

A Comparative Study of Psychological Well-Being, Coping Styles and Perceived Social Support among Parents of Younger Children and Adolescents with Developmental Disorders

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Abstract

This is a comparative study of Psychological Well-being, Coping Styles and Perceived Social Support among parents of younger children and adolescents with developmental disorders Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder with Attention-Deficit Hyperactivity Disorder (ASD with ADHD). Quantitative, cross-sectional research design was applied. Data was collected from two group of parents – 38 parents with Young Children (2-10 years) and 46 parents with Adolescents (11-18 years) – living in Bangalore of India, using Purposive Sampling method and variables measured using Ryff's Scale of Psychological Well-being scale, Brief - COPE Inventory and Multidimensional Scale of Perceived Social Support (MSPSS). Independent Sample T – Test was used to analyse the results. Result revealed that there is a significant difference in the Psychological Well-being between the two groups of parents, but no significant difference was detected in Coping Styles and Perceived Social Support.

Keywords: Psychological Well-being, Coping Styles, Perceived Social Support, Autism, ADHD

Introduction

Humanist Psychologists Abraham Maslow and Carl Rogers viewed human nature as basically positive, insisting that every individual is born with positive inner potentials, and that the driving force in life is to actualize these potentials. Humanistic psychologists believed that the goal of psychology should be to study and promote conditions that help people achieve productive and healthy lives (Baumgardner, 2013). In this day and age of having to manage multiple life issues, the humanistic approach's goal of promoting a long and qualitatively healthy life is a highly important endeavour. This study aims to gather insight into the factors that can have an effect on the mental health of people, who are having to endure continual stress from which there is no respite, and to see if there is a difference in well-being over time.

Psychological well-being (PWB)

World Health Organization defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is

able to make a contribution to his or her community (Health and Well-Being, n.d.)". Positive Psychology has numerous views about what constitutes well-being or happiness.

Psychological well-being (PWB) is about feeling good about oneself and one's life, having satisfying relationships and a sense of purpose, and feeling capable of managing life's challenges (Dhanabhakya & M, 2023). The World Health Organization (WHO) defines PWB as "a state of mind in which an individual is able to develop their potential, work productively, and creatively, and is able to cope with the normal stresses of life" (World Health Organization: WHO, 2019). Huppert (2009) states that PWB is compromised when negative emotions are extreme or very long lasting and interfere with a person's ability to function in his or her daily life.

Psychologist Carol D. Ryff created one of the first systematic models of PWB, and developed a scale based on her theory, that measures six aspects of wellbeing and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff, 1989). These dimensions are constructs the study needed to explore and hence this scale has been used for measuring PWB for this research study.

Coping Style

Coping is a concept that emerged out of trying to understand the ways in which human beings manage stress. Folkman et al. (1986) defined coping as, "constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person". In their book, Lazarus and Folkman (1984) classified the many coping mechanisms that people employ into two different approaches - emotion focused (affective reactions to reduce stress such as self-preoccupation and fantasizing and rumination) and the problem focused, or task oriented coping (cognitive restructuring or attempts to alter situations) categories of coping styles.

A different approach to understand an individual's response to trauma was put forth by Roth and Cohen (1986) where they introduced the concepts 'Avoidance' and 'Approach' to refer to two basic modes of coping with stress. Approach and avoidance are simply metaphors for cognitive and emotional activity that is oriented either toward or away from threat. The conceptual framework of problem – focused coping, emotion- focused coping and avoidant coping styles have been utilized for this study.

Perceived Social Support (PSS)

Thoits (1982) defines Perceived Social Support (PSS) as the belief that support is adequate and/or support is available if needed and perceived support measures assess how supported one feels rather than specific or concrete behaviours experienced. PSS has been known to have predicting effects on PWB. (Zhou & Xie, 2025).

A review study conducted by Thoits (1995) on the then existing studies on stress and its effects, found many evidences pointing out the attenuating effect of coping and PSS on stress. It also highlighted the mutual influence of PSS and coping on each other, further recommending an analysis of the theoretical mechanisms behind this effect.

Past research has shown that in families raising children with disabilities, the child's disability-related factors were found to have an impact on caregivers' health and quality of life (Isa et al., 2016). Hence, it is to be expected that parents having children with the neurodevelopmental disorders, Autism Spectrum Disorder (ASD) and Attention Deficit/Hyperactivity Disorder (ADHD), will also be impacted in the same way, if not more, which is what this research study intends to understand.

Autism Spectrum Disorder (ASD)

Autism Spectrum Disorder (ASD) is a neurodevelopmental disability that persists throughout a person's life. It is characterized by persistent and pervasive impairments that include deficits in social communication and social interaction, including difficulties with social-emotional reciprocity, nonverbal communication behaviours, and social relationships, along with restricted and repetitive patterns of interests, behaviours, and/or activities (American Psychiatric Association, 2013). Parents of children with ASD score higher on levels of stress than other groups of parents. The daily challenges of caring for the child are endless and affect all aspects of the child's care as well as the parent's mental health and ability to manage the needs of the child and family (Bonis, 2016).

Attention Deficit/Hyperactivity Disorder (ADHD)

Another significant neurodevelopmental disability in children is Attention Deficit/ Hyperactivity Disorder (ADHD), whose symptoms include inattention (not being able to keep focus), hyperactivity (excess movement that is not fitting to the setting) and impulsivity (hasty acts that occur in the moment without thought) (Elmaghraby & Garayalde, 2022). It is a chronic, debilitating disorder which may impact upon many aspects of an individual's life, including academic difficulties, social skills problems, and strained parent child relationships. ADHD impacts not only on the child, but also on parents and siblings, causing disturbances to family and marital functioning, and affecting daily life activities (Harpin, 2005).

Need for Current Study

Parenting children, who have significant challenges and behavioural problems, as is often true of children with ASD and ADHD, causes high levels of stress, which can significantly affect their well-being and consequently, their mental health. Dabrowska and Pisula (2010) found that successful adaptation, of parents having children with disorders, to the stress that they experience as part of their parenting journey depends, among other things, on how they cope with stress. Cuzzocrea et al. (2015) emphasizes the importance of fostering functional coping strategies and increasing social support received in families of children with disabilities, and especially in those with children with low functioning autism. Hence, providing such parents with effective techniques to manage their emotions can greatly influence how they view their situation, the intensity of the symptoms of their children, and the psychological distress associated with it (Rana & Das, 2024), thereby improving their well-being.

Coping and PWB are dynamic constructs that can change over time, with altering circumstances. The longitudinal study conducted by Smith et al. (2007), wherein a comparative analysis of the impact of autism symptoms and coping strategies on the well-being of mothers of toddlers and adolescents with ASD was undertaken, found that the buffering effects of coping strategies on autism symptoms emerged much more prominently among mothers of adolescents than mother of toddlers. Their consensus was that the presence of more buffering effects in the adolescent group may reflect that over time these mothers have learned to cope more effectively with their children's autism symptoms than the mothers in the toddler group.

This leads to the possibility that there could be potential variation in the PWB, Coping Styles and PSS of parents who are raising children at different developmental stages – Young Children and Adolescents. But a vast majority of the past research have studied the effects of PWB, coping styles and PSS on each

other (Pandeya, 2025), and there is a dearth of detailed analysis of these constructs between two parental groups (raising Young Children and Adolescents).

Having found no study that compared the psychological wellbeing, coping style and PSS between parents of children and adolescents with developmental disorders like Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder at the city of Bangalore in India, this research study intends to fill this specific gap.

Methodology

Research Design

The research study was planned as a quantitative, cross-sectional study so as to measure the Psychological wellbeing (PWB), Coping Styles and Perceived Social Support (PSS) of parents having children with developmental disorders in all age groups in a particular time.

In the context of this study, the terminology ‘younger children’ refers to children between 2 to 10 years of age. This comprises of the ‘toddler’, ‘preschool years’ and ‘middle school’ stages of the Erik Erikson’s theory of Psychosocial Development (MSEd, 2025). The terminology ‘adolescents’ refers to children between 11 to 18 years of age. This comprises the major part of the ‘teen years’ stage of the Erik Erikson’s theory of Psychosocial Development (MSEd, 2025).

The data has been collected from either the father or the mother of a single family and henceforth, all references to parents denote either the father or mother and not both the parents. Single parents have also been included in the study. Both gender of children has been included in the study.

Data was collected using the Purposive sampling technique from parents who send their children to special schools and intervention/therapy centres in the city of Bangalore. Only those parents who consented to the study after making an informed decision about it, were included in the study.

A total of 84 parents having children with ASD, ADHD and ASD with ADHD participated in the study. Amongst them, 38 are parents of younger children (2-10 years old) and 46 are parents of adolescents (11-18 years old).

Procedure

Parents were asked to fill their demographic details, the Ryff’s Psychological Wellbeing scale, the Brief-COPE scale and the Multidimensional Scale of Perceived Social Support (MSPSS). With some parents, data was collected through in-person interviews. People who were difficult to reach in person were approached through calls and their data were collected through online-form survey method.

An informed consent statement was checked/signed by the parents along with their demographic details.

Tools Used

Demographic Details

The following demographic data of parents were collected – name, gender, age, education level, occupation, place of residence, marital status, no. of children, the child’s age, gender and diagnosis.

The Ryff’s Scales of Psychological Well Being (PWB)

The scale was developed by Dr. Carol Ryff in 1989. The Ryff’s scales of psychological wellbeing (short version, Ryff & Keyes, 1995) consists of 18 items that measure six core dimensions of Well Being - Autonomy, Environmental mastery, Personal Growth, Positive relations with others, Purpose of life,

Self-Acceptance. Respondents rate statements on a scale of 1 to 6, with 1 indicating strong disagreement and 6 indicating strong agreement. The scales exhibit acceptable internal consistency (α) ranging from .93 to .86 and test–retest reliability over six weeks returned coefficients ranging from .88 to .81

Brief - Coping Orientation to Problems Experienced Inventory (Brief-COPE)

The Brief-COPE is a 28 item self-report questionnaire, developed by Carver (1997), to measure effective and ineffective ways to cope with a stressful life event. It was developed as a short version of the original 60-item COPE scale (Carver et al., 1989), which was theoretically derived based on various models of coping. The scale can determine someone's primary coping styles with scores on the following three subscales - Problem-Focussed Coping, Emotion-Focussed Coping and Avoidant Coping, with the items under these subscales being rated on a 4 point Linkert scale. The scale shows acceptable to good internal consistency ($\alpha = .77$ to $.88$) across validation studies and its Test-retest reliability has been demonstrated with intraclass correlation coefficients ranging from .32 to 1.00 across individual subscales.

Multidimensional Scale of Perceived Social Support (MSPSS)

MSPSS is a psychological tool developed by Zimet et al. (1988) to measure an individual's perception of social support from three specific sources - Family, Friends, Significant others. This scale emphasizes on perceived support rather than received support. It has a total of 12 items, divided into 3 sub scales, namely – 'Family, Friends, Significant others', containing 4 items each, rated on a 7 point Likert scale ranging from "very strongly disagree" to "very strongly agree". It is an easy and short measure for the subjective assessment of perceived social support. It has good internal and test-retest reliability as well as moderate construct validity.

Statistical Analysis

The Statistical Package for the Social Sciences (SPSS) software was used to analyse the data across the two groups. The descriptive statistics (Mean, Standard Deviation) of both group of parents were used to compare the PWB, Coping Styles and PSS of both group of parents, using the Independent samples t-Test (two-tailed).

Results

Independent samples t-tests were conducted to compare PWB, Coping Styles, and Perceived Social Support between parents of young children ($n = 38$) and parents of adolescents ($n = 46$). With degrees of freedom = 82, the critical t-value is approximately 1.99 at $\alpha = .05$ (two-tailed). The results are depicted in Table 1.

Table 1: Comparison of Psychological Well Being, Coping Styles and Perceived Social Support Between Parents of Young Children and Adolescents

Variables	Group	N	Mean	Std. Deviation	t-values
Autonomy	Young Children	38	14.78	3.11	2.41
	Adolescents	46	16.43	3.10	
Environmental Mastery	Young Children	38	14.36	3.23	0.69
	Adolescents	46	14.86	3.32	
Personal Growth	Young Children	38	16.76	3.12	0.41
	Adolescents	46	17.02	2.63	
Positive Relations with Others	Young Children	38	13.10	4.09	1.73
	Adolescents	46	14.58	3.72	
Purpose in Life	Young Children	38	13.60	3.05	0.58
	Adolescents	46	14.05	3.64	
Self-Acceptance	Young Children	38	15.02	3.86	1.21
	Adolescents	46	16.06	3.91	
Psychological Well-Being	Young Children	38	87.65	10.98	2.15
	Adolescents	46	93.02	11.63	
Problem-Focused Coping	Young Children	38	25.26	3.76	1.45
	Adolescents	46	23.93	4.48	
Emotion-Focused Coping	Young Children	38	29.81	5.59	0.91
	Adolescents	46	28.67	5.73	
Avoidant Coping	Young Children	38	14.65	3.25	0.62
	Adolescents	46	14.13	4.28	
Significant Other	Young Children	38	22.18	6.01	1.27
	Adolescents	46	20.45	6.28	
Family	Young Children	38	22.05	4.94	1.20
	Adolescents	46	20.47	6.65	
Friends	Young Children	38	19.26	6.01	1.09
	Adolescents	46	20.65	5.59	
Perceived Social Support	Young Children	38	63.50	13.18	0.62
	Adolescents	46	61.58	14.71	

Psychological Well-Being (PWB): Parents of adolescents scored higher than parents of young children across all six subscales and on the total score. Two comparisons reached statistical significance: Autonomy, $t(82) = 2.41$, $p < .05$, with parents of adolescents ($M = 16.43$, $SD = 3.10$) scoring higher than parents of young children ($M = 14.78$, $SD = 3.11$); and the total Psychological Well-Being score, $t(82) = 2.15$, $p < .05$, with parents of adolescents ($M = 93.02$, $SD = 11.63$) scoring higher than parents of young children ($M = 87.65$, $SD = 10.98$). The remaining subscales — Environmental Mastery ($t = 0.69$), Personal Growth ($t = 0.41$), Positive Relations with Others ($t = 1.73$), Purpose in Life ($t = 0.58$), and Self-Acceptance ($t = 1.21$) — did not differ significantly, though Positive Relations with Others approached significance.

Coping Styles: No significant group differences emerged for Problem-Focused Coping ($t = 1.45$), Emotion-Focused Coping ($t = 0.91$), or Avoidant Coping ($t = 0.62$). Notably, the directionality here reversed relative to the well-being measures: parents of young children scored numerically higher than parents of adolescents on all three coping subscales (Problem-Focused: 25.26 vs. 23.93; Emotion-Focused: 29.81 vs. 28.67; Avoidant: 14.65 vs. 14.13), though none of these differences were statistically reliable.

Perceived Social Support (PSS): No significant differences were found for Significant Other support ($t = 1.27$), Family support ($t = 1.20$), Friends support ($t = 1.09$), or the total Perceived Social Support score ($t = 0.62$). As with Coping Styles, parents of young children reported numerically higher support from Significant Others and Family, while parents of adolescents reported slightly higher support from Friends — but none of these differences reached significance.

In summary, of the 14 comparisons conducted, two showed statistically significant group differences - Autonomy and total Psychological Well-Being — both favouring parents of adolescents. No significant differences emerged for Coping Styles or Perceived Social Support.

Discussion

The pattern of results indicates that parents of adolescents report modestly but significantly higher overall PWB than parents of young children, an effect driven substantially by the Autonomy subscale, which showed the largest and most consistent difference across this sample of population. It could be interpreted that parents of adolescents appear to experience a stronger sense of self-determination and independent functioning than parents of young children. This difference can be explained in several ways - parents of adolescents could be operating with greater independence from constant caregiving demands as opposed to parents of younger children, who are often more embedded in continuous, hands-on caregiving roles; it could also mean that parents of adolescents feel equipped enough to handle the demands of caregiving, while parents of younger children still don't feel they have developed the skill to manage the demands of parenting their disabled kids effectively.

The moderately significant difference in the total PWB score suggests that while no single other subscale reached significance on its own, the cumulative effect across all six PWB dimensions is sufficient to produce a reliable aggregate difference. This is a common pattern in psychometric research: composite scores can detect effects that are individually too small to reach significance on any one subscale but are consistent enough in direction to accumulate into a detectable overall difference.

The absence of significant differences in Coping Styles suggests that parents at both developmental stages rely on broadly similar strategies (problem-focused, emotion-focused, avoidant) to manage parenting-related stress. The slight numerical edge for parents of young children on all three coping subscales is an interesting, if non-significant, trend; it may hint that parents of young children, facing more acute, hands-on daily stressors, engage somewhat more actively across all coping modes (including avoidant coping) and may also hint at relatively low acceptance of the situation. Parents of adolescents may rely on fewer or different strategies, as the nature of caregiving shifts from direct management to more indirect support and guidance (in the case of high functioning adolescents) or have learnt other functional coping skills (in the case of low, medium functioning adolescents), along with an increase in the acceptance of their situation. This remains speculative given the non-significant results.

Similarly, the lack of significant differences in PSS indicates that parents' sense of support from significant others, family, and friends does not vary meaningfully by their child's developmental stage.

The direction of differences with parents of young children reporting more support from Significant Others and Family, while parents of adolescents report more support from Friends is plausible (e.g., practical caregiving support from a partner/family may be more salient with young children and parents avoiding friends due to the strain of caregiving or a feeling of isolation, while friendships may take on more relational significance as direct caregiving demands ease or as parents feel comfortable enough to resume their friendships), but again, these are non-significant trends and should not be over-interpreted. The result from the analysis of collected data shows that there is a significant difference only in the PWB and not in Coping Styles and PSS.

Implications of the Study

Owing to the significant difference in the PWB of parents having Younger children and Adolescents, with parents having Adolescents scoring higher than those having Younger children, in the 'Autonomy' dimension, working on developing the Autonomy of parents, particularly when their child is newly diagnosed and/or young, can help these parents considerably in maintaining their well-being.

Though not statistically significant, adolescent parents show a lesser incidence of the Avoidant Coping style. Existing literature have correlated lesser level of Avoidant Coping with higher PWB. Interventions planned for parents handling children with neuro-developmental disorders, shall be greatly beneficial, if they can help parents develop coping techniques, that can mitigate the adoption of Avoidant Coping, through psychoeducation.

Limitations of the Study

As data is collected from a small sample of participants, the results of the study may not be entirely considered suitable for generalization. The study only includes children with Autism Spectrum Disorder and Attention Deficit/Hyperactivity Disorder. Future research could be carried out on parents of other developmental disorders like Cerebral Palsy and Down's Syndrome. Data from parents only in the metropolitan city of Bangalore has been used for this research. The results of this study cannot be generalised for parents from a Tier 2 or Tier 3 city.

Scope for Further Research

Future research could try to determine the effect of single parenting on PWB and any difference thereof between single and two parent households. While there is a statistically significant difference in the PWB scores of the two group of parents (Younger children and Adolescent) groups, with Coping and PSS showing insignificant difference between the two groups, the study cannot clearly determine the factors that could be contributing to the difference/non-difference between the groups. Further research on the other factors that could be contributing to this difference is recommended.

While there is a non-significant effect of PSS on PWB in this sample of parents, further research with a larger sample size and a different method of measuring PSS is warranted.

Exploring these research avenues would serve as a stepping stone for understanding the challenges parents face at each developmental stage of their children's life, thereby helping policy makers and intervention framework creators come up with an all-encompassing support framework that can help parents in all facets of their life, all through their journey, consequently enhancing their quality of life, of which there is a great need for in India.

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