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Impact of Positive Thinking on Coping Strategies of Parents of Children with Special Needs

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Abstract: ***The aim of this study was to examine the relationship between positive thinking and coping strategies among parents of children with special needs. A quantitative, non-experimental, cross-sectional correlational design was used. Twenty-eight parents (17 mothers and 11 fathers) participated through purposive sampling. Positive thinking was assessed using six substantive items from the Life Orientation Test-Revised (LOT-R), administered in a modified 1–5 response format. Coping was assessed using 10 selected Brief COPE items covering active coping, positive reframing, planning, emotional support, instrumental support, and acceptance, also using a modified 1–5 response format. The mean positive-thinking score was 21.11 (SD = 5.33), and the mean coping score was 36.00 (SD = 5.80). The Shapiro–Wilk test indicated no significant departure from normality. Pearson correlation showed a strong positive relationship between positive thinking and coping strategies, r(26) = .792, p < .001, 95% CI [.595, .899]. Simple linear regression yielded R^2 = .628. Open-ended responses indicated recurring themes of planning and routines, positive reframing, family and professional support, acceptance, hope, and concerns about education, communication, future independence, and caregiving responsibilities. The findings indicate that higher positive-thinking scores were associated with greater use of the selected coping strategies; however, the correlational design does not establish causation.***

Keywords: positive thinking, coping strategies, parents, children with special needs, LOT-R, Brief COPE

1. Introduction

Parents of children with special needs may manage additional responsibilities related to education, therapy, health, behaviour, communication, and daily living. These continuing demands can be accompanied by stress, worry, fatigue, and concerns about the child's future. Coping strategies are the cognitive, emotional, and behavioural ways people respond to stressful situations. Among parents, coping may include active problem solving, planning, acceptance, positive reframing, and seeking emotional or practical support.

Positive thinking in the present study refers to an optimistic and hopeful outlook rather than denial of difficulty. It involves expecting positive outcomes, looking for workable solutions, and maintaining hope during challenging situations. The Transactional Model of Stress and Coping proposes that responses to stress are influenced by how situations and coping resources are appraised [1]. Learned optimism also emphasizes the role of explanatory patterns in responding to adversity [2], while the broaden-and-build perspective suggests that positive emotions can expand thought-action repertoires and support the development of psychological resources [3].

Research with families of children with disabilities has repeatedly shown that parental adjustment is related not only to caregiving demands but also to coping, support, positive perceptions, and optimism. Gupta and Singhal highlighted positive perceptions as potential coping resources among parents of children with disabilities in an Indian context [4]. Jones and Passey found that coping style, family resources, and perceived control were relevant to family adaptation [5]. Hsiao emphasized coping and family support in understanding parental stress [6]. More recent work has linked task-oriented coping, positive perceptions, psychological flexibility, optimism, and benefit finding with parental adjustment and well-being [7]–[12].

Despite this literature, fewer studies have directly examined the association between positive thinking and selected adaptive coping strategies among parents of children with different types of special needs, particularly in an Indian sample. The present study therefore examined this relationship and also used open-ended questions to obtain supplementary information about parents' daily challenges, coping methods, and support systems.

2. Objectives and Hypothesis

The study aimed to: (a) assess positive thinking among parents of children with special needs; (b) identify the coping strategies used by them; (c) examine the relationship between positive thinking and coping strategies; (d) identify commonly used coping strategies among parents with higher positive-thinking scores; and (e) understand parents' challenges, coping methods, and support systems.

H_0: There is no significant relationship between positive thinking and coping strategies among parents of children with special needs. H_1: There is a significant positive relationship between positive thinking and coping strategies among parents of children with special needs.

3. Methodology

3.1 Research Design and Participants

A quantitative, non-experimental, cross-sectional, correlational survey design was used. The final sample consisted of 28 parents of children with special needs, including 17 mothers (60.7%) and 11 fathers (39.3%). Participants were selected through purposive non-probability sampling. Eligible participants were mothers or fathers directly involved in the care and upbringing of a child with developmental, learning, behavioural, communication,

physical, or other special needs, who voluntarily provided complete responses.

3.2 Measures

Positive thinking was assessed using six substantive items from the Life Orientation Test-Revised (LOT-R) developed by Scheier, Carver, and Bridges [13]. The six items were administered using a modified 1–5 response format. Negatively worded items were reverse-scored before the total was calculated; therefore, the possible total score ranged from 6 to 30. This differs from the standard response format of the original LOT-R and should be considered when interpreting the results.

Coping strategies were assessed using 10 selected items from the Brief COPE developed by Carver [14]. The selected items represented active coping, positive reframing, planning, emotional support, instrumental support, and acceptance. The items were administered using a modified 1–5 response format, giving a possible total score of 10–50. The study did not administer the complete 28-item Brief COPE.

The questionnaire also contained demographic questions and five open-ended questions concerning daily challenges, stress management, helpful coping methods and support systems, emotional or practical difficulties, and situations in which positive thinking was perceived as helpful.

3.3 Procedure and Ethics

The questionnaire was distributed online using Google Forms. Participants were informed about the purpose of the study, participation was voluntary, and informed consent was obtained. Confidentiality and privacy were maintained, and the responses were used for academic research purposes. Twenty-eight complete responses were included in the analysis. The open-ended responses were reviewed and grouped into recurring descriptive themes.

3.4 Statistical Analysis

Mean and standard deviation were used to summarize the main variables. Shapiro–Wilk tests were used to examine normality. Pearson's product-moment correlation tested the association between positive-thinking and coping scores. Simple linear regression was used to quantify the proportion of variation in coping scores statistically associated with positive-thinking scores. The open-ended responses were analysed descriptively by grouping recurring ideas into themes.

4. Results

4.1 Descriptive Statistics and Normality

Table 1 presents descriptive statistics for the two main variables.

Variable	N, Mean, SD
Positive thinking	28, 21.11, 5.33
Coping strategies	28, 36.00, 5.80

The Shapiro–Wilk test indicated no significant departure from normality for positive thinking, $W = .947$, $p = .166$, or coping strategies, $W = .959$, $p = .337$. Pearson correlation was therefore used for the primary association analysis.

4.2 Relationship Between Positive Thinking and Coping

Analysis	Result
Pearson correlation	$r(26) = .792$, $p < .001$
95% confidence interval	[.595, .899]
Simple linear regression	$R^2 = .628$
Adjusted R^2	.613

A strong positive and statistically significant relationship was found between positive thinking and coping strategies, $r(26) = .792$, $p < .001$, 95% CI [.595, .899]. Thus, parents with higher positive-thinking scores tended to report greater use of the selected coping strategies. The null hypothesis was rejected and the alternative hypothesis was supported.

The simple linear regression yielded $R^2 = .628$ (adjusted $R^2 = .613$), indicating that approximately 62.8% of the variance in coping scores was statistically associated with positive-thinking scores in this sample. Because the study was cross-sectional and correlational, this result should not be interpreted as evidence that positive thinking causes better coping.

4.3 Coping Among Parents with Higher Positive-Thinking Scores

To address the fourth objective, the 14 parents classified in the higher-positive-thinking subgroup were examined separately. Acceptance had the highest mean item score, followed by active coping, positive reframing, planning, emotional support, and instrumental support.

Coping strategy	Mean
Acceptance	4.32
Active coping	4.11
Positive reframing	4.11
Planning	4.07
Emotional support	3.50
Instrumental support	3.43

4.4 Open-Ended Responses

Recurring themes included structured routines and planning; positive reframing and attention to small improvements; family and social support; professional and school-based support; hope and patience; acceptance; and concerns about the child's education, communication, future independence, and ongoing caregiving responsibilities. Some parents also described emotional difficulty, tiredness, and limited support. These responses indicate that positive thinking was one psychological resource among several practical, family, educational, and professional supports used by parents.

5. Discussion

The main finding was a strong positive association between positive thinking and the selected coping strategies. Parents with higher positive-thinking scores tended to report more

active coping, positive reframing, planning, support seeking, and acceptance. This pattern is consistent with earlier literature suggesting that optimism and positive perceptions may function as psychological resources during caregiving.

The findings are broadly consistent with research on benefit finding and optimism among caregivers of children with intellectual and developmental disabilities [11], and with work showing that positive perceptions, coping, self-efficacy, and social support contribute to parental adaptation [9]. They are also consistent with findings that optimism may be protective for parental mental health in stressful family environments [10]. Studies of coping among parents of children with special needs have similarly identified problem solving, cognitive restructuring, and task-oriented coping as commonly used approaches [7], [8].

The open-ended responses add context to the quantitative association. Parents described planning and routines, focusing on small improvements, seeking family and professional support, and maintaining hope. At the same time, they described concerns about education, communication, behaviour, future independence, and continuous caregiving. These responses are important because they show that positive thinking should not be treated as a substitute for practical assistance, educational services, family support, or professional care.

The regression result was substantial in this small sample, but it must be interpreted cautiously. The design measured both variables at one point in time, did not manipulate positive thinking, and did not control for potential confounders. Accordingly, the findings demonstrate association rather than causation and require replication in larger and more diverse samples.

6. Implications

The findings may be useful to special educators, teachers, counsellors, psychologists, and parent-support programmes. Professionals can support parents through clear information, realistic goal setting, problem-solving, positive reframing, acceptance, stress-management strategies, and appropriate support seeking. Parent programmes may also create opportunities for families to share experiences and access educational and professional resources. Interventions should maintain a realistic approach: encouraging hope and constructive thinking while also acknowledging genuine caregiving difficulties and the need for practical support.

7. Limitations and Future Research

The study had several limitations. The sample was small (N = 28) and selected purposively, limiting generalizability. The cross-sectional correlational design does not establish causality. All main variables were based on self-report. Only six substantive LOT-R items and 10 selected Brief COPE items were administered, and both measures used modified 1–5 response formats rather than their standard formats. The sample included parents of children with different types of special needs, and the open-ended responses were brief rather than obtained through in-depth interviews.

Future studies may use larger samples from different geographical regions, retain the standard validated response formats of the measures, and examine factors such as resilience, social support, parental stress, self-efficacy, hope, and psychological well-being. Longitudinal or intervention studies could more appropriately examine change over time and possible causal effects of structured psychological support.

8. Conclusion

This study examined positive thinking and coping strategies among 28 parents of children with special needs. A strong, statistically significant positive relationship was found between the variables, $r(26) = .792$, $p < .001$. Parents with higher positive-thinking scores tended to report greater use of the selected coping strategies. Acceptance, active coping, positive reframing, and planning were among the more commonly reported strategies in the higher-positive-thinking subgroup. Open-ended responses also highlighted the importance of routines, family and professional support, hope, acceptance, and attention to small improvements. The findings support the importance of parental psychological well-being while also emphasizing that positive thinking is only one resource within a broader system of practical and social support.

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Declarations
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Data Availability: Data are available from the author subject to appropriate confidentiality and institutional requirements.

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