



COPING STRATEGIES AND EMOTIONAL INTELLIGENCE AMONG THE MOTHERS OF CHILDREN WITH INTELLECTUAL DISABILITY, MOTHERS OF AUTISTIC CHILDREN AND NORMAL CHILDREN

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Abstract- The present research aims at study of coping strategies and Emotional intelligence among mothers having children with autism and mothers having children with intellectual disability. It also tries to analyze relationship between the coping strategies and emotional intelligence among mothers having children with autism and mother having children with intellectual disability. This study identifies the different types of coping strategies used by mothers. The samples for this study consist of 300 mothers whose children admitted in Government as well as Private schools and institutes at Nagpur district. The total participants in the study were (n= 300) out of which the mother having children with autism were (n=100), (n= 50 mild autistic and n= 50 moderate autistic). Similarly, the mothers having children with intellectual disability were (n=100), (n= 50 mild intellectual disability and n= 50 moderate intellectual disability) also Mothers (n= 100) having normal children. For the measurement of Emotional Intelligence, Hyde's Emotional Intelligence Scale was employed and for Coping strategies, Lazarus and Folkman's Ways of Coping Scale was used. In descriptive statistics mean and SD has been calculated then two-way analyses of variances (ANOVA). Result reveals that there is significant difference in coping strategies and level of emotional intelligence of mothers having children with autism, mothers having children with intellectual disability and mothers having normal children.

Key words- Intellectual disability, Autism, Coping strategies, Emotional Intelligence

Introduction

Definition of Intellectual disability (Intellectual disability) (DSM-V):

"Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domain".

Diagnostic Criteria for Intellectual disability (DSM-V):

The following three criteria must be met:

A. Deficits in intellectual functions, such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning and learning from experience, and practical understanding confirmed by both clinical assessment and individualized, standardized intelligence testing.

++B. Adaptive functioning involves adaptive reasoning, in three domains: conceptual, social, and practical. ... criterion B is met when at least ONE domain of adaptive functioning, conceptual, social or practical is sufficiently impaired that ongoing support is needed....Adaptive functioning is assessed using both clinical evaluation and individualized, culturally appropriate, psychometrically sound measures. Standardized measures are used with knowledgeable informants (e.g., parent or other family member, teacher, counselor, care provider) and the

individual to the extent possible. Adaptive functioning may be difficult to assess in a controlled setting(e.g., prison, detention centers); if possible, corroborative information reflecting functioning outside those settings should be obtained.

C. Onset of intellectual and adaptive deficits during the developmental period.

Severity levels for intellectual disability:

Mild

Moderate

Severe

Profound

According to American Association on Intellectual and developmental disabilities (2010).“Intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18”. Intellectual functioning—also called intelligence—refers to general mental capacity, such as learning, reasoning, problem solving, and so on.

Definition of Autism Diagnostic and Statistical Manual of Mental Disorder (1994):

According to the (DSM-IV), the onset of symptoms in autism occurs within the first three years of life and includes three general categories of behavioral impairment common to all persons who have autism:

- Qualitative impairments in social interaction
- Qualitative impairments in communication
- Restricted, repetitive and stereotyped patterns of behavior, interest and activities.

Coping Strategies

Coping strategies are defined as:

‘A set of actions or plans usually comprising of values, goals, priorities and preferable sequences of actions, with both, long and medium term perspective in relation to way of addressing issues pertaining to overcoming difficulties and securing the well being. In brief, coping strategies are skills developed through experiences of life situations (Mcclure, 2007). They refer to the specific efforts both behavioral and psychological that people employ to master, tolerate, reduce or minimize stressful events’.

The coping strategies are classified mainly into two types:

Problem focused coping- in it the individual is attempting to deal constructively with stressor or situation itself. It involves actually dealing with a problem that is causing stress. It is a cognitive & behavioral effort to alter a stressful situation.

Emotion focused coping- emotion based coping skills reduce the symptoms of stress without addressing the source of stress.

Emotional intelligence

some coping methods are more like habits than skills, & can be harmful. emotional intelligence is one of the skills that minimize the negative stress consequences according to montes & augusto (2007). there is an indirect relationship with psychological distress being predicted by coping style and coping style predicted by emotional intelligence (campbell, alistair, and ntobedzi, alice (2007).

since 1990, peter salovey and john d. mayer have been the leading researchers on emotional intelligence. in their influential article "Emotional intelligence," they defined emotional intelligence as, "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions".

the four aspects of emotional intelligence

salovey and mayer proposed a model that identified four different factors of emotional intelligence: the perception of emotion, the ability reason using emotions, the ability to understand emotion and the ability to manage emotions.

1. **Perceiving emotions:** the first step in understanding emotions is to accurately perceive them. in many cases, this might involve understanding nonverbal signals such as body language and facial expressions.
2. **Reasoning with emotions:** the next step involves using emotions to promote thinking and cognitive activity. emotions help prioritize what we pay attention and react to; we respond emotionally to things that garner our attention.
3. **Understanding emotions:** the emotions that we perceive can carry a wide variety of meanings. if someone is expressing angry emotions, the observer must interpret the cause of their anger and what it might mean. for example, if your boss is acting angry, it might mean that he is dissatisfied with your work; or it could be because he got a speeding ticket on his way to work that morning or that he's been fighting with his wife.
4. **Managing emotions:** the ability to manage emotions effectively is a key part of emotional intelligence. regulating emotions, responding appropriately and responding to the emotions of others are all important aspect of emotional management.

According to salovey and mayer, the four branches of their model are, "arranged from more basic psychological processes to higher, more psychologically integrated processes. for example, the lowest level branch concerns the (relatively) simple abilities of perceiving and expressing emotion. in contrast, the highest level branch concerns the conscious, reflective regulation of emotion" (1997).

Goleman identified the five 'domains' of eq as:

1. knowing your emotions.
2. managing your own emotions.
3. motivating yourself.
4. recognizing and understanding other people's emotions.

managing relationships, i.e., managing the emotions of others.

Aim

To study the relationship among the level of emotional intelligence and coping strategies used by the mothers having children with intellectual disability, mothers have children with autism and mothers having normal children.

Objectives

1. To find out the relationship between coping strategies and level of emotional intelligence of mothers having Mentally retarded children
2. To find out the relationship between the coping strategies and level of emotional intelligence of mothers having autistic children.
3. To find out the relationship between the coping strategies and level of emotional intelligence of mothers having normal children.

Hypotheses

- 1) There will be high correlation between coping strategies and level of emotional intelligence among mothers having children with intellectual disability
- 2) There will be high correlation between coping strategies and level of emotional intelligence among mothers having children with autism.
- 3) There will be high correlation between coping strategies and level of emotional intelligence among mothers having normal children.

Sample

Locale of the sample: Sample will be collected from Govt. and private special and regular schools, Autism Centers, Private Institutions at Nagpur division, etc.

Sample Size: In this study the sample consist of 300 mothers.

- a) 100 mothers of children with Intellectual disability.
- b) 100 mothers of children with autism
- c) 100 mothers of normal children

Sampling Technique: In this study the researcher will be used purposive sampling technique.

- Age- range :
- a). Mother's age range is 20 years – 45 years.
- b). Child's age range is 6 years and above.

Inclusion criteria

- Mothers of children with diagnose case of intellectual disability who are staying with children
- Mothers of children with autism who are staying with children.
- Mothers of normal children
- Age range of mother is 20 to 45 years.
- Age range of children is 6 years & above.
- Mothers belonging to nuclear or joint family or from rural, urban area.
- Level of retardation is moderate or mild.
- Level of autism is moderate or mild.

Exclusion criteria

- Mothers who have more than one child with intellectual disability or autism.
- Mothers who have undergone or currently undergoing any psychiatric treatment.

Tools used:

- Socio Demographic Data sheet
- Ways of Coping Questionnaire
- Emotional Intelligence Inventory
- Socio Demographic Data sheet

Personal Details

Background information about individual with intellectual disability or autism such as name, date of birth, chronological age, sex, birth order, no of siblings, education, level of retardation or level or autism.

Family Details

Information about the mother's name, age, education, occupation, about family such as family size, type of family, family income, etc.

- Ways of Coping Questionnaire by Susan Folkman, and Richard S. Lazarus in 1985. It is a 4 Point Likert scale. Total 66 items are there.

The eight coping scales are included in this as following –

1. Confirmative coping describe aggressive effort to alter the situation and suggest some degree of hostility and risk taking.
2. Distancing describe cognitive efforts to detach oneself to minimize the significance of the situation.
3. Self control describe efforts to regulates one's feelings and actions
4. Seeking social support describe effort to seek informational support, tangible support and emotional support.
5. Accepting responsibility acknowledge one's own role in the problem with a concomitant theme of trying to put things right.

6. Escape- avoidance describes wishful thinking and behavioral effort to escape or avoid the problem. Items on the scale contrast with those on Distancing scale which suggest detachment.
7. Planful problem solving describes deliberate problem focused efforts to alter the situation, coupled with an analytic approach to solving the problem.
8. Positive reappraisal describes effort to create positive meaning by focusing on personal growth. It also has a religious dimension.

Reliability: The alpha coefficients for the eight scales are higher than the alphas reported for most other measures of coping processes (i.e. .70).

Validity: The evidence of construct validity is found in the fact that the results of our studied are consistent with theoretical prediction i.e. coping consist of both problem focused and emotion focused strategies. And coping is process.

Scoring: Individual respond to each item in 4 point Likert scale , indicating the frequency with which each strategy is used 0 indicate 'Does not apply', 1 indicate 'Used somewhat', 2 indicate ' Used quite a bit', 3 indicate 'used a great deal'. Sum of these responses called Raw Scores. Then calculate the contribution of each coping scale relative to all of the scale combined called Relative Score.

It can calculate as following:

1. Calculating the average item score for the items on a give scale by dividing the sum of the ratings on the scale by the number of the items on that scale.
2. Calculating the sum of average item scores across all eight scales.
3. Dividing the average item score for a given scale by the sum of the average item

Results and Analysis

Results about the Coping Strategies Among Mothers Having Children With Intellectual disability, Mothers Having Children With Autism And Mothers Of Normal Children

Ways of Coping Questionnaire

Ways of coping strategies contains total sixty-six items and these items are further divided into eight scales.

Table 1: Shows Detail of the Ways of Coping Questionnaire –

Name of the scales	Description of the scales	No of items
I. Confrontive Coping	Describe aggressive effort to alter the situation.	6
II. Distancing	Describe cognitive effort to detach oneself and to minimize the significance of the situation	6
III. Self-Controlling	Describe the effort to regulate one's feeling and action.	7
IV. Seeking Social Support	Describe the efforts to seek informational support, tangible support and emotional support.	6
V. Accepting Responsibility	Acknowledging one's own role in the problem with a concomitant theme of trying to put things right	4
VI. Escape- Avoidance	Describe wishful thinking and behavioral efforts to 8escape or avoid the problem.	8
VII. Planful Problem solving	Describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem.	6
VIII. Positive Reappraisal	Describe efforts to create positive meaning by focusing on personal growth.	7

Results about the correlation among the Coping Strategies and Emotional Intelligence among mothers having children with intellectual disability, mothers having children with autism and mothers of normal children

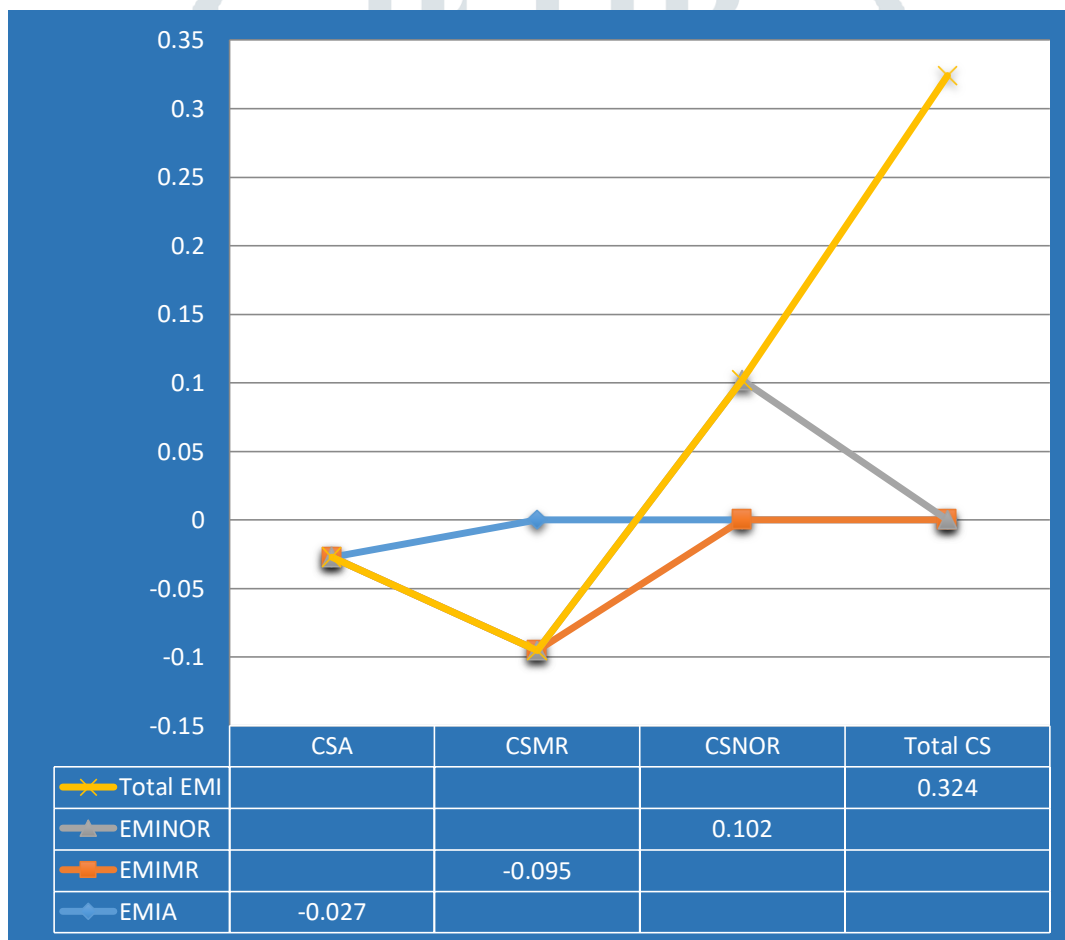
In order to test hypothesis, regarding significant difference between coping strategies of mothers of mentally retarded, autistic, and normal children, mean and standard deviation has obtained as descriptive statistics. There are hypotheses of significant correlation between emotional intelligence and coping strategies of mothers of autistic, MR and normal children. To test these hypotheses Pearson's correlation has computed.

Table No. 2 :Showing correlations between emotional intelligence scores and coping strategies scores for different mothers and total scores

	EMIA	EMIMR	EMINOR	Total EMI
CSA	-0.027	--	--	--
CSMR	--	-0.095	--	--
CSNOR	--	--	0.102	--
Total CS	--	--	--	0.324**

From above table it is found that -0.027, -0.095, and 0.102 are coefficients of correlation for mothers of autistic, MR and normal children respectively, and all the three correlations are non- significant hence there is no significant correlation between emotional intelligence scores and coping strategies scores. Nevertheless the correlation between combined emotional intelligence scores and coping strategies scores is 0.324 and it is significant at 0.01 level.

Graph No. 2(A): Showing correlations between emotional intelligence scores and coping strategies scores for different mothers and total scores



The graph shows that there is no significant correlation between the level of emotional intelligence and coping strategies among the mothers having children with autism ($r=-0.027$), among mothers of children with intellectual disability ($r=-0.095$) and among mothers having normal children ($r= 0.102$), but there is significant correlation in combined scores of coping strategies and emotional intelligence among three groups of mothers ($r=0.324$).

Mean values of coping strategies and emotional intelligence among mothers of mentally retarded children is $M=93.28$ and $M=76.84$ respectively. Mothers having children with Intellectual disability mainly use the self controlling (9.98), Seeking social support (8.59), escape coping strategies (7.02), planful problem solving (6.16).They also use sometimes coping strategies such as Confrontative coping (5.88),

Distancing(5.58) and positive reappraisal (5.59), but they use coping strategy i.e. accepting responsibility less. Mothers having children with intellectual disability shows mean score in self awareness (12.72), empathy (13.23), self motivation (13.1), emotional stability (11.48), managing relation (12.18), integrity (11.6), self development (0.71), value orientation (0.74), commitment (0.62) and altruistic behavior (0.66). This indicates that mothers having children with intellectual disability show more empathy, self motivation, emotional stability, integrity, self awareness compare to other subscales of emotional intelligence inventory. But there is no significant correlation found in coping strategies and level of emotional intelligence of mothers having children with intellectual disability.

Hence, the hypothesis which stated that **“There will be high correlation between coping strategies and level of emotional intelligence among mothers having children with intellectual disability”**, is rejected. It means that coping strategies use by mothers of mentally retarded children and their level of emotional intelligence is not significantly correlated.

Similarly, mean value for coping strategies and emotional intelligence among mothers of autistic children is $M=61.12$ and $M=46.18$ respectively. Mothers having children with autism mainly use the Confrontative coping (2.93) and Distancing (2.55) coping strategies. They also use Self-controlling (1.14), escape (0.90), seeking social support (0.77), positive reappraisal (0.63), planful problem solving (0.60),but they use coping strategy i.e. accepting responsibility (0.27) less likely.Regarding the result of emotional intelligence, that mothers having children with autism having mean score for self awareness (7.03), empathy (7.01), self motivation (7.66), emotional stability (9.83), managing relation (7.23), integrity (7.04), self development (0.36), value orientation (0.55), commitment (0.42)and altruistic behavior (0.32), but there is no significant correlation found in coping strategies and level of emotional intelligence of mothers having children with autism.

Hence, the hypothesis that **“There will be high correlation between coping strategies and level of emotional intelligence among mothers having children with autism”**, is rejected. It means that coping strategies used by mothers of autism children and their level of emotional intelligence is not significantly correlated.

In addition, mean value of coping strategies and emotional intelligence among mothers of normal children is $M=76.52$, $M=126.72$ respectively. The mothers having normal children mainly use the coping strategies such as positive reappraisal (18.93), planful problem solving(15.2) and self controlling (12.47). They also use coping strategies such as seeking social support (6.57), escape (4.39), distancing (4.59),but they less likely used coping strategy i.e. accepting responsibility (1.16),confrontative coping (3.6). Mothers having normal children show mean score for self awareness (19.6), empathy(18.1), self motivation (18.42), emotional stability (22.03), managing relation (21.85), integrity (25.71), self development(1), value orientation (1), commitment (1) and altruistic behavior(1). But there is no significant correlation found in coping strategies and level of emotional intelligence of mothers having normal children.

Hence, the hypothesis which stated that **“There will be high correlation between coping strategies and level of emotional intelligence among mothers having normal children”**, is rejected. It means that coping strategies used by mothers of normal children and their emotional intelligence is not significantly correlated.

Hence we can say that for individual mothers there may not be significant relationship exists between emotional intelligence and coping strategies.Nevertheless the correlation between combined emotional intelligence scores and coping strategies scores is 0.324 and it is significant at 0.01 level. So that we can say emotional intelligence and coping strategies are positively and significantly related with each other in general.

DISCUSSION

Correlation between emotional intelligence and coping strategies for mothers of autistic children-

It is found that -0.027 is coefficients of correlation between emotional intelligence and coping strategies for mothers of autistic children, which is non- significant hence there is no significant correlation between emotional intelligence scores and coping strategies scores for mothers of autistic children. Thus our hypothesis that **“There will be high correlation between coping strategies and level of emotional intelligence among mothers having children with autism”** is rejected.

Correlation between emotional intelligence and coping strategies for mothers of children with mental retardation-

For mothers of children with mental retardation, -0.095 is coefficients of correlation between emotional intelligence and coping strategies, which is non- significant hence it can be said that there is no significant correlation between emotional intelligence scores and coping strategies scores for mothers of children with mental retardation. Hence our hypothesis that **“There will be high correlation between coping strategies and level of emotional intelligence among mothers having children with mental retardation”**, is rejected.

Correlation between emotional intelligence and coping strategies for mothers having normal children-

It is found that 0.102 is coefficients of correlation between emotional intelligence and coping strategies for mothers having normal children, which is non- significant hence there is no significant correlation between emotional intelligence scores and coping strategies scores for mothers having normal children. Thus the hypothesis that **“There will be high correlation between coping strategies and level of emotional intelligence among mothers having normal children”**, is rejected.

In the present study we found that there is no high correlation in coping strategies and level of emotional intelligence respect to individual group of mothers having children with autism, mothers having children with mental retardation and mothers of normal children. The reason may be that the mothers are not only use the functional coping strategies such as positive reappraisal, planful problem solving but also use dysfunctional coping strategies such as escape avoidance, which is negatively correlated with emotional intelligence and the also the mothers show difference in different aspects of emotional intelligence.

STRENGTHS

- The study is comprehensive: i.e. it has studied 10 dimensions of Emotional Intelligence among mothers having children with autism, mental retardation and having normal children.

LIMITATIONS

- This research was conducted only on 100 mothers having children with autism, 100 mothers having children with mental retardation and 100 mothers having children normal children restricted to Nagpur district only.
- Only two variables are taken for study.
- The sample was not so large, therefore results cannot be gene

SUGGESTIONS

Further research on coping strategies of mothers having children with mental retardation and autism needs many considerations to improve the objectivity, reliability, validity of research findings. Some of which are listed here:

- There is much scope to conduct further research on mothers coping strategies children with mental retardation and autism with an adequate sample size in order to generalize the results.
- There is also need to match children with respect to medical or psychiatric co-morbidity or any behavioral problems associated with mental retardation or with autism.
- Further research on comparison of other variables for mothers of children with mental retardation and autism can be conducted.

IMPLEMENTATION:

- Intervention services for parents of children with mental retardation or autism are needed to be decentralized. This will help in providing such parents with as many skills as possible to deal with their children.
- The study examines the coping strategies of mothers having children with mental retardation and autism. Dysfunctional coping increase stress. Counselling is needed to help the mother.

Final Comment

The parents having children with disabilities face more problem than the parents having children with average intelligence. Having child with disability alter the life of parents especially it put more effect on the mother's life because of the additional child care burden (Heller, 1997). The inappropriate coping strategies increase the level of stress. In this study, found that the coping strategies of mothers having children with mental retardation and autism. By using Ways of Coping Questionnaire, studied of different eight coping strategies like confirmative coping, Distancing, Self control, seeking social support, Accepting responsibility, Escape-avoidance, Planful problem solving and Positive reappraisal of of mothers having children with mental retardation and autism. This is helpful for the mother to acquire appropriate strategies.

As well as emotional intelligence also play an important role in quality of life and mental health of mothers having children with special needs. So that in the study different subscales of emotional intelligence such as self awareness, empathy, self motivation, emotional stability, managing relation, integrity, self development, value orientation, commitment and altruistic behaviour.

The study is comprehensive because in this study 10 subscales of emotional intelligence and 8 types of coping strategies are studied. But only 300 samples from Nagpur districts are included. For further research there is need to match mothers with respect to personality traits and also need to match children with respect to medical or psychiatric co-morbidity or any behavioural problems associated with mental retardation or with autism.

Intervention services for parents of children with mental retardation or autism are needed to be decentralized. This will help in providing such parents with as many skills as possible to deal with their children.