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Coping, distress, and well-being in mothers of children with autism

Paul R. Benson*

Department of Sociology and Center for Social Development and Education, University of Massachusetts Boston, 100 Morrissey Boulevard, Boston, MA 02125, United States

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ABSTRACT

As is the case in stress research generally, studies examining the relationship between coping and mental health outcomes in parents of children with autism frequently classify parental coping methods as being either problem- or emotion-focused. We argue that this dichotomization of coping strategies oversimplifies the way parents respond to their child's autism. In the present study, the coping methods employed by 113 mothers of children with autism were investigated using the Brief COPE (Carver et al., 1989). Exploratory factor analysis of Brief COPE subscales identified four reliable coping dimensions: engagement coping, distraction coping, disengagement coping, and cognitive reframing coping. In addition, using multiple regression, we examined the relationship of coping strategies to negative and positive maternal outcomes (depression, anger, and well-being). In general, maternal use of avoidant coping (distraction and disengagement) was found to be associated with increased levels of maternal depression and anger, while use of cognitive reframing was associated with higher levels of maternal well-being. In several instances, child characteristics, particularly severity of child maladaptive behavior, moderated the effect of coping on maternal outcomes. Study findings are discussed in light of previous research in the area; in addition, study limitations and clinical implications are highlighted.

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1. Introduction

Prior research clearly indicates that the demands of raising a child with autism can result in marked psychological distress for many parents (see Glasberg, Martins, & Harris, 2007; Hastings, 2008 for recent reviews). However, it is also clear that parents vary substantially in their ability to successfully respond to the challenges linked to their child's autism, with some parents experiencing significant mental health problems, while other parents experience relatively few of these difficulties (Benson, 2006; Benson & Karlof, 2009). It is also noteworthy that research has shown that many parents experience positive gains as a result of raising a child with autism or other disability, including personal growth, improved relationships with others, and increased patience and empathy (Hastings & Taunt, 2002; Pakenham, Sofronoff, & Samios, 2005; Scorgie & Sobsey, 2000).

Coping strategies have been posited as one mechanism by which individuals respond to threats of stress, including stressors associated with parenting a child with autism. Based on the stress and coping model of Lazarus and Folkman (1984), researchers have often grouped coping methods into two general types, *problem-based coping* (strategies aimed at solving the problem or doing something to change the source of stress) and *emotion-based coping* (strategies aimed at

* Tel.: +1 617 287 7255; fax: +1 617 287 7249.

E-mail address: paul.benson@umb.edu.

reducing or managing feelings of distress associated with the stressor). In studies of family caregivers, including parents of individuals with autism and intellectual disability, use of emotion-focused coping strategies (e.g., denial, venting) have generally been found to be associated with higher levels of psychological distress, while use of problem-focused coping methods (e.g., planning, taking action to address the problem) have often, but not always, been associated with improved mental health outcomes (Abbeduto et al., 2004; Aldwin & Revenson, 1987; Seltzer, Greenberg, & Krauss, 1995). In addition, problem- and emotion-focused coping have sometimes been found to moderate the effects of stressors on caregiver distress. For example, in a recent study comparing the coping strategies used by mothers of preschool and adolescent children with ASD, Smith, Seltzer, Tager-Flusberg, Greenberg, and Carter (2008) found that for mothers of preschoolers, lower levels of emotion-focused coping and higher levels of problem-focused coping were associated with improved maternal well-being, regardless of child symptom severity. For mothers of adolescents, however, coping was often related to maternal well-being only when child symptoms were severe.

While the distinction between problem-focused and emotion-focused coping has served an important heuristic purpose in stress research, evidence suggests that it oversimplifies how people deal with adversity (Carver, Scheiner, & Weintraub, 1989; Lazarus, 1996; Skinner, Edge, Altman, & Sherwood, 2003). Many important coping methods, such as use of social support, fail to fit clearly into either the problem- and emotion-focused coping category. In addition, many coping methods serve both instrumental and affective functions. For example, while taking direct action against a source of stress clearly involves problem-solving, it may also reduce negative emotions associated with the stressor, such as anxiety (Skinner et al., 2003; Folkman & Moskowitz, 2004). For this reason, studies examining the factor structure of widely used coping scales, such as the *Way of Coping-Revised* (Folkman & Lazarus, 1985), typically identify multiple coping dimensions rather than just two (e.g., Aldwin & Revenson, 1987; Dunkel-Schetter, Feinstein, Taylor, & Falke, 1992; Folkman & Lazarus, 1985). Similarly, Carver et al. (1989) included 14 conceptually distinct types of coping in their theoretically derived *COPE* inventory. While some of the coping strategies identified by Carver et al. (1989) map closely onto the problem- vs. emotional-focused coping classificatory schema (e.g., active coping, planning), others did not fit clearly into either coping type.

To our knowledge, only one study to date has examined the structure of coping by parents with children with autism. In that study, Hastings, Kovshoff, Brown, et al. (2005) used exploratory factor analysis to classify the coping methods used by 135 parents of children with autism in the UK. Based on their analysis of parent responses on the *Brief COPE* (Carver, 1997), four reliable coping dimensions were extracted, which they termed *active avoidance coping*, *problem-focused coping*, *positive coping*, and *religious/denial coping*. While the first two of these dimensions corresponded closely to the emotion- and problem-focused coping categories commonly used in stress research (cf. Folkman & Lazarus, 1985), the latter two were viewed as being more specific to the unique circumstances associated with parenting a child with autism or other disability. In bivariate analyses, Hastings, Kovshoff, Brown, et al. (2005) found passive avoidant and religious/denial coping to be significantly related to increased parent stress, anxiety, and depression, while problem-focused coping was unrelated to any of these distress measures (positive coping was negatively correlated with depression only). Potential interactions between parental coping strategies and child characteristics were not examined in this study.

As can be gleaned from the above review, the existing literature on coping by parents of children with autism is limited and leaves many key issues unresolved. Aside from the one study by Hastings, Kovshoff, Brown, et al. (2005), very little is known about the underlying structure of coping strategies used by parents of children with autism. In addition, very few studies of families of children with disabilities have examined how different coping methods are associated with parent distress and well-being, and, in particular, whether the effects of different coping strategies on parent outcomes are moderated by child characteristics such as the severity of child autism symptomatology or maladaptive behavior. Although coping has been found to buffer the effects of high levels of stress on caregiver distress in some studies of parents of persons with autism and intellectual disability (Essex, Seltzer, & Krauss, 1999; Seltzer et al., 1995; Smith et al., 2008), other studies have failed to replicate this finding (Abbeduto et al., 2004). Finally, as noted by Smith et al. (2008), there continues to be some debate in the literature regarding the extent to which the relationship between autism and maternal psychological functioning is primarily driven by deficits specific to autism or, alternatively, by child maladaptive behaviors more generally, with some studies indicating that maternal distress is primarily associated with child problem behaviors (Hastings, Kovshoff, Ward, et al., 2005; Herring et al., 2006), while others have emphasized the pivotal role played by core autism symptoms (Eisenhower, Baker, & Blancher, 2005; Ello & Donovan, 2005; Lecavlier, Leone, & Wiltz, 2006). Clearly, additional research is needed that directly assesses the relative impact of these two child-related stressors on maternal distress and well-being.

The aim of the present study was to contribute to the literature on autism and the family by investigating the structure of coping used by mothers of children with autism and by examining how these empirically derived coping categories are linked to maternal psychological functioning. In so doing, the study sought to replicate key aspects of Hastings, Kovshoff, Brown, et al.'s (2005) factor analysis of coping among British parents of children with autism and Smith et al.'s (2008) comparative study of the impact of coping strategies on maternal distress and well-being. In addition, the present study extended the work of Smith and colleagues by comparing the effects of two child-related stressors, autism symptoms and maladaptive behaviors, on maternal outcomes. Finally, as did Smith et al. (2008), the effects of maternal coping and child characteristics on negative and positive maternal outcomes were examined, specifically depressed mood, anger, and psychological well-being. While a good deal of past research has examined the impact of child disability and parenting stress on maternal depression (Singer, 2006), much less attention has been given to examining anger as an outcome, particularly within the context of parenting children with ASD (however, see Benson & Karlof, 2009). In addition, relatively little

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