

A Cross-Cultural Study on Coping Strategies of Siblings of Children with Autism Spectrum Disorders

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ABSTRACT

Adolescence is a very complex phase during which understanding how they cope up is essential for psychological wellbeing. And it becomes challenging if they have an ASD sibling. Hence it is essential to understand from their perspective. Moreover, knowing the nature of their coping could allow clinicians to provide better support to children with autism spectrum disorder (ASD) and their families. Objectives: This study aims to compare adolescent living with ASD siblings from Male and India on their different coping strategies. Methods: The participant's age was (10-19) living with a sibling diagnosed with autism. The sample included a total of (N=60) from both Male' and India. To accomplish the objectives of the present research work, under the ex-post facto research design, a cross-cultural study has been conducted. Results: Participants from Male' scored higher on distraction and wishful thinking as compared to participants from India; showing that siblings with ASD children use distraction and wishful thinking most frequently as a coping strategy. Whereas, participants from India indicated significantly high emotional regulation and social support compared to Male' participants. The current study indicated despite the cultural differences among the two samples (Male' & India), there is a need for siblings of children with ASD to be included in psychosocial interventions along with primary caregivers for better coping and prevent internalizing behaviors.

Keywords: Coping strategies, Siblings, Autism Spectrum Disorder

Adolescence is a very complex phase. Understanding how adolescents cope with everyday challenges with having an ASD sibling is very important. Adolescents who are in the formal operational stage can understand the long-term implication of having an ASD sibling and how limited is their life (Piaget et al., 1973). While nature the Autism Spectrum disorder (ASD) traits could be stress for the typically developing siblings. A growing adolescent struggle to adjust and cope with the demands of a special needs sibling (Green, 2013). Even typical siblings of children with autism tend to struggle with anxiety, depression, and social difficulties (Shivers et al., 2013). The autistic disorder is the most severe disorder under the spectrum but Asperger syndrome also presents all other

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symptoms apart from social language deficit (American Psychological Association [APA], 2020).

Previous research has also indicated that aggression rates may be higher in individuals with ASD compared to those with other developmental disabilities. This could lead to decreased quality of life, increased stress, and reduced availability of educational and social support for the ASD child and caregivers (Fitzpatrick et al., 2016). Having an ASD child in the family is hard and when there is a low social-economic background and it doubles the struggle (Green, 2013). The parents' future and quality of life all depend on the ASD child. It has been found that people who live in developed countries, speak English with an extensive support system have a better quality of life. Therefore, developed countries have a better understating of ASD and have less impact on the family (Samadi et al., 2011).

Moreover, family values, practices, and the style of parenting do affect the adolescent relationship with their siblings (Crouter et al., 2004). While children with ASD have deficits in social interaction some studies suggest that a strong sibling relationship enhances a learning environment for the development of such skills in the child with ASD (Canha, 2010). Siblings behave extra nicely to cover up the irregular patterns and behavior of their ASD siblings. Hence might result in dysfunctional coping (Sreemoyee et al., 2015).

Adolescents reported that despite social reinforcing context autism has an impact on sibling's relationships and sense of overwhelming (Petalas et al., 2015). Siblings of children with ASD are prone to develop depressive symptoms than typical siblings. Availability of social support and knowledge of ASD could help siblings to manage their emotions and alleviate depressive symptoms (Lovell & Witherell, 2013). Siblings of children with autism experience social and behavioral problems and feels guilty (Opperman & Alant, 2003).

Adolescence is a critical phase where everyone needs peer approval and forming an identity. In this regard, that has been revealed that adolescents having autism sibling affects their relationship with peers. There is fear for the future, neglect, and denial of peer relationships. Additionally, a lack of desire to share their feelings with anyone could develop anxiety symptoms (Corsano et al., 2017).

There are everyday struggles to have an ASD child in the family. It's mentally exhausting for the caregiver to attend to every need for the special care child. Siblings have a fear for the safety and protection of their ASD siblings. Meanwhile, the availability of knowledge about ASD and its nature could make it extra hard for siblings to understand. Therefore, lack of social language deficit in ASD could also make siblings blame themselves for the miscommunication of their ASD brother/sister (Angel et al., 2012).

Raising a child with autism is difficult and it doubles the struggles when other factors interact. There was also an association between caregivers of ASD children and avoidant coping (Hastings et al., 2005). However; siblings of children with autism blame themselves for the aggressive behaviors of their ASD sibling (Ross & Cuskelly, 2006). A few qualitative studies showed the experience of having an ASD sibling and relationship with parents of neuro-typical siblings both positive and challenging '. The neuro-typical siblings reported having felt invisible in the family most of the time. Additionally, these siblings may sometimes have to be the caregivers for their ASD siblings. Despite the struggles, most of the siblings cope well with in-depth experience there is a need for practitioners to include a neuro-typical child in the psychological innervation of ASD sibling (Chan & Esther, 2014).

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Hence, learning disability like autism and other disabilities which don't require any device are prejudged and misinterpreted. Adolescents need age of identity and peer acceptance. When there is a need for peer approval and frustration comes when peers lack understanding of their autistic sister/brother. Siblings have internal battles and feel frustrated and angry (Petaldas et al., 2015). Though there remained many empirical data on the impact of autism on neuro-typical siblings, there were very few which focused on a distinct period whether its childhood, adolescence, or adulthood. Most of the practitioners strongly recommend including neuro-typical children along with the parent for psychosocial interventions.

Objectives

- This study aims to compare adolescents living with Autism Spectrum Disorders (ASD) siblings from Male' and India on their different coping strategies.

METHODOLOGY

Research design

To accomplish the objectives of the present research work, the ex-post facto research design has been adopted under which a cross-cultural study has been conducted.

Sample

The study includes a total sample of 60 participants, 30 each from India and Maldives based on the availability of the representative sample by using a quota sampling technique. To guarantee the homogeneity of the sample it was ensured that each participant is in the age range between 10-19 years old (World Health Organization [WHO], 2020) participants were at least up to secondary school, have a sibling diagnosed with ASD, and have been living with ASD sibling up to 5yrs or more. And Siblings diagnosed with ASD were 5 years old or more (**Error! Reference source not found.,Error! Reference source not found.**).

Table 1. Summary of demographic data of Sibling diagnosed with ASD (Male' & Bangalore).

Variable	Sub-category	Male' (N=30)	Bangalore (N=30)
Age (in years)	Average age	9.5	7.2
Gender	Male	80%	97%
	Female	20%	3%

Table 1. Summary of demographic data of the Participant's

Variable	Sub-category	Male' (N=30)	Bangalore (N=30)
Age (in years)	Average age	14.5	16.2
	11-13	27.0%	20.0%
	17-19	13.0%	23.0%
	14-16	60.0%	57.0%
Gender	Male	40.0%	33.0%
	Female	60.0%	67.0%
Education	Primary	13.0%	10.0%
	Secondary	27.0%	20.0%
	Higher education	57.0%	63.0%
	College	3.0%	7.0%

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Exclusion criteria include participants who belong to the clinical population, participants not living in Male city and Bangalore, participants not living with a sibling diagnosed with ASD, and participants who have not been living with ASD siblings for up to 5 years.

Table 2. Summary of demographic data of Parent's Information

Variable	Sub-category	Male' (N=30)	Bangalore (N=30)
Age (in years)	Average age	44.70	42.00
Education	Lower than High school	33.0%	-
	Higher Education	3.0%	13.3%
	Bachelor's Degree	53.0%	73.3%
	Post-Graduation	1%	3.3%
Family setting	Nuclear	16.6%	70.0%
	Extended	83.0%	30.0%
Marital status of the parent.	Married	86.6%	90.0%
	Divorced	10.0%	6.0%
	Separated	3.3%	3.33%
Place of Residence	Urban	76.6%	99.0%
	Semi urban	23.0%	1.1%

Data collecting tools

THE KID COPE

The adolescent version of this test has been used for this study which contains 10 items, with each item representing one of the specific coping strategies (e.g., "How often did you do this concerning ASD brother or sister"). Participants respond to the frequency with which they employ each coping strategy using a 4 point Likert scale with 0 = not at all, 1 = sometimes, 2 = a lot of the time, and 3 = almost all of the time. For this study, participants received a score of 0 if they responded that they did not use the strategy at all. The item representing the emotional regulation strategy (7a, and 7b) is broken down into two parts. The overall approach and avoidant coping scores are calculated by summing the scores for each of the specific strategies that comprise approachable coping and avoidant coping. It has Moderate (0.41) to fairly high (0.83) test reliability (Stark et al., 1989). The Kid Cope results were correlated with results from the Coping Strategies Inventory (CSI) as part of the original development of the measures.

Procedure

Ethical consideration is uttermost in research conduct. Before the data collection permission was taken from the ministry of higher education (Male)'. For Bangalore data collection was obtained from the Dr. SR Chandrasekhar Institute of Speech and Hearing (Bangalore). Similarly, permission was given by the head of the psychology department. Participants and the parents were well informed by the researcher about the conduct. To complete the questionnaire including social demographics it took between 30-45 minutes.

Statistical analysis

The obtained data were analyzed using SPSS (ver. 23). To accomplish the primary objective of the research demographic statistics was run followed by the t-test for independent sample

RESULTS

The purpose of this study was to gain a better understanding of the impact of autism on siblings among two cultures. According to key findings, Participants from the Maldives

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scored higher on distraction and wishful thinking as compared to participants from India; showing that siblings with ASD children use distraction and wishful thinking most frequently as a coping strategy (Table 7, Table 8). Emotional regulation and social support were significantly high among the Indian sample as compared with the Maldives.

Table 3. Descriptive statistics (Mean & S.D.) on various subcategories of Avoidant Coping for participants from India and Maldives origin (N = 60)

T	Subcategories	India Participants		Maldives Participants	
		Mean	S.D.	Mean	S.D.
Avoidant Coping	Distraction	1.17	1.02	1.80	0.92
	Social Withdrawal	1.70	0.99	1.40	0.86
	Self-Criticism	1.63	0.81	1.63	0.81
	Blaming others	1.33	0.88	1.17	0.59
	Resignation	1.57	0.90	1.33	0.71
	Wishful Thinking	1.47	0.90	1.90	0.84

Table 4. Descriptive statistics (Mean & S.D.) on various subcategories of Approachable Coping for participants from Indian and Maldives origin (N = 60)

	Subcategories	India Participants		Maldives Participants	
		Mean	S.D.	Mean	S.D.
Approachable Coping	Problem Solving	1.50	0.78	1.17	0.65
	Cognitive restructuring	1.50	0.68	1.40	0.67
	Emotional Regulation	1.53	1.01	1.03	0.89
	Social Support	1.23	0.73	0.87	0.68

Table 5. Descriptive statistics (Mean & S.D.) of Avoidant, Approachable and Overall Coping for participants from Indian and Maldives origin (N = 60)

Variables	India Participants		Maldives Participants	
	Mean	S.D.	Mean	S.D.
Avoidant Coping	7.40	2.59	7.33	1.73
Approachable coping	7.23	2.70	6.37	1.77
KID_COPE	14.63	4.85	13.70	2.64

Table 6. Summary of t-test on various subcategories of Avoidant Coping for participants from Indian and Maldives origin (N = 60)

	Subcategories	Mean Difference	t-values	p
Social Withdrawal	0.30	1.26	0.21	
Self-Criticism	0.00	0.00	1.00	
Blaming others	0.17	0.86	0.39	
Resignation	0.23	1.12	0.27	
Wishful Thinking	-0.43	-1.98*	0.05	

Note: * Significant at .05 p level; ** Significant at .01 p level; df = Degrees of freedom (58); p = Significance value

Table 7. Summary of t-test on various subcategories of Approachable Coping for participants from Indian and Maldives origin (N = 60)

Approachable Coping	Subcategories	Mean Difference	t-values	p
	Problem Solving	0.33	1.81	0.08
	Cognitive restructuring	0.10	0.57	0.57
	Emotional Regulation	0.50	2.04*	0.05
	Social Support	0.37	2.01*	0.05

Note: * Significant at .05 p level; ** Significant at .01 p level; df = Degrees of freedom (58); p = Significance value.

Table 8. Summary of t-test on Avoidant, Approachable and Overall Coping for participants from Indian and Maldives origin (N = 60)

Variables	Mean Difference	t-values	p
Avoidant Coping	0.07	0.12	0.91
Approachable coping	0.87	1.47	0.15
KID_COPE	0.93	0.93	0.36

Note: * Significant at .05 p level; ** Significant at .01 p level; df = Degrees of freedom (58); p = Significance value

Whereas there was no significant difference have been observed among avoidant coping strategies between Male' and India (Table 9). Except for problem solving and cognitive reconstruction all the remaining subcategories of approachable coping differ significantly between the two groups (Maldives and India). Overall findings indicated that social support or any kind of informal support is needed for better coping and emotional regulation for the siblings of children with autism (Daniel et al., 2020).

DISCUSSION

The average age group of children of siblings diagnosed with ASD is 14.5 and 16.3 from both Male' and Bangalore. The average age group of the ASD child is 9.5 and 7.2 from both Male and Bangalore (Table 1, Table 2). There are more females than Male's in the sample. The nuclear family setting is more preferable in Male' city among the sample whereas in Bangalore sample extended family settings (Table1, Table 2).

An adolescent has the cognitive capacity to understand the ASD siblings and what it looks like (Grasberg, 2000). This could lead him to think of the fear of having an ASD child and limits his life choices in the future. Despite the sample size, results indicate a significant difference in limited approachable coping among Male' and India. The results strongly support social support is crucial for the sibling **Error! Reference source not found.** of children with Autism.

The result indicates children from the Maldives show significantly high on distraction, wishful thinking, and avoidant pattern coping strategies. This show also could mean avoid interacting with peers and family members for support concerning their ASD sibling. Adolescents with avoidant coping mechanisms could develop depressive symptoms later in life (Krenke & Kessinger, 20000) Results also suggest Male' sample is significantly high on wishful thinking compared to the Indian. Moreover, empirical data suggest long-term chronic wishful thinking could lead to frustration eventually depression (Ross & Cuskelly, 2006). Whereas the Indian sample shows significantly high emotional regulation and social support (Table 4). Emotional regulation could enhance the effectiveness of positive

psychological interventions among adolescents (Morrish et al., 2018). Overall findings suggest it's crucial for autism awareness, social support for children with autistic families despite the culture. Which could enhance a more positive bond between ASD and a typically developing child. It also supports social support could minimize the chronic dysfunctional coping and other long-term potential risks of developing psychological disorders (Petalas et al., 2015).

CONCLUSION

The current study indicated despite the cultural differences among the two samples there is a need for siblings of children with autism to be included in psychosocial interventions along with primary givers for better coping and prevent internalizing behaviors and which could also enhance more positive sibling bonds.

Limitations

Demographic information has not been considered for analyzing and interpreting the results except cultures, which might be more informative. Hence, the study is based on quantitative data, which has a chance of error because of response biases or sampling techniques, even if tried to control their chances are there to report them.

Suggestions

Cultural factors along with the demographic information can be used to explore various psychological factors among the family members directly associated with the child diagnosed with ASD. The severity of ASD, and the gender of a child diagnosed with ASD can also be considered for future studies. And there is a need for positive psychological interventions in the educational system to determine the emotional regulation of these specific groups.

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Conflict of Interest

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