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"ONLY GOD KNOWS WHAT WILL HAPPEN AFTER ME": THE ROLE OF FAITH AND RELIGIOUS/SPIRITUAL COPING IN NAVIGATING FUTURE-ORIENTED UNCERTAINTY AMONG MOTHERS OF CHILDREN WITH DISABILITIES

Buse Eren[1]

[1] Bogazici University, Doctoral Researcher, İstanbul, Turkey

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Corresponding author: Buse Eren
(buse.eren@bogazici.edu.tr)

ABSTRACT

This study examines how faith and religious / spiritual coping mechanisms function in the process of coping with future uncertainties among mothers of children with disabilities. While the existing literature mostly addresses religious coping in the context of emotional responses at the time of diagnosis and the daily burden of care, this research focuses on the role of faith in particular in the face of long-term uncertainties, concerns about post-death care, and the unpredictability of the future. Designed as a qualitative research study, data obtained from semi-structured in-depth interviews with seven Muslim and Turkish mothers were analysed using thematic analysis. The findings show that mothers make sense of the future not through rational planning or individual control, but through discourses of surrendering to divine will, normalising uncertainty, reframing temporality and deferring the future through faith, and silencing future anxiety. The future is positioned as a domain belonging to God rather than an area to be planned; uncertainty is framed as a morally and religiously legitimate stance. Mothers often express their anxieties indirectly through prayer, wishes, and references to fate rather than directly. This reveals that faith functions as a coping mechanism that both lightens the emotional burden and suspends thinking about the future. The study demonstrates that religious and spiritual coping is not merely an individual source of support; it is a multi-layered system of meaning that structures uncertainty, time, and anxiety.

KEYWORDS: disability, faith, mothers, qualitative study, religious coping, spiritual coping, uncertainty

1. INTRODUCTION

Parents of children with disabilities may experience significant emotional and psychological struggles, including stress, anxiety, depression, grief, shock, denial, guilt, anger, feelings of hopelessness, loneliness, and frustration in managing their child's condition [1]. In navigating these multifaceted challenges, parents often draw on various coping mechanisms, among which faith constitutes an important inner resource. Conceptually, religion offers an interpretive framework through which individuals make sense of emotional and physical suffering, while faith facilitates the internalisation of this framework, thereby enhancing receptivity, meaning-making, and resilience in the face of stressors [2]. Building on this, religious and spiritual coping, encompassing both belief-based and practice-oriented strategies, emerges as a central and frequently utilised approach among parents of children with disabilities across diverse cultural and religious contexts [3]. Within this broader conceptual framework, existing studies further illuminate the specific mechanisms through which religious and spiritual coping is enacted in parents' everyday lives. Rather than operating as a single, uniform process, religious and spiritual coping encompasses a set of interrelated functions that support parents' psychological adjustment. The following themes—meaning-making, acceptance and surrender, seeking strength and support, emotional regulation, and hope maintenance—capture the key processes through which faith-based coping is experienced and mobilised across diverse contexts.

Meaning-making emerged as a primary function of religious and spiritual coping across studies. Parents used faith to construct meaning from their child's diagnosis [3], often viewing parenting their child as a vocation in accordance with God's plan [4]. Many believed that their child's condition was part of God's plan [5], that God does not burden anyone beyond their capacity, and that ultimate justice exists [3]. Children with disabilities were often perceived as blessings or compared to angels fulfilling divine purposes [6]. Some parents interpreted their child's disability as a divine test or entrustment from God [7], or as an expression of predestination [6]. In this context, religious beliefs provide a framework for understanding suffering [2], and help parents derive purpose from their caregiving role [8]. Also, religious beliefs facilitate acceptance of the child's diagnosis and condition [3]. Muslim parents described processes of surrender to God's will (tawakkul) [9], acceptance of what comes from God [7], and resignation to divine destiny [6]. The most frequently reported positive coping patterns among African American parents included "believing in God" and "having faith in God" [10]. Iranian parents identified "Belief in God" and "Gratefulness for his Blessings" as the most helpful coping strategies [11]. Faith was described as providing comfort, strength, and meaning that was essential rather than merely helpful [5].

Parents also actively sought strength and support through their religious beliefs and practices [3]. Faith provided emotional resources to face daily challenges [12], and offered hope during difficult times [13]. Parents described feeling supported by God [4], and sustained by faith communities [5]. The perception of God as active, benevolent, and interventionist provided ongoing support [4]. Changes in spiritual practices and beliefs occurred over time, with faith evolving into an ongoing source of support [4]. Correspondingly, religious coping helped parents regulate their emotional responses to stressors. Spirituality provided greater serenity [12], and helped parents overcome anxiety and frustration. Faith enabled perspective-taking [14], allowing parents to view their situation through a broader lens. Religious practices such as prayer and meditation provided direct means of emotional regulation [15]. Similarly, maintaining hope was a critical function of religious coping [3]. Parents found hope through beliefs in divine intervention [6], positive outcomes [16], and ultimate justice [3]. Faith encouraged optimism [16], and provided a sense that their situation had purpose and meaning [5].

Religious and spiritual coping was associated with improved family quality of life, both directly and indirectly through mindfulness [17]. Parents reported strengthened commitment to caring for their children [18], enhanced feelings of love and commitment [19], and improved family functioning [3]. Greater reliance on spirituality contributed to effective family integration and optimism [20]. Unconditional love was expressed as part of spirituality's influence on family dynamics [12]. Moreover, positive religious and spiritual coping demonstrated consistent associations with improved psychological outcomes across studies. Positive religious and spiritual coping is associated with reduced depression and anxiety [3], lower stress levels [2], and improved quality of life [21]. Higher use of religious and spiritual coping was associated with lower stress levels ($p=0.012$, $p<0.05$, negative correlation) [2]. The greater the reported importance of religiosity/spirituality in participants' lives, the greater the positive coping ($p=0.001$) [22]. Parents with higher religiosity showed stronger associations between faith and positive caregiving experiences [1]. However, negative religious coping strategies were associated with increased anxiety, depression, and physical health problems [23]. The importance of religious and spiritual coping may change over the course of parents' journeys. Indeed, faith evolved over time and continued to be a source of support and hope [4].

Despite this growing body of literature, religious and spiritual coping has largely been examined as a resource for managing the immediate emotional impact of diagnosis and the ongoing demands of daily care. Far less attention has been paid to how faith operates as a coping strategy in relation to future-oriented uncertainties, such as concerns about long-term caregiving, parents' own mortality. This study aims to examine how faith and religious / spiritual coping methods function in the process of parents of children with disabilities coping with uncertainties about the future.

2. METHOD

2.1. *Study Design*

This study was designed within the scope of qualitative research methods. Semi-structured in-depth interviews were used as the data collection tool. This method was chosen to reveal in detail and contextually how mothers of children with disabilities experience uncertainties about the future, how they turn to religious and spiritual resources when coping with these uncertainties, and how they make sense of these processes. Additionally, this method allows for the narrative exploration of abstract topics such as uncertainty and the future; it enables concepts like faith, destiny, resignation, and gratitude to emerge through the participant's language; it can capture implicit processes such as anxiety, avoidance, and silencing; and it allows for the analysis of contradictions, hesitations, and repetitions in the participant's discourse as analytical data. As a result, semi-structured in-depth interviews were considered a particularly suitable data collection method for this study because they allow for an in-depth exploration of participants' experiences around the thematic areas of focus without forcing them into predetermined categories.

2.2. *Participants and Sampling*

The study sample consisted of seven mothers of children with disabilities. Participants were recruited using purposive sampling to ensure inclusion of individuals who had direct, sustained caregiving experience and who self-identified as drawing on religious or spiritual resources in coping with their child's condition. Inclusion criteria were: (1) being the mother of a child with a disability, (2) having at least one year of caregiving experience, (3) being a Turkish mother who declared that she is Muslim, and (4) willingness to participate in an in-depth interview. The sample size was limited due to the priority given to depth and meaning in qualitative research; at the same time, sampling continued until thematic saturation was reached, defined as the point at which no substantially new themes emerged from the data [24].

2.3. *Data Collection*

Data were collected through semi-structured, in-depth interviews conducted between [February – September, 2023]. Interviews were carried out in Turkish, the participants' native language, to ensure comfort and expressive depth. Each interview lasted approximately 60–90 minutes and was conducted in a setting chosen by the participant (e.g., their home or a private, quiet location).

An interview guide was developed based on a review of the literature on religious and spiritual coping and uncertainty, while remaining flexible to allow participants to introduce issues they perceived as salient. Key interview domains included: experiences surrounding the child's diagnosis; meanings attributed to disability and caregiving; religious and spiritual beliefs and practices; perceptions of the future, including long-term caregiving and post-mortality concerns; and strategies used to manage uncertainty and anxiety. Probing questions were used to elicit elaboration and clarification.

All interviews were audio-recorded with participants' consent and transcribed verbatim. The expressions found in the mothers' narratives carry a high degree of spiritual intensity. It may not always be possible to fully convey these layers of meaning in translations from Turkish to English. For this reason, especially for potential readers whose native language is Turkish, the original Turkish expressions have been included alongside the English translations of the quotations. Translations were not done word-for-word; instead, priority was given to preserving the contextual and semantic integrity of the expressions. Identifying information was removed during transcription, and participants were assigned pseudonyms (e.g., Mother A, Mother B to ensure confidentiality.

2.4. *Data Analysis*

Data were analysed using thematic analysis following Braun and Clarke's [25] six-phase framework. Analysis proceeded inductively, allowing themes to emerge from the data rather than being imposed a priori. First, the researcher familiarised herself with the data through repeated reading of transcripts. Second, initial codes were generated to capture meaningful units related to religious coping, uncertainty, temporality, and caregiving. Third, codes were collated into potential themes, with particular attention to future-oriented meanings and practices. In the fourth phase, themes were reviewed and refined to ensure internal coherence and clear distinctions. Overlapping or conceptually similar themes were merged, resulting in a final thematic structure that captured the central patterns in the data. In the fifth phase, themes were defined and named, emphasising their analytic relevance to the research question. Finally, illustrative quotations were selected to exemplify each theme. Although the analysis was primarily inductive, it was informed by sensitising concepts from the literature on religious coping and uncertainty, which supported deeper interpretation without constraining the analytic process.

2.5. *Reflexivity of the Researcher*

The researcher is a Muslim woman living in Turkey and has a family member with a disability, positioning her as a partial insider in terms of cultural, religious, and caregiving-related experiences. This positionality facilitated a nuanced understanding of religious language, metaphors, and faith-based meaning-making processes expressed by participants, enabling deeper interpretive engagement with the data.

2.6. *Trustworthiness and Rigour*

Several strategies were employed to enhance the trustworthiness of the study. Credibility was supported through prolonged engagement with the data and the use of rich, verbatim quotations. Reflexivity was maintained throughout the research process; the researcher kept analytic memos to reflect on her assumptions, positionality, and potential influence on data interpretation.

Dependability and transparency were enhanced by maintaining a clear audit trail documenting decisions made during data collection and analysis. To strengthen confirmability, emerging themes and interpretations were reviewed iteratively against the raw data to ensure they were grounded in participants' accounts. While member checking was not formally conducted, analytic interpretations were continuously compared across interviews to ensure consistency and depth.

2.7. *Ethical Considerations*

The research was conducted in accordance with the approval obtained from the Boğaziçi University Ethics Committee. All participants were informed about the purpose, scope, and processes of the research; they were also informed that participation was voluntary and that they could withdraw from the research at any time. Participants were informed that they could decline to answer any question or pause the interview if they felt distressed. All data was stored securely, and confidentiality was strictly maintained throughout the research process. Interviews were audio-recorded, and all recordings were permanently deleted after data analysis was completed, ensuring participants' anonymity and privacy.

2.8. *AI Use Statement*

In this study, generative artificial intelligence tools were used solely to support English language editing and improve the clarity and fluency of certain sentences. The content, interpretation, and conclusions of the study are entirely the responsibility of the author.

3. FINDINGS

This section reveals how religious and spiritual coping strategies function in the process of mothers of children with disabilities dealing with uncertainties about the future. The findings show that mothers construct their future not through rational planning, institutional arrangements, or individual control mechanisms, but primarily through discourses such as surrendering the future to divine will and normalising uncertainty, reframing temporality and deferring the future through faith, invoking divine protection, and silencing future anxiety.

3.1. *Surrendering the Future to Divine Will and Normalising Uncertainty*

Mothers, especially regarding uncertainties about their own deaths, position this beyond individual planning as an area belonging to God's knowledge and will. Not knowing or considering the future is presented not as a deficiency or neglect, but as a morally legitimate and even correct attitude. In this approach, the unknown nature of the future is defined as part of the divine order, emphasising the awareness of the limits of human will.

"But now, who knows when death will come? ... Only God knows what will happen after me... " (Mother B) [Ama şimdi insan ölümü bilmez ki ne zaman gelecek? … Benden sonra ne olacağını sadece Allah bilir...]

"No matter what I do, it will be as God wills." (Mother D) [Ben kendimi ortadan ikiye kessem bile yine Allah'ın dediği olur.]

"Just because my child has a disability does not mean he has no destiny or fate. My God knows best for her" (Mother E) [Benim çocuğum engelli diye onun da bir alınyazısı, kaderi yok değil. Allah işini bilir.]

"If no one will be with him, my God will be with him." (Mother F) [Kimsesi yoksa Rabbi var.]

"Human makes plans, fate laughs sarcastically. The future is in God's hands." (Mother G) [Kul plan yapar, kader gülermiş. Allah kerim.]

These statements indicate that the future is positioned as an area that must be surrendered to divine will rather than one's own sphere of control, as an outcome of faith and religious/spiritual coping strategies. Furthermore, faith and religious/spiritual coping strategies demonstrate that rather than eliminating uncertainty about the future, they enable the establishment of a manageable relationship with uncertainty.

3.2. Reframing Temporality and Deferring the Future through Faith

Mothers do not think of the future as a linear, long-term, and predictable timeline; rather, they think of it as a temporality dependent on God's will, focused on the present moment. In these narratives, the future is not consciously brought into "today"; instead, it is conceived as a realm that is postponed from consideration and will be determined by divine will when the time comes.

"I always pray that he will not die after me, but also that he will not die before me. I hope we can die on the same day. Hopefully, we'll all be so lucky.'' (Mother A) [Hep şey diye dua ederiz ya yani hani benden geriye kalmasın, benden önce de gitmesin. Zaten ben böyle hep aynı gün gerçekten göçüp gitmeyi hayal ediyorum. İnşallah öyle kısmet olur hepimize.]

"The future is not today's concern; no one knows if they can wake up tomorrow. No one has any guarantees. May God grant us death in order." (Mother B) [Gelecek bugünün konusu değil, insan bilmez ki yarın uyanabilecek. Kimsenin garantisi yok. Allah sıralı ölüm versin.]

"Yesterday, today, right now, tomorrow, even ten years from now – it's all up to God, not us." (Mother D) [Dün de bugün de şu an da yarın da 10 yıl sonra da takdir Allah'ındır, kulların değil.]

"We accept whatever comes from God. I do not want to think about the future. It is pointless. If I start worrying about tomorrow today, I will lose my mind." (Mother E) [Allah'tan gelene razıyız, ilerisini düşünmek istemiyorum. Bir faydası yok. Eğer bugünden yarının derdini düşünürsem kafayı yerim.]

This theme reveals that faith and religious/spiritual coping strategies function not so much as active planning tools that shape the future, but rather as mechanisms that enable coping by suspending thoughts about the future. Thus, uncertainty ceases to be a problem to be solved and suits a situation that can be postponed.

3.3. Invoking Divine Protection and Silencing Future Anxiety

Mothers often express their fears and anxieties about the future not directly, but through prayers, wishes, and statements about divine protection. This language implies the existence of future risks while also limiting the verbal elaboration of these risks.

"God forbid! These children are innocent angels. God will surely watch over them." (Mother A) [Allah korusun! Bu çocuklar günahsız melekler. Rabbim gözetir elbet.]

"For years, I cried silently every night. The future is uncertain. Is there any other recourse but to seek refuge in God?" (Mother B) [Yıllarca her gece sessiz sessiz ağladım, gelecek belirsizdir Allah'a sığınmaktan başka çare mi var?]

"May God grant mothers of children with disability a good life, a long life, but a healthy life." (Mother B) [Rabbim engelli evladı olan annelere hayırlı bir ömür, uzun bir ömür versin ama sağlıklı ömür versin.]

"God knows my greatest fears; my nightmares are related to this. I am afraid of dying before him, and I am afraid he will die before me. It has been a constant worry in my mind since the day he was born. May God not make anyone dependent on anyone else." (Mother C) [Allah biliyor ya en büyük korkularım, kabuslarım bununla ilgili. Hem ondan önce ölmekten, hem de benden önce ölmesinden korkuyorum. Doğduğu günden beri hep aklımda olan bir iç sıkıntısı bu. Allah kimseyi kimseye muhtaç etmesin.]

"I do not even want to talk about this; I do not even want to think about it. If it is our fate, let it not be" (Mother G) [Bu konudan bahsetmek bile, bunu düşünmek bile istemiyorum. Allah yazdıysa bozsun.]

These narratives demonstrate that faith serves as a spiritual shield against future vulnerabilities; however, they also present a discursive framework that suppresses the open discussion of anxiety. Threats to the future are acknowledged but are deferred to divine intervention without elaboration.

When these themes are considered together, it is evident that faith and religious/spiritual coping strategies plays a multi-layered role in mothers' processes of coping with uncertainties about the future. On the one hand, faith and religious/spiritual coping strategies makes it possible to make sense of uncertainty and lighten the emotional burden; on the other hand, it also serves to postpone planning for the future and limits the open expression of anxiety. Thus, the future is constructed not through rational and institutional arrangements, but through discourses of divine will, the suspension of time, and spiritual protection.

4. DISCUSSION

This study reveals how faith and religious/spiritual coping strategies function in the process of coping with future uncertainties among parents of children with disabilities, particularly mothers. The findings go beyond the religious coping framework often emphasised in the existing literature, which focuses on the moment of diagnosis and the current burden of care, and show how faith and religious/spiritual coping strategies function in the context of future-oriented uncertainties, concerns about post-death care, and long-term vulnerabilities. In this respect, the study offers a unique contribution to the literature by addressing faith and religious/spiritual coping not only as a stress-reduction mechanism but also as processes of making sense of uncertainty, reconfiguring time, and managing anxiety discursively.

The findings indicate that mothers position the future—particularly the period following their own death—as a domain belonging to God's knowledge and will, beyond the realm of individual planning and control. This finding aligns with the "deferring religious coping" form defined in Pargament's [26], [27] theory of religious coping. In this coping style, the individual relieves psychological burden by transferring responsibility for problem-solving to God. The present study shows that this mechanism applies not only to current stressors but also to future scenarios that have not yet occurred but generate intense anxiety. In the literature, the "moral normalisation" of uncertainty through religious frameworks has been frequently reported, particularly in the context of chronic illness and disability [2], [4]. The current study's findings reveal that mothers define the state of "not knowing the future" not as a deficiency or neglect, but as a correct, patient, and faithful stance. This suggests that religious discourse serves not only a comforting but also a normative function in coping with uncertainty [28].

Another important finding of the study is that mothers conceptualise the future not as a linear, predictable timeline, but as a temporality centred on the present moment and dependent on God's will. This finding can be linked to Arthur Frank's [29] emphasis on the "liveable now" in his illness narratives approach and Bury's [30] concept of biographical rupture in chronic illness. However, in this study, both the reframing of time emerge as a biographical adaptation strategy and as a coping mechanism that operates through the conscious suspension of thoughts about the future. Similarly, Carel [31], and Mattingly [32] show that individuals in care contexts marked by high uncertainty adopt clinging to the present as a survival strategy by avoiding thinking about the future. Current findings reveal that faith provides a framework that legitimises and sustains this avoidance. However, this situation also carries potential risks, such as the postponement of long-term care planning.

The findings also show that mothers primarily express their concerns about the future through prayer, wishes, and statements of divine protection. This is consistent with the emotional regulation function of religious coping [13]. However, a notable contribution of the study is that it reveals these discourses also serve to verbally suppress anxiety. While positive religious coping is often associated with psychological well-being in the literature [33] [34] [35], its negative or suppressive aspects have been addressed to a more limited extent. This study shows that religious discourses may push anxiety beyond expressible limits rather than eliminating it entirely. Similarly, Exline and Rose [36] emphasise that religious coping may lead to the invisibility of emotional conflicts in some contexts.

In these regards, it demonstrates that religious and spiritual coping serves both an empowering and a limiting function for mothers. Faith provides mothers with meaning, resilience, and hope; at the same time, it can contribute to the reproduction of care responsibilities as natural and inevitable within the individual, particularly in the maternal role. This situation coincides with the concept of the "moral burden of care" emphasised in feminist care literature [37], [38]. Similarly, disability studies literature reveals that the privatisation of family care, driven by religious and cultural norms, can render public care responsibilities invisible [39], [40]. In this context, faith is not only an individual coping resource but also can constitutes a discursive ground that sustains gendered care regimes.

5. CONCLUSIONS

This study delves deeply into the role of faith in the process of coping with future uncertainties among mothers of children with disabilities, positioning religious and spiritual coping not merely as a stress-reducing resource but also as a discursive and temporal strategy for managing uncertainty. Findings indicate that mothers frame the future not as an area of risk to be controlled, but as an area belonging to divine will, and that this framing makes anxiety bearable, without denying concerns about the future. In this respect, the study reveals how religious coping enables the ability to "live" with uncertainty.

However, it is also seen that faith can have a function that delays future planning and limits the open expression of anxiety. This highlights the dual nature of religious and spiritual coping: while it offers emotional containment and meaning, it may also reduce engagement with long-term planning for care and support. Thus, findings have important implications for social and disability policy. While religious and spiritual coping enables mothers to manage profound uncertainty regarding their children's futures, it may also obscure unmet needs for long-term care planning and institutional support. When uncertainty is moralised as a faithful stance, the absence of formal post-parental care arrangements risks being normalised rather than addressed. Social policy frameworks should therefore recognise faith-based coping as a meaningful resource while simultaneously ensuring that responsibility for future care does not rest solely on families. Integrating culturally sensitive, forward-looking care planning into disability services—particularly for ageing parents of children with disabilities—would help translate individual coping strategies into collective responsibility. It is important that professional support mechanisms must be structured in a way that raises awareness about long-term care planning, legal regulations, and institutional support, without excluding mothers' faith-based worlds of meaning.

Future studies could examine the social and gendered dimensions of coping with uncertainty in faith by comparing different religious groups, fathers, or extended family members. Furthermore, interdisciplinary research examining how faith and religious/spiritual coping strategies interacts with public care responsibilities will contribute meaningfully to both academic literature and policy development processes.

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REFERENCES

[1] J. Domaradzki and D. Walkowiak, "In God we trust: An exploratory study of the associations between religiosity and the caregiving experiences of parents of children with rare diseases in Poland," *Journal of Religion and Health*, vol. 63, no. 6, pp. 4079–4109, 2024.

[2] H. Herlina, I. Kosasih, and T. H. Dahlan, "Religious coping: Is it effective to reduce parents' stress during the parenting of special needs children?" in *Proc. Int. Conf. Psychology, Mental Health, Religion, and Spirituality*, vol. 1, no. 1, pp. 15–19, Feb. 2023.

[3] H. Çaksen, "Religious coping in parents of children with Down syndrome: A systematic review of the literature," *Journal of Religion and Health*, vol. 64, no. 1, pp. 462–518, 2025.

[4] D. H. Grossoehme, J. Ragsdale, J. L. Wooldridge, S. Cotton, and M. Seid, "We can handle this: Parents' use of religion in the first year following their child's diagnosis with cystic fibrosis," *Journal of Health Care Chaplaincy*, vol. 16, no. 3–4, pp. 95–108, 2010, doi: 10.1080/08854726.2010.480833.

[5] H. N. Purcell *et al.*, "A remarkable experience of God, shaping us as a family: Parents' use of faith following child's rare disease diagnosis," *Journal of Health Care Chaplaincy*, vol. 21, no. 1, pp. 25–38, 2015.

[6] S. D. A. Rodrigues *et al.*, "Exploring spiritual/religious coping strategies among mothers of children with severe or profound intellectual disability during genetic counseling in Brazil," *Journal of Genetic Counseling*, vol. 33, no. 4, pp. 745–756, 2024.

[7] O. Hatun, F. Yavuz-Birben, Z. Ince, and G. Kalkan-Yeni, "The ticket to heaven: A spiritual resource for coping with disability," *Spiritual Psychology and Counseling*, vol. 1, pp. 209–235, 2016.

[8] E. Croot, G. W. Grant, N. J. Mathers, and C. L. Cooper, "Coping strategies used by Pakistani parents living in the United Kingdom and caring for a severely disabled child," *Disability and Rehabilitation*, vol. 34, pp. 1540–1549, 2012.

[9] N. Daulay, H. P. Daulay, and F. Rohman, "Religious coping of Muslim mothers of children with autism spectrum disorder in Indonesia," *Journal of Disability & Religion*, vol. 29, pp. 33–50, 2024.

[10] D. Allen and E. S. Marshall, "Spirituality as a coping resource for African American parents of chronically ill children," *MCN: The American Journal of Maternal/Child Nursing*, vol. 35, no. 4, pp. 232–237, 2010.

[11] F. Mazhari, M. Rayyani, S. Iranmanesh, S. Heidari, and S. Sabzevari, "Power of religious beliefs and coping with cancer: Opinions of Iranian parents," *Journal of Religion and Health*, vol. 60, no. 4, pp. 2878–2891, 2021.

[12] E. D. Duarte *et al.*, "A qualitative study of the spiritual aspects of parenting a child with Down syndrome," *Healthcare*, vol. 10, no. 3, p. 546, 2022.

[13] N. Tarakeshwar and K. I. Pargament, "Religious coping in families of children with autism," *Focus on Autism and Other Developmental Disabilities*, vol. 16, pp. 247–260, 2001.

[14] H. Shahdadi and G. Mahmoudirad, "The emergence of spiritual self-care in parents with disabled

children," *International Journal of Children's Spirituality*, vol. 27, no. 3–4, pp. 176–194, 2022.

[15] K. V. G. S. G. Vithana and T. A. Asurakkody, "Spiritual practices as coping with mothers of children with attention-deficit hyperactivity disorder: A qualitative explorative study," *BMC Psychology*, vol. 13, no. 1, p. 3, 2025.

[16] R. S. Rehm, "Religious faith in Mexican-American families dealing with chronic childhood illness," *Image: The Journal of Nursing Scholarship*, vol. 31, no. 1, pp. 33–38, 1999.

[17] D. C. Dollahite, "Fathering for eternity: Generative spirituality in Latter-day Saint fathers of children with special needs," *Review of Religious Research*, pp. 237–251, 2003.

[18] X. Hu, S. Cheng, and X. Li, "Religious coping and family quality of life among parents of children with intellectual disabilities: Testing the mediating role of mindfulness," *Journal for the Scientific Study of Religion*, 2025.

[19] A. Karaca and D. Konuk Şener, "Spirituality as a coping method for mothers of children with developmental disabilities," *International Journal of Developmental Disabilities*, vol. 67, no. 2, pp. 112–120, 2021.

[20] N. Sira, P. P. Desai, K. J. Sullivan, and D. W. Hannon, "Coping strategies in mothers of children with heart defects: A closer look into spirituality and internet utilization," *Journal of Social Service Research*, vol. 40, no. 5, pp. 606–622, 2014, doi: 10.1080/01488376.2014.908808.

[21] F. T. Farinha *et al.*, "Religious/spiritual coping in informal caregivers of children with cleft lip and/or dysphagic palate," *Revista Brasileira de Enfermagem*, vol. 75, suppl. 2, e20201300, 2021.

[22] F. M. Sharak, B. G. Bonab, and M. Jahed, "Relationship between stress and religious coping and mental health in mothers with normal and intellectually disabled children," *International Journal of Educational and Psychological Researches*, vol. 3, no. 3, p. 198, 2017.

[23] J. Liu, W. Xie, Y. Lei, H. Cao, and Q. Chen, "The relationship between religious beliefs and mental state, care burden, and quality of life in parents of infant patients with congenital heart disease," *Cardiology in the Young*, vol. 32, pp. 1391–1395, 2021.

[24] B. Saunders *et al.*, "Saturation in qualitative research: Exploring its conceptualization and operationalization," *Quality & Quantity*, vol. 52, no. 4, pp. 1893–1907, 2018.

[25] V. Braun and V. Clarke, "Using thematic analysis in psychology," *Qualitative Research in Psychology*, vol. 3, no. 2, pp. 77–101, 2006, doi: 10.1191/1478088706qp063oa.

[26] K. I. Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice*. New York, NY, USA: Guilford Press, 1997.

[27] K. I. Pargament, *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York, NY, USA: Guilford Press, 2011.

[28] C. L. Park, "Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events," *Psychological Bulletin*, vol. 136, no. 2, pp. 257–301, 2010, doi: 10.1037/a0018301.

[29] A. W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago, IL, USA: University of Chicago Press, 1995.

[30] M. Bury, "Chronic illness as biographical disruption," *Sociology of Health & Illness*, vol. 4, no. 2, pp. 167–182, 1982, doi: 10.1111/1467-9566.ep11339939.

[31] H. Carel, *Phenomenology of Illness*. Oxford, UK: Oxford University Press, 2016.

[32] C. Mattingly, *Moral Laboratories: Family Peril and the Struggle for a Good Life*. Berkeley, CA, USA: University of California Press, 2014.

[33] G. G. Ano and E. B. Vasconcelles, "Religious coping and psychological adjustment to stress: A meta-analysis," *Journal of Clinical Psychology*, vol. 61, no. 4, pp. 461–480, 2005, doi: 10.1002/jclp.20049.

[34] A. Ayesha *et al.*, "The relationship between psychological disability and religious practice and coping strategies in caregivers of children with traumatic brain injury in Pakistani population," *Healthcare*, vol. 10, no. 11, p. 2158, 2022, doi: 10.3390/healthcare10112158.

[35] M. Gull and A. Husain, "Religious coping among caregivers of differently-abled children," *Life Span and Disability*, vol. 24, no. 1, pp. 133–147, 2021.

[36] J. J. Exline and E. D. Rose, "Religious and spiritual struggles," in *Handbook of the Psychology of Religion and Spirituality*, 2nd ed., R. F. Paloutzian and C. L. Park, Eds. New York, NY, USA: Guilford Press, 2013, pp. 380–398.

[37] J. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*. London, UK: Routledge, 1993.

[38] E. F. Kittay, *Love's Labor: Essays on Women, Equality and Dependency*. London, UK: Routledge, 1999.
[39] D. Goodley, *Disability Studies: An Interdisciplinary Introduction*, 2nd ed. London, UK: Sage, 2017.
[40] T. Shakespeare, *Disability: The Basics*. London, UK: Routledge, 2017.