

Utilization of Socio - Emotional Coping Strategies by Families of Special Needs Children in Enugu State

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Abstract

The study focused on socio - emotional coping strategies utilized by families of special needs children in Enugu State, Nigeria. It answered two research questions. Descriptive survey design was adopted. Population was 430 parents (240 urban and 190 rural) with special needs children (visual impaired, hearing impaired and physically disabled). Purposive and snowball sampling techniques were used. Focus group discussion (FGD) guide and questionnaire were used for data collection. Data were analyzed using mean and standard deviation. Sixty coping strategies were identified. Some of the major findings of the study on social coping strategies utilized by families of special needs children (SNC) include: Attending parties - social outing as distraction (3.30 ± 0.84), Stopping child from playing with others outside (2.97 ± 1.15), Telling neighbors / friends about child's challenge (2.97 ± 0.91) and Seeking assistance from community agencies (2.91 ± 0.82). Among the emotional coping strategies utilized by families of SNC are: Hurting oneself (3.57 ± 1.55), Spoiling child with excess food (3.56 ± 0.87), Blaming self about child (3.54 ± 0.86) and Feeling bad about child. Based on the findings of this research work recommendations were made and these include: Parents of the special needs children should utilize the findings of this study and seek avenues to improve themselves through attending health care seminars and workshops. among others.

Keywords: Families, Utilization, Special Needs, Children, Coping Strategies

Introduction

Special needs children are described as those who have or are at increased risk of chronic physical, behavioral, developmental, or emotional condition and who also require special care services of a type beyond that required by children in general {Centre for Children with Special Needs of Massachusetts (CCSNM) 2013}. Special

need child is a person who is physically challenged (visual impaired, hearing impaired and physically disabled) and incapacitated, that is unable to carry out most of the tasks required to get through an ordinary day without human or material aid (Ogbonnaya, 2018).

The special needs may be as a result of physical impairment such as sensory

impairment, limiting sensory function, or motor impairment, limiting mobility. It may also involve other physical disabilities such as deafness and dumbness, blindness, being crippled, or the malfunctioning of some parts of the body which limits the effectiveness with which a child can cope with the academic, social and emotional expectations of the home, school, and community (Dykens, 2000).

Special needs children are challenged in various ways. Abosi (2007) pointed out that children with special needs are labeled such as blind boy/girl, deaf boy/girl and crippled boy/girl and there are being looked down upon in the society and discriminated by peers. Hence most times, the special needs child feels unwanted and gets depressed. The feeling of depression result from lack of equal right to education and right to social integration (Adebisi, 2014). These authors further stated that these children suffer stigmatization, negative attitude from the society; poor health care systems and above all, legal support system is a fantasy. This situation is contrary to the provision of the United Nations Convention on the Rights of Persons with Disability, specifically Article 24 which clearly recognizes the rights of persons with disability to equal educational services. The article states that persons with special needs should not be excluded from the general education systems on the basis of disability, and that children with special needs should not be excluded from the free and compulsory primary or secondary educations on the basis of

disability in the communities in which they live or find themselves.

Furthermore, communities, parents, caregivers and relatives should render support and special attention to the special needs children. Taking care of special needs children poses enormous challenges on parents, care-givers and society at large. These challenges include the time required for extra care, increased financial demand and stigmatization, psychological, health related issues and social burden among others (Thompson, 2000). Again some of these challenges which families with special needs children face constitute the burden of caring for them, concern about their development, the school system, worry about their acceptance in the society, problem of parents (mothers) divided love between a child with special need and other normal children in the family, time spent in the hospital and care giving, managing strange illnesses, stigmatization/isolation and financial instability (Bennibor, 2007). National Policy for Mental Health (Republic of Namibia, 2005) also noted that challenges faced by parents of children with special needs are worsen by some factors such as superstition beliefs and community attitudes mostly by people in the rural areas that are not educated and exposed. Members of the community discriminate against such families and the special needs child/children, and believe that it is the evil of the family that caused the problem. They also noted that illiterate parents in rural areas view families having special needs child/children as families that have committed abominable act such as the

mother's immoral act of extra marital affair and are being punished by the gods of the land. Therefore, the mother of the child is seen as a witch that brought about the presence of special needs child into the family. This has caused men to abandon their families. As a result, the women have to bear the burden of caring for the child/children with special needs alone (Haihambo and Lightfoot 2010; Harper, Dyches, Harper, Roper and South, 2013).

In Enugu State it was revealed that families with special needs child/children are being castigated, labelled and isolated by others in the neighbourhood. It is believed that the mother's immoral act must have led to the presence of the special needs child/children (Oduburu, 2011). Again in some cases is attributed to ritual involvement of parents especially the father in money making and such family is being discriminated against and live isolated for safety reasons. These challenges affecting parents of special needs children maybe, because there are not highly utilizing some socio - emotional coping strategies such as asking for help when necessary, going for community support and showing the special need child love among others. The challenges faced by families are enormous because parents, caregivers and other children in the family need to adapt to the pressure of special needs children (Hussain and Juyal, (2007). Children with special needs require some educational, community, social, family and vocational support in order to establish routines that will help them to function within the limits of their challenges. The scenario

surrounding their social well-being could degenerate if not properly handled by their parents and other family members.

Coping strategies are indeed required to manage the special needs children because of social, emotional, and other challenges involved. Caring for special needs children which poses a lot of emotional turbulence and challenges for parents that may include: health problems, financial stress, environmental problems, lack of harmony, poor family functioning, divorce, separation, and depression (Thompson, 2000). In support of the above view, Gehan EL (2012) posited that the challenges that families of children with special need face affect their psychological, health, emotional, physical, and financial wellbeing. Hence, there is need for them to adopt some coping strategies to strengthen their family resources, reduce the source of stress or negative emotions, which will enable them to achieve a balance in family functioning.

Coping strategies utilized by parents are considered in four dimensions; Personal/family support coping strategy, external social support coping strategy, spiritual support coping strategy and denial coping strategy (Pritzalaff, 2001). Paster, Bradwein and Walsh (2009) are of the opinion that despite increased levels of challenges faced by the families of special needs children, they can still cope well and adapt effectively to such situations. According to Parisa, Hidar, Gholam and Bagher (2011), the use of coping strategies such as mediating factors of seeking social support such as

family support, developing alliance with health professionals, schools and other families in similar situations will go a long way to help reduce the stress families. Boschloo, Vogelzangs, Van den, Smit, Beekman, and Penninx (2013) noted that when parents have self confidence in what they are doing, it goes a long way in helping them handle the challenges that accompany parenting children with special needs.

In Enugu State, there are many families of children with physical special needs children and these families face some challenges in the society, being looked down on, labelled negatively and belief that the evil of the family has resulted to having the special needs child/children (Oduburu,2011). These families pass through emotional trauma, health related, psychological, social and financial challenges among others. Consequently, because of the challenges families face, some parents tend to deny the presence of the child in the family, ignore them, confined them in a particular place in the house and even wish the special need child dead. Some parents have abandoned such children in special centres.

These emotional, physiological, social and financial problems associated with having SNC usually weigh down the families and lead to relationship problems between spouses, siblings and other family members. For example, spouses may have reduced trust and love between themselves and siblings may feel unwanted/neglected as parents may have less time, love, care and money for them as they struggle to meet the needs of the special needs child. These relationship problems can

threaten and destroy family cohesiveness which will require socio - emotional coping strategies. However, there are coping strategies which families of SNC can utilize to enable them manage their situations and remain united and happy as a family which is not readily made available. Hence, it appears that many of the families of special needs children are not exposed to some ready to use forms of coping strategies. They use trial and error method, no training so they need coping strategies.

Purpose of the Study

The general purpose of this study was to investigate the socio - emotional coping strategies utilized by families of special needs children in Enugu State. Specifically, the study determined;

- social coping strategies which families of children with special needs in Enugu State are utilizing.
- emotional coping strategies which families of children with special needs in Enugu State are utilizing.

Methodology

Research Design: the study adopted a descriptive survey research design.

Area of the Study: The study area was Enugu State which has seventeen local government area (LGAs) and six education zones.

Population for the Study: The population for the study consisted of 430 parents (father or mother) with special needs children (visually impaired, hearing impaired and physically disabled) in rural and urban areas in the 17 local government areas (LGAs) of Enugu State. The number of

parents of special needs children from urban areas was 240, while that of the rural was 190.

Sample / Sampling Technique: Sample size used for the study was 215 parents with special needs children (120 urban parents, 95 rural parents; 131 literate parents, and 84 illiterate parents). Two sampling techniques were adopted. The first technique involved the use of purposive sampling technique in selecting 3 local government areas out of the existing 17 local government areas (LGAs) of Enugu State where schools or centres with special needs children are available.

Instruments for Data Collection: Two instruments were used for data collection. These were questionnaire titled "Utilization of socio - emotional Coping Strategies for Families of Children with Special Needs (USECSFCSN)" and focus group discussion (FGD) guide.

Method of Data Collection: A total of 215 copies of questionnaire administered, 210 were completely filled and returned representing about 98% return rate. Respondents were allowed to fill the questionnaire under the guidance of the research assistants. Families with physical special needs children were reached through schools, health centres, hospitals, churches, homes and daycare centres. One session of focus group discussion was also held to obtain a qualitative data from the respondents.

Method of Data Analysis: The data collected for this study were analyzed using means and standard deviation for answering the research questions and information retrieved from focus group discussion guide were summarized. The mean scores were used to determine the perceived utilization level on 4 - point scale for each of the item. A mean rating of 2.50 was used for decision making.

Results

Table 1: Mean Responses (\bar{X}) and Standard Deviation (SD) of Parents on Social Coping Strategies Utilized by Families of SNC

S/N	Social Coping Strategies	Utilization Level		
		\bar{X}_u	SD _u	Remarks
1	Withdrawing from social gatherings	2.58	1.23	HU
2	Getting information/help from social media (internet)	2.34*	1.02	NU
3	Getting information from relevant books on children with special needs	2.11*	0.92	NU
4	Getting information from organizers/workers in special Centre's such as homes and orphanage	2.30*	1.01	NU
5	Interacting with experts of special education	2.31*	0.95	NU
6	Going for community support	2.65	0.99	HU
7	Giving attention to child's adequate nutrition	1.88*	0.83	NU
8	Giving attention to child's clothing	1.80*	0.80	NU
9	Helping the child to make friends	2.26*	0.90	NU
10	Encouraging child to play with other children	2.10*	0.84	NU

11	Stopping child from playing with others outside	2.97	1.15	HU
12	Teaching child basic skills like feeding, toileting, mobility, cleanliness, and respect for older ones	1.87*	1.10	NU
13	Teaching child to develop self confidence	1.65*	0.83	NU
14	Sending child early to a special school	1.86*	0.96	NU
15	Serving as role model to child	1.92*	1.02	NU
16	Asking people for help always	1.84*	0.99	NU
17	Asking neighbors / friends for solutions	1.78*	0.86	NU
18	Seeking assistance from community agencies	2.91	0.82	HU
19	Telling neighbors / friends about child's challenge	2.97	0.91	HU
20	Attending parties - social outing as distraction	3.30	0.84	HU
21	Travelling with child	2.80	1.02	HU
22	Taking child for picnic	2.77	0.95	HU
23	Driving child to activities and sports	2.87	0.98	HU
24	Planning family holiday celebration	2.72	1.06	HU
25	Travelling less because of child	2.89	0.91	HU
26	Abandoning child in special centers	1.22*	1.20	NU
27	Praying to God for divine healing	1.90*	1.12	NU
28	Attending church programs with child	1.80*	1.01	NU
29	Showing the child more love than other sibling	2.54	1.01	HU
30	Treating child like every other child at home	2.33*	1.26	NU

Key: HU = Highly Utilized; NU = Not Utilized; Number of respondents=210; \bar{X}_U = Mean Utilized; SD_U = Standard Deviation; *= utilization mean less than 2.50.

Table 1 shows the mean and standard deviation (\bar{X}_i and SD_i) ratings by parents on the level of utilization of social coping strategies. The Table shows that only 12 of the social coping strategies have mean utilization score of 2.50 and above ($\bar{X} \geq 2.50$). Their mean

range from 2.54 to 3.30. This shows that 12 coping strategies out of 13 are highly utilized. The standard deviation values of the utilization strategies range from 0.80 to 1.26 which indicated that the responses of the respondents were close to one another and the mean.

Table 2: Mean Responses (\bar{X}) and Standard Deviation (SD) of Parents on Emotional Coping Strategies Utilized by Families of SNC

S/ N	Emotional Coping Strategies	Utilization Level		
		\bar{X}_U	SD_U	Remarks
1	Protecting child	2.02*	1.18	NU
2	Being harsh to child	1.15*	1.06	NU
3	Beating child	1.24*	0.93	NU
4	Neglecting the needs of child	1.39*	1.01	NU
5	Neglecting other normal siblings in the family	1.52*	0.92	NU
6	Denying the existence of child's special needs (challenge)	1.46*	0.98	NU
7	Mourning / crying every time because of child	1.59*	1.24	NU
8	Being angry with people around	1.42*	1.01	NU

9	Wearing a smiling face always	2.04*	1.07	NU
10	Refusing to be stressed up by people (neighbors, friends)	1.84*	0.95	NU
11	Keeping challenges to oneself	2.58	1.13	HU
12	Leaving child at the mercy of caregivers	3.42	0.96	HU
13	Changing of domestic workers regularly that are not doing well	2.90	1.02	HU
14	Feeling bad about child	3.49	0.86	HU
15	Blaming self about child	3.54	0.86	HU
16	Hurting one self	3.57	1.55	HU
17	Using kind words to child	1.91*	1.08	NU
18	Kissing child	2.09*	0.91	NU
19	Looking for solution from everyone around	2.62	0.93	HU
20	Cultivating self-compassion	2.07*	0.97	NU
21	Making out time to be with loved ones	2.04*	0.95	NU
22	Engaging in activity that help you feel better	1.91*	0.87	NU
23	Thinking of the stigma in the society	2.88	1.13	HU
24	Feeling isolated	3.22	1.09	HU
25	Hiding child always at home	3.38	0.95	HU
26	Carrying child whenever in a social gathering	3.25	0.86	HU
27	Spoiling child with excess food	3.56	0.87	HU
28	Showing child love by using kind words	2.08*	1.08	NU
29	Asking neighbors who are parents for assistance	2.58	0.97	HU
30	Thinking of possible solution	1.98*	0.97	NU

Key: HU = Highly Utilized; NU = Not Utilized; Number of respondents=210; \bar{X}_U = Mean Utilized; SD_U= Standard Deviation; *= utilization mean less than 2.50.

Table 2 shows the mean and standard deviation (\bar{X}_i and SD_i) ratings by parents on the level of utilization of emotional coping strategies. The Table shows that only 13 of the coping strategies have mean utilization score of 2.50 and above ($\bar{X} \geq 2.50$). Their mean range from 2.58 to 3.57. This shows that 13 items out of thirty are highly utilized. The standard deviation values of the utilization strategies range from 0.86 to 1.55 which indicated that the responses of the respondents were close to one another and the mean.

Discussion of Findings

The finding of this study in respect to research question one from the responses on the questionnaire and

focus group discussion (FGD) showed that the respondents agreed on some social coping strategies which include: withdrawing from social gatherings, getting information/help from social media (internet), interacting with experts of special education, getting information from relevant books on children with special needs, getting information from organizers/workers in special centre's such as homes and orphanage, going for community support, giving attention to child's adequate nutrition, helping the child to make friends, encouraging child to play with other children and giving attention to child's clothing among others. This agreed with (Khan and Humtsoe, 2016), noted that coping strategies can be

characterized by focusing on the problems and the child's limitations, seeing the need for the use of social support as a personal weakness and blaming others for the child's disability.

The result on Table 1 showed that eleven items on social coping strategies are utilized. The items are attending parties - social outing as distraction, travelling with child, telling neighbors / friends about child's challenge, stopping child from playing with others outside, seeking assistance from community agencies, withdrawing from social gatherings, going for community support, taking child for picnic, driving child to activities and sports, planning family holiday celebration, travelling less because of child and showing the child more love than other sibling. The findings of this study agreed with the report of Brannon and Feist (2009) and Aransiola (2019) who identified emotional coping strategies to include releasing pent-up emotions, distracting oneself, managing hostile feelings, meditating and using systematic relaxation techniques. Similarly, the findings of the study is in line with that of Robinson (2005) who identified emotion-focused coping strategies identified as: disclaiming, escape-avoidance, accepting responsibility or blame, exercising self-control and positive reappraisal. This also agreed with Noelle (2017) that parents with development disabilities children, social support from groups and other parents can play a special and vital role. Again family members and friends provide invaluable emotional support, the typically do not possess the understanding, personal knowledge

and experience of parenting a child with special needs. So seeking support from groups and creating relationships with other parents in a similar situation can help alleviate the sense of social isolation experience by parents of children with disabilities. Mobilization of social support is frequently utilized as families struggle to cope with and understand their children's disability. This is also in line with Aneke (2020) who noted that parents with special needs children should never give up on their child. It's very important to understand your child's special needs by getting the right information. Join support networks of other parents where one can learn and support one another. There are many of such groups out there. He noted his organization has a WhatsApp group with over 150 parents and resource persons exchanging ideas and support free of charge. It is only with the right information that a parent can effectively advocate for their child. Also, parents should not neglect times when they feel drained or depressed. Parents SNC to identify someone their can trust and draw encouragement from.

In addition, Carver (2011) found out that emotion-focused coping is a mechanism to alleviate distress by minimizing, reducing, or preventing, the emotional components of a stressor, seeking social support, reappraising the stressor in a positive light, accepting responsibility, using avoidance, exercising self-control and distancing. Ganjiwale, Ganjiwale, Sharma and Mishra, (2016) discovered that there can be many reasons for using problem focused and active emotional (both

positive) coping strategies by parents of children with developmental disabilities. The parents felt that a realistic outlook of the child's disability and acceptance of the situation had helped them to cope.

The finding of this study is equally in consonance with that of Holahan, Moos and Schaefer, (1996) active behavioural coping style pertains to such external behaviours as problem-solving and taking or seeking professional help. Active cognitive style involves such internal processes as acceptance, positive reassessment, or finding inner strength in religious beliefs. Avoidance style includes such strategies as trying to ignore the problem, resorting to legal or illegal drugs, and keeping fears or worries to oneself without discussing them with others (Boschi, Adams, Bromet, Lavelle, Everett and Galambos, 2000). The finding of this study correspond with (Ganjiwale, Ganjiwale, Sharma and Mishra, 2016) suggested that all three coping mechanisms are relevant to parents having a child with developmental disabilities. Active avoidance coping and problem-focused coping appear to map quite clearly onto a typical emotion focused versus problem focused categorization prevalent in much stress and coping research (Folkman and Lazarus, 1980). Problem focused coping and active emotional coping in this study is associated with good quality. The coping style mainly used by the caregivers was active emotional coping which is an unhelpful approach in dealing with the demands of raising children with disabilities. According to

their responses, the parents have accepted the situation and tried to look for something good in it. They try to make fun of the situation which can provide an outlet for stress for some time but which is more of an escape tendency which does not help them realistically in dealing with the situation in the long run.

The quality of life of the parents who get social support is good because in the Indian setting family plays an important role in providing support to its distressed members and the members stay together in times of crisis. Open communication is allowed in well-functioning families and it has been reported as a supportive factor in many family studies (Beavers, Hampson, Hulgus and Beavers, 1986). Family cooperation helped them to cope with the situation in a better way. Moreover, spousal support in taking care of the child as well as supporting each other helped them in care giving. Some of the mothers left their jobs and sit the whole day in the school with the child to see and repeat the same activities at home. It also helps the parent in emotional release (Burr, Klein, Burr, Doxey, Harker and Holman, 1994). Parents regarded family cohesion and co-operation as the factor most helpful for coping (Barbarin, Hughes and Chesler 1985). The fact that the spouses support each other and share care giving tasks and other housework equally is of major importance for their marital relationship and family cohesiveness (Snowdon, Cameron and Dunham, 1994).

Some researchers have indicated that active behavioural and active

cognitive strategies may be more effective for alleviating distress than passive strategies, such as avoidance. For example, a study of young adolescents coping with divorce in the family showed that girls, who reported use of avoidance coping, demonstrated more psychological and physical problems than boys or girls who did not report use of such strategies, (Armisted, McCombs, Forehand, Wierson, Long and Fauber, 1990). Whereas individual coping styles can be shaped by some personal or socio-demographic factors and may remain relatively stable across the life span of the individual, the range and number of specific coping strategies can be constantly changing over the life time of individuals (Lazarus and Folkman, 1984).

The result on Table 2 showed that ten items on emotional coping strategies are utilized. The items are spoiling child with excess food, blaming self about child, leaving child at the mercy of caregivers, feeling bad about child, changing of domestic workers regularly that are not doing well, thinking of the stigma in the society, feeling isolated, hiding child always at home, carrying child whenever in a social gathering, keeping challenges to oneself and asking neighbors who are parents for assistance. The finding of this study is in line with Martin (2001), who noted that physiological processes are also influenced within the exercise of humor. For example, laughing may reduce muscle tension, increase the flow of oxygen to the blood, exercise the cardiovascular region, and produce endorphins in the body (Tariq and Khan, 2013). Using absurdity in coping

while processing through feelings can vary depending on life circumstance and individual humor styles.

In regards to grief and loss in life occurrences, it has been revealed that genuine laughs/smiles when speaking about the loss predicted later adjustment and evoked more positive responses from other people (Booth-Butterfield, Wanzer, Krezmien and Weil, 2014). A person might also find comedic relief with others around irrational possible outcomes for the deceased funeral service. It is also possible that humor or absurdity would be used by people to feel a sense of control over a more powerless situation and used as a way to temporarily escape a feeling of helplessness. Exercised humor can be a sign of positive adjustment as well as drawing support and interaction from others around the loss (Booth-Butterfield (Wanzer, Krezmien and Weil, 2014). While dealing with stress it is important to deal with the physical, mental, and social well-being of the individual. One should maintain good health and learn to relax if one finds oneself under stress. According to Lane (2015), mentally it is important to think positive thoughts, value oneself, demonstrate good time management, plan and think ahead, and express emotions. Socially one should communicate with people and seek new activities that make him or her happy. By following these simple strategies, one will have an easier time responding to stresses in one's life including the managing of CWSNs. The findings of the study agreed with Fehintola (2019) that some parents of special needs children are disinterested in the welfare

of their children and fail to provide them with adequate care and some parents alternatively are overly protective. Not caring for the children of special needs and being over protective, both can be problematic to the child and other family members.

Conclusion

Special needs children are described as those who have or are at increased risk of chronic physical, behavioral, developmental, or emotional condition and who also require special care services of a type beyond that required by children in general. Parents of this special needs children pass through some socio - emotional challenges that require the utilization of social and emotional coping strategies to enable them manage the special needs children and move on with the family activities in the society.

Recommendations

Based on the findings of the study, the following recommendations were made:

- Parents of special needs children should utilize the findings of this study and seek avenues to improve themselves through attending health care seminars and workshops.
- The federal and state ministry of education should finance special needs schools and these schools should educate parents on how to cope with their socio - emotional related challenges.
- Federal government should make available documents on social and emotional coping strategies to be

utilized by families of special needs children to the general public.

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