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## The effects of coping style, social support, and behavioral problems on the well-being of mothers of children with Autism Spectrum Disorders in Lebanon

Rita Obeid<sup>1</sup>, Nidal Daou<sup>\*</sup>

American University of Beirut, Lebanon

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## ABSTRACT

The present study examined the effects of coping styles, social support, and child's behavioral symptoms on the well-being of 65 mothers of children with Autism Spectrum Disorders (ASD) in Lebanon. Comparisons to the well-being of 98 mothers of typically developing children were also drawn. Regression analyses showed that disengagement and distraction coping predicted poor well-being, whereas cognitive reframing showed a correlation with better well-being levels. A significant correlation was found between child's behavioral problems and maternal well-being. *T*-test analyses revealed that mothers of children with ASD differed in terms of coping styles used. Additionally, mothers of children with ASD showed lower levels of perceived social support. Well-being was significantly better for mothers of typically developing children. Study limitations and implications are discussed.

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Given the broad range of symptoms in Autism Spectrum Disorders (ASD), their prevalence, and associated characteristics, and given the stressors associated with parenting in general (e.g., Anthony et al., 2005; Baker, Blacher, Crnic, & Edelbrock, 2002; Hastings, 2008; Ostberg, Hagekull, & Hagelin, 2007; Sidebotham, 2001), the added challenges of parenting a child with ASD have come to be expected (Abbeduto et al., 2004; Benson, 2010, 2012; Singer, 2006). It has been reported that parents, especially mothers, of children with disabilities report higher stress levels than parents of typically developing children (e.g., Margolis, Mayer, Clark, & Farel, 2009) and that parents of children with ASD show even higher stress levels when compared to parents of children with any other difficulty or disability (Abbeduto et al., 2004; Benson, 2012; Singer, 2006; Ostberg et al., 2007). Nevertheless, individual and cultural differences play a critical role in how parents respond to challenges related to their child (Benson, 2006; Glasberg, Martins, & Harris, 2007). Therefore, reactions to a child's diagnosis vary, with some parents experiencing few difficulties or even positive outcomes, such as finding meaning and personal growth (Hastings & Taunt, 2002) and others experiencing significant psychological outcomes, including increased levels of depressive symptoms (Carter, Martínez-Pedraza, & Gray, 2009; Ingersoll & Hambrick, 2011) and lower levels of well-being (Eisenhower, Baker, & Blacher, 2005).

Hastings, Kovshoff, Brown, et al. (2005) stated that despite the abundance of research on coping styles of families of children with disabilities, the research on coping among parents of children with ASD, in particular, remains scarce. Coping

<sup>\*</sup> Corresponding author. Present address: Department of Psychology, American University of Beirut, Beirut 1107 2020, Lebanon.

*E-mail addresses:* [robeid@gc.cuny.edu](mailto:robeid@gc.cuny.edu), [rita.obeid@gmail.com](mailto:rita.obeid@gmail.com) (R. Obeid), [nn07@aub.edu.lb](mailto:nn07@aub.edu.lb), [nidal.daou@gmail.com](mailto:nidal.daou@gmail.com) (N. Daou).

<sup>1</sup> Now at The Graduate Center, City University of New York, New York, NY, United States.

strategies have been regarded as a mechanism that parents use to adapt to stressors associated with raising a child with a disability (Smith, Seltzer, Tager-Flushberg, Greenberg, & Carter, 2008). Coping strategies constitute cognitive, affective, and behavioral efforts to manage specific external and/or internal demands of situations that are considered to be stressful (Folkman & Moskowitz, 2004). According to Lazarus and Folkman's (1984; as cited in Folkman & Moskowitz, 2004) model, coping strategies are usually divided into problem- and emotion-focused. Problem-focused strategies are those used when confronting and dealing with a stressful situation or changing the situation thus removing its stressful impact, such as taking action or weighing costs against benefits (Passer & Smith, 2007). Emotion-focused coping uses strategies that aim at changing one's emotional responses toward stressful situations, such as through avoidance or by denying that a problem exists. Austenfeld and Stanton (2004) stated that it was consistently evident in the literature that emotion-focused coping was associated with psychological distress, thus deeming it unhealthy. Conversely, problem-focused coping has been mostly (Benson, 2010), but not consistently (Seltzer, Greenberg, & Kraus, 1995), associated with better well-being and mental health.

It was argued that this dichotomization of coping strategies oversimplifies the manners in which mothers react to their children's ASD diagnosis (Benson, 2010; Carver, Schneier, & Weintraub, 1989). Therefore, Benson (2010) identified four factors that a sample of mothers of children with ASD used in coping with their children's diagnosis. Distraction coping was evident in mothers who modulated their emotions through venting, use of humor, self-blame, and self-distraction. Disengagement coping involved the mother distancing herself from stressful situations through denial and substance use. Both are types of emotion-focused coping, according to Benson (2010). Benson's (2010) problem-focused coping styles included engagement and cognitive reframing coping. Engagement reflected the mother's active and planned involvement in addressing a stressful situation. Cognitive reframing included the mother's efforts to restructure her beliefs about the stressor, which included "coming to terms" with her child's disability in a positive way.

Few studies examined how different coping mechanisms predict parental well-being (e.g., Benson, 2010; Hastings, Kovshoff, Brown, et al., 2005). Hastings, Kovshoff, Brown, et al. (2005) investigated the difference in coping styles among mothers and fathers of children with ASD. Their results were consistent with those of Benson's (2010). Both studies found that neither of the problem-focused coping strategies was associated with negative maternal outcomes. Benson (2010) concluded that positive cognitions appear to be helpful in coping with stressful situations that are chronic or uncontrollable. Benson (2014) also found that increased use of disengagement and distraction coping mechanisms were linked to maternal maladjustment over time. Benson (2010) explained that the existing research on coping of mothers of children with ASD is still limited. The present study attempted to add to this literature while addressing a new cross-cultural perspective. The present study also examined the extent to which maternal well-being is impacted by social support.

Social support has been reliably shown to be among the strongest predictors of psychological adjustment for parents of children with ASD (Benson, 2010; Boyd, 2002). There are two types of social support, formal and informal. Whereas one receives formal social support from professional organizations and agencies, its informal counterpart, which has been shown to have considerable importance, pertains to resources within the family (Boyd, 2002). Informal support has been seen as more effective than formal support in reducing stress among mothers of children with ASD (Boyd, 2002; Ekas, Lickenbrock, & Whitman, 2010). Weiss (2002) found that mothers of children with ASD reported the lowest levels of perceived social support, compared to mothers of children with mental retardation and those of typical development, respectively. Specifically, perceptions of social support availability and quality have been repeatedly linked to lower psychological distress in mothers of children with ASD (e.g., Benson, 2012, Boyd, 2002; Bromley, Hare, Davidson, & Emerson, 2004; Ekas et al., 2010; Smith, Greenberg, & Seltzer, 2012). Boyd (2002) concluded that mothers who reported low levels of stress also reported higher perceived informal social support, which they received from relatives, spouses, and other parents of children with disabilities. Mothers who perceived higher levels of support also reported fewer symptoms of depression, happier marriages, and related better emotionally to their children. In a more recent study, Benson (2012) showed that larger and better-quality social support networks predicted better well-being and decreased depressed mood. Benson (2012) also indicated that having a large social network was not unconditionally related to increased well-being, rather a negative social interaction could play a role in increasing distress and decreasing well-being.

In a series of studies conducted in Spain, Ruiz-Robledillo and colleagues (e.g., Ruiz-Robledillo, De Andres-Garcia, Perez-Blasco, Gonzalez-Bono, & Moya-Albiol, 2014; Ruiz-Robledillo & Moya-Albiol, 2013) investigated biopsychosocial variables among parents of children with ASD. The authors focused on multiple variables, including a biological measure of cortisol awakening levels that are typically disrupted in highly stressful situations. Ruiz-Robledillo et al. (2014) found that caregivers of individuals with ASD had higher somatic symptoms and lower cortisol response levels when they were not provided with institutional support. Ruiz-Robledillo et al. (2014) noted that social support could be an important mediator between resilience and health outcomes of caregivers of individuals with ASD. Similarly, Ruiz-Robledillo and Moya-Albiol (2013) found that caregivers of individuals with Asperger's disorder, now considered to be part of the autism spectrum (American Psychiatric Association, 2013), reported poorer health and took more medication compared to their controls. The authors also found that cognitive-based coping was associated with lower health outcomes.

Looking at two other culturally diverse samples, Lin, Orsmond, Coster, and Cohn (2010) assessed cultural differences in social support, coping strategies, well-being, family adaptability, and cohesion of mothers of adolescents and adults with ASD in Taiwan and the United States. Consistent with the Western literature, they found that the use of problem-focused coping resulted in decreased levels of anxiety and depression in the Taiwanese sample. They also found that higher levels of emotion-focused coping among the Taiwanese families appeared to account for their lower levels of family adaptability and

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