

Original Research

Visual Media Exposure Interventions Using Digital Cinema, Photography, and Visual Storytelling for Parental Stress Reduction and Coping Enhancement

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Article Info

Article history:

Received 11 21, 2025

Revised 02 13, 2026

Accepted 03 24, 2026

Keywords:

Cinematherapy

Photo-therapy

Visual storytelling

Parental stress

Coping strategies

Digital interventions

ABSTRACT

This inquiry explored the impact of specific visual media exposure techniques, namely cinematherapy, photo-therapy, and visual storytelling, on mitigating parental tension and bolstering resilience mechanisms among caregivers of children with neurodevelopmental and behavioral challenges. Utilising a quasi-experimental pre-test–post-test control group framework, forty parents were intentionally recruited and partitioned into three experimental cohorts and one baseline group (n=10 per group). While the control group received no treatment, the experimental participants engaged in structured visual media protocols. Assessment relied on validated metrics: the Parental Stress Scale, the Coping Strategy Indicator, and the Psychosocial Wellbeing Index. Analysis of covariance (ANCOVA) was applied to adjust for initial baseline variances. The analyses revealed a statistically significant main effect of intervention on parental stress, $F(3,35) = 9.84, p < .001$, partial $\eta^2 = .46$, indicating a substantial reduction in stress among participants in the treatment conditions relative to the control group. Significant gains were also observed in adaptive coping strategies. Specifically, problem solving improved significantly, $F(3,35) = 7.62, p = .001$, partial $\eta^2 = .39$, and the use of social support increased, $F(3,35) = 6.11, p = .002$, partial $\eta^2 = .34$. In contrast, no statistically significant effect was found for avoidance coping, $F(3, 35) = 1.28, p > .05$, suggesting that the interventions did not meaningfully influence avoidance-based responses. Among the tested modalities, cinematherapy proved the most potent for stress reduction and adaptive strategy enhancement, followed by visual storytelling and photo-therapy. These results suggest that visual media serve as a vital supplementary tool for emotional processing and cognitive reappraisal. The study underscores the utility of embedding digital expressive tools into counseling frameworks for families dealing with behavioral deficits. Practitioners like educational psychologists and social workers should consider these as adjuncts to standard care. Future research should prioritise larger cohorts and longitudinal tracking to confirm the scalability of media-based interventions in diverse special needs environments.

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1. INTRODUCTION

Raising a child with behavioural and cognitive deficits frequently results in chronic psychological pressure, emotional depletion, and intensified caregiving obligations. Parents must navigate enduring behavioural hurdles, educational obstacles, and social integration difficulties, often exacerbated by societal prejudice, sparse institutional resources, and a lack of specialised clinical services. This constellation of stressors is frequently correlated with clinical anxiety, caregiver burnout, diminished wellness, and compromised resilience (Melinder et al., 2023). While traditional modalities, including cognitive-behavioral therapy, structured parent training, and psychoeducational sessions, have proven helpful in lowering stress and stabilising family dynamics (Senn et al., 2023), these methods often prioritise behavioural modification and cognitive restructuring. Consequently, they may overlook the symbolic, affective, and existential elements of the caregiving experience.

Innovative shifts toward arts-based and media-centric psychosocial support suggest that receptive digital visual tools, such as cinematherapy, photo-reflection, and visual narratives, could offer essential support. These methods center on structured interaction with curated cinematic works, imagery, and visual arcs rather than participant-led artistic creation. Through moderated viewing and analytical dialogue, parents are encouraged to identify and reflect upon deep-seated emotional themes mirrored in symbolic content (Bhāna et al., 2023; Hawken et al., 2024). Given the ubiquity of mobile technology and digital ecosystems, these interventions are particularly viable in developing regions like Nigeria, where formal mental health infrastructure for special needs families remains underserved (Chen, 2023; Onwudiwe et al., 2022).

Cinematherapy employs filmic tropes as mirrors for reflection, allowing parents to relate to characters, witness similar life trials, and evaluate different ways of navigating hardship. This type of engagement fosters cognitive reappraisal, an emotional regulation technique where stressful events are reframed into more manageable or meaningful contexts (Sharp, 2021). Similarly, photo-based methods utilise selected images to trigger memory and emotional resonance, aiding in the identification and articulation of complex feelings. Visual storytelling combines sequence and imagery, helping caregivers synthesize their experiences into coherent life chapters, which aids in psychological integration (Garcia, 2023). These approaches function through cognitive pathways that bolster resilience without requiring the participant to possess artistic skills. While global interest in media-based therapy is rising, empirical focus on parents of children with learning deficits remains sparse, especially in the Global South.

Current evidence is largely derived from Western contexts with robust clinical systems (Sloss et al., 2025). The weight of caregiving is worsened by cultural stigma and a lack of inclusive academic support (Lazarus, 2020). Thus, there is an urgent requirement for affordable, culturally resonant, and emotionally targeted interventions for this demographic. Mechanistically, receptive digital media tools engage emotional regulation, specifically attentional shifting and cognitive reframing, which aligns with the dimensions of the Coping Strategies Inventory. The "symbolic distance" provided by media facilitates problem-focused coping, as it allows parents to re-envision challenges in ways that increase their sense of agency and planning. Furthermore, collective viewing experiences can enhance social support coping by validating shared struggles and reducing the sense of "caregiver isolation," thereby promoting better communication. In addition, fostering reflective presence rather than emotional repression is expected to curb the use of maladaptive avoidance strategies like denial, which are typically linked to negative health outcomes.

Existing research on related caregiver groups reinforces these hypotheses. Hawken et al. (2024) noted that photo-elicitation helped young caregivers improve their emotional clarity and reframe their stress. Bhāna et al. (2023) discovered that incorporating visual media into parental support sessions improved emotional attunement and communication with autistic children. Sloss et al. (2025) indicated that narrative-centered approaches bolstered adaptive resilience and maintained those benefits over time. Broader research also highlights the criticality of managing parental tension; Senn et al. (2023) and Adewale (2025b) found that stress serves as a bridge between maternal depression and negative parenting, while Melinder et al. (2023) connected chronic stress to physiological health decline.

Grove (2012), Stapleton & Wilson (2017), and Weststrate et al. (2024) found that communal storytelling and narrative practices improved the psychosocial health of families with disabilities, emphasising the local value of narrative meaning-making. Despite these insights, significant gaps persist. There are few or no comparative data regarding the specific efficacy of cinematherapy versus photo-therapy or storytelling for this specific cohort. Furthermore, many studies overlook specific coping mechanisms like problem-solving or social help-seeking in favour of general wellness metrics. This research addresses these voids by anchoring visual media interventions within frameworks of narrative identity and emotion regulation. A comparison of the three modalities was undertaken to determine their relative effectiveness in reducing stress and strengthening coping, as assessed through the Coping Strategies Inventory among Nigerian caregivers. The integration of structured

media-based approaches with indigenous narrative traditions provides a culturally responsive and contextually grounded strategy for enhancing parental mental health, particularly within resource-constrained settings.

2. METHOD

The study adopted a quasi-experimental pre-test–post-test control group design. The designation “quasi-experimental” reflects the use of purposive sampling in recruiting participants rather than probability-based selection from the wider population. Following baseline assessment, eligible caregivers were assigned to the respective intervention and control groups using a computer-generated random allocation sequence. This procedure strengthened internal validity by reducing allocation bias while maintaining the practical realities of field-based recruitment. Group comparisons were conducted with pre-test scores entered as covariates to adjust for any baseline differences across conditions.

2.1. Setting and participant

The study was undertaken in three officially recognised inclusive and special education institutions situated in Jos, Plateau State, Nigeria. These comprised the Special Education Centre, Ganaka; the Special Needs Unit of Otana Community School in Jos South Local Government Area; and the Special Education Unit of Government Secondary School, Nasarawa Gwong, in Jos North Local Government Area. The selection of these centres was informed by the availability of detailed multidisciplinary assessment records, which strengthened the credibility of the screening and eligibility verification procedures.

Participants were biological parents or legally recognised guardians of children aged between 6 and 16 years. Eligibility required that each adult had served as the child’s primary caregiver for a minimum period of one year, thereby ensuring sufficient caregiving experience. Diagnostic confirmation was obtained through formal documentation prepared by educational psychologists and special educators affiliated with the participating institutions. The children’s identified conditions included learning deficits and behavioural disorders, via ADHD, conduct disorder, Autism Spectrum Disorder, Learning disabilities, and Emotional and Behavioural disorder. To ensure relative homogeneity within the study cohort, only parents of children whose impairments fell within the mild to moderate range were included. Exclusion criteria were applied to parents who were currently engaged in psychological or therapeutic interventions, those whose children were classified within the severe clinical range, and those unable to attend the full eight-session intervention schedule. Following the screening process, forty participants met the inclusion criteria and were assigned to four groups, with ten individuals allocated to each cohort ($n = 10$ per group).

2.2. Intervention protocol and treatment fidelity

The research design incorporated three experimental conditions alongside a control condition. The intervention arms consisted of Cinematherapy, Photo-therapy, and Visual Storytelling. Each programme was delivered across a four-week period, with two sessions per week. Each session lasted approximately 90 minutes. The interventions were categorised as receptive digital media programmes, as they emphasised guided engagement with selected content rather than participant-generated creative output. In the Cinematherapy condition, participants viewed films selected for their thematic emphasis on resilience, coping, and emotional regulation. Facilitated discussions followed each viewing, during which cognitive reframing techniques were employed to support reinterpretation of caregiving challenges.

In the Photo-therapy group, participants engaged with carefully curated thematic images. These images served as prompts for reflection on caregiving stressors, perceived burdens, and available social support systems. Guided dialogue encouraged participants to explore and articulate personal meanings derived from the imagery. The Visual Storytelling condition involved interaction with short digital narratives that combined visual and textual components. Participants discussed these narratives in a structured format designed to promote meaning-making and constructive reinterpretation of caregiving experiences. The control group did not receive any visual media intervention. Instead, members participated in structured group discussions on general parenting themes. This approach ensured parity in facilitator contact time, group interaction, and session duration across all four groups, thereby controlling for non-specific group effects. To safeguard treatment fidelity, eight research assistants with master’s level qualifications in Psychology or Special Education facilitated the sessions. All facilitators adhered to a standardised intervention manual and completed session-specific checklists to document adherence. Periodic supervisory monitoring was conducted to minimise procedural drift and to ensure consistency in programme delivery across cohorts.

2.3. Instrumentation and data collection

Three established instruments were utilised to assess the study variables. Parental stress was measured using the Parental Stress Scale developed by Berry & Jones (1995). This instrument assesses the psychological strain associated with parenting responsibilities, and in the present study, it demonstrated satisfactory internal

consistency (Cronbach's $\alpha = 0.82$). Coping patterns were evaluated using the Coping Strategy Indicator developed by Amirkhan (1990). This measure assesses three dimensions of coping: problem-solving, seeking social support, and avoidance. Reliability coefficients for the subscales ranged from 0.74 to 0.81, indicating acceptable internal consistency across dimensions. Psychosocial well-being was assessed using the Psychosocial Well-being Index developed by Kim (1999). Prior to its administration, the instrument was culturally adapted for application within the Nigerian context through pilot testing and expert review to ensure contextual relevance and clarity. The adapted version yielded a Cronbach's alpha coefficient of 0.79 in this study. All instruments were administered in English. Baseline data were collected one week before the commencement of the interventions. Post-intervention data were gathered within seven days following the final session to capture immediate programme effects.

2.4. Statistical analysis

Data analysis incorporated both descriptive statistics and inferential techniques. In light of the relatively small group size ($n = 10$ per cell), careful attention was given to evaluating the assumptions underlying parametric analysis. Normality of residuals was examined using the Shapiro–Wilk test, homogeneity of variance was assessed with Levene's test, and the assumption of homogeneity of regression slopes was tested to confirm the appropriateness of covariance analysis. Potential outliers were examined through inspection of standardised residual values.

Separate analyses of covariance (ANCOVA) were conducted for parental stress, psychosocial wellbeing and each coping subscale. In each analysis, pre-test scores were entered as covariates to adjust for baseline differences across groups. Effect sizes were calculated using partial eta squared (η^2). Where omnibus effects were statistically significant, Bonferroni-adjusted post hoc comparisons were performed to identify specific group differences. The level of statistical significance was set at 0.05. Given the modest sample size, the findings are interpreted as preliminary, and 95 per cent confidence intervals were reported to provide additional insight into the magnitude and precision of the observed intervention effects

3. RESULTS

3.1. Participants' demographic profile

Table 1 shows that the participant group consisted largely of mothers, who accounted for nearly two-thirds of the sample. Most respondents were married and fell within the 35 to 44 year age bracket. Educational qualifications were generally high, with the majority holding tertiary credentials. The children's conditions were varied, with learning disabilities slightly more prevalent than the other diagnostic categories, although representation across conditions was reasonably balanced.

Table 1. Demographic Characteristics of Participants (N = 40)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	14	35.0
	Female	26	65.0
Age Range (years)	25–34	8	20.0
	35–44	18	45.0
	45–54	10	25.0
	55 and above	4	10.0
Marital Status	Married	32	80.0
	Widowed	4	10.0
	Divorced/Separated	4	10.0
Educational Attainment	Secondary	6	15.0
	Tertiary	28	70.0
Child's Diagnosis	Postgraduate	6	15.0
	ADHD	8	20.0
	Conduct Disorder	6	15.0
	Autism Spectrum Disorder	8	20.0
	Mild Emotional and Behavioural Disorder	8	20.0
	Learning Disabilities	10	25.0

3.2. Pre-test and post-test descriptive statistics

As detailed in Table 2, the initial scores were broadly equivalent across all four groups, indicating comparability prior to the intervention. At post-test, the three treatment groups exhibited noticeable reductions in stress and improvements in coping scores. In contrast, the control group demonstrated minimal change across both outcome measures. The most pronounced improvement was observed in the cinematherapy group.

Table 2. Group Means and Standard Deviations at Pre-test and Post-test

Group	Stress Pre-test (M ± SD)	Stress Post-test (M ± SD)	Coping Pre-test (M ± SD)	Coping Post-test (M ± SD)
Cinematherapy	69.30 ± 5.21	54.10 ± 4.18	42.60 ± 4.05	55.40 ± 4.22
Photo-therapy	70.10 ± 4.88	58.60 ± 4.47	43.10 ± 4.12	52.30 ± 4.36
Visual Storytelling	69.80 ± 5.04	56.90 ± 4.02	42.90 ± 3.96	53.40 ± 4.18
Control	68.90 ± 4.76	68.70 ± 4.83	43.40 ± 4.01	45.50 ± 4.09

3.3. Assessment of statistical assumptions

The diagnostic checks, as shown in Table 3, indicated that the assumptions underpinning the use of ANCOVA were satisfied. Residuals approximated normal distribution, variance across groups was sufficiently similar, and the interaction between group and baseline scores was non-significant. Additional non-parametric analyses using change scores yielded comparable results, supporting the robustness of the findings.

Table 3. Tests of ANCOVA assumptions

Assumption	Statistical Test	Stress (p-value)	Coping (p-value)	Conclusion
Normality of residuals	Shapiro-Wilk	.214	.173	Assumption met
Homogeneity of variance	Levene's test	.287	.334	Assumption met
Homogeneity of regression slopes	Group×Pre-test interaction	.412	.368	Assumption met

3.4. Intervention effects on parental stress

Baseline stress, detailed in Table 4, did not significantly predict post-test stress when treatment effects were considered. However, the overall treatment effect was statistically significant and associated with a large effect size. The confidence interval suggests that the magnitude of the intervention effect lies within a moderate to substantial range in the wider population.

Table 4. ANCOVA results for post-test stress

Source	SS	Df	MS	F	p	Partial η^2	95% CI for Partial η^2
Pre-test Stress	212.47	1	212.47	3.18	.083	.082	[0.000, 0.226]
Treatment	1220.45	3	406.82	9.24	< .001	.435	[0.170, 0.607]
Error	1587.23	35	45.35				
Corrected Total	3020.15	39					

In line with Table 5, all intervention groups differed significantly from the control condition, demonstrating meaningful reductions in stress. Cinematherapy produced the greatest decrease and differed significantly from both photo-therapy and visual storytelling. No statistically reliable difference emerged between photo-therapy and visual storytelling.

Table 5. Bonferroni-adjusted pairwise comparisons for stress

Comparison	Mean Difference	SE	p	Cohen's d
Cinematherapy vs Photo-therapy	-4.50	1.32	.014	0.94
Cinematherapy vs Visual Storytelling	-2.80	1.25	.042	0.65
Cinematherapy vs Control	-14.60	1.46	< .001	2.75
Photo-therapy vs Visual Storytelling	1.70	1.37	.221	0.38
Photo-therapy vs Control	-10.10	1.39	< .001	2.07
Visual Storytelling vs Control	-8.40	1.32	< .001	1.89

3.5. Intervention effects on coping

As revealed by Table 6, Pre-intervention coping levels significantly contributed to post-intervention coping outcomes. After controlling for baseline differences, the treatment effect remained statistically significant and of large magnitude, indicating that the interventions meaningfully enhanced adaptive coping strategies.

Table 6. ANCOVA Results for Post-test Coping

Source	SS	df	MS	F	p	Partial η^2	95% CI for Partial η^2
Pre-test Coping	318.62	1	318.62	6.41	.016	.155	[0.018, 0.346]
Treatment	1134.80	3	378.27	7.62	< .001	.395	[0.132, 0.577]
Error	1738.90	35	49.68				
Corrected Total	3192.32	39					

Table 7. Bonferroni-adjusted pairwise comparisons for coping

Comparison	Mean Difference	SE	p	Cohen's d
Cinematherapy vs Photo-therapy	3.10	1.21	.021	0.71
Cinematherapy vs Visual Storytelling	2.00	1.18	.094	0.48
Cinematherapy vs Control	9.90	1.34	< .001	2.31
Photo-therapy vs Visual Storytelling	-1.10	1.25	.381	0.26
Photo-therapy vs Control	6.80	1.29	< .001	1.58
Visual Storytelling vs Control	7.90	1.22	< .001	1.87

As shown in Table 7, each intervention condition demonstrated superior coping outcomes compared with the control group. Cinematherapy yielded the strongest gains overall and differed significantly from photo-therapy, though its difference from visual storytelling did not reach statistical significance. No meaningful distinction was observed between photo-therapy and visual storytelling.

4. DISCUSSION

The findings of this study indicate that receptive visual media interventions exert a meaningful influence on both parental stress and coping processes among caregivers of children with neurodevelopmental conditions. After adjusting for pre-intervention scores through covariance analysis, the treatment effects remained statistically robust. The magnitude of the intervention impact was substantial for reductions in stress (partial $\eta^2 = .435$, 95% CI [0.170, 0.607]) and for improvements in coping (partial $\eta^2 = .395$, 95% CI [0.132, 0.577]). Given that diagnostic procedures confirmed compliance with the assumptions underpinning ANCOVA, and that supplementary non-parametric analyses produced convergent findings, the results are unlikely to be attributable to statistical artefact or assumption violation.

With respect to parental stress, cinematherapy demonstrated the most pronounced effect, yielding the greatest reduction relative to the control condition. Both photo-therapy and visual storytelling also produced statistically significant improvements when compared with the control group. Importantly, the baseline stress covariate did not attain statistical significance, indicating that post-intervention reductions were not simply attributable to participants' initial stress levels but were instead associated with exposure to the intervention itself. This strengthens the internal validity of the findings and suggests that the observed effects were not merely artefacts of regression to the mean.

These outcomes align with a growing body of literature suggesting that film-based and narrative-oriented approaches can alleviate caregiver strain. Adewale (2025a, 2025c), Abedin & Molaie (2010), and Zhang et al. (2025) documented comparable reductions in stress among parents of children with developmental disorders following structured film-based therapeutic engagement. In a similar vein, Marsick (2010) and Powell et al. (2006) reported that cinematherapy can facilitate emotional processing and promote adaptive insight, particularly when films are integrated into guided therapeutic discussion. Sharp (2021), Xiao (2025), and Tsarev (2026) argued that guided interaction with narrative cinema promotes cognitive reappraisal, enabling individuals to reinterpret emotionally charged circumstances through symbolic representation. From an emotion regulation perspective, such reappraisal processes are known to reduce physiological and psychological stress responses (Gross, 1998; Gross & John, 2003).

The mechanism of symbolic distancing, whereby caregivers observe analogous struggles enacted by fictional characters, may create psychological space from immediate pressures, thereby supporting emotional regulation and adaptive reframing. Within African contexts, the present findings resonate with the group psychoeducational outcomes reported by Ajuwon & Brown (2012), who found that structured support and reflective dialogue significantly reduced caregiver distress among families of children with disabilities. Although their intervention did not employ film specifically, the shared emphasis on guided reflection and communal meaning-making suggests that culturally responsive, narrative-based modalities may be particularly salient in collectivist settings where shared storytelling traditions remain influential. Nevertheless, not all scholarship converges

unequivocally with these findings. Some researchers caution that the therapeutic impact of cinematherapy may depend heavily on facilitation quality, participant readiness, and contextual factors. Heston & Kottman (1997) noted that unguided film exposure may evoke strong emotions without necessarily leading to constructive processing. Similarly, Wedding & Niemiec (2014) argued that while cinema can catalyse insight, its effects are often short-term unless embedded within a structured psychotherapeutic framework. In relation to parents of children with neurodevelopmental conditions, Hastings & Beck (2004) contended that stress levels are strongly shaped by enduring behavioural challenges and social support deficits, implying that expressive interventions alone may not sufficiently address chronic stressors without concurrent behavioural or systemic support. These counterpoints underscore the importance of structured facilitation and multi-component intervention design.

The pattern of results relating to coping was comparatively more complex. In contrast to the stress analysis, the baseline coping covariate reached statistical significance, suggesting that pre-existing levels of resilience and coping competence influenced post-intervention coping outcomes. This finding is theoretically coherent, as coping strategies are often conceptualised as relatively stable behavioural repertoires shaped by personality traits, prior learning, and socio-cultural context (Lazarus & Folkman, 1984). Parents who entered the intervention with stronger coping resources may therefore have been better positioned to translate reflective insights into adaptive strategies. Cinematherapy produced stronger gains than both photo-therapy and the control condition; however, its advantage over visual storytelling did not reach statistical significance. This suggests that while film-based interventions may offer added immersive benefits, narrative engagement more broadly may operate through similar psychological mechanisms. Green & Brock's (2000) transportation theory proposes that deep engagement with narrative content can shift beliefs and attitudes, potentially influencing coping appraisals. In addition, Pennebaker & Seagal (1999) demonstrated that structured narrative processing can enhance meaning-making and psychological adjustment, processes closely aligned with adaptive coping.

At the same time, the variability in coping outcomes mirrors the conclusions of Trupp, Weigold & Jansen (2022), who observed that digitally mediated expressive interventions may reduce emotional distress more rapidly than they alter entrenched behavioural coping strategies. Emotional relief may occur through immediate catharsis or reappraisal, whereas sustained changes in coping behaviour may require repeated practice and reinforcement. Walker & Kim (2022) similarly reported that while image-based tools can enhance emotional awareness and reflective capacity, the translation of such awareness into consistent problem-focused coping often unfolds over a longer developmental trajectory. Opposing perspectives also suggest that coping improvements may be moderated by external ecological factors. McCubbin & Patterson's (1983) double ABCX model highlights the cumulative impact of stressors and available resources on family adaptation, implying that short-term expressive interventions may have limited influence where structural stressors such as financial strain, stigma, or limited service access persist. Furthermore, some meta-analytic reviews of psychosocial interventions for caregivers of children with developmental disabilities have reported modest effect sizes for coping outcomes compared with stress reduction (Singer et al., 2007), reinforcing the notion that coping may be more resistant to change. The strong effects observed for stress reduction appear consistent with established theories of cognitive reappraisal and symbolic processing, particularly when interventions are structured and facilitated. However, the comparatively variable coping outcomes underscore the complexity of behavioural adaptation and suggest that expressive, narrative-based modalities may function most effectively as components within broader, sustained support frameworks rather than as stand-alone solutions.

The comparatively stronger performance of cinematherapy may be explained by its multimodal composition. Film integrates dialogue, music, narrative pacing, and visual imagery, creating an immersive experience capable of eliciting what Green & Brock (2000) termed narrative transportation. Such immersion can deepen empathic engagement and facilitate more comprehensive cognitive restructuring than formats that rely on static or less layered media. Notwithstanding the positive findings, several limitations warrant careful consideration. First, the modest sample size, with ten participants in each group, restricts statistical power and renders the estimates more susceptible to individual variability. Secondly, the confidence intervals surrounding the partial eta squared statistics (stress: 95% CI [0.170, 0.607]; coping: 95% CI [0.132, 0.577]) are moderately wide, indicating some uncertainty regarding the precise magnitude of the population effects. Finally, the absence of longitudinal follow-up precludes conclusions regarding the durability of the observed improvements. Without extended monitoring, it remains unclear whether the reductions in stress and gains in coping are sustained over time.

5. CONCLUSION

This study provides preliminary evidence that receptive digital media, specifically cinematherapy, visual storytelling, and photo-therapy, can effectively mitigate parental stress and bolster coping strategies for families of children with behavioral deficits. After adjusting for baseline variances, the interventions yielded statistically significant improvements with large effect sizes. Cinematherapy, in particular, demonstrated the most consistent efficacy across all measured domains. The data suggest that these interventions are highly effective for immediate stress relief, though behavioral coping shifts appear more gradual and variable. This implies that while visual media is a powerful tool for emotional regulation, long-term coping may require more intensive or sustained skills training. Given the modest sample size and the resulting width of the confidence intervals, these findings should be viewed as a foundational "proof of concept" rather than definitive proof of universal efficacy. Future inquiries should utilise larger cohorts, incorporate longitudinal tracking to measure the longevity of effects, and employ mixed-methods approaches to uncover the specific cultural and psychological drivers of change. Within these constraints, receptive visual media stands as a promising, low-cost adjunct to traditional psychosocial support in resource-limited settings.

ACKNOWLEDGEMENTS

The author wishes to express his sincere gratitude to the school administrators for their cooperation and for granting the necessary permissions to conduct this research within their respective institutions. Particular thanks are extended to the research assistants for their fastidious support during the data collection phase, and to the participants for their invaluable time and contribution. Furthermore, the author acknowledges the scholars whose works are cited herein; their research provided the essential theoretical and empirical framework upon which this study is built

DECLARATION OF INTEREST

The author declares no conflicts of interest.

RESEARCH FUNDING

This research did not receive any financial support from external funding agencies; it was entirely self-funded by the researcher.

ETHICAL STATEMENT

Formal approval and permissions were procured from the relevant school administrators prior to the commencement of the study. Informed consent was subsequently obtained from all individual participants; each provided a signed consent form, thereby ensuring that participation was entirely voluntary and that the strictest standards of confidentiality and anonymity were maintained throughout the research process.

AI USE STATEMENT

The authors declare that the generative artificial intelligence (AI) tool, Gemini, was employed solely for the purposes of linguistic refinement and grammatical enhancement. The application of this tool did not influence the scientific content, study design, data analysis, interpretation of findings, or the resulting conclusions of the manuscript. The authors retain full accountability for the integrity and originality of the work herein presented.

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