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IDENTIFYING COPING MECHANISMS OF PARENTS

OF

CHILDREN WITH SPECIAL NEEDS

by

Evelyn Callahan

A Doctoral Project Submitted in Partial Fulfillment of the
Requirement for the Degree of Doctor of Psychology in
the Department of Psychology at Pace University

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Many thanks to my best friend and husband of thirty-two years, Dennis Callahan, who has helped me in a million ways, put up with great inconvenience, continually encouraged me, and kept pointing out there was a light at the end of the tunnel when I wanted to give up.

ABSTRACT

The appraisal and coping process is thought to play an important role in modulating the effects of difficult life circumstances. This study investigated internally based types of coping styles to determine which coping style tended to best modulate the difficult life circumstances of parenting a child with special needs. This was done by comparing coping styles to depressive symptomology as ineffective coping mechanisms tend to be related to increased depressive symptoms. Also, coping styles were compared to levels of self-confidence as effective coping mechanisms tend to be related to increased levels of self-confidence. Measures of coping style, depression, and self-confidence were administered to parents of children with special needs in one of five life stages. Results indicated that parents using the cognitive avoidance coping style of cognitive avoidance, acceptance/resignation, and the behavioral avoidance coping style of seeking alternative rewards, and emotional discharge had higher depressive symptomology. Parents using the behavioral approach coping style of seeking guidance and support and problem solving had higher levels of self-confidence. The behavioral avoidance coping style of emotional discharge was negatively correlated with self-confidence. There were no significant differences found in the parental levels of depression and self confidence with the life stage of their children. No significance difference was found with the parent's level of depression and self confidence and their perception of the child as having mild, moderate or severe impairment.

CHAPTER I

INTRODUCTION

Public Law 99-457 has given Federal recognition to the importance to the role that families play in the life span course of development for children with special needs; families are the primary factor in facilitating children's growth and development. Family dynamics are particularly important when a child in the family has special needs: the family can play a key role in how the disabling condition ultimately affects the child and the child's functioning (Widerstrom, Mowder, & Sandall, 1991). The effects of stress in families with special needs children have been found to be pervasive, multiple and sometimes unsuspected (Hutliner, 1988). Parents' inability to cope with stress can result in inadequate parenting and prevent children with special needs from fully developing their potential.

Reviewing the literature, models on family functioning with children who have special needs seem to take a viewpoint of pathology and maladjustment. Glidden (1993) did a selective review of the literature concerning research on these families in order to highlight methodological problems and suggest future directions for research. She took issue with the notion that a family with a child who had special needs was, by definition, maladjusted and pointed out that reliance on the pathology view has confounded the instruments used to measure family functioning. Indeed, much of the research on families whose children have special needs has operationalized stress as pathology. Repeated studies have found higher levels of stress in families with children with disabilities (

Dyson, Edgar, & Crnic, 1989; Flynt & Wood, 1989; Orr, Cameron & Day, 1991; Rousey, A., Best,S. & Blacher,J. 1992; Scott, Sexton, & Wood, 1989).

However, high levels of stress do not confirm the hypothesis of maladjustment. Research has identified personal and psycho-social factors (particularly coping and social support based) that buffer individuals from the pernicious effects of high stress and reduce any subsequent risk for psychological and physical disorders. Coping responses have been described as the cognitions and behaviors that people use to modify and minimize the potential threat arising from adverse aspects of their environments (Lazarus, 1981; Moos & Billing, 1982). Meisels and Shonkoff (1992) point out that theoretical and empirical studies find the most consistently enumerated components of coping strategies to be the activation of social support networks and the use of psychological resources. Social support networks are considered to be externally based coping mechanisms. Psychological resources are considered to be internally based coping mechanism. Identification of the internally based coping mechanisms that help parents of children with special needs is the focus of this study.

In the 1970's research emphasized risk factors for illness. Risk was found to be associated with exposure to life stressors and demands (Silver & Wortman, 1980). In the 80's, there was a fundamental change in the conceptualization of the stress process. Instead of envisioning stressors as resulting in dysfunction, stress resistant research emphasized one's capacity to remain healthy when stressors occurred. Hinkle (1974) in summarizing his research stated that most people remain healthy even under high levels of stress.

Moos (1984) proposed a framework to integrate research findings on the stress and coping process in regard to such issues as stress and resource predictors of adaptation, stress resistance and situational influences. He felt the link between stressful life circumstances and adaptation was affected by a person's environmental system and their personal system. Moos (1984) stated that stressful life circumstances would include short term stress (such as a job interview) to longer term stress (such as separation and divorce) and chronic life strains (such as being a parent of a child with special needs). Moos (1984) defined the environmental system as consisting of all the characteristics of individuals in a setting as well as social climate factors. The personal system was stated to include such factors as a person's sociodemographic characteristics and such personal resources as self-esteem, intellectual ability, health status, their social network resources and their appraisal and coping responses. The model hypothesizes that life stressors and the environmental and personal factors related to such stressors can shape social network resources and coping responses, as well as their effectiveness. Also, factors in the environmental system and the personal system can lead to cognitive appraisal and coping responses that change the environmental system and reduce the probability of experiencing an event as stressful.

Moos and Swindle (1990) conceptualized a model of the stress and coping process in which specific characteristics of a focal life crisis or transition and an individual's appraisal of the situation provide a context for the selection of specific coping responses. Cognitive appraisal and coping responses are hypothesized to help a person avoid depressive symptomatology by mediating

the potential effects the stressors have on functioning. Researchers have used two main conceptual approaches to classify coping responses. The first approach emphasizes the focus of the coping, whether it is problem focused (approach coping) or emotions focused (avoidance coping). The second approach emphasizes the method of coping, whether it is cognitive or behavioral. (Billings & Moos, 1984; Lazarus & Folkman, 1984). Severe stressors may initially mobilize more approach and/or more avoidance coping responses. When severe stressors persist, individuals may gradually lessen their use of problem solving coping and increase their reliance on avoidance coping strategies. The research on the influence of coping responses on adjustment suggests that active, problem-oriented coping appears to moderate the adverse influences of negative life events on psychological functioning. The proportion of problem focused coping relative to total coping efforts has been associated with reduced depression. Also, higher levels of self confidence was found to predict an increase in approach coping and a decline in avoidance coping (Holahan & Moos, 1987).

Depicting stress merely as an external event ignores individual differences in a person's perception of stress (Lazarus & Folkman, 1984, Lazarus, 1991). Stress can be seen as a combination of environmental demands and individual resources. Cognitive processes are central. The person first recognizes that there is a problem and then determines what resources are required to meet the problem. Stress results when there is a mismatch between demands and the individual's ability to cope (Aldwin, 1994).

Coping mechanisms are used during periods of stress. There are many factors that can result in higher levels of stress. Certain transition periods in the life cycle of a family with a child with mental retardation are associated with more manifest familial distress than other periods (Pueschel, 1986; Winkle, 1986). Family crisis provoked by the initial diagnosis of mental retardation has been extensively examined. Drotar, Baskiewicz, Irin, Kennell & Klaus (1975) identified five stages which parents pass through in adapting and attaching to their disabled child. Along with the stressful time of diagnosis, Pueschel (1986) identified other stressful life stages: preschool (for some families this is the time of identification), entering formal public school, adolescence and early adulthood (Early adulthood is the time of aging out: the transition from the local education agency into the adult human services network). In addition a number of studies have shown that a parent's perception of their child as being severely impaired is related to increased stress and inadequate functioning. (Cummings, Baley & Rie, 1966; Donovan, 1988; Frey, Greenberg & Fewell, 1989; Nihira, Meyers & Mink, 1980; Suelze & Keenan, 1981). If a parent perceived his/her child as being severely impaired, this perception could result in the parent reacting as if the impairment was an insurmountable problem. This reaction could create extreme stress which would influence the coping techniques the individual utilized.

Crnic, Friedrich, and Greenberg (1983) proposed an interactive model for the study of adaptation of families with a child who had special needs. They hypothesized that differential family adaptation could be interpreted as a function of the coping resources available to the family, which moderated the

impact of perceived stress associated with the presence of a child who had special needs. Crnic et al. (1983) stated that family functioning should not be considered simply as a response to a child with special needs. They found that it was more meaningful to consider family adaptation as a response to the child mediated by the coping resources available and influenced by the family's environment.

The purpose of the present study was to obtain a better understanding of adaptive coping responses used by parents of children who have special needs. This was done by concentrating on the identification of effective coping mechanisms. Many of the previous studies of families of children with special needs measured levels of stress and stated that high levels of stress resulted in dysfunction. However repeated research based on Moos (1984) integrative framework found that high levels of stress do not necessarily mean maladaptive functioning. There can be adaptive functioning because of the many variables that buffer high levels of stress (e.g., social climate factors, sociodemographic factors self concept, social network resources cognitive apprraisal, and coping responses). A family under great stress does not necessarily mean a dysfunctional family. Similar to much of the research that utilizes Moos' framework, depressive symptomatology and levels of self-confidence were used to measure functioning. Depressive symptomology was used as cognitive appraisal and coping responses are hypothesized to help a person avoid depressive symptomatology by mediating the potential effects the stressors have on functioning. Thus low depressive symptoms would suggest good coping responses, while high depressive symptoms would suggest inadequate coping.

Therefore, levels of depressive symptoms were measured rather than levels of stress. In addition, self-confidence levels were measured, because higher levels of self-confidence are associated with more effective coping.

Specifically, the study attempted to answer the following major questions: (1) Is there a relationship between different parental coping styles and parental depressive symptoms? (2) Is there a relationship between different parental coping styles and parental levels of self confidence? (3) Are there differences in parental levels of depressive symptomology and parental levels of self-confidence depending on their child's life stages? and (4) Do parents who perceive their children as being more severely impaired have higher levels of depressive symptomology and lower levels of self-confidence than parents who perceive their children as being mildly impaired? In addition to the four major questions, several minor themes were investigated: Do men and women differ in their levels of depressive symptomology, levels of self-confidence, and coping styles? Is there a difference in married couples between their levels of depression and levels of self-confidence?

Based on the Moos and Swindle (1990) coping model it is anticipated that subjects using avoidance coping styles will have higher depressive symptoms and lower levels of self confidence. Also, it is anticipated that subjects using approach coping responses will have lower levels of depressive symptoms and higher levels of self confidence. It is also anticipated that parents who perceived their child as more impaired would have higher levels of depression and lower levels of self-confidence. This hypothesis was based on how the appraisal of the severity of a situation can affect coping responses (Lazarus 1991; Moos &

Swindle, 1990). It is expected that subject's depressive levels will be higher in the school entry life stage and aging out life stage based on research by Donovan (1988) and Suelze and Keenan (1981).

The following research hypotheses were tested:

1. Depressive Symptomatology will be negatively correlated with the four approach coping styles: (a) logical analysis, (b) positive reappraisal, (c) seeking guidance and support, and (d) problem solving. In other words, those who have higher scores on the approach coping styles will tend to have lower scores on depression, and those who have lower scores on the approach coping styles will tend to be higher on depression.

2. Depression symptomatology will be positively correlated with the four avoidance coping styles: (a) cognitive avoidance, (b) acceptance or resignation, (c) seeking alternative rewards, (d) emotional discharge. In other words, those who have higher scores on the avoidance coping response will tend to have higher scores on depressive symptomatology and those who have lower levels on the avoidance coping styles will tend to be lower on the depressive symptomatology.

3. Self-confidence will be positively correlated with the four approach coping styles: (a) logical analysis, (b) positive reappraisal, (c) seeking guidance and support, (d) problem solving. In other words, those who have higher scores on the approach coping styles will tend to have higher scores on self-confidence, and those who have lower scores on the approach coping styles will tend to have lower scores on self-confidence.

4. Self-confidence will be negatively correlated with the four avoidance coping styles: (a) cognitive avoidance, (b) acceptance or resignation, (c) seeking alternative rewards, (d) emotional discharge. In other words, those who have higher scores on the avoidance coping response will tend to have lower scores on self-confidence and those who have lower levels on the avoidance coping styles will tend to have higher scores on self-confidence.

5. a. Depressive symptomatology will be significantly higher for parents whose children are at younger (ages 1 to 7) or older (ages 16 to 22) life stages than parents whose children are at intermediate (ages 8 to 15) life stages. In other words, those who have children at the younger (ages 1 to 7) or older (ages 16 to 22) life stages will have significantly higher scores on depression and those parents who have children at the intermediate (ages 8 to 15) will have significantly lower scores on depression.

5. b. Self-confidence levels will be significantly lower for parents whose children are at younger (ages 1 to 7) or older (ages 16 to 22) life stages, than parents whose children are at intermediate (ages 8 to 15) life stages. In other words, those who have children at the younger (ages 1 to 7) or older (ages 16 to 22) life stages will have significantly lower levels of self-confidence than parents whose children are at intermediate (ages 8 to 15) life stages.

6.a. Depressive symptomology will be significantly greater for parents who perceive their children as being more severely impaired than for parents who perceive their children as mildly impaired. In other words, parents who perceive their children as being more severely impaired will have significantly higher

levels of depressive symptomology than those who perceive their children as being mildly impaired.

6.b. Self-confidence levels will be significantly lower for parents who perceive their children as more severely impaired, than parents who perceive their children as being mildly impaired. In other words, parents who perceive their children as being more severely impaired will have significantly lowers levels of self-confidence than those who perceive their children as being mildly impaired.

In addition to the above major hypotheses, several minor themes were addressed: (a) are there differences in depressive symptomatology by parental gender?, (b) are there differences in levels of self-confidence by parental gender?, (c) are there differences in coping styles by gender?, and (d) are there differences between spouses in their depression and self-confidence scores?

CHAPTER II

REVIEW OF THE LITERATURE

This chapter will be divided up into two main areas. The first area will give a general review of stress and coping theory including the theoretic framework used for this study. This area will also include relevent research involving the Coping Response Inventory. The second part will review research findings on coping styles of parents of children with mental retardation.

General Review of Stress and Coping

To fully understand coping mechanisms, one first has to understand the development and issues surrounding theories on stress and coping. Approaches to stress fall into three broad categories: stress as a response, stress as a stimuli, and stress as the relationship between the person and the environment that exceeds the person's resources (Mason 1975).

Stress as a Response

The full effects of stress on an organism were first identified by Hans Selye (1956). His now classic studies identified stress as the nonspecific response of the body to any demand. It was first recognized by evidence of adrenal stimulation, shrinkage of lymphatic organs, gastrointestinal ulcers, and loss of body weight with characteristic alterations in the chemical composition of the body. Selye (1956) found a set of manifestations that appeared together that he called the general adaptation syndrome (G.A.S.). He found the response to stress consists of the direct effect of the stressor upon the body, internal responses which stimulate tissue defense, and internal responses which cause tissue surrender by

inhibiting unnecessary or excessive defense. Resistance and adaptation were felt to depend on these three factors (Selye, 1956).

Selye (1956) stated that life was a process of adaptation to stress; successful adaptation resulted in health and failure to adapt resulted in disease and unhappiness. While the GAS concept has been very useful in explaining stress related illness, it did not explain while some situations did not result in the above explained physiological reactions. Mason (1971) emphasized the importance of cognitive appraisal in human reactions to stress in which the perceived meaning of the situation determines which physiological reactions occurs. Research did find that physiological responses differ depending on the nature of the stressor (Terman et al. 1984).

Stress as a Stimuli

This approach conceptualizes stress in environmental terms. Stress is thought of as an stimuli (event or set of unusual circumstances) that requires an unusual response. Using this framework, researchers would study the effects of earthquakes, fires, and more chronic stressful circumstances such as living in overcrowded conditions or parenting a child with special needs. Holmes and Rahe (1967) developed a Life Events Scale to measure life changes. The life events were ranked in order from the most stressful (death of a spouse) to the least stressful (minor violations of the law). Holmes and Rahe (1967) stated that this scale found a consistent relationship between the number of stressful events in a person's life and that person's emotional and physical health. Rahe (1979) found that the correlations between the number of recent stressful life events and the clinical onset of psychiatric illness ranged between 0.16 and 0.36 for

different studies and samples. He stated that these findings suggested that recent life changes alone do not exert a strong primary effect on illness onset. The effect that they exert is influenced by a number of factors. These factors are how the individual perceives the stress as well as by the individual's social supports, psychological defenses and coping capabilities. Rahe pointed out that not all stressors could be considered bad. Marital separation has a high value on the scale but by some individuals this may be perceived as good, rather than bad. Positive life changes have not been found to relate to poor emotional and physical health. Whether a person judges the stressful event as being good or bad is important. Sarason, Johnson, & Siegel (1978) research found that people with a large number of events they regard as bad are more likely to report physical and emotional problems six month later.

Stress as the Relationship Between the Person and the Environment that Exceeds the Person's Resources

This view of stress argues that focusing on stress as a stimuli or physical response does not take in the complete picture. Some situations are stressful to all humans (natural disaster, life threatening illness). Many other events may be stressful to some people but not to others. A persons response to a stressful situation are highly influenced by psychological factors. Stress reflects a relationship between a person and the event that is appraised by the person as taxing his resources and endangering his well-being (Lazarus & Folkman, 1984). The two critical processes that determine the stressfulness of the person-environment relationship are cognitive appraisal and coping. Cognitive appraisal is the process of evaluating an event with respect to its significance for

a person's well-being (Lazarus & Folkman, 1984). There are two parts to this appraisal. The first part asks what the situation personally means to the person and if it endangers the person in any way. A situation may not be appraised as stressful. If it is appraised as stressful it may be judged as already sustaining some damage (such as loss of loved one). Or the judgment may involve the threat of some damage or loss (for example, a husband seen flirting with another woman). Another way to judge the situation is as a challenge which has both potential positive benefits to the individual but also contains risks (such as accepting a new job). The second part of the appraisal looks at what the person can do about the situation. Stressful situations create both anxiety and physical arousal which motivate individuals to do something to alleviate their discomfort. The process that people take to manage stressful situations is called coping. Lazarus and Folkman (1984) stated that there were two major types of coping: problem focused coping and emotion focused coping. In problem focused coping the person evaluates the stressful situation and does something to change or avoid it. In emotion focused coping the person tries to reduce anxiety without directly dealing with the stressful situation.

The concept of stress must include mention of a major debate in the theories of stress. Lazarus (1982,1984) and Zajonc (1984) differed in their view of whether cognitive or emotional reactions were primary in stress reactions. Lazarus hypothesized that the cognitive processes of appraisal were central in determining whether a situation was potentially harmful. Thus cognition determined both the perception of stress and the individual's reaction to it. Zajonc stated that simple awareness should not be equated with cognition.

Emotional reaction to stress occurs before cognition and may be at odds with cognitive reaction. Aldwin (1994) stated that this debate did not take in the neuropsychology research that found that consciousness is not unitary. Both the right hemisphere which is mediating emotions and the left hemisphere which is mediating rational processing may be operating in simultaneous and parallel time. Whether emotions and cognitions are primary does not distract from the fact that a person has to be aware of a problem (appraisal process) before the person can cope with it.

Extensive research in the sixties and seventies documented the link between stressful life events and both psychological and physical morbidity (Dohrenwend & Dohrenwend, 1981). In the eighties, the focus of research turned to factors that moderate the relationship between life stresses and illness. The change in direction came in part due to the finding of the degree of association between life stresses and pathology (generally below 0.30), and the standard deviation in illness scores which was often many times the mean (Rabkin & Struening, 1976), and the continual observation that most people remain healthy even under high levels of life stresses (Holahan & Moos, 1985). As a better understanding of psychological illness and health developed, adjustment became conceptualized as being linked with vulnerability and resistance factors. Researchers began investigating health fostering factors as well as illness inducing ones and looked at adaptive personal and social resources in addition to health risks. Stress resistance research resulted in a fundamental change in the conceptualization of the stress process. Instead of envisioning stressors as dysfunction, research on stress resistance emphasized

one's capacity to remain healthy when stressors occurred. While the evidence that stress has adverse impacts on health is overwhelming, not everyone becomes ill when faced with a stressor. How one copes with stress may be more important than the occurrence of the stressor itself.

Theoretical Approaches to Coping

The study of coping has its roots in the recognition that individuals may react very differently to stress. The purpose in identifying coping strategies is to understand why people differ in their response to stress and how differing responses can relate to health. Theories on coping have developed as psychology developed. The first theories took a person based approach only looking at the person and their coping (Aldwin, 1994). Emotion focused coping were first studied as defense mechanisms.

The Person Based Approach Theories

Person based approach theories posit that personality characteristics are primary in determining how people cope with stress. Defense mechanisms could be called one of the first examples of person based coping techniques. Sigmund Freud (1927) described defense mechanisms. His theory focused on internal processes, such as sexual and aggressive impulses, as the source of problems. Defense was mobilized to bring instinctual demands into conformity with the demands of external reality. Anna Freud (1966) stated that defense mechanisms are the ways in which the ego wards off anxiety. Anxiety is thought to result from the unconscious conflicts between the id and the superego. The ego brings a set of defense mechanisms into play. Anna Freud maintained that everyone uses a characteristic repertoire of defense mechanisms. She identified