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COPING STRATEGIES AMONG THE MOTHERS OF INTELLECTUAL DISABILITY CHILDREN AND MOTHERS OF AUTISTIC CHILDREN

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Abstract: The present research aims at study of coping strategies among mothers having children with autism and mothers having children with mental retardation. 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 mental retardation were (n=100), (n= 50 mild mental retardation and n= 50 moderate mental retardation) also Mothers (n= 100) having normal children. To assess 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) on data has been applied. Result reveals that there is significant difference in coping strategies used by mothers having children with autism, mothers having children with mental retardation and mothers having normal children.

Keywords: Intellectual disability, Autism, Coping strategies.

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"

Autism

Autism is life long, non-progressive neurological disorder typically appearing before the age of three years. It is a developmental disability significantly affecting verbal & non verbal communication & social interaction. The classic form of Autism involves a Triad of impairments – in social interaction, in communication & the use of language & in limited imagination as reflected in restricted, repetitive & stereotyped patterns of behavior & activities. Autism is one of five disorders coming under the umbrella of Pervasive Developmental Disorders (PDD), a category of neurological disorders characterized by "Severe & Pervasive Impairment in several area of development", including social interaction & communication skills (DSM-IV TR).

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.

Aim

To study the 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 study coping strategies used by mothers having mentally retarded children
2. To study the coping strategies used by mothers having autistic children
3. To study the coping strategies used by mothers of normal children
4. To know the difference among the mothers having mentally retarded children, mothers having autistic children and mothers of normal children with respect to coping strategies used by them

Hypotheses

- 1) There will be significant difference in coping strategies among mothers having children with intellectual disability and mothers having normal children
- 2) There will be significant difference in coping strategies among mothers having children with autism and mothers having normal children
- 3) There will be significant difference in coping strategies among mothers having children with intellectual disability and mothers having children with autism.
- 4) There will be significant difference in coping strategies among mothers having children with intellectual disability, mothers having children with autism and 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 escape 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

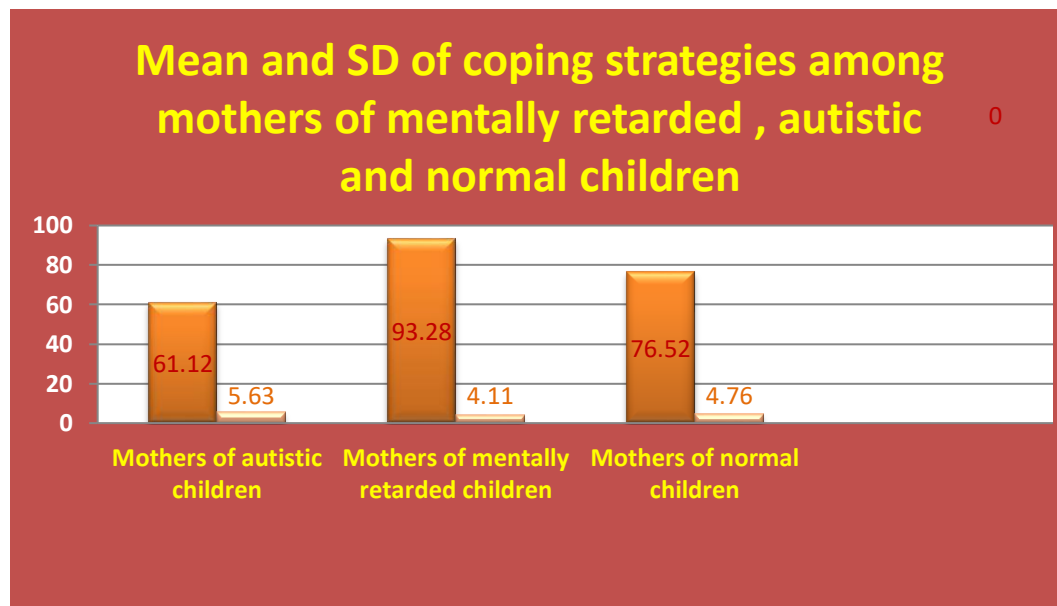
Table No. 2: Showing means and standard deviation of coping strategies scores of Mothers of MR, Autistics and Normal children.

	N	Mean	Std. Deviation
Mothers of Autistic children	100	61.12	5.63
Mothers of Mentally Retarded Children	100	93.28	4.11
Mothers of Normal Children	100	76.52	4.76
Total	300	76.97	14.02

The above table shows the mean value and SD of coping strategies among mothers having children with autism (M=61.12, SD=5.63), mothers having children with intellectual disability (M=93.28, SD= 4.11) and mothers of normal children (M=76.52,

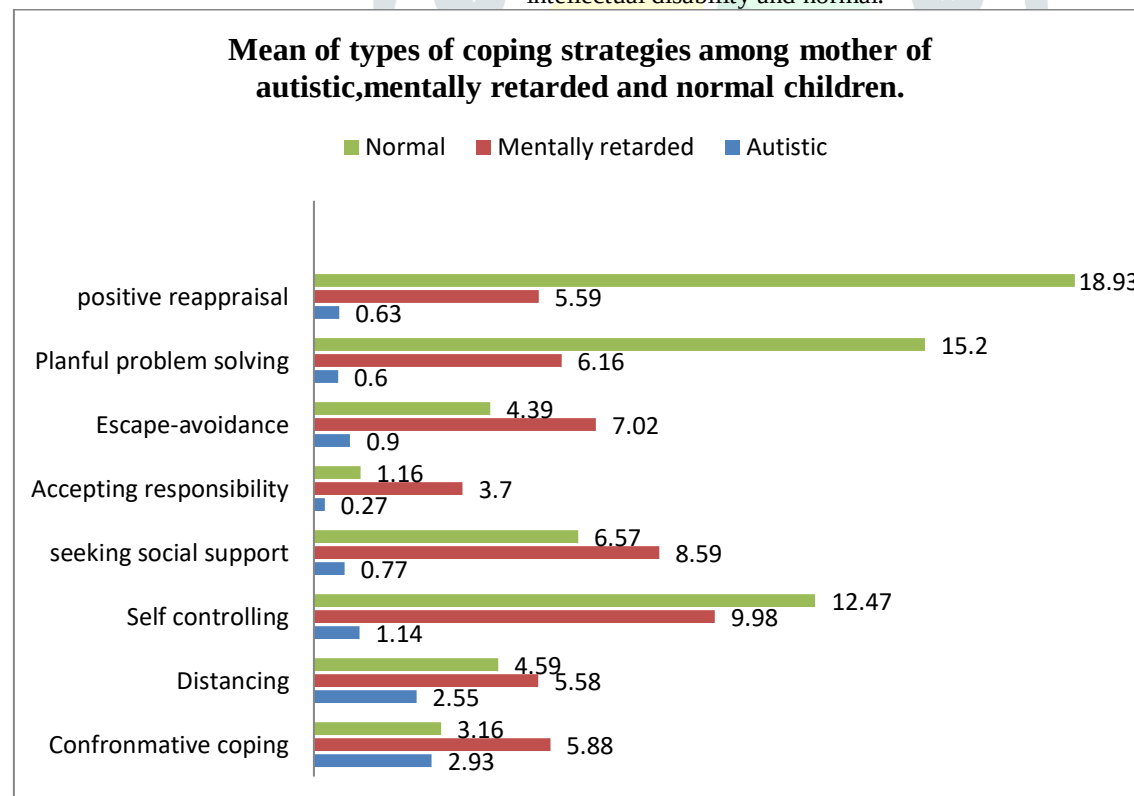
SD= 4.76). This indicates that the mean of the mothers having children with intellectual disability is higher than the other two groups. It reveals that mothers of children with intellectual disability use coping strategies more than the other two groups of the mothers.

Graph No. 2 (A): Shows Mean and Standard Deviation of coping strategies among mothers having children with autism, intellectual disability and normal.



The above graph shows the mean value and SD for coping strategies among mothers having children with autism (M=61.12, SD=5.63), mothers having children with intellectual disability (M=93.28, SD= 4.11) and mothers of normal children (M=76.52, SD= 4.76). This indicates that the mean of the group of mothers having children with intellectual disability is more than the other two groups. It means that mothers having children with intellectual disability use coping strategies more than the other two groups of the mothers.

Graph No. 4.2 (B): Shows the mean difference in different coping strategies among mothers having children with autism, intellectual disability and normal.



On the basis of calculated Mean of three groups it is found that the mothers having children with autism mainly use the Confrontative coping ($m=2.93$) 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. 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 less i.e. accepting responsibility. 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). Sometimes they also use coping strategies such as seeking social support (6.57), escape (4.39), distancing (4.59), but they use coping strategy less i.e. accepting responsibility (1.16), confrontative coping (3.6). Mean difference shows that among three groups of mothers', positive reappraisal, planful problem solving and self controlling coping strategies are comparatively more used by mothers of normal children than the other two groups. Mothers of children with intellectual disability are mostly used confrontative, distancing, escape-avoidance, seeking social support and accepting responsibility coping strategies, but mothers of children with autism also used confrontative, distancing coping strategies.

Table No.3: Shows t value of coping strategies among mothers having children with intellectual disability and mothers having normal children.

Groups	Sample	Mean	SD	t-value
Mothers of children having Intellectual disability	100	93.28	4.11	1.81
Mothers of Normal children	100	76.52	4.76	

** $p>0.05$

t at 0.05 (df= 198) 1.97

The above table clearly revealed that there are no significant differences found in coping strategies use by mothers of children with intellectual disability and mothers of normal children. The mean of coping strategies of mothers of children having intellectual disability is 93.28 and mean of coping strategies of mothers of normal children is 76.52 and difference is found non significant at 0.05 level with t value of 1.81. The mean score of mothers having children with intellectual disability is higher (93.28) than the mean score (76.52) of the mothers of normal children. This means that mothers of children with intellectual disability use coping strategies more than the mothers of normal children but difference is found not significant.

Hence, hypothesis 1 which stated that “**There will be significant difference in coping strategies among mothers having children with intellectual disability and mothers having normal children**”, is rejected. It means that mothers of children with intellectual disability use coping strategies as similarly the mothers of normal children; there is no significant difference in use of coping strategies between the two groups.

Table No.4: Shows t value of coping strategies among mothers having children with autism and mothers having normal children.

Groups	Sample	Mean	SD	t-value
Mothers of children having Autism	100	61.12	5.63	5.83**
Mothers having Normal children	100	76.52	4.76	

** $p<0.01$

t at 0.01(df=198) 2.60

The above table clearly revealed that there are significant differences in coping strategies use by mothers of children with autism and mothers of normal children. The mean of coping strategies of mothers of autistic children is 61.12 and mean of coping strategies of mothers of normal children is 76.52 and the difference is found significant at 0.01 level with t value of 5.83. The mean score (76.52) of mothers having normal children is higher than the mean score (61.12) mothers of autistic children. This means mothers of normal children use more coping strategies than the mothers of autistic children.

Hence, our hypothesis 2 which stated that “**There will be significant difference in coping strategies among mothers having children with autism and mothers having normal children**”, is accepted.

It means that mothers of normal children use different types of coping strategies such as confrontative, distancing, seeking social support, accept responsibility, positive reappraisal, self controlling, and escape avoidance more than the mothers of autistic children.

Table No.5: Shows t value of coping strategies among mothers having children with autism mothers of children having intellectual disability.

Groups	Sample	Mean	SD	t-value
Mothers of children having autism	100	61.12	5.63	6.41**
Mothers of children having intellectual disability	100	93.28	4.11	

** $p<0.01$

t at 0.01 (df=198) 2.60

The above table clearly revealed that there are significant differences in coping strategies use by mothers of children with autism and mothers of children having intellectual disability. The mean of coping strategies of mothers of autistic children is 61.12 and mean of coping strategies of mothers having children with intellectual disability is 93.28 and difference is found significant at 0.01 level with t value of 6.41. The mean score (93.28) of mothers having children with intellectual disability is higher than the

mean score (61.12) of mothers of autistic children. This means mothers of children with intellectual disability use coping strategies more than the mothers of autistic children.

Hence, the hypothesis 3 which stated that “**There will be significant difference in coping strategies among mothers having children with intellectual disability and mothers having children with autism**”, is accepted. It means that the mothers of mentally retarded children use more coping strategies than the mothers of autistic children.

Table No. 6: ANOVA Summary table for coping strategies scores

Source Of Variance	Sum of Squares	Df	Mean Square	F
Between Groups	51744.11	2	25872.05	1090.29**
Within Groups	7047.68	297	23.73	
Total	58791.79	299		

**p>0.01 F at 0.01 (df=299) 4.66

From above table it is revealed that F value is 1090.29 which is tremendous higher than critical value 4.66(2, 297), thus three groups differ in their coping strategy. The mean value of coping strategies of mothers having children with autism is 61.12, mothers having children with intellectual disability is 93.28 and a mother of normal children is 76.52. This indicates that a mother of children having intellectual disability use coping strategies more than the other two groups.

Mean difference among three groups of mothers shows that positive reappraisal, playful problem solving and self controlling coping strategies are use more by mothers of normal children. Mothers of children with intellectual disability are mostly use confrontative, distancing, escape-avoidance, seeking social support and accepting responsibility coping strategies. Mothers of children with autism also use confrontative, distancing coping strategies less. Thus, hypothesis 4 which stated that “**There will be significant difference in coping strategies among mothers having children with intellectual disability, mothers having children with autism and mothers having normal children**”, is accepted. It means that three groups of mothers used coping strategies differently.

To analyse further if there is difference between two groups multiple comparisons has done with Tukey HSD.

Table No. 7: Showing mean difference of scores of coping strategies for mothers.

(I) Group	(J) Group	Mean Difference (I-J)
1.00	2.00	-32.16*
	3.00	-15.40*
2.00	1.00	32.16*
	3.00	16.76*

1.00= Mothers of Autistic children

2.00= Mothers of MR children

3.00= Mothers of Normal children

From above mean differences Tukey HSD has computed, it is found 2.072, as mean difference are greater than HSD it can be said that there is significant difference between individual pairs of mothers in terms of coping strategies. Mean of mothers of MR children is high hence they have scored significantly higher than other two mothers for coping strategies. Scores of Autistic children mothers are lowest.

DISCUSSION

Coping strategies among mothers having children with autism, mothers having children with intellectual disability and mothers of normal children-

Overall results indicated that mothers having children with autism, mothers having children with intellectual disability and mothers of normal children differ on types of ways of coping questionnaire. Among three groups of mothers', Confrontative coping, Distancing, seeking social support, Accepting responsibility, Escape-avoidance, are comparatively more in mothers having children with intellectual disability than the other two groups.

Mother having normal children mainly exhibit efforts to create positive meaning, they apply problem focused efforts to alert the situation and exert efforts to regulate one's feeling and action.

Mothers of children with intellectual disability mainly exhibit efforts to regulate one's feeling and action, they apply wishful thinking and behavioral efforts to escape or avoid the problem, they seek tangible and emotional support, they apply problem focused efforts to alert the situation.

Mothers having children with autism mainly exhibits the aggressive efforts to alter the situation and also cognitive efforts to detach oneself to minimize the significance of the situation.

Hence it is clear that above findings do not support the hypothesis no. 1 which stated that “**There will be significant difference in coping strategies among mothers having children with intellectual disability and mothers having normal children**”, is rejected.

Hence, our hypothesis 2 which stated that “There will be significant difference in coping strategies among mothers having children with autism and mothers having normal children”, is accepted.

Hence, the hypothesis 3 which stated that “There will be significant difference in coping strategies among mothers having children with intellectual disability and mothers having children with autism”, is accepted.

Thus, hypothesis 4 which stated that “There will be significant difference in coping strategies among mothers having children with intellectual disability, mothers having children with autism and mothers having normal children”, is accepted.

Two tests has been administered to the subjects, the discussion of factor wise results for these tests as follows, first of all, the result regarding coping strategies has been discussed firstly as a whole, then factor wise discussion has been done. Similarly the result regarding emotional intelligence has been discussed firstly as a whole, then factor wise discussion has been made.

Ways of coping Strategies Questionnaire-

In this study to identify coping strategies used by mothers, the Ways of coping questionnaire is administered. This questionnaire include: Confrontative coping, Distancing, Self control, seeking social support, Accepting responsibility, Escape-avoidance, Planful problem solving and Positive reappraisal.

A) Coping strategies among mothers having children with autism-

On the basis of calculated Mean of three groups it is found that the 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.

Above result indicates that mothers having children with autism mainly exhibits the aggressive efforts to alter the situation and also cognitive efforts to detach oneself to minimize the significance of the situation. Sometimes they also describe efforts to regulate one's feeling and action, wishful thinking and behavioral efforts to escape or avoid the problem, seeking tangible and emotional support, efforts to create positive meaning, problem focused efforts to alert the situation, but they less likely acknowledge one's own role in the problem with concomitant theme of trying to put things right.

The reason may be that the lack of improvement in child's core symptoms, changes in care giving support availability, the changing nature of behavioral problem presented in child with autism renders parents adaptability towards adoptive stress coping (Gray, 2006).

The study done by Heather M. Kuhanek in 2010 also reveals that the mothers having children with autism spectrum disorder mainly used coping strategies such as “Me time planning, knowledge is the power, sharing the load, lifting the restraints of labels, recognizing the joys”. The study done by June Luong in 2009 reveals that parents of autistic children used coping strategies such as denial, empowerment, redirecting energy changed expectations, social withdraw, spiritual coping and acceptance.

B) Coping strategies among mothers having children with intellectual disability

On the other hand, 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 used sometimes coping strategies such as Confrontative coping (5.88), Distancing (5.58) and positive reappraisal (5.59), but they less likely used coping strategy i.e. accepting responsibility.

This indicates that mothers of children with intellectual disability mainly exhibits efforts to regulate one's feeling and action, wishful thinking and behavioral efforts to escape or avoid the problem, they seek tangible and emotional support, and apply problem focused efforts to alert the situation. Sometimes they also exhibits efforts the aggressive efforts to alter the situation, efforts to create positive meaning, and also cognitive efforts to detach one to minimize the significance of the situation, but they less likely acknowledge one's own role in the problem with concomitant theme of trying to put things right. The psychological condition of mentally retarded children is matter of particular concern. It is not easy for them to overcome negative emotions and use appropriate coping strategies such as accepting responsibility. Sequeria, Rao & Prabhu (1990) reported that denile as one of the commonly used coping style by mothers. Blair (2003) reported that mother use mainly religious coping.

C) Coping strategies among mothers having normal children-

Somewhat different result found for 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 sometimes coping strategies such as seeking social support (6.57), Escape (4.39), distancing (4.59), but they use coping strategy i.e. accepting responsibility (1.16), confrontative coping (3.6) less.

This indicates that mother having normal children mainly exhibits efforts to create positive meaning, problem focused efforts to alert the situation and efforts to regulate one's feeling and action. Sometimes they also do wishful thinking and go with behavioral efforts to escape or avoid the problem, they seek tangible and emotional support, and also use cognitive efforts to detach one to minimize the significance of the situation, but they less likely acknowledge one's own role in the problem with concomitant theme of trying to put things right, use the aggressive efforts to alter the situation. The study conducted by Nisha Vidyasagar (2010) also reported that mothers of normal children also use seeking social support, escape avoidance, positive reappraising coping strategies like mothers of autistic children but less in frequency.

D) Factor wise discussion of coping strategies among mothers

1. Confrontative coping- In the present study, the mean value of Confrontative coping is (2.93) for mothers having children with autism, and for mothers having children with intellectual disability the mean value of Confrontative coping is (5.88), and the mean value of Confrontative coping among mothers having normal children is (3.16).

Above mean difference in confrontative coping indicates that mothers having children with intellectual disability use more confrontative coping strategies compare to mothers having children with autism and mothers of normal children.

On the basis of the above, we can interpret that those mothers having children with intellectual disability mainly exhibits the aggressive efforts to alter the situation as compared to other two groups of mothers.

2. Distancing coping- In the present study, the mean value of distancing coping is (2.55) for mothers having children with autism, and for mothers having children with intellectual disability the mean value of distancing coping is (5.58), and the mean value of distancing coping for mothers having normal children is (4.59).

Above mean difference in distancing coping indicates that mothers having children with intellectual disability are use more distancing coping strategies as compared to mothers having children with autism and mothers of normal children.

On the basis of the above, we can interpret that those mothers having children with intellectual disability mainly use cognitive effort to detach oneself and to minimize the significance of the situation as more than the other two groups of mothers.

3. Self Control coping- In the present study, the mean value of self control coping is (1.14) for mothers having children with autism, and for mothers having children with intellectual disability the mean value of self control coping is (9.98), and the mean value of self control coping for mothers having normal children is (12.47).

Above mean difference in self control coping indicates that mothers having normal children are use more self controlling coping strategies as compared to mothers having children with autism and mothers of children with intellectual disability.

On the basis of the above, we can interpret that those mothers having normal children use the effort to regulate one's feeling and action in stressful situation more than the other two groups of mothers.

4. Seeking social support coping- In the present study, the mean value of seeking social support coping is 0.77 among mothers having children with autism, for mothers having children with intellectual disability the mean value of seeking social support coping is 8.59, and the mean value of seeking social support coping among mothers having normal children is 6.57.

Above mean difference in seeking social support coping indicates that mothers of children with intellectual disability are use more seeking social support coping strategies compare to mothers having children with autism and mothers having normal children.

On the basis of the above, we can interpret that those mothers having children with intellectual disability exhibits the efforts to seek informational support, tangible support and emotional support in stressful situation more than the other two groups of mothers.

5. Accepting responsibility coping- In the present study, the mean value of accepting responsibility coping is 0.27 among mothers having children with autism, for mothers having children with intellectual disability the mean value of accepting responsibility coping is $M=3.7$, and the mean value of accepting responsibility coping among mothers having normal children is $M=1.16$.

Above mean difference in accepting responsibility coping indicates that mothers of children with intellectual disability are uses more accepting responsibility coping strategies as compared to mothers having children with autism and mothers having normal children.

On the basis of the above, we can interpret those mothers having children with intellectual disability acknowledge one's own role in the problem with a concomitant theme of trying to put things right compare to other two groups of mothers.

6. Escape-avoidance coping- In the present study, the mean value of escape-avoidance coping is 0.9 for mothers having children with autism, for mothers having children with intellectual disability the mean value of escape-avoidance coping is 7.02, and the mean value of escape-avoidance coping among mothers having normal children is 4.39.

Above mean difference in escape-avoidance coping indicates that mothers of children with intellectual disability are use accepting responsibility coping strategies more than the mothers having children with autism and mothers having normal children.

On the basis of the above, we can interpret that those mothers having children with intellectual disability describe wishful thinking and behavioral efforts to escape or avoid the problem more than the other two groups of mothers.

7. Planful problem solving coping- In the present study, the mean value of planful problem solving coping is 0.6 among mothers having children with autism, for mothers having children with intellectual disability the mean value of planful problem solving coping is 6.16, and the mean value of planful problem solving coping among mothers having normal children is 15.2.

Above mean difference in planful problem solving coping indicates that mothers of normal children are use more planful problem solving coping strategies as compared to mothers having children with autism and mothers having children with intellectual disability.

On the basis of the above, we can interpret those mothers having normal children apply deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem more than the other two groups of mothers.

8. Positive reappraisal coping- In the present study, the mean value of positive reappraisal coping is 0.63 among mothers having children with autism, for mothers having children with intellectual disability the mean value of positive reappraisal solving coping is 5.59, and the mean value of positive reappraisal coping among mothers having normal children is 18.93.

Above mean difference in positive reappraisal coping indicates that mothers of normal children are use more positive reappraisal coping strategies as compared to mothers having children with autism and mothers having children with intellectual disability.

On the basis of the above, we can interpret that those mothers having normal children describe efforts to create positive meaning by focusing on personal growth more than the other two groups of mothers.

Mean difference shows that among three groups of mothers', positive reappraisal, planful problem solving and self controlling coping strategies are more use by mothers of normal children than the other two groups of mothers. Mothers of children with intellectual disability are mostly use confrontative, distancing, escape-avoidance, seeking social support and accepting responsibility coping strategies. Mothers of children with autism also use confrontative, distancing coping strategies. The study done by Seltzer in 1995 also reveals that mothers of adults with retardation, mainly used problem focused coping strategies and her depressive symptoms were a function of their child's behavior problems, although this source of stress was buffered by coping. The study done by S.L. Judge in 1998 also concluded that parents of young children with disabilities used coping strategies including social support, wishful thinking, self blame, distancing, self control. Social support was highly associated with family strength and wishful thinking, self blame, distancing, self control were negatively associated with family strength.

E) Comparison of Coping strategies among mothers having children with autism and mothers of children having intellectual disability-

To see the difference in coping strategies among mothers having children with autism ($M=61.12$) and mothers of children having intellectual disability ($M=93.28$), t value 6.41 is calculated, which is significant at 0.01 level. It means that there is a significant difference in coping strategies among mothers having children with intellectual disability and mothers having children with autism. Hence, our hypothesis that **"There will be significant difference in coping strategies among mothers having children with intellectual disability and mothers having children with autism"** is accepted. The study done by Peishi Wang in 2010 also reveals that coping strategies such as acceptance, active coping, positive reinterpretation, growth, suppression of competing

activities, planning were frequently used by parents of autism and other developmental disabilities. Parents of autism mainly used planning coping strategy than the parents of children with other developmental disabilities.

F) Comparison of Coping strategies among mothers having children with autism and mothers of normal children-

To see the difference in coping strategies among mothers having children with autism ($M=61.12$) and mothers of normal children ($M=76.52$), t value (5.83) is calculated, which is significant at 0.01 level. It means that there is a significant difference in coping strategies among mothers having normal children and mothers having children with autism. Hence, our hypothesis that ***“There will be significant difference in coping strategies among mothers having children with autism and mothers’ having normal”*** children is accepted. The study done by Adabrowska in 2010 also reported that a parent of autism is differed from parents of typically developing children in coping. Emotion focused coping was the predictor of parental stress in parents with autism and Down syndrome. Task oriented coping was the predictor of parental stress for parents of typically developing children.

G) Comparison of coping strategies among mothers having children with intellectual disability mothers of normal children-

To see the difference in coping strategies among mothers having children with intellectual disability ($M=93.28$) mothers of normal children ($M=76.52$), t value (1.81) is calculated, which is not significant at 0.05 level. It means that there is not a significant difference in coping strategies among mothers having children with intellectual disability and mothers having children with normal. Hence, our hypothesis that ***“There will be significant difference in coping strategies among mothers having children with intellectual disability and mothers having normal children”*** is rejected. The reasons may be that there are some factors affect the use of coping strategies by mothers such as educational level, financial support, health status, psychological features and personal characteristics. The study conducted by Hossein Jenaabadi (2013) also reported that there is no difference in coping strategies used by parents of exceptional children and parents of normal children. Reza Reihani (2003) also reveals that there is no significant difference in coping strategies among parents of exceptional children and parents of normal children.

H) Differences in coping strategies among mothers having children with autism, mothers having children with mentally retarded and mothers of normal children-

The mean difference in coping strategies among mothers having children with autism and mothers of children with intellectual disability is -32.16, the mean difference in coping strategies among mothers having children with autism and mothers of normal children is -15.40, the mean difference in coping strategies among mothers of children with intellectual disability and having children with autism is 32.16 and the mean difference in coping strategies among mothers of children with intellectual disability and having normal children is 16.76.

From mean differences Tukey HSD has computed which is found 2.072, as mean difference are greater than HSD it can be said that there is significant difference between individual pairs of mothers in terms of coping strategies. Mean of mothers of MR children is high (32.16) hence they have scored significantly higher than other two mothers and scores of Autistic children mothers are lowest. In a study by Pisulain in 2010 it also found that mother and father having children with autism mainly used escape-avoidance coping strategies more than the mother and father having normal children. Compared with the mothers of normal children mother having children with autism and intellectual disability having impairment in different areas of life such as physical, psychological and social due to requirement of their children for extra and long term care. This situation may lead to difference in coping strategies used by mothers of normal and special need children.

To see the difference in coping strategies among mothers having children with autism, mothers of children having intellectual disability and mothers of normal children F value (1090.29) is calculated. Which is tremendous higher than critical value 4.66(2, 297), which indicate that three groups differ in their coping strategies. Thus, our hypothesis that ***“There will be significant difference in coping strategies among mothers having children with intellectual disability, mothers having children with autism and mothers having normal children”*** is accepted. The study done by Jessica Jones in 1998 also reveals that coping strategies involving the maintain of family integration, cooperation, optimism used by parents of children with developmental disabilities and all these strategies were strongly associated with stress.

Conclusion

Among three groups of mothers', Confrontative coping, Distancing, Self control, seeking social support, Accepting responsibility, Escape-avoidance, Planful problem solving and Positive reappraisal are comparatively more in mothers having children with intellectual disability.

Mother having normal children mainly exhibit efforts to create positive meaning, they apply problem focused efforts to alert the situation and exert efforts to regulate one's feeling and action.

Mothers of children with intellectual disability mainly exhibit efforts to regulate one's feeling and action, they apply wishful thinking and behavioral efforts to escape or avoid the problem, they seek tangible and emotional support, they apply problem focused efforts to alert the situation.

Mothers having children with autism mainly exhibits the aggressive efforts to alter the situation and also cognitive efforts to detach oneself to minimize the significance of the situation.

Strengths

- The study is comprehensive: i.e. it has studied 8 types of coping strategies among mothers having children with autism, intellectual disability and having normal children.

LIMITATIONS

- This research was conducted only on 100 mothers having children with autism, 100 mothers having children with intellectual disability 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 intellectual disability 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 intellectual disability and autism with an adequate sample size in order to generalise the results.
- There is also need to match children with respect to medical or psychiatric co-morbidity or any behavioral problems associated with intellectual disability or with autism.
- Further research on comparison of other variables for mothers of children with intellectual disability and autism can be conducted.

Implementation

- Intervention services for parents of children with intellectual disability 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 intellectual disability and autism. Dysfunctional coping increase stress. Counselling is needed to help the mother.

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