



## Section 2. General psychology

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### STRESS LEVEL IN PARENTS WHO HAVE CHILDREN WITH AUTISM, DOWN SYNDROME AND TYPICAL DEVELOPMENT

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#### Abstract

The aim of this study is to compare the level of stress in parents of children with autism spectrum disorder and parents of children with Down syndrome, with a control group of parents of children with typical development. The instrument used in the study is two, (DASS), to measure stress. This study includes 30 pairs of parents for each group. The number of mothers taken in the study (n = 30) for each group, and the number of fathers of children with autism (n = 29), (n = 28) fathers of children with Down syndrome and (n = 28), fathers of children with typical development. Parents of children with Down syndrome resulted in higher levels of stress compared to parents of children with autism and parents of children with typical development.

**Keywords:** *autism, Down syndrome, stress, parents*

#### Introduction

Stress is an emotion that is associated with anxious thoughts, difficulty concentrating and paying attention, altered external behavior, clenching of teeth and hands, difficult breathing, empty stomach, dry mouth, increased heart rate, sleep disorders and many others. As a special psychological state, stress is associated with anything that makes demands to which we must adapt (Gray, 1987). Comparing parents of children with autism with parents of children with typical development and parents of children with other developmental problems, they have

higher levels of stress, anxiety and depression, as well as lower levels of interaction in the family. They complain more about their health and consumption as a result of caring for their child. This is related to the difficulty in communication, behavior, social isolation, and self-care that these children have (Schieve, 2015). Parents of children with autism describe themselves as living in an isolated world (Woodgate, Ateah, Seço, 2016). As a result, both parents of children with autism are under stress and this can affect their physical and psychological health (Johnson, Frenn, Feetham, Simpson, 2011).

In a study conducted by a group of authors (Dumas, Wolf, Fisherman, Culligan, 2009), which aimed to measure differences in parenting-related stress, problem behavior, and malnutrition in 150 families with children with autism (n = 30), behavioral disorder (n = 30), Down syndrome (n = 30), and typical development (n = 60). Parents of children with autism and children with behavioral disorder reported higher levels of parenting stress than the other two groups. Mothers of children with autism reported higher levels of stress related to their child's problems than parents of children with typical development. Parents of children diagnosed with autism reported higher levels of stress, compared not only to parents of children with typical development, but also to parents of children with Down syndrome. The level of stress depends on several characteristics of the parents such as socioeconomic level or marital status. There are studies that show that single mothers who have children with developmental problems have higher levels of depression, other studies see depression as being more related to education level and income than marital status (Olsson, Hwang, 2008).

Compared with mothers of children with Down syndrome and mothers of typically developing children, mothers of children with autism report less competence in their role as parents, receive less satisfaction from their marriage, and exhibit less adjustment within the family than mothers of the other two groups. Both mothers of children with autism and those of children with Down syndrome report greater burden of caregiving, family burden, and self-blame than mothers of typically developing children (Rodrigues, Morgan, & Geffken, 1992).

What is the difference between mothers and fathers who have children with Down syndrome? According to (Hedov and Anneren and Wikblad, 2000) in 80% of cases it is mothers who take care of the children and not the fathers. As a result, mothers report lower self-esteem, higher levels of stress and less satisfaction related to everyday life than fathers. From the study of 25 families of children with autism and 30 families of children with Down syndrome, it was observed that the level of depression and social phobia is

higher among parents of children with autism (Piven & Palmer, 1999).

Mothers of children with autism reported higher levels of stress than fathers. No differences were observed between mothers and fathers in parents of children with Down syndrome and parents of typically developing children (Dabrowska, Pisula, 2010).

Parents differ in how having a child with autism affects them in several aspects such as; in the assessment of risk and protective factors, in specific coping styles and in the experience of stress. Both parents feel high levels of stress related to the child's problematic behaviors, but the mother seems to be more affected than the father by the child's emotional dysfunction and low social skills (McStay, Trembath, Dissanayake, 2014).

### **Materials and Methods**

This is a quantitative study. Both parents were included in the study. The number of parents with children with autism and the number of parents with children with Down syndrome is the same, i.e. 30. As for parents with children with developmental problems, the number of parents with children with typical development included in the study is 30. This is the control group. The aim was to include 30 pairs of parents from each group in the study, but as a result of the participation of single, divorced and widowed mothers in the study, the number of mothers is higher than that of fathers. One mother with a child with autism is a single mother. One mother with a child with Down syndrome is widowed and one is divorced. One mother with a child with typical development is widowed and one is divorced. For the realization of this study, the following was used: DASS, a questionnaire that aims to measure stress. The scale was developed in 1995 by Lovibond S.H and Lovibond P.C, from the Psychology Foundation in Sydney. The completion of this instrument is carried out through self-reporting. Each person involved in the study reads all the written statements and circles a number corresponding to a scale of the questionnaire from 0 to 3, where each number takes on a certain value. Number 0, indicates that the statement does not apply to me at all, number 1, applies to me in some cases or sometimes, number 2, applies to me

in a significant number of cases or most of the time and number 3, applies to me most of the time. The questionnaire contains a total of 42 questions and aims to measure the emotional state of the individuals who complete it in the last week. The scoring after completing the scale is done taking into account the following units of measurement: normal stress, light, moderate, severe, very severe.

### Findings and Discussion

The following table presents the stress level of mothers with children with autism, Down syndrome and typical development. Descriptive statistics will help us to identify the results and answer the questions that arise from the confirmation or rejection of the hypothesis. The analysis used is ANOVA (Brown., Forsythe 1974) using the SPSS program.

**Table 1.** Analysis of stress levels in mothers and fathers

	N	Average	Standard deviation	Standard error	Limit min	Limit Max	Minimum	Maximum	Variance between variables
Stress in Women	Model	Fixed Effects	8.10584	0.85443	8.5795	11.9761			
		Random Effects		2.50306	-0.492	21.0476			16.60577
	Autism	30	16.9667	9.55378	1.74427	13.3992	20.5341	0.00	37.00
	Down Syndrome	30	23.1667	10.06901	1.83834	19.4068	26.9265	0.00	35.00
	Typical development	30	10.8000	7.01427	1.28062	8.1808	13.4192	1.00	27.00
	Total	90	16.9778	10.22662	1.07798	14.8359	19.1197	0.00	37.00
Stress in Men	Model	Fixed Effects	8.97886	0.94645	15.0966	18.859			
		Random Effects		3.56995	1.6175	32.338			35.54637
	Model	Fixed Effects	6.45872	0.70055	5.324	8.1113			
		Random Effects		1.14955	1.7715	11.6637			2.49139
	Autism	29	12.2069	7.83025	1.45404	9.2284	15.1854	0	34
Down Syndrome	28	19.5357	8.23939	1.5571	16.3408	22.7306	2	34	
Typical development	28	9.5714	7.25426	1.37093	6.7585	12.3843	0	25	
	Total	85	13.7529	8.77348	0.95162	11.8605	15.6453	0	34
	Model	Fixed Effects	7.78568	0.84448	12.073	15.4329			
		Random Effects		2.96628	0.9901	26.5158			24.25038

Mothers of children with Down syndrome in Albania have significantly higher stress levels compared to mothers with children with autism. The stress level of women with autistic children is almost 17, consid-

ered mild with fluctuations ranging from 13.4 (normal stress level) to 20.5 (moderate stress level) in 95% of cases. In mothers of children with Down syndrome children, the stress level is 23.2, in other words 6 points

more than mothers with autistic children. The fluctuation ranges from 19.4 (moderate stress) to 26.9, where the stress level is severe. For the Albanian mothers surveyed, the stress level is higher among those with Down syndrome children compared to women with autistic children, while women with children with typical development are at normal levels. Unlike women, men systematically have lower stress level indicators.

In explaining stress levels, we return to normality and predictability when we see that men with autistic children have a higher level of stress indicators compared to men who have children with typical development. The stress level of men with autistic children re-

mains below the normal limit, while this limit is exceeded by fathers of children with Down syndrome, who have a moderate stress level and approach the limits of severe stress in the most extreme cases. Like women, men also have lower levels of depression, anxiety and stress when raising autistic children compared to when they are parents of Down syndrome children. Referring to the data in the table above, men have lower levels of depression, anxiety and stress compared to women, perhaps because men spend less time raising children compared to women and a larger proportion of them work and are able to temporarily relieve stress, depression and anxiety about the condition of their children.

**Table 2.** Homogeneity of Variances Test

	Levene Statistic	df1	df2	Sig.
Stress in women	3.024	2	87	.054
Stress in man	.167	2	82	.846

From the table above we can distinguish the results of the test of homogeneity of variance (test of homogeneity of variance) that provides the Levene test, (Levene, 1960) to check the assumption whether the variance within each group is similar or not. In our case the Levene test is not significant at the  $\alpha=0.05$  level and the results  $F(2,82)$ ,  $p=0.846$  for stress for men,  $F(2,82)$ . Regarding the results of women, we have  $p=0.054$  for stress in women, which means that in this analysis the hypothesis of homogeneity of variance is confirmed or in other words it is not violated for this sample.

### Conclusion

In this study, it was found that the level of stress is higher in mothers of children with Down syndrome and lower in mothers of children with typical development. Even in terms of fathers, the results show that the level of stress is lower in fathers of children with

typical development and higher in fathers of children with Down syndrome. Getting the right social support for themselves and their children is very important for family members to adapt to the difficulty they are in. Social support can also reduce the impact of stress and depression in mothers of children with autism, meaning that social support plays an important role in protecting the mental health of parents of children with developmental problems (Silkos, Kerns, 2006). Cooperation between the family and the school will result in a good intervention for the child. Parents of children with disabilities are not only involved in direct intervention with the child but are also valuable members of their child's special education team. They are active participants in the evaluation and design of their children's school programs. This approach encourages coordination between children, their families, special education institutions, and the school (Gupta, Singhal, 2005).

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