

Stress Level and Coping Strategies Adopted By Parents of Children with Special Needs

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Abstract – In this research study we talk about Stress level and coping mechanisms implemented by parents with children with special needs Parenting is a tough exercise and raising a child with disabilities will make it more complicated. Because children with disabilities have disability in physio-psycho-social growth, parents may find their responsibilities rather difficult when coping with behavioral difficulties culminating in social, economic/financial problems; physical and psychological problems; reduced quality of life. The challenges associated with cognitive needs of children with disabilities generate uncertainty which parents find unacceptable often at times. The parents with a special child face different set of challenges and needs to follow different coping mechanisms that helps to reduce, change or resolve a traumatic occurrence or crisis scenario. The findings also revealed that engagement coping strategies were often more used in parents, with tendency to use dilemma-based engagement strategies more than emotion-oriented engagement strategies.

Keywords – Stress Level, Coping Strategies, and Children's Disabilities

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INTRODUCTION

Unique set of challenges are being thrown upon the parents who adopt a special boy. The approach of culture becomes informally new.

Children's parents with disorders are more stressful than traditional parents. The children's mothers with special needs demonstrated a greater management ability than a normally developing child's mothers. However, the detrimental side has been that certain parents have elevated levels of tension, anxiety, depression and tense marital ties. The parental burden varies linearly as the kid grows older.

Kids with special needs have infectious condition, congenital impairment, late puberty, intellectual disability, disability, disability, disability, and technologically-dependent infant since no single description or classification scheme is used.

The coping facilitators provide support, aid and assistance from extended family members including grandparents. The five life-management abilities" that enable parents deal with their children who require extra assistance are as follows: "Reconstructing how they perceive, passive appraisal of their problems, spiritual support, warmth and guidance from moral values, social support, cognitive support and emotional support of friends and families, practitioners professing.

PERCEIVED STRESS

Stress is a natural aspect of life. Depending on the comfort level of an individual, everyone feels stress of varying degrees. Stress occurs when external and/or internal pressures outweigh the human resources to handle them, according to Holroyd & Lazarus (1982). Any biological stresses include energy depletion, quick fatigue, cardiovascular issues, adverse immune systems effects, gastrointestinal problems, etc. The influence on the psychological disorder involves cognitive dysfunction, which has negative emotional consequences including anxiety, panic, irritability, frustration, remorse, sadness, helplessness, diminished focus, uncertainty, reduced self-esteem, lowered self-efficacy and socially (the disruption of a social unit such as a family)

In the sense of parents needing to look after children with special needs, there is endless uncertainty as to whether or not the kid has the correct thing to do. A persistent stress, which may be an exhausting and exhaustive experience, is the responsibility of caring for a child who needs continuous treatment. Parental tension may be manifested physically in the form of self-doubts, low self-esteem, helplessness, detrimental consequences. Socially it may be in the form of

reduced social contact, weak interaction with groups, and behavioral issues.

Perceived stress may also be described as an emotionally unbalanced condition as a result of the perceived disparity between parental needs in the child and the resources of the individual to respond to these parenting demands.”

CAUSES OF PARENTAL STRESS

Any of the common triggers of stress involve shifts in lifestyle, stressful work pressure, financial difficulties, family problems, environmental stress, multiple sources of loss or adverse effects. Stress is often seen as the result of experiences between humans, people and the climate, which can be affected by everyday activities or constant and omnipresent stressful circumstances which have long-term implications.

When it comes to parenting a child with disabilities, parents experience big life changes to adapt the frequent changes that follow child development. The delays in growth and the ability to work placed a growing demand on parents, which may raise the stress of parenthood. Shin & Nhan (2009) argued that an infant with a developmental delay expects parental depression as a significant cause of stress rather than the poor standard of schooling, health problems, financial pressures and decreased social support.

The literature review indicates that tension may be triggered by the following causes in parents of children with intellectual disabilities:

1. Children's features, such as impairment type, seriousness of signs of disability, co-morbidity complications, visibility of disability, functionality of the infant, age and sex of the child.
2. Characteristics of caregivers (usually parents) such as age, sex, financial circumstances, the degree of schooling, personality and emotional make-up, jobs, childhood beliefs and attitudes, etc.
3. Family characteristics such as socio-demographic factors (including financial issues), help accessible, family form (nuclear or joint), no children with or without handicap, marital difficulties, etc.
4. Societal and cultural features such as values, attitudes and actions against children and families with disabilities, culture, religious communities and governmental participation in the provision of care to disabled families.

While the stress levels of both parents are considerably higher than the normative category, the gender disparity is also recorded to be much higher than that of their males. Women who work often appear to have higher stress and those with fewer education often have higher stress. It was even more stressful to see a kid with a disability than a male child with a disability.

COPING

Coping influences the social functioning of parents in many respects. Coping often has a strong effect on relational well-being or serves as a moderator for psychological well-being and stressor. Studies also shown that utilizing problematic coping technique results in fewer interpersonal anxiety and improved bonding between mother and infant, while unpleasant emotional coping raises the risk for parents to develop depression and stress-related issues. The extent of impairment, related difficulties, time spent in treatment, the availability of appropriate social assistance etc will influence the standard of life of parents with disabilities. The impairment of a child thus adversely affects most parents and contributes to depressive moods on a daily basis, which increasing parental tension and diminishing psyche well-being, in dealing with techniques such as guilt, emotional control, concern, withdrawal and feelings of helplessness. It has been found that nearly all parents with children with disabilities have tried to trust in the skills of their child, be positive rational and embrace disabilities in order to live with the condition of their child. Usage such as coping technique is successful, as it permits a person to take positive steps, rather than concentrating on negative emotions, to embrace or alter stressful circumstances. The value of family control for depression while a participant is handicapped also rests on the parents. So how parents interact with the difficult circumstance dictates how the child with disabilities gets the care they need to improve.

Coping entails behavioral techniques that people employ to minimize stress symptoms or demands. Typically, this is achieved by growing your energy, modifying your values or attitudes, enhancing your control of the world, helping or decreasing your emotional responses to stress. Coping efforts have two primary functions: maintaining the interaction between the individual and the world and managing relevant stressful emotions.

Coping is described as 'cognitive attempts to monitor, accommodate or minimize external and internal demands evaluated as taxing or overwhelming the individual's resources,' referring to the concept of cognitive evaluation and thus, perceived stress-relevant transactions between individuals and the environment;'

Types of Coping

Coping forms may be seen as a mechanism versus the controversy between coping styles. Coping as a mechanism implies that coping is viewed as a strategy through which the individual is judged by the experience and actions of the stress scenario and measured within the sense of communicating with the person and the environment, and how feelings and behaviors shift as the relationship progresses. Coping behavior is generally known as situation specific and is defined by complexities and adjustments arising from ongoing evaluations and analyses of the evolving interaction between individuals and the world.

Coping types, on the other hand, are a characteristic aspect of the approach to stress control. Trait methods that quantify healthy personal traits are typically used as ego constructs that serve as provisions for different life circumstances. Thus, trait theories aim at grappling with the factor that addresses types of conflict, evasion or security. The issue with a trait methodology is that traits do not necessarily supply one with all the details needed to analyses over-wide world-related types. And a single dichotomy or continuum, for example, cannot describe the various techniques utilized in identical stressful scenarios or different stressful situations.

Coping mechanisms therefore focus temporal and social effects on coping, and the approach to personal-environmental interactions emphasizes personal predispositions or attributes that decide how we change ourselves in difficult circumstances. These two principles converge to offer us the multiple kinds of care.

Problem-Focused vs. Emotion-Focused Coping

Coping may be either troublesome or mental. If a person participates in behaviors that specifically alter the difficult condition, then a problem-focused coping style is called. For instance, once a father recognizes his child's condition, he or she is attentive to having it handled by reading the situation, contacting the correct diagnostic individual and following the right instructions.

In the other side, whether an individual participates in conduct aimed at mitigating emotional responses, such as calming themselves, weeping, ignoring the issue, punishing someone or themselves for the problem, etc. The goal is to control the emotions produced by the stressors and thus maintain equilibrium.

Engaged vs. Disengaged Coping

Engaged coping means directly confronting tension. These coping examples include acceptance, help and cognitive reassessment. In the other side, disengaged coping implies that a person utilizes

pessimistic thoughts and wishful thinking. Disengaged coping is typically in nature maladaptive.

Transformational versus Regression Coping

When a human change the events to make them less painful, they are transformative. For this a person engages with the stressful occurrence, thinks optimistically, acts decisively against it and turns it into a less stressful path.

In the other side, if you pessimistically conceive about a difficult circumstance and evade interaction with tension, then that is a regressive way of coping.

Proactive vs. Reactive Coping

This differentiation is made on the basis of the temporal connection between stress perception and the time required to respond emotionally or behaviorally. During a traumatic episode reactive coping happens. The object of coping is therefore to mitigate the loss or minimize the damage that has already occurred. In comparison, proactive coping is a future-oriented type of coping which reduces the danger or harm in the face of stress. These techniques involve developing personal capital to avoid future stressors and promote personal development.

COPING STRATEGIES OF PARENTS HAVING CHILDREN WITH DEVELOPMENTAL DISABILITIES

Parents prefer to switch to faith, to pray for tranquilly and to improve their religious practices to feel less stressful. Young parents (20-29) were deemed more likely than older parents (40-49 years) to follow instruction of the Almighty, for whom inner strength and maturity were more essential. Multiple methods that parents adopted when they heard of the developmental delay of their infant. These involved searching for social services, constructive evaluation of circumstances, expected conflict management and emotional control. Parents of children with serious autism spectrum disorders have a good coping reduction technique, although diversion was likely to shield children's parents who had more extreme signs of autism spectrum disorders. Parents with children with autism conditions utilizing denial coping mechanisms have been shown to be more stressful and have reduced quality of life.

Moms typically advocate for the infant with an impairment and deliberately aim to remain with the child much of the time contributing to a greater workload than their dads. This action can affect the usage of reframing and passive judgement to resolve stressful circumstances. They still want to move closer to their families to comfort them,

while fathers may feel like their wife is increasingly causing distance between them and their families while coping with the difficult circumstance in their households. Mothers with young children with ASD have been recorded to use social assistance; they are often searching for moral help from family members or near friends to relieve tension.

OBJECTIVES OF THE STUDY

The goal of the study was to define stress levels among parents of children with a physical, mental and hearing disability and their strategies.

1. To study about the levels of stress experienced by parents of children with special needs.
2. to analyze the levels of stress in parents of children with disabilities differ according to parents' gender and type of child's with special needs.
3. To analyze the coping strategies used by parents of children with disabilities
4. To study about the stress level in parents of children with special needs predict coping strategies they use

LITERATURE REVIEW

Khan & Alam (2016) Did a research report on regular coping trends utilized by parents who have children diagnosed with multiple types of intellectual disorder. Some of the findings from the study include the wellbeing and well-being effects of impairment, which can vary from physical disabilities to depression; the effect of disability symptoms on perceived stress; ill-adaptation in the care of parents with disabled children, etc. Most studies have considerably measured gender disparities such that mothers appear to feel more affected by the involvement of children with disabilities; they often tend to search and focus on social assistance and support for their communities in comparison to their males. The writers further find out that if optimistic methods such as objective judgement, motivation, etc. are employed, parents appear to feel less overwhelming.

Sunayan (2015) Has carried out an analysis to develop the stress profile and the quality of life of parents with autistic children. A total of 160 parent parents have been chosen and tested for tension and health deliberately for the research. Results found that there were 42 important connections between autism symptoms and quality of life. Female gaps have often seen to have greater well-being than fathers in all aspects of quality of life, although mothers also reported themselves to be more difficult.

Maheshwari (2014) Has attempted to research different socio-demographic variables, strain levels and interactions between socio-demographic variables, and tension levels for children with mental illness. This descriptive study has carefully chosen 50 caregivers who already have daycare facilities available. Participants were measured according to the socio-demographic factors and experienced burden. The findings revealed that almost half (44%) of respondents experienced dramatically high pressures when caring for their child with MR. A variety of other common factors included financial difficulties, insufficient access to clinical assistance, ineffective early training, poor family services and poor health quality of life. The amount of wealth was negative in comparison to the burden of caregivers, so that households with low wages appeared to have higher burdens.

Farheen, Dixit & Bansal (2013) Tried to explain the perceived tension in families of mentally delayed infants. 100 families of children with mental retardation have been purposely selected and tested on depression and stress and coping factors. Results showed that almost half (46 percent of families reported exceptionally high stress and another 47 percent expressed mild stress. 92 percent of participants indicated that their leisure time was disrupted due to a child with MR. More than half of participants felt depressed in their personal environment, encountered any degree of relationship issues and were affected by family problems of 65 percent. 51 percent and 64 percent of respondents respectively shared tension on social and financial dimensions.

Chandramuki, Shastry & Vranda (2012) made attempts to examine parents' reactions to their children with SLD diagnoses. For the purpose of the analysis, 60 parents were chosen and tested deliberately regarding their attitudes towards their SLD children. Results of the study found that fathers had a major unfavorable outlook towards boys in the field of approval, contact and aggression compared with mothers. Mothers, on the other side, had a disadvantageous mentality towards the children on the issue of overprotection. The association between demographic factors and parents' attitudes was also tested and concluded that parents' permissiveness improved as the length of the impairment increased.

METHODOLOGY

Sample

The survey composed of parents with kids with physical, mental disabilities registered in special schools. A total of 300 sized parcels were delivered, 134 packages were completed and returned (40, 36, 58), with a response rate of

overall 22-59 (M = 44.1, SD= 8.48 years) of age, with an overall response rate of 44.7%.

Data collection

Secondary information applies to details gathered by anyone other than the consumer. Popular secondary data sources for social sciences include censuses, government departmental statistics, administrative reports and data gathered for other study purposes.

RESULTS

Levels of stress experienced by parents of children with special needs

The first study issue concerned stress levels faced by parents of autistic children; Parent Stress Scale ratings, means, standard deviations and the t-test of these scores seen in Table 1.

Parental Stress	Mean	SD	T	df	Significant
	51.45	9.42	15.12	133	0.000**

Table 1 levels of stress experienced by parents of children with special needs

Table 1 indicates that the total amount of stresses assessed by the Parental Stress Scale in parents of disabled children was 51.45 (SD=9.42), which revealed elevated levels of stress among parents and showed important results (p<0,000).

Levels of stress in parents of children with disabilities differ according to parents' gender and type of child's with special needs

The second research issue explores whether the stress levels faced by parents with children with disabilities vary by gender or form of impairment. In two-way ANOVA study, means and standard variations of parenting scores at a parental stress level were used to examine the discrepancy between these means in order to address this question; findings are shown in Table 2.

Gender	Disability	Mean	SD	F	Significant
Male	Physical	54.34	10.82	4.76*	0.031
	Mental	49.72	8.84		
Female	Physical	47.00	10.45		
	Mental	43.60	9.87		
Total	Physical	50.67	10.54		
	Mental	46.66	9.44		

Table 2 To analyze the Parental Stress Scale According to Parent's Gender and Disability's Type

Table 2 demonstrates the findings of the two-way ANOVA parent stress scale study focused on parental gender and impairment form. Data have demonstrated the highest average tension for

parents with physical impaired children (m=50.67, SD=10.54), accompanied by parents with emotionally delayed children (m=46.66, SD=9.44) and eventually, parents with children with hearing disabilities (m=45.70, SD=8.41). In comparison, father with children with disabilities typically displayed greater tension ratios than moms, independent of the form of incapacity, average was (m = 54.34, SD = 10.82). For emotional delay (m =49.72, SD = 8.84), and for ultimate hearing deficiency (m = 45.79, SD = 9.57), for mom's means (m = 47.00, SD = 10.45), (m = 43.60, SD = 9.57) for mothers, whereas the average is (m = 43.60, SD = 10.45).

Coping strategies used by parents of children with disabilities

Table 3 addresses the methods utilized by children with disabilities to address tension, second stage ratings of parents in coping method inventory, means, standard deviations and t-tests.

Dimension	Mean	SD	T	df	Significant
Problem Focused Engagement	28.46	5.74	19.74	133	0.000**
Emotion Focused Engagement	25.71	6.29	13.77		
Problem Focused Disengagement	25.44	5.48	13.04		
Emotion Focused Disengagement	22.94	7.33	6.45		

Table 3 To analyze the coping strategies used by parents of children with disabilities

Table 3 indicates the parents of children with disabilities in the second-level Coping Method Inventory. The findings revealed that the most prevalent tactic of problematic manipulation was (m = 28.64, SD = 5.74), accompanied by emotional commitment (m = 25.71, SD = 6.29), later problem-sensitive disengagement (m = 25.44, SD = 5.48), and eventually emotionally-centric disengagement (m = 22.94, SD = 7.33).

Stress level in parents of children with special needs predict coping strategies

The research issue explores whether stress levels will predict the usage of coping mechanisms among parents with children with disabilities. The findings of a linear regression study and further association analysis were used for the response to this query through parental tension scales and parental ratings in the second and third stages Coping Methods Inventory. Table 8 indicates the results of this analysis.

Levels of Dimensions	Correlation	Regression	F	Significant
The Second Level	0.850	0.722	27.36**	0.000
The Third Level	0.781	0.609	18.16**	

Table 4 Linear Regression and Correlational Analysis between Stress and Coping Strategies

The study was examined through a basic linear regression as a tool for predicting the coping mechanisms utilized by parents with children with disabilities across their stress levels. Results in Table 4 demonstrate a high favorable and substantive link between stress levels as scored on the Parental stress scale and coping mechanism interventions Inventory at level 2 ($r = 0.85$), and at level 3 ($r = 0.781$). In the other side, linear regression (fixing ratio) studies demonstrated an appropriate predictable connection in the second level ($r^2 = 0.722$), and in the third level ($r^2 = 0.609$) between stress levels as seen in parental stress scale and coping technique dimensions.

CONCLUSION

The results of the study revealed elevated levels of stress among parents of children with disabilities, with individual variations in how parents interact with this stress depending on gender and impairment. A major element in the method was the deficits perceived in children and the potential function of a caregiver, with parents displaying higher levels of stress for children with physical difficulties, for example, while mothers are the primary caregiver, the mechanisms display higher levels of stress, resulting in fathers and mothers employing various methods to cope with this stress.

What we are concerned with in carrying out this study is the various levels of stress and parental control techniques used according to the form of impairment.

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