

# Comparison of the Maladaptive Schemas and Coping Styles among the Mothers of Children with Autism and Children with Down syndrome in Shiraz

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## ABSTRACT

The study examined and compared the maladaptive schemas and coping styles among the mothers of children with autism and children with Down syndrome in Shiraz. The study was applied in terms of purpose and causal-comparative in terms of data collection. The population was all the mothers with autism and those with Down syndrome children in Shiraz, whose children were receiving special educational-rehabilitation interventions in special educational and rehabilitation centers in the academic year 2018-2019. The sample was selected from among the mothers with autism and those with Down syndrome in Shiraz based on age of children (7-10 years). Thus, the researcher first prepared a list of special educational centers and rehabilitation of children with Down syndrome and autism and visited these centers. Getting the consent of the mothers of these children to participate in the research, the researcher went to them and proceeded to collect information. Regarding this, two samples of 40 mothers of children with autism and mothers of children with Down syndrome were selected. Data were collected using Young maladaptive schema (1988) and Park and Andler (1990) coping styles questionnaires and then were statistically analyzed. The results indicated a significant difference between incompatibility schema and coping styles in mothers of children with autism and those with Down syndrome.

**Keywords:** Maladaptive schema, coping styles, mothers of children with autism, mothers of children with Down syndrome

## Introduction

The family is a social unit in which the disorder of each member creates difficulties in its order. The disability of children is a debilitating factor in a family in that the child's disability prevents this unit from having normal functions. In recent decades, the support of families with disabled children has received special merit in that supporting these families has positive effects on families and children <sup>[1]</sup>.

Down syndrome and autism are two types of childhood disorders that have always been examined by scholars and psychologists, as tremendous psychological pressure is placed on the parents of children suffering from these cases due to their special problems. Based on comparative studies and current international statistics, at least 10% of school-age children in any society are mentally retarded and are significantly different from their peers physically, mentally and emotionally. In Iran, due to the significant percentage of the population under the age of 20, there are about 2 million exceptional children and adolescents <sup>[2]</sup>. Down syndrome is also the most common cause of mental retardation caused by genetic disorders. It is one of the most common genetic disorders in children and adolescents ranging from severe to moderate mental retardation. It is also the most common cause of IQ impairments and the most prevalent genetic cause of learning disabilities and congenital abnormalities in the human population. One of the problems with children suffering from Down syndrome is their difficulty in retaining and retrieving information from memory. The frequency of this disability is 0.13%. Children with Down syndrome are usually

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smaller and the rate of their physical and mental development is slower than that of their peers.

Generally, as regards their special care needs, the presence of children with mental disability is the source of stress for mothers in the family because they deal with such children more often. This also affects their mental health and adaptation. Mental disability has multiple forms in relation to physiology and psychology. As a crisis, the birth of a mentally retarded child can have a profound impact on the relationships and reactions of family members. The parents of these children encounter many problems due to the abnormal behaviors of their children, numerous difficulties in looking after them, and the constant encounter with their changing needs. These problems lead to disorders in the self-efficacy of the parents.

On the other hand, mothers sometimes put their children in a stressful situation due to ignorance or lack of necessary training in appropriate ways to deal with them. The inappropriate treatment of children leads to their responses. Consequently, a cycle of stressful interactions is initiated in which both sides struggle and experience chronic and severe stress. In stressful conditions, everyone tries to do activities that reduce stress and increase their defensive skills. Altogether, these methods and efforts are called coping strategies. In other words, coping strategies are cognitive and behavioral efforts to manage external and internal stressful situations with the aim of eliminating or minimizing the level of anxiety.

Research shows that the parents of children with such disabilities experience stress and mental crises. The presence of a mentally disabled child threatens their adaptation and physical and mental health, often having a negative effect on them. For many years, the impact of these children on the family structure has been an issue drawing the attention of experts.

Among the studies on the effect of parental behavior on children's mental health and relationships, many have emphasized the role of parents' relationship with children and the emergence of emotional and communication problems among them [3]. As we know, one of the influential factors in the emergence of children's disorders is parental maladaptive schemas. By definition, schemas are mental frameworks that might be considered as information processing structures. One of the theories proposed in the field of schemas is Jung's theory of early maladaptive schemas. Early maladaptive schemas are beliefs that people have about themselves, others, and the environment. They usually originate from a lack of basic needs, especially vital and emotional needs during childhood. In reality, the early maladaptive schemas are fixed and stable over time and constitute the individual's cognitive basis. These schemas help individuals to organize their experiences about the surrounding environment and process the incoming information. The origin of these schemas are: A – the main emotional needs including, 1) safe attachment to others, 2) autonomy and adequacy, 3) freedom in expressing healthy needs and emotions, 4) spontaneity and fun, 5) realistic limitation and self-control, B –

early life experiences, and C – emotional mood. In fact, children create a structure for themselves, others and the world in relation to their parents. Moreover, they constantly understand and reconstruct their own experiences and create their own version of personal realities. During childhood, inappropriate relationships between parents and their children, the constant painful experiences with caregivers and other key people in their lives might have a significant impact on their relationships in adulthood. Weak parental bonds with children are associated with basic schemas of inadequacy.

Parents of children with disabilities react differently when realizing their children's disability. Their reactions vary from frustration and despair to a rational handling of the problem. They may also encompass the decision to help their children to continue the course of life and success. In contrast to parents with normal children, parents of children with such disorders need to spend more time caring for and educating their children, which affects their quality of life and mental health. The existing evidence highlights the need to be thoughtful in reducing the problems of mothers having autistic children, as well as the effects of their psychological problems on their children. Further research has been performed on coping styles and stress among mothers keeping disabled children and the concomitant effects on their mental state. The results show that families and mothers who use the problem-focused style more often experience lower levels of stress. Therefore, the researcher seeks an answer to know whether the maladaptive schemas and coping styles are significantly different among mothers with children suffering from autism and Down syndrome in the city of Shiraz.

## Research Method

The present study is applied research in terms of objective. It is also causal-comparative in terms of data collection method. The statistical population of the study was comprised of all mothers having children diagnosed with autism and Down syndrome in Shiraz. These children were receiving educational interventions and rehabilitation in Special Educational and Rehabilitation Centers for disabled children in 2018 / 2019 academic years.

The statistical sample was based on the age of children (between 7 and 10 years). The sample members were mothers having children diagnosed with autism and Down syndrome in the city of Shiraz. In this manner, the researcher first obtained a list of special educational centers for the rehabilitation of children with autism and Down syndrome. The list consisted of 123 cases, of which 92 were selected based on Morgan's table. Then, the researcher visited these centers and gained the consent of the mothers of these children in order to participate in the research. Afterwards, the information was collected from 80 participants who had expressed their consent for participation. Two statistical samples of 40 subjects were selected from mothers with autistic

children and those with children diagnosed with Down syndrome.

## Data collection instruments

### A. The Young Schema Questionnaire - Short Form (YSQ-SF)

The Young Schema Questionnaire has long and shortened forms and is based on observations experienced by clinical professionals. The long form of this questionnaire is a self-report with 205 items designed to measure sixteen early maladaptive schemas. However, the shorter form of this questionnaire has received more attention for having the features of the original version and for ease of implementation. The Young Schema Questionnaire-Short Form (YSQ-SF) was developed by Young in 1988 to measure 15 schemas. This scale consists of 75 items that are answered using a 6-point Likert scale (from completely false to completely true). The results of factor analysis of the internal structure assumed by Young (1998) supported 15 schemas. A study entitled 'Standardization of Short-Form Schema Questionnaire (SF-SQ)' was conducted by Ahi (2004) on the students of Tehran universities in the academic year 2004 - 2005. In this research that was performed with a sample of 387 students, 12 of the 15 factors assumed by Young (1998) were accounted for.

### The alpha coefficient of the present study for the schema questionnaire

In this study, the reliability coefficients calculated for six components fell within a range between 0.76 and 0.93, which indicates the high internal consistency for the six components.

### B. Coping Styles Questionnaire

This questionnaire was developed by Andler and Parker (1990). This test has 48 terms and three main coping styles, namely problem-focused coping which means controlling emotions and planning to solve the problem gradually and emotion-focused coping in which the person focuses on emotions instead of focusing on the problem. It focuses on trying to reduce negative emotions instead of solving the problem. There is also the avoidant coping style by which the person avoids encountering the problem. The subscale of avoidant coping is divided into two dimensions: social entertainment and attentiveness. The dominant style of each person is determined according to his score on each of the three dimensions of coping styles. In other words, each behavior that scored higher on the scale is regarded as a person's preferred coping style. Questions are dispersed throughout the questionnaire to control side effects.

### The alpha coefficient of the present study for the coping styles questionnaire

In this study, the reliability coefficients computed for three components fell within the range between 0.74 and 0.83, which indicates the high internal consistency for seven components.

## Data analysis method

The findings of this study were analyzed with regard to descriptive and inferential statistics. In the descriptive stage, indicators such as the Mean and Standard Deviation were used and, in the inferential stage, the independent t-test and analysis of variance were employed. These analyzes were performed in SPSS-21.

## Results and Findings

### Descriptive findings

Table 1- Demographic information of sample population

Percentage	Frequency	Gender	Group
54	22	Male	Autistic Children
46	18	Female	
100	40	Total	Children with Down Syndrome
51	23	Male	
49	17	Female	
100	40	Total	

  

Percentage	Frequency of mothers with children suffering from Down Syndrome	Percentage	Frequency of mothers with autistic children	Age
13	5	19	7	22 years and under
10	4	6	3	23 years to 26 years
10	4	4	2	27 years to 30 years
13	5	9	5	31 years to 35 years
20	8	19	7	36 years to 40 years
28	12	24	9	41 years to 45 years
6	2	19	7	46 years and older
100	40	100	40	Total

Table 1 shows the frequency, percentage, and cumulative frequency of children with autism and Down syndrome. According to the results from the table, 50% of cases were mothers with autistic children and 50% were the mothers of children with Down syndrome. Moreover, the largest number of cases in the group consisting of mothers with autistic children was in the category of 41 to 45 years of age. Additionally, the largest

number of subjects was recorded in the category of 41 to 45 years of age for the group of mothers with children who were suffering from Down syndrome.

Table 2 shows the descriptive findings of the maladaptive schema and the attachment styles of mothers of autistic children and mothers with children suffering from Down syndrome.

**Table 2 – The mean and standard deviation of the scores of maladaptive schemas and attachment styles for the two groups**

SD	M	N	Group	Variable
7.45	12.07	40	Mothers of children with Autism	Emotional deprivation
9.50	10.78	40	Mothers of Children with Down Syndrome	
11.04	14.67	40	Mothers of children with Autism	Abandonment
12.64	13.09	40	Mothers of Children with Down Syndrome	
7.58	19.38	40	Mothers of children with Autism	Distrust and social isolation
6.94	17.29	40	Mothers of Children with Down Syndrome	
17.43	14.63	40	Mothers of children with Autism	Self-control
11.21	15.82	40	Mothers of Children with Down Syndrome	
2.21	23.23	40	Mothers of children with Autism	Vulnerability to diseases
2.41	21.75	40	Mothers of Children with Down Syndrome	
7.08	14.33	40	Mothers of children with Autism	Attachment
5.84	14.45	40	Mothers of Children with Down syndrome	
52.79	98.31	40	Mothers of children with Autism	Maladaptive schema
48.54	93.18	40	Mothers of Children with Down syndrome	
9.76	33.59	40	Mothers of children with Autism	Problem-focused style
8.35	34.41	40	Mothers of Children with Down Syndrome	
3.71	28.68	40	Mothers of children with Autism	Emotion-focused style
3.44	26.09	40	Mothers of Children with Down Syndrome	
6.37	32.16	40	Mothers of children with Autism	Avoidant style
6.38	31.04	40	Mothers of Children with Down Syndrome	
19.84	94.43	40	Mothers of children with Autism	General coping styles
18.17	91.54	40	Mothers of Children with Down Syndrome	

Table 2 shows the mean and standard deviation of scores for the components and scores of maladaptive schemas and attachment styles in the two groups of mothers of children with autism and children with Down syndrome. Given the figures in all scales, it is observed that the total score of the maladaptive schema in mothers of children with autism is higher than mothers of children with Down syndrome. Furthermore, the figures in all scales suggest that the scores of the problem-focused style for mothers of children with autism are lower than mothers of children with Down syndrome. However, in terms of components for emotion-oriented style and avoidant style, these

scores are higher in mothers of children with autism compared to the mothers of children with Down syndrome.

## Inferential findings

### Hypothesis test

As regards the maladaptive schemas and coping styles, there is a significant difference between the mothers of autistic children and those with children diagnosed with Down syndrome in the city of Shiraz.

Multivariate analysis of variance was used to compare the variables of the early maladaptive schema and coping styles for the two groups. The results are given in the following tables.

Based on the results of Levene's test for equal variances in the two groups, the assumption of the equal variances is confirmed for these groups. Moreover, the results of Box's M test showed that the significance of this test is greater than 0.05; therefore, the variance-covariance matrix is homogeneous and the test of the multivariate analysis of variance can be continued.

**Table 3- The results of multivariate test for maladaptive schema and coping styles in two groups**

Significance	df error	df hypothesis	F	Value	Test
0.009	78	2	14.008	0.376	Pillai's trace
0.028	78	2	14.008	0.376	Lambda Wilkes

As seen in Table 3, the significance levels of the Pillai's trace and Lambda Wilkes tests indicate that there is a significant difference between these two groups in terms of at least one of the variables of maladaptive schema and coping styles.

**Table 4: The results of the effects between participants using maladaptive schemas and coping styles in two groups**

Squared eta	Significance	F	Mean Squares	Df	Total Squares	Variable	Source of variation
0.063	0.009	2.036	314.06	1	314.06	Maladaptive schema	group
0.873	0.028	43.12	1843.16	1	1843.16	Coping styles	

As seen in Table 4, the results of the effects among the participants show that there is a significant difference between the mothers of children with autism and children with Down syndrome in Shiraz. Thus, according to the eta square and the tables showing the mean and standard deviation of the studied variables in the two groups, it can be asserted that there is a significant difference between the maladaptive schema and coping styles for the mothers of autistic children and the mothers of children with Down syndrome in Shiraz.

## Discussion

The present study was an attempt to compare maladaptive schemas and coping styles between mothers of children with autism and children with Down syndrome in Shiraz. In this way, the results showed that there is a significant difference between maladaptive schemas and coping styles of mothers of children with autism and children With Down syndrome in Shiraz.

The results of the effects among the participants indicate that there is a significant difference between the mothers of autistic children and the mothers of children with Down syndrome in the city of Shiraz. Therefore, according to the eta square and the tables related to the mean and standard deviation of the studied variables in the two groups, it can be asserted that there is a significant difference in terms of the maladaptive schema and coping styles between mothers with autistic children and the mothers of children with Down syndrome in Shiraz.

The findings of the present study corroborate those of Askari et al. (2017), Meshkani et al. (2017), Nazari et al. (2014), Jafari et al. (2014), Mazloom (2014), Beyrami (2013), Hakim Javadi et al. (2013), Ramezani (2012), Zhang and Cai (2016), Hossein and Joyal (2014), Stabber and Johnson (2011), Flat et al. (2009), and Cohen and Carter (2006).

Askari, Naderi, Ehteshamzadeh, Asgari and Heidari (2017) conducted a study to investigate the effectiveness of combined intervention therapy and attachment to mothers on the parent-child relationship<sup>[4]</sup>. They concluded that combined therapies had moderate to high effects based on the effect size. This means that the combined intervention was effective, but the effect varied for different subjects.

Askari, Naderi, Ehteshamzadeh, Askari and Heidari (2017), Meshkani, Mir Abedini and Mallah (2017) conducted a study to investigate the relationship between stress and the coping styles of mothers with autistic children who had adaptive behaviors. They concluded that the adaptive behaviors of children with autism are closely related to parents' mental health. Therefore, the type of attitude and the level of stress which have been caused by problems associated with these children can predict the coping behaviors of autistic children. Hence, it is of great importance to pay attention to the psychological health of parents with such children.

In a study on coping styles and self-esteem as relational mediators of perfectionism and depression among Chinese students, Zhang and Kai (2016) found that both negative and positive coping styles mediate inconsistent perfectionism and depression. Furthermore, coping styles act as mediators with respect to maladaptive perfectionism and self-esteem.

The excitement of having a child can be so pleasant for parents that they are willing to tolerate years of parental struggles. However, it all becomes a source of concern when this expectation is challenged after the birth of a disabled child. Then, this parental instinct is tested against the problems caused by the

birth of a disabled child. The parents of children with autism or Down syndrome and especially mothers may experience the most stress and anxiety, as this condition leads to general functional disorder for children. However, as we know, autism causes more limitations for patients compared to Down syndrome and this can affect the functions of a family. Compared to Down syndrome, having a child with autism makes future planning more limited for mothers because, in principle, children with Down syndrome are more capable which allows families to plan for the future. On the other hand, in principle, the severity of autism probably reduces the ability of these mothers to cope in general and makes them suffer from a kind of learned helplessness. This being said, these mothers cannot manage the child's behavior. Therefore, it can be concluded that there is a significant difference between the coping strategies of mothers of autistic children and mothers of children with Down syndrome in the city of Shiraz.

## Conclusion

Based on the research findings, it can be concluded that an autistic child in the family is a source of stress for parents. In general, the presence of a child with a disability has shocking effects for parents. Then, the parents struggle to eliminate such a problem and, following many treatments, they notice that this condition does not change in their child. Consequently, they become depressed and vulnerable to problems and pressures and receive support from others. In the meantime, having failed to solve the problems of the child, they feel frustrated, abandoned, and helpless. Concurrently, this feeling undermines the assumption of receiving social support and imposes deadly psychological, social, and communicative blows on the parents, which in turn reduce the quality of life and psychological well-being among parents. Mothers of mentally retarded children with many behavioral disorders are more likely to use emotion-centered and avoidant coping styles. The presence of a disabled child can be a source of constant stress. Therefore, such a situation hampers the growth and development of abilities in family members and especially mothers. Consequently, the mothers of children with special needs spend more time with their disabled children than they normally do with other children. For the same reason, they have fewer opportunities to pursue personal interests, social activities, and skills development.

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