

Coping Strategies in Mothers of Children with Autism: Insight from F-COPES

**Siti Musayaro^{a*}, Reza Febri Abadi^a, Muslihah Muslihah^a, Anna Miftahul Jannah^a,
Rr. Farhana Rizqi Karina^b, Sayidatul Maslahah^a**

^aSpecial Education Department, Faculty of Teacher Training and Education, Sultan
Ageng Tirtayasa University, Serang, Indonesia

^bSpecial and Inclusive Education Department, Faculty of Education, Monash University,
Melbourne, Australia

*E-mail: sitimusayaro17@untirta.ac.id

Abstract: Parenting children with autism triggers stress for parents, especially mothers. Every mother needs to have coping strategies to overcome the stress experienced during parenting. This study aims to examine coping strategies in mothers of children with autism. A total of 50 mothers of children with autism participated in this research by filling out the F-COPES scale questionnaire, which consists of 5 subscales: acquiring social support, reframing, seeking spiritual support, mobilizing family support, and passive appraisal. Data was analyzed using Pearson Correlation analysis and Multiple Regression Analysis. The results show that the F-COPES scores of mothers of children with autism are in the moderate category. Reframing, seeking spiritual support, and mobilizing family support are three coping strategies that are most commonly used. Age and number of autistic symptoms in children influence the level of coping strategies of mothers of autistic children. The older the autistic child, the better the mother's coping strategies. Conversely, the more autistic symptoms a child has, the lower the coping strategies the mother has.

Keywords: Children with Autism; Coping Strategies; F-COPES.

INTRODUCTION

Autism spectrum disorder (ASD) refers to a collection of early-onset social communication difficulties and repetitive sensory-motor behaviors, which are linked to a strong genetic component among other factors ((Lord et al., 2018). The autism spectrum is a diverse group of neurodevelopmental disorders that are strongly influenced by genetic factors (Iakoucheva et al., 2019). ASD is widely recognized as a lifelong condition, with the severity of cognitive, language, social, and adaptive skill impairments varying significantly among children and changing over time within the same child (Helt et al., 2008). Global autism prevalence varies, with a median prevalence of 100 per 10,000 individuals and a median male-to-female ratio of 4.2 (Zeidan et al., 2022).

Caring for children with autism is a challenging task, not only for themselves but also for their caregivers (Tathgur & Kang, 2021). The demands of caring for autistic children induce stress for caregivers and impact the entire family (Clauser et al., 2021). This stress is notably significant for parents and especially mothers of children with autism (Lai & Oei, 2014; Shattnawi et al., 2021). In Indonesia, mothers predominantly take on the responsibility of raising children (Nisa' et al., 2022; Septiani & Nasution, 2018). In raising their children, these mothers often worry about their children's communication, education, interactions with professionals, and future independence (Zaki & Moawad, 2016). Consequently, parents of children with autism experience greater stress compared to parents of children with other conditions (Rivard et al., 2014). Specifically, mothers of children with autism face higher levels of stress, illness, and psychiatric issues than other parents (Dykens et al., 2014).

High levels of stress in parents of children with autism can negatively impact their ability to care for and manage their child's behavior (Bonis, 2016). Stress can resurface when pressures return, even if it was previously managed (Scoville et al., 2015). Individuals prone to high stress need effective coping strategies to safeguard their psychological well-being (Dijkstra & Homan, 2016). Coping is crucial in managing stress and is a key factor in resilience. Effective coping strategies are essential to halt stress responses that threaten long-term well-being (Puglisi-Allegra & Andolina, 2015). Mothers of children with autism employ various coping strategies to handle the challenges of caregiving (Vernhet et al., 2019). These strategies are diverse and can be tailored to specific problems, demonstrating their adaptability (Shepherd et al., 2018).

Currently, extensive research discusses coping strategies. Previous studies indicate that parental stress levels are negatively correlated with coping involvement and social support among mothers of children with autism (Miranda et al., 2019). Coping strategies also serve as predictors of maternal stress (Kiami & Goodgold, 2017). Additionally, research shows that mothers are more likely to use emotion-focused strategies, such as denial, avoidance, and venting, compared to fathers of autistic children (Pepperell et al., 2018).

Furthermore, studies in Kuwait have explored the socio-demographic characteristics of mothers and children with autism, family management styles, sources of social support, and coping strategies. The results showed that mothers experienced a decrease in life enjoyment, significantly linked to receiving support from family and support groups. This research identified religion, acceptance, and positive reframing as the three most common coping strategies used by mothers of autistic children in Kuwait (Al-Kandari et al., 2017).

However, there is limited research on coping strategies for mothers of children with autism in Indonesia using the F-COPES framework and considering the demographic characteristics of mothers and children. In this paper, we will describe coping strategies among mothers of children with autism and analyze the correlation between the F-COPES scale and the demography of participants.

METHOD

This study involved 50 mothers of children with autism in Banten Province as participants. A purposive sampling technique was used to determine the participants which include 1) mothers of children with autism, 2) the children studying at schools (from kindergarten to high school), and 3) living in Banten Province. The participants exclude mothers of autism whose children graduated from high school. A set of questionnaires including the demographic of participants and Family Crisis Oriented Personal Evaluation Scales (F-COPES) (McCubbin et al., 2011) were distributed through Google Forms in a month during April 2024. F-COPES consists of 30 coping behavior items with a Likert-type scale from 1 to 5, indicating 1 for strongly disagree, 2 for moderately disagree, 3 for neither agree nor disagree, 4 for moderately agree, and 5 for strongly.

There are five subscale coping strategies in F-COPES. Those are acquiring social support, reframing, seeking spiritual support, mobilizing family to acquire and accept help, and passive appraisal. The acquiring social support subscale is nine coping behavior items measuring a family's ability to actively engage in acquiring support from relatives, friends, neighbors, and extended family. The reframing subscale assesses the family's capability to redefine stressful events to make them more manageable. This subscale consists of eight items. The seeking spiritual support subscale is a four-item subscale which focuses on the family's ability to acquire spiritual support. The mobilizing family to acquire and accept help measures the family's ability to seek out community resources and accept help from

others is measured by these four items. The passive appraisal subscale is four items measuring the family's ability to accept problematic issues minimizing reactivity.

Table 1. Demographic of Participants

	Category	n (%)
Mothers Characteristics		
Age	≤ 30 years old	5 (10 %)
	31 - 40 years old	26 (52%)
	41 - 50 years old	17 (34 %)
	> 50 years old	2 (4 %)
Educational Background	Elementary School	3 (6%)
	Junior High School	3 (6%)
	Senior High School	22 (44 %)
	Higher Education	21 (42 %)
	Others	1 (2 %)
Number of Children	One child	11 (22 %)
	Two children	19 (38 %)
	More than two children	20 (40 %)
Children Characteristics		
Gender	Male	31 (62 %)
	Female	19 (38 %)
Age	4 - 6 years old	9 (18 %)
	7 - 9 years old	10 (20 %)
	10 -11 years old	12 (24 %)
	13 - 15 years old	8 (16 %)
	16 - 18 years old	10 (20 %)
	> 18 years old	1 (2 %)
Number of dominant autism symptoms (Communication, Behavior, Social Interaction)	One out of three	23 (46 %)
	Two out of three	7 (14 %)
	All	20 (40 %)

Table 2. Categorization and Subscales of F-COPES Scores

Formula	FCOPES	Acquiring Social Support	Reframing	Seeking Spiritual	Mobilizing Family Support	Passive Appraisal	Category
$(\mu + 1,0 \sigma) \leq X$	$106.33 \leq X$	$33 \leq X$	$29.33 \leq X$	$14.67 \leq X$	$14.67 \leq X$	$14.67 \leq X$	High
$(\mu - 1,0 \sigma) \leq X < (\mu + 1,0 \sigma)$	$67.67 \leq X < 106.33$	$21 \leq X < 33$	$18,67 \leq X < 33$	$9.33 \leq X < 14.67$	$9.33 \leq X < 14.67$	$9.33 \leq X < 14.67$	Moderate
$X < (\mu - 1,0 \sigma)$	$X < 67.67$	$X < 21$	$X < 18,67$	$X < 9.33$	$X < 9.33$	$X < 9.33$	Low

The passive appraisal subscale applied reverse coding to enable summation of the final score. The F-COPES subscales are calculated and then totaled together. The high scores in F-COPES indicate good problem-solving and behavioral responses found during difficult situations. The reliability of the instrument was measured using Cronbach's alpha reliability through SPSS and showed that the Cronbach Alpha score is .855. The instrument was valid and reliable if this Cronbach Alpha score was above 0.6 (Ghozali, 2016). It means that the questionnaire was a reliable and valid tool to measure coping strategies. Furthermore, the data was analyzed using Pearson Correlation and Multiple Regression Analysis.

FINDINGS AND DISCUSSION

Findings

In general, the coping strategy abilities of children with autism's mothers fall into the moderate category ($M = 104.68$). Notably, three subscales indicated high levels of coping strategies: reframing ($M = 29.96$), seeking spiritual support ($M = 32.14$), and mobilizing family support ($M = 15.42$). The other two subscales, acquiring social support ($M = 29.95$) and passive appraisal ($M = 11.94$), showed moderate levels of coping strategies.

Table 3. Descriptive Statistics of F-COPES and the Subscales

Subscales	n	Minimum	Maximum	Mean	SD	Category
Acquiring Social Support	50	10	45	29.96	6.14	Moderate
Reframing	50	16	40	32.14	5.07	High
Seeking Spiritual Support	50	6	20	15.22	2.87	High
Mobilizing Family Support	50	6	20	15.42	3.31	High
Passive Appraisal	50	7	19	11.94	2.72	Moderate
F-COPES	50	57	135	104.68	13.81	Moderate

Table 4. Correlation Between Participant Demographic Variables with F-COPES and the Subscales

Variables	1	2	3	4	5	6	7	8	9	10	11	12
Mothers Characteristics												
1 Age	1											
2 Educational Background	-.057	1										
3 Number of children	.337*	.151	1									
Children Characteristics												
4 Gender	-.121	.026	-.184	1								
5 Age	.357*	-.113	-.01	.14	1							
6 Number of dominant autism symptoms	.06	-.196	.128	-.127	-.09	1						
F-COPES Subscales and Scale												
7 Acquiring Social Support	-.09	.178	.006	.188	.303*	-.075	1					
8 Reframing	.151	.234	.222	.167	.340*	-.097	.610**	1				
9 Seeking Spiritual Support	.155	.106	.221	.317	.410*	-.208	.656**	.671**	1			
10 Mobilizing Family Support	-0.05	.021	-.022	.239	.093	-.011	.672**	.488**	.603**	1		
11 Passive Appraisal	.105	-.067	-.053	-.044	-.22	-.009	-.509**	-.28	-.26	-.358*	1	
12 F-COPES	.056	.179	.114	.259	.323*	-.117	.866	.840**	.840**	.772**	-.27	1

* Correlation is significant at the level of .005 level (2-tailed)

Furthermore, we analyzed the F-COPES scores about both mother and child characteristics (see Table 4). All independent variables—mother and child characteristics—showed a positive correlation with the F-COPES scores except for the number of symptoms experienced by children with ($r = -.117$). Notably, the age of the child with autism emerged as the sole significant variable correlated with the F-COPES scores ($r = .323^*$). Conversely, mother's age exhibited a very minor correlation with the F-COPES scores ($r = .056$).

If the child's age significantly correlates with the F-COPES score, similar relationships are observed with the three F-COPES subscales: acquiring social support ($r = .303^*$), refraining from seeking ($r = .340^*$), and spiritual support ($r = .410^*$). Additionally, the child's age shows a positive correlation with the mobilizing family support subscale, although it is not statistically significant ($r = .093$). Conversely, a negative correlation with the age of autistic children is evident in the passive appraisal subscale ($r = -.22$).

The number of dominant symptoms in a child consistently exhibits a negative correlation with both the F-COPES score and its five subscales. Notably, all independent variables, except mother age, show negative correlations with the passive appraisal subscale. Table 4 further indicates that mother characteristics do not significantly correlate with the F-COPES subscales or overall scores. However, mother's age, educational background, and number of children positively correlate with the reframing seeking ($r = .151$, $r = .234$, $r = .222$) and spiritual support subscales ($r = .155$, $r = .106$, $r = .221$), with these correlations being more pronounced compared to other subscales despite lacking statistical significance.

A multiple regression analysis was conducted to assess the extent of the relationship between variables. Results indicate that mother and children's characteristics collectively explain 21.7% of the variance in coping strategies among mothers of children with autism.

Discussion

In this study, mothers of children with autism ranging from kindergarten to high school levels demonstrate moderate coping strategies according to the F-COPES scale. However, mothers excel in coping skills within the reframing, seeking spiritual support, and mobilizing family support subscales. High scores on the reframing subscale indicate the family's ability to reinterpret stressful events to make them more manageable. This perspective includes mothers who believe their families possess the strength to solve problems, confront challenges directly, and seek prompt solutions, demonstrating resilience in accepting reality and finding positivity amid difficulties. This familial trust in problem-solving can alleviate maternal stress and foster the child's growth and development.

Previous research suggests that positive reframing, which involves interpreting challenges in a constructive light, significantly correlates with improved family functioning outcomes (Manning et al., 2011). Families adept at positive reframing remain engaged during stressful situations while mitigating negative emotions, enabling them to actively seek informational support (Rückholdt et al., 2019).

Religion plays a significant role in accepting a child's condition and seeking emotional well-being (Prameswari et al., 2022). In this research, the seeking spiritual support subscale exhibits high scores, reflecting that mothers of children with autism actively engage in religious practices in their parenting. Prior research underscores that this support can effectively alleviate parental stress (Masulani-Mwale et al., 2016) and manage the mothers' emotional challenges (Das et al., 2017). One study specifically conducted for Muslim participants reported that religious beliefs guided coping strategies and helped them to create meaning by relying on their faith or believing that God provided them the tools to cope with having a child with autism (Bernier & McCrimmon, 2022).

Moreover, these mothers often seek assistance from professionals and their communities, showing openness to the support available to them. Access to professional guidance and resources on autism and its treatment can significantly reduce parental stress, even in the face of severe symptoms in their child (Bonis, 2016). Additionally, support from healthcare professionals during diagnosis aids parents in taking appropriate actions for their children. During follow-up, it helps them advocate for their children and adapt their lives to

the challenges they face (Khan et al., 2016). A recent study also highlighted that social and clinical support can enhance parents' mental well-being and improve children's external behaviors (Chin et al., 2023).

Two additional coping strategies, acquiring social support and passive appraisal are the least common strategies used by these mothers. Social support, particularly from close individuals like friends and family members, plays a crucial role as they understand the challenges of parenting a child with autism (Pepperell et al., 2018). Besides familial support, friendships also provide effective support for parents of children with autism (Yan et al., 2022). This network offers encouragement and optimism to parents, creating a new social circle that mitigates isolation from friends and colleagues (Khan et al., 2016), thereby enhancing the quality of support available to mothers help them to reduce the stress associated with raising children with autism (Ntre et al., 2022). Conversely, some parents may not utilize social support as a coping mechanism due to changes in relationships with family and friends following their child's diagnosis, leading them to perceive others' attitudes as judgmental (LaRoche & Des Rivières-Pigeon, 2022).

Passive appraisal emerges as a minimal coping strategy chosen by mothers of children with autism, alongside acquiring social support. This suggests that some mothers may tend to avoid or downplay the challenges they face in parenting. They might employ passive appraisal to prevent overreacting to their child's challenging behaviors, which can further complicate parent-child interactions (Ntre et al., 2022).

Mothers dealing with more pronounced symptoms in their autistic children, such as significant barriers in communication, behavior, and social interaction, tend to have lower coping strategies compared to those dealing with fewer dominant autism symptoms. This aligns with previous research indicating that the effectiveness of coping strategies utilized by mothers can vary depending on the severity of their child's maladaptive behaviors (Benson, 2010).

Furthermore, this research indicates a positive and significant correlation between the age of the child and the mother's coping strategies, suggesting that mothers of older autistic children tend to have more effective coping strategies compared to those with younger autistic children. One possible explanation for these findings is the notion that older autistic children may pose less stress on their mothers (Musayaroh et al., 2024). Conversely, other studies suggest that parents may face increased stress due to the internalizing and externalizing behaviors that make children with autism more challenging to manage, compounded by societal stigma (Miranda et al., 2019). Additionally, research highlights that around the age of 6, emotional and behavioral issues significantly contribute to parental stress (Zaidman-Zait et al., 2017), underscoring the ongoing challenges parents face and their impact on well-being. Therefore, as children grow older, the challenges associated with caregiving persist, potentially increasing maternal stress levels as they navigate these complexities (Aqilah & Hendriani, 2023).

Mothers of older autistic children exhibit stronger coping strategies in acquiring social support ($r = .303^*$), seeking reframing ($r = .340^*$), and relying on spiritual support ($r = .410^*$). Providing training that includes specific strategies to enhance empowerment, parental self-confidence, and behavior management skills is crucial to support parents in coping with stress from their child's challenging behaviors (Zaidman-Zait et al., 2017). Moreover, mothers who employ active coping strategies and avoid disengaged coping methods report lower levels of parenting stress over extended periods (Zaidman-Zait et al., 2017). These findings offer for schools to support parents, especially mothers, of children with autism by conducting workshop to educate them about coping strategies, forming support groups, providing personal counseling, and collaborating with community or spiritual organizations.

Additionally, mother characteristics such as age, educational background, and the number of children with autism show positive correlations with F-COPES scores, although not statistically significant. Interestingly, older mothers tend to use coping strategies involving spiritual support more frequently. Previous research underscores that spirituality empowers older women by fostering optimism and maintaining a strong sense of well-being amidst adversity (Manning et al., 2011). Conversely, mothers with higher educational backgrounds demonstrate more effective coping reframing strategies compared to those with lower educational attainment. Educated mothers likely possess enhanced skills in managing their autistic children's behaviors, underscoring the importance of educational programs tailored to improve coping strategies in caregiving (Al-Oran et al., 2019).

CONCLUSION

This research underscores that mothers of children with autism typically employ coping strategies within the moderate range. Reframing, seeking spiritual support, and mobilizing family support are among the most commonly utilized strategies during caregiving. The age of the child emerges as a significant factor influencing mother coping strategies, with mothers of older autistic children generally exhibiting more effective coping mechanisms compared to those with younger children. Additionally, the severity of autistic symptoms in the child also plays a crucial role; fewer symptoms correlate with better-coping strategies in mothers.

It is recommended that mothers of children with autism actively seek support from communities of families facing similar challenges, benefiting from shared experiences in child-rearing. Moreover, there should be encouragement for mothers to openly discuss their child's progress at home with schools and teachers, facilitating targeted intervention programs involving multiple stakeholders. This approach aims to optimize support and resources for the child's development and well-being.

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