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Research Article

EMOTIONAL STATE DIFFERENCES OF PARENTS WITH CHILDREN DIAGNOSED WITH AUTISM

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ABSTRACT

Parental role is crucial, because parents are usually the first who have to confront with their child's autistic symptoms and needs and they can influence the development of a peculiar psychological state of their child. Parental psychological condition can affect dramatically autistic child's development. In this study is examined whether there are any differences in emotional state as far as parents of children with autism categorized in severity level 1 (Requiring support) and parents of children with autism categorized in severity level 3 (Requiring very substantial support) concerns. For the purposes of this study a qualitative method of analysis was applied, using semi structured interviews, in order some aspects of parental everyday living with their children with autism state to be emerged and to be realistically reflected upon these interviews. The results revealed that both parents of the two groups experienced similar levels of stress and grief. However, parents of children with autism categorized in severity level 1, appeared facing difficulties in and tried to postpone accepting the reality. Thus, the negative emotions between the two groups of parents varied in duration and not in intensity. In conclusion despite of their child's functionality and severity level of autism, parents appeared to share similar feelings, worries, fears and needs.

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INTRODUCTION

Current epidemiological studies have revealed an increasing rate of the population of children diagnosed with autism (Stampoltzis *et al.*, 2010). Autism has total effects on the development of a child and child's relations with other people (Happé & Frith, 1995). Because of this fact it is absolutely necessary for these children to live in a very supporting environment, which is highly demanding as far as parental contribution concerns (Markham, 2012). Because of the increased incidence of children with autism the strong need to investigate the relationships among their family members has been emerged (Newschaffer *et al.*, 2007). There is strong evidence that children's with autism development is highly associated with the relations among family members and the quality of emotional interaction between them (Attwood, 2013; Lobar, 2015).

In case of a child with autism, parents are usually the first who recognize their child's special difficulties and understand their child's difference from the others (Coury, 2013). Also they have to deal with all the peculiar expressions and symptoms that arise because of the autistic syndrome and they have the absolute responsibility for their child's growth and further development (Baron - Cohen, 2008). So, the emotional state and the possible needs of the parents of a child with autism may play an important role in its future life and further progress (Mandy & Lay, 2016).

Evidence from research strongly suggests significant emotional differences between parents of children with disabilities, where the more dysfunctional the child with a disability is, the more possible is for the parents to develop emotional difficulties, like

anxiety disorders and depression (Coury, 2013; Soltanifar *et al.*, 2015). Research also has revealed differences in intense or type of parental emotional disturbance according to various factors associated with the type of their child's disability (DeLong, 2004; Hastings *et al.*, 2005; Helles *et al.*, 2015). The reaction of parents concerning their child's diagnosis of a disability varies and depends on many factors, such as their age by the time of diagnosis, severity of the condition, the treatment options, the existence of heredity, the availability of support from other family members (Olsson & Hwang, 2001; Zervaki-Smyrna, 1994). Similar differentiation regarding parental reactions has been observed as far as parents of children with autism concerns (Soltanifar *et al.*, 2015).

Despite all these significant factors, which has been mentioned previously, the psychological state of parents and other supervisors that take care of children with autism is often highly ignored (Schieve *et al.*, 2007; Smith Myles & Simpson, 1998). Literature overview showed that the research that has been conducted about this matter is gradually increased in last decade, but is still limited (Cohen & Tsiouris, 2006; DeLong, 2004; Hastings *et al.*, 2005; Helles *et al.*, 2015; Lecavalier, Leone & Wiltz, 2006; Tonge, *et al.*, 2006). The necessity for further research concerning the parental emotional phases and changes is overbearing (Hastings *et al.*, 2005; Helles *et al.*, 2015). Also literature review has to present nothing about which parental feeling is the most powerful and intense. Therefore another pursuit of this study was to reveal the difference in intense in three principal emotional figures: parental anxiety about their child's future, anxiety of parents about their capability to cope appropriately and efficiently with their child's needs and the possible parental feelings of

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rejection by society. Further research about psychological state of parents of children with autism is absolutely requisite, because it will help to the admittance of the necessity special help and care to be provided to these people for the preservation of their emotional health and balance (Lecavalier *et al.*, 2006; Tonge *et al.*, 2006). Moreover, the hassles that parents face are numerous, including subsistence issues and behavioral, economical and health difficulties (Gray, 2003). So, parent's support including a person who understands and stands by them mostly on an emotional level is an essential issue (Hastings & Beck, 2004). In conclusion it is educator's duty to provide assisting to parents, especially in cases that society is unprepared to accept and deal with the difficulties these people face. Society, healthcare professionals, including therapists, doctors, teachers and special educators should cooperate to support these families, so that parents remain emotionally strengthened to respond successfully to everyday life needs and hassles, resulting from the fact of dealing with autism. Research about the emotional parental state and parental needs will be useful for the provision of appropriate help.

Sample

For the purpose of this research 10 parents of children with autism were interviewed voluntarily and they were divided into two groups of 5 participants, according to their child's severity level of autism. It was considered that a sample size of 10 participants is representative and mostly satisfactory, complying with the Ethics of qualitative research methodology (BERA, 2011). All participants were residents of Thessaloniki, their age was between 22-55 years old, they had a child with autism categorized in severity level 1 or in severity level 3, who was living with them and the child's age was between 3-18 years old. Also both of the parents were participating in their child's raising.

For the recruitment of the sample random sampling (or sampling easy) was used, so that for the representativeness of the sample the following conditions were developed; availability of subjects for the formulation of an adequate and objective sample, and secondly, voluntary participation and willingness of the participants (Openheim, 2005). It was thought to the voluntary participation to secure sincerity of the participants, providing answers that correspond to the reality. This sampling method was used in order any possible phenomenon to be analyzed and not the extension of the phenomenon to be determined, concluding in generalizations. However, the precise representativeness of the sample is not so important in qualitative research, but what it counts is the displayed penetration to emergence data (Openheim, 2005).

In this particular research, the sample of the volunteer participants was recruited in Child Guidance Center, located in Western Thessaloniki. Parents who met the criteria were recruited. Parents of age over 55 years old or parents which did no longer live with their child with autism in the family were excluded. The fact that mothers without the involvement of fathers were included to the sample was accidental, out of the researcher's feasibility, but in general, this phenomenon shows the most frequent maternal occupational activities concerning the child with autism (Hastings *et al.*, 2005).

Interview

For the data collection semi-structured interviews (qualitative methodology) were used, including questions that met at the axis of emotions of parents and a given basis, in order the

questions to cover the whole issue of the inquiry, following logical continuity and sequence (Mason, 2003). The members of both groups of 5 participants were interviewed at one group of questions about the psychological state of the parents. It has to be mentioned that in some cases the questions disregarded, because some parents answered by describing a personal experience. Also, parents could answer the questions in any order they would like and they could use any wording, but the researcher could adjust the questions to the flow of conversation, taking as starting point the parent's experiences. The reason for the use of non-structured interviews was about the aim of this study to achieve a free discussion, in which subjects feel comfortable and familiar to freely unfold their experiences and feelings (Verma & Mallick, 2004). This kind of interview is based on general, open questions, already structured and organized by the researcher, who is trying to expand the interview (Openheim, 2005). The respondent, in fact, is the main speaker, but the debate conducted discreetly by the interviewer (Verma & Mallick, 2004). An advantage of this type of interview process is that the questions are not presented strictly in predetermined order and they are not provided in a predetermined manner (Mason, 2003). For the proper conduct of the interview in this specific study main axes and key questions had been settled and then they were adjusted depending on the flow of wording and on the willingness of respondents during the description of their experiences. The semi-structured interview is a combination of absolute freedom of the subject and structured questions (Mason, 2003). There is a general plan where open-ended questions follow, but the development of the interview is not necessarily determined (Verma & Mallick, 2004; Openheim, 2005). Finally it should be mentioned that localized semi-structured interview was used because the researcher was the one who pulled the strings of discussion adjusting the questions to the content of the answers and stimulating at the same time the participants to express themselves in accuracy. Through this method the researcher tries to achieve spontaneous answers that strengthen the validity and reliability of research (Cohen & Manion, 1994).

Analysis stage

The data analysis and recording of the findings followed. This last stage was the most important because the researcher's initial thoughts about the research questions had to be isolated, so as the researcher to focus on the real data derived from the interviews, even though these data were not consistent with the initial study's reasoning. It is generally admissible that the process of analysis and management of the volume of information requires specialized skills and experience from the researcher, in order the relevant information to be drawn, providing sufficient answers to the research questions (Cassel & Symon, 2004).

Analysis of research & results

The sample of the research included the interviews of 10 mothers. The sample was divided in two groups, where group A included five mothers with children with autism categorized in severity level 1 (need support) and the group B included five mothers with children with autism categorized in severity level 3 (need special enhanced support).



Exploring differences in the emotional state of parents of children with autism categorized in severity level 1 and severity level 3

Regarding to the first question about the age of the child by the time of diagnosis of autism, the participants 1,2,3,4,5 in group A, which are the mothers with children with autism categorized in severity level 3, answered that by the time of the diagnosis of autism their child was between 13 and 16 months old. This finding is accord with the child's age by the time of diagnosis of autism in similar studies (Fombonne, 2005; Gena, 2002). More specifically:

- Participant 1 :18 months
- Participant 2 :13 months
- Participant 3 :14 months
- Participant 4:16 months
- Participant 5 :13 months

On the opposite the participants 6,7,8,9,10 in group B, which are mothers with children with autism categorized in severity level 1 answered that by the time of the diagnosis of autism their children were much more older and specifically they were 4-5 years old and this finding is accord with the child's age by the time of diagnosis of autism in similar studies (Bayat, 2007; Fombonne, 2005; Gena, 2002; Gray, 2003). The delayed diagnosis in this case is justified merely by the low rate of failures faced by children with this severity level of autism and by the relatively normal and typical speech development (Burack, 2001; Christensen, 2016; Gonela, 2006; Higin's *et al.*, 2005).

- Participant 6:5 years
- Participant 7: 4 years
- Participant 8:5 years
- Participant 9:4 years
- Participant 10: 5.5 years

Further with the content of the first question concerning the first reaction of the parents at the moment they were informed about the diagnosis of autism, the answer of all of the participants was the same: shock and grief. All of the participants of both groups answered that the day they were informed about the diagnosis of autism was the most difficult of their life and they will never forget it. Also, their shock was huge and was accompanied by panic and feelings of sadness. The participants 2,3,5,10, answered that they had never heard about autism before, so, the shock was even greater, as it was a completely unknown condition for them. These findings are accord with the parental reactions and emotions by the time of

diagnosis of autism which have been recorded in other studies (Fombonne, 2005; Gena, 2002).

Group A

Participant 1: *"I will never forget the day of the diagnosis. I was crying incessantly and I was in shock. I remember specifically that I got in the car to go home and I didn't remember where I was living. I blamed myself and I tried to remember all the things I had done during my pregnancy"*.

Participant 3: *"When the doctor told me that the diagnosis is autism, I fainted, because I did not know what that was. I was afraid of the possibility that it might was something related to physical health and I got scared for the life of the child"*.

Group B

Participant 6: *"I was prepared to hear something unpleasant from the doctor, because I had understood that something was going wrong with the child. On hearing of autism, I lost the earth beneath my feet. I felt cut off my knees. I did not know what that was and I started to have negative thoughts about the life of the child. I felt big shock mainly because I had never heard before anything about the autism and I did not know how severe or not the situation was."*

Participant 7: *"All I remember from that day is a huge shock on hearing of autism. It was something that I didn't expect. I had thought in the meantime of various scenarios about what was going on with my child, but not of autism. I considered it as something very difficult and complicated and that it did not respond to the profile of my child"*.

Summarizing the answers for the first question, it was demonstrated that both groups had shared the same feelings on the day they were informed about their child's diagnosis of autism, despite the differentiation in functionality of their children, as it appears in many studies (Papageorgiou, 2004). So there is no emotional differentiation depending on the severity level of autism of the children concerning specifically the parental emotional reaction to the announcement of the diagnosis. The feelings are the same in both groups and the predominant one is the feeling of sadness. Panic and frustrating expectations are the sentiments that the parents reported more, emotions which have been also reported in other studies (Levy *et al.*, 2010). Also, parents who had never heard about autism before and they did not know what autism is, were much more terrified than the others who were familiar with it, as it appeared in other studies (Kroustalakis, 2003; Tonge *et al.*, 2006).

The content of the second question was about the early indicators of autism, which significantly varied, because mothers in group A were presented more suspicious even from the first months of their child's life that something was going wrong with their child's development. The mothers in group B demonstrated a delay in recognizing potential signs in their child's behavior. This lack of early signs of autism categorized in severity level 1 is related to the almost normal and typical development that the child appears to have in many developmental areas like the development of speech during infancy (Papageorgiou, 2004). Mothers in group A, on the one land, mentioned that they had started to feel anxiety and fear for the abnormal development of the infant from the first six months of the child's life as they had observed some suspicious indications. Mothers in group B, on the other hand, reported that they had started having negative thoughts only when the child had reached approximately the age of 30 months years

old. These data are agreed with the findings of studies about the early diagnosis of autism (Lobar, 2015; Newschaffer *et al.*, 2007).

Group A

Participant 2: *"The child didn't laugh or he could not do facial expressions like the other babies. He didn't seem to recognize us or to be happy every time he saw mom or dad. He was an inexpressible baby who cried for no apparent reason or he did not cry at all. It was obvious that the baby had a serious problem"*.

Participant 4: *"I remember that when my boy was about five months old, he had instability and he could not coordinate the limbs of his body. I tried to recall in my mind how my older child was when he was in the same age and I found out some differences. I started calling other mothers with babies asking if their children could laugh or crawl. Slowly I realized that there were problems, which after while were mentioned by the Neonatology"*.

Participant 5: *"I remember that during the first months after my baby was born I kept telling to my husband that the baby was deaf. He did not react to sounds or music. We were talking to him and he didn't laugh like all the other babies and he did not even look at us."*

Group B

Participant 6: *"I cannot remember whether I had some evidence. Surely some evidence existed but I could not recognize it, because I don't have older children, so, I could not compare behaviors. There weren't other babies in my environment as well so as to know what is normal and what is not. From the beginning, though, it struck me that the child remained attached to some specific toys and whenever he had to be part with them he seemed to suffer. When the child went to kindergarten, then the real problems started."*

Participant 7: *"The first symptoms appeared when he started talking. He couldn't adjust the volume of his voice nor the rhythm. I wasn't able to understand what he wanted to say. At home whenever we expected visitors he hid in the basement. He didn't want to speak to anyone"*.

Participant 8: *"I said nothing to anyone for the first two years. Anyway, I believed that doctors did something wrong in the diagnosis or that my child will be mature and he will change by growth"*.

Participant 10: *"By the time the child started understanding the world, he exhibited unusually "stickies". For example, he was placing his clothes in a specific order and if I had to change this order, he was going mad"*.

At this point it should be noted that in both groups, it was observed that in the cases that the family had an older child, the comparison with the new member had caused elevated suspicions and fears, in contrary to the families who did not have older children.

The content of the third question was related to the interaction of the family with social environment and the analysis of the answers of the participants revealed that there was also an important differentiation between the two groups. The mothers of group A rushed to announce to family and friends the diagnosis, in order to be prepared. Moreover, according to the mothers, the other people around them had already understood that something wrong was going on with the child, so, there

was no reason to hide the problem, therefore, these mothers simply confirmed these suspicions by revealing the diagnosis. They reported that they had not faced any problem concerning racism or social exclusion. On the contrary, their surrounding environment was supportive and helpful.

Group A

Participant 1: *"All of our friends and relatives knew that my child had some problems, so there was no reason for us to hide it. I believe they are particularly supportive and they have accepted my child as it is."*

Participant 3: *"Firstly I talked to my parents and to my husband's parents. They used to believe that the child could not hear to them, so, I had to explain what exactly the autism is"*.

Participant 4: *"All my friends and relatives knew that the baby had some difficulties that I used to discuss with them, so, when we had finally been informed about what the autism was, all were aware of and knew exactly what to do and how to behave to the child"*.

Differentiation nevertheless appeared in the approach of the diagnosis by the mothers in the group B. It turned out that in the autism which is categorized in severity level 1, mothers had delayed to accept the diagnosis and they mentioned that they had not informed others about the situation, because they could not accept it and they used to believe that the doctors were wrong. In some cases, parents avoided to inform the environment because they feared that their child would be "stigmatized". The typical cognitive development of the child confused parents, who used to create an illusion and hopes for future "treat". All these findings are totally accord with the findings of similar studies (Arnau, 2007; Tzouriadou, 1995).

Group B

Participant 7: *"My only fear was not to merge the child. I wanted for him to have the same opportunities as the other children. However, I was forced to inform the teacher about my child's situation when he went at the primary school"*.

Participant 5: *"Initially I acted like nothing had happened and I didn't say anything to anyone. Later, while the child was growing and his behavior became weird, he suffered from crises; only by that time I had to inform some friends and relatives, who were very close to the child about what was going on and I would say that nobody seemed surprised"*.

Participant 10: *"Although I had not agreed with the diagnosis and deep inside of me I hoped that the diagnosis was wrong, I had to inform all the people involved with the child. I work many hours and the child spends a lot of time with grandparents who had to be fully informed on how to face these difficulties"*.

The content of the fourth question was related to the first thoughts that mothers had shortly after the diagnosis, and, again, there were noted some differences between both of the groups. Apart from the initial shock derived from the diagnosis, the participants in group A seemed to manage for themselves to stay active and to overcome the stage of depression more quickly, than participants in group B. Participants in group A acted straightforwardly for resolving operational issues concerning the child; they were willing to learn more information about autism and to find appropriate and qualified medical solutions.

Group A

Participant 1: "There was no time for tears and melancholy. After recovering from the first difficult days, I realized that sadness and crying would not change anything. I resigned from my job in order to be with my son all day long. I read books about autism and therapeutic interventions. I tried to find mothers with the same problem in order to take some advice".

Participant 3: "I was depressed for long time after the diagnosis, but as time went on, I realized the situation, and I felt better and calm. I had great help from the pediatrician who gave me guidelines. Also, my husband and I visited directly a psychiatrist, so that he would help us managing the situation".

Participant 5: "My son's problem is more than obvious. I had not made any announcements, but in case a friend or relative asked about the child, I fully explained his problem. Most of them were particularly sensitive and I did not feel isolated".

On the other hand, participants in the group B (excluding the Participant 10), had experienced greater and prolonged levels of grief and denial. They had not accepted the child's difficulty, losing valuable time in order to find the appropriate therapeutic approach.

Group B

Participant 8: "I used to be particularly suspicious of both the doctors and the Child Guidance Centers. I remember that for long time after the diagnosis I kept asking the doctor if he was sure of what he had told to us, or if it was likely that my son was a bit immature compared to the other children of his age. It took me long time to accept the situation".

Participant 7: "My child is incredibly clever. At 4 years old he knew all brands of cars. I still cannot believe that my child has been diagnosed with autism. It took me long time to accept the diagnosis. There were days that I completely forgot the problem, then, he suddenly could suffer from a crisis and I fall again into depression. It is a circle that never ends. Probably I will never accept it."

Participant 10: "From the first moment I accepted the particularity of my child. I thank God that my son is high functioning. There are times when I watch him solving four puzzles simultaneously, and I absolutely admire him. It is a rare child".

Then, mothers were asked to describe an event in the life of their child which had caused strong emotions to them without further guidance by the interviewer about the type of the event or the feeling. An interesting differentiation was revealed, that is most participants in group A described events related to achievements of their child, which aroused feelings of joy and pride. In the contrast, participants in group B described events that caused to them confusion, sadness and disappointment.

Group A

Participant 1: "I will never forget the day that he said mom for the first time. He was ten years old and we were on holidays. We were swimming and suddenly my son saw a little fish and he wanted to show it to me. There was too much noise and suddenly I heard his voice coming from the sea shouting "Mom." It was one of the most beautiful experiences I have with him".

Participant 3: "My son really loves music and he used to be an apprentice in a school for phonetics since he was younger. Recently, he sang during a school celebration with the assistance of his teacher for the first time and this was one shocking moment for everyone. All school teachers, students and parents were really excited with my child's huge effort.

Everybody came to me giving congratulations. I will never forget this feeling of pride".

Participant 5: "My son's serious problem is that he has no friends. Because of his state no one wants to play with him, mainly because he does not know how to play. However, he likes to be anywhere with other children and to watch them play. About a year ago we were in the park sitting on the bench and suddenly a ball reached our legs which belonged to other children who were playing football. After that I saw my son getting up to give the ball to the children and the other children asked him to help them carrying the ball during their game. I'm not sure that he understood what he was asked for. What I can say with certainty is that for the one hour he played with the children was one of the most beautiful moments that he has ever lived. I was really excited by his effort to help the team. That night he slept with a huge smile".

Group B

Participant 6: "My son is a very smart kid. Many times his intelligence makes me forget all the problems. I was occupied with the birthday party of my youngest daughter, and I had forgotten that my older son (child with autism) might be destructed of his stable every day program or he might "struggle" with unfamiliar for him people inside the house. After the birthday cake was served, I realized that I had forgotten to lock his room and it was probable some kids to go accidentally there. And this happened. I entered the room founding my son beating furiously the other children who played with his toys. I had never seen him in such a vigorous attack before. He broke the nose of a child and he injured two others. The mistake was solely mine and they had to pass months in order for me to overcome that incident".

Participant 9: "The happiest day for all of my family was when my son managed to achieve high grades in national exams and he entered in the computer school. It was a huge achievement of his that we will never forget".

Participant 10: "The fact that I will never forget for all my life is when parents of classmates of my son, started collecting signatures for the prosecution of his by the school as disturbing for the other children, at some point they actually laughed at him and he unsurprisingly reacted".

The data that were mentioned previously reveal that in case their children had low-functioning autism mothers tended to focus on the achievements of their children. On the contrary mothers with children with high-functioning autism appeared to focus on the difficulties of their children as a reminder of the problem which they often forgot. This finding is associated with the delayed parental compliance with the real state of their children (Arnau, 2007).

B. Exploring possible differences between the needs of parents with children with autism categorized in severity level 1 and parents with children with autism categorized in severity level 3

RESEARCH RESULTS

The analysis of the interviews has revealed the following conclusions with reference to whether there are differences in the emotional state of parents as far as the severity level of their child's autism concerns:

- Regarding to the question of the parental psychological state, it was revealed that there were no significant emotional differences in intensity and quality. Mothers in

both cases experienced similar levels of negative feelings, like stress and grief, shock, panic and sadness, regardless the severity level of autism that their child had.

- The negative parental emotions varied in duration. Mothers with high functional children with autism had a delay to accept the reality and to deal with the problem efficiently.
- Apparent from the research questions the analysis of the questions revealed some further interesting parameters.
- The more severe the level of autism was, the earlier the diagnosis was
- The existence of an older child helped mothers to understand more clearly the difficulties of their child with autism.
- Mothers with children with autism categorized in severity level 1 focused on the difficulties of their children, while mothers with children with autism categorized in severity level 3 focused on their child's achievements.

DISCUSSION

This study was conducted in order to investigate the relations between the feelings and needs of the mothers and the child's severity level of autism. It appeared that mothers were particularly shocked by the diagnosis of autism. They described feelings of panic, shock, grief, sadness, disappointment and frustration of expectations to raise a healthy child, as it was demonstrated in the literature review (Gonela, 2006; Higinis *et al.*, 2005; Semke, 2010). Many of them reported feelings of guilt for personal mistakes as possible cause for their child's state, as it has been noted in other studies (Papageorgiou, 2004). The period of depression, as reported by mothers, seemed to last long, but due to the everyday life's demanding needs as a result of dealing with the child with autism, they did not have enough time for crying or mourning and they had to comply with the conditions and the reality, which was in accordance with the findings in other researches (Cohen & Tsouris, 2006; Grey, 2003; Powers, 2000). The fast pace of everyday life and the diagnosis are two key factors for smoothing the mothers' emotional state and somehow they can explain the restricted period of unhappiness Arnau, 2007; Gena, 2002)

It was also revealed that the type and intensity of emotions experienced by all of the mothers was exactly the same, regardless of the severity level of autism their child had. All of the mothers reported similar levels of stress and unhappiness. The shock of diagnosis was important for all of them. However these findings contrast with the findings of similar studies where the maternal emotional disorder seemed to be associated with the severity level of their child's autism (Kinney, 2008; Tsai, Tsai & Shyu, 2008). According to the findings of the present research the severity level of the autism differentiated in no way the maternal emotional state.

It is important to be clear, though, that mothers with children with autism categorized in severity level 1 remained in the stage of grief much longer, due to the delay of acceptance of the new reality. The high functionality of their child confused and slurred them. These parameters in combination with the false hope these mothers appear to have for a "cure" has been noted as the main cause for the delay of acceptance of the real condition of their child's health (Burack, 2001; Gena, 2002).

It appeared that mothers with high functioned children with autism had expectations initially for a mistaken diagnosis and secondly for the possibility the child to overcome its difficulties because of its high functionality, expectations often noted in relevant research (Gonela, 2006). In many cases mothers accused the doctor for ignorance or incapacity. For these mothers existence of hope was related to the development of depression and anxiety (Arnau, 2007; Papageorgiou, 2004; Soltanifar *et al.*, 2015). In general in these cases high functionality caused illusions and nourished hopes to mothers and this parameter has been noted in several studies (Dale, 2000). Finally these mothers appeared to hide their child's state from their social environment because of the shame or fear of stigmatization of their children and this attitude is often observed (Semke, 2010; Soltanifar *et al.*, 2015). This condition seemed to be the main cause of maternal choice to be social isolated, but it came up that the higher isolation levels mothers experienced, the more negative their emotions were, as it appears also in other studies (Burack, 2001; Kotsopoulos & Papadakis, 2012; Tzouriadou, 1995).

In conclusion, mothers in both cases seemed to share the same feelings, common fears and concerns and they experience the same emotional changes. The difference lies in the duration of negative emotions. The delay in acceptance of reality is responsible for the extension of the negative feelings, not the severity level of autism of the child as it has been noted in other studies (Kinney, 2008; Tsai, Tsai & Shyu, 2008). So the sooner mother gets informed about child's difficulty, the better she feels by the time. Illusions and false hopes may increase the period of sadness and disappointment and this finding is accord with the findings of other studies (Dale, 2000; Grey, 2003).

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