



# TO STUDY THE EFFECT OF COPING STRATEGIES ON PSYCHOLOGICAL PROBLEMS OF MOTHERS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

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## ABSTRACT

*An understanding of how human beings cope with stressful situation represents an important dimension for understanding families with an exceptional child. The Psychiatric Dictionary defines defense mechanism as “the means by which the organism protects itself against impulses and threats” (Hensie and Campbell 1970).*

**KEY WORDS** –Autism Spectrum disorder (ASD).

## INTRODUCTION

There is only one pretty child in the world, and every parent has it.” ~ A Chinese Proverb

Childhood is the most beautiful period on earth. A child's world is fresh and new and beautiful, full of wonder and excitement. Love and care are essential right of every child, whether he is, rich or poor, intelligent or below average in intelligence or disabled. In comparison to normal healthy child, disabled child needs more structured environment for healthy growth. Senel and Akkok (1995) reported that children with disabilities have special needs that require more attention, greater vigilance and effort from parents than non-disabled children.

Parents of children with developmental disorders encounter a variety of severe hardships in caring for their children's needs and coping with the challenges. It is widely recognized in research that children with special needs generate heightened concern, stress and tension within their families. Parents caring for a disabled child have to adjust to new roles, different expectations about their child, and cope with

significant emotional, social, physical and financial pressures. Chronic illness in childhood has massive physical, social and psychological effects on families who are expected to raise the social adaptive child with special needs.

Developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical impairments. Not until the middle of the twentieth century was there a name for a disorder that affects thousands of children, a disorder that causes disruption in families and unfulfilled lives for many children.

Autism and the related pervasive developmental disorders (PDDs) are characterized by patterns of delay and deviance in the development of social, communicative, and cognitive skills, which arise in the first 3 years of life.



### Autism

The Bleuler coined the term “autism” in 1911 to describe individuals with schizophrenia who had a loss of contact with reality (Bleuler, 1950). In the early 1940s, two men Leo Kanner (1943) and Hans Asperger (1944) independently described children with disorders involving impaired social relationships, abnormal language, and restricted and repetitive interests.

### Definition of Autism

Autism and the Pervasive Developmental Disorders are neuro- developmental disorders characterized by pattern of delay and deviance in the development of social, communicative and cognitive skills. These conditions have their onset in the first 3 years of life, disrupt, developmental processes, and are often associated with mental retardation. These conditions differ from primary mental retardation and from the language and other specific developmental disorders in that the behavioural features and patterns of development are observed in multiple areas, are highly distinctive, and are not simply a manifestation of developmental delay. (Volkmar et al 1997).

The diagnosis of autism requires disturbances in each of three domains 1) social relatedness, 2) communication and plays and 3) restricted interests and activities. By definition, onset takes place before the age 3 years (Volkmar et al 1997). Areas of social disturbances include marked impairment in nonverbal behaviors in social interaction, failure to develop peer relations as appropriate to developmental level, lack of social or emotional reciprocity. Impairments in communication include either a delay or total lack of spoken language, or verbal communication. There is marked difficulty in the ability to sustain or initiate conversation. There is also stereotyped and repetitive language and lack of appropriate social play. The category of restricted, repetitive and stereotyped behaviors, interests and activities include preoccupation with parts of objects.

ICD-10 criteria (World Health Organization, 1994) for Pervasive Developmental Disorders (F.84) is as follows: This group of disorders is characterized by qualitative abnormalities in reciprocal social interactions and in pattern of communication, and by restricted, stereotyped, repetitive repertoire of interests and activities the conditions become manifest during the first five year of life.

### METHODS

Qualitative studies were included in the review. Based on the objectives of the current review, inclusion and exclusion criteria were prepared, and based on that ,various data base was used in the selection of studies. The collected studies were checked for clarity and content and then used for the review.

### Criteria for sample selection

Two criteria, viz inclusion and exclusion criterion were used for the selection of the sample.

The inclusion criteria used were:

- Mothers whose children fulfilled the criteria for autism spectrum disorders as per ICD-10 and were below the age of 15 years.
- Mothers of autistic children who were free from any major physical, mental and neurological illness.
- Mothers who were willing to participate in therapy.
- Studies where the participant were autistic pare
- Studies that assessed intervention for autistic parents. Intervention such as education on coping mechanism for autistic parents.
- Published in English language and peer reviewed from 2010 to 2020

Exclusion Criteria used were:

- Mothers whose Autistic children had severe & profound mental retardation
- Had severe neurological complications
- Were above 15 years of age.
- Studies where that participant were parents with other disability
- Studies that included other parents
- Unpublished paper

### Electronic Database Searching

#### The Databases Searched

PubMed, online journal. Access open, Google Scholar

### Keywords Used

Autism spectrum disorder, Pervasive developmental disorder, coping mechanism, parents, qualitative Research

### Data extraction and quality assessment

PRISMA flow diagram was used to select the articles. Eligibility criteria were assessed forextracted data. Included studies were evaluated on the basis of relevance, appropriateness clarity and methodology.

Those studies that were not meeting the criteria were excluded. articles selected for review were assessed by two independence reviewers. the data extracted included participant, year of publication, study method, type of intervention and outcome.

### ANALYSIS

#### Steps in the analysis

**Step I:** Obtain data were tabulated and classified as author. Study design, year of publication, setting,



method, sample size, type of intervention, components of intervention and outcome.

**Step II:** Identifying the findings of the studies. The studies were identified with their setting, method, and sample size, type of intervention and component of intervention.

**Step III:** Categorizing the findings. finding were categorized under the headings of coping education coping on autistic parents or mothers only.

## RESULTS

The review study included 250 potentially relevant articles. Out of which 200 studies were excluded as duplicate ,25 articles were excluded as they did not meet the inclusion criteria ,13 articles did not mention the intervention, and 12 studies were included for the review.

### Characteristic of the articles

Out of the 12 studies included in the review. All review was qualitative study. Majority of the study were conducted in the hospital setting. All the studies included of parents with autism children. These studies were published between 2010 to 2020 [Table 1].



Study/author	Year of publication	Research Design	No. of Participant	Sample Characteristic	Theme	Sub-theme
Charnsil	2011	Qualitative	15	caregivers of children with autism in Thailand	<p>1.prevalence of depressions among caregivers of children with autism.</p> <p>1. Coping strategies adopted by caregivers withautistic children.</p> <p>2.Psychological support given for caregivers withautistic children.</p>	<p><b>Subtheme</b></p> <p>1.1Financial burden. 1.2. stress fromchild care duties. 1.3 Communication barrier. 1.4. Stigma. 1.5. Society reaction to the autistic child.</p> <p><b>Subtheme</b> 2.1 Relying on spirituality 2.2 acceptance 2.3 Encouragementfrom family andfriends.</p> <p><b>Subtheme</b> 3.1 Support Groups 3.2 Support from family. 3.3 Supportfrom work place</p>
Dabrowsy & Pisula	2011	Qualitative Phenological	14	Mothers and fathers of Autisti Children	<p>1.Indicated a higher level of stress in parents of children with autism.</p> <p>2.Emotion- oriented coping was the predictor for parental stress in the samples of parents of children with Autism.</p>	<p>Subtheme</p> <p>1.1Parental stress 1.2 Culturebeliefs</p> <p><b>Subtheme</b></p> <p>2.1oriented coping 2.2 Strong support system 2.3 awaresness.</p>
Kourkoutas	2013	Qualitative	16	Familyof autistic childre n	<p>1.Diagnosis. 2. Stages of disability 3. Preschool issues 4. Social Inclusion 5. Professional issues.</p>	<p><b>Subtheme</b></p> <p>8.1 distressing emotions and obstacles 8.2enhance parenting skills</p>



					<p>4. Social needs. 5. Financial needs. 6. Education needs. 7. Mental Health Services. 8. Handling other family issues 9. Dealing with specific child problems.</p> <p><b>Family needs from the perspective of parents of children with ASD.</b></p> <p>1. Information Needs</p> <p>2. Servia and care needs</p> <p>3. Supportiv needs</p>	<p>1. Accepting and coping. 2. Empathy and hope</p> <p>1. Access to information 2. Awareness of rights. 3. Recognition of therapeutic solution.</p> <p>1. Access to care 2. Care continuity. 3. Continuous consulting care 4. Communication with experts 5. Daily care 6. child individual care</p>
Baker	2019	Qualitative	26	families of individuals with autism	<p>1. Family level adaptability 2. child driven effects</p>	<p>1. utilizing models of stress and coping. 2. mother-child relationship</p>

**CONCLUSION**

As observed from the systematic Review ,it is indicated that there are less studies done on challenges faced by parents or single parent with ASD.So there is a need to do more researches on coping strategies for parents with ASD.

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