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Coping Strategies among Adults with Mild Intellectual Disabilities

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Abstract: ***The aim of the present study was to assess the coping strategies among adults with mild intellectual disability. The study was conducted on 20 male and 20 female adults with mild intellectual disability. The study was also explored the specific types of coping strategies used by the adults with mild intellectual disability. Lifestress inventory (coping dimension) was administered to elicit the responses from them. Open ended responses to each question of coping, coded into five dimension of active and avoidant coping strategies. . Chi square test was used to compare the Coping Strategies in respect to Gender and Employment. Finding suggested that adults with mild intellectual disabilities have used more active coping than avoidant coping strategies. Males have used more active coping strategies than females. It also revealed that adults with mild intellectual disability those who were having employment and those who were under vocational training have used more active coping strategies than unemployed adults with mild intellectual disability.***

Keywords: Intellectual Disability, Mild Intellectual Disability, Coping strategies

1. Introduction

India is faced with the task of lightening up the dark spots that cover the vast chunks of area with concentrations of poor, illiterate and socio- culturally deprived section of people. Being a developing country India is undergoing rapid socio economical and political changes. The development of persons with Intellectual disability has been of interest to developmental workers throughout century. Since the days of Itard and Seguin almost every country has been concerned about the problems of the Persons with Intellectual disability, which includes their education, training and habilitation in the community. The phenomenal growth and development of interest in intellectual disability after the Second World War, to a large extent, may be attributed to: a reawakening of interest on the part of the medical practitioners and social scientists, increasing parental concern and involvement and public awareness of the impact of the problem in the society.

Intellectual Disability is not a disorder it is a condition. It refers to particular state of functioning that begins in childhood and in which limitations in intelligence coexist with related limitations in adaptive skills. In this sense it is more specific term than developmental disability because the level of functioning is necessarily related to an intellectual limitation. Mental Retardation/ Intellectual Disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18. (AAMR, 2002/AAIDD, 2010). Mental Retardation is a condition of arrested or incomplete development of mind of a person which is characterized by sub – normality of intelligence. (Person with Disability Act 1995).

Classification of Mental Retardation According to DSM-IV-TR and ICD-10 (Guide for Mental Retardation)

Level Of Retardation	(IQ) ICD-10	(IQ) DSM-IV-TR
Profound mental retardation	below 20	Below20or25
Severe Mental Retardation	20-34	20-25to35-40
Moderate Mental Retardation	35-49	35-40to50-55
Mild Mental Retardation	50- 69	50-55 to approx 70

2. Mild Intellectual Disability/ Educable Mental Retardation (EMR)

This group is roughly referred as “educable”. This constitute of the largest segment (about 85%). A person with mild mental retardation is one who, because of subnormal mental development, is not always able to profit sufficiently from the normal curriculum at school, but who is considered to have potential for development in the areas : educability in academic subjects at the primary and advanced elementary grade level (approximately the sixth grade level), social adjustment to a point at which he can get along independently in the community and occupational adequacy to such a degree that he can later be self-supporting partially or totally at the adult level. In many instances, during infancy and childhood, he/she may not be known to be mentally retarded. Retardation and in mental and social activities can sometimes be noted, however if the child is observed closely during the preschool years and in a structured environment. The child may be slightly delayed in talking, language development and minimal impairment in sensory motor areas. The retardation may not be so great as to cause alarm on the part of the parents. It is usually first identified by the school when learning becomes an important part of social expectations. Sometimes it is associated with pathological biomedical conditions. During their adult years, they usually achieve social and vocational skills adequate for minimum self support, with proper supervision, guidance and training.

3. Coping Styles or Strategies

There appear to be three main coping styles that people employ when attempting to resolve or remove a stressor: problem-focused coping, emotion-focused coping and avoidant coping. 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. There are several behaviors associated with each overarching coping style according to Carver et al.(1989). The distinctions in behavior that can be made with regard to problem-focused coping strategies include 1) active coping or the attempt to remove the stressor, 2) planning, 3) suppression of competing activities, 4) restraint coping or waiting for an appropriate time to deal with the situation, and 5) seeking social support for instrumental reasons. Emotion-focused coping can take a range of forms such as seeking social support, acceptance and venting of emotions etc (Carver et al., 1989). Although emotion-focused coping styles are quite varied they all seek to lessen the negative emotions associated with the stressor, thus emotion-focused coping is action-orientated (Admiraal, Korthagen, & Wubbels, 2000; Folkman & Lazarus, 1980). For emotion-focused coping strategies, there are also several possible coping behaviors including 1) seeking social support for emotional reasons, or 2) focusing on venting of emotions. The third main coping style is avoidant coping. 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, & Schutte, 2005). Although some researchers group found similarity between avoidant coping with emotion-focused coping, the styles are conceptually distinct. Avoidant coping is focused on ignoring a stressor and is therefore passive, whereas emotion-focused coping is active (Admiral et al., 2000, Holahan et al., 2005).

4. Review of Literature

A literature review not only surveys what researches have been done in the past on the present research topic but it also appraises, encapsulates, compares and contrasts, and correlates various scholarly books, research articles, and other relevant sources that are directly related to present study. Thus, a literature review is essential in helping the researcher to shape and guide his research in a direction by offering insights and different perspectives on the research topic. The review of previous literature is divided into following domains:

- Intellectual Disability and Stress
- Coping strategies and Intellectual Disability

Intellectual Disability and Stress

Fogarty and Cummins (1999) have explored stress perceived by people with Intellectual Disability. The objective of the study was to see how individual with intellectual disability confront the stressful situation. In this study researcher had administered the Lifestress Inventory to 459 people with Mild and Moderate Intellectual Disability to reveal the perceived stress among them. Stress intensity for the each individual was examined. The study revealed that People with Intellectual Disability reported a lot of stress from negative interpersonal relationship such as peers and other people.

Braumston and Mioche (2001) aimed to reveal the aspects of life that bothers people with different forms of disability. Ninety-nine adults with a visual, intellectual or physical disability completed a self-report stress scale. Result indicated that total stress levels did not seem to be unusually high. All participants acknowledged their disability, but only half regarded it as a stressor in itself. Participants with a visual, physical or intellectual disability reported similar levels and patterns of stress with no highly significant differences between the groups. In accord with general research findings, significantly higher stress scores were found for females, those feeling unhealthy, those experiencing a recent major life event and those who found no time to relax. The study has signified the stress level in respect of gender.

Hartley (2007) explored the inter relationship among stressful social interaction, Depression and Coping among adults with Mild Intellectual Disability. The study was conducted on 62 adults with Mild Intellectual Disability, having oral communication where half of the sample diagnosed with depression and rest of them without Depression. The sample was highly heterogeneous in respect of chronological age, mental age, gender and Living status. Life stress Inventory and Inventory of Negative Social Interaction was administered to identify the stressful events and stress level in both the groups. Open ended responses on sentence stem was recorded for to understand the coping strategies used by the both groups. Result indicated that depressed adults with Mild Intellectual Disability reported a higher frequency of stress due to stressful social interaction. The study further revealed that they also exhibited a more negative attribution style and utilized fewer active and more avoidant coping strategies than non-depressed adults.

Hartley and **MacLean (2009)** explored stressful social interaction experienced by adults with Mild Intellectual Disability. They studied frequency and severity of various stressful social interactions of the Adults with Intellectual Disability and also identified the social partners involved in this interaction. The study was conducted on 114 Adults with Mild Intellectually Disability. The Inventory of Negative Social Interactions (Lakey, Tardiff, & Drew, 1994**),** The Lifestress Inventory (Bramston & Bostock, **1994**) and Inventory of Interpersonal Problems were used in the study. Findings of the study indicated that Person with Intellectual Disabilities are prone to stressful social interactions. Minor and unintentional negative actions of others had high frequency but low frequency of stress. The frequency of intentional negative actions of others is low in frequency but high in creating stress**.**

Coping Strategies and Intellectual Disability

Benson and Fuch (1999) conducted a survey on anger arousing situation and coping responses of aggressive adults with Intellectual Disability. A structured interview was conducted with 68 adults with intellectual disability who were referred to an outpatient mental health clinic due to aggression at work. Participants answered five open-ended questions in which they identified situations that made them angry at work and at home, what is their response when they get angry at work and home, and what they do to feel calm and relaxed. Categories of responses are reported for men and women. Responses revealed that at work, the most frequently reported anger-arousing situations involved co-worker conflict and aggression. At home, conflicts with siblings and peers were anger arousing. Interactions with parents and supervisors also aroused anger, but less frequently. Coping responses included aggression, being alone, talking to someone, and ignoring the provocation.

Hartley and **MacLean (2005)** has explored the perceptions of stress and coping strategies among Adults with Mild Mental Retardation. The study was conducted on 88 adults with Mild Intellectual Disability. It mentioned that stress impact is positively associated with Psychological distress. Stressful interpersonal interactions and concerns over personal competencies occurred most frequently among adults with Mild Intellectual Disability. Frequency and stress impact were positively associated with psychological distress. Active coping was associated with less psychological distress than distraction or avoidant coping. Perceptions of control were positively related to active coping and negatively related to avoidant coping. Active coping was related to less psychological distress when used with perceptions of high control than with perceptions of low control**.** The study did not mention about the specific coping strategies used by the adults with Mild Intellectual Disability.

Hartley and Maclean (2008) conducted a study to explore the coping strategies used by the adults with Intellectual Disability to face the stressful social interaction. They investigated specific type of Active and Avoidant coping strategies reported by 114 adults with Mild Intellectual Disability. They used open ended responses to a sentence stem task, coded into five dimensions of Active and Avoidant coping. Finding suggested that Adults with Mild Intellectual Disabilities used problem focused coping more frequently and this strategy was negatively correlated with psychological distress. On the other hand Emotion focused coping was infrequently but it is positively correlated with psychological distress. The study has given a clear description of specific coping strategies which will help in designing effective intervention for the adults with Mild Intellectual Disability.

Hartley and Maclean (2009) aimed to study the role of stress, attribution and coping of persons with mild Intellectual Disability and tried to explore how it is related to maintaining depression. A comparison was done between 47 depressed and 47 non depressed groups of adults with mild intellectual disability. The findings revealed that the depressed group reported higher frequency of stress level when they confronts social situations, more negative attribution style and use more avoidant coping strategies than non avoidant group. As the experience of negative social interaction, negative causal attribution and use of maladaptive coping strategies plays role in maintaining depression in general population, no differences found in case adults with mild Intellectual Disability.

5. Methodology

- Aim of the study: To study the Coping Strategies among Adults with Mild Intellectual Disability
- Research design : Exploratory research Design
- Sample : Adults with Mild Intellectual Disability
- Sample size: 40 Adults with Mild Intellectual Disability.
- Age range : 18 to 40 years
- Sample Technique: Purposive Sampling was used for data collection.
- Locale: Sample was collected from National Institute for the Mentally Handicapped (Secunderabad), Ramana Press Private Limited (Secunderabad) and Swyam Krushi (Secunderabad).

Sample Characteristics

Gender	
Male	20
Female	20
Chronological age:	
18 -25	07
26 - 33	18
34 – 40	15
Mental age	
8 – 9	31
9.1 - 10	09
Employment	
Employed	15
Unemployed	11
Vocational Trainee	14

Tools Used

- Binet Kamat test for intelligence
- Lifestress Inventory (Fogarty & Bramston)
- Demographic data sheet

Description of the tools

- Binet Kamat test for intelligence

Binet Kamat test at present one of the widely used intelligence test in clinical and educational set up. The scale which has its basis on the Stanford Binet Scale has been standardized on the Indian population and has Indian norms. The beauty of this test is that all the items are based on knowledge gained by children spontaneously through their native intelligence from outside the school. It is also useful in the assessment of mentally challenged and learning disabled children. It covers the span of 3 to 22 years. It consists of 78 items. Each age level of the test represents six standardized tasks. Alternative

tasks (mentioned in the manual) to be presented if the individual is not able to complete the main tasks due to some genuine condition (eg. motor difficulty). It gives information about the child's ability to remember, comprehend, analyze, interpret, repeat and solve problems. It assesses functioning on different areas such as:

- Language:
- Memory
- Conceptual thinking,
- Non- Verbal Reasoning,
- Verbal Reasoning,
- Numerical Reasoning,
- Visuo motor ability and
- Social intelligence.

Scoring

Completion of each task of the test gives credit score in terms of months. Age 3 to 10 years carries credit of 2 months for each correct response, age 12 to 16 carries 4 months for each correct response and age19 and 22 carries 6 months credit for each correct response. The maximum age at which the child completes all the six tasks correctly will be considered as Basal age and the age which child is unable to complete all the six tasks is taken as terminal age. The mental age (mental ability) of the child can be interpreted by adding all the correct responses of ages till before the terminal age. Then Intelligence Quotient can be calculated by using following formula

(IQ=MA/CA x 100).

Lifestress Inventory (LI)

The Lifestress Inventory was developed for assessing stress of Adults with Mild Intellectual Disability. LI contained 30 items, each in the form of simple statement. The Lifestress Inventory can yield subscale score for General Worry, Negative Inerpersonal Relationship and Coping. The purpose of the Lifestress Inventory is to measure general anxiety, negative interpersonal interactions, and lack of coping behavior. The questions of Lifestress Inventory are designed to read aloud in an interview situation. A simple definition of stress – 'the things that happen to you that you can't cope with' – is given at the start of the interview. The aim in all cases is to establish whether the subject of the question is a source of stress for the individual. Questions can be repeated or re-worded if necessary to ensure clarity. Whenever the respondent indicates that a stressor has been experienced, it is standard procedure to ask for more information to ensure that the response has been correctly coded. The frequency of score can be used as indicator of type of stressors. The response categories used in Lifestress Inventory are as follows:

- 0 (Not experienced a stressor)
- 1 (Experienced but did not create stress)
- 2 (Experienced and it created some stress)
- 3 (Experienced but it created moderate stress)
- 4 (Experienced and it created a great deal of stress)

The impact score is used to estimate the degree of stress being experienced by individuals. To calculate the impact score, collapse the "0" (Not experienced) and "1" (Experienced but caused no stress) categories so that they are both scored as "1" then add all the items to form a total score. Thus, a person who indicated that he or she did not experience a particular stressor and a person who indicated that he or she experienced the stressor but that it caused no stress would both receive a score of "1" for that item. The scores of each dimension give a clear picture of stress level . Coping behaviors can be understood through personal interview and gathering more information from caregivers. The way they cope with stress (active and avoidant) is their coping behavior. Descriptive explanation of coping behavior indicates the specific strategies of coping.

Demographic data sheet

Demographic data sheet was designed by the researcher. Information regarding age, gender, birth order and family type was collected through the data sheet. Behavioral observation of the client during the test administration also recorded in the demographic data sheet.

Procedure of Data Collection

The sample was collected from the General Services of National Institute for Mentally Handicapped (Secunderabad), Swyamkrushi (Secunderabad) and Ramana Press Private Limited (Secunderabad) and Swyum Krushi (Secunderabad). The data collection was done individually. Consent was taken from parent for administering the test. Rapport was established before starting the procedure to make the client comfortable. The aim of the study was explained to the parents as well as the participants and asked about their willingness to participate in the study. They were assured about the confidentiality. When they feel comfortable and ready to participate test administration has been started. They were requested to fill up the demographic datasheet. Necessary instructions were given as per procedure. Explanation was provided when required throughout the session. Data were analyzed by using 17 versions of SPSS. Non parametric statistical technique, i.e. Chi square test was used to compare the Coping Strategies with respect to Gender and Employment.

6. Result

Table 1: Overall Coping Strategies used by adults with Intellectual Disability

Coping Strategy	Frequency	%
Active	26	65
Avoidant	14	35
Total	40	100

Table 2: Coping strategies used by the sample with respect to Gender

Gender	Coping Strategies Used		Chi Square test	
			Value	(Sig.)
	Active	Avoidant	3.956	047*
Male	80%	20%		
Female	50%	50%		

Table 3: Item wise Coping Strategies used by the sample with reference to Gender

Questions	Gender	Active Coping Strategies			Avoidant Coping Strategies		Chi square test	
		Problem focused Coping	Emotion focused Coping	Support Seeking Coping	Behavioral Avoidance	Cognitive Avoidance	Value	Sig.
1	Male	25%	15%	-	60%	-	2.325	.313
	Female	45%	5%	-	50%	-		
2	Male	15%	10%	40%	35%	-	5.949	.114
	Female	5%	-	75%	20%	-		
3	Male	45%	5%	25%	20%	5%	2.752	.600
	Female	30%	10%	25%	35%	-		
4	Male	90%	-	5%	5%	-	.784	.676
	Female	80%	-	10%	10%	-		
5	Male	15%	5%	55%	25%	-	3.813	.282
	Female	10%	15%	30%	45%	-		
6	Male	40%	-	35%	25%	-	.477	.788
	Female	35%	-	30%	35%	-		
7	Male	-	-	100%	-	-	7.059	.029*
	Female	-	-	70%	25%	5%		
8	Male	30%	10%	25%	35%	-	3.850	.278
	Female	45%	5%	5%	45%	-		

7. Discussion

The findings of the study indicate that participants have used more active coping strategies than avoidant coping strategies as shown in the Table1 and Figure 1. The finding is consistent with the findings of a study done by **Hartley and Maclean (2008)** on coping strategies used by adults with mild intellectual disability which shows that adults with mild intellectual disabilities used problem focused coping under the active coping strategies more frequently than avoidant coping strategies. The particular coping strategies used by the participants are influenced by several individual and environmental factors. They may be cognitive limitations, individual experiences and social attribution.

The findings of the study reveal that there is statistically significant difference in using coping strategies between males and females among adults with mild intellectual disability. Findings suggested that males with mild intellectual disability have used more active coping strategies compared to females with mild intellectual disability. Item wise analysis of (Table 3) of coping strategies used by the participants with reference to gender also indicates that females with intellectual disability used more avoidant coping strategies than males. Hence, the null hypothesis that there will be no significant differences in coping strategies used by adults with mild intellectual disability with reference to gender is rejected. This may be due to social stigma towards women with disabilities, lack of social exposure and over protectiveness of family members.
A study done by **Santacana, Kirchner, Abad & Amador (2012)** revealed that in general girls shows more coping efforts than boys to face interpersonal relationship problems and personal illness.

Table 4: Coping Strategies used by the sample with reference to Employment

Employment	*Coping Strategies Used*		*Value*	*Chi Square Test (Sig.)*
	Active	Avoidant		
Employed	86.7%	13.3%		
Unemployed	9.1%	90.9%		
Vocational trainee	85.7%	14.3%	20.850	.000**

The findings (Table 4) reflect that there is statistically significant difference in using coping strategies by the participants with respect to employment. Thus the null hypothesis there will be no significant differences in coping strategies used by adults with mild intellectual disability with reference to employment is rejected.

The trend (Table 5) is clearly reflecting differences between the three groups. The employed group and vocational trainees have used more active coping strategies than unemployed group. Percentage wise analysis indicates that both the groups (employed and vocational trainee groups) almost equally using the active coping strategies. Vocational training is a place where persons with disability get trained for upcoming events of life and employment is an opportunity to apply their learned skills. The coping strategies in both the groups develop appropriately which may be due to more social exposure and training as it could not happen in unemployed group.

Table 5: Item wise Coping Strategies used by the sample with reference to Employment

Questions	Employment	Active Coping Strategies			Avoidant Coping Strategies		Chi Square Test	
		Problem focused Coping	Emotion focused Coping	Support Seeking Coping	Behavioral Avoidance	Cognitive Avoidance	Value	Sig.
1	Employed	33.3%	20.0%	0.0%	46.7%	0.0%	16.024	.003**
	Unemployed	0.0%	0.0%	0.0%	100.0%	0.0%		
	Vocational Trainee	64.3%	7.1%	0.0%	28.6%	0.0%		
2	Employed	20.0%	13.3%	40.0%	26.7%	0.0%	10.126	.119
	Unemployed	0.0%	0.0%	54.5%	45.5%	0.0%		
	Vocational Trainee	7.1%	0.0%	78.6%	14.3%	0.0%		
3	Employed	46.7%	6.7%	20.0%	20.0%	0.0%	14.536	.069
	Unemployed	9.1%	0.0%	27.3%	63.6%	0.0%		
	Vocational Trainee	50.0%	14.3%	28.6%	7.1%	0.0%		
4	Employed	86.7%	0.0%	6.7%	6.7%	0.0%	6.441	.169
	Unemployed	63.6%	0.0%	18.2%	18.2%	0.0%		
	Vocational Trainee	100.0%	0.0%	0.0%	0.0%	0.0%		
5	Employed	20.0%	6.7%	60.0%	13.3%	0.0%	22.888	.001**
	Unemployed	0.0%	0.0%	9.1%	90.9%	0.0%		
	Vocational Trainee	14.3%	21.4%	50.0%	14.3%	0.0%		
6	Employed	40.0%	0.0%	46.7%	13.3%	0.0%	22.188	.000**
	Unemployed	0.0%	0.0%	18.2%	81.8%	0.0%		
	Vocational Trainee	64.3%	0.0%	28.6%	7.1%	0.0%		
7	Employed	0.0%	0.0%	100.0%	0.0%	0.0%	18.610	.001**
	Unemployed	0.0%	0.0%	45.5%	45.5%	9.1%		
	Vocational Trainee	0.0%	0.0%	100.0%	0.0%	0.0%		
8	Employed	40.0%	13.3%	20.0%	26.7%	0.0%	18.956	.004**
	Unemployed	0.0%	0.0%	9.1%	90.9%	0.0%		
	Vocational Trainee	64.3%	7.1%	14.3%	14.3%	0.0%		

The present study has given a clear reflection of coping strategies used by adults with mild intellectual disabilities. Findings of the study also suggest that gender and employment are the significant contributing factors for use of different types of coping strategies among adults with mild intellectual disability.

8. Conclusion

The present study will contribute to comprehend a major aspect of adults with mild intellectual disabilities. Understanding of coping strategies among adults with mild intellectual disabilities will help the professionals to deal with them as well as to design intervention plan effectively. Parents and caregivers will be helpful by understanding the factors associated to coping strategies to train and guide them. It is need of hour to reduce the stigma associated to Intellectual disability to make them confident enough to enjoy their rights. This should be the important concern for the society.

Helen Gay,(2004) mentioned that increasing social support and length of time employed gives an experience of acceptance in person with disabilities. It improves social skills and self esteem.

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