



Paternal versus maternal coping styles with child diagnosis of developmental delay



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ABSTRACT

Parents of children with disabilities vary in their reaction to their children's diagnosis. The current study focused on fathers in addition to mothers and examined their resolution and coping styles when having children diagnosed with developmental delay (DD). Sixty-five fathers and 71 mothers were interviewed using the reaction to the diagnosis interview (RDI; Pianta & Marvin, 1992a). Results indicated that the majority of parents were unresolved with their child's diagnosis, with no differences found between fathers' and mothers' rates of resolution. Furthermore, both parents of children that were diagnosed at a later age and parents that were less educated tended to be unresolved, as did fathers of a lower socioeconomic status. Older age of both children and mothers was related to maternal lack of resolution. Finally, an in-depth examination revealed significant differences in the manner in which fathers and mothers cope with their children's diagnosis: whereas mothers were more prone to using an emotional coping style, fathers tended to use a cognitive coping style. The clinical implications of paternal versus maternal coping styles are discussed.

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The arrival of a new child into the family is usually received with immense joy and elation. However, when a child is diagnosed as disabled these feelings dissolve, along with the expectations and hopes parents had for a healthy child (Milshstein, Yirmiya, Oppenheim, Koren-Karie & Levy, 2010; Pianta & Marvin, 1992a). The reaction of parents of children with disabilities to their child's diagnosis is a debated issue (Sheeran, Marvin & Pianta, 1997). In the early literature, an emphasis on pathological responses to the diagnosis (Shapiro, 1983) was followed by models depicting the ways parents mourn the loss of the typical child they hoped for. The "stages" theories were highly accepted, proposing that parents generally move through adaptation (e.g., Clubb, 1991; Drotar, Baskiewicz, Irvin, Kennell & Klaus, 1975; Fortier & Wanlass, 1984; Trout, 1990), with the common theme of progression over time towards eventual adjustment (Blacher, 1984).

Over time, early beliefs have progressed from the dogmatic "stages" theories into theories describing a more continuous process of adjustment that parents go through, with occasional regressions at transition periods or, at other times, with skipping stages (Clubb, 1991; Pianta & Marvin, 1992a). An important progress has been the development of the concept of "resolution" with the child's diagnosis. Acceptance and resolution of the diagnosis is the process in which parents build a self-representation, incorporating the pre- and post-diagnostic internal representations of the self and the 'real' child, as opposed to the 'fantasy' child they dreamt of (Milshstein et al., 2010; Pianta & Marvin, 1992a). Marvin and Pianta (1996) defined resolution as the end of active grieving and a refocus on present and future realities. Unresolved parents, on the other hand, display an absence of these processes and a coping style that reflects ongoing consequences of trauma. Additionally, in order to recognize individual differences in coping styles, they developed a reliable, semi-structured interview tool known as

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the reaction to the diagnosis interview (RDI; Pianta & Marvin, 1992a), which consists of three subcategories of a resolved coping style (action, feeling and thinking) and six subcategories of an unresolved coping style (emotionally overwhelmed, angry, neutralizing, depressed, having cognitive distortion and disorganized). Using the RDI, feelings of resolution were found to be indicative of better quality of parenting, secure child-parent attachment (Marvin & Pianta, 1996), more positive familial social life and less negative feelings about parenting and marriage (Milshtein et al., 2010).

Previous research has shown that many families of chronically disabled children succeed in adapting and functioning well (Crnic, Friedrich & Greenberg, 1983; McCubbin & McCubbin, 1993; Tak & McCubbin, 2002). Yet, rates of resolution among mothers of children with various special needs, such as: Cerebral Palsy, Epilepsy, Autism spectrum disorder (ASD), Deafness and Phenylketonuria (PKU), were diverse, and ranged between 36% and 69% (Barnett et al., 2006; Lord, Ungerer & Wastell, 2008; Milshtein et al., 2010; Pianta, Marvin, Britner & Borowitz, 1996; Pipp-Siegel, 2000 in Yoshinaga-Itano, 2002).

This diversity in parental reactions to different diagnoses was also examined in studies that compared the emotional reactions of parents of children with Down syndrome to other disabilities, such as: ASD, intellectual disabilities (ID) etc. They found that even in cases where the severity of the disability was graver in the children with Down syndrome, their parents reported better adjustment and lower levels of stress than the parents of children with other disabilities. These differences in psychological well-being were traced, in part, to variations in the uncertainty attached to the diagnoses. The long history of research on Down syndrome and the certainty surrounding its diagnosis and cause, on top of being apparent immediately at birth, provide parents with a clear and coherent explanation of their child's condition and with a reasonable expectation of what the future holds, and, thus, eases their coping process (Abbeduto, Seltzer, Shattuck, Krauss, Orsmond & Murphy, 2004; Beavers, Hampson, Hulgus, & Beavers, 1986; Fidler, Hodapp, & Dykens, 2002).

In addition to the type of the disability and the age of the child when diagnosed, some other demographic variables were found to be associated with parental coping and adjustment (e.g. Abbeduto et al., 2004; Fox, Platz & Bentley, 1995; Haveman, Berkum, Reijnders & Heller, 1997). Parents with lower educational levels reported a heavier burden and had less personal and financial resources to aid with the physical and emotional demands of care giving (Haveman et al., 1997; Trout, 1990). The same was found to be true for parents of lower socioeconomic status (Fox et al., 1995; Roy & Dyson, 2010; Trout, 1990), however, previous studies using the RDI found no relation between parental education or socioeconomic status and parental resolution (Marvin & Pianta, 1996; Pianta et al., 1996). Earlier research also found higher levels of stress and burden as mothers get older. The same was true as the child's age progresses. Since mothers are the main care givers in the family (Bader & Phillips, 1999; Cabrera, Tamis-LeMonda, Bradley, Hofferth & Lamb, 2000; Lamb & Tamis-LeMonda, 2004), they are responsible for all daily physical care of the disabled children, and are, therefore, very much aware of the gap between these children and their peers and siblings. A gap that widens as the children grow up (Brehaut et al., 2004; Florian & Fidler, 2001; Lin, 2000; Rentinck, Ketelaar, Jongmans & Gorter, 2006; Wanamaker & Glenwick, 1998).

To the best of our knowledge only two studies compared paternal and maternal rates of resolution, as opposed to over a dozen studies that addressed only maternal rates of resolution (e.g. Barnett et al., 2006; Kearney, Britner, Farrell & Robinson, 2011; Orme, 2005; Pianta et al., 1996). These studies revealed that although fathers' rates of resolution with their children's diagnosis (ASD or PKU) were higher than those of mothers, these differences did not reach significance (Lord et al., 2008; Milshtein et al., 2010). Furthermore, Milshtein et al. (2010) found no significant differences between resolved fathers and mothers of children with ASD even within most of the nine subcategories. The only significant difference reported between fathers and mothers was in the unresolved category; where mothers were included in the emotionally overwhelmed group twice as much as fathers, while fathers were classified in the 'neutralizing' subtype, twice as much as mothers.

A possible explanation for this difference may come from studies suggesting that women, compared to men, report in general deeper emotional experiences, more intense expressions, and greater comfort derived from communicating emotions (Grossman & Wood, 1993; Larsen & Diener, 1987; Lutzky & Knight, 1994). This emotional nature of women's reactions is in line with the few findings mentioned above, that depict mothers as fitting into the more emotional subscales of the RDI, whereas fathers are coded as more cognitively driven and emotionally detached (Milshtein et al., 2010).

The current study aimed to display an in-depth investigation of paternal and maternal coping styles when having children with developmental delay (DD). The clinical definition of DD refers to children having IQ scores that are 1.5–2 standard deviations below the mean, as well as impairments in adaptive functioning in at least two of the following skills: expressive language, receptive language, cognitive/visual reception, fine or gross motor, and/or adaptive behavior (Boyd et al., 2010).

The chronic stress involved in parenting a child with DD and other mental disabilities was found to negatively affect the physical and mental health of mothers (Feldman, 2007; Singhi, Goyal, Pershad, Singhi & Walia, 1990). Fathers, however, were found to be less affected by the constant stress of having a child with DD. They displayed lower levels of parental stress, less symptoms of depression and a higher degree of self-assurance than mothers (Bailey, Blasco & Simeonsson, 1992; Goldberg, Marcovitch, MacGregor, Lojkasek, 1986; Gray, 2003). Other studies, examining the effects of having a child with ID on parental stress, claimed that fathers should not be regarded as a replica of mothers. Fathers of children with ID did experience stress and pressure, but displayed a different coping mechanism than mothers (e.g. Cabrera et al., 2000; Lamb & Tamis-LeMonda, 2004). These general differences in coping habits between fathers and mothers lead us to examine a broader perspective of coping styles than that of 'resolved' versus 'unresolved'. Quite a few studies have found that the coping mechanism of parents of children with developmental disabilities is strongly associated with the parents' personality. Sensitive and emotional personality traits were linked to strategies such as: seeking social support and professional advice, whereas calculated/cognitive personality traits relate to coping mechanisms such as: problem solving

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