



Highly resilient coping entails better perceived health, high social support and low morning cortisol levels in parents of children with autism spectrum disorder



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ARTICLE INFO

Article history:

Received 4 October 2013

Received in revised form 4 December 2013

Accepted 10 December 2013

Available online 7 January 2014

Keywords:

Health

Informal caregiver

Autism spectrum disorder

Cortisol awakening response

Social support

ABSTRACT

The negative consequences of caring for people with developmental disabilities have been widely described. However, the ability to bounce back from the stress derived from care situations has been less studied. Those caregivers who have shown this ability are considered as resilient. This study aims to evaluate the relationship between resilience and self-reported health and cortisol awakening response (CAR) in a sample of caregivers of people with autism spectrum disorders (ASD). It also aims to evaluate the role of social support as a mediator in the association between resilience and health. Caregivers with higher resilience show better perceived health, lower morning cortisol levels, and less area under the curve with respect to ground (AUC_g). Social support was positively related to resilience and mediated the relationship between resilience and perceived health. This mediating effect was not found in the association between resilience and CAR. Resilience could be a protective factor that modulates the negative consequences of chronic stress in the care context. Social support could be an important variable mediating the effects of resilience on health outcomes in caregivers. All these results must be considered when implementing effective psychological programs for helping caregivers.

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1. Introduction

Negative consequences for the health of caregivers of offspring with developmental disabilities, such as autism spectrum disorders (ASD) have been widely documented (Lovell, Moss, & Wetherell, 2012a; Ruiz-Robledillo & Moya-Albiol, 2013; Ruiz-Robledillo, González-Bono, & Moya-Albiol, in press). Indeed, informal caregivers of people with ASD suffer more depression, anxiety, somatic symptoms, and social dysfunction than the general population (De Andrés-García, Moya-Albiol, & González-Bono, 2012; Khanna et al., 2011; Lee, 2013). Although the majority of studies have evaluated the health affection of caregivers, new studies are becoming interested in the positive adaptation to the care situation. Thus, some caregivers show an ability to cope effectively with the stress of a care situation (Cohen, Colantonio, & Vernich, 2002; Gaugler, Kane, & Newcomer, 2007) and are described as resilient.

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The term resilience is broadly used to explain the positive adaptation of individuals to stressful situations (Bonanno, 2012); however, there is a lack of homogeneity in its conceptualisation. Consequently, the definition is not unanimous among studies, although there is a growing trend to understand resilience as a dynamic process, an ability to bounce back or recover effectively from stressful situations (Smith, Tooley, Christopher, & Kay, 2010). This definition refers to resilience as a way of coping with stress in an adaptive manner. More specifically, resilience in a care context has been defined as the ability shown by caregivers to bounce back from the stress derived from a care situation. In this sense, resilience in caregivers is configured by specific skills that promote a successful adaptation to a care situation without health being affected (Fernández-Lansac, Crespo-López, Cáceres, & Rodríguez-Poyo, 2012; Lin, Rong, & Lee, 2013). For this reason, resilience is not a static or unchanging ability and caregivers can be helped to increase levels of resilience. Resilience entails coping effectively with the stress without negative consequences, while obtaining positive outcomes from stress situations. This process, in turn, increases the ability to cope with stress successfully (Bayat, 2007). Indeed, resilient caregivers have recognised positive changes in several life domains; some have even adopted a positive overview of the caring process (Fernández-Lansac & Crespo, 2011). These positive outcomes have been replicated in several families with disabilities, independently of the type of disease (Heiman, 2002). In families with a member affected with an ASD, caring has even been considered an opportunity for personal growth by some caregivers (Bayat, 2007; Phelps, McCammon, Wuensch, & Golden, 2009). Analysing the profiles of these resilient caregivers would enable the detection of those aspects that should be considered for establishing effective intervention programs (Bekhet, Jhonson, & Zauszniewski, 2012a; Gardiner & Iarocci, 2012). This would enormously help thousands of caregivers who respond negatively and suffer consequent deteriorations in their health.

Although resilience has been demonstrated to be a protective factor in the stress adaptation process, few studies have analysed these positive effects in health (Nygren et al., 2005; Smith, Hong, et al., 2010). Previous research in stressed elderly, unemployed people, or diabetic patients has reported a preventive effect of resilience on health complaints. Furthermore, highly resilient individuals are often involved in activities promoting health (Perna et al., 2012; Sojo & Guarino, 2011; Yi, Vitaliano, Smith, Yi, & Weinger, 2008). In a care context, highly resilient caregivers of people with Alzheimer's disease present lower levels of stress perception, depression, and anxiety (Fernández-Lansac et al., 2012), although high levels of resilience does not entail the total absence of psychopathology. In other samples of caregivers, such as caregivers of people with a stroke or with a terminally ill, higher resilience has been associated with lower levels of anxiety and depression (Nabors et al., 2013; Tang et al., 2013).

Social support is one of the most analysed variables related to resilience and health in caregivers of people with developmental disabilities (Boyd, 2002; Gallagher & Whiteley, 2012; Lovell, Moss, & Wetherell, 2012b). In this sense, social support has been associated with better cardiovascular and endocrine functioning, less anxiety and depression, and fewer somatic symptoms (Gallagher & Whiteley, 2012; Khanna et al., 2011; Lovell et al., 2012b). Indeed, social support has been characterised as a resilience factor that could buffer the consequences of caring on health in caregivers of people with ASD (Boyd, 2002). However, no studies have evaluated the association between resilience and social support, taking into account that resilient caregivers may have better social functioning and could benefit from more social support than low resilience caregivers (Wilks & Croom, 2008). Although social support has been related with several health outcomes in caregivers (Boyd, 2002), no studies have tested the possible mediating role of this variable in the relationship between resilience and health.

To the best of our knowledge, no studies have used biological markers of health to analyse the protective effects of resilience coping in caregivers of people with ASD. Such a study would produce more objective information than self-reported health (in which subjective perception is involved) and could verify the obtained results in previous studies conducted with caregivers. One reliable and very used biological marker of health is the cortisol awakening response (CAR). It is an index of the activity of the hypothalamic-pituitary-adrenal (HPA) axis, which is the major endocrine system involved in stress response (Fries, Dettenborn, & Kirschbaum, 2009). CAR is characterised by increased levels of cortisol from awakening to approximately 30 min later, and the authors propose an increase of 2.5 nmol/l for a normal rise (Wust, Federenko, Hellhammer, & Kirschbaum, 2000). This response could be altered in individuals undergoing chronic stress, such as people with a diagnosis of post-traumatic stress disorder, burnout, or informal caregivers (de Vught et al., 2005; Moya-Albiol, Serrano, & Salvador, 2010; Gonzalez-Bono, De Andrés-García, & Moya-Albiol, 2011). In this sense, although results are contradictory, abnormalities in this response could indicate an affection of the HPA axis that implies adverse health outcomes for individuals. The effects of resilience in CAR are inconclusive. In one study in which authors compared CAR between mistreated and non-mistreated children, high levels of resilience were related to low morning cortisol levels in non-mistreated group. In the case of mistreated children, this relationship appeared to be attenuated (Cicchetti & Rogosch, 2007). Authors explained this result such as the consequence of the lack of adaptation to stress exposure in low resilience children. Although no more studies have been carried out in this line, the relationship between CAR and variables of the resilience coping cluster, such as optimism or social support, has been analysed (Ozbay, Johnson, Dimoulas, Morgan, & Charney, 2007; Lai et al., 2005; Lovell et al., 2012b). For optimism, high optimistic individuals showed lower morning cortisol levels compared to lower optimistic individuals, after controlling for other potential confounds (Lai et al., 2005). In this study, authors demonstrated that optimism but not pessimism was related to lower morning cortisol levels, suggesting that positive variables have also an impact on the functioning of the HPA. With regard to social support, it seems that this factor could have an effect on stress response dampening the over-functioning of HPA axis in stress conditions. Authors named this effect such as stress resilience, and consisted in maintain the HPA functioning in an optimal range while stress exposure.

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