PSYCHOLOGICAL DISTRESS, COPING STRATEGIES AND SOCIAL INTERACTION ANXIETY IN THE MOTHERS OF CHILDREN WITH AUTISM

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ABSTRACT

The present paper aimed to investigate the relationship between psychological distress, coping strategies and social interaction anxiety in the mothers of children with autism. The sample consisted of 100 mothers from different hospitals and institutions of Lahore, Pakistan. The Kessler Psychological Distress Scale (KPDS), Coping Strategy Questionnaire (CSQ) and Social Interaction Anxiety Scale (SIAS) were administered. Results shows the significant relationship among variables of Psychological Distress, Coping Strategy and Social Interaction anxiety in the mothers of Children with Autism. It also shows positively predicted of Active Distractive Coping on Social Interaction anxiety in the mothers of Children with Autism. Consequently, the findings of the study will help the professional counselors and clinical psychologists to provide some advisable guide lines for some better adjustment to mothers of Children with Autism.

Keyword: Psychological Distress, Coping Strategy, Social Interaction Anxiety, Mothers of Children with Autism

INTRODUCTION

Autism Spectrum Disorder has emerged as neurodevelopmental disorder to be included in DSM-V as a mental health disorder (Sausan & Swedo, 2016). Autism spectrum disorder is a worldwide problem. It is highly effected on the mothers of children with Autism. The DSM-IV-TR (APA, 2000) has been credited with advancing the diagnostic field by aiding differentiation of subgroups via provision of specific diagnostic labels (Wimpory et al., 2000), including Asperger's Disorder to account for cases of high-functioning autism (Wimpory et al., 2000), and expanding the diagnostic criteria within the autism label to capture the nutria-label heterogeneity discussed the research (Canitano & Scandurra, 2011). Further, the DSM-IV-TR (APA, 2000) contributed to creation of the "autism spectrum" via provision of three related diagnoses (i.e., Autistic Disorder, Asperger's Syndrome and PDDNOS). However, clinical researchers argued that the DSM-IV-TR (APA, 2000) required substantial revision because did not effectively capture the wide range of variation n symptoms which represented the autism spectrum, nor did include the full constellation of 14 difficulties (e.g., hypersensitivity to sensory stimuli the environment, restricted diet, and poor sleeping patterns) which disrupt daily functioning and require clinical attention (Schuler & Fletcher, 2002; Tidmarsh & Volkmar, 2003).

Current conceptualization of autism-related conditions. The latest DSM-5 (APA, 2013) contains a number of changes to the criteria for detecting autism as

well as the procedures for determining the severity of autism impairments. General alterations classification focus have involved replacement of the PDD category with ASD; and the removal of specific diagnostic labels presented n the DSM-IV-TR (APA, 2000). "These changes were driven by research which suggested that the previous diagnoses did not represent clearly differentiated autism subtypes and nor did they account for the variation presentation of symptoms (Waterhouse, 2013).

The researches shows that the Children with Autism ratio is now days become very common and increasing in number as more children who survive globally. The study is aimed to determine the prevalence and risk factors for psychological distress among the parents among the parents of intellectual disability and Children with Autism. This research is held on different Special Child Clinics and Schools. In which the number of participants are 90 in the age range of the 22 – 38 years of mothers. In this research the Self –Reporting Questionnaires are used as instruments for finding the psychological distress among the parents of Children with Autism and disability parents. The result of this research indicated that and analysis shied that are of residence, low socio-economic status, knowledge of the one's disable child, low confidence to manage the disabled child, increased perceived burden of care and having no sources of psychological support it is significantly predicted psychological distress. The conclusion of this study there is a huge burden of psychological distress among the parents of disable and autistic children (Lobar et al, 2008).

As discussed in the above introduction and researches, psychological distress is directly interlinked with coping strategies and social interaction anxiety. These three variables are interlinked with each other as given or discussed in the above introduction. Psychological distress is directly linked with social interaction anxiety because due to social interaction anxiety the different stressors are increased in the mothers of children with Autism. Coping strategies are also highly linked with these two variables because they help the mothers of children with Autism that how to cope with their stress and anxiety.

Rational

Interacting with society is very difficult for mothers with special children. Being a mother of a child with Autism is a more difficult job and challenge. This study indicates that the negative attitude of society increased the level of stress and anxiety. The purpose of the study was to examine the relationship among psychological distress, and social interaction anxiety as well as copying strategies in the mothers of Children with Autism. This research will help to understand the use of coping strategies in mothers of children with Autism in the face of psychological distress and association of those coping strategies with social interaction anxiety.

Hypothesis

Hypothetical Model
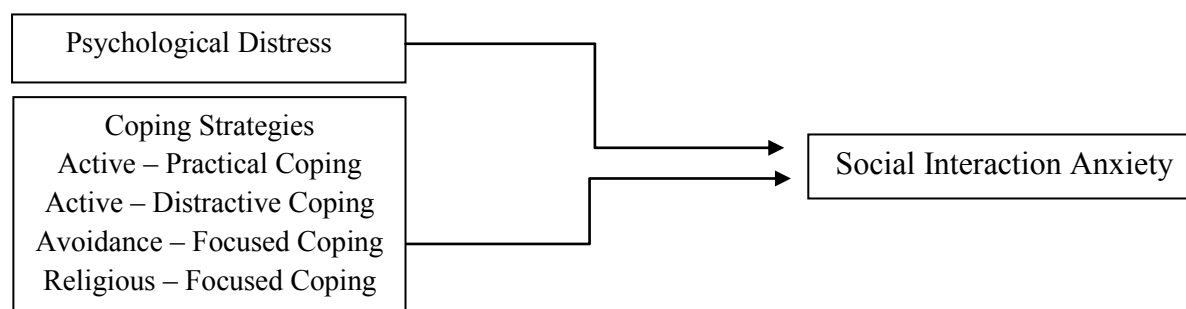
METHOD

Sample

The sample was conducted in Lahore, the second largest city of Pakistan. The sample comprised 100 mothers of children with Autism from different special education institutes and Children Hospital, Lahore. The Hospital was selected on the basis of availability. Children Hospital, Lahore. Initially, 150 participants were approached. In all, 100 participants consented to participate and also meet inclusion criteria. A total of 50 did not complete the survey, hence the response rate was 70%. Mothers of children of Autism Spectrum Disorder were included. Mothers of children of Autism Spectrum Disorder with comorbidity psychological/ neuro – developmental disorders were excluded in present study. Children who had any sibling with physical disability were also excluded. Children who had any physical disability were also excluded.

Demographic Questionnaire

Table 1. Showing the Demographics characteristics of Research Participants (N =100)

Variable	f (%)	M(SD)
Age of Children (Years)		7.54 (2.83)
Age of Mothers (Years)		32.63(6.32)
Mother Education		
None	9 (9.0%)	
Primary	5 (5.0%)	
Middle	33 (33.0%)	
Matriculation	18 (18.0%)	
Intermediate	14 (14.0%)	
Graduation	21 (21.0%)	
Mothers Profession		
House Wife's	91 (91.0%)	
Working Women	9 (9.0%)	
Gender		
Girls	71 (71.0%)	
Boys	29 (29.0%)	
Birth order of child		
1st born	49 (49.0%)	
2nd born	26 (26.0%)	
3rd born	12 (12.0%)	
4th born	5 (5.0%)	
School of child		
Special School	20 (20.0%)	
Regular School	34 (34.0%)	
No Schooling	46 (46.0%)	

Table 1 shows the frequencies, percentage, mean and standard deviation of sample characteristics.

Instruments

The Psychological Distress Scale (Kessler et al., 2003) is a 10 item scale. It Suggests that scoring "All of the time, Most of the time, some of the time, A little of the time and None of the time". They also found that high scores on KPDS were linked to highly effected lifestyle of mothers. The scale was translated in national Pakistani language Urdu. The translated version of the scale by (Hussain & Kausar, 2005) was used.

The Coping Strategy Questionnaire was developed by (Kauser, 2001) for Pakistani population and it is based on 62 items. The Coping Strategy Questionnaire has 2 versions Long version and Short version. The long version based on 62 items and the short version based on 34 items. In this current study the Short version Questionnaire of Coping Strategy was used. This Questionnaire suggests that scoring "did not use at all" to "use quiet a lot". The participants were required to indicate the extent to which a particular strategy was used on 5 point rating scale. The Coping Strategy Questionnaire has four Subscales named as; Active-Practical Coping, Active-Distracting Coping, Avoidance-Focused coping and Religious-Focused Coping. Each subscale has a different item that is; Active-Practical Coping including 16 items, Active-Distracting Coping comprises of 9 items, Avoidance-Focused coping included 24 items and Religious-Focused Coping comprises of 13 items.

The Social Interaction Anxiety Scale (Mattick and Clarke's, 1998) is a 20 item scale. The participants were required to indicate the extent to which a particular strategy was used on 5 point rating scale. It suggests that scoring "Not at all, slightly, moderately, very and extremely". The scale was translated in national Pakistani language Urdu. The translated version of the scale by (Hussain & Kausar, 2001) was used.

Procedure

In order to accomplish the requirement of the current study (N=100) mothers of the Autistic Child were selected. Firstly, the permission was taken from the respected author to use the assessment measure. The assessment measure that was used was translated into Urdu version. The permission letter to collect the data was provided by the Department of Psychology, Lahore Garrison University, Lahore. The data was collected after the official permission of Authors and University. Participants were instructed regarding the nature, objectives and importance of the research participants were also described about the purpose of the study and the confidentiality was being assured. The mothers of the Children with Autism were requested to fill the questionnaire they were instructed to fill the demographic sheet and also read the consent form for her satisfaction about the confidentiality some mothers were refused and confused due to the disclosing of her family issues and also the disability of her child. In the beginning, when they were fill the questionnaire she was confused but later on they filled the questionnaire and the response rate was 95%. The respondents were thanked for their corporation. After the data collection, the data was entered in the Statistical Package for Social Sciences and then the results were analyzed. The informed consent was taken from the participants in written form and them assurance and their personal information will be remain confidential and also the information about the nature of the research before the administration of questionnaire.

RESULTS

The purpose of this research was to investigate the relationship among psychological distress and social interaction anxiety and then how the mothers of children cope with their stress and anxiety. Descriptive analysis was used on demographic variables to analyze the

characteristics of participants. Pearson Product Moment Correlation Coefficient was used to find out the relationship among Psychological Distress, Coping Strategies and Social Interaction Anxiety. Hierarchical Multiple Regression was used to predict the relationship among the Psychological Distress and Coping Strategy on Social Interaction Anxiety. The results were analyzed by using the Statistical Package for Social Sciences (SPSS).

Psychometric Properties of Instruments

Table 2 psychometric properties of instruments was examined for measuring the all subscales of tools to find out that what they intend to measure. This table shows Mean, Standard Deviation and Cronbach alpha values of instruments used in present research.

Table 2. Psychometric properties of instruments showing Mean, Standard Deviation
and Cronbach Alpha (N=100)

Variables	k	M	SD	A	Range Potential	Actual	Skewness
Psychological Distress	10	3.04	10.7	.70	10 – 50	10 –42	.32
Coping Strategy	34	3.64	15.5	.84	34 – 170	36-153	.67
Active Practical	4	3.52	2.75	.33	4 – 20	7 –14	.35
Active Distracting	6	3.60	3.58	.43	6 – 30	14 –29	.46
Avoidance Focused	16	3.64	7.96	.69	16 – 80	18 –73	.31
Religious Focused	8	3.71	4.37	.51	8 – 40	11–39	.28
Social Interaction Anxiety	20	3.01	16.7	.90	20 – 100	20– 92	.23

Table 2 showed that the reliability of all scales and subscales. The reliabilities of all major scales were satisfactory.

Correlation

Pearson Product Moment Correlation Co-efficient was used to find out the relationship among the variables of present research.

Table 3. Correlation Matrix for Psychological Distress, Coping Strategies and Social Interaction Anxiety in mothers of Children with Autism (N=100)

Variable	1	2	3	4	5	6	7	8	9
1. Age	-	.24*	.32**	.00	-.03	.05	.01	.03	-.10
2. Birth order		-	.34**	.02	-.13	-.09	-.05	-.10	-19
3. Duration of treatment			-	.10	-.03	-.03	.01	-.01	-.10
4. Psychological Distress				-	.31**	.39**	.31**	.36**	.54**
5. Active Practical Coping					.	.38**	.48**	.45**	.50**
6. Active Distracting Coping						-	.55**	.59**	.60**
7. Active Focused coping							-	.76**	.51**
8. Religious Focused Coping								-	.46**
9. Social Interaction Anxiety									-

Note*p<.05, **p<.01

Table 3 shows the correlation matrix of study variables. The results suggested that psychological distress had a significant relationship with social interaction anxiety. This indicates that the mothers have an ability to describe their unpleasant emotions and feelings in the results of negative views of self and environment which influences their level of functioning. These mothers also report that due to describing their unpleasant feelings then they face fewer problems related to the negative views of environment and self.

The coping strategy and their subscales, Active Practical Coping, Active Distractive Coping, Active Focused Coping and Religious Focused Coping result also had significant relationship with psychological distress. This indicates that different coping strategies had given specific effort both psychologically and behaviorally ways to watch stressful events. It also indicates that these mothers tolerate or minimize their stress easily by the help of these coping strategies which have discussed below.

Active Practical Coping had a significant relationship with social interaction anxiety. This indicate that this coping strategy help these mothers to face their problems by the sought out of professional help. These mothers find out the practical situations in which to solve their problems and stressors. It indicates that she was going to the counselor for dealing and handling their stressful situations. She was finding the professional help for solving their issues.

Active Distractive Coping had a significant relationship with social interaction anxiety. Its results show that in this strategy distraction techniques were used for coping their anxiety and fearful situations. It indicates that these mothers were more socialized and facing others. It also indicates that by using this strategy mothers were meeting with friends and easily going out with family anywhere.

Active Focused Coping had also a significant relationship with Social interaction anxiety. This result shows that mothers focused on her situations by using this strategy in which different methods were involved like she avoiding others that what other peoples were saying. In also indicates that mothers were trying to forget the social or society issues and forget that what had happened around their.

Religious Focused Coping had a significant relationship with Social Interaction Anxiety. In this strategy results indicates that in which mothers were moved on the religious side. This strategy completely related with religion. It indicates that mothers were focused religiously and had a more energy and ability to perform religious activities like pray to GOD, read QURAN daily and sometimes many of the times in the day. She wants help from GOD for the success of her child treatment. She was going to different places for praying of her child etc.

Social Interaction Anxiety also had a significant relationship with Social Interaction Anxiety. It is a fearful and stressful situation in which mothers were facing anxiety, stress and depression because they were interacted with other people in society. It indicates that due to these situations like anxiety and stress these mothers were uninterested in her social circle, feeling shy in front of others. It also indicates that they were nervous that how to talk or answered to other in society and her social environment and mostly they were quiet. This result shows that by using these coping strategies they were handling their situations and faced less anxiety and stress in her social circle and environment.

Hierarchical Multiple Regression

Hierarchical Multiple Regression analysis was used to predict among the Social Interaction Anxiety from Coping Strategies and Psychological Distress.

Table 4. Hierarchical Multiple Regression Analyses Predicting Social Interaction Anxiety from Coping Strategies and Psychological Distress (N=100)

Predictor	Social Interaction Anxiety	
	ΔR^2	*B*
Step 1	.46***	
Active Practical Coping		.27
Active Distractive Coping		.42***
Active Focused Coping		.17
Religious Focused Coping		-.03
Step 2	.07***	
Psychological Distress		.31***
Total R^2	.54**	
N	110	

Note: *p<.05, **p<.01, ***p<.001

In Step 1, the four types of Coping Strategies that included, Active Practical Coping, Active Distracted Coping, Active Focused Coping and Religious Focused Coping were entered to predict Social Interaction Anxiety. Active Distracted Coping significantly positively predicted for Social Interaction Anxiety which indicated that mothers were distracted from the anxiety of our society by using this strategy by the help of professional views. They were starting more socialization to overcome her anxiety or stress. She was also going out with her family and faced their situations. She was meeting with their friends and also increased their social circle. The mothers were also experienced their emotions and stressful situations strongly.

In Step 2, the variable of Psychological Distress was entered to predict Social Interaction Anxiety. Psychological Distress significantly predicted the Social Interaction Anxiety, It indicates that the social interaction increase their anxiety and distress in the mothers and this anxiety and fear of social circle show the impact on the level of functioning of mothers which shows unpleasant feeling and emotions of mothers. It also indicates that the negative views of the environment and other people also increase their stress, depression, fear and anxiety in the mothers. The Total Variance explained for mothers was 54%.

DISCUSSION

The findings show that psychological distress, coping strategies and social interaction anxiety are inter-related. The results of the present study confirm findings reported in the literature (Fido, A., & Al Saad, S. (2013). According to this research psychological distress and social interaction anxiety are inter-related in high amount. Hence, it is proved in the previous literature (Kiami and Goodgold, 2017). In the 77% of cases, it is clinically significant prove that the stress of parents of children with ASD is high. It is greater than the stress of parents with children with typical development (Davis and Carter, 2008; Hoffman et al., 2009; Rao and Beidel, 2009; Giovagnoli et al., 2015).

Moreover, the findings of the present study shows positive relationship between psychological distress and coping strategies was also inter-related in the mothers of Children with Autism. It is also proved in the previous literature of Pakistan (Seymour, Wood, Giallo, & Jellett, 2013) this research emphasized on the basis of coping strategies used by the

mothers of children with Autism. These strategies have been playing an important role as an important mechanism of managing their stress and physical fatigue of the mothers of children with Autism.

In the present study, hypothesis also pertaining the positive relationship of psychological distress and social interaction anxiety. It is supported, the mothers not only managing their stresses through coping strategies there were also manage her stress through social support (Al-Kandari et al. 2017), this a very defending and in huge amount of effective as a significant applicability especially when the social support is being received from family and her close friends, this is tuned to the positive impact on the mother of children with autism. These applicable impacts include the reduction in negative mood, anxiety, depression and psychological distress in mothers (Benson, 2014; Lindsey & Barry, 2018).

To be concluded that, according to Pakistan Autism society, the population has become more and more visible. But some of the mothers had bad experiences regarding education and therapies. And then they want to go through some more proper system of educational schools that which these schools have fulfill their need of her children. The lack of school and social support have showing bad effect on the mothers that's why they need coping strategies skills for managing her stress and social support for taking care of children with autism.

IMPLICATIONS OF THE STUDY

This study would be helpful to identify adaptive as well as maladaptive coping strategies used by the mothers. Programs could be introduced to teach such parents effective ways of coping with distress and social interaction anxiety.

LIMITATIONS AND SUGGESTIONS

Only mothers of the children with Autism were involved in this study. Fathers could not be included. Some of the mothers were not willing to fill the questionnaire. For future research, large sample size can be collected from different cities of Pakistan for better generalizability. Fathers can be included in future researches to study the same variables as in mothers. Qualitative research can be done to explore the experiences of mothers of children with Autism including their journey from the time of diagnosis till now. The aspects related to distress at the time of diagnosis and their experiences through the process of treatment of the child could be explored.

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