



# A Comparative Study Of Coping Style Of Parents Of Disabled Children

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## **Abstract:**

The family is well known as the social institution that mainly participates in child development and nurturing. Parenting is a high task that is made even harder once one has to raise a child with a disability. The parenting styles are directly related to the coping mechanisms used by the parents. Dominant parenting was observed to be positively related with efficient coping styles and socio-economic strategies; on the other hand, authoritarian parenting was related with high degrees of avoidant coping and socio-emotional coping. The main aim of the given research was to find out the coping strategies that were used by parents of children with disabilities relative to that of parents of children without disabilities. The sample consisted of 100 parents (50 couples) of children with disabilities and 100 parents (50 couples) of children without disabilities, all residing in the Palamau district and meeting the inclusion and exclusion criteria. A purposive sampling method was used for data collection. Tools used for the study were Socio demographic and clinical data sheet, General Health Questionnaire (GHQ-5), and Brief Coping Orientation to problems Experienced Inventory (Brief Cope) (Carver, 1997). Results showed that there are major differences between the parent of children with disabilities and the parent of children without disabilities in all three coping dimensions. Additionally, finding showed that, among the different coping styles assessed, instrumental support and self-blame only showed significant differences between the two groups, whereas the other coping style did not differ significantly.

**Key words:** Coping style, Parents, Disabled children

**Introduction:** Parents have significant impact on the behaviour of their children as they influence them directly and indirectly. Authoritarian parenting involves strict adherence to rules and regulations and no question is allowed. The style of parenting that is permissive or indulgent provides children with non-reflective freedom and gives them rights to determine family rules, which is often subject to their whims. Coping is a multidimensional process that is dynamic and occurs under the influence of the appraisal of a situation in an individual and resources available as well as situational circumstances under which stress arises. Parenting styles have close relations with coping strategies. Dominant parenting is positively related to effective coping and socio-economic strategies but the opposite holds true in authoritarian parenting,

which has a positive relationship with avoidant and socio-emotional coping. The consequences of ineffective coping mechanisms are harmful because they cause changes in frequency, intensity, duration, and patterns of neurochemical response resulting in negative implications on the physical health. These mechanisms can also affect health negatively by overuse of substances, e.g. alcohol, drugs or tobacco or by participating in high-risk behavior.

The psychological functioning of parents is affected in a number of ways by coping. It may have a direct effect on psychological well-being or moderate the effect of psychological well-being and the stressor. Empirical evidence suggests that problem-focused coping strategies correlate with less psychological distress and more parent-child interaction. On the other hand, choosing negative emotion-oriented coping styles will most probably lead to the development of depression and stress-related issues by their parents. The purpose of Waters (2015) was to create a paradigm shift when it comes to interpreting the experience of parents who struggle with the process of raising children with special needs as well as the stressors associated with it. In the said research, 103 participants were a sample of children with a certain learning disability (SLD). It was determined that the children were tested with situational tests that assessed the degree of stress level in children, whereas the parents were evaluated with the help of multiple measures that were concerned with particular parenting strategies that are anchored on strengths, levels of stress and application of the strength-based parenting technique and management strategies. The hypothesis of the author was supported: the negative dependence between the application of strength-based management techniques and the stress level among children was statistically significant (when  $r$  is negative:  $r = -0.52$ ). That is, children whose caregivers used less strength-based parenting strategies had a greater level of stress. Positive relations between strength-based parenting and stress reduction indicate that children who see their parents use their own strengths in order to support them have more chances of having reduced stress levels. "In 2012, Durban, Rodriguez-Pabayos, Alontaga, Dolorfino-Arreza and Salazar tried to find out how parents of children with childhood disabilities deal with stress."

Fifty parents were intentionally selected, and their management skills were evaluated using a scale created by the authors. The researchers determined seven different coping strategies used by parents. Mixed-method data collection indicated that 64 percent of parents said they were stressed when they found out their child was disabled; a good number of parents revealed that they were shocked and saddened when they received the diagnosis. These parents simultaneously expressed issues and anxieties about their child and his future. "Caycho (2016) looked at how the way parents see their relationships is connected to their coping strategies in a group of 320 students, 156 of whom were men (48.75%) and 164 were women (51.25%), selected through a non-probabilistic method."

To achieve this objective, data collection tools such as the Children's Report of Parental Behaviour and the Adolescent coping Scale were employed." The results show that there are statistically significant links between some aspects of how parents see their relationships and how they handle them in the group that was studied. The only area where men do better than women is in how they see the father's extreme independence. When the sample's management methods were looked at, there were no statistically significant differences based on gender.

"Maternal achievement pressures have been linked in some studies to anxiety, depression, physical complaints, and academic anxiety (Tomiki, 2001; Crystal et al., 1994)." "According to Zand et al. (2006), depression and achievement pressure were linked to the most serious complaints from students experiencing psychological distress."

"Singh and Ghai (2009) found that Indian parents of children with intellectual disabilities often believed the conditions were caused by the state or God's will. Mothers reported feeling more self-blame than fathers."

“Hastings and Taunt (2002) looked at stress and coping in families of children with disabilities and found that the way behavior is seen as purposeful or controlled increased stress because of the parents' reactions.”

“Hastings et al. (2005) demonstrated that positive coping strategies (e.g., acceptance, seeking social support) predicted improved cognitive outcomes for parents of autistic children.”

“Gupta and Kaur (2010) noted that Indian mothers of children with intellectual disabilities utilized religious management (rituals, prayers) alongside acceptance.”

Despite these findings, there is a noticeable lack of research focusing on coping style in parents of disabled children particularly in Jharkhand. The absence of sufficient research became the main reason for this study which investigates coping style particularly in parents of impairment children.

**Objective:** The principal objective of the study was delineated as follows for the investigation.

1. To examine the distinctions in coping techniques between parents of children with disabilities and parents of children without disabilities.

**Hypotheses:** The subsequent hypothesis was developed regarding coping style of parents of disabled children. This was compared with parents of children without disabilities to see how their coping methods differ.

**Hypotheses:**

H01- There will be no substantial disparity in coping mechanisms between parents of children with disabilities and those of children without disabilities.

**Method:**

**Research design:**

In the current investigation cross sectional, and comparative design was used.

**Sample:**

In this study, the sample will consist of 100 parents (50 couples) of children with disabilities and 100 parents (50 couples) of children without disabilities, all residing in the Palamau district and meeting the inclusion and exclusion criteria. The sample will be selected using a purposive sampling method.

**Inclusion criteria:**

- Both parents must be living with the child.
- The child has to have a diagnosis of any affliction covered under the PWD Act.
- The parent(s) must have at least a high school education and be able to understand the questionnaire and respond to it appropriately.

**Exclusion criteria:**

- Parents who showed significant psychological distress as measured by scores greater than the cutoff on the General Health Questionnaire (GHQ);
- Parents who refuse to cooperate in this process.
- Parents who have a documented history of alcohol and/or drug abuse, traumatic brain injury or other significant medical conditions.

**Tools used for data collection:**

**1.Sociodemographic and Clinical Data Sheet:** This tool is meant to gather important information about sociodemographic and clinical factors, such as age, gender, level of education, where the person lives, their marital status, their age at onset, the length of their disability, their family history of illness, the type of child disability, and the severity of the disability, among other things.

**2. General Health Questionnaire (GHQ-5):**

The General Health Questionnaire-5 (GHQ-5) is a short self-report test that looks at a person's overall mental health and finds minor mental health issues, especially anxiety, depression, and problems with social interaction. Goldberg created it as a shorter version of the popular GHQ. It has five questions that look at mental health symptoms that have happened in the last few weeks. The Likert scale approach is used to score the test.

- Submissions are evaluated on an index of 0 to 3.
- The total score ranges from **0 to 15**.
- Higher scores indicate higher levels of distress.

**3.Brief Coping Orientation to problems Experienced Inventory (Brief Cope) (Carver,1997)**

A short guide to dealing with challenges Inventory of Experienced (Brief Cope) (Caver, 1997) Charles S. Carver created the BRIEF-COPE assessment in 1997 to assess coping patterns in a sample. The Hindi version of the inventory was employed for this investigation. There are 28 items on the questionnaire that test 14 various ways of coping. Participants rate their agreement on a Likert scale from 1 ("I have not been doing this at all") to 4 ("I have been doing this a lot").

**Procedure:** The participants, or their parents, if necessary, gave their full consent. They were informed of the study's purpose, and all their inquiries were addressed.

**Data Collection:** The researcher went to the field first to the mainstream schools, special schools, non-governmental organization operated disability support groups, local community centers, Anganwadi centers, local hospitals, Samagra Shiksha institutions and other clinics situated in the Palamau district. The psychological assessment of parents was conducted by means of the General Health Questionnaire (GHQ). The sample was also augmented using snowball sampling. The normative control group was majorly sampled in various schools in the Palamau district and the participants were chosen based on preset inclusion and exclusion criteria. The interview was conducted individually on each participant. Relevant information was gathered and recorded on an Individual Data Form (IDF) during such interviews. Various chosen measurement tools were used in the effort to measure and compare the coping styles of participants. In this process, the Administrator conducted testing at the convenience of the time of the participants.

**Statistical analysis:** Using a proper statistical method to analyse the data involved using SPSS v 22.0. If the data was able to be categorized, they were represented as a percentage; if the data could be measured as a continuous measure, a Mean, Standard Deviation, and t-Ratio were calculated.

**Result and discussion:****1.H01- There would be no significant difference in coping style between parents of disabled children and parents of non-disabled children****Table 1: The coping styles of parents of disabled children and parents of non-disabled children.**

<b>Coping style and Dimensions</b>	<b>Groups</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>t-value</b>	<b>Sig.</b>
<b>Problem Focused Coping</b>	Parents of disabled children	100	21.20	4.10	5.70	Significant P<.001
	Parents of non-disabled children	100	24.80	4.80		
<b>Emotion Focused Coping</b>	Parents of disabled children	100	25.80	5.10	4.95	Significant P<.001
	Parents of non-disabled children	100	22.40	4.60		
<b>Avoidant coping</b>	Parents of disabled children	100	15.10	3.80	4.81	Significant P<.001
	Parents of non-disabled children	100	12.80	2.90		

The results related to problem-focused coping indicated that parents of non-disabled children obtained a higher mean score ( $M = 24.80$ ,  $SD = 4.80$ ) as compared to parents of disabled children ( $M = 21.20$ ,  $SD = 4.10$ ). The acquired t-value of 5.70 was statistically significant at the 0.001 level. This proves without a reasonable doubt that parents whose children do not have disabilities are more likely to employ problem-focused coping mechanisms.

When focusing on emotion-focused coping, the parents of the children with disabilities had a higher mean score ( $M = 25.80$ ,  $SD = 5.10$ ) compared with the parents of the children without disabilities ( $M = 22.40$ ,  $SD = 4.60$ ). The t statistic calculated was 4.95 which was significant at the level of  $p < .001$ , and therefore it is suggested that parents of children with disabilities use a higher percentage of emotion focused coping strategies to handle stress.

In relation to avoidant coping, the parents of children with disabilities received a greater mean score ( $M = 15.10$ ,  $SD = 3.80$ ) as compared to the parents of children without disabilities ( $M = 12.80$ ,  $SD = 2.90$ ). The corresponding t-value of 4.81 was also found to be statistically significant at the  $p < .001$  level, thereby indicating a higher use of avoidance-based coping strategies among parents of children with disabilities.

Thus, the null hypothesis that "There would be no significant difference in coping style between parents of disabled children and parents of non-disabled children." was rejected.

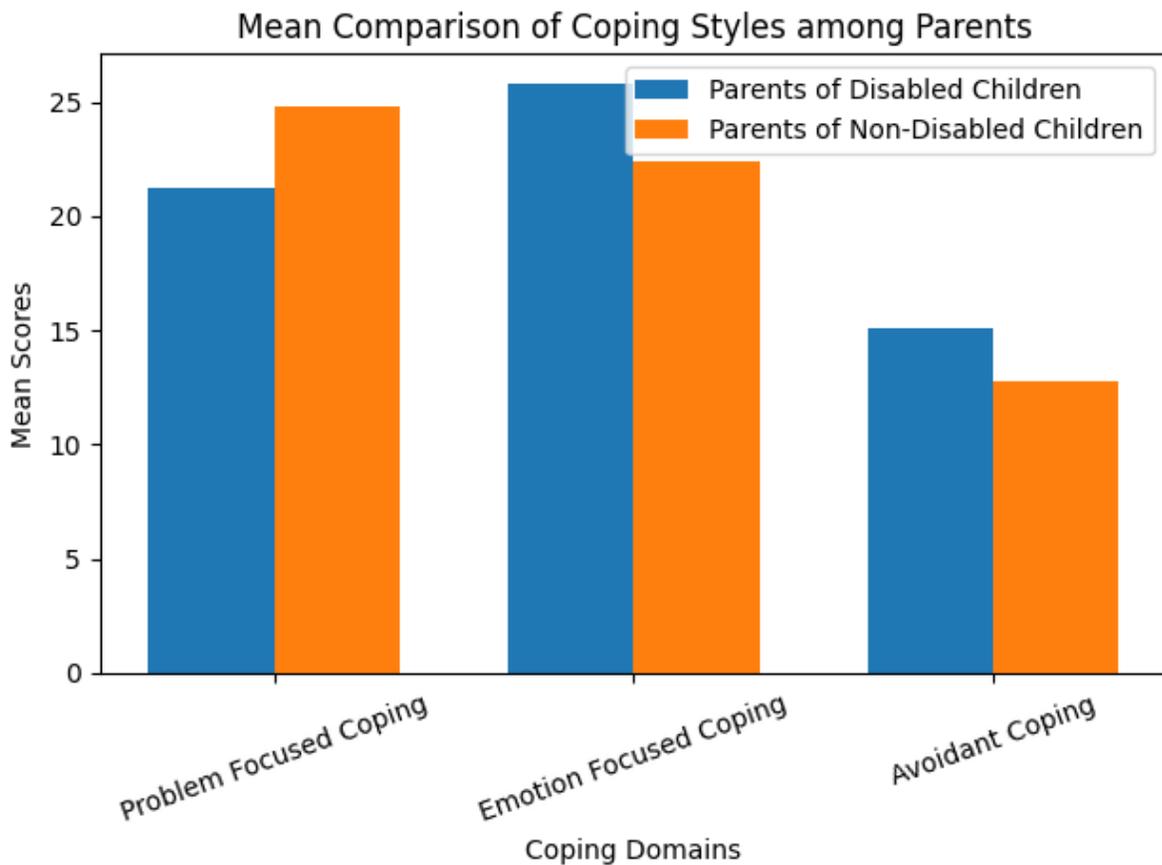
The results showed that the parents of children with disabilities have lower levels of problem focused coping

than parents of non-disabled children. In contrast, parents of non - disabled children often view daily stressors as easily manageable challenges, and therefore use more productive, solution-oriented coping mechanisms.

The results also suggest that, relative to the parents of non-disabled children, parents of disabled children use emotion-focused coping to a greater extent. Accordingly, these parents tend to control their emotional response instead of changing the stressor itself.

Furthermore, the study revealed that avoidant coping rates were higher among parents of disabled children than among parents of non-disabled children. Avoidant coping is behaviours and psychological processes such as denial, withdrawal from the stressor, or disengagement from the stressful situation. Parents of children without disabilities display less avoidant and emotion-focused coping mechanisms, which may indicate superior psychological adjustment as compared with parents of children with disabilities.

**Fig.4.2: Showing the Mean Coping Strategy Scores of Parents of Disabled Children.**



**Table 4.3: Comparison of Coping Style Sub-scores of parents of disabled children and parents of non-disabled children.**

Coping Style and subscales	Groups	N	Mean	SD	t-value	Sig
Self- distraction	Non-disabled disabled	100	3.80 4.10	1.60 1.70	1.29	N.S.
Active coping	Non-disabled disabled	100	4.40 4.70	2.12 1.90	1.05	N.S.
denial	Non-disabled disabled	100	4.05 4.10	1.80 1.70	0.20	N.S.
Substance use	Non-disabled disabled	100	3.10 3.20	1.05 1.10	0.66	N.S.
Emotional support	Non-disabled disabled	100	4.60 4.80	1.90 2.05	0.72	N.S.
Instrumental support	Non-disabled disabled	100	4.80 4.20	1.95 1.80	2.26	Significant P<.001
BD	Non-disabled disabled	100	4.60 4.90	2.10 2.15	1.00	N.S.
VOE	Non-disabled disabled	100	4.50 4.30	1.90 1.80	0.76	N.S.
Positive reframing	Non-disabled disabled	100	5.80 5.55	2.40 2.80	0.68	N.S.
planning	Non-disabled disabled	100	5.40 5.60	2.40 2.80	0.54	N.S.
humor	Non-disabled disabled	100	5.30 5.10	2.70 2.60	0.53	N.S.
acceptance	Non-disabled disabled	100	5.40 5.20	1.75 1.65	0.83	N.S.
Religion	Non-disabled disabled	100	5.80 5.90	2.05 2.30	0.32	N.S.
Self - Blame	Non-disabled disabled	100	4.30 5.60	1.80 2.00	4.83	Significant P<.001

The current table compared the coping style scores on the various dimensions of coping styles of parents with disabled children against those with non-disabled children. The results showed that for the majority of the coping styles i.e., self-distraction, active coping, denial, substance use, emotional (support), behavioural (disengagement), venting emotions, positive reframing, planning, humour, acceptance and religion, there were no statistically significant differences between the parents of disabled children as compared to those of non-disabled children. The t-values that were computed did not achieve levels of statistical significance, although some small differences

were found in the means. In other words, the parents in both groups used these coping strategies in quite similar ways.

However, there was an extremely large difference in the instrumental support dimension. The average score for parents of non-disabled children ( $M = 4.80$ ,  $SD = 1.95$ ) was higher than the average score for parents of disabled children ( $M = 4.20$ ,  $SD = 1.80$ ). The acquired t-value ( $t = 2.26$ ) was statistically significant at  $p < .001$ , suggesting that parents of non-disabled children were more inclined to seek practical or tangible assistance from others compared to parents of disabled children.

A significant difference in self-blame style emerged when comparing parents of children with disabilities ( $M=5.60$ ,  $SD=2.00$ ) with parents of children without disabilities ( $M=4.30$ ,  $SD=1.80$ ). A calculated t-value ( $t=4.83$ ) was significant at a very low probability ( $p<.001$ ). This shows that parents of children with disabilities were more likely to develop self-blame as a coping strategy, indicating a greater tendency toward this stress management technique.

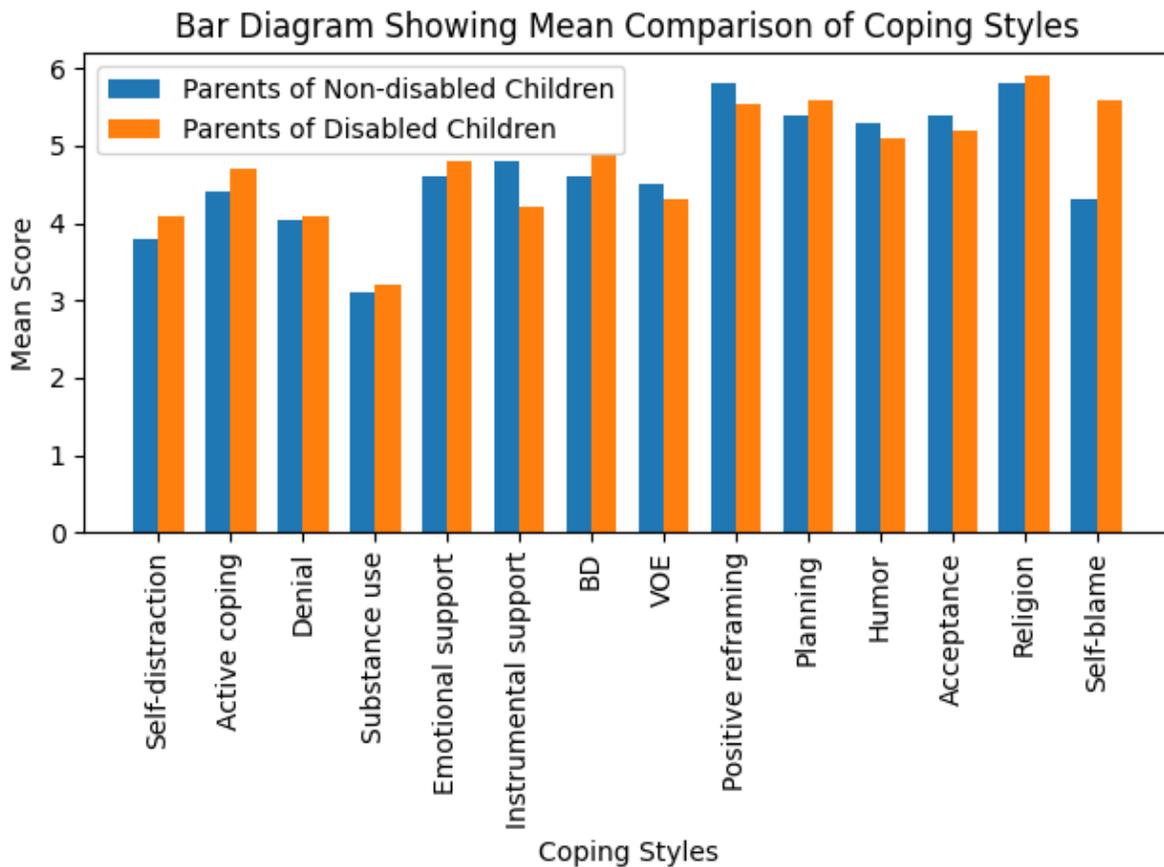
In summary, the results showed that out of the different coping styles assessed, only instrumental support and self-blame showed significant differences between the two groups, while the other types of coping strategies did not show any significant differences between the two groups.

This finding is consistent with many previous studies which have revealed that parents who have children with disability tend to internalize responsibility for their child's disability and therefore, experience high levels of guilt, self-blame and psychological distress.

The similarities in the use of adaptive coping strategies including active coping, planning, positive reframing, acceptance, humour and religious coping suggest that both groups attempt to cope in a positive manner with their stress. Therefore, the given results support the premise that despite the additional challenges faced by parents who are raising children with disabilities, both sets of parents have developed a great deal of resilience and coping skills that are similar to that of parents who are raising children without disabilities.



**Fig.4.3: Comparison of Mean Coping Style Sub-scores of parents of disabled children and parents of non-disabled children.**



**Conclusion:** Parents of children with disabilities used emotion-focused and avoidant coping strategies while parents of typically developing children tended to use problem-focused approaches. This pattern may indicate that the long-term, ambiguous, and often overwhelming nature of disability-related stressors leads to the perception of lacking the ability to effect change in stressful situations and therefore leads to increased reliance on emotional regulation and avoidance. Parents of kids with disabilities who frequently engaged in self-blaming were more likely to use maladaptive coping strategies, which may be a risk of their mental health if they do not seek professional help. Finally, the data provide support for the need for high quality psychotherapy, resilience training and family-based approaches to adaptive coping behaviours and improvements in cognitive assessments within parents of children with disabilities.

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