

TIME PERSPECTIVE IN COUNSELING PARENTS OF CHILDREN WITH DEVELOPMENTAL DISORDERS

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Abstract. The study aims to explore the role of time perspective in improving the quality of life for parents of children with developmental disorders and to derive recommendations for clinical practice and educational institutions. Short versions of the Zimbardo and Boyd (1999) Time Perspective Inventory, Big Five Inventory (John & Srivastava 1999), and World Health Organization Quality of Life Questionnaire (Skevington et al. 2004) were used. The study sample consisted of 251 parents of children with autism spectrum disorders, genetic syndromes, intellectual disability, and motor disorders (74.5% mothers; age range: 25 – 61 years; $M=40.82$; $SD=6.61$) in a Bulgarian socio-cultural context. It was established that time perspective mediates the effect of personality traits on quality of life, and this construct can be helpful in planning interventions for these parents.

Keywords: Time Perspective; Big Five Personality Traits; Quality of Life; Parents of Children with Developmental Disorders

Introduction

Raising a child with a developmental disorder or chronic medical condition presents significant challenges for families, impacting parenting and relationships. Parents' social, emotional, and cognitive responses to their child's condition are crucial for the well-being of both the child and themselves, influencing family dynamics. Understanding and managing these aspects is essential for effective adaptation.

Adaptation is an ongoing process where parents sensitively interpret and respond to their child's signals, supporting healthy development and interventions for family functioning (Behr et al. 1992). Studies indicate that parents of children with chronic illnesses or disabilities face unique emotional and physical challenges (Florian & Findler 2001; Hauser-Cram et al. 2001; Warfield et al. 1999). Besides the typical stressors of new parenthood, they deal with uncertainties about their child's health, frequent medical exams, and the demands of caring for a child with special needs.

The birth of a child with a developmental disorder or chronic medical condition has a direct impact on the mental health of parents. It can deplete the family's psychosocial resources, leading to significant levels of stress (Barakat & Linney 1992). Elevated stress, anxiety, and depression levels are known to negatively influence parenting (Floyd et al. 1996).

Despite many studies on the challenges of raising a child with a developmental disorder, little is known about what helps parents adapt and feel satisfied. Caring for such a child does not always lead to dysfunction or decreased well-being (Seltzer et al. 2001). Parents often experience levels of stress and support similar to those of parents with neurotypical children (Dyson 1997). Additionally, this experience can foster positive changes, such as increased compassion and the ability to seek social support (Pakenham et al. 2004; Scorgie & Sobsey 2000).

There is no clear stage of complete acceptance for parents coming to terms with their child's condition. Grief and conflicting emotions can resurface over time, and the adaptation process is poorly understood. Parents need to grasp the implications of the diagnosis and understand related information. Emotionally, they may experience disappointment, sadness, anger, and guilt. While some process these feelings quickly, others may struggle for years, oscillating between negative emotions and idealizing their child and caregiving role (Clements & Barnett 2002).

The initial sources of uncertainty include: a) an unexpected diagnosis; b) parents' anxiety about the future; c) concerns regarding their parenting skills; and d) the initial reactions from professionals. The subsequent sources of uncertainty are: a) the child's inclusion in an educational program; b) ongoing parental anxiety about the future; and c) concerns about the child's health (Asanova & Karakepeli 2017).

The literature identifies two sources of parental stress. The first is child-related stress, which stems from the child's behaviors and characteristics, such as diagnosis, maladaptive behaviors, developmental challenges, health issues, and temperament. The second is role-related stress, which involves the parents' characteristics, attitudes, and experiences unrelated to the child, including self-efficacy, trust in professional help, competence, and parental beliefs and expectations (Abidin 1995).

Parents' psychological resources and experiences impact their quality of life and parenting, affecting child development (Belsky & Barends 2002). Research on family quality of life, especially regarding a child's developmental disorder, can evaluate community engagement, initiative, and overall family satisfaction (Brown et al. 2003).

Time perspective is a measure of value preferences that categorizes experiences and social interactions into the past, present, and future (Zimbardo & Boyd 1999). P. Zimbardo and J. Boyd developed a methodology for measuring time perspective, demonstrating its relevance as a personality variable in psychology. It highlights individual differences in evaluating events based on their temporal distance and reflects how people organize their experiences within these time categories (Boyd & Zimbardo 2005).

Research indicates that different time orientations are related to personality traits (Fortunato & Furey, 2011). When these cognitive profiles become consistent, they evolve into personality dispositions. P. Zimbardo and J. Boyd found that time orientations significantly influence how individuals perceive their life situations (Zimbardo & Boyd 1999). They categorize time perspective into five orientations – positive past orientation, negative past orientation, hedonistic present orientation, fatalistic present orientation, and future orientation.

Time perspective dimensions are linked to various demographic, behavioral, motivational, and personality factors (Zimbardo & Boyd 1999). Research shows significant correlations between time orientations, personality, and health, indicating that a predominance of one orientation may reflect cognitive distortion. A balanced time perspective allows for flexible switching between orientations based on situational demands and is associated with optimal personality functioning, well-being, and mental health (Drake et al., 2008; Boniwell & Zimbardo 2004).

Aim

The study aims to explore the relationships between various time perspective profiles and the quality of life in parents of children with developmental disorders. It will also examine the direct and indirect effects of personality traits on the parents' quality of life, focusing on the mediating role of time perspective. It is anticipated that positive orientations towards the past and present and a future-oriented mindset will have a protective effect on quality of life. Conversely, negative orientations related to the past and present are expected to exacerbate the negative impact of specific personality profiles on quality of life. This research hypothesis is grounded in studies that demonstrate a direct relationship between different time orientations and personality. When these cognitive profiles evolve into tendencies, they are classified as personality dispositions (Fortunato & Furey 2011). Zimbardo and Boyd (1999) have shown that varying time orientations reflect individual differences in the evaluation of life circumstances. In the context of parents of children with developmental disorders, it is assumed that these time perspectives influence the subjective perception of the parents' quality of life.

Method

Instruments

A short version of the Big Five Inventory (John & Srivastava 1999; Stoyanova & Karabeliova 2020) with 15 items and a 5-point Likert scale was used to assess **personality traits**. The questionnaire shows good internal consistency – Extraversion ($\alpha = .69$), Agreeableness ($\alpha = .69$), Conscientiousness ($\alpha = .75$), Neuroticism ($\alpha = .78$), and Openness to Experience ($\alpha = .72$).

Time perspective was measured with a 25-item short version of the Zimbardo Time Perspective Inventory (Zimbardo & Boyd 1999; Stoyanova & Karabeliova 2019).

The questionnaire uses a 5-point Likert scale and demonstrates high reliability: Past Negative ($\alpha = 0.86$), Past Positive ($\alpha = 0.72$), Present Hedonistic ($\alpha = 0.89$), Present Fatalistic ($\alpha = 0.79$), and Future ($\alpha = 0.77$).

The adapted short version of the World Health Organization's Quality of Life questionnaire (WHOQOL-BREF, Skevington et al., 2004) was used to evaluate overall **quality of life** in the current study. It includes two statements assessing general quality of life and health, along with others focusing on physical, psychological, social, and environmental factors. The questionnaire has a high internal consistency, with a Cronbach's alpha of $\alpha = 0.80$.

Procedure

The questionnaire was completed anonymously via an online form, with data collected in a Bulgarian socio-cultural context. The questionnaire included an informed consent form.

Sample

The sample involved 251 parents of children with developmental disorders, the majority of whom were mothers (74.5%). The participants' ages ranged from 25 to 61 years ($M = 40.8$; $SD = 6.6$). The age of the children varied from 1 to 19 years ($M = 9.1$; $SD = 4.5$). Based on the type of developmental disorder, four groups were identified: autism spectrum disorders (48.6%), genetic syndromes (17.5%), intellectual disabilities (17.1%), and motor disorders (16.7%).

Results

Simple mediation analyses were conducted to examine the research model that positions time perspective as a mediator in the relationship between parental personality traits and their quality of life.

Past Negative

Personality traits served as an independent variable, with quality of life as the dependent variable and negative orientation toward the past as the mediator. The direct effect of neuroticism on quality of life was -0.37 , with a mediating effect of 0.53 on negative past orientation and -0.11 on quality of life, resulting in an indirect effect of -0.06 and explaining 31% of the variation. The direct impact of conscientiousness on quality of life was 0.27 , with a direct effect of -0.36 on negative past orientation and -0.18 on quality of life, leading to an indirect effect of 0.07 and explaining 27% of the variation.

Past Positive

The direct effect of neuroticism on quality of life was -0.37 , with an effect on the mediator of 0.28 . Positive orientation towards the past negatively influenced quality of life at -0.11 , resulting in an indirect effect of -0.03 that explained 30% of the variation. The direct effect of conscientiousness on quality of life was 0.30 , with a -0.18 effect on the mediator and a mediating effect of -0.20 on quality of life, resulting in an indirect effect of 0.04 that explained 25% of the variation.

Present Hedonistic

Research indicates that personality traits significantly impact the quality of life for parents of children with developmental disorders, particularly through the mediating role of hedonistic present orientation. The direct effect of openness to new experience was 0.14; effect on the mediator was 0.43. The indirect effect was 0.16, explaining 40% of the variation. The direct effect of neuroticism was 0.23, with a mediating effect of -0.46. The indirect effect was 0.15, explaining 45% of the variation. The direct effect of conscientiousness was 0.18, with an effect on the mediator of 0.44. The indirect effect was 0.16, explaining 41% of the variation. Extraversion showed a direct effect of 0.21; mediating effect was 0.15, resulting in an indirect effect of 0.06, which accounted for 42% of the variation.

Future

Significant results were found for neuroticism when future time perspective serves as a mediator. Neuroticism had a direct effect of -0.35 on quality of life and -0.22 on future orientation, resulting in an indirect effect of -0.02 and accounting for 31% of the variation.

Fig. 1 represents a summary model, illustrating the mediated influence of personality traits on quality of life with different time orientations as mediators.

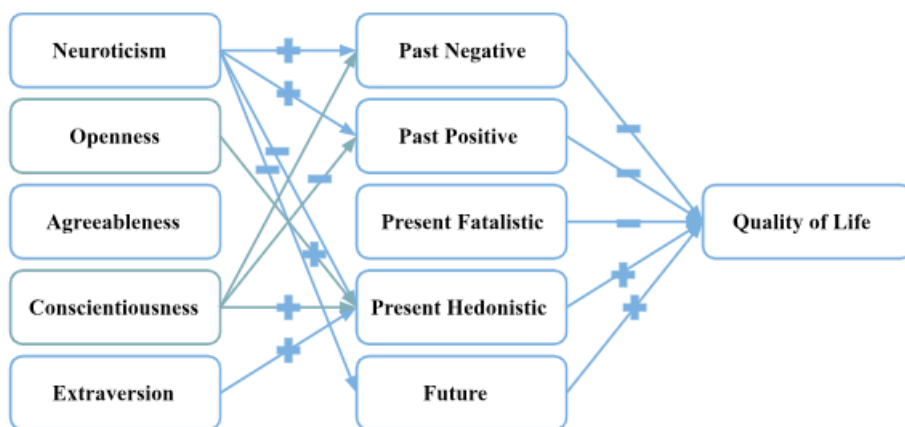


Figure 1. Summary Model of the Direct and Indirect Effects of Personality Traits on Quality of Life with Time Perspective as Mediator

**All personality traits have a direct effect on quality of life.*

Research shows that the personality trait neuroticism negatively impacts the quality of life when linked to past-oriented time perspectives. However, it can positively influence the quality of life for parents of children with developmental disorders when mediated by hedonistic present orientation and future orientation. Traits of openness

to new experiences and extraversion also enhance quality of life through a hedonistic present orientation. In contrast, conscientiousness negatively impacts quality of life when mediated by past-oriented perspectives but positively when linked to hedonistic present orientation. The model explains between 8% and 45%.

Discussion

The scientific literature has primarily focused on the factors that contribute to stress and mental health issues for parents of children with developmental disorders. In recent years, however, there has been an increasing emphasis on the factors that foster positive adaptation among parents and enhance their quality of life. The research sample includes parents of children from four different groups of developmental disorders, each presenting distinct developmental profiles and imposing varying demands on the care and adaptation required from parents. Time perspectives play a significant role in this context: a focus on the past and a fatalistic view of the present correlate negatively with quality of life. In contrast, a hedonistic perspective on the present and a positive orientation towards the future are associated with improved quality of life. Notably, the hedonistic present orientation strongly correlates with quality of life.

Recent literature has shifted its focus to the factors that enable parents of children with developmental disorders to adapt positively, rather than just the stress they experience. The study included parents of children from four developmental disorder groups, each with unique demands. Time perspectives greatly influence quality of life: focusing on the past or having a fatalistic view of the present correlates negatively, while a hedonistic present and future orientation correlate positively. Notably, the hedonistic present orientation is most strongly linked to improved quality of life.

Research shows that personality traits influence parents' quality of life with children with developmental disorders through different time orientations. Neuroticism negatively affects quality of life through past and future perspectives, while a hedonistic present orientation has a positive effect. Openness to new experiences enhances quality of life, mediated by fatalistic and future orientations. Conscientiousness positively influences quality of life through past-oriented perspectives. Agreeableness and extraversion indirectly affect quality of life via negative past and present-oriented perspectives, respectively.

It can be concluded that various cognitive profiles related to time perspective influence how parents of children with developmental disorders assess their life circumstances. The first step for therapeutic interventions that consider time perspective should be to develop a balanced time perspective. This encourages the ability to flexibly switch between different time orientations based on the situation's demands. Achieving a balanced time perspective is linked to optimal personality functioning, well-being, and mental health (Drake et al. 2008; Boniwell & Zimbardo 2004). Parents who are most vulnerable to negative influences on their

quality of life tend to have a combination of neuroticism as a personality trait, a past-oriented time perspective, and a future orientation.

Recommendations for counseling parents of children with developmental disorders

The primary goal of psychological interventions for families with children who have developmental disorders is to minimize the disorder's impact on the child's functioning, enhance the child's well-being, and promote optimal development. Research indicates that engaging with the parents of these children and improving their quality of life is crucial to the overall therapeutic process for the children (Kottman et al. 2011; Romanelli et al. 2009; Bratton et al. 2005).

Early detection of developmental disorders is crucial for better management and child development, which also enhances parental well-being. However, intense emotions associated with accepting the disorder can impede parents' understanding and timely action. Successful adaptation involves incorporating the disorder's specifics and the child's potential into meaningful planning for the future.

Research shows that time perspective is a personality trait that influences how people organize their experiences in relation to past, present, and future. This trait is linked to cognitive processes involved in future expectations, goal-setting, and planning. The study indicates that different time perspectives can affect the connection between personality traits and quality of life. Thus, counseling for parents of children with developmental disorders, aimed at enhancing multidimensional thinking and flexibility in adjusting time orientations based on current needs, may improve their coping abilities.

Parents' acceptance of their child's condition significantly affects their perception of time, influencing how they view the present and process information. They can improve their coping skills and quality of life by fostering a balanced perspective on the past, present, and future through cognitive reevaluation and specific strategies. In counseling parents of children with developmental disorders, understanding time perspective is essential. It helps identify whether parents focus on past experiences, present challenges, or future concerns. This insight aids in developing tailored interventions that promote a balanced perspective and enhance coping strategies and mental health. Here are some strategies for applying time perspective in counseling parents of children with developmental disorders:

Implementing strategies to promote a balanced time perspective can significantly enhance the quality of life for parents of children with developmental disorders. Assessing their current time perspective using tools like the Zimbardo Time Perspective Inventory is a crucial first step. Discussions on how their perspective impacts emotions and decisions can reveal areas for improvement. Increasing awareness through exercises helps parents understand how their orientation shapes their thoughts and feelings. Mindfulness training can ground parents in the present, reducing stress and fostering engagement with their children, while goal-setting sessions can provide future-oriented hope without anxiety.

Specific strategies can deepen this approach. For past-oriented parents, reframing challenges as growth opportunities and recalling positive memories can enhance gratitude. Present-focused techniques like stress management and engaging in activities help parents enjoy time with their children. Future-oriented strategies include realistic goal-setting, breaking concerns into manageable steps, and using visualization to inspire hope. Overall, fostering a balanced outlook can be supported through integrative counseling, gratitude journals, psychoeducation on time orientation, and adaptive support plans that evolve with families' needs.

These strategies aim to enhance parents' mental health and equip them with the ability to manage the unique challenges associated with raising a child with developmental disorders by fostering a balanced time perspective.

Research shows that time perspective mediates the relationship between personality traits and quality of life. Therefore, this construct should be taken into account when planning therapeutic interventions and psychological counseling for parents of children with developmental disorders.

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