

## SELF-ASSESSMENT OF QUALITY OF LIFE IN FAMILIES RAISING A CHILD WITH AUTISM SPECTRUM DISORDERS

### САМООЦІНКА ЯКОСТІ ЖИТТЯ РОДИН, ЩО ВИХОВУЮТЬ ДИТИНУ З РОЗЛАДАМИ АУТИЧНОГО СПЕКТРА

*The article provides a theoretical justification and presents the results of an empirical study on the characteristics of self-assessed quality of life in families raising children with autism spectrum disorders (ASD). Family quality of life is conceptualized as a multidimensional construct integrating physical, emotional, social, and spiritual dimensions of well-being. Self-assessment functions as an internal regulatory mechanism that shapes coping strategies and determines the extent to which available resources are utilized. The study demonstrates that the quality of life of such families is formed through the interaction of external conditions (socio-economic, institutional, and resource-related factors) and internal determinants (emotional state, attitudes, and parental strategies). Raising a child with autism is often accompanied by heightened anxiety, frustration, emotional exhaustion, and disruptions in family relationships. The key determinants of reduced quality of life include the severity of autism symptoms, lack of systematic support, social isolation, stigmatization, persistent anxiety about the child's future, and insufficient time for resource recovery. The empirical findings indicate that families raising children with autism spectrum disorders are characterized by elevated emotional tension, a predominance of overprotection, control, and self-sacrifice, combined with a deficit of partner-based relationships and trusting communication. Such families more frequently exhibit signs of fatigue, anxiety, decreased emotional stability, and a pronounced sense of social isolation. It was found that the quality of life of these families is closely associated with parents' capacity for self-regulation, level of emotional maturity, support from the social environment, and access to professional assistance. The study emphasizes the need to develop comprehensive psychological support programs for families raising children with autism spectrum disorders, aimed at reducing emotional strain, enhancing self-regulation skills, fostering constructive parent-child interaction patterns, and improving subjective quality of life.*

**Key words:** self-assessment, quality of life, families raising children with autism spectrum disorders, autism, emotional state, psychological support.

*У статті теоретично обґрунтовано та емпірично досліджено особливості самооцінки якості життя родин, які виховують дітей із розладами аутистичного спектра (РАС). Якість життя родини – це багатовимірне поняття, що поєднує фізичні, емоційні, соціальні й духовні аспекти благополуччя. Самооцінка виступає внутрішнім регулятором цього процесу, визначаючи стратегії подолання труднощів і рівень використання ресурсів. Визначено, що якість життя таких сімей формується у взаємодії зовнішніх умов (соціально-економічних, інституційних, ресурсних) і внутрішніх чинників (емоційного стану, установок, батьківських стратегій), а виховання дитини з аутизмом часто супроводжується підвищеною тривожністю, фрустрацією, емоційним виснаженням і порушенням сімейних взаємин. Основними детермінантами її зниження є тяжкість проявів аутизму, відсутність системної підтримки, соціальна ізоляція, стигматизація, постійна тривога за майбутнє дитини та дефіцит часу на відновлення ресурсів. Результати емпіричного дослідження засвідчили, що родини, які виховують дітей із розладами аутистичного спектра, характеризуються підвищеним рівнем емоційного напруження, домінуванням гіперопіки, контролю та самопожертви, що поєднується з дефіцитом партнерських відносин і довірливого спілкування. У таких сім'ях частіше спостерігаються ознаки втоми, тривожності, зниження емоційної стабільності та відчуття соціальної ізоляції. Встановлено, що якість життя цих родин тісно пов'язана зі здатністю батьків до саморегуляції, рівнем емоційної зрілості, підтримкою з боку соціального оточення та можливістю доступу до професійної допомоги. Підкреслено необхідність розробки програми психологічної підтримки родин, що виховують дітей із розладами аутистичного спектра, спрямованої на зниження емоційного напруження, розвиток навичок саморегуляції, формування конструктивних моделей взаємодії з дитиною та підвищення суб'єктивної якості життя.*

**Ключові слова:** самооцінка, якість життя, родина дитини з розладами аутистичного спектра, аутизм, емоційний стан, психологічна підтримка.

UDC 159.97

DOI <https://doi.org/10.32782/hbts.82.1.46>

Стаття поширюється на умовах ліцензії відкритого доступу CC BY 4.0



**Shevchenko S.V.**

PhD in Psychology,

Associate Professor at the Department of Psychology

Bogdan Khmelnytsky Melitopol State

Pedagogical University

ORCID ID: 0000-0001-8281-243X

**Varina H.B.**

Master of Psychology,

Senior Lecturer at the Department of Psychology

Bogdan Khmelnytsky Melitopol State

Pedagogical University

ORCID ID:0000-0002-0087-4264

**Bondar K.N.**

PhD in Psychology,

Associate Professor at the Department of Practical Psychology

Kyryvi Rih State pedagogical University

ORCID ID:0000-0002-2441-4203

**Problem Statement.** The increasing prevalence of autism spectrum disorders (ASD) has intensified the attention of researchers and practitioners to issues of child development, socialization, and support for families raising children with ASD. In such families, parents assume the primary responsibility for caregiving and organizing the child's daily life, which has a substantial impact on their psycho-emotional well-being, family roles, and social relationships. In this context, family quality of life is conceptualized as a complex construct that integrates objective conditions (material well-being, access to resources, and institutional

support) with subjective aspects (life satisfaction, psychological state, and a sense of self-realization). Of particular importance is the self-assessment of quality of life, as it reflects parents' capacity to adapt to stressful circumstances, regulates their parenting strategies, and influences the effectiveness of interaction with the child.

Families raising children with ASD face numerous challenges, including economic constraints, limited availability of educational and medical programs, information gaps, stigmatization, and social isolation. These factors not only complicate the parenting pro-

cess but also reduce parents' subjective well-being. The study of self-assessed quality of life in such families is therefore relevant both theoretically and practically. On the one hand, it deepens understanding of the psychological mechanisms through which families adapt to the specific conditions of raising a child with ASD. On the other hand, it provides a foundation for the development of psychological support programs aimed at enhancing parental resilience and life satisfaction, which directly affects the development and socialization of children with ASD.

**Analysis of Key Studies and Publications.** The national scientific discourse on autism spectrum disorders is still in a formative stage, whereas in many countries this topic has long been the subject of intensive research and public discussion. Despite the growing number of ASD diagnoses, the national context remains insufficiently informed by reliable statistical data, clinical specificity, and a comprehensive analysis of the difficulties faced by families raising children with ASD. In recent years, particular attention has been paid to studies of the psychological state of parents of children with special educational needs, including disabilities, as parents constitute the central link in ensuring the child's development and support. In Ukrainian scholarly literature, this issue has been addressed by Z. Borysenko [1], O. V. Krotenko [4], S. V. Karskanova [2], S. Mykhalska [6], I. Sukhina [9], and O. V. Tsarkova [3; 10; 11], who emphasize the importance of targeted psychological support for parents and the need for assistance in accepting the specific features of their child's development. International researchers (J. Goddard, R. Lehr, J. Lapadat [16]) have focused on the behavioral responses of parents of children with disabilities, their life perceptions, feelings of restricted social contacts, and experiences of personal non-realization. These studies substantiate the effectiveness of psychotherapeutic interventions aimed at reducing destructive emotional states in this group of parents.

A significant contribution was made by A. Gupta and N. Singhal [17], who demonstrated a clear association between parental stress levels and parenting practices as well as the developmental characteristics of children with autism. This further supports the argument for timely and professional psychological assistance for parents. Noteworthy is the work of H. Kukuruz, who proposed a psychological model of early intervention for families raising children with ASD. Her studies present the results of model implementation and outline characteristic patterns of parents' defensive and coping behaviors; on this basis, types of parent-child relationships were identified and criteria for their assessment were formulated [5]. Overall, the body of national and international evidence confirms the necessity of systematic psychological support for parents of children with ASD, as their psycho-emotional state and adaptive capacity largely determine both family functioning and child development. According to specialized studies by J. Holroyd and D. MacArthur, the level of chronic stress in mothers

of children with autism is significantly higher than in mothers of children with intellectual disabilities; moreover, they are more prone to frustration compared to mothers of children with Down syndrome. This group of women is characterized by depressive symptoms, increased irritability, and emotional exhaustion, which are largely associated with dissatisfaction with the quality of interaction with a child with special needs [19; 23].

Practice shows that in most families the father primarily retains the role of financial provider and is therefore less involved in daily caregiving, whereas the mother's everyday life undergoes the most profound changes. Consequently, the father's psyche is typically exposed to less traumatic impact, while the mother bears the main emotional burden. At the same time, contemporary empirical data (T. Keller, J. Ramisch, M. Carolan) indicate that fathers also experience psychological difficulties and require professional support [20]. Nevertheless, several authors (V. Braunstein, N. Peniston, A. Perelman, A. Cassano, M. Čolić) emphasize that fathers' involvement in raising children with ASD remains insufficiently studied and requires deeper scientific analysis [12; 14].

The most intense and prolonged emotional pressure is usually experienced by mothers. A sense of non-realization in the role of a "successful mother" leads to chronic frustration and intensifies feelings of guilt. In scholarly works (J. R. Rodrigue, S. B. Morgan, G. Geffken), this phenomenon is described through the lens of "special motherhood," which transforms a woman's personal characteristics and requires constant monitoring of ASD manifestations in the child [22]. The accumulation of tension affects marital relationships, increasing conflict and emotional disharmony, while intimate aspects of the relationship recede into the background [13]. At the same time, the scientific discourse also documents opposite trends, highlighting the multidimensional nature of the impact of raising a child with ASD on the marital system [15]. The findings of K. Ostrovska [7] reveal pronounced differences in parenting styles: authoritative parenting predominates in families with typically developing children, whereas authoritarian and permissive styles are more frequently observed in families raising children with developmental disorders. In these conditions, mothers are characterized by hyperprotection, indulgence, instability of parenting strategies, symbiotic relationships, and excessive focus on the child. In contrast, interactions with typically developing children more often involve greater strictness and demands combined with more optimal emotional contact. The specificity of parental attitudes in this context directly correlates with the intensity of guilt, which may be situational or stable. In contemporary research, the concept of family quality of life in families raising children with autism spectrum disorders is viewed as an integrative category that combines objective and subjective parameters of family functioning [8]. Objective parameters include material security, access to medical and educational resources, living

conditions, and the availability of institutional support. Subjective aspects encompass emotional well-being, life satisfaction, social integration, confidence in the future, and a sense of self-realization. The quality of life of families raising children with ASD is shaped by a complex set of factors, among which the child's developmental characteristics, parents' psychological resources, economic opportunities, and the sociocultural environment play a decisive role.

International studies indicate that the severity of autism symptoms is a key predictor of reduced family quality of life [18]. The child's difficulties with daily living skills, communication impairments, and emotional unpredictability complicate the organization of everyday life. Particular challenges arise in public settings, where maladaptive behaviors may manifest, including stereotyped movements, outbursts of aggression or self-aggression, fears, and sensory hypersensitivity. These experiences foster feelings of helplessness in parents and reduce their readiness for social engagement, thereby narrowing the family's social network [21].

**Purpose of the Study.** The purpose of the study was to theoretically examine and empirically determine the level of self-assessed quality of life among parents raising children with autism spectrum disorders (ASD).

**Presentation of the Main Material.** The empirical part of the study was conducted at inclusive resource centers in the city of Zaporizhzhia and the Zaporizhzhia region, as well as in private early development institutions and non-governmental organizations that bring together parents of children with autism spectrum disorders (ASD). The total sample consisted of 69 respondents, divided into three groups: 29 parents of children with ASD, 13 parents of neurotypical children, and 27 representatives of "mixed" families raising both children with autism and their neurotypical siblings. The diagnostic instrument used in the study was the Parental Attitude Research Instrument (PARI) developed by E. Schaefer and R. Bell, which is designed to assess parental attitudes and reactions. The majority of participants were mothers; however, fathers also took part in the study. Respondents represented both urban and rural communities. Data collection was carried out using a mixed format: part of the survey was administered in person (at the centers and organizations), while another part was conducted remotely using specially designed anonymous online forms. All participants provided informed voluntary consent to participate in the study. To identify differences in parental attitudes across the three groups of respondents, a comparative analysis of response distributions by levels of intensity was conducted using the PARI methodology (low = 5–9, medium = 10–17, high = 18–20). This approach makes it possible to describe not only mean values but also the overall "profile" of parental attitudes, identifying areas in which adaptive (conditionally normative) medium levels prevail, as well as areas characterized by deficits (low scores on scales reflecting optimal contact) or

excessiveness/rigidity (high scores on scales of emotional distance and excessive concentration on the child). Table 1 presents the percentage distribution of respondents in each group across the specified levels.

In the "Attitude toward the family role" group, almost all indicators among parents of children with ASD are concentrated at the medium level; however, two scales stand out: maternal self-sacrifice (high level in 44.8%) and maternal dominance (high level in 48.3%). This pattern indicates a tendency toward hyper-responsibility and concentration of family decision-making in the mother, which is consistent with the increased caregiving burden. Compared to the other groups, parents of children with ASD more frequently demonstrate a high level of parental overauthority (20.7%), whereas no high values on this scale are observed among parents of neurotypical children or in mixed families. Among parents of neurotypical children, low or medium levels prevail across most scales. In particular, dissatisfaction with the housewife role is predominantly low (76.9%), suggesting a lower perception of role overload. Mixed families mainly demonstrate a "normative" medium expression of attitudes (100% medium values for restriction of interests and maternal dominance), with only isolated high manifestations of maternal self-sacrifice (3.7%). The most pronounced contrasts are observed in the group "Optimal emotional contact with the child." Among parents of children with ASD, low levels predominate across all four scales: encouragement of verbalization (65.5% low), partner relationships (51.7% low), promotion of child activity (72.4% low), and egalitarian relationships (89.7% low). This indicates that practices aimed at encouraging initiative, equal interaction, and verbal activity are considerably less expressed.

In contrast, among parents of neurotypical children, these same scales are almost entirely concentrated at the medium level (92.3–100%). Mixed families show a similar, although slightly less homogeneous, "normative" profile (96.3% medium for encouragement of verbalization, 92.6% for partner relationships, and 85.2% for promotion of child activity). Thus, a clear deficit of partner-based interaction with the child is characteristic specifically of families raising a child with ASD. Within the group "Excessive emotional distance from the child," parents of children with ASD predominantly demonstrate medium levels of irritability (96.6%) and strictness (96.6%, with 3.4% high), while avoidance of contact is represented by 69% medium and 31% low values. By comparison, parents of neurotypical children display a substantially milder style, with 53.8–92.3% low values across this triad, indicating lower emotional tension and less avoidance of contact. Mixed families occupy an intermediate position (e.g., 55.6% medium and 44.4% low for avoidance of contact).

In the group "Excessive concentration on the child (hyperprotection, control, restriction)," parents of children with ASD demonstrate the highest proportion

Table 1

**Results of the study using the Parental Attitude Research Instrument (PARI), %**

Scale	ASD Low	ASD Medium	ASD High	NT Low	NT Medium	NT High	Mixed Low	Mixed Medium	Mixed High
Restriction of interests	0	96.6	3.4	7.7	92.3	0	0	100	0
Maternal self-sacrifice	0	55.2	44.8	15.4	84.6	0	7.4	88.9	3.7
Family conflicts	3.4	93.1	3.4	46.2	53.8	0	7.4	92.6	0
Parental overauthority	0	79.3	20.7	7.7	92.3	0	7.4	92.6	0
Dissatisfaction with the housewife role	10.3	89.7	0	76.9	23.1	0	18.5	81.5	0
Husband's indifference	3.4	93.1	3.4	30.8	69.2	0	3.7	96.3	0
Maternal dominance	0	51.7	48.3	0	100	0	0	100	0
Maternal dependency (lack of autonomy)	0	100	0	53.8	46.2	0	14.8	85.2	0
Encouragement of verbalization	65.5	34.5	0	7.7	92.3	0	3.7	96.3	0
Partner relationships	51.7	48.3	0	0	100	0	7.4	92.6	0
Promotion of child activity	72.4	27.6	0	7.7	92.3	0	14.8	85.2	0
Egalitarian relationships	89.7	10.3	0	7.7	92.3	0	33.3	66.7	0
Irritability	3.4	96.6	0	53.8	46.2	0	40.7	59.3	0
Strictness	0	96.6	3.4	69.2	30.8	0	11.1	88.9	0
Avoidance of contact	31.0	69.0	0	92.3	7.7	0	44.4	55.6	0
Excessive care (overprotection)	0	69.0	31.0	38.5	61.5	0	0	92.6	7.4
Suppression of will	0	82.8	17.2	38.5	61.5	0	0	100	0
Creation of safety	0	96.6	3.4	15.4	84.6	0	7.4	92.6	0
Exclusion of extra-family influences	0	82.8	17.2	61.5	38.5	0	7.4	92.6	0
Suppression of aggressiveness	0	58.6	41.4	46.2	53.8	0	0	96.3	3.7
Suppression of sexuality	0	86.2	13.8	69.2	30.8	0	3.7	96.3	0
Intrusion into the child's world	0	55.2	44.8	15.4	84.6	0	7.4	81.5	11.1
Acceleration of child development	0	69.0	31.0	61.5	38.5	0	0	100	0

of high levels across a number of scales: excessive care (31.0%), suppression of will (17.2%), exclusion of extra-family influences (17.2%), suppression of aggressiveness (41.4%), intrusion into the child's world (44.8%), and acceleration of child development (31.0%). This pattern corresponds to a protective-controlling strategy, in which parents attempt to anticipate and neutralize potential difficulties; however,

such strategies may limit the child's autonomy and increase tension in parent-child interaction. Among parents of neurotypical children, high values are virtually absent, and low levels often predominate (e.g., excessive care – 38.5% low; exclusion of extra-family influences – 61.5% low). Mixed families mainly demonstrate a medium expression of controlling tendencies, with isolated high percentages only for intru-

sion into the child's world (11.1%) and suppression of aggressiveness (3.7%).

Overall, the profile of families raising a child with ASD is characterized by a combination of a deficit in optimal emotional contact (low levels of partnership, encouragement of verbalization, and stimulation of activity) and an increased concentration on the child (hyperprotection, control, restriction of external influences, and acceleration of development). At the level of family roles, pronounced maternal self-sacrifice and dominance are observed, reflecting a real overload of caregiving responsibilities and the need for the mother to "hold" the family system together. Parents of neurotypical children demonstrate the most "soft" and balanced profile, with predominantly medium levels on scales of optimal contact and low or medium levels on scales of emotional distance and hyperprotection. Mixed families occupy an intermediate position, closer to neurotypical families in terms of emotional contact quality and controlling tendencies, but with occasional "peaks," mainly related to intrusion into the child's world. The obtained data indicate that in families raising a child with ASD, the structure of parental attitudes has two interrelated features: (a) a reduction in partner-stimulating practices in interaction with the child; and (b) an increase in protective-controlling strategies combined with a heightened caregiving burden placed on the mother as the central caregiving figure. This configuration is potentially associated with higher caregiving stress and may indirectly reduce parents' subjective quality of life. In contrast, neurotypical families and mixed families demonstrate a more "normative" profile, characterized by a predominance of medium values and a minimal presence of extreme manifestations.

Further analysis is warranted to determine whether the identified differences are statistically significant in intergroup comparisons and whether specific PARI scales are associated with indicators of subjective quality of life and personality traits (EPI). To address this, a one-way analysis of variance (ANOVA) was conducted, the results of which are presented in Table 2.

Analysis of the one-way analysis of variance (Table 2) demonstrated that, for the majority of PARI scales, there are statistically significant differences among the three respondent groups—parents of children with ASD, parents of neurotypical children, and representatives of mixed families.

First, parents of children with ASD exhibit higher mean scores on scales reflecting control, hyperprotection, and restrictive parenting strategies. The most pronounced differences are observed for maternal dominance ( $F = 66.513$ ;  $p < .001$ ), excessive care ( $F = 50.351$ ;  $p < .001$ ), suppression of will ( $F = 56.353$ ;  $p < .001$ ), intrusion into the child's world ( $F = 40.725$ ;  $p < .001$ ), and acceleration of child development ( $F = 87.409$ ;  $p < .001$ ). These scales indicate a tendency toward heightened focus on the child, the formation of dependency-oriented relationships, and limitations of autonomy, which may function

as a protective response to the specific needs of a child with ASD. In addition, parents of children with ASD show higher scores for maternal self-sacrifice ( $M = 17.172$ ) and husband's indifference ( $M = 14.379$ ), reflecting a gender asymmetry in the distribution of family roles: mothers demonstrate greater self-denial and caregiving involvement, whereas fathers appear less engaged in the parenting process. In contrast, in neurotypical families and mixed families these indicators remain moderate, suggesting a more balanced structure of family relationships. An opposite pattern is observed for scales reflecting emotional and partner-based aspects of interaction. In neurotypical and mixed families, mean values for encouragement of verbalization, partner relationships, and promotion of child activity are significantly higher ( $p < .001$ ) than among parents of children with ASD. This indicates more open communication and a stronger orientation toward fostering the child's independence in families without ASD.

Statistically significant differences are also found in the domain of excessive emotional distance from the child. Specifically, parents of children with ASD demonstrate elevated levels of strictness ( $M = 13.931$ ;  $p < .001$ ), whereas mixed and neurotypical families show lower mean values. For irritability ( $F = 8.072$ ;  $p < .001$ ), a similar tendency toward higher expression is observed in the ASD parent group. These findings may indicate increased emotional tension and difficulties in regulating parental responses. Overall, the ANOVA results confirm that the profile of parental attitudes in families raising a child with ASD differs substantially from that of neurotypical and mixed families. This profile is characterized by heightened hyperprotection, dominance of the maternal role, a greater use of controlling and restrictive strategies, and a reduced development of partner-oriented and stimulating practices. These features should be taken into account when designing psychological support programs aimed at reducing tension and fostering more balanced parenting practices in families raising a child with ASD.

**Conclusions.** The psychological characteristics of families raising a child with autism spectrum disorders are determined by the interaction of parents' individual and personal traits, the specific manifestations of ASD in the child, and the broader social context in which the family functions. Parenting a child with autism constitutes a powerful stressor that initiates complex emotional, cognitive, and behavioral transformations in parents. Affective reactions, feelings of guilt, frustration, and the search for adaptive strategies predictably alter the system of family roles, interaction patterns, and parenting styles. Particular significance is attributed to maternal experience, which is most often accompanied by increased emotional exhaustion, while the paternal role—although less studied—also reveals substantial psychological risks. Analysis of the literature confirms that the specificity of parent-child relationships is directly associated with feelings of guilt and intra-family conflicts

Table 2

**Results of One-Way Analysis of Variance (ANOVA) for PARI Scales**

Scale	Parents of children with ASD (n=29)	Parents of neurotypical children (n=13)	Mixed families (n=27)	F statistic	p-value
Restriction of interests	14.448	13.296	10.923	15.237	<.001
Maternal self-sacrifice	17.172	13.185	11.769	35.824	<.001
Family conflicts	13.621	11.889	9.692	13.540	<.001
Parental overauthority	15.483	12.148	12.615	19.348	<.001
Dissatisfaction with the housewife role	11.897	11.074	7.769	21.240	<.001
Husband's indifference	14.379	12.741	10.077	21.373	<.001
Maternal dominance	17.448	13.333	11.692	66.513	<.001
Maternal dependency	13.931	11.852	8.923	32.932	<.001
Encouragement of verbalization	8.759	11.111	13.385	32.521	<.001
Partner relationships	9.069	11.815	12.769	22.294	<.001
Promotion of child activity	8.414	11.556	13.077	23.924	<.001
Egalitarian relationships	7.414	10.741	12.538	40.020	<.001
Irritability	12.276	10.296	9.923	8.072	.001
Strictness	13.931	11.778	8.308	46.991	<.001
Avoidance of contact	10.724	9.889	7.308	11.195	<.001
Excessive care	16.655	14.407	10.615	50.351	<.001
Suppression of will	16.138	13.259	9.385	56.353	<.001
Creation of safety	15.345	12.815	11.538	22.210	<.001
Exclusion of extra-family influences	15.103	12.593	9.000	42.080	<.001
Suppression of aggressiveness	16.966	13.296	10.538	49.550	<.001
Suppression of sexuality	15.310	12.444	8.538	46.335	<.001
Intrusion into the child's world	17.103	14.333	10.923	40.725	<.001
Acceleration of child development	16.552	13.926	9.077	87.409	<.001

\* – p<0,05; \*\* – p<0,01; \*\*\* – p<0,001

that complicate the fulfillment of parenting functions. Under these conditions, timely professional support becomes a key factor in maintaining psychological balance, as it helps strengthen parents' adaptive resources and prevent emotional burnout. Thus, the functioning of families raising a child with ASD largely depends on the availability of psychological and social support, which provides conditions for effective adaptation, emotional stability, and the development of constructive interaction models. The quality of life of families raising a child with ASD is shaped through a complex interaction of objective and subjective factors. It is determined not only by material living conditions and access to medical, educational, and social resources, but also by parents' psychological atti-

tudes, emotional states, and adaptive capacities. The most influential factors reducing quality of life include the severity of autistic manifestations, the child's limited everyday functioning, economic constraints, insufficient institutional support, information deficits, and a lack of professional counseling. Equally significant are persistent anxiety about the child's future, lack of time for rest and recovery, as well as social isolation and stigmatization, which intensify parents' feelings of loneliness and helplessness.

These findings indicate that the quality of life of families with children with ASD is not a static indicator, but rather a dynamic construct that changes depending on the interplay between internal family resources and external social conditions. Therefore,

improving the quality of life of such families is possible only through a comprehensive approach that integrates psychological support, access to specialized educational and rehabilitation programs, socio-economic guarantees, and the development of support networks aimed at reducing stress and enhancing the family's adaptive potential. The empirical basis of the study was constructed with attention to representativeness and diversity of parental experiences among families raising children with ASD, neurotypical children, and mixed family systems. The synthesis of quantitative and structural analyses revealed a stable and internally consistent profile of differences among the three parent groups. In families raising a child with ASD, a combination of deficits in optimal emotional contact practices and increased control and hyperprotection was observed. Intergroup comparisons (ANOVA) statistically confirmed these differences across most PARI scales, with the largest effects identified for maternal dominance ( $F = 66.513$ ;  $p < .001$ ), excessive care ( $F = 50.351$ ;  $p < .001$ ), suppression of will ( $F = 56.353$ ;  $p < .001$ ), intrusion into the child's world ( $F = 40.725$ ;  $p < .001$ ), and acceleration of child development ( $F = 87.409$ ;  $p < .001$ ). In contrast, parents of neurotypical children and mixed families predominantly demonstrate a "normative" profile, characterized by medium levels on emotional contact scales and minimal extreme manifestations of hyperprotection. A promising direction for further research involves the development and implementation of programs aimed at improving subjective quality of life by reducing emotional tension, enhancing stress-management skills, correcting maladaptive attitudes, and expanding the behavioral repertoire of supportive strategies.

This study was carried out within the framework of the international project *Enhancing the Participation and Ensuring the Right to Education for Children with Intellectual Disability: Developing Capacities and Opportunities (EPERE)* (Reference No: 00787/2024), implemented under the *SI Baltic Sea Neighbourhood Programme*. The research contributes to the project objectives by providing empirical evidence on family functioning and parental well-being, thereby supporting the development of inclusive, rights-based educational and psychosocial support practices.

#### BIBLIOGRAPHY

1. Борисенко З., Гринців М. Роль та специфіка консультативної роботи з батьками дітей з особливими освітніми потребами. *Проблеми гуманітарних наук. Психологія*. 2023. № 51. С. 25–32. DOI <https://doi.org/10.32782/2312-8437.51.2023-1.3>
2. Карсканова С.В. Безумовне прийняття власної дитини батьками дітей з інвалідністю. *Інновації в освіті: перспективи розвитку*. 2021. С. 258–261. <https://surl.li/enjlzu>
3. Концептуалізація системи сімейно-орієнтованого психолого-педагогічного супроводу родини, яка виховує дитину з особливими потребами / авт. кол. ; за ред. О.В. Царькової. Мелітополь, 2019. 267 с.

4. Кротенко В. Взаємодія з батьками як складова ефективного психологічного супроводу дітей в умовах інклюзивної освіти. *Освіта осіб з особливими потребами: шляхи розбудови*. 2017. № 1(13). С. 370–378. DOI: <https://doi.org/10.33189/epsn.v1i13.123>

5. Кукуруза Г.В. Психологічна модель раннього втручання: допомога сім'ям, що виховують дітей раннього віку з порушеннями розвитку: монографія. Харків : Точка, 2013. 244 с.

6. Михальська С.А. Особливості емоційного вигорання у батьків дітей з ООП. *Наукові праці Кам'янець-Подільського національного університету імені Івана Огієнка: збірник за підсумками звітної наукової конференції викладачів, докторантів і аспірантів. Кам'янець-Подільський: Кам'янець-Подільський національний університет імені Івана Огієнка*, 2022. Вип. 21. С. 228–229.

7. Островська К.О. Психологічні особливості ставлення матерів до їхніх здорових дітей та дітей з обмеженими можливостями. *Науковий часопис Національного педагогічного університету імені М.П. Драгоманова. Серія 19: Корекційна педагогіка та спеціальна психологія*. 2015. Вип. 29. С. 213–220.

8. Семигіна Т.В., Столярик О.Ю. Якість життя сімей, які виховують дітей з аутизмом: концепція та чинники. *Збірник наукових праць Хмельницького інституту соціальних технологій Університету «Україна»*. 2019. № 18. С. 60–63.

9. Сухіна І. Емоційне вигорання у батьків дітей з особливими освітніми потребами: реалії та шляхи подолання. *Освіта осіб з особливими потребами: шляхи розбудови*. 2020. Вип. 17. С. 220–235. URL: <https://surl.li/jyfb>

10. Царькова О.В., Варіна Г.Б. Генезис трансформації почуття провини у батьків дітей з обмеженими можливостями здоров'я. *Наука і освіта*. 2018. № 9–10. С. 78–85. DOI: <https://doi.org/10.24195/2414-4665-2018-9-10-11>

11. Царькова О.В., Пономаренко В.В. Психологічний супровід емпатично-толерантного ставлення шкільного колективу батьків до дітей з психофізичними порушеннями. *Психологічний часопис*. 2018. № 5. С. 297–311. DOI: <https://doi.org/10.31108/1.2018.5.15>

12. Braunstein V., Peniston N., Perelman A., Cassano M.C. The inclusion of fathers in investigations of autistic spectrum disorders. *Research in Autism Spectrum Disorders*. 2013. Vol. 7. P. 858–865. DOI: <https://doi.org/10.1016/J.RASD.2013.03.005>

13. Bristol M.M. Family resources and successful adaptation to autistic children. In: Schopler E., Mesibov G.B. (eds.). *The effects of autism on the family*. New York: Plenum Press, 1984. P. 289–310.

14. Čolić M., Dababnah S., Garbarino N., Betz G. Parental experiences raising children with autism spectrum disorder in Eastern Europe: a scoping review. *International Journal of Developmental Disabilities*. 2019. Vol. 68, No. 1. P. 1–13. DOI: <https://doi.org/10.1080/20473869.2019.1688931>

15. Freedman B.H., Kalb L.G., Zablotsky B., Stuart E.A. Relationship status among parents of children with autism spectrum disorders: A population-based study. *Journal of Autism and Developmental Disorders*.

2012. Vol. 42, No. 4. P. 539–548. DOI: <https://doi.org/10.1007/s10803-011-1269-y>

16. Goddard J.A., Lehr R., Lapadat J.C. Parents of children with disabilities: telling a different story. *Canadian Journal of Counselling*. 2000. Vol. 34, № 4. P. 273–289. URL: <https://files.eric.ed.gov/fulltext/EJ619276.pdf>

17. Gupta A., Singhal N. Psychosocial support for families of children with autism. *Asia Pacific Disability Rehabilitation Journal*. 2005. Vol. 16, № 2. P. 62–83.

18. Hayes S. A., Watson S. L. The impact of parenting stress: a meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders*. 2013. Vol. 43, No. 3. P. 629–642. DOI: <https://doi.org/10.1007/s10803-012-1604-y>

19. Holroyd J., McArthur D. Mental retardation and stress on the parents: A contrast between Down's syndrome and childhood autism. *American Journal of Mental Deficiency*. 1976. Vol. 80, № 4. P. 431–436.

20. Keller T., Ramisch J., Carolan M. Relationships of Children with Autism Spectrum Disorders and their

Fathers. *The Qualitative Report*. 2014. Vol. 19, Article 66. P. 1–15. DOI: <https://doi.org/10.46743/2160-3715/2014.1025>

21. Pisula E., Porebowicz-Dörsmann A. Family functioning, parenting stress and quality of life in mothers and fathers of Polish children with high functioning autism or Asperger syndrome. *PLoS One*. 2017. Vol. 12, No. 10. P. e0186536. DOI: <https://doi.org/10.1371/journal.pone.0186536>

22. Rodrigue J.R., Morgan S.B., Geffken G. Families of autistic children: Psychological functioning of mothers. *Journal of Clinical Child Psychology*. 1990. Vol. 19, № 4. P. 371–379 DOI: [https://doi.org/10.1207/S15374424JCCP1904\\_9](https://doi.org/10.1207/S15374424JCCP1904_9)

23. Yorke I., White P., Weston A., et al. The Association Between Emotional and Behavioral Problems in Children with Autism Spectrum Disorder and Psychological Distress in Their Parents: A Systematic Review and Meta-analysis. *Journal of Autism and Developmental Disorders*. 2018. Vol. 48. P. 3393–3415. DOI: <https://doi.org/10.1007/s10803-018-3605-y>

*Дата першого надходження статті до видання: 24.02.2026*

*Дата прийняття статті до друку після рецензування: 17.03.2026*

*Дата публікації (оприлюднення) статті: 11.05.2026*