

Coping Strategies and Mental Well Being of Caregivers of Children with Autism and Normal: A Comparative Study

Abstract

Background: The caregivers are vulnerable to develop depression and anxiety due to increased workload and multiple stressors associated with care giving role. The understanding of coping strategies among caregivers of children with autism and normal would offer a comprehensive understanding of mental health of caregivers and coping strategies can offer protective and remedial mechanism. **Objective:** The present study investigated the differences in Mental Well Being and Coping Strategies of caregivers of children with Autism and Normal children. **Sample:** The sample size comprised of thirty caregivers of children with Autism and thirty caregivers of normal children. **Tools Used:** The tools used for data collection was Warwick Edinburgh Mental Well-Being Scale (WEMWBS) the Coping Strategies scale. **Result:** Results indicated the significant differences in Approach Behavioural coping strategy among Caregivers of Autistic children group and Caregivers of Normal Group. However, no significant differences between Mental Well Being and Approach Cognitive Coping Strategies of Caregivers of children with Autism and Caregiver group of Normal children.

Keywords: Autism Spectrum Disorder, Mental Well Being, Coping Strategies

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Introduction

Autism spectrum disorder is a neuro developmental disorder defined by deficits in communication and social interaction, and the engagement in restricted and repetitive patterns of behaviours (American Psychiatric Association 2013). It is a lifelong condition for individuals, but also for their parents. The families with a child with autism have a higher level of stress and different coping behaviours than families without a child with autism. Families with a child with autism employed

more avoidance coping behaviours (e.g., distancing oneself from the rest of the family), whereas families without a child with autism scored higher on self-control, social support, and problem-solving coping mechanisms (Sivberg, 2002). The parents of a child with autism reported higher levels of anxiety and depression than the normal population. The stress results mainly from the extremely antisocial, disruptive behaviours associated with ASD, such as self-injurious, tantrum and obsessive compulsive behaviours, which

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may preclude a normal family life (Gray & Holden, 1992). Having to cope with the physical and emotional demands of caring for a child with ASD poses a threat to the psychosocial wellbeing of parents/ caregivers. Their self confidence and self-esteem can be eroded in the face of inadequacy and failure; anger; shock; guilt; frustration; and resentment (Jones, 1997; Powers, 1989; Tommasone and Tommasone, 1989). There is conflicting evidence on whether parents of children with autism endure more stress than parents of children without autism. Koegel, Schreibman, O'Neill, and Burke (1983) found that parents of children with autism did not differ significantly on measures of stress when compared to a normative group of happily married couples. The families with a child with autism have a higher level of stress and different coping behaviours than families without a child with autism. Families with a child with autism employed more avoidance coping behaviours (e.g., distancing oneself from the rest of the family), whereas families without a child with autism scored higher on self-control, social support, and problem-solving coping mechanisms (Sivberg, 2002). The parents of a child with autism reported higher levels of anxiety and depression than the normal population. Review of literature suggested that there exist differences in the mental well being and coping strategies of caregivers of Autistic and Non autistic child. The present study investigates differences in Mental Well Being and Coping strategies of caregivers of Autistic and Non Autistic children. It is assumed that Caregivers having autistic children have high level of stress which may be in turn affect Mental Well Being. Under the stressful situation of handling child with Autism which demands special care and attention, how the caregivers cope up in raising the child with autism. The study is a comparative analysis of Mental Well Being and Coping strategies of family of Autistic and Non Autistic children which has implications in Clinical, Counseling and Social psychology.

Objectives

- To compare the Mental Well Being of

Caregivers of children with Autism and Normal children.

- To compare the Approach Behavioral Coping Strategy of Caregivers of children with Autism and Normal children.
- To compare the Approach Cognitive Coping Strategy of Caregivers of children with Autism and Normal children.
- To compare the Approach Cognitive Behavioural Coping Strategy of Caregivers of children with Autism and Normal children.
- To compare the Avoidance Behavioural Coping Strategy of Caregivers of children with Autism and Normal children.
- To compare the Avoidance Cognitive Coping Strategy of Caregivers of children with Autism and Normal children.

Hypothesis

- There will be no difference in Mental Well Being of Caregivers of children with Autism and Normal children.
- There will be no difference in Approach Behavioural Coping Strategy of Caregivers of children with Autism and Normal children.
- There will be no difference in Approach Cognitive Coping Strategy of Caregivers of children with Autism and Normal children.
- There will be no difference in Approach Cognitive Behavioural Coping Strategy of Caregivers of children with Autism and Normal children.
- There will be no difference in Avoidance Behavioural Coping Strategy of Caregivers of children with Autism and Normal children.

- There will be no difference in Avoidance

Cognitive Coping Strategy of Caregivers of children with Autism and Normal children.

Sample: Purposive sampling technique was used and the sample of this study comprised of 30 Caregivers of identified autistic children and 30 caregivers of normal children, two groups were formed. Considering socio economic status as selection criterion caregivers from middle class (having annual salary of 12 lakh) and upper middle class (having annual salary of 24 lakh) were chosen keeping generalization factor in mind. The sample was taken educated caregivers, who have been in touch with mental health professionals due to their child's illness. The sample was drawn from Amar Jyoti Charitable Trust and caregivers of those children were contacted whose child had been diagnosed with Autism. The caregivers for this study are defined as father or mother of the participant child.

Tools Used : The Coping Strategies Scale: The coping Strategies scale developed by A.K. Srivastava, Department of psychology, Banaras Hindu University having 50 items, to be rated on five-point scale, describing varieties of coping behavior. Five coping strategies must be treated separately to obtain separate scores of five coping strategies. However, scores on the items in three categories of Approach Coping Strategies (i.e. Behavior-Approach, Cognitive- Approach, Cognitive-Behavior –Approach) and two categories of Avoidance Coping Strategies(i.e. Behavior-Avoidance, Cognitive-Avoidance) may be clubbed together to ascertain the extent of subject's tendency for approach and avoidance coping behavior.

Re-test reliability is 0.92. Validity of the test is $p > 0.1$ and $p > 0.5$. Scoring of the test such as Never (0

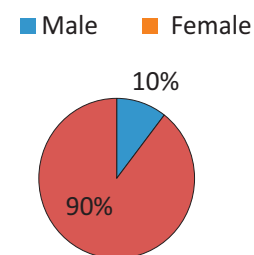
marks), Rarely (1 marks), Sometimes (2 marks), Most of the times (3marks), Almost always (4marks).

Results and Discussion

The following graphs depict the Gender wise, Socio Economic status and Age wise distribution of the respondents.

Graph 1: Gender wise Distribution of respondents

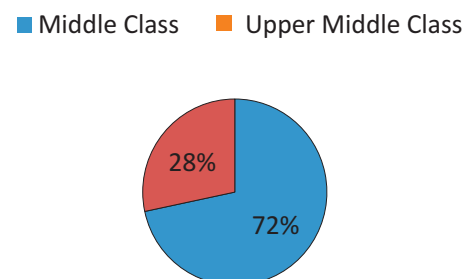
Gender wise Distribution of Respondents



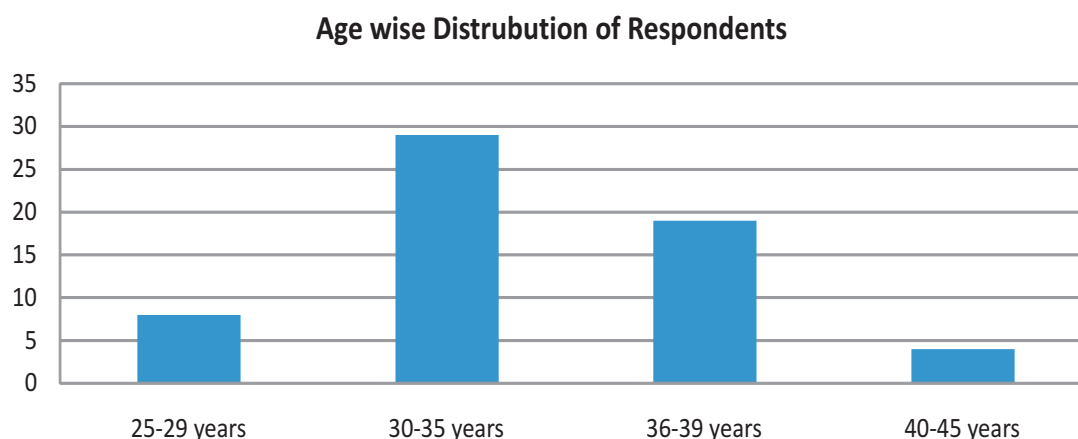
Graph 1 shows the percentage of gender wise distribution of respondents. 54 out of 60 were females and 6 were male respondents.

Graph 2: Socio economic status wise Distribution of respondents

Socio Economic Status Distribution of Respondents



Graph 2 shows the percentage of socio economic status wise distribution of respondents. 43 out of 60 were from middle class and 17 were upper middle class respondents.

Graph 3: Socio economic status wise Distribution of respondents

Graph 3 shows the age wise distribution of the respondents.

Table 1
Descriptive statistics of types of coping strategies for Autistic Group (N=30) and Non-Autistic Caregiver Group (N=30)

| Variables | | N | Mean | S.D |
|---|---|----|-------|-------|
| Mental Well Being | 1 | 30 | 52.43 | 8.803 |
| | 2 | 30 | 51.71 | 6.042 |
| Approach Behavioural Coping strategy | 1 | 30 | 38.93 | 4.934 |
| | 2 | 30 | 32.14 | 4.912 |
| Approach Cognitive Coping strategy | 1 | 30 | 14.90 | 3.122 |
| | 2 | 30 | 14.68 | 3.682 |
| Approach Cognitive -Behavioural Coping strategy | 1 | 30 | 25.00 | 4.017 |
| | 2 | 30 | 20.04 | 3.000 |
| Behavioural Avoidance Coping strategy | 1 | 30 | 17.63 | 6.667 |
| | 2 | 30 | 16.36 | 5.591 |
| Cognitive Avoidance Coping strategy | 1 | 30 | 14.13 | 3.919 |
| | 2 | 30 | 11.75 | 4.178 |

Where, Group 1= Caregivers of Autistic Children Group (N=30)

Group 2= Caregivers of Normal Children Group (N=30)

The table 2 depicts Mean and Standard Deviation scores of Caregivers of Autistic Children Group (N=30) and Caregivers of Normal Children Group (N=30). The mean and standard deviation on Mental Well Being for Group 1 (N=30) and Group 2 (N=30) is 52.43 ± 8.803 and 51.71 ± 6.042 , Approach Behavioral Coping strategy for Group 1 (N=30) and Group 2 (N=30) is 38.93 ± 4.934 and 32.14 ± 4.912 , Approach Cognitive Coping strategy for Group 1 (N=30) and Group 2 (N=30) is 14.90 ± 3.122 and 14.68 ± 3.682 , Approach Cognitive-Behavioral Coping strategy for Group 1 (N=30) and Group 2 (N=30) is 25.00 ± 4.071 and 20.04 ± 3.000 , Avoidance Behavioral Coping strategy for Group 1 (N=30) and Group 2 (N=30) is 17.63 ± 6.667 and 16.36 ± 5.691 and Avoidance Cognitive Coping strategy for Group 1 (N=30) and Group 2 (N=30) is 14.13 ± 3.919 and 11.75 ± 4.178 respectively.

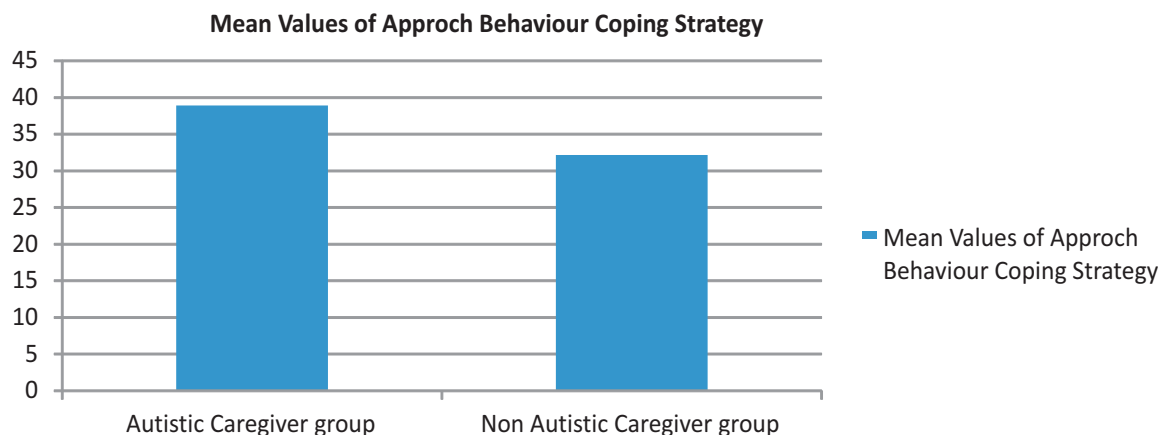
Table 2
Independent sample t-test for Coping Strategies among Autistic Caregiver Group and Non-Autistic Caregiver Group

| Variables | t- Value | df | Sig(2 -tailed) |
|--|----------|----|----------------|
| M ental Well Being | .360 | 58 | . 720 |
| Approach Behavioural Coping strategy | 5.249 | 58 | . 000 |
| Approach Cognitive Coping strategy | .248 | 58 | . 805 |
| Approach Cognitive Behavioural Coping strategy | 5.302 | 58 | . 000 |
| Behavioural Avoidance Coping strategy | .781 | 58 | . 438 |
| Cognitive Avoidance Coping strategy | 2.242 | 58 | . 029 |

The table 2 depicts t value, degree of freedom and level of significance scores for Caregivers of Autistic Children Group (N=30) and Caregivers of Normal Children Group (N=30). The t value for Mental Well Being is .360 which is non- significant (2-tailed) at .720 level. The t value for Approach Behavioral Coping Strategy is 5.249 which is significant (2-tailed) at .001 level. The t value for Approach Cognitive Coping Strategy is .248 which is non- significant (2-tailed) at .805 level. The t value for Approach Cognitive Behavioral Coping Strategy is 5.302 which is significant (2-tailed) at .001 level. The t value for Avoidance Behavioral Coping Strategy is .781 which is non- significant (2-tailed) at .438 level. The t value for Avoidance Cognitive Coping Strategy is 2.242 which are non- significant (2-tailed) at .029 level.

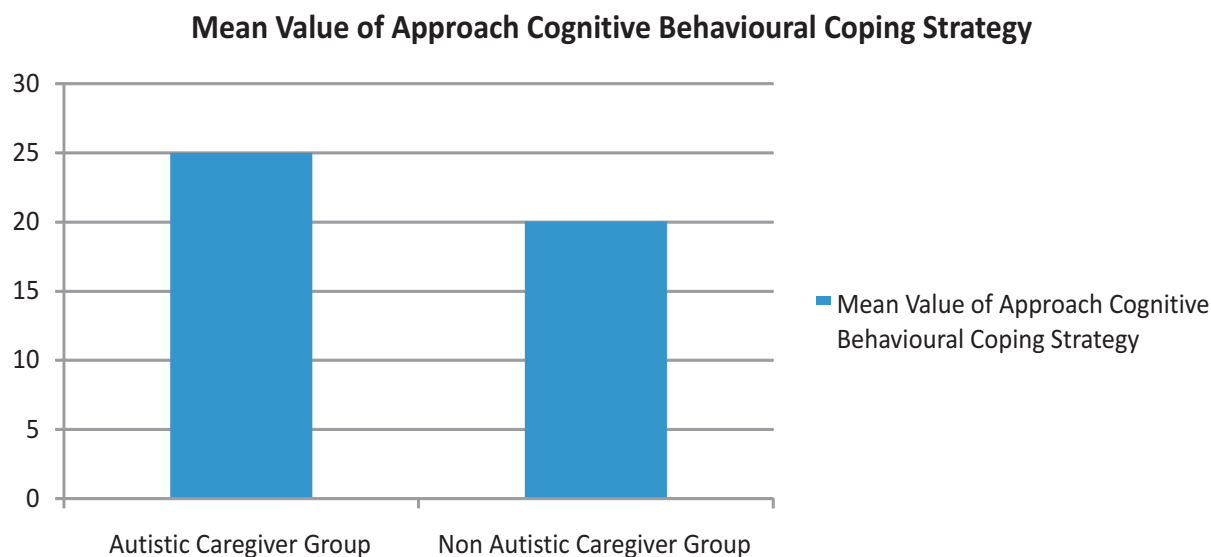
Graph 4: Graph Showing Mean Values of Approach Behavior Coping Strategy for Autistic Caregiver Group and Non-Autistic Caregiver Group

Strategy for Autistic Caregiver Group and Non-Autistic Caregiver Group



Graph 4 depicting the use of Approach Behaviour Coping Strategy more in Autistic Caregiver group (M= 38.93) than the Non Autistic Caregiver group (M=32.14).

Graph 5: Graph Showing Mean Values of Approach Cognitive Behavioural Coping Strategy for Autistic Caregiver Group and Non-Autistic Caregiver Group



Graph 1 depicting the use of Approach Cognitive Behavioural Coping Strategy more in Autistic Caregiver group (M= 25.00) than the Non Autistic Caregiver group (M=20.04).

Discussion

The first hypothesis is accepted as no significant differences in Mental Well Being of Autistic Caregiver group and Non Autistic Caregiver group was found. The mean score for Mental Well Being was 52.09 which means that overall the participants have higher and good mental well being. The second hypothesis is rejected as significant differences in Approach Behavioural Coping Strategy were found in of Autistic Caregiver group and Non Autistic Caregiver group was found. The overall mean score for sample size sixty was found to be 35.66 which fall in category of moderate level of coping. The Autistic Caregiver group mean score was 38.93 where as mean score of Non Autistic Caregiver group was 32.14 with t value 5.249 which is significant at .001 level which shows that Autistic Caregiver group is more confronting, seeks social support, negotiable

and suppresses competing activities more than Non Autistic Caregiver group.

The third hypothesis is accepted as no significant differences in Approach Cognitive Coping Strategy of Autistic Caregiver group and Non Autistic Caregiver group was found. The mean score Approach Cognitive Coping Strategy for was 14.79 which means that overall the participants have moderate level of Approach Cognitive Coping Strategy which indicates that they prefer cognitive appraisal, positive reinterpretation, intellectualization and seek social support for emotional reasons. The fourth hypothesis is rejected as significant differences in Approach Cognitive Behavioural Coping Strategy were found in of Autistic Caregiver group and Non Autistic Caregiver group was found. The overall mean score for sample size sixty was found to be 22.60 which fall in category of moderate

level of coping. The Autistic Caregiver group mean score was 25.00 where as mean score of Non Autistic Caregiver group was 20.04 with t value 5.302 which is significant at .001 level which shows that Autistic Caregiver group. The fifth hypothesis is accepted as no significant differences in Avoidance Behavioural Coping Strategy of Autistic Caregiver group and Non Autistic Caregiver group was found. The mean score Approach Cognitive Coping Strategy for was 17.02 which means that overall the participants have low level of Approach Cognitive Coping Strategy which indicates that they avoid inhibition of action, restraint coping, withdrawal and feeling helpless. The sixth hypothesis is accepted as no significant differences in Avoidance Cognitive Coping Strategy of Autistic Caregiver group and Non Autistic Caregiver group was found. The mean score Avoidance Cognitive Coping Strategy for was 12.98 which means that overall the participants have near to level of Avoidance Cognitive Coping Strategy which indicates that they at times rationalize, distance, do cognitive restructuring and resign to situation.

Conclusion

The first hypothesis was accepted as there were no differences in Mental Well Being of the groups. As the groups were involved in approach cognitive behavior coping style they have high levels of Mental Well Being. Benson (2010), Smith et al., (2008) support the statement and found cognitive reframing and problem solving coping were associated with maternal well being. The second hypothesis was rejected as there were differences in Approach Behaviour Coping Strategies of the groups. Twoy& Novak (2007) found that parents having autistic child seek support from friends and those who had faced similar problems. However, Higgins, Bailey & Pearce (2005) did not found coping strategies as predictors of family stress. The third hypothesis was accepted as there were no differences in Approach cognitive Coping Strategies of the groups. The fourth hypothesis was rejected as there

were differences in Approach Cognitive Behaviour Coping Strategies of the groups. Twoy& Novak (2007) found that parents having autistic child seek support from friends and those who had faced similar problems. However, Higgins, Bailey & Pearce (2005) did not found coping strategies as predictors of family stress. Twoy& Novak (2007) found males scoring higher than females on coping scales. Benson (2010) also found coping styles are associated with well being. The fifth hypothesis was accepted as there were no differences in Avoidance Behaviour Coping Strategies of the groups. The sixth hypothesis was accepted as there were no differences in Avoidance Cognitive Coping Strategies of the groups. Smith et. al (2008) found lower level of emotion focused coping and higher level of problem focused coping were associated with well being. Coping acts as buffer during high autism symptoms.

Implications

Raising normal children is a tedious and effortful job to do. In these times of trending nuclear family and both parents working, raising children with autism is much more effortful and tiring. The present study has its implications in Clinical, Counseling, Community and Social Psychology. The study explored the types of coping strategies used by the caregivers in families having autistic child and non autistic child. It indicated that autistic group is more optimistic and prefer Behavioral approach and Cognitive Behavioral approach strategies. The study has implication in Social Support and Inter personal therapies where clients can relate to and learn more about these coping strategies.

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