

Religious coping among muslim parents of children with disabilities: a narrative review

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Article history

Received	Revised	Accepted	Published
2025-8-25	2025-9-29	2025-10-28	2025-11-15
Keyword : Religious coping, muslim parents, children with disabilities, narrative review	Abstract This narrative review explores how Muslim parents of children with disabilities draw on religious coping (RC) to navigate parenting challenges. The literature search covered three major international databases and manual sources, yielding 136 articles published between 2011 and 2025. In the end, 13 articles met the inclusion criteria and were included in the analysis. The quality and narrative suitability of the articles were evaluated using the SANRA (Scale for the Assessment of Narrative Review Articles) protocol. The review identified three main themes: (1) the types of RC strategies used by Muslim parents, (2) the factors influencing their use of RC, and (3) the impact of RC on well-being and parenting practices. Overall, RC plays an essential role in helping Muslim parents adapt, manage stress, cultivate inner peace, and maintain a sense of meaning and hope in their parenting journey. It also supports the development of positive attitudes, strengthens moral responsibility, and enhances overall well-being. This review underscores the importance of integrating religious perspectives into psychosocial support for families of children with disabilities in Muslim communities.		
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How to cite: Pratama, G. F., Boediman, L. M. (2025). Religious coping among muslim parents of children with disabilities: a narrative review. *Insight: Jurnal Ilmiah Psikologi*, 27(2), 122-134. <https://doi.org/10.22219/psikologi.v27i2.4711>

INTRODUCTION

The birth of children with disabilities, as described by Ling et al. (2022), often leads to significant changes within the family structure and presents a highly stressful situation for families. The initial diagnosis indicating difficulties in the child frequently triggers a crisis for parents, who commonly respond with negative emotions such as shock, sadness, confusion, shame, anxiety, guilt, and a sense of misfortune (Sher-Censor & Shahar-Lahav, 2022). Many parents seek a second opinion, hoping the diagnosis was incorrect. However, the diagnostic process itself can be a traumatic experience, and accepting this unexpected reality is often challenging at first (Naicker et al., 2023).

Despite the many challenges of raising children with disabilities, numerous parents find different ways to cope. They choose to embrace the situation and actively seek ways to support their child with love and care (Yoon et al., 2024), gradually shifting their focus to the child's strengths and potential (Kandel & Merrick, 2007). This reflects the concept of parental acceptance (PA), in which parents acknowledge their child's condition and commit to supporting and nurturing their growth with compassion.

Research indicates that parents' religiosity plays a significant role in how they interpret and accept their child's disability (Pratama et al., 2024). The belief that having children with disabilities is part of God's plan helps many parents find positive meaning in the experience and accept the situation with greater peace

of mind (Bernier & McCrimmon, 2021). This aligns with the findings of Daulay et al. (2025), where parents view the child's condition as part of a divine destiny beyond human control, making PA a central response.

Within this context, religious coping (RC) serves as a mechanism that allows individuals to use cognitive-behavioral strategies grounded in their spiritual or religious beliefs to manage highly stressful situations (Pargament, 1997). Studies show that RC can contribute to greater PA of their child's condition (e.g., Karaca & Şener, 2021). Believing that life's challenges are divine tests helps parents of children with disabilities manage anxiety and despair. This belief also fosters greater acceptance of their child's condition (Karaca & Şener, 2021).

Selvakumar and Panicker (2020) found that, compared to other coping strategies, RC is often the primary approach used by parents of children with disabilities to make sense of their child's condition. Cross-sectional studies have consistently identified RC as a dominant coping mechanism among these parents (Panicker & Ramesh, 2019; Selvakumar & Panicker, 2020). This pattern is not limited to cross-sectional research. It is also supported by longitudinal findings. Gray (2006), for instance, followed parents of children with autism over a ten-year period and observed that problem-focused strategies, such as relying on professional services, tended to decline over time. In contrast, emotion-focused strategies, particularly those rooted in faith and religious beliefs, increased over time. These findings raise questions about whether similar RC patterns occur across cultures, both Eastern and Western.

A similar pattern has emerged across culturally diverse settings. Studies from Eastern societies such as India (Panicker & Ramesh, 2019; Selvakumar & Panicker, 2020) and Indonesia (Daulay et al., 2025), as well as from Western contexts like Australia (Gray, 2006) and Israel (Findling et al., 2023), demonstrate that RC is a commonly adopted strategy among parents of children with disabilities. These findings suggest that, despite cultural differences in parenting approaches between East and West, religious beliefs and practices serve as a universally meaningful and significant source of emotional strength and resilience in facing the challenges of raising children with disabilities.

RC represents a tangible expression of religiosity. It is characterized as a cognitive, behavioral, and interpersonal approach rooted in religious beliefs and practices, aimed at helping individuals resolve problems and manage the negative effects of stressful situations (Tomás & Rosa, 2021). As a coping mechanism, RC draws on faith, rituals, emotional experiences, and spiritual relationships (Abu-Raiya & Pargament, 2015). Depending on how it is applied, RC can lead to either adaptive or maladaptive outcomes (Abu-Raiya & Pargament, 2015). When faced with limited personal resources and life challenges, individuals often rely on religion as a means of coping, particularly when religious frameworks are accessible and deeply integrated into their lives (Pargament, 1997).

RC is defined as an effort to understand and respond to life stressors through methods connected to what is considered sacred. The term "sacred" here goes beyond traditional definitions such as God, divinity, or a higher power; it also includes other elements of life that are associated with the divine or believed to possess sacred qualities (Pargament & Mahoney, 2005). RC serves multiple functions, including helping

find meaning, strengthen identity, regain control, foster social connections, reduce anxiety, and promote spiritual growth. This process is multi-modal, involving behaviors, emotions, relationships, and cognition; dynamic, as it changes over time and across contexts; and multi-valent, meaning it can lead to both positive religious coping (PRC) and negative religious coping (NRC) outcomes (Pargament et al., 2011). The sacred nature of RC sets it apart, adding a deeper, more spiritual layer to how individuals navigate adversity.

The form and meaning of RC are deeply shaped by the belief system to which an individual adheres. In this regard, the coping experiences of Muslim parents reflect unique dynamics not seen in other religious traditions. Within the Islamic context, the belief that everything is determined by God encourages PA of a child's condition while still promoting active efforts to support the child (Daulay et al., 2025). Caring for children with disabilities is regarded as an act of worship, grounded in the belief that sincere patience will be rewarded by God (Daulay et al., 2025).

In Islam, RC plays a central role in shaping how parents of children with disabilities find meaning in their child's existence. Children with disabilities are often viewed not as a burden, but as a blessing or a trust from God, even as a spiritual gift that signifies the parents have been "chosen" to fulfill a sacred responsibility (Jegatheesan, 2011; Jegatheesan et al., 2010). This perspective fosters a deeply positive attitude and strong PA toward the child's condition. These beliefs are also reflected in everyday religious practices. Children are often included in rituals such as daily prayer and guided in using religious texts, even when their Arabic pronunciation is not yet accurate. Parents rarely see this as a problem; instead, they regard the act of prayer itself as a marker of Muslim identity, and the child's participation holds profound spiritual meaning (Jegatheesan, 2011). While parents entrust the final outcome to God's will, they continue to hold hope for positive changes in their child's development (Fox et al., 2017).

Despite growing interest in the role of RC in parenting children with disabilities, research that specifically explores RC among Muslim parents remains limited. Therefore, this narrative review aims to provide a comprehensive overview of the RC strategies employed by Muslim parents in navigating the challenges of raising children with disabilities.

METHOD

This narrative review follows the SANRA (Scale for the Assessment of Narrative Review Articles) guidelines (Baethge et al., 2019). SANRA was chosen because it offers a systematic and structured framework for evaluating narrative reviews. It covers essential components such as the justification of the article, clarity of objectives, description of the literature search, quality of referencing, scientific reasoning, and the appropriate presentation of data (Baethge et al., 2019).

A comprehensive search was carried out on PubMed, Scopus, and SAGE Journals, in addition to manual searching during a 7-day period (10–16 June 2025) using predefined keywords and Boolean operators (Religious Coping OR Spiritual Coping OR Islamic Coping AND Muslim Parents OR Muslim Family OR Islamic Parent OR Muslim Caregiver AND Children with Disabilities OR Special Needs

Children OR Disabled Children). The search included peer-reviewed English-language articles published between June 2010 and June 2025.

This review used the Participants, Concept, Context (PCC) framework (Higgins et al., 2022) to define the research question and inclusion criteria: parents of children with disabilities (Participants), religious coping (Concept), and Muslim affiliation (Context). Studies were excluded if they lacked full-text access, were not in English, categorized as literature or grey literature, or not indexed in reputable databases (e.g., Scimago Journal Rank). A total of 13 studies were included in this narrative review after applying the PCC framework and eligibility criteria. The selected studies provide a comprehensive overview of RC among Muslim parents of children with disabilities. Key information from these studies, including authors, socioenvironmental context, purpose of the article, and conclusions, is summarized in Table 1, which forms the basis for the subsequent synthesis and discussion.

Table 1. Data Synthesis of Reviewed Research

No	Authors	Socioenvironmental context	Purpose of the article	Conclusions of the article
1.	Tait and Mundia (2012)	Brunei Darussalam	To explore the impact of raising a child diagnosed with ASD (ages 4–12) on family stress levels in Bruneian nuclear families	The experience of having a child with a disability in Brunei is neither entirely positive nor entirely negative. Instead, parents' responses are shaped by a range of family and contextual factors.
2.	Othman et al. (2022)	Predominantly South Asian, Arab, Palestinian, Mediterranean, and European Muslim immigrants in the U.S.	To explore the lived experiences of Muslim mothers raising children with disabilities	The study offers a unique perspective on how gender intersects with culture, religion, and immigrant status. Mothers' strong Islamic faith and their belief in the Qur'an empower them to advocate for greater accessibility and inclusion.
3.	Nikmanesh and Ansari (2018)	Iran	To examine the relationship between RC styles, general health, and psychological well-being among mothers of children with mental disabilities	Negative feelings toward God were significantly and positively associated with anxiety and depression. Passive coping was also significantly associated with depression. No RC subscales were significantly related to emotional, psychological, or social well-being. Negative religious feelings had the most significant impact on general health.
4.	Alemdar et al. (2023)	Turkey	To examine the relationship between stress coping styles and self-efficacy with spiritual and RC among mothers of	Both PRC and NRC styles showed no significant effect on SCSS-Effective Coping, SCSS-Ineffective Coping, or General Self-Efficacy.

No	Authors	Socioenvironmental context	Purpose of the article	Conclusions of the article
			children with disabilities	
5.	Gull and Husain (2021)	India	To examine RC among caregivers of children with disabilities, focusing on caregiver age and the type of disability	Caregivers aged 40–52 reported higher RC scores than those aged 27–39. All caregivers used RC in daily life, except those caring for children with visual impairments.
6.	Gokgoz and Kabukcuogl (2022)	Turkey	To explore how a Down syndrome diagnosis impacts Turkish mothers and how it shapes their maternal role within the context of personal growth, despite emotional and social challenges	Three main themes emerged from the analysis: the reconstruction of the maternal role, the factors shaping this process, and mothers' responses to life changes. Many mothers reported experiencing personal growth, describing themselves as stronger, communicating more effectively, and feeling "closer to God."
7.	Croot et al. (2012)	Pakistani families living in the UK	To explore the coping strategies used by Pakistani parents living in the UK who care for a child with severe intellectual disabilities.	Parents found meaning and a sense of purpose in life through the belief that their child's disability was part of God's will. The feeling that caregiving brings spiritual reward, along with a strong moral commitment to care for their child, reinforced their view that parenting was a meaningful and worthwhile responsibility.
8.	Daulay et al. (2025)	Indonesia	To explore the positive impact of religion on motherhood, particularly through RC, in the context of raising children with ASD.	Religion served as a key source of strength and support in managing caregiving stress. It fostered gratitude and a more positive outlook among mothers, encouraging positive coping and greater PA of children with ASD, which contributed to more joyful caregiving experiences.
9.	Dababnah and Parish (2013)	Palestine	To explore the knowledge, attitudes, burdens, and coping strategies associated with raising children with ASD in the West Bank	Parents experienced financial stress, behavioral and medical challenges, and symptoms of depression. Discrimination and stigma from extended family and society intensified feelings of shame and social isolation. Some parents coped by increasing social engagement and information-seeking, while RC was found to be an effective strategy for others.

No	Authors	Socioenvironmental context	Purpose of the article	Conclusions of the article
10.	Rahmanawati et al. (2022)	Indonesia	To explore how Muslim family caregivers recognize the inner resources drawn from religious experiences and define themselves as meaningful individuals	Caregivers' inner resources developed through their lived religious experiences in Islam, which served as a source of strength in raising their autistic child.
11.	Shikarpurya and Singh (2021)	Pakistani and Indian immigrants in the United States	To explore the formal and informal mosque support structures shaping the narratives of Muslim parents of children with intellectual and developmental disabilities	South Asian Muslim families drew strength from their faith and community, yet they felt that both formal and informal mosque support structures did not sufficiently meet their needs.
12.	Habib et al. (2017)	Pakistani immigrants in Ireland	To explore the parenting experiences of Pakistani mothers raising children with ASD in Ireland	Faith helped mothers cope with stress, even preventing self-harm. Religious belief also gave new meaning to their lives, not only as parents, but as individuals capable of supporting others.
13.	Mohamed Madi et al. (2019)	Saudi Arabia	To explore perceptions and understand the meaning of disability among mothers raising a child with cerebral palsy in Saudi Arabia	Three key themes shaped the mothers' experiences: culture and religion, motherhood and disability, and stigma and social discrimination.

RESULTS AND DISCUSSION

1. Types of RC Strategies Used by Muslim Parents

RC plays a crucial role in the parenting experiences of Muslim parents raising children with disabilities. Several studies have shown that these parents frequently rely on various forms of PRC to manage the challenges of caregiving. One particularly prominent form of PRC is religious reframing—the reinterpretation of difficult situations through a spiritual or religious lens (Alemdar et al., 2023; Croot et al., 2012; Dababnah & Parish, 2013; Daulay et al., 2025; Madi et al., 2019; Nikmanesh & Ansari, 2018; Othman

et al., 2022; Rahmanawati et al., 2022; Tait & Mundia, 2012). Religious reframing involves using faith-based beliefs to assess and make sense of stressful personal experiences (Emery & Pargament, 2004). Its effectiveness depends on certain conditions, as noted by Jung (2013). First, religious activities should create space for meaningful interaction rather than mere routine or formality. Second, they should enable believers to share and reflect on their faith. Third, religious beliefs need to be relevant and applicable to one's personal struggles. Reframing a child's disability as either a medical condition or a divine blessing helps parents counter negative societal attitudes toward disability (Crook et al., 2012). This process facilitates PA and strengthens emotional resilience. The ability to positively reframe stressors is critical, as prior research has shown that negative appraisals of parenting a child with autism spectrum disorder are significantly associated with higher levels of parental stress (Stuart & McGrew, 2009).

In addition to religious reframing, another common form of PRC among Muslim parents of children with disabilities is religious faith and practice (Alemдар et al., 2023; Dababnah & Parish, 2013; Daulay et al., 2025; Gokgoz & Kabukcuoglu, 2022; Gull & Husain, 2021; Habib et al., 2017; Nikmanesh & Ansari, 2018; Othman et al., 2022; Rahmanawati et al., 2022; Shikarpurya & Singh, 2021). Although deeply personal, religious faith and practice often serve as vital resources for coping, especially when parents are trying to make sense of their child's condition (Zhang & Rusch, 2005). This becomes especially important given that raising children with disabilities is frequently a stressful and even traumatic experience for the entire family system. In such contexts, religious faith can offer a meaningful foundation for adaptation and understanding (Parker et al., 2011). In practice, religious faith and rituals can strengthen parents' ability to respond to stress, as noted by Rahmanawati et al. (2022). Some families interpret their child's condition as God's will, which helps foster PA and gives deeper significance to their faith. Religious practices have also been found to provide a calming effect and renewed energy for parents dealing with the chronic stress of caring for a child with long-term medical conditions (Dalir et al., 2020).

Another common PRC strategy is seeking spiritual support, which refers to the process of finding comfort and a sense of safety through the love and compassion of God (Utami, 2012). Access to and engagement with spiritual support may vary depending on several factors, including age, gender, and the availability of alternative coping resources (Gotay, 2025). For example, older parents are generally less likely to seek spiritual support compared to younger parents, and the stress experienced by parents of older children differs from that of parents of younger children (Goff et al., 2016), making age a relevant factor. Moreover, Rassoulіan et al. (2021) found that women tend to engage in positive spiritual support more frequently than men, suggesting that gender also plays a significant role in shaping coping behavior.

In families of children with cystic fibrosis—a genetic disorder that causes thick, sticky mucus to build up in the body—previous studies have identified the use of collaborative RC. This strategy involves a dynamic partnership between the individual and God (Grossoehme et al., 2010). Parents take an active role in caregiving while relying on divine support through prayer and belief. One form of collaborative RC is active surrender, in which parents do their best but consciously relinquish full control to God when they feel overwhelmed (Grossoehme et al., 2010). Among families of children with disabilities, participation in religious activities and receiving support from religious leaders and community members are often reported

as highly meaningful (O’Hanlon, 2013). These families also express strong satisfaction with the activities and social support provided by their religious communities. O’Hanlon (2013) found a significant association between frequency of attendance, the amount of support received, and the level of satisfaction derived from community-based religious engagement.

Gratitude is another commonly reported PRC strategy (Dababnah & Parish, 2013; Rahmanawati et al., 2022). Previous research has shown that gratitude training can enhance forgiveness among mothers of children with visual impairments (Ashori & Behzadi, 2024). Similarly, Hizbullah and Mulyati (2022) found that both gratitude and family significantly contribute to the psychological well-being of mothers raising children with autism.

Despite the emphasis on PRC, some parents may experience negative spiritual reactions during the early stages of adapting to their child’s diagnosis. One such reaction is spiritual discontent. Gotay (2025) reported that some mothers experienced spiritual discontent after their child was diagnosed with Down syndrome. They questioned whether their child’s condition might be a form of divine punishment, although these thoughts were generally temporary. Additionally, some parents expressed disappointment toward their religious communities, especially when they felt ignored or excluded by congregants or religious leaders. This lack of inclusion often restricted their child’s access to religious education and intensified the parents’ sense of spiritual isolation (Gotay, 2025).

2. Factors Influencing the Use of RC

While various forms of RC have been observed in the parenting experiences of Muslim families raising children with disabilities, it is equally important to consider the underlying factors that influence how and why these strategies are used. Cultural background, for instance, plays a significant role in shaping parents’ approaches to RC. Othman et al. (2022) highlighted how Muslims Understanding and Helping Special Education Needs (MUHSEN), a nonprofit within Muslim immigrant communities in the U.S., serves as a crucial source of spiritual and emotional support for parents of children with disabilities. In this community, younger generations demonstrate greater empathy and understanding toward disability, reflecting a broader cultural shift toward inclusion. This evolution, driven by increasing social awareness and education, has strengthened the ways in which parents use RC, making it more adaptive and empowering.

Religious belief itself is also a crucial influence. Tait and Mundia (2012) found that 47% of parents in their study reported that faith in Allah helped them understand and come to terms with their child’s condition. A strong sense of belief offers calm, acceptance, and the ability to frame their parenting journey as part of a divine purpose. Some parents turn to prayer and spiritual surrender to regulate overwhelming emotions (Rahmanawati et al., 2022). Trust in God to provide guidance or a solution brings comfort and supports the gradual process of PA.

Support from close family members who help parents interpret the situation through religious values can provide substantial emotional strength. When relatives encourage parents to remain resilient and perceive

their child's condition as part of God's will, this support fosters greater patience and optimism (Croot et al., 2012). Parents who are initially unfamiliar with their child's disability may experience confusion and emotional distress. In such cases, many turn to their religious beliefs to regulate emotions and derive meaning from the challenges they face (Gokgoz & Kabukcuoglu, 2022).

3. Impact of RC on Well-being and Parenting Practices

For Muslim parents of children with disabilities, PRC is not merely a reaction to stress, it actively contributes to their psychological well-being and parenting quality. One of the key outcomes of PRC is the ability to sustain meaning and hope. Gotay (2025) found that even when mothers face deep uncertainty about their child's future with Down syndrome, their faith in God's plan provides them with emotional strength and a continued sense of purpose. This deep sense of belief motivates them to make realistic plans for their child's future. As Gotay (2025) suggests, it is this integration of faith and agency that provides the most adaptive response to the difficult realities these mothers face.

PRC also brings a sense of inner peace. One way this manifests is through daily prayer practices. In a study by Daulay et al. (2025), all participants reported consistently performing both the five daily prayers (*salat fardhu*) and the late-night prayer (*tahajjud*). The participants described *tahajjud*, performed before dawn, as emotionally calming, offering a sacred space to express their concerns to Allah. Their belief that God listens to their prayers and eases their family's burdens served as a profound source of strength and tranquility in caring for their children. PRC also fosters a strong moral sense of parental responsibility. Rahmanawati et al. (2022) found that children with autism frequently model the behavior of adults in their environment. For instance, when a child observes their parent praying, they may attempt to imitate the act despite certain limitations. This observation makes parents more aware of how deeply their own behavior shapes their child's development.

PRC also contributes to the emergence of positive attitudes. Gokgoz and Kabukcuoglu (2022) reported that mothers of children with Down syndrome experienced personal growth. They felt stronger, communicated more effectively, and reported feeling closer to God. This highlights how spiritual experiences can deepen self-understanding and strengthen approaches to parenting children with disabilities. PRC also provides a powerful source of emotional support. When overwhelmed by intense psychological stress, such as persistent crying, suicidal thoughts, or fear regarding their child's condition, many parents turn to their faith as a stabilizing force (Gokgoz & Kabukcuoglu, 2022). Kurowska et al. (2021) similarly observed that in highly stressful situations, religious practices such as prayer and meditation effectively relieve stress and support PA of their child's condition.

Research has also found that, alongside the benefits of PRC for parental well-being, NRC—such as anger toward God, doubt in faith, or questioning religious beliefs—is associated with harmful effects. Such NRC patterns are linked to ineffective coping strategies and heightened risks of anxiety and depression, particularly among mothers of children with mental disabilities (Nikmanesh & Ansari, 2018).

Building on the evidence of the benefits of PRC and the potential risks of NRC, previous research suggests that parenting support groups could be a valuable intervention for Muslim parents of children with disabilities by integrating religious themes (Daulay et al., 2025). This intervention could promote spiritual closeness to help parents feel supported within a faith-based community, to prevent pathological distress by providing strategies to manage stress, and to enhance caregivers' knowledge and skills in nurturing their children.

CONCLUSION

This narrative review underscores three key themes in understanding the role of RC among Muslim parents raising children with disabilities. First, parents employ a wide range of RC strategies, such as religious reframing, faith and ritual practices, seeking spiritual support, collaborative coping with God, and expressions of gratitude. . Second, multiple contextual factors shape the use of RC, including cultural background, depth of religious conviction, and the presence of supportive social and spiritual networks. Each factor contributes to how parents apply and sustain these coping practices. Third, RC strengthens Muslim parents' well-being and parenting quality by sustaining meaning and hope, fostering inner peace, and reinforcing a sense of moral responsibility and positive growth. These findings indicate that RC is not merely a reaction to stress but an active resource promoting resilience and adaptive caregiving.

ACKNOWLEDGMENT

The authors would like to thank the reviewers of this journal for their valuable feedback, which greatly improved the quality of this manuscript. We also express our gratitude to the Faculty of Psychology, Universitas Indonesia, for providing access to the database, and to Dr. Adriana Soekandar Ginanjar, M.S., Psikolog, for her guidance and input, as this review is developed from one of the assignments in the course she taught.

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