, Lickenbrock, & Whitman, 2011; Markoulakis et al., 2012). Social support is an important resource that is often divided into formal (professional) and informal (family, friends) support. In previous studies, parents were found to prefer informal support due to the number of supporters, the quality of support and the long-term effectiveness of this support (Duvdevany & Abboud, 2003). Social support

Table 2
Hierarchical Regression Predicting Maternal Post-Crisis Growth (N = 219).

		B (SE)	β	R^2	Δ R^2
Step 1:				0.06**	0.04
	Child gender	0.06 (0.12)	0.11		
	Maternal age	−0.15 (0.01)	−0.01*		
	Religious affiliation	0.18 (0.06)	0.16**		
Step 2:				0.09**	0.08
	Child gender	0.09 (0.12)	0.05		
	Maternal age	−0.01 (0.01)	−0.16*		
	Religious affiliation	0.14 (0.06)	0.16*		
	Social support	0.19 (0.06)	0.20**		
Step 3:				0.14**	0.11
	Child gender	0.10 (0.12)	0.06		
	Maternal age	−0.01 (0.01)	−0.15*		
	Religious affiliation	0.14 (0.06)	0.17*		
	Social support	0.02 (0.08)	0.02*		
	Type of disability	−1.60 (0.52)	−0.97**		
	Social support x Disability	0.41 (0.13)	1.00**		

$p < .05$*, $p < .01$**.

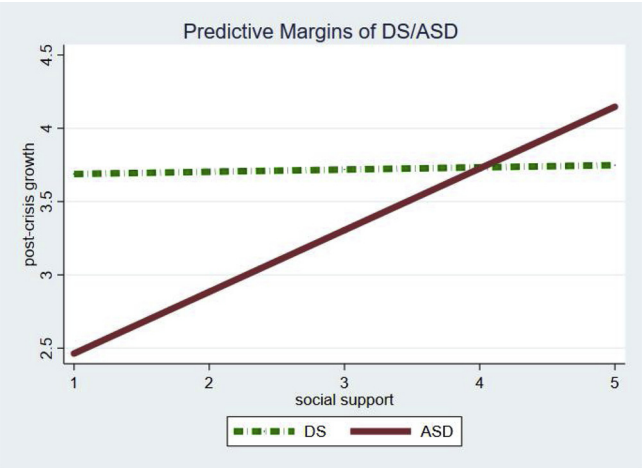

Fig. 1. The interactive effect of social support and type of disorder on Post-crisis growth.

contributes to post-crisis growth because it helps mothers focus on positive aspects, and not just the more difficult aspects of raising a child with a disability. Support relates to reduced stress levels, psychological well-being, and other positive influences, such as fewer marital difficulties (Benson & Kersh, 2011; Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001; Hartley, Barker, Baker, Seltzer, & Greenberg, 2012; Samadi & McConkey, 2014). In addition, support can aid growth in providing a feeling of encouragement and hope, reducing feelings of loneliness, reduced stress, and positive impact on quality of life (Bishop, Richler, Cain, & Lord, 2007; Ekas, Lickenbrock, & Whitman, 2010; Pottie, Cohen, & Ingram, 2008; Pozo, Sarriá, & Brioso, 2014).

4.2. Types of social support and types of growth

There are various types of post-crisis growth. This study explored the possible relations between different types of support and different types of growth. Results showed that all the elements of social support (family, friends, important others) significantly related to social and religious growth. Somewhat surprisingly, personal growth was not significantly related to social support. One possible explanation may relate to the participating mothers' ages. The average age of the mothers was 45. It may be that these mothers had focused more on their personal growth in earlier years and now were focusing on broader aspects, such as spiritual and social growth. Studies have shown that adaptation to a diagnosis of a disability takes time and that this adaptation changes over time. For example, according to Kubler-Ross (1973) grief model, mothers progress from shock to mourning to anger and sorrow before finally reaching acceptance. Going through these stages takes time, and generally, parents demonstrate greater acceptance over time (Lutz, Patterson, & Klein, 2012). It may be that the mothers in this study had reached acceptance of their child's disability and worked through these stages, and are now able to focus on growth in other areas of their lives, such as spiritual growth.

Previous studies showed that religious beliefs impact on the growth of parents of children with a disability (e.g., Bayat, 2007). Manor-Binyamini (2012) compared parents of children with ASD from the Haredi sector in Israel with that of non-religious parents of children with ASD. The Haredi parents presented greater growth compared to the non-religious parents. Religious belief helps the parent to find meaning beyond the difficulties of day-to-day life, and facilitates growth in that the parent believes that there is meaning and purpose to raising a child with special needs (Manor-Binyamini, 2012).

4.3. Impact of the disability

The current study brings the type of disability to the fore in terms of the impact of social support on post-crisis growth. Social support was found to be significantly more predictive of parental growth among parents of children with ASD compared to parents of children with DS. These results may be partially explained by the characteristics of the disorders themselves and their impact upon the mothers. First, there is a difference in the external visibility of the disorders. ASD is generally not initially obvious to people on the outside, while DS has prominent external characteristics. The gap between the external appearance of ASD and the non-normative behaviors is quite large. This gap is a source of difficulty in dealing with the child in society, and may serve to have the mother avoid being with the child in social setting, and thereby preventing her from receiving support and empathy from her environment. Second, although both ASD and DS have individual variability, the impairment in communication and social interactions among children with ASD and the limited or repeated behavior may also lead to misunderstanding by others and impact upon the receipt of needed social support for mothers of ASD (American Psychiatric Association DSM-5 Task Force, 2013; Ludlow et al., 2012; Ooi, Ong, Jacob, & Khan, 2016; Safe, Joosten, & Molineux, 2012). Indeed, there is evidence that parents of children with ASD often experience the difficult feelings of loneliness and alienation (Estes et al., 2009; Farrugia, 2009; Ryan, 2010). The "Down Syndrome Advantage" (Corrice & Glidden, 2009) reported in some of the literature may indicate that mothers of children with DS receive support more easily, or perhaps have less need of it in order to grow past the crisis of their child being diagnosed with the disorder. Last, parents of

children with ASD often report negative attitudes towards their children with ASD (Broady, Stoyles, & Morse, 2017; Green, 2003; Woodgate, Ateah, & Secco, 2008). No such studies were found relating to children with DS. These negative experiences relating to ASD may in turn lead to a lack of social support. Picardi et al. (2018) compared parents of children with ASD to those of children with DS and found that parents of children with ASD receive less support than those with children with DS. The differences in the nature of each disability and the impact that this has on the parents may help explain our results. If one does not expect support or struggles to find it and then receives it, it can have a much greater impact on one's ability to grow from the experience. The social support that mothers of children with ASD receive seems to be very meaningful, and may help explain why it has a greater impact on post-crisis growth compared to mothers of children with DS.

Growth of mothers of children with DS may relate to other factors aside from social support. Today, DS is often diagnosed at birth (or even before), and parents have time following birth to adjust to their child's diagnosis and needs. Although ASD is now diagnosed often by the age of three, the first year or two may not reveal the difficulties that lie ahead. While we found no significant differences in the groups based on children's ages, it may still be a contributing factor. Mothers of children with DS may have had more time to experience post-crisis growth, or it may be that their need for social support is different and it thus relates differently to their post-crisis growth.

To date, few existing studies have focused on the relations between social support and growth among mothers of children with ASD, and of these, findings have been mixed (e.g., Wayment et al., 2018). For example, Phelps and colleagues (2009) did not find a relationship between support and growth, while Zhang, Yan, and Du, 2013; Zhang et al., 2015 did find a positive relationship. A qualitative study with 19 parents of children with ASD in Israel revealed that parents reported growth in various areas: personally as better people, increased coping feelings, gaining insights into life, improvements in the marriage and interpersonal relationships, and that growth was related to social support (Waizbard-Bartov, Yehonatan-Schori, & Golan, 2018). Post-crisis growth is important for mothers' emotional well-being and their ability to view raising a child with a disability in a positive light (Wayment et al., 2018). The current study adds to this limited body of literature and strengthens the potential link between social support and post-crisis growth.

4.4. Limitations & future research

A number of limitations exist regarding the sample and data collection methods used in the study. The study relies on mothers' self-report data, which increases the possibility of bias stemming from social desirability. In addition, the participants were recruited via social media, which may limit the applicability of the results to other populations. As such, we recommend that future studies use other sources of information such as spouses and professionals working with this population, and that a broader sample be obtained by recruiting more directly from preschools, schools, or societies (e.g., Israeli Society for Children and Adults with Autism). Doing so, as well as using other data collection methods such as in-depth interviews, may provide a broader picture of results and can serve to improve our understanding of the importance of post-crisis growth for mothers of children with a disability. Expanding future studies to include participants from other countries can help extend the validity of the results to other populations. We also recommend that future studies take into account mothers' personal resources such as individual characteristics (optimism, coherence) and not only external resources as predictors of maternal growth. Children's individual differences, such as level of cognition, language level, or behavioral difficulties, can influence parents' stress levels (Shepherd et al., 2018). In turn, this may impact on post-crisis growth. We were unable to evaluate the severity of the children's disability in this study, which may have impacted upon the results. Future studies should include this information to help determine more clearly how these aspects may impact upon maternal growth. Lastly, mothers are not the only caretakers of children with disabilities. Future studies should include fathers and other potential caregivers (e.g., grandparent, nanny) to better understand how social support relates to post-crisis growth and whether there are differences between mothers and other caregivers.

5. Practical implications & conclusions

The characteristics of ASD contribute to maternal risk for difficulties in various aspects of their lives and less post-crisis growth compared to mothers of children with DS. Social support serves as an important predictor for growth in this group. Finding ways to increase the social support that mothers of children with ASD receive thus gains additional importance. Community-wide programs and extended family can both be sources of support for these mothers. Efforts should go into development of communal support programs that provide various types of services for families of children with disabilities. Looking at the particular type of disability can help in the development of disability-appropriate resources for each population.

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