

## **PARENTING STRESS: COMPARISON BETWEEN PARENTS OF ATYPICAL CHILDREN AND TYPICAL CHILDREN**

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### **ABSTRACT**

Parenting stress is experienced when demand exceeds the capabilities and resources that parents have. This study aims to compare the level of parental stress between parents of atypical children and typical children. A survey has been conducted with 46 parents of atypical children and 54 parents of typical children who were selected around Selangor. The Parenting Stress Index-Short Form (PSI-SF), which is formed from three domains: (1) parental distress, (2) parent-child dysfunctional interaction, and (3) difficult child, has been used to measure the level of parenting stress. The samples were asked to fill out the PSI-SF questionnaire, and the data collected was then analyzed with the Statistical Package for Social Sciences, version 27.0. The result showed that there was a significant difference in parenting stress levels between parents of atypical children and typical children. The mental health of atypical parents is greatly affected not only by the stress of daily life, work, marital problems, interpersonal relationships, and so on. Many of them also feel lonely and isolated since their worries and anxiety are not being understood. The implication of this study is to create awareness among parents of atypical children about their state of mental health before it reaches levels of depression. Therefore, appropriate support and assistance are needed by this group of parents in order to improve their quality of life and family relationships.

**Keywords:** parenting stress, parents, atypical child, typical child, mental health

### **1. INTRODUCTION**

Stress is no longer a new experience but a part of people's lives regardless of profession, culture, and boundaries in today's fast-evolving globalized world (Baqutayan 2015; Kupriyanov & Zhdanov 2014; Salleh 2008). While some view stress as a positive condition that improves quality of life (Niedbalski 2022; Selye 1956; Smith & Tay 1990), most people claim that its presence causes negative emotions and interferes with life's functioning (Crnic & Low 2002; Selye 1956). The difference corresponds directly to an individual's level of stress acceptance, in which the presence of stress in the early stages boosts productivity and performance but is contrary after crossing the maximum level of acceptance (The American Institute of Stress 2023). Furthermore, constant stress will cause distress and eventually lead to mental health issues, including depression and anxiety (Baqutayan 2015; De Kloet, Joels & Holsboer 2005; Kupriyanov & Zhdanov 2014).

The concept of stress was first expressed in the context of parenting by Reuben Hill (1949) in the Theory of Family Stress (Zhao et al. 2023). According to Hill (1949), parenting becomes stressful when the demands placed on parents are beyond their resources and abilities. These

demands are related to the child's characteristics and traits, the parents' personalities and functionalities, the surroundings, and the family dynamic (Abidin 1992). It is a collection of parent evaluations on their commitment to fulfilling their parental responsibilities. (Abidin 1992; Deater-Deckard 2004). This is because lifestyle changes in the process of embracing children's presence, nurturing, and educating them lead to a series of unavoidable obligations (deMaat et al. 2021; Zelman & Ferro 2018).

Based on the data obtained from the National Survey on Drug Use and Health (NSDUH, United States), 3.8% of parents were diagnosed with serious mental illnesses, and 18.2% of parents experienced other mental illnesses (Stambaugh et al. 2017). Parental mental health is closely related to their different responsibilities and involvement of various abilities (Harries et al. 2023). As a guardian, educator, leader, nurse, adviser, and counselor, parents serve a variety of tasks in attending to their children's physical, mental, and emotional needs (Ibrahim et al. 2018).

The results of previous research have demonstrated a close relationship between parents' stress levels and their capabilities to manage family problems (Niedbalski 2022; Wen & Chu 2020), their mental and emotional well-being (Huang et al. 2014; Picardi et al. 2018), as well as the behavior and special needs of children (Abidin 1990; Benesova & Sikorova 2022; De Gaetano 2022; Miranda et al. 2019). Furthermore, parents are expected to adore, support, accept, and cherish their children unconditionally, which is a strong social stigma against them. These expectations are further weighted by the social, emotional, and economic dependencies that parents have (Chen, Reupert & Vivekananda 2021; Radley et al. 2022).

Compared to parents with typical children, parents with disabled children encounter issues that are far more challenging. These include worries about their future, social stigma, a lack of professional skills and knowledge about the child's disability (Ljubicic, Delin, & Kolcic 2022), and financial difficulties caused by medical bills and child therapy sessions (Petra & Lucis 2022; Phillips, Conner, & Curtner-Smith, 2017). Several studies have been examined, and the majority of them focus on particular cohorts or issues. For example, the level of parenting stress and the effects or ways of coping with stress among parents of children with certain disabilities (Fu et al. 2023; Miranda et al. 2019; Park & Lee 2022; Rahman & Jermadi 2021). On the other hand, comparisons of parenting stress levels between parents with atypical children and typical children are limited, especially in Malaysia.

According to Bronfenbrenner (1979), parents are the people with whom their child has the closest relationship within the child's micro-system. Therefore, any changes made by parents will directly affect the child's behavioral and psychological development (Crawford 2020). Thus, this study aimed to compare the level of parenting stress between parents who have atypical children and typical children. It is hoped that the data from the study will provide insightful information to mental health professionals, counselors, therapists, and general and special education teachers, encouraging them to focus more on the parent population that needs psychological care. In addition, the findings are also meant to serve as guidance for parents regarding their personal stress levels and mental health, as well as to emphasize the importance and impacts of psychological well-being in family relations.

## **2. PARENTING STRESS**

Lazarus (1966) defined stress as "the psychological state that derives from people's appraisals of their adaptation to the demands that are made of them" (Quine & Pahl, 1991). Based on the Cognitive Appraisal Theory, two main processes have been identified: cognitive appraisal and coping strategy (Folkman et al. 1986; Deng et al. 2022). The primary appraisal involves mental processes in determining whether the demands made are relevant, challenging, or threatening the well-being of the individual (Ron & Rovner, 2014). While the secondary appraisal involves evaluating the resources or capabilities available to meet the demand (Folkman et al., 1986; Quine & Pahl, 1991) or lower the risk of potential harm (Ron & Rovner 2014). The second process is coping, which Lazarus and Folkman (1984) characterized as an attempt to manage pressures, either internally or externally, that are deemed burdensome or beyond the individual's current capacity using cognitive and behavioral approaches (Quine & Pahl 1991).

Abidin's Parenting Stress Model that developed by Richard Abidin (1990) has been applied in this research. Three domains have been included in this model: (1) parental distress, PD; (2) parent-child dysfunctional interaction, P-CDI; and (3) difficult child, DC (Abidin 1990). PD is the parent domain that describes the stresses experienced as a result of parental personality and functionality, such as depression, a sense of competence, and parenting rapport (Abidin 1990; Fang et al. 2022; Luo et al. 2021). The next domain of P-CDI is the domain of situations related to family functionality, which includes relationships with the child and spouse, role restriction as a parent, isolation, or social support (Abidin 1990; Fang et al. 2022). The third domain, DC, is a child domain that refers to a child's temperamental and behavioral factors, which included six characteristics: adaptability, acceptability, demandingness, mood, hyper/distract, and reinforce parent (Abidin 1990; Fang et al. 2022). The child's ability to self-regulate based on these characteristics determines the level of stress experienced by the parents (Abidin 1990; Luo et al. 2021).

Deater-Deckard (2004) describes parenting stress as a process that leads to unpleasant psychological and physiological reactions. This process involves adapting to the demands that need to be met as a parent, as well as facing family issues such as divorce, a disabled child, unemployment, and everyday affairs (Deater-Deckard 2004). Parents' mental health is greatly influenced by the level of parenting stress experienced (Park & Lee 2022; Wen & Chu 2020). In stressful situations, parents have low motivation and level of self-esteem, are easily offended, and have negative self-perception (Findler, Jacoby & Gabis 2016; Musetti et al. 2021; Wen & Chu 2020). In addition, mothers with disabled children who receive less social support while experiencing parenting stress are more vulnerable to the risk of depression (Park and Lee 2022). On the other hand, mothers who have high social support in dealing with stress issues have a high resistance to depressive issues.

Some past studies have stated that parents' unstable mental state as a result of stress affects their ability to control emotions and self-response, thus influencing their interpretation of behavior and interaction with the child (Achtergarde et al. 2015; Unternaehrer et al. 2019; Webster-Stratton 1990). It indirectly contributes to poorer parental behavior. Clearly, the impact of parenting stress not only has a negative impact on parents but also on the quality of life of a family (Ljubicic, Delin & Kolcic 2022). Among them are parents who are less involved in the child's daily activities, distancing themselves from the child, domestic conflicts, and divorce (Anthony et al. 2005; Jensen et al. 2017; Namkung et al. 2015).

Parenting stress for families with atypical children is always expected to experience higher levels of stress compared to typical families. This is so because atypical children need more

consistent and professional care (Benesova & Sikorova 2022; Park & Lee 2022; Petra & Lucis 2022; Phillips, Conner & Curtner-Smith 2017). The findings of a study that compared the stress levels of 40 parents who had children with disabilities and 40 parents who did not reported a higher stress level among parents of children with disabilities. The stressors came from parents' perceptions of child characteristics, parent interaction with children, and personality and characteristics of parents (Benesova & Sikorova 2022). It was found that 63% of parents of disabled children showed clinically significant levels of stress and required professional services.

In addition to observing the stress levels of parenting, the same researcher, Benesova & Sikorova (2021), also explored the level of stress and burden between parents with disabled children and parents with typical children in terms of quality of life. A total of 40 parents whose children were healthy and 40 parents with children of mental, physical, or both disabilities were involved in the study. Parents of children with disabilities have shown a lower quality of life in all aspects of assessment. These included physical, emotional, social, and cognitive functioning, aspects of communication, anxiety, and daily activities, as well as family relationships. Additionally, it was found that higher parenting stress scores reported a lower quality of life.

Apart from the comparison of stress levels between parents with typical and atypical children, Picardi and his colleagues (2018) have compared the subjective and objective burden between parents of children with autism, parents of children with Down syndrome, and parents whose children have type 1 diabetes mellitus. The objective burden stated in this study refers to issues or problems from the environment, such as fewer opportunities to work, necessary support and adaptation for their child's education, greater investment in healthcare, constant self- and child-advocacy, and so on. The subjective burden is related to the mental health of parents, such as the distress experienced as a result of the children's special needs.

The results of the study reported that parents of children with autism experienced higher levels of burden, objectively and subjectively, and higher psychological distress, as well as lower social support, compared to the group of parents with children with Down syndrome and Diabetic mellitus type 1. A greater burden includes expenses for the child's health and negative influences on the work of parents and other children. Additionally, families with autistic children reported mothers experiencing subjective burdens with higher mean scores compared to fathers.

Several studies that related to the challenges and mental health of parents with atypical children have been carried out in Malaysia. However, studies involving comparisons between parent groups were limited. Research done by Nadzirah and Nik Nur Wahidah in 2019 was one of them. This study involved 21 parents of children with autism and 41 parents who had typical children. It was found that parents of children with autism experience significantly higher stress compared to parents of typical children. In other words, parents of children with autism feel inferior and more depressed than normal parents. Apart from this, parents of children with autism who are in the age range of 30-35 are significantly more stressed than parents of typical children who are in the same age group.

In conclusion, studies involving comparisons of parenting stress levels between groups of parents with atypical and typical children are still lacking and limited to certain disabilities.

Therefore, it is hoped that this study, which is not limited to one type of disability, will include a broader category of parents.

### **3. METHODOLOGY**

This is quantitative research that adopts the approach of survey design. Two groups of parents have been identified in the study: parents of atypical children and parents of typical children. Using a simple random sampling method, both sample groups were chosen from Selangor. This will ensure every member of the population has an equal chance to take part in the study and allow the study's conclusions to be applied generically (Rahman et al. 2022). A total of 100 people aged 25 to 58 were involved in the study: 46 of them were parents with atypical children and 54 were parents with typical children.

#### **3.1. Instruments**

The questionnaire in this study is divided into two parts. Part A involves the collection of demographic data, while Part B is a set of Parenting Stress Index- Short Form (PSI-SF) questionnaires developed by Richard Abidin (1995). The PSI-SF aims to measure the level of stress experienced by parents (Abidin 1995). According to Abidin (1995), PSI-SF has 36 items that include three domains: parental distress (PD), parent-child dysfunctional interaction (P-CDI), and difficult child (DC), each of which contains 12 items.

The PD score indicates the extent to which parenting stress affects parents' ability to perform their duties (Abidin 1995). While the P-CDI score indicates the degree of parents' discontent with their interactions with children, the DC score indicates how difficult it is for parents to perceive a child's behavior in relation to their impairment (Abidin 1995). PSI-SF is measured on a 5-point Likert scale, with options ranging from strongly agree to strongly disagree (Abidin 1995). In addition to this scale, there are also some items that use different response formats. For example, "For the next statement, select the answer from '1' to '5' below." (Abidin 1995). This study has adopted the Malay version of the PSI-SF questionnaire that was translated by Nazurah et al. (2016).

A reliability test of the Parenting Stress Index- Short Form (PSI-SF) in this study was conducted, and the findings showed that PSI-SF has a Cronbach's alpha of 0.917. The high reliability value of PSI-SF has been supported by past studies, ranging from 0.78 to 0.90 (Abidin 1995; Roggman et al. 1994) and 0.944 in the Malay version (Nazurah et al. 2016). In addition, the test-retest reliability of the PSI-SF over a period of six (6) months also showed a high coefficient, which ranged from 0.68 to 0.85 (Abidin 1995). In addition, concurrent validity was achieved in the PSI version with the acquisition of a correlation ranging from 0.73 to 0.95, which is the score for all three domains and the total stress score (Abidin 1995).

#### **3.2. Data Collection and Analysis Procedures**

With the permission and cooperation of the relevant managers, data collection was carried out at special children's centers and tuition centers that are located in the surrounding areas of Selangor. The parents involved were briefed on the purpose of the study and the collaboration required prior to the sharing of Google Form links. Follow-up communications and messages with parent groups were conducted through the WhatsApp app.



The collected data was analyzed using SPSS (Statistical Package for Social Sciences) version 27.0. The demographic data has been analyzed descriptively, and the parenting stress data that has obtained a normal distribution has been analyzed inferentially. The level of parenting stress is categorized through percentile scores, which can be found in Table 1. According to the table, percentile scores for typical stress vary from 15 to 80. High stress scores for P-CDI are between 81 and 84, while for all other domains, they are up until 89. Stress levels are considered clinically significant and call for extra attention if they score higher than 85 on the P-CDI and higher than 90 on any other domain. (Benesova & Sikorova 2022; Abidin 1995). T-tests were applied in this study to compare parenting stress levels between parents of atypical and typical children.

Table 1: Level of parenting stress based on the percentile scores

Domains	Typical Stress	High Stress	Clinically Significant
Parental Distress (PD)	15-80	81-89	90-100
Parent-Child Dysfunctional Interaction (P-CDI)	15-80	81-84	85-100
Difficult Child (DC)	15-80	81-89	90-100
Total Stress Score	15-80	81-89	90-100

Source: Abidin 1995

## 4. FINDINGS

### 4.1. Profile Respondent

The study involved 100 parents living in the vicinity of Selangor. Table 2 shows a descriptive analysis of the respondents involved based on frequency and percentage. A total of 46 parents with atypical children (46%) and 54 parents with typical children (54%) between the ages of 25 and 58 were involved in the study. Most of them are in the age range of 35–44 years old (62%), while 22% are between the ages of 22 and 34, and 16% are between the ages of 45 and 60. 56% of parents have completed SPM/STPM, 29% have a diploma or bachelor's degree, 7% have an undergraduate or PhD, 6% have a PMR, and 2% have a UPSR. In addition, 23% of the sample had a family income less than RM2500, 34% between RM2501 and RM4000, 16% between RM3001 and RM4500, and 27% above RM5500.

Table 2: Distribution of respondents by demographics

	Demographic Details	Frequency	Percentage (%)
Gender	Male	25	25
	Female	75	75
Age	25 - 34 years old	22	22
	35 - 44 years old	62	62
	45 - 60 years old	16	16
Category	Parents of atypical child	46	46
	Parents of typical child	54	54
Number of typical children	1 – 2	28	28
	3 – 4	51	51
	> 4	21	21

Number of atypical children	1	44	95.7
	2	2	4.3
	> 2	0	0
Education	UPSR	2	2
	PMR	6	6
	SPM/STPM	56	56
	Diploma/ Sarjana Muda	29	29
	Sarjana/ PhD	7	7
Income	< RM 2500	23	23
	RM 2501 – RM4000	34	34
	RM4001 – RM5500	16	16
	> RM5500	27	27

#### 4.2. Parenting Stress Levels

Parenting stress levels were analyzed descriptively based on mean scores and PSI-SF percentile scores. Table 3 shows the level of parenting stress based on the category of parents, that is, with atypical children and typical children. Based on Table 3, the mean score of total stress for parents with atypical children is 92.24 (SP = 16.13). The domain of difficult child (DC) showed the highest mean score (M = 32.15, SP = 6.25) among the three PSI-SF sub-scales, followed by parental distress (PD) at mean = 29.17 (SP = 8.14) and the domain of parent-child dysfunctional interaction (P-CDI) at mean = 30.91 (SP = 5.89).

On the other hand, the total stress score of parents with typical children indicates a lower mean score compared to parents with atypical children, which is 78.48 (SP = 17.47). As reported in parents with atypical children, the difficult child domain of parents with a typical child also showed the highest mean score among the three PSI-SF sub-scales, with a mean value of 28.65 (SP = 7.64). Followed by the domain of parent-child dysfunctional interaction at mean = 25.30 (SP = 6.40) and parental distress at mean = 24.54 (SP = 5.91). Overall, the mean score for all three domains of parenting stress levels was lower among parents with typical children compared to parents with atypical children.

Most parents with atypical children were found to experience normal levels of stress in the domains of parental distress (80.4%), parent-child dysfunctional interaction (82.6%), difficult child (82.6%), and total stress (82.6%). However, 13% (n = 6) and 10.9% (n = 5) of parents with atypical children showed clinically significant levels of parenting stress in the domain of parent-child dysfunctional interaction and total stress, respectively, with the score being in the 90th percentile or above. Professional help is needed for this group of parents. On the other hand, high levels of parenting stress were reported in parental distress domains (10.9%) and difficult child domains (13.0%) compared to other domains.

More than 80% of parents with typical children reported experiencing normal levels of stress, while 5.6% to 7.4% of them experienced high levels of stress. Compared to parents with atypical children, an unexpected result showed that the percentage of parents (with typical children) who experienced clinically significant levels of stress was higher, which is 9.3% in the parental distress domain, 11.1% in the difficult child domain, and total stress.

Table 3: The level of parenting stress for parents with atypical children and typical children

Domains	Category (N)	Mean (SD)	Percentile Range		n (%)
			Typical Stress	High Stress	Clinically Significant
Parental Distress (PD)	Parents of atypical child (46)	29.17 (8.14)	37 (80.4%)	5 (10.9%)	4 (8.7%)
	Parents of typical child (54)	24.54 (5.91)	46 (85.2%)	3 (5.6%)	5 (9.3%)
Parent-Child Dysfunctional Interaction (P-CDI)	Parents of atypical child (46)	30.91 (5.89)	38 (82.6%)	2 (4.3%)	6 (13.0%)
	Parents of typical child (54)	25.30 (6.40)	44 (81.5%)	4 (7.4%)	6 (11.1%)
Difficult Child (DC)	Parents of atypical child (46)	32.15 (6.25)	38 (82.6%)	6 (13.0%)	2 (4.3%)
	Parents of typical child (54)	28.65 (7.64)	45 (83.3%)	3 (5.6%)	6 (11.1%)
Total Stress Score	Parents of atypical child (46)	92.24 (16.13)	38 (82.6%)	3 (6.5%)	5 (10.9%)
	Parents of typical child (54)	78.48 (17.47)	44 (81.5%)	4 (7.4%)	6 (11.1%)

*Percent has been rounded to the value of a tenth place, so the total percentage may not reach 100%. Parents with a percentile score below 15 were categorized in typical stress levels.*



### 4.3. Comparison of Parenting Stress Levels

The independent t-test was used to compare the parenting stress levels between parents of atypical children and typical children. The findings in Table 4 show that there is a significant difference in parenting stress levels between parents with atypical children ( $M = 92.24$ ) and typical children ( $M = 78.48$ ), where the value of  $t(98) = 4.064$ ,  $p = <0.001$  ( $p < 0.05$ ).

Table 4: Comparison of parenting stress levels between parents with atypical and typical children

	Category (N)	Mean	t-value	df	Significant
Parenting stress	Parents of atypical child (46)	92.24	4.064	98	<0.001
	Parents of typical child (54)	78.48			

## 5. DISCUSSION

The findings showed that parents with atypical and typical children experienced significantly different levels of parenting stress. This can be observed where the total stress of parents with atypical children shows a higher mean score compared to parents with typical children. In other words, parents with atypical children experience more stress from the aspects of parental distress, parent-child dysfunctional interaction, and difficult child. The findings of this study have been supported by various past studies (Benesova & Sikorova 2021; Picardi et al. 2018; Nadzirah & Nik 2019).

In any circumstance, being a parent is a difficult job and duty. It begins with the birth of the child and continues until he or she reaches maturity. For parents with children diagnosed with certain disabilities, the challenges and impacts faced are significantly different from those of ordinary families (Finardi, Paleari & Fincham, 2022). It starts with accepting the fact that a loved one is a disabled child so that they can adjust and overcome the problem or challenge that will be faced. Throughout the process of acceptance and adaptation, the mental health of parents is greatly affected and disturbed. They are not only facing stress from daily life, work, marital issues, interpersonal relationships, and so on, just like families with typical children, they also need to handle their disabled child. Most parents with atypical children also feel lonely and isolated due to their grief and anxiety not being understood by those around them (Benesova & Sikorova 2021; Park & Lee 2022).

Apart from the mental and psychological adaptation by parents toward the attendance of new member in the family, parents also have positive expectations towards building close relationships and interactions with the child. However, parent-child relationships formed among families with atypical children are different and challenging most of the time. In addition to the responsibilities and various levels of impairment that atypical children encounter, parents often have to cope with their disruptive behavior and emotional issues (Huang et al. 2014). Parental efforts don't always yield the desired outcome or the right response. Conversely, parents are consistently taken aback by the behavior of atypical children, which is sometimes unexpected and disruptive due to the child's requirements and incapacities. Thus, the relationship is affected as a result of the parents'

expectations not being achieved and fulfilled. Feelings of failure and frustration, combined with efforts that do not promise results, cause an increasingly strained relationship between the parent and the atypical child.

In addition, the domain of difficult child has reported the highest mean score among the three parenting stress domains between parents with atypical and typical children. In other words, child difficulties are a major source of stress among parents. These findings are in line with studies conducted by De Gaetano et al. (2021) and Potter et al. (2022). According to Hastings (2002), the relationship between children's behavioral problems and parenting stress is closely related to the chronological age of their child. Parents with a disabled baby are usually stressed by the baby's inability in terms of skills, abilities, and abnormal development. While parents of toddlers with disabilities are depressed by their disruptive behavioral problems. Indirectly, parents of children with disabilities spend a lot of time giving their children regular, attentive care and supervision in order to ensure their health and safety. (Hassan, Hamid & Eltayeb, 2021). As a result, parents with atypical children endure a greater degree of sacrifice and experience various difficulties while raising their children, at the same time keeping balance in their own lives (Ljubicic, Delin & Kolcic, 2022).

The study also found that 10.9% of parents with atypical children had clinically significant levels of parental stress. In other words, one in every ten parents of a child with a disability experiences psychological stress. Parents are individuals who have the closest relationship with the child. They are the main source of children acquiring and meeting the needs of physiology, security, affection, love, and feelings of belonging. Therefore, attention from professionals is required for this category of parents so that their mental health is not neglected. The results shown are consistent with past studies (Benesova & Sikorova, 2021; Rahman & Jermadi, 2021; Potter et al. 2022). Overall, more physical, psychological, and economic resources are needed by parents with atypical children to improve quality of life and family relationships.

The finding of the study has reminded the parents of atypical children to be more conscious and concerned about their own mental health. This prevents the stress from getting worse and interfering with family dynamics. To help parents adjust to the parenthood of an atypical child as quickly as possible, ongoing support and assistance should be provided. This support might come from relevant medical specialists, support groups for parents of atypical children, pediatric professionals, and others.

Based on the study's findings, researchers who are interested in exploring the mental health of parents of typical and atypical children are provided with several suggestions. Among them is determining the influence of the child's disruptive behavior on the level of parenting stress, given that the domain of difficult child shows the highest mean score in parenting stress levels. Furthermore, demographic factors including the parents' level of education, socioeconomic status, and the location of residence (rural versus urban), can be taken into consideration while doing research on the mental health of parents for both typical and atypical children. Future research could also involve other mental health elements, such as parents' self-efficacy levels in influencing parenting stress levels.

## 6. CONCLUSION

Maintaining family harmony depends a lot on the mental health of the parents. But there are a number of things that will set the balance off. Among them is the presence of atypical children in a family. Thus, this study examined the level of parenting stress between parents of atypical and typical children. Significantly different levels of parenting stress between the two categories of parents indicate that parents with atypical children experience more stress in terms of parental distress, child behavioral difficulties, and ineffective interactions in child relationships. Similar to atypical children, typical children can also be emotionally upsetting to their parents, but their condition is temporary, whereas the impairment of atypical children lasts a lifetime. In order to cope with their child's disability, parents of atypical children need to keep up an ongoing effort. This includes going to therapy sessions and picking up new skills, such as sign language. Therefore, the mental health of parents, not limited to those with atypical children but also ordinary parents, should be monitored from time to time to ensure that assistance is obtained immediately if the parents are stressed.

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