

PARENTAL STRESS, RELIGIOUS COPING, AND PSYCHOLOGICAL WELL-BEING AMONG MOTHERS OF CHILDREN WITH AUTISM

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ABSTRACT

Religious coping may be a means for mothers of children with Autism to deal with the responsibilities of caring, which can affect parental stress and psychological well-being. The topical study looked at the relationships between psychological well-being, religious coping, and parental stress of mothers of children with autism. The field employed a quantitative, cross-sectional correlational design. Purposive sampling was utilized to choose 200 mothers of children with ASD from autism rehabilitation facilities in Lahore, Pakistan. The Autism Parenting Stress Index (APSI), Brief COPE, and WHOQOL-BREF were used to gather data. SPSS-v25 was used to perform statistical analysis. The relationships between parental stress, religious coping and psychological well-being were examined using Spearman's rank-order correlation because the research variables did not match normality assumptions. The combined impact of religious coping and parental stress on psychological well-being was also investigated using multiple regression analysis. The aggregation indicated that there was no significant correlation between religious coping and parental stress ($r_s = -.074$, $p = .295$). Additionally, there was no significant correlation between psychological well-being and parental stress ($r_s = .029$, $p = .681$) or religious coping ($r_s = .031$, $p = .661$). The regression model explained 1.4% of the variation in psychological well-being ($R^2 = .014$), although it was not statistically significant ($F(2, 197) = 1.360$, $p = .259$). These results show that there were no statistically evidential correlations between religious coping and PS and psychological well-being in the current sample. The results add to the little body of research on psychological health, religious coping, and parental stress in Pakistani mothers of children with autism.

I. INTRODUCTION

Autism spectrum disorder (ASD) is a neurological disorder that may affect a child's behaviour, social interaction and communication. Because early detection of ASD can assist in early developmental evaluation and intervention for children. A variety of technologies have been investigated recently to aid in the early identification of ASD. Several types of data have been applied to the study of machine learning (ML) and deep learning (DL) techniques, such as clinical data, questionnaires, behavioural observations, speech, eye tracking, brain activity and brain

imaging. Onyango et al., (2026) argue that these techniques could help in the early diagnosis of ASD but, depending on the population, the type of data and the testing technique used, these methods are not always effective. The authors also highlighted the importance of proper validation, fairness, and trustworthy testing, before these technologies can be widely used in clinical contexts. As a result, specialized clinical evaluation is still crucial for diagnosing ASD (Onyango et al., 2026). ASD is a neurodevelopmental disorder marked by finite or repetitive behavioural patterns and abnormalities in social communication and interaction (Tafolla et al., 2025). mothers of children with autism may have continuing duties concerned to their children's attention and assistance, and the traits and support requirements of children with autism vary greatly. Parental stress, which is defined as stress encountered in the context of parenting and caregiving, may be linked to these caring duties. Prior studies have shown that higher PIS may be linked to worse wellbeing and have emphasized the significance of parental stress in comprehending the psychological experiences of mothers of children with autism (Rusu et al., 2025).

Parental stress and well-being were shown to be significantly correlated negatively in a meta-analysis of 86 research comprising 22,108 parents, indicating that more parental stress was often linked to worse well-being (Rusu et al., 2025). Positive psychological functioning and an individual's sense of well-being are referred to as psychological well-being, which is another significant facet of mother's experiences with children with autism. Psychological well-being and caregiving experiences have been explicitly studied in mothers of children with autism; the results show the standing of psychological well-being in this group (Desiningrum et al., 2019; Barnameh et al., 2024). Parental stress is a major psychological phenomenon that can occur when parenting responsibilities are overwhelming. A parent's role involves caregiving for their children, but also involves many other things that happen on a day-to-day basis. Children's emotional and behavioral development may be impacted by high amounts of parental stress. Different parenting and family-related obligations can have an impact on parental stress. Children may have emotional and behavioral issues when their parents are under a lot of stress. In order to promote the wellbeing of both parents and children, it is crucial to comprehend parental stress (Ribas et al., 2024).

The use of religious Ritus and beliefs as a coping performance for stressful situations is known as religious coping. Although its link to psychological effects can vary across persons and places, it may offer people a framework for understanding and managing stressful situations (Kegeloh et al., 2012). According to earlier studies, religious coping and psychological well-being are related in some groups (Pankowski & Wytrychiewicz-Pankowska, 2023). Additionally, studies have specifically looked at how mothers of children with autism deal with religion. PS strongly expected parent well-being, but RC did not pretend significant main or interacting effects, according to Davis and Kiang's (2020) investigation of parental stress, religious coping, and parent well-being among mothers of children with autism. While prior studies have looked at psychological well-being, religious coping, and parental stress, very little research has looked at the links between these three variables at the same time among mothers of children with autism, especially in the Pakistani setting. Thus, among mothers of children with autism, the incumbent study looked at the relationships between psychological well-being, religious coping, and parental stress.

II. LITERATURE REVIEW

Parental stress, religious coping and psychological wellbeing in mothers of children with autism have all been examined in the literature, although there have been inconsistent findings in relation to these links. Parental stress is an important psychological concept in the context of providing care and more extensive research indicates that increased parental stress may be associated with poorer well-being. In a meta-analysis of 86 researches with 22,108 parents, Rusu et al. (2025) discovered a strong inverse relationship between parental stress and parental wellbeing. In an acquisition that focused on mothers of children with autism, Davis and Kiang (2020) looked at religious coping and parental stress. Religious coping did not reveal any significant main or interaction effects, but parental stress had significant effects on parent well-being. Based on their findings, the connection among religious coping, parental stress, and well-being could differ across specific demographics and contexts studied. Religious coping and psychological well-being have also been investigated in different communities. Barnameh et al. (2024) investigated the effects of assertiveness training and logotherapy on psychological well-being and cognitive emotion regulation among mothers of children with autism spectrum disorder (ASD). The study involved 60 mothers who were randomly assigned to two intervention groups and a control group. Psychological well-being

was assessed using Ryff's Psychological Well-Being Scale, and participants in both intervention groups received eight training sessions. The findings revealed significant differences in psychological well-being among the groups, suggesting that both assertiveness training and logotherapy were associated with improvements in mothers' psychological well-being. However, logotherapy demonstrated greater effects than assertiveness training. These findings highlight the potential value of psychological interventions in promoting the well-being of mothers raising children with ASD. Nevertheless, the study focused on intervention outcomes rather than examining the relationships among parental stress, religious coping, and psychological well-being, indicating the need for further research into these variables (Barnameh et al., 2024).

Previous research has demonstrated a significant association between parental stress and psychological well-being among parents of children with developmental disabilities. Shahbaz and Zehra (2025) investigated this relationship among 127 mothers of children with mild to severe intellectual disabilities in Lahore, Pakistan. Their findings revealed a significant negative relationship between parental stress and psychological well-being, indicating that higher levels of parental stress were associated with lower psychological well-being. Greater stress was particularly associated with difficulties in self-acceptance, positive relationships with others, and a sense of purpose in life. These findings suggest that the ongoing caregiving demands and challenges associated with raising a child with a developmental disability may adversely affect maternal psychological well-being. This relationship may also be relevant to mothers of children with ASD, who may experience persistent caregiving responsibilities and developmental challenges. However, because intellectual disability and ASD are distinct diagnostic conditions, further research is needed to determine whether similar patterns exist specifically among mothers of children with ASD (Shahbaz & Zehra, 2025).

While Pankowski and Wytrychiewicz-Pankowska (2023) discovered a link between religious coping and well-being in their tabular review and meta-analysis, Krageloh et al. (2012) recovered that religious coping is associated to the larger context of coping and varies according to individuals and their religious and spiritual characteristics. Research generally centered on the religious coping of mothers of children with autism, however, has not been consistent in finding a momentous relationship between religious coping and parent well-being; for example, Davis and Kiang (2020) found religious coping to not significantly predict parent well-being. Studies of the correlation between stress of parents and psychological well-being also give conflicting results. Despite this large body of research, some findings may differ across certain communities, as there may be some communities for whom it is not the case that parental stress and well-being are significantly related. In terms of the psychological experiences of mothers of children with autism, psychological well-being has been identified as a key factor (Desiningrum et al., 2019), as well as the study of psychological well-being in intervention research (Barnameh et al., 2024). In general, existing literature provides a framework for the analysis of psychological wellbeing, religious coping, and parental stress in a bid to correlate the three; however, no literature exists that explores the relationship between these three aspects in the context of mothers of children with autism in Pakistan. The present study examines three variables in a sample of Pakistanis in an effort to fill this gap.

Rationale of the Study

Mothers of children with autism spectrum disorder (ASD) may experience considerable psychological and emotional challenges due to the ongoing responsibilities associated with caregiving. According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5-TR), autism spectrum disorder is a neurodevelopmental condition characterized by persistent difficulties in social communication and social interaction, along with restricted and repetitive patterns of behavior, interests, or activities (American Psychiatric Association, 2022). The demands of managing behavioral difficulties, facilitating communication, coordinating educational and therapeutic services, and planning for the child's future may contribute to parental stress. These responsibilities can affect mothers' daily functioning, emotional experiences, and overall psychological well-being. However, mothers do not necessarily experience or respond to caregiving demands in the same way. Their experiences may vary according to the child's individual needs, available social and financial resources, family support, and personal coping strategies. The Transactional Model of Stress and Coping proposed by Lazarus and Folkman (1984) provides a theoretical basis for understanding these differences. According to this model, stress is influenced not only by the demands of a situation but also by how individuals appraise those demands and evaluate their available coping resources. Consequently, understanding parental stress among mothers of children

with ASD requires consideration of the psychological and personal resources they may use to manage caregiving challenges. Therefore, the present study aims to investigate parental stress, religious coping, and psychological well-being among mothers of children with ASD. Specifically, it seeks to examine the relationships between parental stress and religious coping, parental stress and psychological well-being, and religious coping and psychological well-being. It also aims to determine whether parental stress and religious coping significantly predict psychological well-being when considered together. By examining these variables within the Pakistani context, the study may contribute to a better understanding of mothers' psychological experiences and the coping resources they report using in response to caregiving demands.

Objectives

1. To assess the levels of parental stress, religious coping, and psychological well-being among mothers of children with ASD.
2. To examine the relationship between parental stress and religious coping among mothers of children with ASD.
3. To investigate the relationship between parental stress and psychological well-being among mothers of children with ASD.
4. To explore the relationship between religious coping and psychological well-being among mothers of children with ASD.
5. To determine whether parental stress significantly predicts psychological well-being among mothers of children with ASD.
6. To examine whether religious coping significantly predicts psychological well-being among mothers of children with ASD.

Research Questions

1. Is there a significant relationship between parental stress and religious coping among mothers of children with autism spectrum disorder (ASD)?
2. Is parental stress significantly associated with psychological well-being among mothers of children with ASD?
3. Is there a significant relationship between religious coping and psychological well-being among mothers of children with ASD?
4. Do mothers experiencing higher levels of parental stress report lower psychological well-being than those experiencing lower levels of parental stress?
5. To what extent does religious coping explain the relationship between parental stress and psychological well-being among mothers of children with ASD?

Hypotheses

- H1: Parental stress is significantly related to religious coping among mothers of children with autism spectrum disorder.
- H2: Parental stress is significantly related to psychological well-being among mothers of children with autism spectrum disorder.
- H3: Religious coping is significantly related to psychological well-being among mothers of children with autism spectrum disorder.
- H4: Parental stress significantly predicts psychological well-being among mothers of children with autism spectrum disorder.
- H5: Religious coping significantly predicts psychological well-being among mothers of children with autism spectrum disorder.

III. METHOD

Participants

The quantitative, cross-sectional, correlational research design was employed to explore the relationship between parental stress, religious coping, and psychological well-being of mothers of children with autism. The sample was

consisted on (N=200 mothers of children with autism. The samples were chosen from the rehabilitation centers dealing with autism in Lahore, Pakistan, by purposive sampling method. The study was conducted with mothers who were taking care of a child with autism.

Measures

[I] Parental stress was assessed using the Autism Parenting Stress Index (APSI), developed by Silva and Schalock (2012). The instrument consists of 13 items designed to assess stress associated with parenting a child with autism. It focuses on parenting-related challenges and stressors that may arise from the child's characteristics, behavior, and caregiving demands. Higher scores indicate greater parenting stress. The APSI was selected because it specifically addresses stressors associated with raising a child with ASD. The scoring procedure, language version, and psychometric properties of the instrument in the target population should be documented in the final manuscript (Silva & Schalock, 2012). **[II]** Religious coping was assessed using the Brief COPE Inventory, developed by Carver (1997). The Brief COPE is a 28-item self-report instrument designed to assess different coping responses to stressful situations. It consists of 14 two-item subscales representing distinct coping strategies. For the present study, the religious coping subscale was used to assess the extent to which mothers relied on religious beliefs or practices to cope with caregiving-related stress. Because the religious coping subscale contains only two items, its scoring and reliability should be reported separately. It is also important to recognize that these items primarily assess religious coping and do not independently capture the full range of positive and negative religious coping strategies (Carver, 1997). **[III]** Quality of life was assessed using the WHO Quality of Life-BREF (WHOQOL-BREF), developed by the WHOQOL Group. This 26-item self-report instrument assesses perceived quality of life across four domains: physical health, psychological health, social relationships, and environment. It also includes general questions concerning overall quality of life and satisfaction with health. The psychological health domain assesses aspects such as positive and negative feelings, self-esteem, concentration, and body image. Although the WHOQOL-BREF psychological health domain may be relevant to the present study, the instrument measures quality of life rather than psychological well-being as a comprehensive construct. Therefore, the study should consistently describe its outcome as either psychological health-related quality of life or psychological well-being, depending on the operational definition adopted. If psychological well-being is the primary outcome, the choice of instrument should be justified in relation to the specific construct being measured (The WHOQOL Group, 1998).

Procedure

Informed consent was obtained from eligible mothers and their data were collected. Participants were briefed on the aim of the concentration and confidentiality of their responses. All participants were asked to voluntarily complete the demographic information and study measures. IBM SPSS Statistics v-25 was used for the analysis of data. Summary of the study variables was done using descriptive statistics. The assumptions of parametric correlation analysis were not satisfied for normality testing and thus, Spearman's rank-order correlation was used. A multiple regression analysis was performed to determine if parental stress and religious coping together predicted psychological well-being.

II. RESULTS

Table I: Descriptive Statistics of the Study Variables (N = 200)

Variables	<i>M</i>	<i>SD</i>	Median	Mode	Minimum	Maximum
Parental Stress	36.63	3.53	36.00	35	18	46
Religious Coping	48.02	4.22	48.00	49	39	60
Psychological Well-Being	48.47	4.58	48.00	48	36	79

Note. *M* = Mean; *SD* = Standard Deviation. *N* = Sample Size

Descriptive statistics for parental stress, religious coping, and psychological well-being among mothers of children with autism spectrum disorder (ASD) are presented in Table 1. The mean score for parental stress was 36.63 (*SD* = 3.53), with scores ranging from 18 to 46. Religious coping had a mean score of 48.02 (*SD* = 4.22), with a minimum score of 39 and a maximum score of 60. Similarly, psychological well-being had a mean score of 48.47 (*SD* = 4.58),

with observed scores ranging from 36 to 79. The median scores for parental stress, religious coping, and psychological well-being were 36, 48, and 48, respectively, whereas their modal scores were 35, 49, and 48, respectively.

Table II: Spearman's Rank-Order Correlation among Parental Stress, Religious Coping, and Psychological Well-Being (N = 200)

Variables	N	M	SD	1	2	3
1. Parental Stress	200	36.63	3.53	—	-.074	.029
2. Religious Coping	200	48.02	4.22	-.074	—	.031
3. Psychological Well-Being	200	48.47	4.58	.029	.031	—

Note. *N* = Sample size; *M* = Mean; *SD* = Standard deviation. Correlations are reported using Spearman's rank-order correlation coefficient (r_s). All correlations are non-significant at $p > .05$.

Spearman's rank-order correlation was used to examine the relationships among parental stress, religious coping, and psychological well-being among mothers of children with autism spectrum disorder (ASD), as the study variables were reported to be non-normally distributed. The findings revealed a weak negative relationship between parental stress and religious coping, which was not statistically significant. Similarly, parental stress showed a negligible positive relationship with psychological well-being, which was also statistically non significant. Furthermore, religious coping demonstrated a negligible positive relationship with psychological well-being; however, this relationship was not statistically significant.

Table III: ANOVA for Multiple Linear Regression Predicting Psychological Well-Being (N = 200)

Model	Sum of Squares	df	Mean Square	F	p
Regression	56.746	2	28.373	1.360	.259
Residual	4111.069	197	20.868	—	—
Total	4167.815	199	—	—	—

Note. Dependent variable: Psychological Well-Being. Predictors: Parental Stress and Religious Coping.

The ANOVA results indicated that the overall regression model was not statistically significant, $F(2, 197) = 1.360$, $p = .259$. This finding suggests that parental stress and religious coping, when considered together, did not significantly predict psychological well-being among mothers of children with autism spectrum disorder (ASD). Therefore, the regression model did not provide sufficient statistical evidence that the two predictors collectively explained psychological well-being in the present sample.

Table IV: Regression Coefficients Predicting Psychological Well-Being (N=200)

Predictor	B	SE	β	t	p
Constant	45.684	5.321	—	8.585	< .001
Parental Stress	-0.065	0.092	-.050	-0.706	.481
Religious Coping	0.108	0.077	.099	1.395	.164

Note. Dependent variable: Psychological Well-Being. *B* = Unstandardized regression coefficient; *SE* = Standard error; β = Standardized regression coefficient.

The regression coefficients indicated that parental stress was not a statistically significant predictor of psychological well-being, $B = -0.065$, $\beta = -.050$, $t = -0.706$, $p = .481$. Although the coefficient indicated a negative association, the effect was not statistically significant. Similarly, religious coping was not a statistically significant predictor of psychological well-being, $B = 0.108$, $\beta = .099$, $t = 1.395$, $p = .164$. The positive coefficient suggested that higher religious coping scores were associated with slightly higher psychological well-being scores when parental stress was held constant; however, this association was not statistically significant.

III. DISCUSSION

The present study aimed to examine the relationships among parental stress, religious coping, and psychological well-being among mothers of children with autism spectrum disorder (ASD). It also investigated whether parental stress and religious coping significantly predicted psychological well-being. The study was conducted in Lahore, Pakistan, using a quantitative, cross-sectional correlational research design. Spearman's rank-order correlation was used to examine the relationships among the study variables because the data were reported to be non-normally distributed, while multiple linear regression was employed to examine the predictive contribution of parental stress and religious coping to psychological well-being. The findings revealed that none of the correlations among the three variables reached statistical significance. Similarly, the overall regression model was not statistically significant, and neither parental stress nor religious coping emerged as a significant individual predictor of psychological well-being. These findings suggest that the relationships proposed in the study were not supported in the present sample. Nevertheless, the results provide an opportunity to consider the complex psychological, social, cultural, and contextual factors that may contribute to the experiences of mothers raising children with ASD. The first hypothesis proposed significant relationships among parental stress, religious coping, and psychological well-being among mothers of children with ASD. However, the findings did not support this hypothesis. Parental stress demonstrated a weak negative relationship with religious coping, while its relationship with psychological well-being was negligible and positive. Similarly, religious coping showed a negligible positive relationship with psychological well-being. None of these relationships was statistically significant. These findings indicate that the level of parental stress reported by mothers was not significantly associated with their reported use of religious coping or their psychological well-being. Likewise, religious coping was not significantly associated with psychological well-being in the present sample.

The non significant relationship between parental stress and religious coping suggests that mothers' use of religious coping strategies may not necessarily correspond directly to the level of stress they experience. According to Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, individuals' responses to stressful circumstances depend on their appraisal of the situation and their perceived coping resources. Therefore, two mothers experiencing similar caregiving demands may differ in their interpretation of those demands and, in the strategies, they use to manage them. Religious coping may be influenced by personal beliefs, established religious practices, family traditions, and social support rather than being determined exclusively by the intensity of parental stress. However, because the present study was correlational, these possible explanations cannot be established from the findings alone. The absence of a significant relationship between religious coping and psychological well-being also suggests that the use of religious coping, as measured in this study, did not correspond to significant differences in psychological well-being among participants. Religious coping may encompass different responses to adversity, and its implications for psychological functioning may depend on the nature of the coping practices, individual circumstances, and the support available to the person. Furthermore, the use of religious coping does not necessarily indicate that an individual will experience greater psychological well-being, particularly when persistent caregiving demands and other practical difficulties remain unresolved. The present findings should therefore not be interpreted as evidence that religious coping is unimportant; rather, they indicate that a statistically significant association between religious coping and psychological well-being was not demonstrated in this sample.

The Pakistani sociocultural context may also be relevant when interpreting these findings. Religious beliefs and practices may form part of everyday life for some families and may be used alongside practical problem-solving, emotional support, acceptance, and assistance from relatives. Consequently, religious coping may not vary proportionately with the level of parental stress experienced by individual mothers. Nevertheless, the study did not directly measure religiosity, cultural expectations, family support, or the frequency of religious practices. Their potential contributions should therefore be considered possible explanations rather than established reasons for the nonsignificant results. Overall, the first hypothesis was not supported because none of the relationships among parental stress, religious coping, and psychological well-being reached statistical significance. The second hypothesis proposed that parental stress and religious coping would significantly predict psychological well-being among mothers of children with ASD. The multiple linear regression results did not support this hypothesis. The

overall regression model was statistically nonsignificant, indicating that parental stress and religious coping, when considered together, did not significantly predict psychological well-being in the present sample. The model explained approximately 1.4% of the variance in psychological well-being before adjustment for the number of predictors and sample size, while the adjusted proportion of explained variance was approximately 0.4%. These findings indicate that the model had limited explanatory power. The individual regression coefficients also showed that parental stress was not a significant predictor of psychological well-being. Although the direction of the coefficient was negative, the effect was statistically nonsignificant. This suggests that higher parental stress scores were not associated with a statistically reliable decrease in psychological well-being after controlling for religious coping. The finding does not establish that parental stress has no relevance to mothers' psychological health; rather, it indicates that its independent predictive contribution was not statistically significant in this particular sample. Religious coping also failed to emerge as a statistically significant predictor of psychological well-being. Although the regression coefficient was positive, the association was not sufficiently strong to reach statistical significance. This finding suggests that greater reported use of religious coping did not independently correspond to significantly higher psychological well-being when parental stress was statistically controlled. Religious coping may represent one of several resources available to mothers, and its relationship with well-being may depend on circumstances that were not examined in the present study. It is also possible that the measure used did not capture distinctions between different forms of religious coping that may have different associations with psychological functioning.

Theoretical Implications

The findings can be considered in relation to Lazarus and Folkman's (1984) Transactional Model of Stress and Coping. The model emphasizes that the psychological implications of stressful circumstances depend partly on how individuals appraise those circumstances and evaluate their coping resources. In the context of raising a child with ASD, mothers may encounter ongoing demands associated with caregiving, communication, behavioral management, education, and treatment. However, the present findings suggest that parental stress was not significantly associated with religious coping or psychological well-being in the studied sample. This pattern indicates that the relationships among stress, coping, and psychological outcomes may be more complex than a straightforward association between the intensity of stress and the use of a particular coping strategy. The findings do not contradict the transactional model, but neither do they provide direct evidence for the model's proposed processes. The study did not measure cognitive appraisal, perceived coping efficacy, or the mechanisms through which coping strategies might influence psychological outcomes. Future research could examine these processes more directly to determine whether appraisal and other coping resources help explain differences in psychological well-being among mothers of children with ASD. The findings can also be considered in relation to the multidimensional understanding of quality of life underlying the WHOQOL-BREF. Psychological well-being, as assessed through this instrument, may reflect experiences across several areas of functioning rather than the effects of a single psychological factor. The nonsignificant regression results may therefore indicate that parental stress and religious coping alone were insufficient to account for meaningful variation in the outcome within this sample. Nevertheless, this interpretation remains tentative because the study did not examine the additional factors that might explain psychological well-being.

Implications In the Pakistani Context

- The present study contributes context-specific evidence concerning parental stress, religious coping, and psychological well-being among mothers of children with ASD in Lahore, Pakistan.
- Although religious coping may be personally meaningful to some mothers, its use was not significantly associated with parental stress or psychological well-being in the present sample.
- Similarly, parental stress did not significantly predict psychological well-being after religious coping was included in the regression model.
- Where religious coping is personally meaningful to a mother, it may be considered as part of an individualized and culturally sensitive approach to support. However, religious coping should not be presumed to be effective or ineffective on the basis of these findings alone.
- Future studies could include these factors to investigate whether they help explain the variation in psychological outcomes that was not accounted for by parental stress and religious coping in the present regression model.

IV. CONCLUSION

In conclusion, the present study did not find statistically significant relationships among parental stress, religious coping, and psychological well-being among mothers of children with ASD. Parental stress was not significantly associated with religious coping or psychological well-being, and religious coping was not significantly associated with psychological well-being. Furthermore, neither parental stress nor religious coping significantly predicted psychological well-being when examined through multiple linear regression. Consequently, both hypotheses were unsupported by the results. These findings should not be interpreted as evidence that parental stress or religious coping is universally unrelated to psychological well-being. Instead, they indicate that the proposed associations were not demonstrated in the current sample. Further research using larger and more diverse samples, longitudinal designs, and additional psychological and contextual variables may provide a more comprehensive understanding of the factors associated with mothers' psychological well-being when raising children with ASD.

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