

International Journal of Autism



E-ISSN: 2710-3927
P-ISSN: 2710-3919
Impact Factor (RJIF): 6.59
IJA 2026; 6(1): 01-06
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[www.rehabilitationjournals.com/
autism-journal](http://www.rehabilitationjournals.com/autism-journal)
Received: 02-11-2025
Accepted: 05-12-2025

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Stress and psychological wellbeing among parents of autistic children

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DOI: <https://www.doi.org/10.22271/27103919.2026.v6.i1a.66>

Abstract

This study examines the relationship between parenting stress and psychological wellbeing among parents of autistic children, with a specific focus on gender differences. A quantitative correlational design was employed with a sample of 59 parents (32 females, 27 males) of children diagnosed with Autism Spectrum Disorder. Data were collected using the Parenting Stress Scale (Berry & Jones, 1995)^[2] and the Psychological Well-Being Scale (Ryff & Keyes, 1995)^[10]. Results from Pearson correlation analysis revealed no significant relationship between parenting stress and psychological wellbeing ($*r* = .087$, $*p* = .511$), indicating these constructs operate independently within this population. Independent samples t-tests showed no significant gender difference in parenting stress scores ($*t*(57) = 0.207$, $*p* = .837$). However, a significant gender difference was found in psychological wellbeing ($*t*(57) = 3.866$, $*p* < .001$), with fathers reporting substantially higher levels than mothers. The findings suggest that while stress levels are similar across genders, psychological wellbeing is significantly more compromised in mothers, highlighting the need for gender-sensitive interventions that address both stress management and wellbeing enhancement separately, with particular attention to the structural and psychosocial factors disproportionately affecting mothers.

Keywords: Parenting stress, psychological wellbeing, autism, gender differences, parents of autistic children

Introduction

Parenting is a demanding role that, when its challenges exceed an individual's coping resources, can lead to significant parenting stress (Abidin, 1992)^[1]. This stress is particularly pronounced among parents of children with autism spectrum disorder, who often navigate unique and persistent caregiving demands that extend across the lifespan (Wang, 2013)^[13]. The experience of this stress is multifaceted, deeply influenced by socio-cultural and demographic contexts, and has a direct bearing on the psychological well-being of parents. Extant literature consistently highlights that parents of children with disabilities, including autism, report higher stress levels than parents of neurotypical children. Key factors exacerbating this stress include the child's behavioral symptoms, a recent diagnosis, lower parental education levels, and low monthly income (Phetrasuwan & Shandor Miles, 2009; Samadi & McConkey, 2014; Wang, 2013)^[8, 11, 13]. Furthermore, the distribution of stress may differ by gender, with some studies indicating that mothers often report higher levels of stress than fathers, though other research points to different sources of stress rather than differential levels (Hastings, 2003; Shin & McDonough, 2008)^[4, 12]. This chronic stress environment poses a substantial risk to parental mental health and overall family functioning (Crnic & Ross, 2017)^[3].

Psychological well-being, defined as the presence of positive psychological attributes and overall mental health (Ryff, 1989)^[9], is consequently at stake. It encompasses both hedonic aspects, like happiness and life satisfaction, and eudaimonic aspects, such as purpose in life and personal growth. The relentless nature of caregiving for an autistic child, often requiring lifelong physical and emotional support, can undermine these components of well-being, leading to potential outcomes like burnout, depression, and impaired relationships.

While significant research has explored parenting stress and psychological well-being separately within this population, there remains a need to critically examine their interplay and demographic correlates in specific contexts. Many mental health initiatives fail to reach grassroots-level populations, including less-educated parents who may be especially vulnerable yet lack access to resources and knowledge. Therefore, a focused investigation is

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warranted to raise awareness and inform targeted support. The purpose of the present study was to explore the relationship between parenting stress and psychological well-being among parents of autistic children, and to examine gender differences in both constructs.

Methodology

The methodology outlines the systematic approach employed to investigate parenting stress and psychological well-being among parents of autistic children. This section details the procedures for participant selection, variable measurement, data collection, and statistical analysis, ensuring the study's design is transparent, replicable, and aligned with its research objectives. A quantitative framework was adopted to allow for the empirical examination of relationships and group differences between the key constructs under investigation.

Selection of Subjects

Participants were recruited using a non-probability sampling strategy, combining purposive and convenience techniques. The inclusion criteria required participants to be primary parents or caregivers of a child with a formal Autism Spectrum Disorder (ASD) diagnosis who was above the age of one year. Family members other than parents were excluded. The final sample consisted of 59 participants, comprising 32 females and 27 males.

Selection of Variables

The study investigated two primary variables. The independent variable in the comparative analysis was parent gender (male/female). The dependent variables were: (1) Parenting Stress, operationally defined by scores on the Parenting Stress Scale (Berry & Jones, 1995) [2]; and (2) Psychological Wellbeing, operationally defined by scores on the Psychological Well-Being Scale (Ryff & Keyes, 1995) [10]. A demographic information form was also used to collect descriptive data on age, occupation, years of parenting, and partner's employment status for sample characterization.

Collection of data

Data were gathered using a mixed-mode approach, combining in-person meetings and online distribution via social media platforms. The procedure began with obtaining informed consent, which detailed the study's purpose and assured participants of confidentiality and their right to withdraw. Participants then completed a demographic form followed by the two standardized scales.

The Parenting Stress Scale (Berry & Jones, 1995) [2] is an 18-item self-report instrument. Responses are recorded on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree), with higher total scores indicating greater perceived stress. The scale has demonstrated good internal consistency ($\alpha = 0.83$).

The Psychological Well-Being Scale (Ryff & Keyes, 1995) [10] is an 18-item scale measuring six dimensions of eudaimonic well-being. Items are rated on a 7-point Likert scale (1 = Strongly Agree to 7 = Strongly Disagree), with one reverse-scored item. Higher composite scores reflect a

higher level of psychological wellbeing, and the scale is recognized for its strong psychometric properties.

Statistical Method

Data were analyzed using IBM SPSS Statistics (Version 26). Preliminary descriptive statistics (means and standard deviations) were computed for all key variables. To examine the relationship between parenting stress and psychological well-being, Pearson's product-moment correlation coefficient (r) was calculated. To test for gender differences, independent samples t-tests were conducted to compare the mean scores of male and female participants on both the Parenting Stress Scale and the Psychological Well-Being Scale.

Analysis

The following section details the results of the statistical analysis performed on the collected data. The findings are organized to address the study's three central hypotheses, with the outcomes of inferential tests presented alongside relevant descriptive statistics for each variable. This structured presentation aims to provide a clear and objective account of the relationship between parenting stress and psychological wellbeing, as well as the influence of gender on these variables within the sample of parents with autistic children.

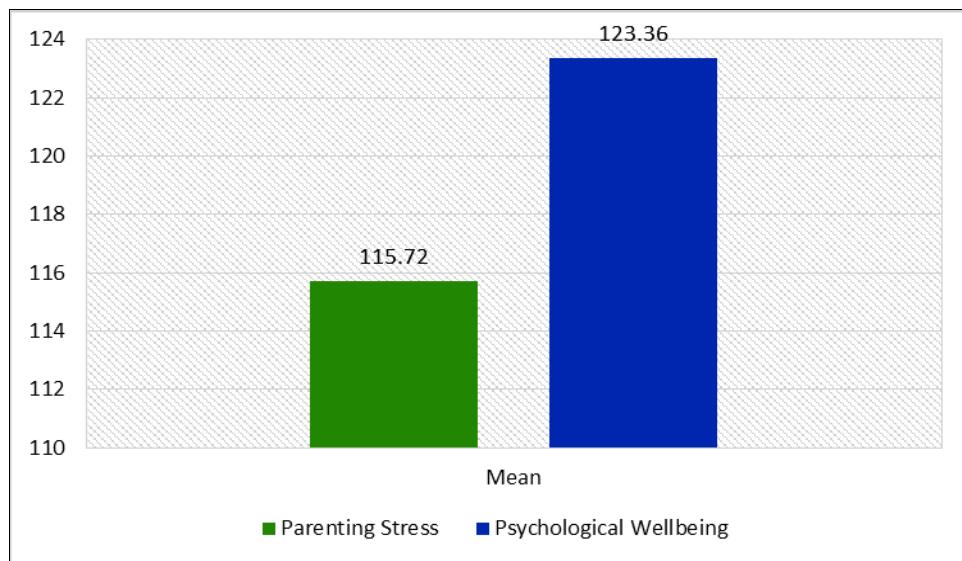
Relationship between Parenting Stress and Psychological Wellbeing

This study investigated the relationship between parenting stress and psychological wellbeing among parents of autistic children. Contrary to common assumptions that higher stress directly diminishes wellbeing, statistical analysis revealed no significant correlation between these two constructs. The findings suggest that within this specific population, the experience of stress in the caregiving role and an individual's overall sense of purpose, growth, and life satisfaction operate as largely independent domains. Parents may report high stress due to daily challenges while simultaneously maintaining robust psychological wellbeing through other personal resources and coping mechanisms, highlighting a complex and nuanced dynamic in their adaptation and resilience.

Table 1: Correlation between Parenting Stress and Psychological Wellbeing

Variable	N	Mean	SD	*r*	*p*
Parenting Stress	59	115.72	19.37		
Psychological Wellbeing	59	123.36	78.25	.087	.511

Table 1 indicates that the analysis yielded a correlation coefficient of $*r* = .087$, which was not statistically significant at the $*p* < .05$ level ($*p* = .511$). Therefore, the null hypothesis (H_0) is accepted. This result suggests that, within this sample, parenting stress and psychological wellbeing are independent constructs with no statistically significant linear relationship.

**Fig 1:** Parenting Stress and Psychological Wellbeing

Gender Differences in Parenting Stress

To examine the second hypothesis (H_02), an independent samples t-test was performed. This statistical test was employed to determine whether a significant difference exists between the mean parenting stress scores reported by

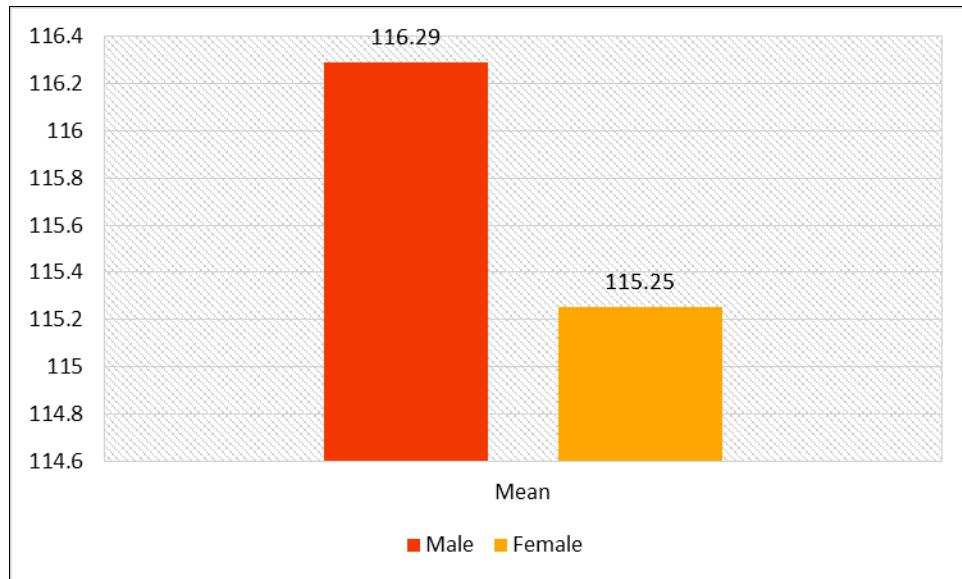
male and female parents of autistic children. The analysis compared the two independent groups -mothers and fathers, to assess if gender was associated with differing levels of perceived stress within the parenting role.

Table 2: Gender Differences in Parenting Stress

Group	N	Mean	SD	*t*(57)	*p*
Male	27	116.29	18.22		
Female	32	115.25	20.57	0.207	.837

Table 2 indicates that the mean scores for male ($M = 116.29$, $SD = 18.22$) and female ($M = 115.25$, $SD = 20.57$) parents were very similar. The test yielded a t-value of $*t*(57) = 0.207$, which was not statistically significant

($*p* = .837$). Consequently, the null hypothesis (H_02) is accepted, indicating no significant difference in reported parenting stress levels between mothers and fathers in this study.

**Fig 2:** Gender Differences in Parenting Stress

Gender Differences in Psychological Wellbeing

To address the third hypothesis (H_03), an independent samples t-test was conducted. This analysis aimed to determine whether a statistically significant difference exists in the levels of psychological wellbeing reported by male

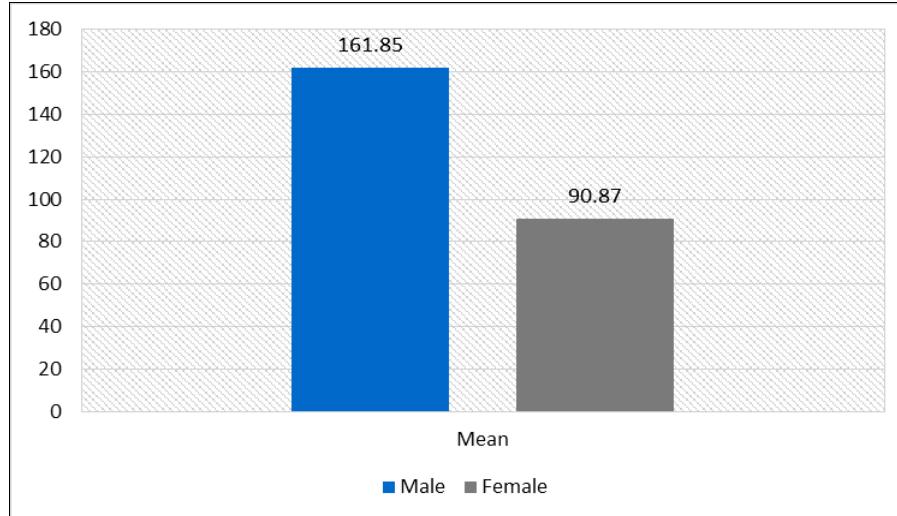
and female parents of autistic children. The test compared the mean composite scores from the Psychological Well-Being Scale between the two gender groups to evaluate the potential influence of parental gender on overall eudaimonic wellbeing.

Table 3: Gender Differences in Psychological Wellbeing

Group	N	Mean	SD	*t*(57)	*p*
Male	27	161.85	103.59		
Female	32	90.87	8.72	3.866	< .001*

Table 3 indicates a statistically significant difference between male and female parents ($*t*(57) = 3.866$, $*p* < .001$). Male parents reported a substantially higher mean score ($M = 161.85$, $SD = 103.59$) compared to female parents ($M = 90.87$, $SD = 8.72$). Since the $*p*$ -value

is less than the .05 alpha level, the null hypothesis (H_0) is rejected. This finding indicates that fathers of autistic children in this sample reported significantly higher levels of psychological wellbeing than mothers.

**Fig 3:** Gender Differences in Psychological Wellbeing

Discussion on Findings

This study aimed to investigate the relationship between parenting stress and psychological wellbeing, as well as to explore gender differences in both constructs, among parents of autistic children. The findings present a nuanced picture, revealing significant independence between the primary variables and distinct gender patterns.

The Independence of Parenting Stress and Psychological Wellbeing

The analysis revealed a weak, non-significant correlation between parenting stress and psychological wellbeing ($r = .087$, $p = .511$), leading to the acceptance of the first null hypothesis. This finding indicates that the experience of stress in the parenting role and an individual's overall sense of eudaimonic wellbeing operate as largely independent domains within this specific population. Contrary to the intuitive expectation that high stress would directly erode wellbeing, this result suggests a more complex dynamic.

This independence can be interpreted through several lenses. First, it aligns with the stress-coping paradigm, which posits that the *impact* of a stressor is mediated by coping resources, appraisal, and social support (Lazarus & Folkman, 1984)^[7]. A parent may experience high stress due to daily caregiving demands but simultaneously maintain a strong sense of purpose in life, personal growth, and positive relationships core components of Ryff's model of psychological wellbeing. The stress may be compartmentalized or perceived as a challenging but meaningful aspect of their life journey. Second, it underscores that psychological wellbeing is a multi-faceted construct, not merely the absence of distress. Factors such as autonomy, mastery, and self-acceptance may be cultivated

or preserved through means unrelated to the direct stressors of parenting a child with autism. This finding challenges a deficit-focused narrative and highlights the resilience and capacity for positive adaptation that can coexist with significant life challenges.

Gender Similarities in Parenting Stress

The study found no significant gender difference in the overall level of parenting stress experienced by mothers and fathers, supporting the second null hypothesis. This result aligns with contemporary research suggesting that while the *sources* and *expression* of stress may differ, the overall burden is often shared (Krakovich *et al.*, 2016)^[6]. Fathers are increasingly involved in direct care and advocacy, exposing them to similar systemic challenges, such as navigating healthcare services, managing behavioral difficulties, and confronting societal stigma. The convergence of stress levels may reflect a shift towards more egalitarian parenting roles in families raising children with special needs, or it may indicate that the objective demands of the situation generate a comparable stress load regardless of gender.

Gender Divergence in Psychological Wellbeing

In stark contrast, a significant gender disparity was found in psychological wellbeing, with fathers reporting markedly higher levels than mothers, leading to the rejection of the third null hypothesis. This is a critical finding that warrants deeper exploration. It is consistent with a substantial body of literature documenting lower wellbeing and higher rates of anxiety and depression among mothers of children with disabilities (Hayes & Watson, 2013)^[5].

Several interconnected factors likely contribute to this disparity

1. **Primary Caregiver Burden and Role Entrapment:** Mothers are still overwhelmingly likely to assume the role of primary caregiver. This role often involves more hours of direct, intensive care, greater responsibility for managing appointments and interventions, and consequently, more significant constraints on personal time, career advancement, and social autonomy. This can directly undermine components of wellbeing like environmental mastery, autonomy, and personal growth.
2. **Societal Expectations and Gendered Stress:** Societal norms often place disproportionate emotional labor and the responsibility for family "success" on mothers. The internalization of these expectations can lead to higher self-imposed pressure, guilt, and a sense of failure when facing the relentless challenges of autism care, negatively impacting self-acceptance.
3. **Differential Access to Coping Resources:** Fathers may have greater access to or feel more permission to utilize external coping resources. This can include uninterrupted engagement in full-time employment (providing financial mastery and a non-caregiver identity), more frequent participation in leisure activities outside the home, and different socialization patterns that facilitate peer support. Employment, often cited as a stressor, can also serve as a protective buffer and source of mastery for fathers.
4. **Measurement and Reporting Considerations:** The exceptionally high standard deviation in the male group's wellbeing scores ($SD = 103.59$ vs. 8.72 for females) suggests considerable variability among fathers. While some report very high wellbeing, others may report very low levels, indicating that this experience is not uniform. Cultural norms around masculinity may also influence reporting styles, though the significant mean difference strongly suggests a real underlying disparity.

Conclusion

Based on the findings of this study, the following conclusions can be drawn

1. **No Direct Link Between Stress and Wellbeing**
Parenting stress and psychological wellbeing are not inherently or inversely correlated for parents of autistic children. The two constructs operate as separate dimensions of a parent's experience. A high level of reported stress does not necessarily predict a low level of overall psychological wellbeing, indicating the presence of resilience and adaptive processes.
2. **Shared Stress Burden**
The experience of parenting stress is not exclusive to one gender. Mothers and fathers of autistic children report statistically similar levels of overall stress, suggesting that the challenges of caregiving, advocacy, and navigating systemic hurdles constitute a shared burden within the family unit.
3. **Pronounced Gender Gap in Wellbeing**
A significant disparity exists in psychological wellbeing, with fathers reporting substantially higher levels than mothers. This indicates that while the stress *load* may be similar, the *impact* on long-term eudaimonic health-encompassing purpose, growth, and

mastery. is markedly different and more negative for mothers.

4. Underlying Structural and Social Factors

The gender gap in wellbeing is likely driven by entrenched societal structures and roles rather than the stress of caregiving alone. Factors such as the primary caregiver burden disproportionately placed on mothers, gendered societal expectations, and unequal access to restorative coping resources are critical contributors to this disparity.

5. Need for Targeted Support

The findings underscore that effective support for parents must move beyond generic stress management. Interventions should be gender-sensitive, specifically designed to bolster the psychological wellbeing of mothers by addressing role entrapment, fostering autonomy, and expanding their access to personal time and social support, while also recognizing and supporting the varied experiences of fathers.

Implications

The findings highlight crucial, actionable points for improving support for families with autistic children.

- **Separate Stress and Wellbeing:** Effective support must address parental stress (through practical help and coping tools) and psychological wellbeing (by fostering purpose and personal growth) as two distinct, equally important goals.
- **Prioritize Mothers' Wellbeing:** The significant gender gap requires gender-sensitive support. Programs must actively alleviate the intense primary caregiver burden on mothers with accessible respite care, peer networks, and therapy to rebuild autonomy and self-worth.
- **Adopt a Whole-Family Approach:** Healthcare, education, and social services must shift from a child-centric to a family-centric model, routinely assessing and supporting parental mental health.
- **Build Better Systems:** Policymakers should fund flexible respite services and advocate for family-friendly workplace policies (like flexible hours) to provide critical structural support.
- **Guide Future Research:** Studies should investigate why this gender gap exists and explore the factors (like coping styles and social support) that help some parents maintain wellbeing despite high stress.

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