

Psychological Impact On Mother's and Father's Of Children with Developmental Disorders

Ms. Renuga. M¹, Manoj. R², Kiruthika. V³

¹Student

Department of Clinical Psychology
Dr. MGR Educational & Research Institution

ABSTRACT

This study explores the psychological experiences of mothers and fathers who are raising children with developmental disorders, focusing on caregiver burden and coping mechanisms. Caregiving often involves emotional stress, and managing this stress through effective coping strategies is important for maintaining the well-being of parents. The research aimed to identify whether there are differences between mothers and fathers in terms of the level of burden they experience and the ways they cope with caregiving challenges. A quantitative research design was used, with a sample of 200 parents, including 100 mothers and 100 fathers. Data was collected using standardized tools such as the Burden Scale for Family Caregivers (BSFC) and the Coping Mechanism Questionnaire (PCMQ). Statistical analysis was carried out using an independent samples t-test. The results showed that both mothers and fathers experience similar levels of caregiver burden, indicating equal stress levels. However, they differ significantly in their coping strategies. The study concludes that while caregiving stress is shared, coping styles vary, highlighting the need for tailored support interventions to improve parental well-being.

Keywords: Caregiver Burden, Coping Mechanisms, Developmental Disorders, Parents, Psychological Well-being.

1.Introduction

Family relationships play an important role in emotional stability and overall well-being, especially for parents raising children with developmental disorders such as autism, ADHD, and intellectual disabilities. These conditions require continuous care, leading to physical, emotional, and social challenges in parents' daily lives.

Caregiving often brings psychological strain due to behavioral issues, therapy demands, financial pressure, and uncertainty about the child's future. This can result in stress, emotional exhaustion, and changes in family functioning. Although both mothers and fathers share caregiving responsibilities, their experiences may differ based on roles and societal expectations. Parents use different coping strategies to manage stress, such as problem-solving, seeking support, or relying on emotional and personal resources. While both parents may experience similar levels of stress, differences are more noticeable in how they cope. Overall, the study highlights the need to understand both caregiver burden and coping patterns to develop effective support systems that improve the well-being of parents. Although it is often assumed that mothers

experience greater stress due to their involvement in direct caregiving, recent perspectives suggest that both parents may experience similar levels of emotional strain. However, differences are more likely to emerge in how they cope with these challenges rather than in the intensity of burden itself. Understanding these patterns is important for developing appropriate support systems that address the needs of both mothers and fathers. This study focuses on examining emotional burden and coping mechanisms among parents of children with developmental disorders, with particular attention to differences between mothers and fathers. By exploring these two aspects together, the research aims to provide a clearer understanding of parental experiences and contribute to the development of targeted psychological interventions that support caregiver well-being.

Definition

●Emotional-Burden

Emotional burden refers to the psychological strain experienced by caregivers as a result of prolonged caregiving responsibilities. It includes feelings of stress, anxiety, depression, and emotional exhaustion arising from the demands of caring for a dependent individual (Pearlin et al., 1990).

●Coping-Mechanisms

Coping mechanisms are the cognitive and behavioral efforts used by individuals to manage stressful situations and reduce emotional distress. These strategies may be problem-focused, emotion-focused, or based on seeking social support (Lazarus & Folkman, 1984).

2. Review of Literature (ROL)

Jaiswal et al. (2018) examined psychological problems and coping styles among 100 parents of children with intellectual disability in a child psychiatry setting. Using standardized tools, they found that depression was the most common issue, especially among mothers, who also showed higher interpersonal sensitivity. Interestingly, these psychological difficulties were not linked to the severity of the child's condition. The study also revealed that younger parents and those using maladaptive coping strategies—such as fatalism, passivity, and emotional outbursts—experienced higher levels of distress. Based on these findings, the authors emphasized the importance of family-centered interventions that address the mental health needs of parents.

Al-Oran et al. (2022) conducted a systematic review of 18 studies focusing on coping strategies among parents of children with autism spectrum disorder. The review showed that parents commonly used both problem-focused and emotion-focused coping methods. It also highlighted clear gender differences, with mothers more likely to rely on emotion-based coping, while fathers tended to adopt problem-solving approaches. Overall, both studies highlight that parents of children with developmental conditions often face significant psychological challenges, and their coping styles vary based on personal and gender differences. These findings underline the need for tailored support programs that strengthen healthy coping strategies and improve parental resilience and well-being.

Pendergrass et al. (2018) further validated the short-form Burden Scale for Family Caregivers (BSFC-s). The study confirmed strong validity through high correlations with related measures and low correlation with unrelated aspects, proving the scale's accuracy. They also introduced a three-level classification system—low, moderate, and high burden—to help identify caregivers at risk of

psychosomatic problems. Overall, the study supports the use of BSFC-s as an effective tool in clinical and counseling settings to assess caregiver burden and guide timely support and interventions.

Abe (2024) validated the Japanese short form of the Burden Scale for Family Caregivers (BSFC-s) through an online study involving 247 caregivers of elderly individuals with dementia or age-related issues. The findings showed strong reliability, with high internal consistency and stable results across items. Factor analysis confirmed that most items contributed well to the overall scale, and the tool demonstrated good validity by showing meaningful relationships with factors like the patient's cognitive status, daily functioning, behavioral symptoms, caregiver distress, sleep problems, and perceived burden. Overall, the study confirmed that the Japanese BSFC-s is a reliable and valid tool for assessing caregiver burden.

3. Research Methodology

3.1. Objectives

- To assess the level of emotional stress parents experience while caring for children with developmental difficulties.
- To understand the different methods parents use to cope with stress arising from caregiving responsibilities.
- To analyze the differences between mothers and fathers in terms of emotional stress and the ways they manage the challenges of raising children with developmental conditions.

3.2. Hypotheses

Null Hypotheses

H₀₁: There is no statistically significant difference in the level of emotional burden experienced by mothers and fathers of children with developmental disorders.

H₀₂: There is no statistically significant difference in the coping strategies adopted by mothers and fathers of children with developmental disorders.

3.3. Research Design:

The study follows a quantitative, non-experimental comparative research design. This approach is suitable for examining differences between two groups—mothers and fathers of children with developmental disorders—without manipulating any variables. The design focuses on comparing psychological outcomes related to caregiving. A cross-sectional survey method will be used to collect data at a single point in time. Standardized questionnaires will be administered to assess the variables under study. The independent variable is the gender of the parent (father/mother). The dependent variables include emotional burden and coping mechanisms adopted by parents. Emotional burden will be measured using the Burden Scale for Family Caregivers (BSFC). Coping strategies will be assessed through the Parental Coping Mechanisms Questionnaire (PCMQ). These tools are selected to ensure consistency and reliability in data collection. The study will include a total sample of 200 participants. This sample will consist of 100 fathers and 100 mothers of children with developmental disorders. Participants will be selected using convenience sampling. Snowball sampling may also be used to reach additional respondents. The comparative design enables identification of differences in emotional experiences and coping patterns between the two groups.

4. Sample and Sampling Technique

The study will include a total of 200 parents of children with developmental disorders, representing both mothers and fathers to ensure balanced group representation. Participants will be selected using purposive sampling, which targets individuals who meet predefined eligibility criteria such as active caregiving involvement, parent gender, and the child's confirmed diagnosis. Purposive sampling, also called judgmental or targeted sampling, is ideal for this research because it allows for the selection of participants who are most relevant to the study objectives. This method is particularly suitable for reaching specific populations, such as parents attending therapy or rehabilitation programs at centers like Spandhan Rehabilitation Services in Chennai.

4.1 Inclusion Criteria

- Participants must be either mothers or fathers of children diagnosed with developmental or learning disorders
- Parents who are primarily responsible for the child's daily care and actively involved in caregiving activities are included.
- Only those who provide informed consent and willingly agree to participate are considered.
- Participants should be adults capable of understanding and responding to research-related questions.

4.2 Exclusion Criteria

- Parents of children without any diagnosed developmental condition are not included.
- Caregivers who are not biological parents, such as relatives or guardians, are excluded.
- Families in which parents have severe psychiatric or neurological conditions that may affect responses are not considered.
- Individuals who are unable to complete the questionnaire or show lack of participation are excluded.

4.3 Tool Used and Description:

Burden Scale for Family Caregivers (BSFC)

The Burden Scale for Family Caregivers (BSFC) is a self-report instrument designed to assess the perceived burden of informal caregivers. Introduced in 1993, it includes 28 items that evaluate multiple dimensions of caregiving stress, grounded in Lazarus' Transactional Model of Stress. Respondents rate each item on a 4-point scale, with total scores ranging from 0 to 84, where higher scores indicate greater caregiver burden. The BSFC is available in several languages and is widely applied in research and clinical practice to measure both emotional and physical impacts of caregiving.

Parental Coping Mechanisms Questionnaire (PCMQ)

The Parental Coping Mechanisms Questionnaire (PCMQ) assesses the strategies parents use to handle stress related to caregiving. It examines different coping domains, including problem-solving, emotional regulation, social support utilization, and avoidance behaviors. Participants indicate the frequency of using each strategy, allowing researchers to gauge adaptive and maladaptive coping patterns. The PCMQ has

Equal variances not assumed			5.948	178.312	.000	4.920	.827	3.288	6.552
-----------------------------	--	--	-------	---------	------	-------	------	-------	-------

Table Discussion;

An independent samples t-test was carried out to find out whether there were any significant differences between the two groups on the variables BSFC and PCMQ. Before interpreting the results, Levene’s Test for Equality of Variances was examined to check whether the assumption of equal variances was satisfied. For BSFC, the test was significant ($F = 5.328, p = .022$), which indicates that the assumption of equal variances was not met. Because of this, the results under “equal variances not assumed” were used for further interpretation. The findings showed that there was no statistically significant difference between the two groups in terms of BSFC scores, as reflected by $t(191.482) = -0.693, p = .489$. The mean difference was very small (-0.530), suggesting only a slight variation between the groups. In addition, the 95% confidence interval ranged from -2.037 to 0.977, which includes zero, further confirming that the difference is not statistically meaningful. This indicates that both groups have similar levels on the BSFC measure, and any minor differences observed are likely due to chance rather than a real effect. However, a different trend was observed for PCMQ. Levene’s test was again significant ($F = 7.804, p = .006$), showing that the assumption of equal variances was violated here as well. Therefore, the results for unequal variances were considered. The t-test results revealed a statistically significant difference between the two groups on PCMQ scores, with $t(178.312) = 5.948$ and $p < .001$. The mean difference was 4.920, indicating a noticeable difference between the groups. Moreover, the 95% confidence interval ranged from 3.288 to 6.552, and since this interval does not include zero, it confirms that the difference is significant.

6. Discussion;

The present study explored the psychological impact experienced by mothers and fathers of children with developmental disorders, focusing specifically on their scores on BSFC and PCMQ. Raising a child with developmental challenges is often a complex and emotionally demanding experience, affecting not only daily routines but also the overall psychological well-being of parents. To examine these differences, an independent samples t-test was carried out. Before analyzing the results, Levene’s Test for Equality of Variances was checked to see whether the assumption of equal variances was met. Since this test was significant for both BSFC and PCMQ, the assumption was not satisfied, and therefore the results where equal variances were not assumed were considered more appropriate for interpretation. Looking at BSFC, the findings showed that there was no significant difference between mothers and fathers. The obtained values, $t(191.482) = -0.693$ and $p = .489$, indicate that any difference in scores between the two groups is not statistically meaningful. The mean difference was very small (-0.530), and the confidence interval ranged from -2.037 to 0.977, which includes zero. In contrast to the findings for BSFC, the results for PCMQ revealed a clear and significant difference between mothers and fathers. The values obtained, $t(178.312) = 5.948$ and $p < .001$, show that this difference is statistically strong. The mean difference of 4.920 indicates a noticeable gap between the two groups, and the confidence interval (3.288 to 6.552) does not include zero, confirming the reliability of this result. This finding suggests that while mothers and fathers may share similar levels of burden, they differ in certain psychological aspects measured by PCMQ. This distinction is important, as it shows that two parents in the same situation may still experience

it in unique ways. The use of both BSFC and PCMQ in this study helps to capture these differences more clearly. Overall, the findings indicate that mothers and fathers of children with developmental disorders are equally affected in terms of caregiving burden, but they differ in certain psychological aspects.

7. Research Summary

This study explored the psychological impact experienced by mothers and fathers of children with developmental disorders, with a particular focus on caregiver burden and coping mechanisms. A total of 200 participants were included in the study, consisting of 100 males and 100 females. Ethical considerations were carefully followed throughout the research process. Participants provided informed consent before taking part, and they were assured that their responses would remain confidential. They were also informed of their right to withdraw from the study at any stage without any consequences. Data were collected using two standardized instruments: the Burden Scale for Family Caregivers (BSFC) and the Coping Mechanism Questionnaire (PCMQ). An independent samples t-test was conducted to examine whether there were significant differences between the two groups. For the BSFC scores, the analysis revealed that the assumption of equal variances was not met, as indicated by a significant Levene's test. Therefore, the results that do not assume equal variances were considered. The findings showed that there was no statistically significant difference between the two groups in terms of caregiver burden. Although a small difference in mean scores was observed, it was not large enough to be considered meaningful, and the confidence interval included zero. This suggests that both mothers and fathers experience similar levels of burden while caring for children with developmental disorders. In contrast, the results for the PCMQ scores showed a different pattern. These results emphasize the importance of providing targeted psychological support and interventions that consider differences in coping styles among caregivers. Such support could help improve their well-being and enhance their ability to manage the demands of caregiving more effectively.

8. Conclusion

The study examined differences in caregiver burden and coping strategies among mothers and fathers of children with developmental disorders. Findings showed that both groups experience a comparable level of burden in their caregiving roles. The lack of significant difference suggests that caregiving challenges are shared across genders. However, coping strategies differed significantly between mothers and fathers. This indicates that while stress levels may be similar, responses to stress are not. One group appeared to adopt more effective coping methods than the other. These variations highlight the psychological diversity in handling caregiving demands. The results reinforce the need to look beyond burden and focus on coping patterns. Understanding these differences is essential for better psychological support. Overall, the study contributes to a more balanced view of parental caregiving experiences.

9. Limitations

The study relied on self-reported data, which may be influenced by personal bias. The sample size, although balanced, may not represent all cultural or social groups. Participants were limited to a specific population, reducing generalizability. The cross-sectional design does not capture changes over time. Differences in socioeconomic background were not deeply explored. Emotional states at the time of

response may have affected answers. The tools used may not fully capture all aspects of coping behavior. Gender roles and expectations were not examined in depth.

External support systems were not considered as influencing factors. Future research could address these gaps for more comprehensive findings.

10. Implications

The findings highlight the need for tailored psychological support for caregivers. Intervention programs should consider differences in coping styles between parents. Mental health professionals can use this insight to design targeted therapies. Support groups may benefit from gender-sensitive approaches. Training programs can help caregivers develop healthier coping mechanisms. Policies should recognize both parents as equally affected by caregiving burden. Awareness programs can reduce stigma and encourage help-seeking behavior.

Healthcare providers can integrate coping assessments into routine care. The study supports a more inclusive approach to family-centered interventions.

Overall, it emphasizes the importance of psychological well-being in caregiving contexts.

11. Recommendations

Future studies should include larger and more diverse samples. Longitudinal research can provide insights into changes over time. Researchers should explore cultural influences on coping strategies. Inclusion of qualitative methods may provide deeper understanding. Intervention-based studies can test effective coping support programs. Caregiver training sessions should be developed and implemented. Support services should be made accessible to both parents equally. Awareness campaigns can educate families about coping resources. Professionals should encourage open communication within families. Further research should examine the role of social support systems.

References

1. Dabrowska, A., & Pisula, E. (2010). Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome. *Journal of Intellectual Disability Research*, 54(3), 266–280. <https://doi.org/10.1111/j.1365-2788.2010.01258.x>
2. Dardas, L. A., & Ahmad, M. M. (2014). Psychosocial correlates of parenting a child with autistic disorder. *Journal of Nursing Research*, 22(3), 183–191. <https://doi.org/10.1097/jnr.000000000000023>
3. Estes, A., Olson, E., Sullivan, K., Greenson, J., Winter, J., Dawson, G., & Munson, J. (2013). Parenting-related stress and psychological distress in mothers of toddlers with autism spectrum disorders. *Brain & Development*, 35(2), 133–138. <https://doi.org/10.1016/j.braindev.2012.10.004>
4. Griffith, G. M., Hastings, R. P., Nash, S., & Hill, C. (2010). Using matched groups to explore child behavior problems and maternal well-being in children with Down syndrome and autism. *Journal of Autism and Developmental Disorders*, 40(5), 610–619. <https://doi.org/10.1007/s10803-0090906-1>

5. Jones, L., Totsika, V., Hastings, R. P., & Petalas, M. A. (2013). Gender differences when parenting children with autism spectrum disorders: A multilevel modeling approach. *Journal of Autism and Developmental Disorders*, 43(9), 2090–2098. <https://doi.org/10.1007/s10803-012-1756-9>
6. Miranda, A., Mira, A., Berenguer, C., Rosello, B., & Baixauli, I. (2019). Parenting stress in mothers of children with autism without intellectual disability: Mediation of behavioral problems and coping strategies. *Frontiers in Psychology*, 10, Article 464. <https://doi.org/10.3389/fpsyg.2019.00464>
7. Shepherd, D., Landon, J., Taylor, S., & Goedeke, S. (2018). Coping and care-related stress in parents of a child with autism spectrum disorder. *Anxiety, Stress, & Coping*, 31(3), 277–290. <https://doi.org/10.1080/10615806.2018.1442614>
8. Sim, A., Cordier, R., Vaz, S., Netto, J., & Falkmer, T. (2017). Factors associated with negative coparenting experiences in families of a child with autism spectrum disorder. *Developmental Neurorehabilitation*, 20(2), 83–91. <https://doi.org/10.3109/17518423.2015.1069414>
9. Sinha, D., Verma, N., & Hershe, D. (2016). A comparative study of parenting styles, parental stress and resilience among parents of children having autism spectrum disorder, parents of children having specific learning disorder and parents of children not diagnosed with any psychiatric disorder. *Annals of International Medicine and Dentistry Research*, 2, 106–111.
10. Soltanifar, A., Akbarzadeh, F., Moharreri, F., Soltanifar, A., Ebrahimi, A., & Mokhber, N. (2015). Comparison of parental stress among mothers and fathers of children with autistic spectrum disorder in Iran. *Iranian Journal of Nursing and Midwifery Research*, 20(3), 354–360.