

Coping Style, Positive Life Orientation and Quality of Life of Caregivers of Children with ASD



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Abstract

Caregivers of children with autism spectrum disorder (ASD) experience high level of emotional and physical stress. There are many problems of having ASD child. The problems are mainly related to the social isolations, social stigma and feelings of stress and depression, which also affects their quality of life (QOL). The aim of the research was to assess the QOL, Positive life orientation (PLO) and coping style of caregivers of children with ASD and to identify how QOL is predicted by coping styles and PLO. The sample for the study consisted of group of 40 caregivers (mothers) of children with ASD. Socio-demographic data sheet was prepared for the study, scales of world health organization quality of life (WHOQOL), Brief cope, and PLO tools were used in this study. The results obtain are presented in two section; section A coefficient of correlation among variables, section B step wise multiple regression analysis for QOL. It was found the PLO was positively correlated with active coping style and all four domains of QOL and negatively correlated with denial and behavior disengagement coping style, physical health (domain of QOL) is significantly positively correlated with religious, emotional support, active coping and instrumental coping style and negatively significantly correlated with denial, venting, substance abuse and behavior disengagement coping style. Psychological health (domain of QOL) is negativity significantly correlated with self-distraction. Social health (domain of QOL) is significantly positively correlated with active and instrumental coping and negatively correlated with denial and venting coping style. Environmental (domain of QOL) is positively significantly correlated with instrumental coping style and negatively significantly correlated with denial coping style. A multiple regression analysis was used to identify the predictors of QOL which made a significant contribution to explain the QOL. The results reveals that QOL is significantly predicted by various coping style and PLO.

Keywords: ASD, Quality of Life, Positive Life Orientation, Caregivers and Stress.

Introduction

There are many researchs done on the coping style and QOL of caregivers of children with ASD. It has been found that caregivers experience more stress and their QOL is also impaired. Research has shown that parents of children with disabilities experience higher levels of stress in comparison to parents with normally developing children (Gupta, 2007). Mothers are usually the primary caregivers' experiences more stress related to coping with the heavy load of caregiving. Malhotra, Khan and Bhatia (2012) found that parents in the MR and autism group reported impairment in all the four domains of QOL. The researchers did not came across studies finding relationship between QOL and coping style among caregivers another variable taken in this study, PLO is very less researched though this variable has found to predict significantly recovery from severely diseases (Agarwal and Dalal, 1995). This will be the first study of this kind in which the interrelationship between different styles of coping, with domains of QOL will studied. How PLO moderate the relationship between coping style and QOL of caregivers.

This study is, therefore, planned to assess the coping styles, PLO and QOL of caregivers of children with ASD.

Coping Styles

Coping is conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. Coping is a process that we as individuals face every day. We engage in coping when we feel under stress or want to manage a taxing situation. There are three main coping styles that individual use when attempting to resolve or remove a stressor:

1. Problem-focused coping involves altering or managing the problem that is causing the stress and is highly action focused. Individuals engaging in problem-focused coping focus their attention on gathering the required resources (i.e. skills, tools and knowledge) necessary to deal with the stressor. This involves a number of strategies such as gathering information, resolving conflict, planning and making decisions (Lazarus and Folkman, 1984).
2. Emotion-focused coping can take a range of forms such as seeking social support, acceptance and venting of emotions etc. (Carver et al, 1989).
3. Avoidant coping can be described as cognitive and behavioral efforts directed towards minimizing, denying or ignoring dealing with a stressful situation (Holahan, Holahan, Moos, Brennan, and Schulte, 2005).

There are many factors are involved in the development of stress, coping styles have been shown to be a significant contributor to cope up stressful situation. Problem-focused coping appears to be the most adaptive coping style as it is associated with reduced caregivers stress. On the other hand avoidant coping style appears the most maladaptive as it is associated with increased caregivers stress and emotion-focused coping are more complex as coping style has been associated with both increased and decreased levels of caregivers stress (Crockett et. al, 2007; Knibb and Horton, 2008). Avoidant coping has also been associated with increased psychological distress (Wijndaele et al. 2007). Crockett et al. (2007) state that emotion-focused coping incorporates a number of diverse coping styles that have been shown to be both adaptive and maladaptive.

Quality of Life

WHO define QOL as individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

The term QOL is known to most people around the globe; however, history indicates a lack of global agreement on its definition. Even the general population shows little awareness of the discrepancies that exist in its every day expressions and understanding of QOL (Ferrans, 1990). Recent literature tends to support QOL as a multi-dimensional concept that needs to ensure information is gathered from a number of specific domains (Schalock, 2004; Verdugo, Schalock, Keith and Stancliffe, 2005).

Different researchers have identified different type of domains of QOL that ensure information is gathered from a number of specific domains. Hanson (2001) identified these domains which range from: physical, psychological, social and spiritual. Naughton and Shumaker, (2003) identified five domains for QOL which range from physical functioning, social functioning, psychological functioning, overall life satisfaction, and perceptions of health status. Schalock,(2004), Verdugo et al, (2005) identified seven type of domains range from interpersonal relations, social inclusion, personal development, physical wellbeing, self-determination, material wellbeing, emotional wellbeing, and rights. This ensures that we can address and measured different aspects of an individual's life.

Past researches also discusses the subjective and objective indicators in measuring QOL. Subjective indicators are closely linked to the individual's perceptions of life and their life experiences. Objective indicators are those which can be readily measured, such as socio-economic and marital status (Browne and Bramston, 1998).

Researchers recognize the importance of the subjective indicators level to the individual when determining overall QOL (Welham, Haire, Mercer, and Stedman, 2001). Two people can indicate equal dissatisfaction with an area of their life. However, one person may indicate this area has little importance to them, while the other says it has a high level of importance. The person, who indicates they are dissatisfied with an area of life that is highly important, is likely to have a lower QOL than the individual who is dissatisfied with an area of little importance. Individual levels of importance are heavily influenced by life expectations and the hopes that people harbor for themselves. When these hopes and expectations do not match reality it is likely that the individual's QOL will be affected Skevington and O'Connell, (2004).

Positive Life Orientation

PLO describes it as the ability of the individual to emphasize the positive aspects of a crisis, to make positive comparisons, and maintain a positive attitude towards life in general (Agrawal, Dalal, Agarwal & Agarwal, 1995). In some current researches, positive orientation, towards life events, has been understood to consist of life satisfaction and optimism (Caprera and Steca, (2005). PLO is not only a much broader term than optimism; it is, in fact, different from optimism, Optimism is understood as a generalized expectancy and an anticipated positive evaluation of future events. PLO can be differentiated from optimism on both these accounts. In the current conceptualization, PLO refers to a general tendency of positive construction of reality in the present. It is said that every situation has two sides, a positive and a negative; positive orientation is the tendency to focus on the positive side of the situation more than the negative side. It does not mean denial but focusing on the positive reality. Hence it is not about future events, though such a

person is likely to be optimistic as well. An expectancy of successful outcomes is considered an outcome of PLO and not its component. It may be further elaborated for clarity that PLO is a positive evaluation of present events, whereas optimism is an anticipation of positive outcome of events expected to occur in the future. Inference and interpretation of present events is extremely important in maintaining a positive state of mind.

The authors studied the positivity bias and introduced the concept of positive life orientation (PLO). They developed a scale on PLO which was initially studied in relation to recovery from myocardial infarction (Agrawal, Dalal, Agarwal, & Agarwal, 1995). PLO was defined as a positive mindset, in which reality is construed in a manner so as to derive a positive meaning out of any given situation. This positivity bias is a predisposition to selectively focus one's attention on the brighter side of one's life experiences. The operational definition of PLO describes it as the ability of the individual to emphasize the positive aspects of a crisis, to make positive comparisons, and maintain a positive attitude towards life in general.

Problem Statement

This study explores relationship between coping styles and QOL of caregivers of ASD children. It also explores the moderating role of PLO between coping style and quality of life.

Review of Literature

According to the Autism Society of America, autism is a developmental disability that typically appears during the first three years of life and affects a person's ability to communicate and interact with others. Beginning at an early age, the child may face difficulty with joint attention or elicit atypical responses to human faces and voices. They also tend to develop speech at a later time and a slower rate. It can often be seen that they have trouble having reciprocal conversations, and some portray echolalia, which is the repetition of others' vocalizations. The complexity and severity of a child's disability can lead to stress for the caregivers and the nature of the disability also influence caregivers quality of life of caregivers.

Parenting a child with ASD can be challenging and Increase caregivers stress DeGrace, (2004). Therapists who work with caregivers of children with ASD should be aware of the stressors these caregivers face. Many researchers found that mothers of children with ASD are highly stressed than other normal children mothers (Woodgate, Ateah, and Secco, 2008).

Beckman (1991) compared parental stress in 54 mothers and 54 fathers of children with disabilities with the parental stress of equal number of mothers and fathers of normal children. Mothers generally reported more stress in parent domain than fathers, but both parents experienced high level of stress in child domain. Parents of disabled children reported greater amount of parenting stress than parents of normal children.

Oelofson and Richardson (2006) analyzed family coherence and parenting stress in mothers

and fathers of preschool children with a developmental disability. The researchers found that parents of children with a developmental disability reported higher levels of parenting stress with 84% of mothers' and 67% of fathers' scores being within the clinical range of the measure utilized.

Another revealing fact is that parents themselves often use the word "stressful" when talking about raising a child with autism (Gray, 2002). In their study, Rodriguez, Morgan and Geffen (1990) reported that mothers of disabled children experience greater parenting stress and lower parenting competency as compared to mothers of children without disability. Studies also reported that mothers show significantly more negative emotional states and more depressive symptoms.

In terms of specific coping style, Lazarus and Folkman (1984) argue that the coping process and style selected are not inherently good or bad. Rather, it is suggested that the adaptive qualities of the coping effort should be evaluated within the context of the specific situation in which it occurred. A particular coping process may be successful within one context and not in another. In a study of coping effectiveness among aging mothers and fathers of adults with mental retardation. Essex, Seltzer, and Krauss (1999) found that greater use of problem-focused coping style and less use of emotion-focused coping techniques. Study of stress appraisal and coping style in mothers of children with disabilities found that emotion-focused coping was significantly related to increased psychological distress in mothers whereas use of problem-focused coping was tied to decreased distress. (Miller, Gordon, Daniele and Diller, 1992)

In study if QOL of caregivers having children with developmental disabilities found that caregivers of MR and ASD reported that impairment in all the four domains of QOL. Such impairments were found both for fathers and mothers. Thus, caregivers of children with MR and autism seem to display a higher burden and impaired QOL as compared to parents of healthy group Malhotra, Khan, and Bhatia (2012). Researchers also revealed that parents of children with Autistic Disorder experience significant high levels of parenting stress Dardas (2014). Positive reappraisal was the most frequently used coping strategy among those parents. Meanwhile, confronted coping was the least frequently used strategy. In regard to parents' QOL, parents reported poor physical, psychological, social, and environmental health scores, with mothers reporting relatively lower scores. The lowest scores for parents were reported on the environmental health domain.

Lee et al, (2009) found that when compared to parents of children without a disability, those raising a child with autism had lower levels of QOL and higher stress levels, especially with regard to their physical and mental health. Parents of children with a disability with high behavioral needs indicate lower levels of life satisfaction, and higher levels of parenting stress and depression. Richman et al, (2009) Research found regarding the relationship

between QOL of caregivers of child with a disability and its interaction with socioeconomic status and marital status is mixed. Some studies investigating differences between parents in regards to QOL, stress, depression, and wellbeing show significant differences in results for mothers and fathers. These differences indicate higher levels of stress, and depression and lower levels of QOL and wellbeing for mothers (Hastings et al, 2005). Socio-economic status, and the resulting resource availability are reported to have an impact on individual's health and wellbeing (Hatton and Emerson, 2009). Socio-economic status has been found to act as a moderator between QOL for caregivers and problem behaviors in children (Hatton and Emerson, 2009). It has also been reported to have a strong positive relationship with depression.

Baker, Blacher, and Olsson (2005) found that mothers of children with disabilities who were rated as being less optimistic reported lower scores on measures of wellbeing when their child exhibited high levels of negative behavior. Kayfitz, Gragg, and Orr (2009) explored the impact that positive experiences had on mothers and fathers of children with autism and found that parents who had a positive focus reported lower levels of parental distress.

Objective of The Study

1. The aim of this study is to assess quality of life, positive life orientation and coping style of caregivers of children with ASD.
2. The study also aims to identify how quality of life is predicted by coping styles and positive life orientation.

Research Design

Ex-post facto research design has been used to conduct this study.

Variables

Three variables have been studied in this present research.

Coping

When individual use own conscious effort, to solve personal and interpersonal problems, in order to try to minimize or tolerate his stress.

Quality of life

World Health Organization (2005) as an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards, and concerns.

Positive life orientation

Positive life orientation was defined as a predisposition to selectively focus one's attention on the brighter side of any situation.

Sample

The method of the sampling used in the present study is purposive. Sample of the present study comprised of 40 caregivers of children with ASD. The age of the children ranged from 3 to 14 years. Who went officially diagnosed with Autistic Disorder, Aspersers' Syndrome, or PDD-NOS by a psychological, medical, or educational professional. Children did not have any physical handicaps and they were also not reported to have a genetic or

chromosomal disorder (e.g. Fragile X Syndrome, Down Syndrome, Rett's Disorder). Caregivers were those who accompanied the ASD child to Autism, Awareness and Action center, Lucknow, Uttar Pradesh. For therapy and efforts were made to have Mother to be studies as caregivers. All caregivers of these 40 children were assessed for their QOL, PLO and coping style using the questionnaires of WHOQOL scale, brief Cope scale and PLO scale.

Inclusion Criteria

1. Having a child diagnosed with Autism spectrum disorder (F84.0) according to ICD-10 criteria.
2. Mother should be the caregiver of the child and living with child in the same household.
3. Children receiving therapy for the last 1 to 4 four year.

Exclusion Criteria

ASD without any other physical disability.

Research Question

The following research questions are directed towards investigating the QOL, PLO and coping style of caregivers of children with ASD. Therefore, the following research questions were formulated to guide and investigate.

1. How PLO, QOL and coping style correlated with each other?
2. Is QOL is predicted by coping styles and PLO for caregivers of ASD children?

Methodology

The Data were analysed using SPSS version 20. Confidentially was assured and maintained in the whole study process. The caregivers were given rating scale of QOL, POL and brief-cope. Coefficient of correlation and multiple regression analysis were carried out for analyzing the data.

Tools Used

WHOQOL-Brief

WHOQOL-Brief (1998).The instrument comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment.

Brief Cope

The Brief cope is (Carver, 1997). The Brief cope consists of 28-items with only two items for each of the 14 subscales, reflecting problem-focused and emotion-focused coping style (e.g., self-distraction, active coping, substance use, denial, and use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, and self-blame).

Positive Life Orientation Scale

(Agrawal, Dalal, Agarwal, & Agarwal, 1995).The scale consists of 11 items about the tendency among people to interpret life situations in a positive or negative manner. Rated on a four-point rating scale.

**Tables and Results
Section A**

TABLE 4.1: Showing Correlation between Positive Life Orientation and Coping Style

	Positive reframing	Acceptance	Humor	Religious	Emotional support	Self-distraction	Active coping	Planning	Use of instrumental support	Denial	Venting	Substance abuse	Behaviour Disengagement	Self-blame
PLO	.171	.232	.060	.242	-.019	.227	.336*	.184	-.115	-.597**	.215	.273	-.317*	.057

*P<.05 **P<.01

The results indicate that PLO is significantly positively correlated with the active coping style (P<.05). The significant positive correlation between PLO and active coping style means that caregivers utilize their psychological or behavioral coping resource to deal with any stressful situation (Zeider and edler, 1996). In others words it means that if person is more positive towards life then they tend to think positively and use active coping style to overcome their problem and take actions to make the situation better.

From the table it can also be seen the PLO is negativity significantly correlated with denial and behavior disengagement (P<.05). Denial coping occurs when individual refuse that a stressor exist or attempt to act as through the stressor is not real (Carver et.al, 1989). This means that having a positive orientation toward life automatically increase the likelihood that individuals become realistic in

their appraisal of a stressful situation. Behavior disengagement is a tendency in an individual that reduces the efforts made by an individual to deal actively with the stressor. A negative correlation between these two variables (PLO and Behavior disengagement) therefore means that individual who have PLO make efforts to deal with a particular stressful situation rather than being passive receiver of poorer mental health. In a study by Krypel and King (2010) it was found that higher optimism is significantly related to active coping, instrumental support, positive reframing and planning whereas behavior disengagement, denial and self -blame related to lower optimism.

Thus, it means that caregivers that recognizes and accept the fact that they are in problematic situation may take steps such as learning more about it and deal problem in an effectively way.

Table 4.2: Showing Correlation between Positive Life Orientation and Various Domain of Quality of Life

QOL	Physical Health	Psychological Health	Social Relationship	Environmental
PLO	.330*	.312*	.639**	.629**

*P<.05**P<.01

The results indicate that PLO significantly positively correlated with all domains of QOL (physical health, psychological health, social relationship and environmental). The significant correlation between positive life and with all four domains of QOL, indicated that when individual possess a positive outlook in their lives they tend to behave or act in a positive way or see the things positively. Such individual also consider their life is meaningful, are in a better position to think, have higher concentration levels, accept their appearance and get more energy for doing daily activities, and

are also satisfied with their surroundings. On the whole it can be said that there is a holistic growth and development of an individual along with a better quality of life, he/she possess a PLO.

In studies Greenberg and Seltzer, (2008) it was found that mother of adults with schizophrenia and ASD had better psychological well –being when mother child relationship has positively but this effect was mediated to totally and partially by optimism, optimism was related to better mental health of mother of ASD children.

Table 4.3: Showing Correlation between Coping Style and Quality of Life

Coping styles/QOL	Physical health	Psychological health	Social relationship	Environmental
Positive reframing	.141	.009	.120	.158
Acceptance	-.216	-.243	-.168	-.084
Humor	.082	.003	.090	.043
Religious	-.375*	-.052	-.226	.014
Emotional support	-.647**	-.069	-.306	-.080
Self-distraction	-.299	-.502**	-.072	-.210
Active	.379*	-.033	.573**	.005
Planning	-.165	.285	-.136	-.167
Instrumental	.430**	-.199	.594**	-.305*
Denial	-.448**	.216	-.576**	.302*
Venting	-.467**	.110	-.319*	-.018
Substance abuse	-.411**	-.275	-.208	-.259

Behavior disengagement	-.344*	-.110	-.061	-.051
Self-blame	.274	.069	.279	.031

*P<.05 **P<.01

From the table it can be seen that physical health is found to be significantly positively correlated with religious, emotional support, active coping, and instrumental coping strategies. This means that physical health of a caregiver is significantly improved when one seeks emotional support from others, is instrumental in bringing in outlooks, actively copes with a stressful situation and is religious in nature. Overall when one adopts an adaptive coping strategy to deal with stress, their physical health is good. The results also indicate that physical health is negatively significantly correlated with denial, venting, substance abuse and behavior disengagement coping strategies. Therefore, it can be said that adopting a maladaptive way of coping negatively influence one's physical health. It seems justified also as many researches corroborate the obtained results. (Burke and Paton, 2006) found substance use, denial and behavior disengagement were the least used coping style.

(Muhonen and Torkelson, 2011) found that denial was related to poor physical well-being. Corner and Scheier, (2005) found maladaptive coping style related to poorer physical health whereas acceptance was related to better physical health. Khanna et, al. (2011) use of maladaptive coping and burden influence caregiver's mental health related to QOL.

From the table 4.3 it can be inferred that psychological health (domain of QOL) is found to be negatively significantly correlated self-distraction. This means that when caregivers use this strategy they tend to have poorer psychological health as distracting oneself from a stressor means that no efforts is made on the part of an individual to deal effectively with it. In such a situation the stressor remains and keeps on pestering the caregivers. It enhances the perceptions of inefficacy within the individual and thus greatly influences the psychological health. In studies by Hasting et al, (2005); Smith et al, (2008) found that psychological health of an individual is inversely related to self-distraction.

The obtained results also indicate that a significant positive correlation exists between active and instrumental coping with social health of caregivers, this means that one has an active role and is instrumental in seeking the support of others as well as in bringing a change in the thinking and dealing with stress, their social health is good. (Burke and Paton, 2006) also found similar results in their studies. Lyon et, al. (2010) found caregivers those who use task-oriented coping style reported less stress. Horwitzeta, (2011); Li et, al. (2006) state that use of more problem-focused coping was correlated with fewer symptom of mental health disorder.

The results from table 4.3 also show that environmental (domain of QOL) is positively significantly correlated with instrumental coping style

and negatively significantly correlated with denial coping style. This means that being instrumental is coping with stresses induce a sense a health and wellbeing within a caregivers whereas deny the presence of stress induce a sense of ill-health within a caregiver.

On the whole it can be said that significant correlation exists among the variables of study.

Section B Results deals with finding out the significant predictors for QOL. The results are presented below.

Table No. 4.4
Predictors of Physical Health: Caregivers
(N = 40)

Predicators	Beta	T	Significance
Emotional support	.746	0.190	.01
PLO	.532	6.679	.01
Substance abuse	-.347	-3.588	.01
Self-blame	-.326	-4.073	.01
Acceptance	.515	6.569	.01
Religious	.332	.2917	.01

R = .920 R² = .846 SE = 1.727
F = 30.313 Sig. = .001

The result indicates that physical health is predicated by emotional support, positive life orientation, religious, substance abuse, self-blame& acceptance. From the table 4.4 it can seem that emotional support, positive life orientation, acceptance and religion are positively correlated with physical health while substance abuse and self-blame are negatively predicting the criterion variable. Similarly, when an individual start blaming oneself for stress indulging in substance abuse then their physics health gets affected hardly.

Emotional support produced 74% of the variance, PLO 53%, substance abuse produced 34%, self-blame produced 37% of the variance, acceptance produced 51% and religious produced 33% of variance in the criterion variable.

In stepwise regression, Physical health was found positively correlated with emotional support (beta=.746) which indicate that when an individual is offered empathy, concern, affection, love, trust, acceptance, intimacy or encouragement and nurturance by a significant other than physical health of caregivers is vastly improved. Grant et al. (2006) and O'Connell and Baker, (2004) also showed that a positive association exists between emotional support and caregivers physical health.

As emotional support PLO, religious and acceptance was found positively correlated with physical health (beta=.532, beta=.332, and beta=.515) respectively. Which state that if the individual have high PLO or act in positive way towards their problematic or stressful situation then individual's generalized expectancy that future outcome will be good and this will result in better physical health. Studies have found optimism to be

beneficial for both psychological & physical wellbeing (Corner and Schier, (2005) the studies have shown that practice of religious activity improves health & increase longevity. Koenig (1998) found that individuals who attend both religious services weekly & read their holy books or prayed daily were 99% less likely to smoke and indulge in substance abuse. This means that being more religious helps in improving physical well-being. Acceptance is found to be a good predictor of physical health (Carner and Conner-Smith, 2010). This means that when caregivers have accepted the fact that they have to deal with ASD children, they know that their physical resources will be optimally required to take good care of their wards; therefore, they also take care of their physical health. Because being healthy and fit empowers caregivers to also make their child healthy and fit.

Substance abuse and self-blame are inversely related with physical health (domain of QOL). This means using alcohol and drugs to reduce stress and blaming oneself for stressful situations will deter the physical health of caregivers.

Table No. 4.5

Predictors of Psychological Health: Caregivers (N=40)

Predictors	Beta	T	Significance
Self-distraction	-.734	-5.434	.01
PLO	.431	3.570	.01
Positive reframing	.284	2.124	.01

R = .711 R² = .505 SE = 2.632
F = 12.261 Sig. = .001

The result indicates that psychological health is predicated by self -distraction, PLO and positive reframing. From the table 4.5 it can seem that when PLO & positive reframing are positively correlated with psychological health while self-distraction is negatively predicting the criterion variable. It can be seen that self -distraction produced 73% of the variance, PLO 43%, and positive reframing produced 28% variance in the criterion variable.

In stepwise regression, Psychological health was found negatively correlated with Self-distraction (beta= -.734) which indicate that if the individual distract himself/herself from the stressful situation rather than attempts to do something to improve the stressful situation or to reduce the influence of the stressor, it may deter their psychological health. Dyson and Renk (2006) who reported that the frequent use of escape-avoidance coping among freshmen is related to higher level of depression of them. Aspinwall and Taylor (1992) was found that avoidant coping which showed negative effect on college adjustment. The authors state that active coping predicted better subsequent adjustment as compared to 'avoidant coping' which predicted less successful adjustment to college.

PLO and positive reframing are positively related to the psychological health of caregivers. This means PLO and positive reframing are associated with better psychological health of the

caregivers. Positive reframing state that individual assess to attempts to view their positive way whereas PLO is a mindset, in which reality is construed in a manner so as to derive a positive meaning out of any given situation . This means that when a caregivers reviews her situation in a positive light and is optimistic then her quality of life is good and healthy.

Park and Adler (2003) who investigated the effects of coping styles on 139 university incoming medical students from the University of California. Their study reported that students' coping styles was related to students' psychological well-being, and 'escape-avoidance' coping was related to lower levels of psychological well-being, while both 'positive reappraisal' and 'painful problem solving' were marginally related to higher levels of psychological well-being. The results of the present study are in sync with reported study.

Table No. 4.6

Predictors of Social Relationship: Caregivers (N=40)

Predictors	Beta	T	Significance
PLO	.534	7.25	.01
Instrumental support	.594	9.47	.01
Active coping	.514	6.903	.01
Substance abuse	-.374	-4.88	.01
Religious	.340	3.66	.01
Self-blame	-.173	2.97	.05
Denial	-.212	-2.45	.05

R = .956 R² = .915 SE = .700 F = 48.97 Sig. = .001

The result indicates that social relationship is predicated by PLO, instrumental support, Active coping, substance abuse, religious ,self-blame & denial .From the table 4.6, it can seem that PLO, instrumental support, Active coping, religious are positively correlated with social relationship while substance abuse, self-blame and denial are negatively predicting the criterion variable.

PLO produced 53% of the variance, instrumental support produced 59%, Active coping produced 51%, substance abuse produced 37%, religious produced 34%, self- blame produced 17% & denial produced 21% of the variance in the criterion variable.

In stepwise regression, social relationship was found positively correlated with PLO (beta=.534) which indicate that when an individual is more positive orientated or they believe that whatever happen in his /her life is happen for a good or accept that their life is meaningful then their social relationship will not affected and they got support from their friends as well as satisfied with their personal relationship.

Instrumental support, Active coping & religious coping style have also emerged as good predictors of social relationship (domain of QOL). These coping styles are positively correlated with social relationship (beta=.594, beta=.514, beta=.340) respectively. This shows that if individual struck in any kind of problematic condition, at that time

individual try to get the advice or help from other people actively to bring about a change in their situation. If the caregiver uses active coping and does mediation daily or attend religious services, this strengthens their relationship with others and able to handle stress in a better way.

Many studies were found that adaptive coping (religious, instrumental support & active coping) were related to strong social relationship. Research has shown of religious coping to add unique variance above and beyond non-religious measures of coping in the prediction of health and well-being (Pargament, 1997). Active coping was positively correlated to successful adjustment, while avoidant coping was negatively correlated to successful adjustment (Aspinwall and Taylor, 1992).

Substance abuse and self-blame are found to be negatively related with social relationship. This seems justified also as blaming oneself and indulging in substance abuse is deterrent for an individual's social life.

Table No. 4.7

Predictors of Environmental: Caregivers (N=40)

Predictors	Beta	T	Significance
PLO	.599	10.83	.01
Substance abuse	-.544	-6.540	.01
Active coping	.334	3.98	.01
Acceptance	.327	.3.726	.01

$R = .887$ $R^2 = .786$ $SE = 2.519$ $F = 32.175$ $Sig. = .001$

The result indicates that Environmental is predicated by PLO, substance abuse, Active coping & acceptance. From the table 4.7 it can seem that PLO, Active coping & acceptance are positively correlated with environmental while substance abuse is negatively predicting the criterion variable. This means when an individual indulging in substance abuse to make himself/ herself feel better than not only their physical health, relationship with others gets affected hardly but also their environmental (domain of QOL) will get affected poorly.

PLO 59%, substance abuse produced 54%, active coping produced 33% of the variance, and acceptance produced 33% variance in the criterion variable.

In stepwise regression, environmental was found positively correlated with positive life orientation (beta=.599), Active coping (beta=.334) & acceptance(beta= .327). Environmental (domain of QOL) concerns individuals financial resources Freedom, physical safety and security, health and social care: accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation / leisure activities.

Physical environment (pollution / noise / traffic / climate) &, Transport. This means that when a caregivers is active and accepting of changing the stressful situation with a positive outlook towards life, then he/she takes charge of his/her environment and is healthy and happy with life. Substance abuse is inversely impact the home environmental dimensions indicating that getting addicted to deal

with stress will majorly badly impact the home environment, physical health and others arrears of day to day functioning of the caregivers.

Conclusion

On the whole, it can be concluded that PLO, active and instrumental coping, acceptance, religious and substance abuse are all significant contributors in a caregiver's quality of life. If one has to make changes in quality of life then it is imperative to bring about a change in the outlook of life and use adaptive coping styles to deal with life stressors. As caregivers of children with ASD their role in not only defending themselves from the stressors but also in building and developing a healthy family environment is significant enhanced. The role of mothers in improving the QOL of every family member is important and this becomes all the more important when children are suffering from ASD.

Therefore, this study brings to fore the importance of positive outlook towards life and adaptive coping strategies in maintaining healthy QOL.

Limitation and Suggestions

The present research significantly put forth the relevance of coping style and PLO in predicting the QOL of caregivers. The major limitation of the present research is the sample size. The sample of the present research comprised of only 40 caregivers (mothers) of children with ASD. Future researchers can be planned on a large sample. Fathers and other significant others can also be included in the sample and then comparative study can be planned to determine the predictors of quality of life.

Other comparative researches can also be planned in future between parents of normal and children with special needs.

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