



## “Navigating the Invisible Burden: Stress, Coping Strategies, and Resilience in Parents of Children with Cleft Lip and Palate”

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Indore, M.P**DOP: 31/01/2026***This peer-reviewed paper is published as the official proceedings of the conference.***DOI** [10.5281/zenodo.18452886](https://doi.org/10.5281/zenodo.18452886)

**Abstract:** Parents of children born with cleft lip and/or palate (CL/P) confront not only the physical and medical demands of the condition but also profound psychological and emotional challenges. This review synthesizes existing research on the nature of parental stress in this population, the coping strategies parents employ, and factors that foster resilience. Stressors include medical complexity, social stigma, financial strain, and disruptions to parental expectations. Coping mechanisms range from problem-focused engagement to avoidance and reliance on social support. Resilience emerges through adaptive coping, supportive healthcare relationships, and psychoeducational interventions. Understanding these dynamics is essential for clinicians, policymakers, and caregivers to optimize care, support family functioning, and improve outcomes for both children and their parents. Key gaps and future research are highlighted.

**Keywords:** Stress, Cleft Lip, Cleft Palate, Parental Coping Strategies, Resilience, Psychological Adjustment, Family Functioning, Support Systems, Pediatric Nursing

### Introduction

Cleft lip and/or palate (CL/P) represent among the most common congenital craniofacial anomalies worldwide. These conditions arise from failure of facial structures to fully fuse during embryonic development, leading to visible separation in the lip and/or palate that can impair feeding, speech, dental development, and appearance. Beyond the medical and surgical challenges faced by affected children, CL/P exerts a substantial psychological burden on their caregivers — especially parents — who must navigate complex treatment pathways, emotional stress, and social perceptions. Parental well-being is not only a valuable outcome in itself; it directly influences child development, treatment adherence, family functioning, and quality of life. This review article aims to examine the nature and sources of stress among parents of children with CL/P, the coping strategies they adopt, and the factors that contribute to resilience. Through an integrative appraisal of existing empirical literature, theoretical frameworks, and clinical insights, we aim to provide a comprehensive resource that informs practice, fosters family-centered care, and identifies avenues for future research.

**Epidemiology and Clinical Context of Cleft Lip and Palate**  
Cleft lip with or without cleft palate represents one of the most prevalent congenital anomalies, affecting approximately 1 in 700 live births globally. Prevalence varies with geographic region, ethnicity, and socioeconomic status. Children with CL/P often require multidisciplinary care involving plastic surgery, otolaryngology, speech and language therapy, orthodontics, and psychological support, frequently extending from infancy through adolescence. The complexity of treatment — multiple surgeries, ongoing therapies, and variable functional outcomes — imposes significant demands on families. Expectations of perfect surgical outcomes can conflict with reality, especially given the diversity of phenotypic expression and potential complications (e.g., ear infections, feeding difficulties, speech delays). Parents, often unprepared for the magnitude of caregiving requirements, may experience cognitive, emotional, and social challenges that extend beyond the clinic walls.

### Parental Stress: Nature and Sources



### **Medical and Treatment-Related Stressors**

One of the primary sources of stress for parents of children with CL/P stems from the medical trajectory associated with the condition. At diagnosis — often prenatally but sometimes only at birth — parents experience shock, disbelief, and grief. Early surgical planning, frequent hospital visits, and concerns about anesthesia risks contribute to chronic worry. For many, the first year of life becomes a relentless cycle of appointments, feeding difficulties, and unpredictable complications, which can disrupt routines, sleep, and work. Parents frequently report anxiety about surgical outcomes, potential scarring, and functional impairments. The uncertainty of treatment trajectories — because outcomes can vary widely — compounds stress, fostering hypervigilance and a sense of being constantly “on guard.”

### **Psychological and Emotional Stress**

Psychological stress in parents of children with CL/P is multidimensional, encompassing emotional reactions such as sadness, guilt, and anger. Guilt often emerges from misattributions about causality, where parents erroneously blame themselves for the anomaly, despite its complex etiology involving genetic and environmental factors. Depression and anxiety symptoms are reported at higher rates in CL/P caregivers compared to parents of unaffected children. These symptoms may be exacerbated by disrupted expectations of parenthood; parents often envision a “healthy” child and must engage in a process of mourning the loss of that expectation. Persistent stress can escalate to chronic psychological strain, potentially affecting parenting practices, marital relationships, and overall family functioning.

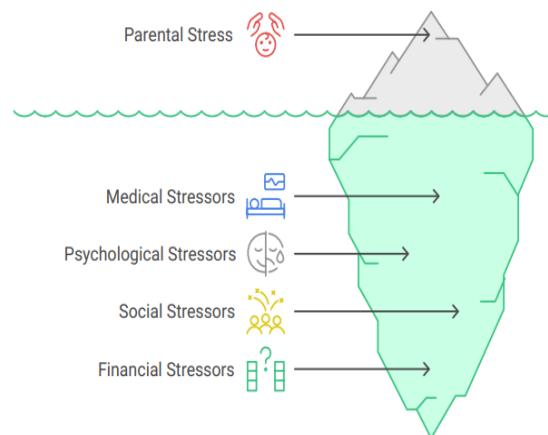
### **Social and Communal Stressors**

Social stressors emanate from external perceptions and interactions. The visible nature of cleft conditions attracts unsolicited attention — stares, insensitive remarks, and questions that parents may find intrusive or stigmatizing. Cultural norms and beliefs about deformities and disability can magnify stigma, leading to social isolation or discrimination. Parents may also internalize negative societal messages, exacerbating feelings of shame or inadequacy. Lack of understanding within communities and even extended families can diminish emotional support, leaving parents to navigate challenging social terrain with limited resources.

### **Financial and Occupational Stress**

Financial strain represents another significant stressor. Managing a child's CL/P often entails direct and indirect costs: transportation to specialized centers, medical procedures, therapy sessions, time off work, and childcare for siblings. In low-resource settings, these burdens are magnified by limited insurance coverage and high out-of-pocket costs. Occupational stress may arise from balancing work with caregiving demands, negotiating flexible schedules, or, in some cases, reducing work hours or leaving employment altogether. The resulting economic impact reverberates across family dynamics, compounding psychological distress.

#### **Parental Stress in Children with Cleft Lip/Palate.**



### **Coping Strategies in Parents of Children with CL/P**

Coping refers to cognitive and behavioral efforts to manage internal and external demands that are appraised as stressful. Parental coping strategies in the context of CL/P vary widely, ranging from adaptive engagement to maladaptive avoidance. Coping is often conceptualized along two primary dimensions: problem-focused coping (efforts targeted at managing the stressor), and emotion-focused coping (efforts aimed at regulating emotional responses). A nuanced understanding of these strategies is essential for designing interventions that enhance adaptive coping and mitigate maladaptive patterns.

#### **Problem-Focused Coping**

Problem-focused coping includes information seeking, planning, and action toward solving or reducing the stressor. For many parents of children with CL/P, this manifests as proactive



engagement with healthcare providers, gathering information about surgical options and outcomes, and coordinating care across specialties. Information seeking enables parents to anticipate treatment stages, set realistic expectations, and make informed decisions. Engagement with support groups — both online and in person — also serves as problem-focused behavior, offering practical insights and shared experiences from other caregivers. Parents who adopt problem-focused coping often report greater confidence in caregiving roles and improved communication with clinicians. However, the efficacy of problem-focused coping may be limited by structural barriers such as access to specialists, healthcare literacy, and systemic inequities.

### **Emotion-Focused Coping**

Emotion-focused coping aims to reduce emotional distress rather than directly tackling the external stressor. Common emotion-focused strategies include positive reframing, acceptance, spirituality, and emotional expression. Positive reframing enables parents to find meaning or growth in caregiving challenges, emphasizing personal strength or the child's resilience. Religious and spiritual practices often provide solace, fostering a sense of hope and connectedness to a larger purpose. Expressive writing, art, and participation in therapeutic groups allow parents to process complex emotions and share their narratives. Emotion-focused coping can buffer against anxiety and depression when balanced with problem-focused behaviors. However, excessive reliance on avoidance or denial — forms of emotion-focused coping — may hinder adjustment by delaying problem solving or seeking necessary support.

### **Social Support as a Coping Resource**

Social support — emotional, informational, and instrumental — plays a central role in parental coping. Supportive relationships with partners, family members, friends, and other caregivers provide emotional sustenance and practical assistance. Parents often cite support groups specific to CL/P as pivotal in normalizing experiences, reducing isolation, and facilitating adaptive coping. Interaction with peers who have traversed similar challenges can validate feelings and inspire adaptive strategies. Healthcare providers also contribute to social support when they foster empathetic communication, provide clear information, and encourage family involvement in care plans.

### **Maladaptive Coping Patterns**

Not all coping strategies serve parents' well-being. Maladaptive coping includes denial, behavioral disengagement, substance

use, and rumination. Denial may initially buffer shock but can prevent engagement with necessary treatment processes and delay emotional processing. Behavioral disengagement — withdrawing from caregiving or supportive networks — exacerbates isolation and reduces access to resources. Rumination, characterized by repetitive negative thinking about the child's condition, amplifies anxiety and depressive symptoms. Identifying and addressing maladaptive coping is critical in clinical assessments and interventions.

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### **Resilience in Parents: Definitions and Determinants**

Resilience refers to the capacity to maintain or regain psychological well-being in the face of adversity. In the context of parents of children with CL/P, resilience is not merely the absence of stress but the ability to adapt, find meaning, and sustain functioning despite ongoing challenges. Resilience is a dynamic construct influenced by individual, familial, and systemic factors.

### **Individual Determinants**

Individual traits such as optimism, flexibility, self-efficacy, and emotional regulation contribute to resilience. Parents who believe in their ability to influence outcomes — high caregiving self-efficacy — are more likely to employ adaptive coping and persist in problem solving. Optimism fosters positive expectations, buffering against despair and promoting engagement with resources. Emotional regulation skills — the capacity to modulate emotional responses — enable parents to manage distress without becoming overwhelmed. These individual characteristics can be nurtured through psychoeducation, counseling, and reflective practices.

### **Familial Determinants**

Family functioning — communication quality, problem-solving capacity, and emotional cohesion — significantly influences resilience. Supportive partner relationships provide emotional and instrumental reinforcements that ease caregiving burdens. Open communication within families enables expression of needs, negotiation of roles, and collective adaptation to stressors. Siblings' understanding and inclusion in caregiving narratives can also enhance family resilience. Familial resilience is not static; it evolves with shared experiences and mutual support.

### **Community and Systemic Determinants**

Community resources, including peer support groups and patient associations, promote resilience by connecting parents to



knowledge, affirmation, and collective advocacy. Access to high-quality healthcare, inclusive educational environments, and financial supports reduce structural stressors and empower families. Culturally competent care — that respects diverse beliefs about health, appearance, and disability — enhances trust and strengthens parental agency. Policies that reduce financial barriers, provide flexible work arrangements, and ensure early intervention services further create an environment conducive to resilience.

### **Resilience as Process**

Resilience is better conceptualized as a process rather than a fixed trait. It involves interactions over time among stressors, perceptions, coping responses, and resources. Longitudinal studies reveal that resilience trajectories vary; some parents demonstrate initial struggle but adapt over time, while others may encounter delayed distress at key developmental transitions (e.g., school entry, adolescence). Recognizing resilience as dynamic underscores the need for sustained support across the life course of the child.

### **Interventions to Enhance Coping and Resilience**

#### **Psychoeducational Programs**

Psychoeducation equips parents with information about CL/P, treatment processes, and realistic outcome expectations. Programs that include guidance on feeding techniques, speech development milestones, and surgical timelines reduce uncertainty and empower parents. By clarifying misconceptions and fostering preparedness, psychoeducation strengthens problem-focused coping and reduces anxiety.

#### **Psychosocial Support and Counseling**

Individual and group counseling provide safe spaces for emotional expression, normalization of experiences, and skill building in coping. Cognitive-behavioral strategies help parents identify and restructure unhelpful thoughts (e.g., self-blame, catastrophic thinking), manage stress responses, and enhance problem solving. Support groups — whether facilitated by clinicians or peer leaders — create community and diminish isolation. Telehealth modalities expand access, particularly for families in remote areas.

#### **Family-Centered Care Models**

Healthcare models that involve parents as partners in care improve communication, shared decision making, and trust. Family-centered rounds, care planning meetings, and clinician training in empathetic communication foster supportive

relationships that validate parental concerns and promote adaptive engagement. These models recognize parents as experts in their child's life and integrate their insights into treatment decisions.

#### **Resilience Training and Mindfulness**

Programs that incorporate resilience training — including mindfulness, stress reduction techniques, and self-care strategies — enhance emotional regulation and reduce burnout. Mindfulness practices help parents cultivate present-moment awareness, reduce rumination, and respond to stress with intentionality rather than reactivity. Respite care and structured opportunities for self-reflection support sustained well-being.

#### **Policy and Systemic Interventions**

Policies that ensure equitable access to care, financial support for treatment costs, and workplace accommodations for caregiving responsibilities reduce structural barriers to adaptive coping. Advocacy efforts that combat stigma and promote inclusion further create supportive social environments that enhance family resilience.

### **Gaps in Literature and Future Directions**

Despite growing recognition of parental psychosocial needs in the context of CL/P, significant gaps remain. Many studies rely on cross-sectional designs, limiting understanding of long-term adjustment trajectories. There is a need for longitudinal research that explores how stress, coping, and resilience evolve as children grow and undergo developmental transitions. Cultural factors also require deeper examination: experiences of stigma, familial expectations, and coping norms vary across societies and influence adaptation differently. Intervention studies — particularly randomized controlled trials — are limited, highlighting the need for rigorous evaluation of psychoeducational, counseling, and resilience training programs. Integrating biological markers of stress (e.g., cortisol) with psychological assessments could enrich insights into the mind-body interplay of chronic caregiving demands. Finally, research that amplifies parents' voices — through qualitative narratives and participatory methods — will deepen understanding of lived experiences and inform person-centered supports.

### **Conclusion**

Parents of children with cleft lip and palate encounter unique and multifaceted challenges that span emotional, social, medical,



and financial domains. Stress in this population is shaped by treatment complexity, societal perceptions, and internal psychological processes. Coping strategies vary widely, from proactive engagement and social support utilization to maladaptive avoidance behaviors. Resilience emerges through a dynamic interplay of individual traits, familial support, community resources, and systemic structures. Clinical efforts that promote adaptive coping, build resilience, and address structural barriers will not only enhance parental well-being but also strengthen family functioning and improve outcomes for children with CL/P. Advancing research in this domain holds promise for tailored, culturally competent, and evidence-based interventions that honor parents' experiences and optimize holistic care.

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