Research Article Journal of Happiness and Health
2025, Vol. 5, No. 2, 92–101
https://doi.org/10.47602/johah.v5i2.120

Exploring Family Resilience in Parent Caring for Children with Special Needs

Emel Genç

Department of Psychology, Bartın University, Bartın, Türkiye

This qualitative study explores how couples raising a child with special needs manage caregiving-related stress and sustain their psychological and relational well-being. While prior research has predominantly focused on the psychological burden and dysfunction experienced by such families, this study adopts a resilience-oriented perspective grounded in the Family Resilience Framework. Using phenomenological research design, semi-structured interviews were conducted with 10 married individuals from 10 different couples to uncover the lived experiences and adaptive strategies employed in the face of ongoing caregiving challenges. Thematic analysis revealed three overarching themes: 1) Mutual Spousal Support, including shared caregiving responsibilities and emotional responsiveness; 2) Social Network, comprising support from extended family, community, and social media; and 3) Religious Belief in Coping, which involved framing hardship through spiritual narratives and deriving strength from worship. Findings highlight the internal and external resources that foster resilience and underscore the significance of meaning-making, relational rituals, and community-based support in enhancing family well-being. This study contributes to the literature by shifting the focus from pathology to strength, offering practical insights for family-centered interventions, mental health services, and policy frameworks that aim to empower caregiving couples.

Keywords: Family resilience, coping strategies, psychological wellbeing, special needs parenting, spousal support

Children with special needs are generally defined as those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require healthcare and related services beyond those required by children generally (Batshaw et al., 2013). This definition encompasses a broad spectrum of diagnoses, including neurodevelopmental, genetic, psychiatric, orthopedic, and other developmental conditions. As medical and diagnostic advancements increase, the number of children living with disabilities globally is increasing. According to the World Health Organization (2021), approximately 240 million children (i.e., nearly one in ten) live with a disability. This trend demonstrates that there is also a growing number of families who encounter the prolonged and multifaceted challenges of raising a child with special needs. Since these special needs often require specialized care, tailored educational planning, ongoing therapeutic interventions, and lifelong caregiving demands, parents need to have emotional resilience, financial resources, and relationship adaptation (Cheng et al., 2023; Savari et al., 2021).

From the moment of diagnosis, most parents experience intense emotional distress, grief, guilt, uncertainty, and worry about their child and their future (Wahab & Ramli, 2022). Along with adjusting to the day-to-day requirements of caregiving (e.g., scheduling medical visits, arranging treatments, and advocating through school systems), families are also overwhelmed by economic burdens, chronic exhaustion, and even social stigma (Bujnowska et al., 2021; Shetty et al., 2023). Consequently, families may feel socially isolated, especially in contexts where they face unfriendly attitudes or receive inadequate support from members of their extended social networks (Wahab & Ramli, 2022).

These cumulative burdens of emotional, social, and caregiving-related pressures can gradually strain the relationship between the couple. Parenting a child with special needs is highly stressful, and this can disrupt the emotional bond and closeness between partners (Ki & Joanne, 2014). Previous studies also revealed that the chronic stress and physical exhaustion brought on by daily caregiving demands diminish emotional connection and reduce opportunities for physical intimacy (Jellett et al., 2015; Smith et al., 2021). Moreover, unequal distribution of caregiving roles causes role imbalances, frustration, and resentment (Uribe-Morales et al., 2021). In addition, differences in coping styles and emotional processes can trigger conflict, which may result in emotional disconnection between couples (Chan et al., 2020). Over time, such stressors can diminish relationship satisfaction and increase vulnerability to marital dissatisfaction, separation, or divorce (Hartler et al., 2010; Figueiredo & Pereira, 2025).

Despite all these challenges, many couples who are parents of children with special needs exhibit remarkable resilience. Previous studies reported that couples experienced improved relationships as they collaborated to support the needs of their child, especially when partners shared the responsibilities of care, maintained open

Emel Genç https://orcid.org/0000-0002-7921-3185

Correspondence concerning this article should be addressed to Emel Genç, Ph.D., Department of Psychology, Bartın University, Kutlubey Kampüsü-Yazicilar Köyü, Bartın, 741000, Turkey. ORCID: 0000-0002-7921-3185, Email: gncemel@hotmail.com.

communication, and provided emotional support to each other (Falconier & Kuhn, 2019; Hartley et al., 2017). This type of growth in relations is more likely when couples can solve their problems together and are empathetic to each other, even under stressful situations (Falconier & Kuhn, 2019). Additionally, relationship-based interventions might help promote connection and cooperation, enhancing psychological well-being and relational stability within these families.

Considering these challenges, the present study aims to investigate how couples who raise a child with a special need cope with stress and maintain their psychological well-being as they deal with the pressure of providing care for their child. Building on the Family Resilience Framework, this study explains how couples adopt resilience strategies to support their relational and emotional well-being in the face of long-term stress. Understanding these processes is important to strengthen family well-being and shape preventive interventions, family support services, and the development of mental health policies. With the increasing number of childhood disabilities and the increased burden of caring for children, it is highly crucial to determine the resilience-promoting factors and relational dynamics that can support resilience in these couples.

Family Resilience Framework

This research is based on the Family Resilience Framework, which describes family resilience as the ability of families to adapt and to cope positively with the experiences of adversity and stress (Walsh, 2003). This ability involves the capacity of families to be cohesive and flexible within their structures and roles, in their encouragement of open communication and support of each other, and during times of difficulty (Arslan & Wong, 2024). In this sense, family resilience is defined by the capability of families to bond and enhance their personal and mutual well-being through positive adjustment to the experienced challenges.

In the context of this research, the framework will be applied to understand how couples raise a child with special needs, and the strategies they use to ensure they preserve the relational and emotional well-being. Family resilience is shaped by various internal and external factors that help families adapt to challenges. Understanding the determinants influencing resilience strategies is crucial in identifying how families cope with stress and adversity, especially when raising a child with special needs.

Strategies and Determinants in Resilience

In the context of the Family Resilience Framework, strategies adopted by parents play a central role in how families navigate adversity. These strategies generally involve fostering open communication among family members, engaging in collaborative problem-solving to address challenges, and seeking support from both formal networks. The determinants that influence the effectiveness of the strategies can be grouped into three categories: Belief systems, organizational patterns, and communication processes (Walsh, 2003, 2016).

Belief Systems. This encompasses the family's shared values, spiritual beliefs, and optimism, which collectively shape how adversity is interpreted and managed. Families with resilient belief systems can find meaning and purpose in difficult experiences, sustain hope, and maintain a positive outlook that motivates perseverance. Such belief systems provide emotional comfort and help frame caregiving challenges as meaningful, strengthening the family's collective identity and resolve (Arslan, 2023).

Organizational Patterns. Flexibility in family roles and adaptability to changing demands are key features of resilient families. Strong leadership and clearly defined roles allow the family to mobilize internal resources effectively. Additionally, the capacity to access and utilize external social, economic, and community resources supports families in managing stressors. Connectedness among family members and having supportive networks also contribute to organizational strength, enabling families to sustain cohesion during crises.

Communication Processes. Open, clear, and empathetic communication builds trust and emotional safety within the family. It helps family members express their needs and feelings, share information, and make decisions together. This supports coordinated caregiving and problem-solving. It also provides emotional support and reduces misunderstandings, helping the family handle challenges more effectively.

Together, these interconnected strategies and determinants provide the foundation for family resilience, enabling families to withstand stress, maintain psychological well-being, and preserve strong relational bonds, even in the face of the enduring demands associated with raising a child with special needs.

Resilience in Families Raising a Child with Special Needs

Parenting a child with special needs is an emotional and financial burden that affects the entire family system, particularly the relationships between parents and children. Studies have indicated that parents often struggle to maintain emotional bonds with their child, as caregiving demands may lead to feelings of frustration, guilt, and social withdrawal (Arif et al., 2021; Wahab & Ramli et al., 2022). These challenges may also contribute to communication and attachment-related problems, such as emotional distance, inconsistent caregiving, or abandonment (Cridland et al., 2014; Karst & Van Hecke, 2012), In addition to the emotional burden, parents often face financial hardship due to the high costs of medical care, education, therapy, and reduced work capacity of one or both parents (Shetty et al., 2023; Wahab & Ramli, 2022). Further, limited social support systems, whether from extended family or community, can intensify feelings of isolation (Savari et al., 2021). Without sufficient support, parents may experience elevated levels of stress, anxiety, depression, and burnout, all of which influence the family's functions (Wahab & Ramli, 2022).

Despite these hardships, many families demonstrate notable resilience and can cope with hardships. Resilience in this context refers to a combination of an external support system and internal family resources (Walsh, 2016). The external support system, strong family ties, peer support groups, community-based organizations, and social networks sustain family wellbeing (Dimitrova et al., 2024; Savari et al., 2021). These systems provide emotional validation, a sense of belonging, and practical help. Families embedded in supportive communities are more likely to be empowered and have stronger emotional resilience.

Internal family resources (i.e., parenting cooperation, effective communication, flexibility in family roles, and shared beliefs) are

equally important in fostering resilience (Patterson, 2002; Walsh, 2016). Families who can positively interpret their experiences, maintain a sense of coherence, and view their caregiving role as a purposeful mission might adapt to ongoing challenges more effectively (Kochuvilayil & Varma, 2024). For example, parents who work together as a team and share caregiving responsibilities report higher levels of marital satisfaction and emotional closeness, strengthening the family's overall resilience (Leone et al., 2016; Peer & Hillman, 2014). These internal strengths help families survive the challenges and strengthen, building a shared narrative that reinforces their sense of identity, connection, and purpose.

In conclusion, fostering resilience in families raising a child with special needs requires a comprehensive understanding of the internal and external resources available to them. Supporting these families may promote family strengths, relational competence, and emotional resilience in the face of ongoing caregiving demands.

Present Study

Most studies on families raising children with special needs have primarily focused on the psychological burden and relational strain experienced by parents, often highlighting increased risks of stress, depression, and emotional exhaustion. While these findings are important, they emphasize problems rather than how families manage these difficulties. There remains a need for research that shifts the focus from dysfunction to resilience, particularly how parents actively cope with caregiving demands and sustain their emotional and relational well-being over time.

This study aims to address that gap by exploring how couples raising a child with special needs manage stress and maintain psychological well-being in the face of ongoing caregiving challenges. Guided by the Family Resilience Framework, the study focuses on identifying the coping mechanisms contributing to resilience in these families. By centering on the strengths and coping strategies that support well-being, this study aims to deepen the understanding of family resilience processes in the context of raising a child with special needs. Given the aim of the study, a phenomenological approach is deemed appropriate, as it enables a richer and more nuanced understanding of how resilience is constructed and sustained in the everyday realities of caregiving by prioritizing participants' narratives. The findings are intended to contribute to the literature and guide future research and practices that support the psychological well-being of parents by navigating similar caregiving demands.

Method

Participants

A purposive sampling strategy was used to select participants who could provide good insights about couples raising a child with special needs. Purposeful sampling is particularly suitable for qualitative research as it enables the researcher to select participants who are especially experienced with the phenomenon under investigation (Patton, 2015). Eligibility criteria included (a) being married, (b) having at least one child with a formally diagnosed special need, (c) being involved in caregiving, and (d) participants agreed to participate in a one-on-one interview. Recruitment was supported by the snowball sampling technique, which is commonly used in qualitative research to reach participants who may be difficult to reach through conventional sampling methods, especially when the topic involves sensitive experiences. For the recruitment process, the researcher's acquaintances received the invitations and passed them on to other potential participants in their social circle. The researcher contacted individuals interested in participating in the study through email, informing them thoroughly about the study's issue and the interview process. Once potential participants confirmed their interest, a meeting was arranged at a convenient time and place. Before signing the informed consent form, participants were informed they could withdraw from the study without penalty.

Phenomenological research is designed to work on small samples to enable detailed analysis of each case (Creswell, 2013). It is recommended to recruit between 5 and 25 individuals to achieve data saturation and maintain analytic rigor (Creswell, 2013). In this study, data saturation was reached within this sample size. The current study included 10 participants (6 females and four males), ranging in age from 32 to 64, with a mean age of 44.1 years. Their educational backgrounds varied from primary school to doctoral level. They represented various occupations, including homemakers, technicians, teachers, social workers, and retirees. Their marriages ranged from 7 to 38 years, with an average of 18.3 years, and the number of children per family varied between one and three. The children's diagnoses included autism spectrum disorder (ASD), Down syndrome, cerebral palsy, and attention-deficit/hyperactivity disorder (ADHD). All participants were parents of at least one child with a formally diagnosed developmental or neurological condition and were actively involved in caregiving.

The participants were married couples, but individual interviews were conducted with each partner to ensure comfortable and open responses. Only two participants (Participants 3 and 4) did not have their spouses interviewed, as their partners chose not to participate in the study. The participants are henceforth referred to numerically from 1 to 10, and their demographic information is presented in Table 1.

Procedure

This research adheres to a phenomenology research design (Moustakas, 1994) to examine the lived experience of couples who have a child with special needs. The focus of this study is to examine how couples navigate the challenges of caregiving and maintain their psychological well-being. Hence, this method was selected for this study since it enables a greater understanding of the subjective experience of couples and the ways they construct meaning around challenges. In this method, the researcher uses a process known as phenomenological reduction, where he or she suspends preconceptions and biases to gain a pure appreciation of the participants' experiences. By focusing on the participants' experiences, this approach aims to uncover the underlying meanings that are ascribed to their lived realities. The data analysis was conducted inductively, without applying any theoretical framework during the initial coding and theme development process. Instead, participants' lived experiences and perspectives guided the emergence of themes. However, the Family Resilience Framework was later used in the discussion section to interpret and contextualize the findings.

Before the data collection process, the university's Institutional Review Board approved the study (14.06.2022/2022-SBB-0296).

Table 1. Demographic characteristics of the participants

Participant	Gender	Age	Education	Occupation	Duration of marriage	Number of Children	Child's Diagnosis
1	Male	36	Associate degree	Auto Mechanic	7 years	1	Autism spectrum disorder
2	Female	32	High School	Housewife	7 years	1	Autism spectrum disorder
3	Female	36	Bachelor's degree	Teacher	11 years	1	Down syndrome
4	Female	45	Doctorate	Academic	16 years	1	Autism spectrum disorder
5	Female	62	Primary School	Housewife	38 years	3	Cerebral palsy
6	Male	64	Primary School	Retired	38 years	3	Cerebral palsy
7	Male	47	Master's degree	Maneger	21 years	2	Autism spectrum disorder
8	Female	44	Bachelor's degree	Social worker	21 years	2	Autism spectrum disorder
9	Female	35	Bachelor's degree	Secretary	12 years	1	Attention-deficit/hyperactivity disorder
10	Male	40	Associate degree	Technician	12 years	1	Attention-deficit/hyperactivity disorder

The research team conducted semi-structured interviews. All interviews were conducted online via Google Meet using a semi-structured interview guide. Participants were interviewed privately to ensure comfort and confidentiality. Before the interview, all participants were informed about the study procedure and provided a consent form. Each interview lasted approximately 45 to 60 minutes.

Interview questions were designed to explore how couples navigate the emotional and practical demands of raising a child with special needs. The interviews explored how parents cope with stress, maintain their psychological well-being, and adapt to the ongoing responsibilities of caregiving both as individuals and as a couple. Sample interview questions included: "Can you describe how your relationship changed after your child's diagnosis?", "What kinds of challenges do you and your partner face in caregiving, and how do you manage them together?", "What helps you stay hopeful when things become overwhelming?", "What helps you relieve stress when you feel stressed out?", and "How do you support your wife/husband during difficult times?". All interviews were audio-recorded with participants' consent, then transcribed verbatim.

Data Analysis

The interviews were analyzed using thematic analysis via MAXQDA, following the six-phase approach outlined by Braun and Clarke (2006). First, researchers familiarized themselves with the data through repeated readings of the transcripts. In the second phase, initial codes were generated to capture recurring ideas, emotions, and coping strategies reported by participants. In the third phase, these codes were organized into broader themes by clustering similar patterns that reflected shared aspects of participants' experiences. During the fourth phase, themes were reviewed and refined to ensure accuracy and coherence. All themes and subthemes were clearly defined and named in the fifth phase. Finally, in the sixth phase, themes were written up and illustrated with direct participant quotes to capture the depth and richness of their lived experiences.

For this study, initial notes captured key emotions, contradictions, and descriptive phrases (e.g., "we share the housework," "we still have date night"). Based on these notes, codes such as shared responsibility and emotional intimacy were developed. For example, "Even though we are tired, we always make time for each other at night" reflects efforts to sustain emotional closeness, which maintains the emotional connection subtheme and is later categorized under the theme of mutual spousal support. These codes and subthemes were refined across transcripts to identify consistent relational and emotional processes that supported resilience.

Trustworthiness and Rigor

The trustworthiness of this study was ensured using peer debriefing, member checking, and reflective journaling (Lincoln & Guba, 1985). Peer debriefing involved regular meetings between the author, a Turkish female associate professor in psychology experienced in qualitative inquiry, and a senior researcher who identifies as a male specializing in autism and special education. These meetings focused on reviewing coded data, discussing theme development, and challenging interpretations to minimize researcher bias. Member checking was employed to enhance the credibility of the findings. After the data analysis, a summary of the themes and sample quotations was sent to the participants via email to confirm that the interpretations accurately reflected their experiences. Eight participants confirmed the accuracy of the analysis, and two participants provided minor clarifications, which were incorporated into the final report. No participant requested the removal or modification of any theme. The researcher maintained a reflective journal throughout the data collection and analysis to enhance the study's transparency and reflexivity. This journal documented emotional responses, assumptions, and evolving thoughts related to the participants' narratives. The author actively examined these reflections to identify and bracket personal biases, aiming to remain grounded in the participants' perspectives while acknowledging her subjectivity.

Results

Thematic analysis of the interview data revealed three overarching themes that reflected the processes through which couples raising a child with special needs sustained their emotional and relational well-being: *(1) mutual spousal support, (2) social network, and (3) religious belief in coping.* These themes captured the multifaceted nature of family resilience and highlighted internal and external resources that couples relied on to navigate caregiving-related stress, as presented in Table 2.

Mutual Spousal Support

Couples emphasized the importance of mutual emotional and practical support in managing the ongoing challenges of raising a child with special needs. Spousal cooperation was consistently described as a critical internal resource that helped them maintain

balance, reduce emotional overload, and preserve their romantic relationship quality. This overarching theme encompassed three interrelated subthemes: Division of Labor in Caregiving, Emotional Support and Understanding, and Affection and Couple Bond (see Figure 1).

Table 2. Themes captured the multifaceted nature of family resilience

Main Theme	Subthemes	Prevalence
1. Mutual Spousal Support	Division of labor in caregiving	4/10
	Emotional support and understanding	5/10
	Affection and couple bond	6/10
2. Social Network	Support from extended family	5/10
	Community-based assistance	6/10
	Social media support	4/10
3. Religious Belief in Coping	Framing life as a divine test	5/10
	Emotional relief through worship	5/10
	Sacred trust	3/10

Participants highlighted that sharing caregiving responsibilities was key to preventing emotional and physical exhaustion. Many couples had developed a routine or an informal agreement to divide tasks such as feeding, dressing, school drop-offs, or medical appointments. This collaborative approach created a sense of partnership, reinforcing their resilience as a family unit. One participant (P4) illustrated this dynamic:

> Fortunately, my husband is very supportive. We were both working, but one of us needed to stay home to take care of our child, to drop him off, pick him up from school, and follow up on everything. He quit his full-time job and later found a part-time position. So, while I'm at work, he takes care of our child during the day. When I return home, I take over the caregiving responsibilities, and then he goes to work. That's how we divided the responsibilities. Otherwise, it wouldn't be fair to put all the burden on him.

This example reflects how caregiving responsibilities were negotiated and adjusted in response to the family's needs.

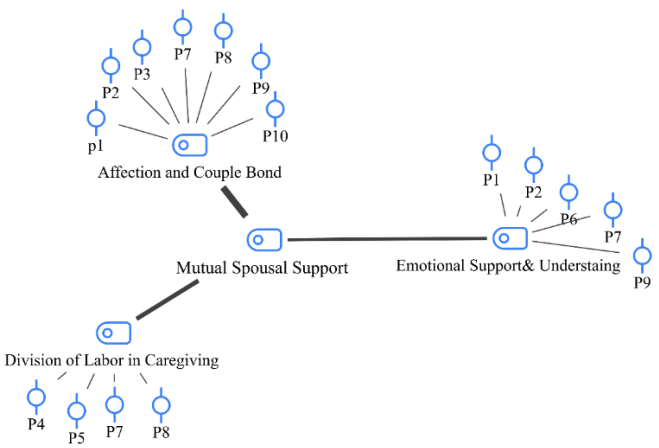

Figure 1. Code-subcodes-segment model for the theme of mutual spousal support

Rather than assuming traditional gender roles or rigid structures, couples adapted their routines to prioritize the child's well-being while balancing each partner's capacity.

Secondly, emotional support and understanding emerged as a central aspect of resilience. Couples attuned to their partner's emotional states, expressed empathy, and offered validation. They reported feeling more connected and emotionally secure. This emotional reciprocity served as a buffer against the stressors associated with caregiving. Most participants, regardless of gender, described their spouses as their primary source of emotional support. They emphasized that their partners truly listened to them and understood their inner states better than anyone else.

> Our child is very active, so the school constantly complains. As the parent, I'm the one who gets scolded every time, sometimes even in front of others, and I feel deeply ashamed. Eventually, they told us to take our child out of the school. I was devastated. I told my husband, and first, he calmed me down. Then he immediately called the teacher and went to the school the next day. He spoke directly with the principal. My husband didn't just accept the situation like I did. He was furious and said he would pursue legal action if needed. After that, the school backed down and apologized. Since then, I've stopped crying silently. Like my husband, I now say, 'Our child is hyperactive; this is his nature. It's not him who needs to change; you need to adapt the environment to him.' (P9)

This example illustrates how the partner's protective role can be empathetic support and active advocacy. The partner's ability to validate emotional distress while taking practical steps to address the situation strengthened the participant's sense of being supported and empowered.

> Finally, couples discussed strategies for affection and the couple bond, even under pressure. Despite the intense demands of parenting, they made deliberate efforts to maintain intimacy and emotional closeness through shared rituals, communication, and quality time. One participant (P8) noted, *"No matter what happens, my husband always makes time for us. At least once a week, we leave the kids and go for a walk, to the park, or out for dinner, just the two of us."* Another participant shared (P7), *"My wife is my biggest blessing. I love her so much and always say that no one else could ever tolerate me like she does.*" These expressions showed the impact of deliberate emotional investment and a sense of mutual appreciation on the strength of their relationship

These subthemes demonstrate that couples consciously focus on maintaining their relationship in the face of everyday pressures, indicating that the relationship between the ongoing emotional investment leads to the development of reciprocated resilience in a child with special needs.

Social Network

Besides the internal factors in the family, participants emphasized the significance of external support outside of the immediate couple relationship. A strong social network emerged as an essential external resource that assisted families in managing their caregiving roles and reducing stress. This theme comprised three interrelated subthemes: Support from Extended Family, Community-Based Assistance, and Social Media Support (see

Figure 2).

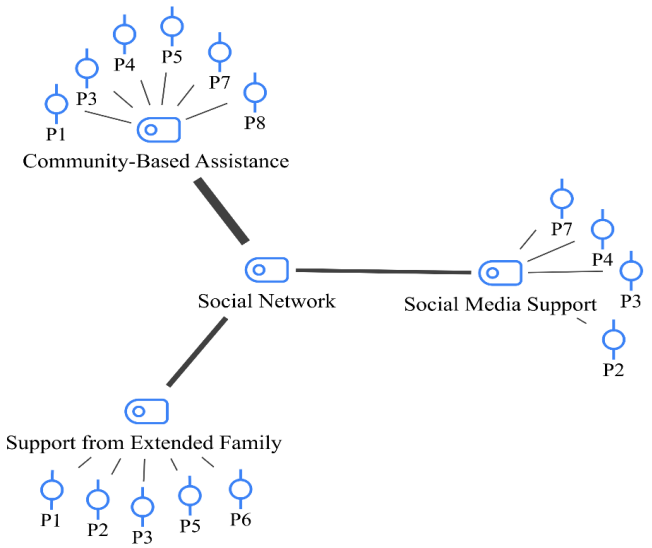

Figure 2. Code-subcodes-segment model for the theme of social network

Several participants explained that they had the support of an extended family, particularly grandparents, siblings, and in-laws, who sometimes assisted in childcare, domestic work, or emotional support. This informal assistance temporarily relieved couples and made them less isolated in their problem. For example, Participant 6 (P6) reported:

> My sister-in-law, Canan, is ready to help us without being asked. She takes care of my daughter, who is mentally disabled and cannot walk or leave home. We cannot leave her alone at home, but fortunately, Canan usually comes to take care of her. That gives us the time to go out and do our errands in between.

The other notable subtheme was the presence of community-based assistance, such as neighborhood, friends, local organizations, school-family associations, and religious groups. Participants noted that people within their immediate environments tend to show empathy and a desire to assist. They were mainly provided with emotional and spiritual support rather than physical or financial assistance. The majority of participants shared their experiences that the prayers of such people around them and the compassion and care that people had towards their children made them feel supported and relieved. The sense of protection and kindness from these community members contributed to their emotional resilience and well-being. For instance, the mother of an autistic child expressed that:

> We have sohbet (spiritual gathering) sessions every Friday at the mosque, but initially, I didn't want to go because there was no one to take care of my child, and he wouldn't stay there either. My friends, knowing this, always encouraged me to come with my child, saying it would be good for both of us. Whenever I went to the lodge, someone was there to engage with and play with my child. This way, I could catch my breath and have space for myself. (P5)

Finally, several parents emphasized the importance of social media support. Participants reported that access to social media support groups has enabled them to more easily reach experts, including therapists, educators, and physicians working in the field. Additionally, they mentioned that they communicate with other parents in similar situations, providing mutual support in various aspects. As a result, they noted that they could resolve issues more easily during crises, felt less helpless, and experienced a reduction in feelings of isolation. For example, many participants reported that they could find medicines unavailable in Turkey through their social media network. Further, participants indicated that the informational content shared by these professionals on social media has provided them with various methods, such as physical exercises, concentration exercises, and behavior modification techniques, which can be implemented in home settings.

> Here, in Turkey, the healthcare system does not provide every medication anymore. For months, we couldn't find the medications Ahmet needed. We posted in these groups, and thankfully, someone from Canada, whose son also uses the same medication, sent it to us for free. (P4)

These subthemes underscore how the availability and quality of social networks can play a decisive role in supporting family resilience. When families felt backed by their broader environment, they were better able to maintain their emotional stability and fulfill the demands of caregiving.

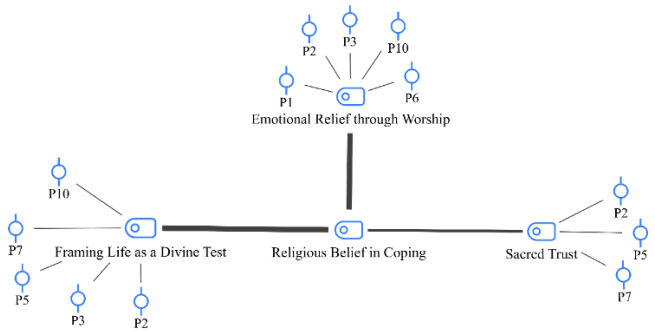

Figure 3. Code-subcodes-segment model for the theme of religious belief in coping

Role of Religious Beliefs in Coping

For many participants, religious belief served as a vital coping mechanism, helping them navigate the emotional, physical, and psychological demands of raising a child with special needs. This theme includes two core subthemes: Viewing Life as a Divine Test, Emotional Relief through Worship, and Sacred Trust (see Figure 3).

> Viewing Life as a Divine Test reflects how participants framed their experiences through the lens of Islamic teachings. Many parents interpreted the experience of raising a child with special needs as a divine test (imtihan)—an opportunity for spiritual growth and eventual reward in the afterlife. This belief provided meaning, acceptance, and hope. Children were often seen as innocent beings who would lead their families to Paradise (cennet). As one participant (P5) expressed, "*Özlem will take us to heaven one day.*" Another participant (P3) shared, "*This test is worldly and temporary. Well, it is tough, but we know they will not last forever."*

The subtheme of emotional relief through worship emphasizes the relief experienced by participants through religious practices such as prayer, reciting the Qur'an, and engaging in charitable acts. Many participants stated that worship was not merely an obligation

but a genuinely satisfying experience. Also, participants noted that turning to God gave them strength, calmed their anxieties, and helped them manage feelings of helplessness. One participant (P10) stated:

Things were so bad that when my son had more problems and I lost my job, I could not even go home due to shame and my debts. This is the time I began praying, stopped drinking alcohol, and began focusing on the acts that please Allah. I felt stronger, like Allah was helping me directly.

Perceiving the child as a "scared trust" (emanet) is another important subtheme. That helps the parents view their children as a divine gift from Allah, instead of a burden. This perception strengthens parents to manage caregiving stress with patience and compassion. For example, participant 7 (P7) said, "*It's hard, but we remain patient, because this child is a trust from God. We care for this trust with utmost devotion. May God help us."*

Overall, the participants' religious beliefs were not simply comforting but a cognitive framework employed in redefining hardship as having a worthwhile and tolerable purpose. All these subthemes indicate how religious views and religious practices assisted participants in gaining emotional stability, making sense of adversity, and maintaining inner peace despite adversity. These beliefs gave participants power to survive and persevere and gave the strength to continue caregiving instead of being passive.

Discussion

This study examined how couples who have a child with special needs maintain their psychological health amid the emotional burden of being parents of a disabled child. The research findings based on the Family Resilience Framework (Walsh, 2003, 2016) identified three key themes: mutual spousal support, social network, and religious belief in coping, as the studies reflect on internal and external resources that support relational and emotional resilience against long-term stress. This finding is consistent with and a contribution to the current body of literature, focusing not merely on the adaptive load of caregiving, but also on healthy adaptive mechanisms that support family resilience under adverse conditions.

Similar to the findings of previous studies (Figueiredo, S., & Pereira, 2025; Leone et al., 2016), the couples in the current study reported that emotional and practical assistance between partners was a fundamental part of their capacity to deal with the demands of caregiving. The subthemes, such as division of labor, emotional support and understanding, affection and marital bond, demonstrate that the roles of a caregiver were not merely distributed but rather discussed among the participants of the marriage to make them fair, flexible, and mutually beneficial. This result is supported by Walsh's assertion (2003), which states that strong families can adapt their role structures to support the needs of the family members as circumstances change and remain emotionally cohesive. According to Arif et al (2021), participants who reported high emotional attunement and close connection with their partners felt less lonely, more secure, and better equipped to respond to their child's needs. Emotional support and understanding were not limited to verbal empathy. However, it extended to protective actions, such as advocacy or stepping in during emotionally charged situations, which helped foster a shared sense of control. The intentional efforts couples made to maintain intimacy through shared rituals and expressions of love confirm Patterson's (2002) emphasis on the importance of relational rituals in sustaining family resilience.

The role of extended family, community-based assistance, and social media support aligns with the notion that external resources act as critical protective factors in family resilience (Arslan, 2023, 2024; Dimitrova et al., 2024; Savari et al., 2021). Support from family members, especially siblings, provided parents with respite from caregiving duties and reinforced the sense that they were not alone in their struggles. Community-based support, including religious meetings, school-family associations, or neighborhood relationships, was also an important factor in strengthening resilience. Participants highlighted that even the smallest gestures, including being prayed for or engaging compassionately with their child, brought emotional relief and a sense of communal support. This supports earlier findings by Wahab and Ramli (2022), who underscored the psychosocial benefits of inclusive environments in mitigating caregiver isolation. In addition, the availability of digital support systems like social media groups helped families bypass health and education system obstacles. These platforms functioned as a source of informational exchange and peer support.

Importantly, this study illuminates the role of religious belief in the lives of caregiving couples. Participants framed their child's condition within a religiously structured worldview, seeing it as an "imtihan" (divine test) that holds both challenge and promise. This result aligns with existing literature suggesting a connection between religious meaning-making, lowered psychological distress, and increased resilience (Hakkim & Debb, 2021). The verse from the Quran, "*And We will surely test you with something of fear and hunger and a loss of wealth and lives and fruits but give good tidings to the patient*." (Surah Al-Baqarah, 2:155), highlights the inevitability of trials and positions patience (sabr) as a virtue rewarded by divine favor.

Furthermore, the belief that their child was a path to paradise reframed suffering as meaningful and helped parents reinterpret adversity as spiritually transformative. Similarly, another salient finding was that parents perceived their child as a *sacred trust* (*emanet*) from God. These beliefs gave spiritual meaning to caregiving, turning hardship into a purposeful duty. Thus, considering the caregiving role as an act of worship helped parents feel hopeful and emotionally grounded. According to Walsh (2016), shared belief systems contribute to resilience by providing narrative coherence, a collective way of making sense of events that strengthens identity and purpose. In this study, Islamic teachings provided a moral and spiritual framework for enduring hardship. As stated in the Quran verse: "*Indeed, with hardship comes ease."* (Surah Ash-Sharh, 94:6). This promise of ease following hardship reinforced parents' hope and perseverance, allowing them to reframe their caregiving role not as a burden, but as a path toward spiritual elevation.

In addition, many participants described worship practices, such as prayer, reciting religious texts, and acts of charity, as powerful emotional regulators. These practices offered comfort, calmed inner turmoil, and instilled hope. Notably, this coping mechanism was active, agentic, and spiritually motivated. It involved conscious decisions to strengthen their relationships with God and take

purposeful action, such as leaving harmful habits, advocating for justice, or caring for others.

Limitations and Future Directions

This study provides important insights into the coping strategies and resilience of couples raising a child with special needs; however, several limitations should be acknowledged, suggesting fruitful avenues for future research. First, the study employed a qualitative phenomenological design with a small, culturally homogeneous sample. All participants were recruited from a single cultural and religious context where Islamic beliefs and collectivist family norms played a central role in meaning-making. Consequently, the findings may not generalize to families from other religious, cultural, or socio-political backgrounds. Future research could address this limitation by adopting comparative or mixed methods approaches to examine how diverse cultural or religious frameworks shape caregiving and resilience.

Second, the data relied on self-reported interviews, which may be subject to recall bias and social desirability effects. Cultural norms emphasizing family unity and religious endurance may have led participants to overstate positive aspects of their coping or underreport relational conflict and emotional strain. Future studies may benefit from incorporating observational methods, triangulation of data sources, or longitudinal tracking to capture changes and contradictions over time.

Third, the sample included only couples who remained together while raising a child with special needs. Families who experienced separation or divorce were not represented, which may have led to an overrepresentation of successful coping narratives and an underrepresentation of relational breakdown or maladaptive coping. Further research should intentionally include families facing a broader range of relational outcomes to better understand resilience under strain.

In addition, although both mothers and fathers were interviewed, gender dynamics in caregiving were not the primary focus of this study. Future research should explore how gendered expectations and social roles influence caregiving burdens, emotional labor, and relational dynamics within couples navigating special needs parenting.

Another limitation of the study is that it did not differentiate caregiving experiences by the type of the child's disability. Future studies may explore how diagnosis-specific challenges influence parental stress and coping mechanisms.

Moreover, given the central role of religious belief in participants' meaning-making and emotional regulation, further exploration is needed into spiritual coping mechanisms. Research investigating the strengths and potential limitations of religious coping, including risks such as spiritual bypassing, fatalism, or isolation from formal support systems, can contribute to a more balanced understanding of its role in resilience.

Implications for Clinical Practice

The findings contribute to the Family Resilience Framework by illustrating how religious meaning-making, gender-flexible role sharing, and community belonging intersect to promote resilience. While Walsh's model emphasizes shared beliefs and emotional communication, this study highlights how culturally specific religious doctrines and practices can serve similar functions, offering purpose, emotional relief, and interpersonal cohesion. This suggests that resilience models must be culturally contextualized to capture the lived experiences of diverse families fully.

From a practical standpoint, the results underscore the importance of integrating faith-sensitive approaches into psychosocial support programs for families of children with special needs. Practitioners should consider the religious and cultural frameworks that shape parental meaning-making and emotional regulation. Moreover, to ensure ethical and effective care, clinicians and counselors should be trained not only in faith-informed practices but also in cultural humility, an ongoing process of self-reflection and openness that helps avoid stereotyping or cultural assumptions. Policies that facilitate access to community networks, inclusive schools, and flexible caregiving arrangements can further strengthen family systems and reduce long-term stress.

Conclusion

This study highlights how Turkish couples raising a child with special needs demonstrate resilience through mutual spousal support, engagement with social networks, and reliance on religious beliefs, within the context of their cultural values. These findings reaffirm the importance of both internal family processes and external resources in sustaining psychological and relational well-being. However, given the non-random nature of the sample, the results should be generalized to other groups or settings with caution. By centering the voices of caregiving couples, this study enriches our understanding of resilience and points to culturally embedded strategies that enable families to face long-term adversity with strength, unity, and hope.

Compliance with Ethical Standards

Disclosure of Potential Conflicts of Interest. The authors declare no conflicts of interest related to the research, authorship and/or publication of this article.

Funding. The authors have received no financial support for the research, authorship and/or publication of this article.

Ethical Approval. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Ethical approval was received from Bartın University Ethics Board with decision date/number: 14.06.2022/2022-SBB-0296.

Informed Consent. Consent was obtained from all participants included in the study.

Data Sharing Statement. The data file for this study is available upon request.

Acknowledgements. This article was conducted as part of the study titled "Effectiveness of an Early Group-Based Psychological Intervention for Parents of Children with Intellectual Disabilities." The author thanks Özge Ataş for her assistance during the data collection process.

Received: June 27, 2025
Accepted: September 17, 2025
Published Online: October 1, 2025

References

Arif, A., Ashraf, F., & Nusrat, A. (2021). Stress and coping strategies in parents of children with special needs. *JPMA. The Journal of the Pakistan Medical Association*, *71*(5), 1369–1372. https://doi.org/10.47391/JPMA.1069

Arslan, G. (2023). My parents inspire me to succeed: Enhancing academic well-being through resilient mindset and mental toughness. *Child Indicators Research, 16*(6), 2475–2488. https://doi.org/10.1007/s12187-023-10063-9

Arslan, G. (2024). Cultivating resilience and resilient mindset in schools: Practices and strategies for youth. In G. Arslan & M. Yıldırım (Eds.), *Handbook of positive school psychology: Evidence-based strategies for youth well-being (pp. 1–12)*. Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-031-54295-4_1

Arslan, G., & Wong, P. (2023). Embracing life's challenges: Developing a tool for assessing resilient mindset in second wave positive psychology. *Journal of Happiness and Health, 4*(1), 1–10. https://doi.org/10.47602/johah.v4i1.53

Batshaw, M. L., Roizen, N. J., & Lotrecchiano, G. R. (2013). *Children with disabilities* (7th ed.). Brookes Publishing.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bujnowska, A. M., Rodríguez, C., García, T., Areces, D., & Marsh, N. V. (2021). Coping with stress in parents of children with developmental disabilities. *International Journal of Clinical and Health Psychology: IJCHP*, *21*(3), 100254. https://doi.org/10.1016/j.ijchp.2021.100254

Chan, K. K. S., & Leung, D. C. K. (2020). The impact of child autistic symptoms on parental marital relationship: Parenting and coparenting processes as mediating mechanisms. *Autism Research: Official journal of the International Society for Autism Research*, *13*(9), 1516–1526. https://doi.org/10.1002/aur.2297

Cheng, A. W. Y., & Lai, C. Y. Y. (2023). Parental stress in families of children with special educational needs: a systematic review. *Frontiers in Psychiatry*, *14*, 1198302. https://doi.org/10.3389/fpsyt.2023.1198302

Creswell, J.W. (2013). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches.* 4th Edition, SAGE Publications, Inc., London.

Cridland, E. K., Jones, S. C., Magee, C. A., & Caputi, P. (2014). Family-focused autism spectrum disorder research: A review of the utility of family systems approaches. *Autism: The International Journal of Research and Practice*, *18*(3), 213–222. https://doi.org/10.1177/1362361312472261

Dimitrova, E., Kouroupa, A., & Totsika, V. (2024). Resilience in families of autistic children and children with intellectual disability during the COVID-19 pandemic. *American Journal on Intellectual and Developmental Disabilities*, *130*(1), 24–40. https://doi.org/10.1352/1944-7558-130.1.24

Falconier, M. K., & Kuhn, R. (2019). Dyadic Coping in Couples: A conceptual ıntegration and a review of the empirical literature. *Frontiers in Psychology*, *10*, 412047. https://doi.org/10.3389/fpsyg.2019.00571

Figueiredo, S., & Pereira, R. (2025). Marital cohesion and perceived stress in parents of children with special educational needs: A study of the impact on couple dynamics. *Children*, *12*(4), 436. https://doi.org/10.3390/children12040436

Jellett, R., Wood, C. E., Giallo, R., & Seymour, M. (2015). Family functioning and behaviour problems in children with autism spectrum disorders: The mediating role of parent mental health. *Clinical Psychologist*, *19*(1), 39–48. https://doi.org/10.1111/cp.12047

Hakkim, A., & Deb, A. (2021). Resilience through meaning-making: Case studies of childhood adversity. *Psychology Studies*, *66*, 422–433. https://doi.org/10.1007/s12646-021-00627-6

Hartley, S. L., DaWalt, L. S., & Schultz, H. M. (2017). Daily couple experiences and parent affect in families of children with versus without autism. *Journal Of Autism and Developmental Disorders*, *47*(6), 1645–1658. https://doi.org/10.1007/s10803-017-3088-2

Hartley, S. L., Barker, E. T., Seltzer, M. M., Floyd, F., Greenberg, J., Orsmond, G., & Bolt, D. (2010). The relative risk and timing of divorce in families of children with an autism spectrum disorder. *Journal of Family Psychology*, *24*(4), 449–457. https://doi.org/10.1037/a0019847

Karst, J. S., & Van Hecke, A. V. (2012). Parent and family impact of autism spectrum disorders: A review and proposed model for intervention evaluation. *Clinical Child and Family Psychology Review*, *15*(3), 247–277. https://doi.org/10.1007/s10567-012-0119-6

Ki, Y. & Joanne, C. (2014). Stress and marital satisfaction of parents with children with disabilities in Hong Kong. *Psychology, 5*, 349–357. https://doi.org/10.4236/psych.2014.55045.

Kochuvilayil, A., & Varma, R. P. (2024). Navigating the caregiving pathway: Understanding the contextual influences on sense of coherence among family caregivers. *Cureus*. https://doi.org/10.7759/cureus.57815

Leone, E., Dorstyn, D., & Ward, L. (2016). Defining resilience in families living with neurodevelopmental disorder: A preliminary examination of Walsh's framework. *Journal of Developmental and Physical Disabilities*, *28*(4), 595–608. https://doi.org/10.1007/S10882-016-9497-X

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.

Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family 64*(2), 349–360. https://doi.org/10.1111/J.1741-3737.2002.00349.X

Peer, J. W., & Hillman, S. B. (2014). Stress and resilience for parents of children with intellectual and developmental disabilities: A review of key factors and recommendations for practitioners. *Journal of Policy and Practice in Intellectual Disabilities*, *11*(2), 92–98. https://doi.org/10.1111/JPPI.12072

Savari, K., Naseri, M., & Savari, Y. (2021). Evaluating the role of perceived stress, social support, and resilience in predicting the

quality of life among the parents of disabled children. *International Journal of Disability Development and Education*, 1–15. https://doi.org/10.1080/1034912X.2021.1901862

Shetty, J., Shetty, A., Mundkur, S. C., Dinesh, T. K., & Pundir, P. (2023). Economic burden on caregivers or parents with Down syndrome children—a systematic review protocol. *Systematic Reviews*, *12*(1). https://doi.org/10.1186/s13643-022-02165-2

Smith, S. U., Tallon, M., Clark, C., Jones, L. P., & Mörelius, E. (2022). You never exhale fully because you're not sure what's next": parents' experiences of stress caring for children with chronic conditions. *Frontiers in Pediatrics*, *10*. https://doi.org/10.3389/fped.2022.902655

Uribe-Morales, B. M., Cantero-Garlito, P. A., & Cipriano-Crespo, C. (2021). Fathers in the care of children with disabilities: An Exploratory Qualitative Study. *Healthcare (Basel, Switzerland)*, *10*(1), 14. https://doi.org/10.3390/healthcare10010014

Wahab, R., & Ramli, F. F. A. (2022). Psychological distress among parents of children with special needs. *International Journal of Education, Psychology and Counseling*, *7*(46), 498–511. https://doi.org/10.35631/ijepc.746037

Walsh F. (2003). Family resilience: a framework for clinical practice. *Family process*, *42*(1), 1–18. https://doi.org/10.1111/j.1545-5300.2003.00001.x

Walsh, F. (2016). Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, *13*(3), 313–324. https://doi.org/10.1080/17405629.2016.1154035

World Health Organization. (2021). *World report on disability 2021*. World Health Organization. https://www.who.int/disabilities/world_report/2021/en/