

Research Paper

Parental Stress and Attachment in Families of Children with Behavioral Problems: A Comparative Study of Externalizing and Internalizing Disorders in India

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ABSTRACT

Problem behaviors in children and adolescents have been broadly categorized as exhibiting Externalizing and Internalizing symptoms. These have been documented to have major psychological consequences to the individuals as well as their primary caregivers. The study aimed to assess stress and attachment in parents of children with Externalizing and Internalizing problem behaviors. Descriptive cross-sectional hospital-based research was used. A total of 40 children/adolescents, 20 each with Externalizing and Internalizing disorders along with their parents were recruited for the study. Child behavior check list (CBCL) was used for inclusion, Parental Stress Scale for caregiver stress and the Inventory of Parent and Peer Attachment Scale-Revised (Parent version) for parent child attachment. Data were analysed using independent t-tests. Parents of children with externalising disorders reported significant higher stress levels than those of children with internalising disorders ($p < 0.01$). Parents of children with externalizing disorders were found to have a higher level of stress.

Keywords: Problem Behaviors, Children, Adolescents, Parental Stress, Parental Attachment, Internalising Behavior, Externalising Behavior

Children and adolescents go through multiple developmental changes as they grow, and during this process some of them experience behavioural difficulties that affect their everyday functioning, relationships and emotional well-being (Eccles, 1999; Rosenblum & Lewis, 2006; Buehler, 2020). These behavioural problems are generally understood in two broad forms. Externalising behaviours are those that are expressed outwardly, such as aggression, hyperactivity, impulsivity, defiance, or rule-breaking (Ahmad & Hinshaw, 2017; Kimonis, Frick & Fleming, 2019). Children with such behaviours may be perceived as disruptive, challenging, or difficult to manage in social and school environments. Internalising behaviours, in contrast, are more inward and less visible. These include withdrawal, anxiety, fearfulness, sadness, low self-confidence, or depressive symptoms (Wragg, 1993). Children with internalising difficulties may appear quiet or

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socially withdrawn, and their distress may often remain unnoticed for longer periods (Bowker & Raja 2011). Although these two types of behavioural problems differ in how they are expressed, both have important psychological and developmental consequences. They may influence how children interact with peers, perform in school, develop self-esteem, and cope with everyday stressors. These difficulties also extend beyond the child and shape the experiences of parents and other family members. Behavioural problems are therefore better understood not only as individual difficulties but as challenges that are embedded within family life and caregiving relationships (Kelley, Whitley & Campos, 2011).

Families of children with behavioural problems often take on an increased emotional and caregiving load (Meltzer, et al., 2011). Parents may experience worry, uncertainty, frustration, or exhaustion as they try to support their child, manage daily routines, and respond to difficult behaviours. For many caregivers, parenting becomes emotionally demanding when expectations, social norms, and practical responsibilities exceed their coping resources. Parental stress in such situations is not limited to temporary strain but it also reflects as an ongoing lived experience shaped by concerns about stigma, future outcomes, treatment processes, and the constant need to remain vigilant and emotionally available. At the same time, the relationship between parents and children continues to remain central to how families navigate these challenges (Taylor-Richardson, et al., 2006). The parent–child attachment bond represents feelings of trust, emotional closeness, communication, and a sense of security within the relationship. A secure attachment can act as a source of comfort and regulation for children, helping them cope with stress and behavioural difficulties. However, when caregiving becomes overwhelming, parents may at times feel emotionally strained, which may influence the quality of interaction and engagement with the child. Thus, parental stress and attachment exist in a dynamic relationship, where each shapes and is shaped by caregiving experiences (Meltzer, et al., 2011; Vaughan. Et al., 2013).

Existing research across different contexts has recognised both parental stress and attachment as important dimensions in understanding behavioural problems among children and adolescents (Scott, et al., 2011; Tharner, et al., 2012; Nijssens, et al., 2018; Ozturk, Moretti & Barone, 2019). However, much of this work has emerged from Western settings, where family structures, caregiving expectations, and cultural meanings of attachment may differ from those in India. Within the Indian context, families are often guided by collectivist values, shared caregiving responsibilities, and strong expectations of emotional commitment toward children (Chadda & Deb, 2013). These cultural factors may influence how parents experience stress, how they maintain emotional bonds, and how families continue to support children despite behavioural challenges (Sidebotham & ALSPAC Study Team, 2001). Despite this, only a limited number of studies in India have examined parental stress and attachment together, particularly in relation to internalising and externalising behaviour problems as two distinct groups. Many studies tend to focus either on child symptomatology (Shah, 2005; Nair, et al., 2013; Prabhu, et al., 2025) or on caregiver burden (Sekaran, et al., 2024; Chandrakar, et al., 2025), without exploring how stress and relational bonds coexist and interact within everyday family life. Understanding these aspects together is important, as it offers a more holistic picture of family functioning in clinical contexts and helps identify areas where support and intervention may be most needed.

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The present study seeks to address this gap by examining parental stress and parent–child attachment among caregivers of children and adolescents presenting with externalising and internalising behavioural problems. Conducted in a hospital-based setting, the study aims to generate insights that are grounded in the lived realities of Indian families seeking mental health care for their children. The specific objective of the study is to assess and compare levels of parental stress and attachment across the two behavioural groups, and to reflect on how these findings contribute to a broader understanding of caregiving experiences, family relationships, and child and adolescent mental health within the Indian context.

METHODOLOGY

Study Design and Setting

The study followed a descriptive, cross-sectional design and was conducted in a hospital-based clinical setting. Data were collected from the Child Psychiatry Outpatient Department and the Erna Hoch Centre for Child and Adolescent Psychiatry at the Central Institute of Psychiatry, Ranchi, India. The study setting provided access to children and adolescents presenting with a range of behavioural problems, along with their caregivers, enabling the exploration of parental stress and attachment within a real-world clinical context.

Participants and Sampling

The study included a total sample of 40 children and adolescents along with their primary caregivers. Participants were selected using purposive sampling and divided into two groups based on behavioural characteristics and clinical diagnosis:

- Group 1: 20 children/adolescents with externalising disorders
- Group 2: 20 children/adolescents with internalising disorders.

Only one parent or primary caregiver from each family was included in the study.

Inclusion criteria

Participants were eligible if: the child/adolescent was between 6 and 18 years of age, a clinical diagnosis of either an internalising or externalising disorder was established, scores exceeded the clinical cut-off on the relevant Child Behaviour Checklist (CBCL) domain and at least one parent or primary caregiver was available and willing to participate

Exclusion criteria

Families were excluded if: the child had comorbid intellectual disability, autism spectrum disorder, or neurological conditions, the caregiver reported a history of psychiatric illness and informed consent or assent could not be obtained.

Assessment Tools

Three standardised instruments were used to assess behavioural problems, parental stress, and parent–child attachment.

1. Child Behaviour Checklist (CBCL 6–18): The CBCL was used as a screening tool to identify children with clinically significant internalising and externalising symptoms and to determine eligibility for study inclusion.
2. Parental Stress Scale: This scale measured stress related to parenting responsibilities, daily caregiving challenges, and emotional experiences associated with raising a child with behavioural difficulties. Higher scores indicated greater levels of parental stress.

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3. Inventory of Parent and Peer Attachment – Parent Version (IPPA-R): The IPPA-R Parent Version assessed the quality of attachment between the child/adolescent and their parent across three key domains: trust, communication and alienation.

Subscale and total scores were used for comparison between the two behaviour groups.

Data Collection Procedure

Ethical approval was obtained from primary author's institute prior to data collection. Eligible participants were approached during their clinical visits, and the purpose of the study was explained to both caregivers and children/adolescents. Written informed consent was obtained from parents and assent from children where appropriate. The CBCL was first administered to confirm group classification. Caregivers then completed the Parental Stress Scale, while children/adolescents completed the IPPA-R Parent Version. All assessments were administered individually in a quiet clinical space, and assistance was provided for reading or comprehension difficulties when required.

Statistical Analysis

Data were analysed using descriptive and inferential statistics. Means and standard deviations were used to summarise demographic and clinical characteristics. Independent samples t-tests were employed to compare parental stress and attachment scores between the internalising and externalising groups. A significance level of $p \leq 0.05$ was used to determine statistical significance.

RESULTS

Sample Characteristics

A total of 40 parent-child dyads were included in the study, with 20 participants in the externalising group and 20 in the internalising group. Children and adolescents across both groups were within the age range of 6–18 years. The mean age of participants in the externalising group was slightly lower than that of the internalising group, although the difference was not substantial. Demographic characteristics of parents, including age and basic socio-demographic details, were broadly comparable between the groups. This supports the suitability of the sample for meaningful comparison of parental stress and attachment outcomes.

Comparison of Parental Stress

Table 1: Comparison of parental stress scores between caregivers of children with externalising and internalising disorders.

Variable	Group	Mean $\pm$ SD	t	p	Cohen's d
Father Stress	Externalizing	52.05 $\pm$ 9.04	2.909	0.006**	0.92
	Internalizing	43.95 $\pm$ 8.55			
Mother Stress	Externalizing	59.60 $\pm$ 6.27	3.747	0.001**	~1.21
	Internalizing	49.45 $\pm$ 10.35			

* $p \leq 0.05$ ** $p \leq 0.01$

Table 1 illustrate Parents of children with externalising disorders reported significantly higher stress scores than parents of children with internalising disorders for both fathers ($t = 2.909$, $p = 0.006$, Cohen's $d = 0.92$) and mothers ($t = 3.747$, $p = 0.001$, Cohen's $d = 1.21$), indicating large effect sizes.

Comparison of Parental Attachment

Table 2: Comparison of parental attachment scores across the domains of trust, communication, alienation, and total IPPA-R scores for both behaviour groups.

Parental Attachment	Father			
	Group 1	Group 2	t	p
	Externalizing	Internalizing		
	Mean±SD	Mean±SD		
Alienation	13.25±3.00	14.75±3.49	-1.456	0.154
Communication	16.05±3.11	18.00±3.64	-1.818	0.077
Trust	14.75±3.43	15.75±4.73	-0.765	0.449
IPPA-R Total	17.65±6.43	19.25±7.36	-0.731	0.469
Mother				
Alienation	13.15±3.16	14.25±3.61	-1.024	0.312
Communication	17.00±4.43	18.25±3.33	-1.007	0.320
Trust	15.40±4.58	15.45±5.47	-0.031	0.975
IPPA-R Total	20.25±9.50	19.40±8.22	0.302	0.764

* $p \leq 0.05$ ** $p \leq 0.01$

Across all domains of attachment, no statistically significant differences were found between the externalising and internalising groups for either mothers or fathers (As shown in table two). Although minor variations in mean scores were visible, these did not reach statistical significance. It is observed that in both the groups trust scores was broadly comparable, communication scores showed marginal variation but no meaningful difference and alienation scores remained similar across groups. Similarly, total IPPA-R scores indicated that overall attachment quality was perceived to be largely stable, irrespective of whether the child exhibited internalising or externalising behavioural difficulties.

These results suggest that, despite heightened stress reported in the externalising group, parents did not perceive a weakening of emotional closeness, trust, or connectedness in their relationship with the child.

DISCUSSION

This study examined parental stress and parent–child attachment among caregivers of children and adolescents presenting with externalising and internalising behavioural problems in a hospital-based setting. The findings showed that parents of children with externalising disorders reported significantly higher levels of stress compared to those of children with internalising disorders. However, no significant differences were observed between the two groups in any of the attachment domains, including trust, communication, and alienation. The discussion below interprets these findings in light of behavioural demands, family processes, and cultural context.

Higher Parental Stress in the Externalising Group

The higher levels of stress reported by parents of children with externalising behaviours can be understood in relation to the behavioural demands associated with these conditions. Externalising problems such as aggression, hyperactivity, impulsivity, or defiance are more visible in everyday settings and often require constant monitoring, behavioural correction, and negotiation of conflictual situations (Frick & Kimonis, 2008; Kimonis et al., 2019).

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Parents may need to repeatedly manage school complaints, social conflicts, or safety-related concerns, which can intensify their emotional and practical caregiving burden.

Beyond daily management, these behaviours may expose parents to social scrutiny or negative judgement from extended family members, teachers, and the community. Such experiences may contribute to feelings of frustration, inadequacy, or helplessness, adding to the emotional strain of caregiving. In many cases, parents may also worry about the child's future functioning, social acceptance, and educational continuity, which further reinforces ongoing stress rather than short-term difficulty (Amato, 2005). In contrast, internalising behaviours such as withdrawal, anxiety, or sadness may be less disruptive to the external environment and therefore generate fewer immediate behavioural conflicts. However, they may bring a different type of concern, often characterised by emotional worry rather than overt caregiving strain (Liu et al., 2011; Rubin & Mills, 1991). The present findings suggest that it is the behavioural intensity and visibility of externalising difficulties that plays a more significant role in elevating parental stress.

Non-Significant Difference in Attachment

Despite higher stress levels in the externalising group, no significant difference was found in parent-child attachment across the two behavioural categories. This indicates that, even under higher caregiving strain, parents continued to perceive a stable emotional bond with their children. This pattern may be understood in terms of attachment resilience within Indian family contexts. Families in India often place strong emphasis on emotional commitment, responsibility, and long-term caregiving ties, particularly in relation to children (Avasthi, 2010). These values may help sustain relational closeness even when daily caregiving becomes challenging. Attachment in such contexts may be grounded not only in affective warmth but also in a sense of duty, care, and moral obligation toward the child (Mercer, 2005). The findings also highlight an important conceptual distinction between parenting stress and attachment. While parental stress reflects a situational and task-related experience arising from behavioural demands, attachment represents a relational bond that may remain intact despite strain. Parents may feel overwhelmed or fatigued in managing behavioural challenges, yet continue to maintain emotional availability, involvement, and a sense of closeness with their children. This separation between stress and attachment suggests that high caregiving burden does not necessarily translate into compromised emotional connection (Heard & Lake, 2018; Mercer, 2005). Instead, both processes may coexist, particularly in cultural contexts where family relationships are prioritised and preserved over time.

Comparison with Existing Literature

The findings of higher stress among parents of children with externalising behaviours are consistent with previous research indicating that disruptive and overt behavioural problems tend to evoke greater parental strain, conflict, and emotional exhaustion (Vaughan et al., 2013). Studies conducted in Western contexts have similarly reported higher stress levels among caregivers of children with conduct problems or hyperactivity, compared to those whose children show internalising symptoms (Baldwin et al., 1995; Snoek et al., 2004; Vaughan et al., 2013).

However, the absence of significant group differences in attachment presents a partial divergence from some Western findings, where insecure attachment patterns are more frequently associated with behavioural problems, particularly externalising difficulties

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(Fearon et al., 2010; Nunes et al., 2013). The present study suggests that attachment relationships in Indian families may be shaped by broader cultural values of interdependence, shared caregiving, and emotional perseverance, which may buffer against relational decline even under stress. At the same time, differences in measurement tools and cultural interpretations of attachment must be acknowledged. Standardised attachment instruments may not fully capture indigenous ways of expressing closeness, trust, or responsibility, which may be communicated through actions, involvement, and caregiving presence rather than explicit emotional expression.

Overall, the study contributes to existing literature by highlighting that while behavioural demands influence parental stress, attachment bonds may remain stable within culturally embedded family systems. These findings point toward the need for culturally informed interpretations of parent–child relationships in behavioural disorders.

Implications

The findings of this study have important implications for child and adolescent mental health practice, particularly in settings where families are primary caregivers. The significantly higher levels of stress reported by parents of children with externalising disorders highlight the need for structured caregiver support alongside child-focused treatment. Interventions may benefit from incorporating stress-management strategies, emotional support, and coping skills training for parents, especially those who face ongoing demands related to behavioural supervision, conflict management, and social scrutiny. At the same time, the absence of significant differences in attachment across behavioural groups suggests that parent–child emotional bonds remain largely intact, even in the presence of high caregiving strain. This reinforces the value of building upon existing relational strengths within families. Family-based interventions that strengthen communication, enhance collaborative problem-solving, and acknowledge caregivers' efforts may be particularly effective in supporting both behavioural management and emotional well-being. Mental health services may also consider adopting a family-systems approach that recognises the relational resilience, commitment, and caregiving continuity often found in Indian families.

Limitations

While the study offers valuable insights into parental stress and attachment among caregivers of children and adolescents with behavioural problems, certain limitations need to be acknowledged when interpreting the findings. First, the study was based on a relatively small sample size, which limits the extent to which the results can be generalised to wider populations. A larger sample may have provided greater variability in family characteristics and behavioural profiles, and may have strengthened the robustness of group comparisons. Second, the study was conducted in a hospital-based clinical setting and followed a cross-sectional design. As a result, the findings reflect the experiences of families who are already accessing mental health services and may not fully represent families in community or non-clinical contexts. The cross-sectional nature of the study also restricts the ability to draw conclusions about causality or changes in stress and attachment over time. Third, although standardised assessment tools were used, some of these measures were originally developed in Western contexts and may not fully capture culturally specific meanings of attachment, emotional expression, or caregiving relationships in Indian families. Subtle relational processes, such as caregiving involvement, shared responsibility, or non-verbal expressions of closeness, may not be adequately reflected in scale-based assessments. Recognising these

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limitations is important, as they point toward areas where future research can further strengthen understanding of parental stress and attachment in diverse cultural and clinical settings.

Future Directions

Future research may build on the findings of this study by incorporating larger and more diverse samples drawn from both clinical and community settings. Including participants from different socio-economic backgrounds, family structures, and regions may help provide a broader understanding of how stress and attachment operate across varied caregiving contexts. Longitudinal studies would also be useful to trace how parental stress and attachment evolve over time, particularly as children move through different developmental stages or as behavioural symptoms change in intensity. Further studies may also explore additional family-level and contextual factors that shape caregiving experiences, such as parental coping strategies, social support networks, marital relationships, and extended family involvement. Examining these variables may help clarify how some families are able to sustain strong emotional bonds despite high caregiving strain, while others may experience greater relational disruption. Another important area for future inquiry lies in the cultural sensitivity of assessment tools. There is a need to adapt, validate, or develop measures that better reflect indigenous expressions of attachment, emotional closeness, and caregiving responsibility in Indian families. Qualitative or mixed-methods approaches may be particularly valuable in capturing lived experiences, relational meanings, and subtle emotional dynamics that may not be easily represented through standardised scales.

CONCLUSION

The present study set out to examine parental stress and parent–child attachment among caregivers of children and adolescents with externalising and internalising behavioural problems in a hospital-based setting. The findings showed that parents of children with externalising disorders experienced significantly higher levels of stress, reflecting the greater behavioural demands and caregiving challenges associated with these conditions. At the same time, no significant differences were observed in attachment across the two behaviour groups, suggesting that emotional bonds, trust, and relational connectedness between parents and children largely remain intact despite caregiving strain. Together, these results highlight the coexistence of high parental stress and sustained attachment within Indian family contexts, where cultural values of responsibility, care, and interdependence may help preserve relational bonds even in demanding circumstances. By bringing attention to both stress and attachment as distinct yet interrelated dimensions of family life, the study contributes to a more nuanced and culturally grounded understanding of caregiving experiences in behavioural disorders, and underscores the importance of family-sensitive approaches in child and adolescent mental health care.

REFERENCES

- Ahmad, S. I., & Hinshaw, S. P. (2017). Attention-deficit/hyperactivity disorder, trait impulsivity, and externalizing behavior in a longitudinal sample. *Journal of abnormal child psychology*, 45(6), 1077-1089.
- Amato, P. R. (2005). The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. *The Future of Children*, 75–96.
- Avasthi, A. (2010). Preserve and strengthen family to promote mental health. *Indian Journal of Psychiatry*, 52(2), 113–126.

Parental Stress and Attachment in Families of Children with Behavioral Problems: A Comparative Study of Externalizing and Internalizing Disorders in India

- Baldwin, K., Brown, R. T., & Milan, M. A. (1995). Predictors of stress in caregivers of attention deficit hyperactivity disorder children. *The American Journal of Family Therapy*, 23(2), 149–160. <https://doi.org/10.1080/01926189508251345>
- Bowker, J. C., & Raja, R. (2011). Social withdrawal subtypes during early adolescence in India. *Journal of Abnormal Child Psychology*, 39(2), 201-212.
- Buehler, C. (2020). Family processes and children's and adolescents' well-being. *Journal of Marriage and Family*, 82(1), 145-174.
- Chadda, R. K., & Deb, K. S. (2013). Indian family systems, collectivistic society and psychotherapy. *Indian journal of psychiatry*, 55(Suppl 2), S299-S309.
- Chandrakar, A., Karthik, S. M., Sathianathan, R., Udayakumar, N., & Natrajan, S. (2025). Caregiver Strain in Children with Attention Deficit Hyperactivity Disorder: A Cross-Sectional Study. *Indian Journal of Psychological Medicine*, 02537176251316358.
- Eccles, J. S. (1999). The development of children ages 6 to 14. *The future of children*, 30-44.
- Fearon, R. P., Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., Lapsley, A.-M., & Roisman, G. I. (2010). The significance of insecure attachment and disorganization in the development of children's externalizing behavior: A meta-analytic study. *Child Development*, 81(2), 435–456.
- Frick, P. J., & Kimonis, E. R. (2008). *Externalizing disorders of childhood. Psychopathology: Foundations for a Contemporary Understanding*, 2nd Edn. Taylor & Francis, New York, 349–374.
- Heard, D., & Lake, B. (2018). *The challenge of attachment for caregiving*. Routledge. <https://api.taylorfrancis.com/content/books/mono/download?identifierName=doi&identifierValue=10.4324/9780429481260&type=googlepdf>
- Kelley, S. J., Whitley, D. M., & Campos, P. E. (2011). Behavior problems in children raised by grandmothers: The role of caregiver distress, family resources, and the home environment. *Children and youth services Review*, 33(11), 2138-2145.
- Kimonis, E. R., Frick, P. J., & Fleming, G. E. (2019). Externalizing disorders of childhood and adolescence. In *Psychopathology* (pp. 427–457). Routledge. <https://api.taylorfrancis.com/content/chapters/edit/download?identifierName=doi&identifierValue=10.4324/9780429028267-19&type=chapterpdf>
- Kimonis, E. R., Frick, P. J., & Fleming, G. E. (2019). Externalizing disorders of childhood and adolescence. In *Psychopathology* (pp. 427-457). Routledge.
- Liu, J., Chen, X., & Lewis, G. (2011). Childhood internalizing behaviour: Analysis and implications. *Journal of Psychiatric and Mental Health Nursing*, 18(10), 884–894. <https://doi.org/10.1111/j.1365-2850.2011.01743.x>
- Meltzer, H., Ford, T., Goodman, R., & Vostanis, P. (2011). The burden of caring for children with emotional or conduct disorders. *International journal of family medicine*, 2011(1), 801203.
- Meltzer, H., Ford, T., Goodman, R., & Vostanis, P. (2011). The burden of caring for children with emotional or conduct disorders. *International journal of family medicine*, 2011(1), 801203.
- Mercer, J. (2005). *Understanding attachment: Parenting, child care, and emotional development*. Bloomsbury Publishing USA.
- Nair, M. K. C., Russell, P. S. S., Krishnan, R., Russell, S., Subramaniam, V. S., Nazeema, S., ... & George, B. (2013). ADAD 4: The symptomatology and clinical presentation of anxiety disorders among adolescents in a rural community population in India. *The Indian Journal of Pediatrics*, 80(Suppl 2), 149-154.

Parental Stress and Attachment in Families of Children with Behavioral Problems: A Comparative Study of Externalizing and Internalizing Disorders in India

- Nijssens, L., Bleys, D., Casalin, S., Vliegen, N., & Luyten, P. (2018). Parental attachment dimensions and parenting stress: The mediating role of parental reflective functioning. *Journal of Child and Family Studies*, 27(6), 2025-2036.
- Nunes, S. A. N., Faraco, A. M. X., Vieira, M. L., & Rubin, K. H. (2013). Externalizing and internalizing problems: Contributions of attachment and parental practices. *Psicologia: Reflexão e Crítica*, 26(3), 617-625.
- Ozturk, Y., Moretti, M., & Barone, L. (2019). Addressing parental stress and adolescents' behavioral problems through an attachment-based program: An intervention study. *International journal of psychology and psychological therapy*, 19(1), 89-100.
- Prabhu, D. A., Rajani, H. S., Niranjana, M., Joshi, J., Chandrashekar, S. K., Shubha, A. M., ... & Kannan, P. (2025). Clinico-epidemiological profile of intussusception among children younger than 2 years in Karnataka, India: a multicenter hospital-based surveillance study. *Indian journal of pediatrics*, 1-7.
- Rosenblum, G. D., & Lewis, M. (2006). Emotional development in adolescence. *Blackwell handbook of adolescence*, 269-289.
- Rubin, K. H., & Mills, R. S. (1991). Conceptualizing developmental pathways to internalizing disorders in childhood. *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences Du Comportement*, 23(3), 300.
- Scott, S., Briskman, J., Woolgar, M., Humayun, S., & O'Connor, T. G. (2011). Attachment in adolescence: Overlap with parenting and unique prediction of behavioural adjustment. *Journal of Child Psychology and Psychiatry*, 52(10), 1052-1062.
- Sekaran, V. C., Prabhu, V., Ashok, L., D'Souza, B., Shetty, S. D., & Nair, R. (2024). Predictors of adolescent internalizing and externalizing mental health symptoms: a school-based study in southern India. *International journal of environmental research and public health*, 21(4), 393.
- Shah, I. (2005). Age related clinical manifestations of HIV infection in Indian children. *Journal of tropical pediatrics*, 51(5), 300-303.
- Sidebotham, P., & ALSPAC Study Team. (2001). Culture, stress and the parent-child relationship: a qualitative study of parents' perceptions of parenting. *Child: care, health and development*, 27(6), 469-485.
- Snoek, H., Van Goozen, S. H., Matthys, W., Buitelaar, J. K., & Van Engeland, H. (2004). Stress responsivity in children with externalizing behavior disorders. *Development and Psychopathology*, 16(2), 389-406.
- Taylor-Richardson, K. D., Heflinger, C. A., & Brown, T. N. (2006). Experience of strain among types of caregivers responsible for children with serious emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 14(3), 157-168.
- Tharner, A., Luijk, M. P., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Jaddoe, V. W., Hofman, A., ... & Tiemeier, H. (2012). Infant attachment, parenting stress, and child emotional and behavioral problems at age 3 years. *Parenting*, 12(4), 261-281.
- Vaughan, E. L., Feinn, R., Bernard, S., Brereton, M., & Kaufman, J. S. (2013). Relationships Between Child Emotional and Behavioral Symptoms and Caregiver Strain and Parenting Stress. *Journal of Family Issues*, 34(4), 534-556. <https://doi.org/10.1177/0192513X12440949>
- Vaughan, E. L., Feinn, R., Bernard, S., Brereton, M., & Kaufman, J. S. (2013). Relationships between child emotional and behavioral symptoms and caregiver strain and parenting stress. *Journal of Family Issues*, 34(4), 534-556.

Parental Stress and Attachment in Families of Children with Behavioral Problems: A Comparative Study of Externalizing and Internalizing Disorders in India

Wragg, J. (1993). The nature and treatment of internalising disorders: A cognitive behavioural perspective. *Australian Journal of Guidance and Counselling*, 3(1), 65-74.

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Conflict of Interest

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