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COPING AND ATTRIBUTIONAL STYLES OF PARENTS OF CHILDREN HAVING PSYCHOSES: DIFFERENCE BETWEEN FATHERS AND MOTHERS

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ABSTRACT

A lot of interest has been generated on the effect of a disabled child on the parents. The current study is aimed at finding the differences between coping and attributional styles between fathers and mothers of children having psychoses. Thirty parents (15 couples) of children having psychoses without comorbid mental retardation or any other developmental difficulty were selected for the study. The Brief COPE was used to measure the different coping styles used by the participants and the Attributional Style Questionnaire was used to measure the attributional styles. The results indicated that the fathers had a pessimistic view of life and they used a more problem focused approach. These results are in contrast to the reformulated learned helplessness model.

Key words: *Parents, coping, attribution.*

INTRODUCTION

Parenthood is one of life's greatest turning points which poses a daunting challenge and requires coping skills to deal with it. This mechanism becomes even more demanding when the child is 'different'. A lot of research has been done on the coping styles of parents having a child with a developmental disability (Gosch, 2001; Tunali & Power, 2002; Little, 2002) or critical medical condition (Carnevale, 1990; Copeland & Clements, 1993; Feher-Prout, 1996; Goldbeck, 2001; Chao-Hsing, 2004; Norberg et al, 2005). Some of these studies have tried to look at the differential impacts such conditions have on the mothers and fathers (Dyson, 1997; Little, 2002; Chao-Hsing, 2004; Norberg et al, 2005); though their results have been inconclusive. Studies have also related coping styles (viz., problem focused coping, adaptive emotion focused coping and maladaptive emotion focused coping) with other variables especially personality, emotion, locus of control, social support etc. (Westbrook & Viney, 1982; Parker, 1984; Florian et al, 1995). However, there are very few studies on the effects that a child's psychotic illness has on the parents (Scazufca & Kuipers, 1999; Chakraborty & Gill, 2002; Rammohan, Rao & Subbakrishna, 2002) and the relation of coping to attributional style (Follette & Jacobson, 1987; Bruder-Mattson & Hovanitz, 1990; Ollendick et al, 2001). Again, most of the studies on parents of children having schizophrenia have examined the distress felt by the parents mostly in relation to the burden of care experienced by them (Angermeyer et al, 2001; Jungbauer & Angermeyer, 2002).

Parenting a son or daughter with schizophrenia frequently causes considerable emotional distress, often with perception of unhelpful responses from professional staff (Ferriter & Huband, 2003). While exploring the coping strategies of relatives of people having Schizophrenia before and after admission Scazufca and Kuipers (1999) found that coping strategies were used more frequently at inclusion than at follow-up. Problem-focused coping was the strategy used more and avoidance coping was strongly associated with burden, distress and high expressed emotions at both assessments. The basic conclusion was that ways of coping are influenced by relatives' perceptions of the situation with patients and avoidance strategies were less effective in regulating the distress of care-givers than problem-focused strategies.

Given that behavior is molded by attributions, the choice of coping strategies may be guided by it. Attribution "...refers to our efforts to understand the causes behind other's behavior and on some occasion, the causes behind our behavior too" (Baron & Byrne, 2002). Studies have pointed out some association between attributional style, depression, loneliness and learned helplessness (Willner et al, 1990; Tiggemann et al, 1991; Luten et al, 1997). Locus of control has been seen to effect coping styles (Rimmerman & Stanger, 1992; Smith et al, 2000) but locus of control is just one of the three components of attributional style namely, internality (i.e, locus of control), stability (i.e, the consistency of the attribution in similar situations) and globality (i.e, the pervasiveness of the attributions across situations). By measuring these components one can find out whether the person has a general negative or positive attribution and then relate it to the kind of coping style used. Studies on attributional styles of parents have mostly focused on parents of children having either Attention Deficit Hyperactivity Disorder (ADHD) (Johnston & Freeman,1997; Johnston et al, 1998; Collett & Gimpel, 2004) or depression (Kaslow et al, 1988). These studies have given inconsistent results with some pointing out that the problem behaviours were attributed to more internal, stable attributions (Johnston & Freeman, 1997) while others stating that prosocial behaviors had such attributions (Johnston et al, 1998).

Since both attributional styles and coping strategies are amenable to change through intervention, understanding the coping and attributional styles of parents would provide a valuable guide to psychologists regarding the ways of dealing with these parents.

METHODOLOGY

Sample

The study was conducted at the Central Institute of Psychiatry (CIP), Ranchi. The sample comprised of 30 parents (15 couples) of children having psychoses without comorbid mental retardation or any other developmental difficulty. Both the parents who were living with the child were included. Parents having a mental disorder at the time of data collection and those with significant history of substance abuse, head injury and other organic conditions were not included in the study.

Tools Used

General Health Questionnaire –5 (GHQ-5) (Shamsunder et al, 1986).

The GHQ-5, which is a short version of the General Health Questionnaire, was administered to screen out any psychiatric morbidity in the participants at the time of the assessment.

Brief Coping Orientations to Problems Experienced Inventory (Brief COPE) (Carver, 1997):

The Brief COPE is the abbreviated version of the COPE inventory was used to measure the different coping styles used by the participants. This inventory consists of 28 items and measures 14 areas of coping which can be further clubbed into problem–focused coping, adaptive emotion-focused coping and maladaptive emotion-focused coping. Since the sample mostly consisted of Hindi speaking participants a Hindi translation of this scale was developed for the study.

The Attributional Style Questionnaire (Peterson et al, 1982): This questionnaire consists of 12 hypothetical situations involving good and bad outcomes and 48 questions regarding the same, used to assess the attributional style. A Hindi translation of the scale already existed (Sony, 2002). However, during the pilot study phase of the study it was found that situations given in the scale were not all suited to the Indian cultural background so a pool of parallel situations for the given situation was collected from experts. Opinions were taken regarding the suitability of the situations from another group of experts and those items which compared best with the original items and had high face validity were retained as alternative situations in the questionnaire. Alternative situations were

prepared for 6 out of the 12 situations in the questionnaire.

Procedure: At the outset, informed consent was taken from all the participants of the study. The socio demographic data sheet was filled after gathering the required information from the participants. The GHQ was administered to rule out the presence of any mental health problem during the assessment. For both the father and the mother the attributional style was assessed first since it was experienced during the pilot phase that on assessing the coping before the attribution style the parents were unable to focus on their reactions and kept answering in the context of the child's illness.

The parents were given a session of psychoeducation regarding the nature of their child's illness and certain management strategies for the same.

Analyses

Statistical analyses of the scores were done using Statistical Package for Social Sciences (SPSS for Windows version 10.0).

RESULTS

The age of the children whose parents participated in the study ranged from11 years to 17 years. Out of the 15 children whose parents were included in the study, 4(26.7%) were male and 11(73.3%) were females. 12 families (80%) had a family income in the range of 0-5000 rupees per month and 3 (20%) had a family income in the range of 5000-10000 rupees per month. All the families were nuclear families.The fathers' age ranged from 40 years to 50 years and that of the mothers' ranged from 30 years to 47 years. Among the fathers 6(40%) were educated up to class five, 4(26.7%) were educated between classes six to ten and 5(33.3%) were educated beyond class ten. In the mothers group 12(80%) were educated upto class five, 2(13.3%) were educated between classes six to ten and 1(6.7%) was educated beyond class ten.

Table-1: Difference between fathers and mothers of children having psychoses in terms of the various attribution related variables.

Variables	Father N = 15 (Mean ± SD)	Mother N = 15 (Mean ± SD)	t (df = 28)	p
COP	16.25 ± 1.70	17.35 ± 1.84	1.701	0.100
CON	13.25 ± 2.05	12.09 ± 1.0	1.923	0.065
IP	4.93 ± 0.97	6.22 ± 0.89	0.549	0.587
SP	6.06 ± 0.70	6.22 ± 0.89	0.549	0.587
GP	5.23 ± 1.21	5.97 ± 0.53	2.146*	0.041
IN	3.45 ± 1.05	4.11 ± 1.50	1.393	0.175
SN	5.07 ± 1.16	4.78 ± 0.99	0.747	0.461
GN	4.74 ± 1.08	3.29 ± 1.54	2.972**	0.006
INT	4.20 ± 0.79	4.61 ± 1.13	1.160	0.256
STAB	5.59 ± 0.78	5.49 ± 0.81	0.344	0.733
GLOB	4.98 ± 0.92	4.62 ± 0.79	1.126	0.270

* p<0.05
** p< 0.01
COP = Composite positive
CON = Composite negative
IP = Internality for positive events
SP = Stability for positive events
GP = Globality for positive events
IN = Internality for negative events
SN = Stability for negative events
GN = Globality for negative events
INT = Composite internality
STAB = Composite stability
GLOB = Composite globality

Independent t-test was used to compute the differences. The only significant difference noticed was with reference to global positive and negative events (GP & GN) (Table -1). However, when absolute mean sores were taken into consideration fathers scored more for negative events (CON, IN, SN & GN) whereas mothers scored more with respect to positive events (COP, IP, SP & GP). Mothers attributed both positive and negative events more in the internality dimension.

Table-2: Difference between fathers and mothers of children having psychoses in terms of their coping styles

Variables	Father N = 15 (Mean±SD)	Mother N = 15 (Mean±SD)	t (df = 28)	p
PFC	23.67±1.99	20.50±3.75	2.618*	0.014
EFC	21.33±2.99	18.07±3.33	2.828**	0.009
MEFC	17.60±3.52	15.53±4.67	1.368	0.182

* p<0.05
** p< 0.01
PFC = Problem focused coping
EFC = Emotion focused coping
MEFC = Maladaptive emotion focused coping

Table-2 shows the difference between fathers and mothers of children having psychoses in terms of their coping styles. The t-test was used to compute the differences. Significant difference was seen in case of problem focused coping (PFC) and emotion focused coping (EFC). In terms of absolute values of the mean scores fathers of children having psychoses scored more than mothers of children having psychoses for all three coping styles.

DISCUSSION

In the current study with respect to attribution, differences were seen between fathers and mothers with respect to globality in case of both positive and negative events (table-1). Mothers scored higher than fathers for globality of positive events whereas fathers scored higher than mothers in case of globality for negative events. These results imply that mothers have a more optimistic outlook towards life (Weiner & Graham, 1999). Since, pessimistic attributional style has been found to be a nonspecific diathesis for symptoms of both anxiety and depression (Abramson et al, 1978; Luten et al, 1997) fathers of psychotic children can be expected to be more prone to such affective states than mothers. This is contrary to the findings of Miller et al (1992) who indicated that mothers of disabled children had higher levels of depressive symptomatology. Such differences need to be kept in mind while doing any intervention with such parents. However, a more extensive look at this phenomena is required before coming to any final conclusions because their have been studies indicating divergent results (Tiggemann et al, 1991).

No statistically significant difference was found between the fathers and mothers of children having psychoses in terms of internality for both positive and negative events (table-2). However, the mean scores revealed more internalization in mothers in comparison to fathers, suggesting that most often mothers attribute the cause of the problem to self. Though no studies were found which corroborated these findings, these results are in accordance with the general observations, rooted in the socio cultural beliefs that one tends to attribute causes of events to their own deeds like past sins or noble work.

As far as stability is concerned again no significant difference was found between fathers and mothers (table-1) thus suggesting that parents tend to attribute the same cause for similar events.

With regard to coping fathers and mothers differed significantly in terms of problem focused coping (PFC) and emotion focused coping (EFC) with the fathers scoring more (table-2). Both these coping styles are adaptive in nature with the former indicating a more problem solving approach while the later implying a healthy ventilation of emotions in order to deal with a situation.

Hence, the results indicate that inspite of having a pessimistic outlook towards life fathers used more adaptive coping than the mothers. This is not in keeping with the reformulated model of learned helplessness which posits that a pessimistic view of life is a predisposing/maintaining factor for depression (Anderson & Amoult, 1985). These findings have also been seen in a study conducted by Follette and Jacobson (1987) to examine the extent to which causal attributions were predictive of depressed mood in college students who experienced a negative event. They found that internal, stable, and global

attributions for poor examination performance resulted in students making more plans to study for the next examination indicating a more problem focused approach to coping rather than the expected maladaptive emotion focused coping. Similar findings were also reported by Poon and Lau (1999). On the other hand the overall less use of conventional coping mechanisms by mothers could indicate that since they did not view the situation in a negative manner their need to aggressively do something about it was low.

CONCLUSION

It can be concluded that though the fathers had a pessimistic view of life they used a more problem focused approach. Mothers were more optimistic and used more of adaptive emotion focused coping. Hence, both parents used adaptive methods of coping inspite of having contrasting attributions. These results need to be kept in mind while planning any intervention for such parents with emphasis on reattribution

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