SJIF Impact Factor (2025): 8.688| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 10 | Issue: 12 | December 2025 - Peer Reviewed Journal

FAMILY DYNAMICS, COMMUNITY SUPPORT, AND PSYCHOLOGICAL DISTRESS AMONG PARENTS OF PERSONS WITH DISABILITY

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Article DOI: https://doi.org/10.36713/epra25341
DOI No: 10.36713/epra25341

ABSTRACT
Parenting a child with disability often places significant emotional and practical demands on families, frequently leading to heightened psychological distress among parents. The present study aimed to examine the patterns of family dynamics among parents of persons with disability in Uttar Pradesh, India, and to analyze the relationships among family dynamics, community support, and psychological distress. A total sample of 300 parents of children and adolescents with disabilities enrolled in special education centres, inclusive schools, and rehabilitation institutions across Uttar Pradesh participated in the study. Standardized tools—the Family Environment Scale, Community Support Scale, and Kessler Psychological Distress Scale (K10)—were administered through structured questionnaires. Findings revealed that overall family dynamics among these parents were at a moderate level, while psychological distress scores indicated considerable emotional strain. Family dynamics, community support, and psychological distress were significantly interrelated. Notably, community support emerged as a mediating factor, reducing the negative impact of poor family dynamics on parental psychological distress. The study highlights the importance of strengthening community-based support systems and enhancing positive family interactions to mitigate psychological distress among parents of persons with disability in India. Implications for family-focused interventions, counselling services, and community support programs are discussed.

KEYWORDS: *family dynamics; community support; psychological distress; parents; disability; Uttar Pradesh; India*

INTRODUCTION
Parents of persons with disabilities often encounter substantial emotional, social, and practical challenges that can contribute to high levels of psychological distress**.** Psychological distress refers to unpleasant emotional states—such as anxiety, worry, tension, and depressive feelings—that arise when individuals feel unable to cope with the demands placed upon them. For parents of children with developmental, intellectual, or physical disabilities (such as autism, cerebral palsy, intellectual disability, hearing and visual impairment, learning disabilities, ADHD), these stressors tend to be significantly higher compared to parents of typically developing children. Research consistently shows that the severity of disability, frequent medical needs, behavioural difficulties, and caregiving demands are strongly associated with elevated psychological distress among parents (e.g., anxiety, depression, and emotional exhaustion).

Family Dynamics play a crucial role in shaping parents' psychological well-being. Healthy family dynamics—such as cohesion, communication, emotional support, adaptability, and shared responsibility—help families cope with the complexities of raising a child with disability. Conversely, strained family interactions, conflict, poor communication, and lack of shared caregiving responsibilities can intensify parental distress. Studies indicate that disturbances in family relationships may negatively influence parents' emotional health and coping abilities, increasing their vulnerability to psychological distress.

Community Support—including help from extended family members, neighbours, peer groups, disability support groups, healthcare workers, teachers, and community organisations—also has a substantial impact on the well-being of parents. Community support enhances parents' emotional resilience by providing informational, emotional, and practical assistance. Evidence shows a strong negative association between community support and psychological distress: parents who feel supported experience lower stress, fewer mental health difficulties, and better coping skills. Limited support, on the other hand, increases feelings of isolation, burden, and emotional exhaustion. During periods of crisis (such as pandemics or financial hardship), lack of community support has been found to significantly heighten parental distress.

Furthermore, community support may serve as a buffering or mediating factor in the relationship between family dynamics and psychological distress. Strong community networks can reduce the negative impact of dysfunctional family environments, helping

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parents manage challenges more effectively. This suggests that psychological distress is not only shaped by internal family relationships but also by available external support systems.

Aim of the Study

The present study aimed to:

(a) Examine the relationships among family dynamics**,** community support, and psychological distress among parents of persons with disability in Uttar Pradesh, India

(b) Assess whether community support mediates the association between family dynamics and psychological distress.

This research is expected to contribute valuable insights for policymakers, counsellors, social workers, and disability support organisations in designing effective family- and community-based intervention programs.

HYPOTHESES

Hypothesis 1 (H1).

There is a significant negative correlation between family dynamics and psychological distress among parents of persons with disability in Uttar Pradesh.
(Better family dynamics → lower distress)

Hypothesis 2 (H2)

There is a significant negative correlation between community support and psychological distress among parents of persons with disability in Uttar Pradesh.
(Higher community support → lower distress)

Hypothesis 3 (H3)

Community support mediates the relationship between family dynamics and psychological distress among parents of persons with disability.
(Community support reduces or buffers the negative effect of poor family dynamics on distress)

METHOD

Participants and Procedure

The participants of this study were parents of persons with disabilities residing in different districts of Uttar Pradesh, India. Parents were recruited from special education schools, inclusive schools, rehabilitation centres, early intervention centres, and community-based disability support organizations. Institutional heads, special educators, and rehabilitation professionals were contacted and requested to disseminate the questionnaire link to eligible parents.

Participation was strictly voluntary. An informed consent form was presented on the first page of the online questionnaire, clearly explaining the purpose of the study, confidentiality of responses, and the right to withdraw at any stage without consequences. Only parents who provided consent proceeded to complete the survey.

A total of 300 valid responses were collected from parents representing diverse disability categories, such as intellectual disability, autism spectrum disorder, cerebral palsy, hearing impairment, visual impairment, attention deficit hyperactivity disorder (ADHD), and learning disabilities. Only one parent from each family participated in the study. The demographic details of the participants are presented in first section.

MEASURES

1. Family Dynamics

Family dynamics were assessed using the Family Environment Scale (FES)**,** which evaluates the interpersonal relationships, communication patterns, emotional climate, and structural characteristics of the family. The scale consists of sub-dimensions such as cohesion, expressiveness, conflict, organization, and control. Items are rated on a Likert-type scale, with higher scores indicating healthier and more supportive family functioning. The FES has demonstrated strong reliability and validity in Indian and international contexts. In the present study, the internal consistency (Cronbach's alpha) was **0.88**, indicating good reliability.

2. Community Support

Community support was measured using the Community Support Scale**,** adapted from widely used social support instruments to reflect the Indian socio-cultural context. The scale contains **10 items** across three domains:

- **Subjective support** (perceived emotional support, acceptance, and understanding from others)
- **Objective support** (actual practical assistance, resources, and help received)
- **Support utilization** (extent to which parents seek and use support networks)

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Items were rated on a 5-point Likert scale, with higher scores indicating stronger community support. The scale has been used in previous Indian studies involving caregivers of persons with disabilities. The reliability coefficient for the present sample was 0.79**,** demonstrating acceptable internal consistency.

3. Psychological Distress

Psychological distress among parents was assessed using the Kessler Psychological Distress Scale (K10), a widely validated 10-item instrument measuring symptoms of anxiety, depression, emotional strain, and general distress over the past 30 days. Participants responded on a 5-point Likert scale ranging from "None of the time" to "All of the time". Higher scores reflected greater levels of psychological distress. The K10 has strong psychometric support internationally and within India. The internal consistency for the present sample was **0.91**, indicating excellent reliability.

DATA ANALYSES

The collected data were systematically analyzed using Statistical Package for the Social Sciences (SPSS) Version 26.0 and Analysis of Moment Structures (AMOS) Version 27.0. Prior to conducting the main analyses, the dataset was screened for accuracy, missing values, and outliers to ensure data quality and adherence to statistical assumptions.

In the first stage, descriptive statistics were computed to summarize the sample characteristics and key study variables. Measures of central tendency and variability, including mean scores, standard deviations, and observed ranges, were calculated for family dynamics, community support, and psychological distress. These statistics provided an overview of the distribution and general trends of the variables under investigation.

In the second stage, Pearson's product–moment correlation coefficients were calculated to examine the bivariate relationships among family dynamics, community support, and psychological distress. This analysis helped determine the strength and direction of associations between variables and assessed whether the prerequisites for mediation analysis were met.

In the third stage, Structural Equation Modelling (SEM) was employed using AMOS Version 27.0 to test the hypothesized mediation model, wherein community support was examined as a mediator in the relationship between family dynamics and psychological distress among parents. SEM was chosen due to its ability to simultaneously estimate multiple relationships and account for measurement error. Model fit was evaluated using standard fit indices, including the Chi-square statistic (χ^2), Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA).

To account for potential confounding effects, demographic variables such as parent gender and type of disability were included in the model as covariates. These variables were controlled to ensure that the observed relationships among the primary constructs were not unduly influenced by demographic differences. The significance of direct, indirect, and total effects was assessed to determine the presence and strength of the mediating role of community support.

RESULTS

Common Method Bias Test

To ensure that the findings were not affected by common method variance, Harman's single-factor test was conducted. The first unrotated factor accounted for 16.92% of the total variance, which is well below the accepted threshold of 40%. This indicates no significant common method bias in the dataset.

Descriptive Statistics and Correlation Analysis

Descriptive statistics and intercorrelations were computed for family dynamics**,** community support**,** and psychological distress.
The correlation results showed:

- **Family dynamics** had a **significant negative correlation** with psychological distress ($r = -0.41$, $p < .01$), indicating that healthier family functioning is associated with lower psychological distress among parents.
- **Family dynamics** was **positively correlated** with community support ($r = 0.36$, $p < .01$), suggesting that parents who experience better family cohesion and communication also tend to receive greater community support.
- **Community support** showed a **significant negative correlation** with psychological distress ($r = -0.33$, $p < .01$), indicating that parents who receive strong community support experience lower psychological distress.

These results preliminarily suggest that both family dynamics and community support play an important role in parental psychological well-being.

Mediating Role of Community Support

A structural equation model was used to test whether community support mediates the relationship between family dynamics and psychological distress. Parents' gender and the severity of disability were included as control variables.
The SEM demonstrated good model fit, and the standardized path coefficients are shown in Table 3, with the structural model illustrated in Figure 1.

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Key Findings

- **Family dynamics → Community support**
  Family dynamics positively predicted community support ($\beta = 0.348$, $p < .01$).
  Parents with supportive, cohesive family relationships perceived greater community support.
- **Community support → Psychological distress**
  Community support had a significant negative effect on psychological distress ($\beta = -0.297$, $p < .01$).
  Higher community support corresponded to lower psychological distress.
- **Family dynamics → Psychological distress**
  Family dynamics directly and significantly predicted lower psychological distress ($\beta = -0.622$, $p < .01$).
- **Indirect (Mediated) Effect**
  The indirect effect of family dynamics on psychological distress through community support was significant ($\beta = -0.103$, $p < .05$).

This indicates **partial mediation**, where community support serves as an important mechanism linking healthier family relationships to reduced parental psychological distress.

In simple terms, parents with positive family interactions tend to receive more community support, and this support plays a meaningful role in reducing their psychological distress.

DISCUSSION

The present study aimed to examine the nature of family dynamics among parents of persons with disabilities in Uttar Pradesh and to analyze how family functioning and community support relate to levels of psychological distress. Although the psychosocial challenges faced by families of persons with disabilities have been documented internationally, limited empirical research from the Indian context has simultaneously explored the interconnected roles of family processes and community-based support. Therefore, this study contributes important insights into how these variables influence parental well-being in a socio-cultural environment marked by traditional family structures, stigma, and limited disability resources.

The findings revealed that family dynamics among parents of persons with disability were generally moderate, indicating that while many families demonstrated cohesion, communication, and adaptability, others struggled with conflict, role strain, and inconsistent involvement—issues commonly reported in disability-related caregiving. These outcomes are consistent with Indian studies that found variability in family functioning depending on socioeconomic status, type of disability, and availability of caregiving resources. Parents of children with severe or multiple disabilities, or parents belonging to economically disadvantaged households, frequently report disrupted family routines, emotional burden, and reduced flexibility—all factors that may contribute to higher psychological distress.

The results also showed a strong negative association between family dynamics and psychological distress, aligning with previous research suggesting that supportive and cohesive families act as emotional buffers. Well-functioning families provide shared problem-solving, emotional reassurance, and collective caregiving, thereby reducing the psychological burden on individual parents. On the contrary, strained family relationships often magnify stress and may result in caregivers experiencing burnout, anxiety, and depressive symptoms. This suggests that interventions aimed at strengthening communication, shared responsibilities, and conflict resolution within families can play a vital role in enhancing parental well-being.

A significant positive correlation emerged between family dynamics and community support, indicating that families operating in a healthy and supportive manner are more likely to seek, receive, and effectively utilize external support networks. In the Indian context—particularly in North India—community structures such as extended kin networks, neighborhood groups, women's collectives, and religious institutions can serve as important sources of emotional and instrumental assistance. However, parents reporting poor family dynamics may withdraw socially, lack confidence in engaging with community resources, or experience stigma, thereby diminishing opportunities for receiving support.

The findings further revealed that community support had a significant negative relationship with psychological distress, echoing prior evidence that community involvement serves as a protective factor for caregiver mental health. Supportive communities can provide emotional validation, information, respite services, and guidance regarding disability rights and services. In many cases, the presence of disability-related NGOs, government support schemes, or school-based counselling can help reduce the sense of isolation and helplessness parents often experience. Parents who felt they were part of a supportive community reported lower levels of stress, anxiety, and emotional exhaustion.

Importantly, this study demonstrated that community support plays a mediating role in the relationship between family dynamics and psychological distress. This suggests that, beyond the direct effect of family functioning, supportive community networks help parents cope better with disability-related challenges. When parents feel accepted and supported by the community, they may

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experience greater emotional resilience and feel more confident seeking assistance, thereby reducing psychological distress. Conversely, when families encounter stigma, discrimination, or social exclusion—issues frequently documented in rural regions of Uttar Pradesh—the protective effect of community support diminishes, exacerbating stress.

Cultural factors also play a meaningful role. Disability in many Indian communities is often perceived through the lens of stigma, misconceptions, or moral attributions, which may discourage families from seeking social help. Parents may fear public judgment, avoid discussing their challenges, or hesitate to participate in community activities. Such dynamics restrict access to support systems, further increasing psychological distress. In contrast, communities with positive disability awareness, inclusive attitudes, and active support groups considerably enhance parental coping capacity.

Overall, the results of this study emphasize that family dynamics and community support operate together to influence parental psychological distress. Strengthening family cohesion, improving access to community-based services, reducing stigma, and increasing local awareness about disability rights may significantly improve the mental health and well-being of parents. Moreover, the mediating effect of community support points to the need for interventions that enhance both internal family functioning and external social connectedness.

In conclusion, the findings highlight the importance of creating integrated support systems—combining family counselling, community engagement programs, and structured disability services—to reduce psychological distress among parents of persons with disability in Uttar Pradesh. Enhancing both private (family) and public (community) support mechanisms can significantly contribute to the overall resilience, empowerment, and well-being of these families.

Practical Implications

The findings of this study highlight the crucial role of family dynamics and community support in shaping the psychological well-being of parents of persons with disability in Uttar Pradesh. The negative association between dysfunctional family interactions and psychological distress suggests that improving family communication, shared caregiving, and emotional responsiveness is essential. Interventions aimed at strengthening family cohesion—such as family counselling, behaviour management training, and parent–child relationship enhancement programs—can significantly reduce psychological distress.

The study also established that community support plays a protective role for parents. Therefore, efforts should be made to expand accessible, disability-friendly support networks within local communities. Schools, rehabilitation centres, Anganwadi centres, and neighbourhood associations can play a key role by organizing regular awareness sessions, support groups, and structured parent–training programs. Community involvement can also reduce stigma and increase acceptance of disability, which is particularly essential in rural and semi-urban areas of Uttar Pradesh.

Additionally, leveraging digital platforms, such as tele-counselling, online support groups, and mobile-based parent education programs, may help reach families with limited access to formal services. Government bodies and NGOs should collaborate to provide financial assistance, emotional support, respite services, and information resources to reduce caregiver strain.

Policymakers must prioritize disability-inclusive welfare schemes, strengthen existing community health frameworks, and expand professional support systems. By enhancing both family functioning and community-level support, psychological distress among parents can be significantly reduced.

Limitations and Further Research

Despite providing valuable insights, this study has a few limitations. First, the data were collected using self-report questionnaires, which may be influenced by personal bias, social desirability, or underreporting of distress—particularly in cultural contexts where acknowledging emotional difficulties is stigmatized. Future research should incorporate multiple data sources, such as observational assessments, clinician ratings, or feedback from teachers and rehabilitation professionals.

Second, because the research employed a cross-sectional design, causal relationships among family dynamics, community support, and psychological distress cannot be definitively established. Longitudinal studies would be beneficial for examining how these variables interact over time and how changes in family or community environments impact psychological outcomes.

Third, the sample was limited to parents accessing schools and rehabilitation centres. Families without access to such facilities, especially in remote rural areas, may have different levels of support and stress. Future studies should include more diverse samples and explore cultural, socioeconomic, and disability-specific differences.

Finally, qualitative research may deepen understanding of the lived experiences of parents, cultural beliefs about disability, and community barriers to support.

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CONCLUSIONS

In conclusion, this study provides evidence that parents of persons with disabilities in Uttar Pradesh face considerable psychological distress, which is closely influenced by the quality of family dynamics and the availability of community support. Healthier family relationships were associated with lower psychological distress, whereas poor family functioning exacerbated emotional challenges. Community support emerged as a significant buffer, both directly reducing psychological distress and mediating the impact of family dynamics.

These findings emphasize the need for integrated approaches that strengthen family functioning, enhance community involvement, and reduce stigma surrounding disability. Interventions that provide emotional, informational, and practical support to caregivers can significantly improve their psychological well-being. Strengthening family counselling, community networks, and government-supported disability services will help create a more supportive environment for parents and contribute to better outcomes for persons with disabilities.

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