



Relationship between coping, rumination and posttraumatic growth in mothers of children with autism spectrum disorders[☆]



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ABSTRACT

This study examined the relationship between coping, rumination and posttraumatic growth in mothers of children with autism spectrum disorders (ASD). One hundred and two mothers of autistic children in China were surveyed using Post-traumatic Growth Inventory, Trait Coping Style Questionnaire, and Event Related Rumination Inventory. Mothers reported mediate level of PTG, mostly on the growth of personal strength. Hierarchical regression analysis indicated that positive coping positively predicted PTG and growth on “relating to others”; deliberate rumination was positively correlated with growth on “appreciation of life”; and intrusive rumination negatively predicted growth on “personal strength”, “new possibilities” and “spiritual change”. No statistically significant relationship between negative coping and PTG was found. The results may be used to provide mothers with a better understanding of the underlying growth process and assist service providers in facilitating this progress.

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1. Introduction

In recent years, researchers has been increasingly acknowledged that individuals may change in beneficial ways after adversity and focusing solely on the negative ramifications provides only a partial picture of their experience (Phelps, McCammon, Wuensch, & Golden, 2009). The identification of positive outcomes and their facilitating factors would assist professionals in recognizing and amplifying individual’s potential strengths (Hastings et al., 2005). Whilst negative impact of raising an autistic child on parents have been well documented in the literature, e.g., increased parental stress (Peters-Scheffer, Didden, & Korzilius, 2012; Walsh, Mulder, & Tudor, 2013), lower quality of life (Allik, Larsson, & Smedje, 2006; Khanna et al., 2011; Rizk, Pizur-Barnekow, & Darragh, 2011), and a variety of psychological symptoms including depression (Ingersoll & Hambrick, 2011; Smith, Greenberg, Seltzer, & Hong, 2008), anxiety and pessimism (Hastings & Brown, 2002), and posttraumatic stress symptoms (PTSS) (Casey et al., 2012); there is a small but growing body of work that identifies positive changes as a salient feature of this experience (King et al., 2006).

Traumatic losses, such as the realization that their children will not develop typically, may lead parents to find new insights in life and develop a greater sense of spirituality and strength (Phelps et al., 2009). Several researches have reported that some mothers are more likely to rebound from adversity, manage to make a positive adaptation, experience closer

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family relationships and emotional well-adjustment (Bayat, 2007; Bekhet, Johnson, & Zauszniewski, 2012; Markoulakis, Fletcher, & Bryden, 2012). Bayat (2007) identified spiritual and personal growth and a greater appreciation of life as outcomes of caring autistic children when surveying 175 parents and caregivers. Some mothers found that caregiving autistic children offered a growing experience in learning humility, compassion, patience, and respect for others, some even went as far as to provide support to other families or service providers (Ekas & Whitman, 2011; Markoulakis et al., 2012). These positive consequences can be referred to as posttraumatic growth (PTG), which is defined as “positive psychological change experienced as a result of the struggle with highly challenging life circumstances”, including an increased appreciation for life, more meaningful interpersonal relationships (relating to others), an increased sense of personal strength, new possibilities, and a richer existential and spiritual life (spiritual change) (Tedeschi & Calhoun, 2004). Of all these studies relating autistic children, one study on 80 caregivers (97.5% of the respondents were mothers) (Phelps et al., 2009) and one study with 50 parents (out of 140 parents of disabled children) (Resch, Benz, & Elliott, 2012) were the only known two quantitative studies with Posttraumatic Growth Inventory (PTGI). However, both the two studies treated PTG as a whole, failing to analyze the specific dimensions of PTG. Considering the essential role mother played in the treatment and daily care of autistic children, further studies are needed to expand the understanding of this area.

Posttraumatic growth emphasizes individuals' transformation in the aftermath of stressful events that may shatter their assumptive world, requiring a reconceptualization of fundamental beliefs about self, others, and the future (Moore et al., 2011). In PTG models (Calhoun, Cann, Tedeschi, & McMillan, 2000), it has been proposed that coping and rumination may play an essential role in influencing outcomes following a highly stressful experience.

Coping is cognitive and behavioral efforts to manage internal and external demands of stressful events (Meng, Tao, Wan, Hu, & Wang, 2011). Coping strategies were often separated into problem-focused coping which intended to address the source of the stress directly, and emotion-focused coping which is aimed at minimizing the emotional ramifications of stress (Ashkanasy, Ashton-James, & Jordan, 2003). Whilst in China, one of the most popular classifications of coping strategies was promoted by Jiang (1999), who grouped the coping style into positive coping and negative coping. The former involves adaptive or constructive coping strategies such as support seeking; while negative coping can be considered maladaptive such as avoiding response following the stressor. With respect to studies on mothers' coping and their mental health outcomes, the majority drew a conclusion that positive coping could reduce stress and psychological problems (Dabrowska & Pisula, 2010; Montes & Halterman, 2007; Pottie & Ingram, 2008). In these ways, positive coping may achieve more than reducing stress, it could also make individual feel good in the short-term, and build personal and social resources in ways that promote better long-term outcomes (Aspinwall & Tedeschi, 2010), which makes it reasonable to infer that positive coping could facilitate the PTG of mothers. Vice versa, negative coping would play a contrary role.

Rumination precipitated by a highly stressful event includes a variety of different types of recurrent thinking. It includes intrusive thoughts that are often undesired, namely intrusive rumination. It can also include more controlled thoughts focusing on making sense of the experience, problem-solving, reminiscence, and anticipation, namely deliberate rumination (Cann et al., 2011). Identifying the impact of these two styles of rumination is important for the understanding of posttraumatic adaptation processes, especially those leading to the experience of PTG (Stockton, Hunt, & Joseph, 2011). Although there is some empirical evidence examining the relationship between rumination and PTG, the findings were not consistent (Cryder, Kilmer, Tedeschi, & Calhoun, 2006; Calhoun et al., 2000; Stockton et al., 2011). Besides, cultural differences in the role of rumination in PTG were also observed (Taku, Cann, Tedeschi, & Calhoun, 2009), implying the necessity of studies carried out within different cultures.

Combining all the information mentioned above, the aims of the study were to: (1) investigate the PTG of mothers of autistic children in China, and (2) examine the relationship between coping, rumination, and PTG. We hypothesized that after receiving the diagnosis of autism spectrum disorder (ASD); Chinese mothers' positive coping and deliberate rumination could facilitate mothers' PTG, while negative coping and intrusive rumination could impede this process.

2. Methods

2.1. Participant recruitment and study design

The potential participants for this study were restricted to mothers living in the Shanghai metropolitan area. By convenience sampling, five centers serving pre-school children with developmental disabilities assisted with the recruitment. To be included in this study, the mother (1) had to affirm that her biological child had been formally diagnosed with an ASD by a medical doctor or licensed psychologist; (2) should be able to read and write in Chinese. Participants were excluded if they: (1) experienced non-related current or recent-past crises (e.g., bereavement, serious physiological or mental illness in family members); (2) had received, or were receiving, mental health services or any psychological treatment. The study was scientifically and ethically reviewed and approved by the Ethical Review Board of the Second Military Medical University.

2.2. Measures

2.2.1. Posttraumatic Growth Inventory-Chinese version (PTGI-C)

PTG was assessed with the Chinese version of Posttraumatic Growth Inventory (PTGI-C), which was developed using standard methods of translation, test, revision, and back-translation. One item “my faith (belief) in God is stronger than it

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