

A Cross-Cultural Examination of Coping Strategies, Child Autism Symptoms, and Fathers' Mental Health

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Introduction

Culture, which includes place of origin, language, religion, and beliefs, can influence an individual's views of the world. The Hispanic culture has a growing number of members in the United States. Indeed, Hispanic individuals comprise the second largest group of the population in the U.S. (Pew Research Center, 2017). Despite the growing Hispanic population in the U.S., research about Hispanic families is still lacking. It is even more sparse regarding Hispanic families of children with ASD. The existing research suggests that Hispanic and non-Hispanic children have similar symptom profiles and receiving a child's diagnosis of ASD may potentially have a similar impact on well-being of parents (Benson, 2006; Chaidez et al., 2012). However, there are also distinct cultural values that may impact the way Hispanic families view the child with ASD, what expectations they have, and what treatment options they seek. Some of these cultural factors include religiosity, fatalism, and familism.

When faced with a potential stressor, such as having a child with autism spectrum disorder (ASD), individuals may use coping strategies to adjust to the situation. Previous research suggests certain coping strategies are more adaptive than others. An example is positive reframing, which was related to lower levels of depression for parents of children with ASD (Hastings et al., 2005). However, there are differences in coping between mothers and fathers (Hastings et al., 2005). There may also be differences between non-Hispanic White and Hispanic parents as a result of cultural differences (Willis et al., 2016). Therefore, the goal of the current study was to investigate which adaptive coping strategies moderated the relationship between child symptom severity and parent mental health for both non-Hispanic White and Hispanic fathers of children with ASD. It was expected that some coping strategies would serve as moderators for each group of fathers, but that religious coping would only be a moderator for the Hispanic fathers.

Method

Participants were 75 fathers of children ($M = 6.64$ years, $SD = 2.29$ years) with ASD, and were either Hispanic ($n = 43$; $M = 41.77$ years, $SD = 6.75$) or non-Hispanic White ($n = 31$; $M = 44.35$ years, $SD = 6.25$). Fathers were recruited through flyers sent from a local service center for families of children with ASD. Participants were compensated with a voucher for a free movie ticket and popcorn at a national theater chain.

All fathers completed the current version of the Social Communication Questionnaire regarding their child's symptom profile and severity. They also completed the Center for Epidemiological Studies Depression Scale, a self-report measure of adult depressive symptoms. Finally, fathers filled out the Brief COPE, a measure of frequency of coping strategy use. For the current study, the coping strategies of interest were active coping, planning coping, use of instrumental social support, positive reframing, and religious coping. Separate moderated regression models were entered in the PROCESS macro for SPSS (Hayes, 2017) for fathers of each ethnicity with each of the aforementioned coping strategies.

Results

Variable	Non-Hispanic White Fathers		Hispanic Fathers	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Religious Coping	3.93	2.05	4.05	2.25
Planning Coping	5.52	2.16	5.42	1.83
Positive Reframing	4.67	1.90	4.84	1.80
Use of instrumental Support	4.48	2.17	4.07	1.83
Active Coping	5.74	1.65	5.51	1.61

Figure 1. Descriptive Statistics for Study Variables

For non-Hispanic White fathers, there was a significant interaction (i.e., moderation) between the effects of child symptom severity and use of positive reframing on the parent's depressive symptoms, $b = -.43$ ($SE = .17$), $p = .02$. The interaction accounted for an additional 15.6% percent of variance in depressive symptoms. For fathers who infrequently used positive reframing, there was a significant positive relationship between child symptoms and parent depression, $b = 1.01$ ($SE = .36$), $p = .01$, but the relationship was non-significant for those who used high levels of positive reframing, $p > .05$.

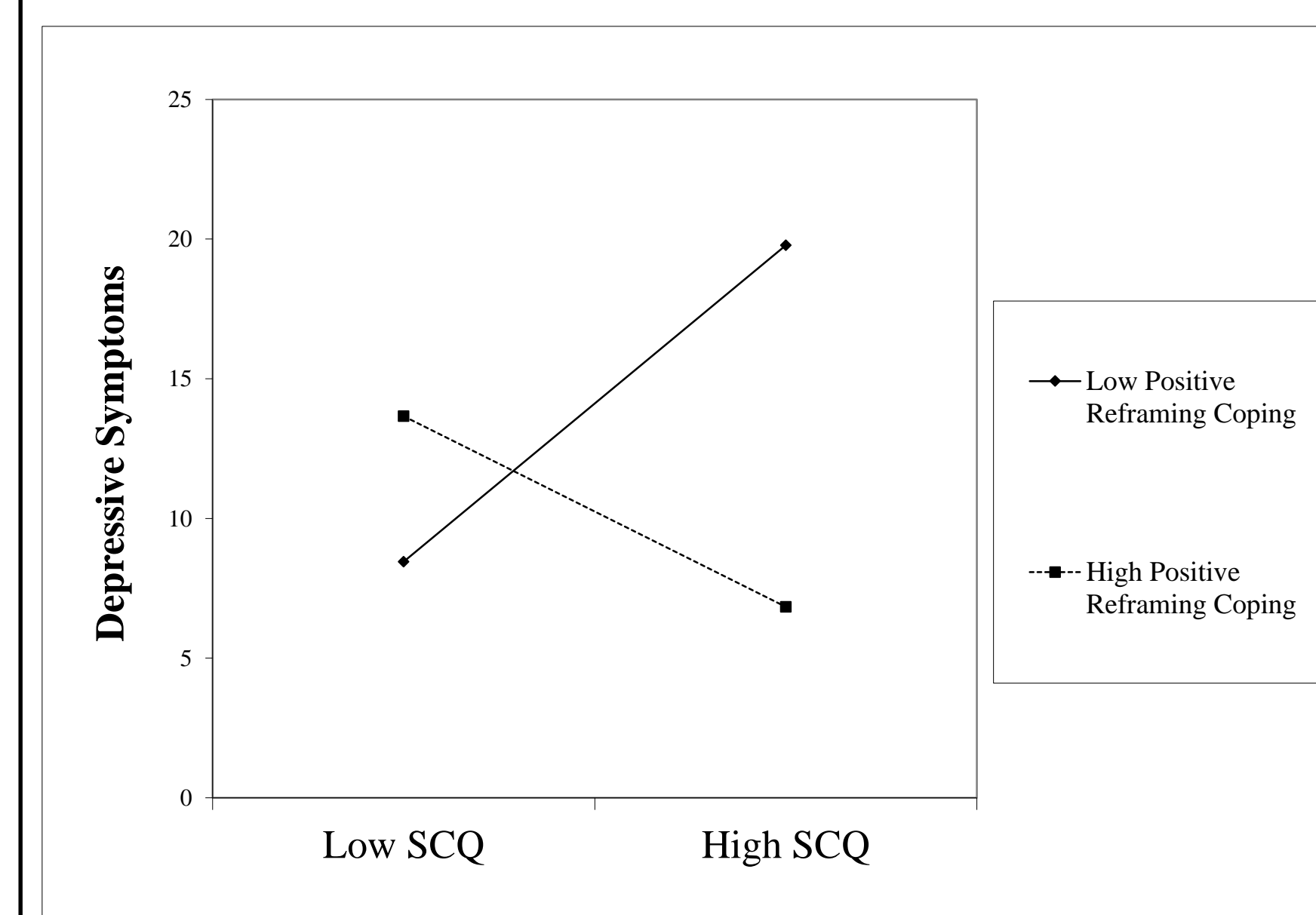


Figure 2. Results for Moderation with Positive Reframing Coping

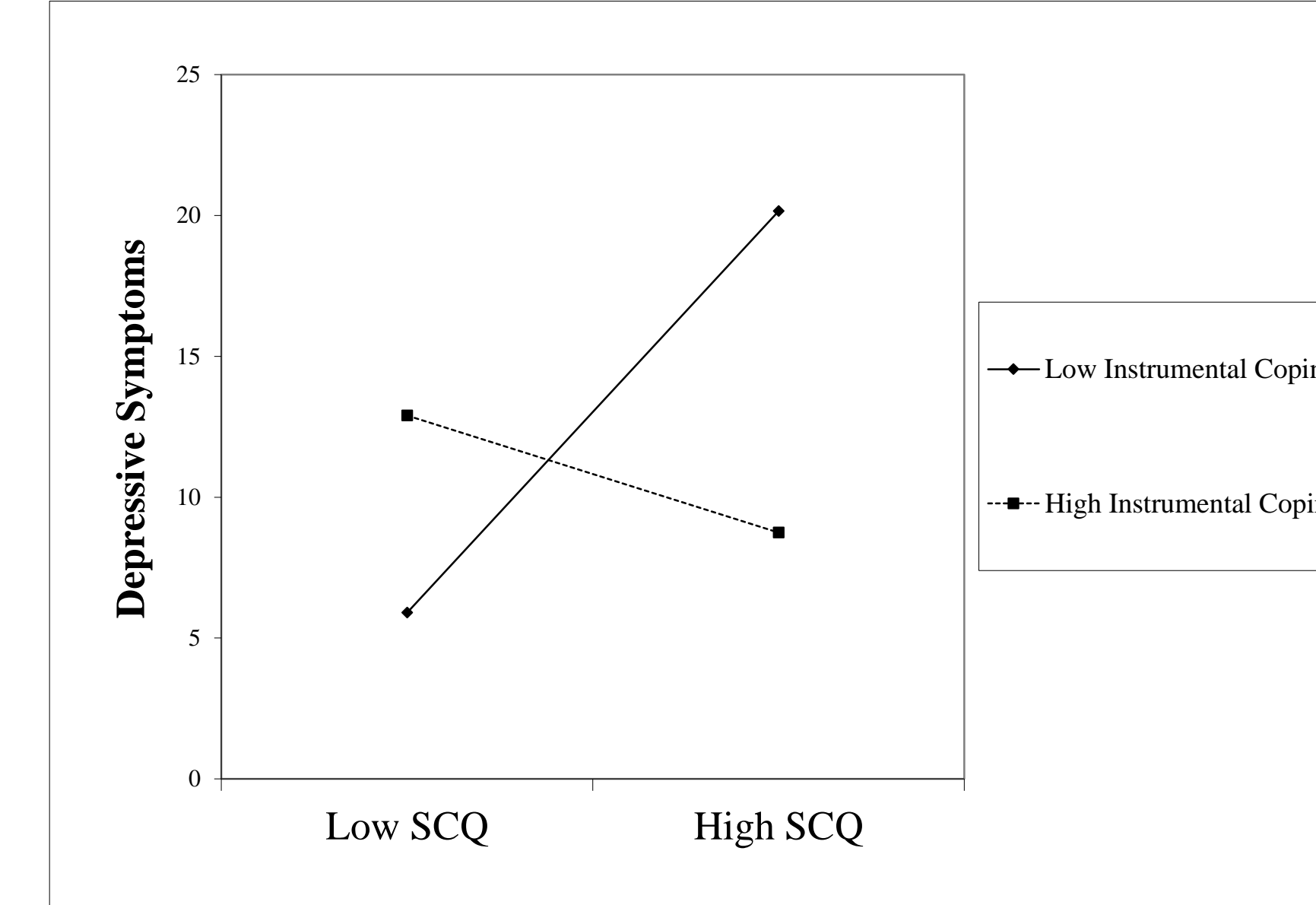


Figure 3. Results for Moderation with Instrumental Use of Social Support Coping

Moderation was also found with instrumental support coping, $b = -.38$ ($SE = .11$), $p = .003$, $R^2 = .26$, and religious coping, $b = -.46$ ($SE = .14$), $p = .004$, $R^2 = .26$.

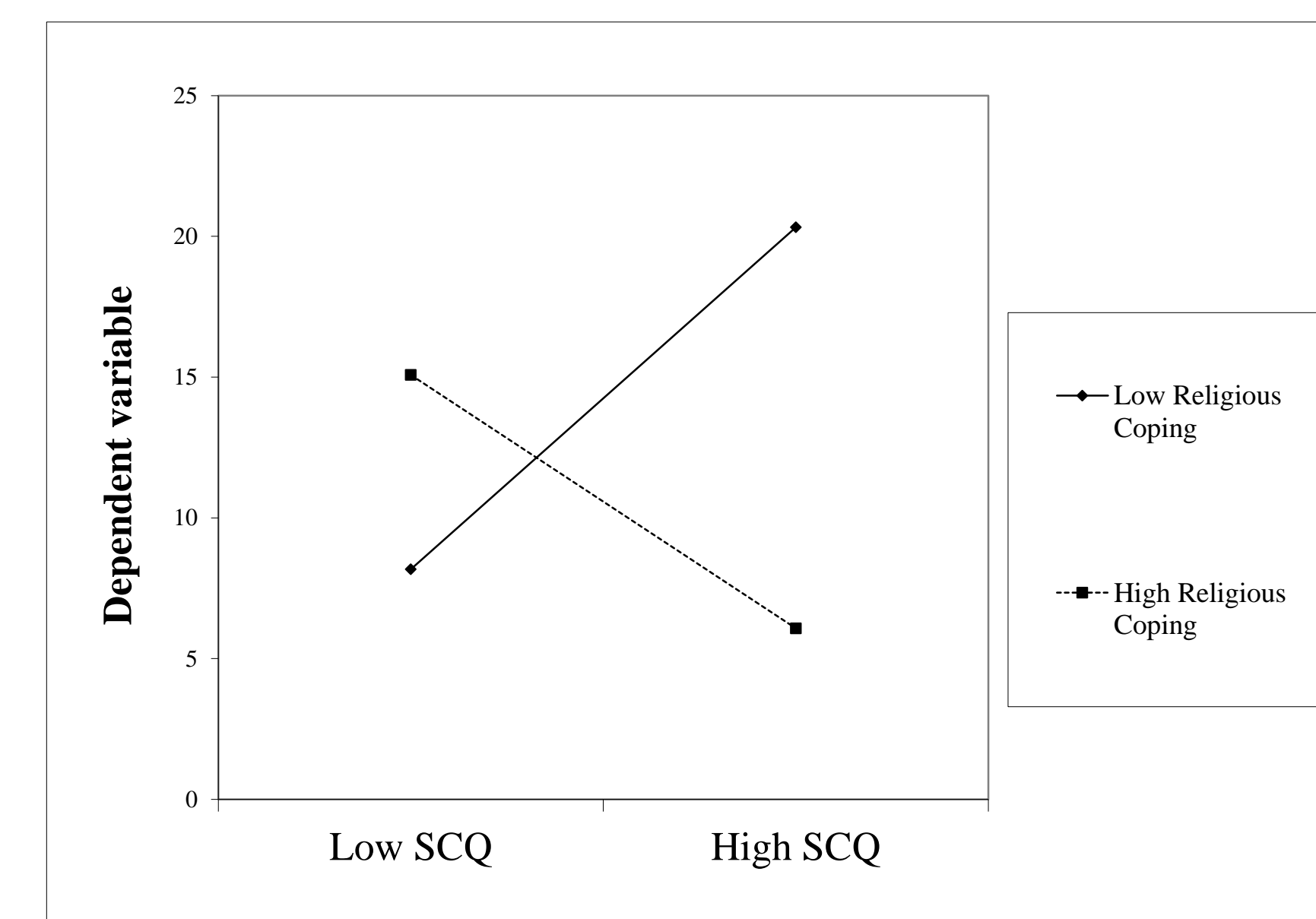


Figure 4. Results for Moderation with Religious Coping

However, neither active coping nor planning coping were significant moderators for non-Hispanic White fathers, $ps > .05$. For Hispanic fathers, none of the aforementioned coping strategies served as a moderator of the relationship between child symptoms and parent depression, $ps > .05$.

Discussion

Findings indicated that there was not a significant relationship between child symptom severity and parent depressive symptoms for fathers who used high levels of positive reframing, instrumental support, or religious coping. However, for fathers who used low levels of these strategies, higher child symptom severity was related to increased depression for fathers. This suggests certain coping strategies may protect non-Hispanic White fathers' mental health. Those who do not use such coping strategies often may be at risk for poor mental health. Therefore, teaching those fathers adaptive coping strategies may improve their functioning. Previous interventions successfully fostered use of adaptive coping strategies in parents of children with ASD (Samadi, McConkey, & Kelly, 2013).

Active coping and planning coping were not moderators for non-Hispanic White fathers. These coping strategies are sometimes classified as problem-focused and sometimes as positive coping. It could be that these coping styles differ fundamentally in some way from the other tested strategies and may not be as adaptive in this specific scenario.

None of the tested coping strategies were significant moderators for Hispanic fathers. However, it may be that there is some other factor besides coping strategy use, which serves as the best protective factor for Hispanic fathers. For instance, future research may investigate the importance of family functioning, given the importance of familism in Hispanic culture.

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