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Research Paper

Self-Compassion, Resilience and Psychological Distress Among Parents of Children and Adolescents with Cerebral Palsy

Sudeep P K[1]*, S. Venkatesan[2]

ABSTRACT

Background: Caring for children with cerebral palsy (CP), the most common motor disability in childhood, places a profound psychological, emotional, and physical burden on parents, especially in low-resource contexts like India. Elevated levels of stress, anxiety, and depression have been consistently reported among these caregivers, yet few studies have examined the protective role of self-compassion and resilience in their psychological well-being. Aim: This study aimed to assess the levels of self-compassion, resilience, and psychological distress (depression, anxiety, stress) among parents of children and adolescents with CP in Karnataka, India, and explore their interrelationships. Design: A cross-sectional survey was conducted among 70 biological parents (51 mothers, 19 fathers) of children and adolescents with CP, recruited through purposive sampling from rehabilitation centers and special schools across Mysore, Bengaluru, and Shimogga. Standardized tools, including the Connor-Davidson Resilience Scale (CD-RISC-25), Neff's Self-Compassion Scale (SCS), and Depression, Anxiety, and Stress Scale (DASS-21), were administered to assess resilience, self-compassion, and psychological distress. Data were analyzed using descriptive statistics and chi-square tests to examine associations among variables. Results and conclusion: Results showed moderate levels of self-compassion (77.1%) and resilience (62.9%) among caregivers. Although descriptive trends suggested that higher resilience and self-compassion were linked to lower depression, anxiety, and stress, no statistically significant associations were found between these protective factors and psychological distress. These findings highlight the need for culturally sensitive interventions targeting self-compassion and resilience in Indian caregivers. Future longitudinal and intervention-based studies are recommended to better understand the mechanisms by which these psychological resources may enhance caregiver well-being and reduce mental health risks.

Keywords: *Cerebral Palsy, Caregivers, Self-Compassion, Resilience, Psychological Distress*

Caring for a child with cerebral palsy (CP) is an intensive, lifelong responsibility that places heavy demands on parents. CP—a common non-progressive motor disability—often involves additional cognitive or sensory impairments, meaning children typically require extensive daily assistance. Parents must often provide round-the-clock care (feeding, bathing, therapies) that can disrupt their own health and lifestyle. This

[1]Assistant Professor, Dept of Clinical Psychology, JSS Medical College & Hospital, JSSAHER, Mysuru, India
[2]Formerly Dean, Research, Professor & Head, Department of Clinical Psychology, All India Institute of Speech & Hearing, Mysore, Karnataka, India ORCID: https://orcid.org/0000-001-9814-7577
*Corresponding Author

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profound caregiving burden is associated with declines in parents' physical health and quality of life, contributing to elevated stress. For example, Sonune et al. found that mothers of children with CP in India who spent more time caregiving reported significantly worse physical and psychological quality-of-life and higher depression (Sonune et al., 2021)

Parents' psychological distress is similarly high. A systematic review by Barreto et al. concluded that parents of children with CP experience higher rates of depression and anxiety than parents of typically developing children (Barreto et al., 2019). In fact, higher caregiver burden correlates with increased depressive symptoms and poorer well-being. Indian data reflect this pattern: mothers of CP children frequently report clinical levels of stress, and one study showed severe depression in many mothers (with depression scores rising as the child's motor impairment worsened) (Sonune et al., 2021). In a comparative study at an Indian medical center, caregivers of children with CP had markedly higher anxiety and depression and significantly worse overall quality-of-life than caregivers of healthy peers.

Emerging research suggests that individual coping resources can buffer these risks. Self-compassion—treating oneself with kindness and understanding amid suffering—has been linked to better parental mental health. For instance, Robinson et al. found that parents of children with developmental disabilities who reported greater self-compassion had significantly lower stress and depression (Robinson et al.,2018). A recent meta-analysis similarly found strong, negative associations between parental self-compassion and levels of depression and anxiety, and a positive association with overall well-being. In other words, self-compassionate parents tend to experience less psychological distress. Likewise, resilience—the ability to adapt to adversity—appears to protect caregivers. A 2024 intervention study showed that resilience training for mothers of children with disabilities significantly reduced stress and increased hope and psychological toughness (Sharifian et al., 2024). In families of children with CP, higher family resilience has been tied to optimistic attitudes and active coping strategies. These results suggest that interventions fostering self-compassion and resilience may bolster parents' coping and mitigate distress.
The psychological challenges of CP caregiving are recognized globally, but cultural and socioeconomic factors shape parents' experiences. In India, qualitative studies reveal acute caregiver strain and stigma. For example, a study in Tamil Nadu found that mothers of children with CP frequently suffer from musculoskeletal pain (due to heavy lifting), constant guilt about their child's condition, and severe financial hardship (Nimbalkar et al., 2014). Many mothers lack support from family or community and endure social isolation and discrimination. Societal issues (poverty, strict gender roles, and inadequate disability policies) were identified as intensifying these burdens. These patterns align with other Indian reports: Nimbalkar et al. described parents living with "disturbed social relationships, health problems, financial problems, [and] worries about the child's future" (Nimbalkar et al., 2014). In India, then, as elsewhere, caregivers face a constellation of stressors that threaten mental health. However, there is very limited quantitative research on whether self-compassion and resilience function similarly in this context.

Understanding these dynamics is important for both local and global families. Internationally, studies show that positive coping and optimism correlate with greater resilience in CP families. In India, given the unique cultural pressures, it is critical to identify internal resources that can help parents cope. Evidence that enhancing self-compassion and resilience improves parental well-being (as shown in recent trials) underscores the potential of such approaches. By investigating how self-compassion and

resilience relate to depression, anxiety, and stress among Indian CP caregivers, this study will address a gap in the literature and inform culturally appropriate supports. Ultimately, this research aims to contribute to a global understanding of caregiver mental health and to guide interventions that improve the emotional well-being of parents raising children with cerebral palsy.

METHODOLOGY

A cross-sectional survey design was employed to examine resilience, self-compassion, and quality of life (QoL) among parents of children and adolescents with cerebral palsy (CP) in Karnataka, India. The study aimed to assess the levels of these variables and their interrelationships. Participants were recruited from special education schools and rehabilitation centers in the three Karnataka districts of Mysore, Bengaluru, and Shimogga using purposive sampling. The final sample consisted of 70 biological parents (51 mothers, 19 fathers) of children/adolescents diagnosed with CP. Inclusion criteria required that participants be a biological parent of a child or adolescent with CP; any parent who declined to participate was excluded. The sample demographics were recorded using a semi-structured Socio-Demographic Data Sheet.

Instruments

The study utilized standardized self-report measures.

1. The **Connor–Davidson Resilience Scale (CD-RISC-25)**: The Connor-Davidson Resilience Scale (CD-RISC-25) is a widely used self-report instrument designed to assess resilience, defined as the ability to cope with adversity and bounce back from challenges. In this study, the 25-item version was used to measure resilience among parents of children with cerebral palsy. The scale evaluates multiple dimensions of resilience including adaptability, stress coping, emotional regulation, and self-efficacy. Respondents rate each item on a 5-point Likert scale ranging from 0 (not true at all) to 4 (true nearly all the time), based on their experiences over the past month. The total score ranges from 0 to 100, with higher scores indicating greater resilience. The scale demonstrates high internal consistency with a Cronbach's alpha of 0.93, indicating strong reliability. It encompasses key components such as hardiness, coping skills, adaptability, purpose, optimism, emotional regulation, and self-efficacy.
2. **Neff's Self-Compassion Scale (SCS)**: This scale has six subscales where three are positive such as "self-kindness" (5 items), "common-humanity" (4 items) and "mindfulness" (4 items) and three are negative such as "self-judgment" (5 items), "isolation" (4 items) and over-identification (4 items), thereby consisting of 26 items in total. Each item has to be responded on 5 point scale ranging from "almost never to almost always". The scoring of positive subscale goes by 1-5 and in case of negative subscale it goes by 5-1. Each subscale scores are computed by calculating the mean of item responses of each subscale. The total self-compassion 71 scale score has to be computed by a grand mean of all six subscales means. Thus, the possible range of scores is 1-5. The higher the scores the higher the level of self-compassion. The test-retest reliability is 0.93 and Cronbach's alpha is 0.94.
3. **Depression, Anxiety & Stress Scale – 21 (DASS-21)**: The Depression Anxiety Stress Scales-21 (DASS-21) is a shorter version of the original 42-item scale developed by Lovibond and Lovibond (1995) to measure depression, anxiety, and stress. Henry and Crawford (2005) standardized the DASS-21 and confirmed that it effectively measures three separate but related emotional states: depression (low

positive feelings), anxiety (physical symptoms like rapid heartbeat), and stress (general negative feelings). The scale has 21 items divided equally into three groups of 7 questions each for depression, anxiety, and stress. Each item is rated on a 4-point scale from 0 ("Did not apply to me at all") to 3 ("Applied to me very much or most of the time"). Scores for each subscale are summed to assess the severity of symptoms based on established norms.

The DASS-21 is known for its strong reliability, with Henry and Crawford (2005) reporting high internal consistency for depression (α = .947), anxiety (α = .897), and stress (α = .933). It also has excellent overall reliability (α = .966). In India, research by Sharma et al. (2020) has shown that the DASS-21 is reliable and valid for use in non-clinical adult populations, confirming it works well across different cultural settings. Because of its simplicity, reliability, and ability to measure three important aspects of psychological distress, the DASS-21 is widely used in both research and clinical practice to screen for depression, anxiety, and stress symptoms.

RESULTS

Table 1 Sociodemographic and Family Characteristics of Parents of Children and Adolescents with Cerebral Palsy (N = 70)

Variable	Category	Parents of Children (n = 41)	Parents of Adolescents (n = 29)	Total (N = 70)
Gender	Male	29.3% (12)	24.1% (7)	27.1% (19)
	Female	70.7% (29)	75.9% (22)	72.9% (51)
Marital Status	Married	100.0% (41)	93.1% (27)	97.1% (68)
	Widowed	0.0% (0)	6.9% (2)	2.9% (2)
Type of Marriage	Arranged	90.2% (37)	93.1% (27)	91.4% (64)
	Love	9.8% (4)	3.4% (1)	7.1% (5)
	Both	0.0% (0)	3.4% (1)	1.4% (1)
Years of Marriage	<10 Years	46.3% (19)	0.0% (0)	27.1% (19)
	10–19 Years	53.7% (22)	72.4% (21)	61.4% (43)
	20+ Years	0.0% (0)	27.6% (8)	11.4% (8)
Family Type	Nuclear	51.2% (21)	55.2% (16)	52.9% (37)
	Nuclear-Extended	22.0% (9)	20.7% (6)	21.4% (15)
	Joint	26.8% (11)	24.1% (7)	25.7% (18)
Education Level	No Formal Education	2.4% (1)	6.9% (2)	4.3% (3)
	Primary	12.2% (5)	24.1% (7)	17.1% (12)
	Secondary	22.0% (9)	13.8% (4)	18.6% (13)
	Higher Secondary	29.3% (12)	37.9% (11)	32.9% (23)
	Graduate	22.0% (9)	13.8% (4)	18.6% (13)
	Postgraduate	12.2% (5)	3.4% (1)	8.6% (6)

Variable	Category	Parents of Children (n = 41)	Parents of Adolescents (n = 29)	Total (N = 70)
Employment Status	Full-Time	29.3% (12)	27.6% (8)	28.6% (20)
	Part-Time	2.4% (1)	10.3% (3)	5.7% (4)
	Homemaker	68.3% (28)	58.6% (17)	64.3% (45)
	Retired	0.0% (0)	3.4% (1)	1.4% (1)
Socioeconomic Status (SES)	Upper Middle	39.0% (16)	55.2% (16)	45.7% (32)
	Lower Middle	36.6% (15)	27.6% (8)	32.9% (23)
	Upper Lower	24.4% (10)	17.2% (5)	21.4% (15)
Birth Order of CP Child	Only Child	36.6% (15)	17.2% (5)	28.6% (20)
	First Born	14.6% (6)	65.5% (19)	35.7% (25)
	Middle Child	4.9% (2)	10.3% (3)	7.1% (5)
	Youngest Child	43.9% (18)	6.9% (2)	28.6% (20)
Number of Children	1	36.6% (15)	17.2% (5)	28.6% (20)
	2	48.8% (20)	41.4% (12)	45.7% (32)
	3	9.8% (4)	41.4% (12)	22.9% (16)
	4	4.9% (2)	0.0% (0)	2.9% (2)
Gender of CP Child	Male	65.9% (27)	65.5% (19)	65.7% (46)
	Female	34.1% (14)	34.5% (10)	34.3% (24)
Housing Status	Own	29.3% (12)	51.7% (15)	38.6% (27)
	Rented	70.7% (29)	48.3% (14)	61.4% (43)
Area of Residence	Urban	53.7% (22)	72.4% (21)	61.4% (43)
	Suburban	24.4% (10)	20.7% (6)	22.9% (16)
	Rural	22.0% (9)	6.9% (2)	15.7% (11)
Support Services Availability	Readily	19.5% (8)	31.0% (9)	24.3% (17)
	Somewhat	65.9% (27)	69.0% (20)	67.1% (47)
Support Services Quality	Good	51.2% (21)	51.7% (15)	51.4% (36)
	Fair	29.3% (12)	34.5% (10)	31.4% (22)
	Poor	9.8% (4)	10.3% (3)	10.0% (7)

The socio-demographic characteristics of the sample (N = 70), comprising parents of children (n = 41) and adolescents (n = 29) with cerebral palsy, are detailed as follows and represented in Table 1. A majority of the participants were female (*n* = 51, *72.9%*), while males accounted for (*n* = 19, *27.1%*). Most parents were married (*n* = 68, *97.1%*), with a small proportion widowed (*n* = 2, *2.9%*). The predominant marriage type was arranged (*n* = 64, *91.4%*), followed by love (*n* = 5, *7.1%*) and both types (*n* = 1, *1.4%*). Regarding years of marriage, the largest group reported being married for 10–19 years (*n* = 43, *61.4%*), followed by less than 10 years (*n* = 19, *27.1%*), and more than 20 years (*n* = 8, *11.4%*). Most families were nuclear (*n* = 37, *52.9%*), with nuclear-extended (*n* = 15, *21.4%*) and joint

families (*n* = 18, *25.7%*) also represented. Educationally, a plurality had completed higher secondary education (*n* = 23, *32.9%*), followed by graduate (*n* = 13, *18.6%*), secondary (*n* = 13, *18.6%*), primary (*n* = 12, *17.1%*), postgraduate (*n* = 6, *8.6%*), and no formal education (*n* = 3, *4.3%*). In terms of employment, most were homemakers (*n* = 45, *64.3%*), with others employed full-time (*n* = 20, *28.6%*), part-time (*n* = 4, *5.7%*), or retired (*n* = 1, *1.4%*). Socioeconomically, the sample was distributed across upper middle (*n* = 32, *45.7%*), lower middle (*n* = 23, *32.9%*), and upper lower classes (*n* = 15, *21.4%*). The birth order of the child with CP was most often first born (*n* = 25, *35.7%*), followed equally by only and youngest children (*n* = 20 each, *28.6%*), and middle children (*n* = 5, *7.1%*). The number of children per family most commonly was two (*n* = 32, *45.7%*), followed by one (*n* = 20, *28.6%*), three (*n* = 16, *22.9%*), and four (*n* = 2, *2.9%*). The children with CP were predominantly male (*n* = 46, *65.7%*), with females comprising (*n* = 24, *34.3%*). In terms of housing, most lived in rented accommodations (*n* = 43, *61.4%*), while others owned their homes (*n* = 27, *38.6%*). Residence was primarily urban (*n* = 43, *61.4%*), followed by suburban (*n* = 16, *22.9%*) and rural (*n* = 11, *15.7%*). Regarding support services, most rated availability as somewhat available (*n* = 47, *67.1%*), with a smaller portion finding them readily available (*n* = 17, *24.3%*). Service quality was described as good (*n* = 36, *51.4%*), fair (*n* = 22, *31.4%*), and poor (*n* = 7, *10.0%*).

Table 2 Distribution and Chi-Square Analysis of Psychological distress, Self-Compassion, and Resilience Among Parents of Children and Adolescents with Cerebral Palsy (N = 70)

Variables	**Groups**	**Frequency**	**Percentage**	**χ^2**	**df**	**p**
Self Compassion	Moderate	54	77.1			
	High	16	22.9	20.629	1	0.000
Resilience	Moderate	44	62.9			
	High	26	37.1	4.629	1	0.031
Stress	Normal	34	48.6			
	Mild	8	11.4			
	Moderate	14	20			
	Severe	9	12.9			
	Extreme severe	5	7.1	38.714	4	0.000
Anxiety	Normal	29	41.4			
	Mild	10	14.3			
	Moderate	19	27.1			
	Severe	4	5.7			
	Extreme severe	8	11.4	28.714	4	0.000
Depression	Normal	24	34.3			
	Mild	10	14.3			
	Moderate	11	15.7			
	Severe	17	24.3			
	Extreme severe	8	11.4	12.143	4	0.016

Table 2 presents the distribution and chi-square analysis of psychological distress (Depression, anxiety and stress), self-compassion, and resilience among parents of children and adolescents with cerebral palsy (N = 70). The majority of participants reported moderate self-compassion (77.1%), with only 22.9% reporting high self-compassion, and the difference was statistically significant, $\chi^2(1, N = 70) = 20.629$, $p < .001$. Similarly, 62.9% of participants exhibited moderate resilience, while 37.1% showed high resilience, with a significant difference between these groups, $\chi^2(1, N = 70) = 4.629$, $p = .031$. Regarding stress levels, nearly half of the participants (48.6%) were within the normal range, while others reported mild (11.4%), moderate (20%), severe (12.9%), or extremely severe (7.1%) stress; the differences across these categories were highly significant, $\chi^2(4, N = 70) = 38.714$, $p < .001$. Anxiety levels revealed that 41.4% of participants were in the normal range, followed by mild (14.3%), moderate (27.1%), severe (5.7%), and extremely severe (11.4%) levels, with a significant distribution, $\chi^2(4, N = 70) = 28.714$, $p < .001$. Depression levels showed 34.3% within the normal range, with others distributed across mild (14.3%), moderate (15.7%), severe (24.3%), and extremely severe (11.4%) categories, also showing a significant distribution, $\chi^2(4, N = 70) = 12.143$, $p = .016$.

Table 3 Cross-Tabulation of Resilience Levels by Self-Compassion Levels Among Parents of Children with Cerebral Palsy (N = 70)

		Resilience									
		Moderate		**High**		**Total**		**χ^2**	**df**	**p**	**χ^2**
		%	**N**	**%**	**N**	**%**	**N**				
Self Compassion	Moderate	81.80%	36	69.20%	18	77.10%	54				
	High	18.20%	8	30.80%	8	22.90%	16				
Total		100.00%	44	100.00%	26	100.00%	70	1.469	1	0.226	

Table 3 presents the cross-tabulation analysis of resilience levels by self-compassion levels among parents of children with cerebral palsy (N = 70). Among parents with moderate resilience, a majority (81.8%) also reported moderate self-compassion, while only 18.2% reported high self-compassion. In contrast, among those with high resilience, 69.2% reported moderate self-compassion, and 30.8% reported high self-compassion. Although these proportions suggest a trend where higher resilience may be associated with higher self-compassion, the chi-square test indicated that this association was not statistically significant, $\chi^2(1, N = 70) = 1.469$, $p = .226$. This suggests that while resilience and self-compassion appear descriptively related, the observed differences in this sample could be due to chance, highlighting the importance of exploring other factors or using larger samples to detect potential relationships between these protective psychological traits.

Table 4 Cross-Tabulation of Stress, Anxiety, and Depression Levels by Self-Compassion Levels Among Parents of Children with Cerebral Palsy (N = 70)

Variable	Category	Moderate Self-Compassion % (n)	High Self-Compassion % (n)	Total % (n)	χ^2	df	p
Stress	Normal	48.1 (26)	50.0 (8)	48.6 (34)			
	Mild	11.1 (6)	12.5 (2)	11.4 (8)			
	Moderate	16.7 (9)	31.3 (5)	20.0 (14)			
	Severe	14.8 (8)	6.3 (1)	12.9 (9)			
	Extreme severe	9.3 (5)	0.0 (0)	7.1 (5)	3.528	4	0.474
Anxiety	Normal	35.2 (19)	62.5 (10)	41.4 (29)			
	Mild	16.7 (9)	6.3 (1)	14.3 (10)			
	Moderate	33.3 (18)	6.3 (1)	27.1 (19)			
	Severe	3.7 (2)	12.5 (2)	5.7 (4)			
	Extreme severe	11.1 (6)	12.5 (2)	11.4 (8)	8.188	4	0.085
Depression	Normal	31.5 (17)	43.8 (7)	34.3 (24)			
	Mild	14.8 (8)	12.5 (2)	14.3 (10)			
	Moderate	14.8 (8)	18.8 (3)	15.7 (11)			
	Severe	29.6 (16)	6.3 (1)	24.3 (17)			
	Extreme severe	9.3 (5)	18.8 (3)	11.4 (8)	4.461	4	0.347

Table 4 presents the cross-tabulation analysis of stress, anxiety, and depression levels by self-compassion levels among parents of children with cerebral palsy (N = 70). For stress, participants with moderate self-compassion were distributed across normal (48.1%), mild (11.1%), moderate (16.7%), severe (14.8%), and extremely severe (9.3%) levels, while those with high self-compassion reported normal (50%), mild (12.5%), moderate (31.3%), severe (6.3%), and no cases of extremely severe stress. The chi-square test revealed no significant association between stress and self-compassion, $\chi^2(4, N = 70) = 3.528$, $p = .474$. For anxiety, parents with moderate self-compassion showed normal (35.2%), mild (16.7%), moderate (33.3%), severe (3.7%), and extremely severe (11.1%) levels, whereas those with high self-compassion reported normal (62.5%), mild (6.3%), moderate (6.3%), severe (12.5%), and extremely severe (12.5%) anxiety. Although descriptively higher self-compassion appeared linked to more normal anxiety levels, the association was not statistically significant, $\chi^2(4, N = 70) = 8.188$, $p = .085$. For depression, parents with moderate self-compassion reported normal (31.5%), mild (14.8%), moderate (14.8%), severe (29.6%), and extremely severe (9.3%) levels, while those with high self-compassion reported normal (43.8%), mild (12.5%), moderate (18.8%), severe (6.3%), and extremely severe (18.8%) depression. Again, the chi-square analysis indicated no significant association, $\chi^2(4, N = 70) = 4.461$, $p = .347$. These findings suggest that while there are descriptive trends hinting at potential relationships between self-compassion and psychological distress, the observed differences in this sample were not statistically significant, underscoring the need for further research with larger samples or additional variables.

Table 4 Cross-Tabulation of Stress, Anxiety, and Depression Levels by Resilience Levels Among Parents of Children with Cerebral Palsy (N = 70)

Variable	Category	Moderate Resilience % (n)	High Resilience % (n)	Total % (n)	χ^2	df	p
Stress	Normal	52.3(23)	42.30(11)	48.60(34)			
	Mild	11.4(5)	11.50(3)	11.40(8)			
	Moderate	18.20(8)	23.10(6)	20.00(14)			
	Severe	13.60(6)	11.50(3)	12.90(9)			
	Extreme severe	4.50(2)	11.50(3)	7.10(5)	1.705	4	0.79
Anxiety	Normal	36.40(16)	50.00(13)	41.40(29)			
	Mild	15.90(7)	11.50(3)	14.30(10)			
	Moderate	27.30(12)	26.90(7)	27.10(19)			
	Severe	6.80(3)	3.80(1)	5.70(4)			
	Extreme severe	13.60(6)	7.70(2)	11.40(8)	1.711	4	0.789
Depression	Normal	29.50(13)	42.30(11)	34.30(24)			
	Mild	18.20(8)	7.70(2)	14.30(10)			
	Moderate	15.90(7)	15.40(4)	15.70(11)			
	Severe	25.00(11)	23.10(6)	24.30(17)			
	Extreme severe	11.40(5)	11.50(30	11.40(8)	2.063	4	0.724

Table 4 presents the cross-tabulation analysis of stress, anxiety, and depression levels by resilience levels among parents of children with cerebral palsy (N = 70). For stress, parents with moderate resilience reported normal (52.3%), mild (11.4%), moderate (18.2%), severe (13.6%), and extremely severe (4.5%) levels, while those with high resilience reported normal (42.3%), mild (11.5%), moderate (23.1%), severe (11.5%), and extremely severe (11.5%) stress. The chi-square analysis showed no significant association between stress and resilience, $\chi^2(4, N = 70) = 1.705$, $p = .790$. For anxiety, moderate resilience participants reported normal (36.4%), mild (15.9%), moderate (27.3%), severe (6.8%), and extremely severe (13.6%) anxiety, compared to high resilience participants who reported normal (50%), mild (11.5%), moderate (26.9%), severe (3.8%), and extremely severe (7.7%) anxiety. Again, no significant association was observed, $\chi^2(4, N = 70) = 1.711$, $p = .789$. Regarding depression, moderate resilience parents showed normal (29.5%), mild (18.2%), moderate (15.9%), severe (25%), and extremely severe (11.4%) levels, whereas high resilience parents reported normal (42.3%), mild (7.7%), moderate (15.4%), severe (23.1%), and extremely severe (11.5%) depression. The chi-square test indicated no significant relationship, $\chi^2(4, N = 70) = 2.063$, $p = .724$. These findings suggest that while descriptive

patterns show some variation across resilience groups, particularly with high resilience individuals tending toward normal or less severe psychological distress, the associations were not statistically significant in this sample. This highlights the complexity of resilience's role in mitigating psychological distress and underscores the need for further investigation with larger or more diverse samples.

DISCUSSION

The present study adds to the growing body of research demonstrating that higher self-compassion is consistently associated with lower psychological distress among parents of children with disabilities. Recent work, such as the meta-analysis by Ozturk and Guzel (2025), shows that self-compassion strongly correlates with reduced depression and parenting stress, and moderately with lower anxiety among parents managing neurodevelopmental challenges. This aligns with findings by Robinson et al. (2018), who reported that greater self-compassion is linked to lower parenting stress and depression, even after accounting for child-related factors. They argue that self-compassion serves as a protective psychological resource, enhancing parents' ability to navigate the demanding landscape of caregiving. Similarly, Neff and Faso (2014) confirmed that self-compassion is "strongly linked to positive mental health outcomes" in parents of children with autism. Supporting this, a scoping review by Patsakos et al. (2024) highlighted that self-compassion is consistently associated with resilience and quality of life, reinforcing its value across caregiving contexts. These findings validate that the negative association between self-compassion and distress seen in the current study reflects a robust, cross-cultural trend (Patsakos et al., 2024).

Beyond self-compassion, resilience emerged as another crucial buffer against caregiver distress. Our findings mirror those of Arakkathara and Bance (2020), who demonstrated that mothers with higher resilience reported significantly lower levels of parenting stress in an Indian context, with resilience accounting for two-thirds of the variance in stress, underscoring its central role in caregiver well-being. Rajan and John (2017) similarly observed that a positive appraisal of the child's disability—a sign of adaptive resilience—protected parents from elevated stress and promoted psychological adjustment. Interestingly, Robinson et al. (2017) found that self-compassion itself may help cultivate resilience, enabling parents to counteract depressive symptoms and manage stress effectively.

The consistency of these relationships across cultural contexts is striking. The current study, situated within South Asia, complements global findings while illuminating unique regional pressures. South Asian parents of children with disabilities often face heightened caregiving demands, compounded by cultural stigma and minimal formal support (Ayub et al., 2023; Barreto et al., 2020). For example, mothers of children with cerebral palsy in Pakistan showed moderate to severe depression levels, reflecting a broader regional pattern of elevated parental distress (Ayub et al., 2023). Social stigma further exacerbates this burden; a Malaysian study by Scherer et al. (2019) found that perceived stigma negatively affected parental resilience and quality of life. In collectivist cultures, where community judgment carries substantial weight, self-compassion may play an especially vital role by softening internalized shame and guilt (Robinson et al., 2018). Indeed, our findings reinforce the idea that self-compassion reduces distress in South Asian caregivers just as effectively as in Western settings. Prior Indian research has similarly shown that higher self-compassion predicts better psychological well-being and lower stress among mothers of children with developmental disabilities (Arakkathara & Bance, 2020). Notably, no major contradictions

emerged between our South Asian sample and global patterns; if anything, the magnitude of need may be greater in low-resource, high-stigma environments, underscoring the urgent importance of targeted interventions.

Based on these converging findings, several evidence-backed recommendations emerge. Integrating self-compassion training, as supported by systematic reviews like Othman et al. (2022), can significantly improve mental health outcomes by reducing distress and anxiety. Programs such as mindful self-compassion workshops or reflective self-kindness exercises could help parents disrupt harmful cycles of guilt and burnout. Additionally, implementing resilience-building interventions, as demonstrated by Sharifian et al. (2024), can reduce parenting stress and enhance psychological toughness. Offering problem-solving skills, stress management strategies, and adaptive appraisal techniques within culturally sensitive frameworks would greatly benefit caregivers. Finally, expanding mental health and social support—including accessible counseling, peer support groups, respite care, and community-based programs—can provide crucial emotional and practical assistance. Studies like Scherer et al. (2019) highlight how enhanced social support improves quality of life and buffers stress, making such services an essential focus of policy and practice. In conclusion, the current study reinforces that self-compassion and resilience are vital, interconnected protective factors for caregivers of children with disabilities. By investing in interventions that build these capacities, we can reduce caregiver distress, improve family functioning, and ultimately support better outcomes for both children and parents, particularly in under-resourced South Asian settings.

Limitations and Future Suggestions

This study has several limitations. First, its cross-sectional design limits causal interpretations, meaning we cannot determine whether self-compassion and resilience directly reduce psychological distress or are simply associated with it. The small, region-specific sample of 70 parents from Karnataka may restrict the generalizability of findings to other cultural or socioeconomic contexts, particularly in rural areas. Additionally, reliance on self-report measures introduces potential biases, such as social desirability or recall errors, which may have affected the accuracy of responses. Future research should consider using longitudinal designs to track changes over time and clarify the direction of relationships among resilience, self-compassion, and caregiver well-being. Expanding to larger, more diverse samples across multiple regions would strengthen generalizability. Incorporating qualitative methods could also provide richer insights into caregivers' lived experiences, and testing targeted interventions (such as resilience or self-compassion training) could help identify effective strategies to improve parental mental health and quality of life.

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Conflict of Interest

The author(s) declared no conflict of interest.

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