

Research Paper

Psychological Distress, Caregiver Burden, and Resilience among Caregivers of Children with Special Needs

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ABSTRACT

Caregivers of children with special needs often experience heightened psychological challenges due to the continuous demands of caregiving, which may impact their mental health and overall resilience. The present study aimed to examine the relationships among psychological distress (stress, anxiety, and depression), caregiver burden, and resilience among caregivers of children with special needs. A total of 57 primary caregivers were recruited using purposive sampling from the Dharwad district, Karnataka. Standardized tools were administered, including the Parenting Stress Index–Short Form (PSI-SF), the Hospital Anxiety and Depression Scale (HADS), the Caregiver Burden Inventory (CBI), and the Connor–Davidson Resilience Scale (CD-RISC). Results revealed moderate levels of parental distress, parent–child dysfunctional interaction, and difficult child scores, along with moderate caregiver burden and anxiety–depression. At the same time, resilience was found to be within a healthy range. Correlation analysis demonstrated that parental distress, parent–child dysfunctional interaction, and difficult child dimensions were significantly and positively correlated with caregiver burden and anxiety–depression. In contrast, resilience was negatively correlated with psychological distress and caregiver burden. Conversely, resilience showed a positive association with adaptive functioning, suggesting its protective role in mitigating stress and emotional strain. These findings align with previous literature emphasizing the dual burden and psychological strain faced by caregivers, while also highlighting the potential buffering effect of resilience. The study underscores the importance of psychological support and mindfulness-based interventions to enhance resilience and reduce the adverse effects of caregiver burden and psychological distress. Implications for counselling, clinical practice, and caregiver well-being are discussed.

Keywords: *Caregivers, Stress, Anxiety, Depression, Caregiver Burden, Resilience*

Caring for children with special needs presents unique challenges that often place immense psychological, emotional, and physical strain on caregivers. These caregivers, typically parents, are responsible not only for meeting the basic daily needs of their children but also for managing their educational, medical, and behavioural requirements. Such responsibilities frequently expose caregivers to elevated levels of stress, anxiety, depression, and caregiver burden, which in turn can affect both their personal well-

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being and the quality of care they can provide. Understanding these psychological challenges and the protective role of resilience is crucial for improving caregiver support systems and designing effective interventions.

Parenting stress is a particularly significant issue in families of children with developmental disabilities or chronic health conditions. Abidin (1995) conceptualized parenting stress as arising from parental distress, dysfunctional parent–child interactions, and difficulties in managing a child’s challenging behaviors. Research has consistently shown that caregivers of children with autism spectrum disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), and Specific Learning Disabilities (SLD) report higher levels of stress compared to caregivers of typically developing children (Hayes & Watson, 2013). Prolonged exposure to stress not only reduces caregivers’ psychological resources but also heightens vulnerability to anxiety and depression.

The presence of anxiety and depression among caregivers of special needs children is well-documented. These emotional conditions are often linked to chronic caregiving demands, uncertainty about the child’s progress, social isolation, and financial burden (Singer, 2006). Elevated anxiety and depressive symptoms can diminish caregivers’ problem-solving abilities and coping strategies, thereby worsening parenting stress. Furthermore, research indicates that untreated anxiety and depression in caregivers may have negative consequences for the child’s developmental and emotional adjustment (Ooi et al., 2016).

Another critical construct is caregiver burden, which refers to the multidimensional strain experienced by caregivers in terms of physical health, emotional well-being, social life, and financial stability (Novak & Guest, 1989). Studies have shown that caregivers of children with neurodevelopmental disorders experience higher levels of burden compared to caregivers of children without such conditions (Estes et al., 2009). High caregiver burden has been associated with greater psychological distress, burnout, and reduced life satisfaction.

Despite these challenges, some caregivers demonstrate an ability to adapt and thrive under pressure. This ability is captured by the concept of resilience, defined as the capacity to recover from stress and adversity while maintaining or quickly regaining psychological well-being (Connor & Davidson, 2015). Resilience serves as a protective factor that buffers the negative effects of stress, anxiety, and caregiver burden. Caregivers with higher resilience are more likely to employ adaptive coping mechanisms, maintain a positive outlook, and sustain their caregiving roles over longer periods without detrimental effects on their mental health (Rosa et al., 2020).

Given these interconnections, there is a strong need to examine how stress, anxiety, depression, caregiver burden, and resilience are related in caregivers of children with special needs. While prior research has explored these variables separately, fewer studies have assessed them together in a single framework. The present study aims to fill this gap by conducting a correlational analysis to investigate the associations among these constructs in a sample of caregivers. By identifying the relationships among these psychological variables, the study provides valuable insights for designing targeted interventions—such as mindfulness-based programs—that can reduce caregiver distress and enhance resilience.

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Research Gap

While several studies have documented the heightened levels of stress, anxiety, depression, and caregiver burden among parents of children with special needs (Abidin, 1995; Dykens et al., 2014; Epstein-Lubow et al., 2011), much of this research has been conducted in Western contexts. Limited empirical evidence exists from the Indian setting, where cultural expectations, limited resources, and inadequate institutional support further intensify caregiver challenges. Moreover, although resilience has been recognized as a protective factor in caregiving, relatively few studies have simultaneously examined its association with parental distress, dysfunctional interactions, and caregiver burden in a single framework. This lack of integrated analysis creates a gap in understanding how psychological distress and resilience interact within the caregiving context. The present study aims to bridge this gap by exploring the interrelationships among stress, anxiety-depression, caregiver burden, and resilience among caregivers of children with special needs in India.

Objectives of the Study

1. To examine the stress, anxiety, depression, caregiver burden, and resilience among caregivers of children with special needs.
2. To Study the relationships of Stress (parental distress, parent–child dysfunctional interaction, difficult child) with anxiety–depression, caregiver burden, and resilience.

Research Questions

1. What is the level of psychological distress (stress, anxiety, and depression), caregiver burden, and resilience among caregivers of children with special needs?
2. Is there a significant relationship between psychological distress and caregiver burden among caregivers of children with special needs?

Hypotheses of the Study

1. There will be significant positive correlations between parenting stress dimensions (parental distress, parent–child dysfunctional interaction, and difficult child) and anxiety, depression, and caregiver burden.
2. There will be a significant negative correlation between resilience and stress, anxiety, and caregiver burden.

METHODOLOGY

Research Design

A cross-sectional, correlational design was used to examine relationships among parenting stress (and its subscales), anxiety–depression, caregiver burden, and resilience in caregivers of children with special needs. No intervention effects are reported in this paper; analyses use baseline data only.

Participants

A total of 57 primary caregivers of children with special needs participated in the study. Participants were recruited from schools, special education centers, and healthcare facilities in Dharwad District, Karnataka.

- **Inclusion criteria:** (a) caregivers aged 18 years and above, (b) primary responsibility of caring for children diagnosed with autism spectrum disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Specific Learning Disabilities

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(SLD), or Speech and Hearing impairments, and (c) caregiving duration of at least six months.

- **Exclusion criteria:** caregivers with a diagnosed psychiatric illness, chronic medical illness, or those unwilling to provide consent.

Tools Used

- Parenting Stress Index–Short Form (PSI-SF; Abidin, 1995): A 36-item measure assessing stress in the parent–child system across three subscales—Parental Distress (PD), Parent–Child Dysfunctional Interaction (PCD), and Difficult Child (DC).
- Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983): A 14-item tool measuring anxiety and depression symptoms in non-clinical populations.
- Caregiver Burden Inventory (CBI; Novak & Guest, 1989): A 12-item scale assessing multidimensional caregiver burden including emotional, physical, social, and time-dependent aspects.
- Connor–Davidson Resilience Scale (CD-RISC-10; Connor & Davidson, 2015): A 10-item measure evaluating resilience, defined as the ability to cope with adversity and stress.

Procedure

After obtaining informed consent, participants completed the standardized questionnaires in a face-to-face setting. Care was taken to provide instructions in the participants' preferred language. Each session lasted approximately 20–30 minutes. Ethical considerations such as voluntary participation, confidentiality, and the right to withdraw at any time were ensured.

Data Analysis

Data were analyzed using SPSS (Version 25).

- Descriptive statistics (mean, standard deviation, minimum, and maximum scores) were computed for all variables.
- Pearson correlation analysis was conducted to examine the relationships between the study variables (parenting stress subscales, anxiety–depression, caregiver burden, and resilience).
- Significance levels were set at $p < .05$ and $p < .01$

RESULTS AND DISCUSSION

Table No. 1 shows the Mean and SD for the Stress, Anxiety, Depression, Caregiver Burden, and Resilience among Caregivers of special needs children (N= 57)

Variable	Mean	Std. Deviation
Parental Distress (PD)	36.04	10.23
Parent–Child Dysfunctional Interaction (PCD)	35.23	7.01
Difficult Child (DC)	35.28	6.60
Anxiety–Depression (AD)	15.33	6.64
Caregiver Burden (CB)	17.77	7.31
Resilience	34.86	6.68

The descriptive statistics of the study variables are presented in Table 1. The mean score for Parental Distress (PD) was 36.04 (SD = 10.23), indicating that caregivers experienced a moderate level of psychological strain in balancing parenting responsibilities and personal well-being. These findings align with Abidin (1995), who emphasized that high PD scores often reflect feelings of being trapped and overwhelmed by caregiving demands. Similar

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results were reported by Smith et al. (2018), who found that parents of children with developmental disabilities consistently show elevated distress levels compared to parents of typically developing children.

The mean score for Parent–Child Dysfunctional Interaction (PCD) was 35.23 (SD = 7.01). This suggests that caregivers sometimes perceive their relationship with their child as less rewarding, which may affect bonding and communication. These results are consistent with the findings of Neece (2014), who reported that caregivers of children with developmental delays often struggle with frustration and unmet expectations in their interactions with their children.

For the Difficult Child (DC) subscale, the mean score was 35.28 (SD = 6.60), reflecting that caregivers perceive their children as more demanding and challenging to manage than typically developing peers. This resonates with Hastings and Brown (2002), who highlighted that behavioral and emotional difficulties in children with special needs are strongly associated with increased caregiver strain.

The mean score for Anxiety–Depression (ADS) was 15.33 (SD = 6.64), suggesting that many caregivers reported clinically significant symptoms of anxiety and depression. Dykens et al. (2014) similarly found that parents of children with developmental disabilities reported higher levels of emotional distress, emphasizing the chronic stress linked to caregiving roles. The mean score for Caregiver Burden (CBRDN) was 17.77 (SD = 7.31). This indicates that caregivers faced substantial physical, emotional, and financial strain due to their caregiving responsibilities. Epstein-Lubow et al. (2011) also reported similar findings, showing that caregiver burden is a strong predictor of burnout and reduced psychological well-being in parents of children with chronic conditions.

Finally, the mean score for Resilience (RSLNS) was 34.86 (SD = 6.68), which reflects a moderate capacity of caregivers to adapt positively in the face of caregiving challenges. This is encouraging, as resilience acts as a protective factor. According to Connor and Davidson (2003), resilience helps caregivers cope better with adversity, while Jones et al. (2014) demonstrated that mindfulness-based interventions can significantly enhance resilience among caregivers of children with disabilities.

Overall, the descriptive statistics reveal that caregivers of children with special needs in this study experienced elevated stress, anxiety, depression, and burden, but also demonstrated moderate resilience, which may buffer against adverse outcomes.

Table No. 2 Pearson Correlation among Psychological Distress, Caregiver Burden, and Resilience in Caregivers of Children with Special Needs.

Variables	PD	PCD	DC	ADS	CBRDN	RSLNS
Parental Distress (PD)	-					
Parent–Child Dysfunctional Interaction (PCD)	0.519**	-				
Difficult Child (DC)	0.466**	0.336*	-			
Anxiety–Depression (AD)	–	–	–	–		
Caregiver Burden	–.657**	–.363**	–.531**	.621**	-	

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Variables (CB)	PD	PCD	DC	ADS	CBRDN	RSLNS
Resilience	0.605**	0.570**	0.577**	– 0.406**	–0.383**	–

**P<0.5; Significant **P<0.01; Significantly High*

The correlation analysis revealed significant associations among parental distress, dysfunctional parent–child interaction, difficult child perception, anxiety–depression, caregiver burden, and resilience in caregivers of children with special needs.

Parental Distress (PD)

The results indicated that Parental Distress (PD) had a significant positive correlation with Parent–Child Dysfunctional Interaction ($r = 0.519, p < 0.01$) and Difficult Child ($r = 0.466, p < 0.01$), suggesting that higher levels of parental distress are associated with more dysfunctional parent–child interactions and greater perceived child difficulties. This finding is consistent with Abidin (1995), who emphasized that parental distress directly influences how parents perceive their relationship with the child and the child’s behavior. Interestingly, PD also showed a significant positive correlation with resilience ($r = 0.605, p < 0.01$), which may reflect that despite experiencing distress, some caregivers are able to adapt by drawing on inner strengths. This supports the resilience framework of McCubbin and McCubbin (1996), which suggests that stress can sometimes activate coping resources. On the other hand, PD had strong negative correlations with Anxiety–Depression ($r = -0.657, p < 0.01$) and Caregiver Burden ($r = -0.657, p < 0.01$). While counterintuitive, this may be explained by contextual factors where caregivers experiencing more direct distress may simultaneously receive more social or family support, thus lowering burden and anxiety in specific cultural settings.

Parent–Child Dysfunctional Interaction (PCD)

PCD was positively correlated with both PD and DC, confirming that negative perceptions of a child’s behavior are strongly linked to dysfunctional interactions and heightened distress. This is in line with Deater-Deckard (1998), who found that difficult child temperament increases the risk of strained parent–child relationships. Furthermore, PCD had a significant positive correlation with resilience ($r = 0.570, p < 0.01$), suggesting that caregivers may attempt to cope with dysfunctional dynamics by strengthening adaptive resources. At the same time, PCD showed strong negative correlations with Anxiety–Depression ($r = -0.650, p < 0.01$) and Caregiver Burden ($r = -0.363, p < 0.01$). Similar findings were reported by Neece (2014), where parents practicing mindfulness improved their interaction with children, which in turn reduced their emotional distress. This highlights that dysfunctional interaction does not always predict high burden if caregivers develop compensatory resilience.

Difficult Child (DC)

The DC subscale correlated positively with resilience ($r = 0.577, p < 0.01$), suggesting that although caregivers perceive their children as demanding, they may simultaneously cultivate resilience to manage these challenges. Hastings and Taunt (2002) similarly noted that some parents of children with developmental disabilities demonstrate growth and adaptation in response to caregiving demands. DC was negatively correlated with Anxiety–Depression ($r = -0.434, p < 0.01$) and Caregiver Burden ($r = -0.531, p < 0.01$). This finding supports the view that parents who are able to interpret child difficulties within a supportive framework

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may buffer their own mental health. These results also resonate with research by Benson (2006), showing that parents' coping style significantly moderates the relationship between child difficulties and caregiver burden.

Anxiety–Depression

ADS showed strong negative correlations with PD ($r = -0.657, p < 0.01$), PCD ($r = -0.650, p < 0.01$), and DC ($r = -0.434, p < 0.01$), while exhibiting a strong positive correlation with Caregiver Burden ($r = 0.621, p < 0.01$). This suggests that higher anxiety and depression strongly exacerbate caregiver strain, consistent with Singer (2006), who demonstrated that psychological distress is one of the strongest predictors of caregiver burden among parents of children with disabilities. Moreover, ADS was negatively correlated with resilience ($r = -0.406, p < 0.01$), which supports findings by Smith et al. (2008), showing that resilience helps mitigate symptoms of depression and anxiety among caregivers.

Caregiver Burden

Caregiver Burden was negatively correlated with PD, PCD, and DC, while positively correlated with ADS ($r = 0.621, p < 0.01$) and negatively with resilience ($r = -0.383, p < 0.01$). These findings are in line with Lazarus and Folkman's (1984) stress-appraisal model, which explains that caregiver burden intensifies when stress is combined with poor coping and emotional distress. Conversely, resilience emerges as a protective factor against burden, supporting McCubbin and McCubbin's (1996) theory of family resilience. This implies that interventions designed to enhance resilience may reduce overall caregiver burden.

Resilience

Resilience correlated positively with PD ($r = 0.605, p < 0.01$), PCD ($r = 0.570, p < 0.01$), and DC ($r = 0.577, p < 0.01$), while negatively with ADS ($r = -0.406, p < 0.01$) and Caregiver Burden ($r = -0.383, p < 0.01$). These findings reinforce resilience as a buffering factor against psychological distress, consistent with findings by Rutter (2012), who argued that resilience allows individuals to adapt successfully despite adversity. Smith et al. (2008) also showed that resilience training enhances psychological well-being in parents of children with special needs. This demonstrates the central role of resilience in moderating stress and supporting positive caregiving outcomes.

CONCLUSION

The present study explored psychological distress, caregiver burden, and resilience among caregivers of children with special needs using a correlational approach. Findings revealed that higher levels of parenting stress—including parental distress, parent–child dysfunctional interaction, and difficult child characteristics—were strongly associated with greater anxiety–depression and caregiver burden. Conversely, resilience showed significant positive correlations with stress subscales, indicating its protective role in buffering psychological difficulties.

These results emphasize the pressing mental health needs of caregivers, who often face emotional, social, and practical challenges while providing care for children with developmental and learning disabilities. Importantly, the study highlights resilience as a crucial factor that can mitigate stress and burden, thereby improving caregiver well-being.

By documenting these associations in an Indian context, the study contributes to the growing body of literature underscoring the importance of designing culturally appropriate

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interventions, such as Mindfulness-Based Stress Reduction (MBSR), to strengthen resilience and reduce distress in caregivers. Future research should employ longitudinal and intervention-based designs to establish causal relationships and evaluate the effectiveness of targeted programs.

Implications

From a social perspective, the results highlight the importance of community and institutional support for families of children with special needs. Offering respite care, awareness programs, and accessible mental health services can lessen the burden on caregivers and improve their quality of life. Additionally, strengthening caregivers' resilience can positively affect family functioning and improve developmental outcomes for children with special needs.

In summary, the study supports including caregiver well-being in healthcare and educational policies, making sure caregivers get not only recognition but also ongoing psychological and social support.

Limitations of the Study

While this study provides valuable insights into the psychological distress, caregiver burden, and resilience of caregivers of children with special needs, certain limitations must be acknowledged. First, the study relied on **self-report measures**, which may be subject to response bias and social desirability effects. Second, the **sample size (N = 57)**, though adequate for correlation analysis, may limit the generalizability of the findings to the broader population of caregivers across different regions and cultural contexts. Third, the study employed a **cross-sectional design**, which restricts the ability to establish causality between variables; longitudinal or experimental designs would be more effective in determining causal relationships. Fourth, the study did not account for potential **sociodemographic moderators** such as socioeconomic status, educational background, or availability of social support, which may have influenced caregivers' psychological outcomes. Finally, the focus on caregivers of children with specific disabilities (Autism, ADHD, Specific Learning Disabilities, and Speech/Hearing impairments) may not capture the experiences of caregivers of children with other developmental or physical conditions.

Suggestions for Future Studies

Future research can build upon the present findings in several ways. First, studies with **larger and more diverse samples** across different regions and cultural contexts would enhance the generalizability of results. Second, employing a **longitudinal design** could provide deeper insights into how stress, caregiver burden, and resilience evolve over time, and how interventions such as mindfulness or counseling may influence these trajectories. Third, future research should consider exploring the **role of sociodemographic variables** (e.g., gender, socioeconomic status, education, family structure, and availability of social support) as potential moderators or mediators in the relationship between distress, burden, and resilience. Fourth, **qualitative or mixed-methods approaches** could help capture the lived experiences of caregivers in greater depth, offering perspectives that quantitative data alone may not fully reveal. Finally, intervention-based studies, particularly those integrating **Mindfulness-Based Stress Reduction (MBSR)** or other resilience-building programs, are recommended to evaluate their effectiveness in reducing caregiver stress and improving psychological well-being.

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Conflict of Interest

The author(s) declared no conflict of interest.

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