

Assessment of Spiritual Vitality and Marital Satisfaction in Parents of Children Aged 6–12 Years with Autism Spectrum Disorder

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ABSTRACT

The aim of this study was to investigate the relationship between spiritual vitality and marital satisfaction among parents of children aged 6–12 years diagnosed with Autism Spectrum Disorder (ASD). This study employed a descriptive-correlational design with a quantitative approach. The statistical population consisted of parents referring to the Iranian Autism Association in Tehran Province, from whom 100 participants (50 couples) were selected using purposive sampling. Data were collected using the standardized Afrouz Marital Satisfaction Questionnaire and the Afrouz Spiritual Vitality Scale. Data analysis was conducted through correlation coefficients and analysis of variance using SPSS software. The findings indicated that there was no significant relationship between the total score of spiritual vitality and marital satisfaction among the parents. However, subscale analyses revealed that certain dimensions of marital satisfaction, including marital contentment, positive thinking, and communicational-social behaviors, were correlated with spiritual vitality, and the relationships among these components were statistically significant. In addition, no significant differences were observed between fathers and mothers regarding spiritual vitality and marital satisfaction; nevertheless, the mean scores reflected relatively low to moderate levels of these two variables among the parents. These findings suggest that although spiritual vitality alone is not a direct predictor of marital satisfaction in this group, fostering spirituality-oriented dimensions within married life may indirectly influence the quality of the relationship among couples raising a child with autism. The results highlight the necessity of designing holistic interventions focused on strengthening spiritual and communicational resources in these families.

Keywords: Autism Spectrum Disorder, marital satisfaction, satisfaction scale, spiritual vitality, parents

1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by persistent difficulties in social communication and interaction, restricted or repetitive patterns of behavior, and atypical responses to sensory, emotional, and environmental stimuli. Although contemporary research has increasingly emphasized the biological, genetic, epigenetic, neurophysiological, and computational dimensions of ASD diagnosis and etiology, the psychosocial consequences of raising a child with ASD remain equally important in psychological research. Studies addressing genetic and epigenetic foundations have shown that ASD is a complex and heterogeneous condition with multiple developmental pathways (Yoon et al., 2020), while newer diagnostic studies using neuroimaging, machine learning, EEG, and multi-criteria decision-making models reflect the growing scientific effort to improve early identification and classification of autism-related profiles (Jassim et al., 2022; Mostafa et al., 2023; Xu & Yang, 2023). However, beyond diagnostic and biological concerns, the daily caregiving demands imposed on families, especially parents, often create long-term psychological, relational, and spiritual challenges. Parents of children with ASD frequently experience chronic caregiving pressure, uncertainty about the child's developmental future, social restrictions, emotional exhaustion, and difficulties in balancing parental, marital, occupational, and personal roles. Therefore, understanding the psychological resources that may support parental adjustment and couple functioning is essential in families raising children with ASD.

The family system is one of the primary contexts affected by childhood autism. The developmental needs of children with ASD often require continuous supervision, behavioral management, communication support, educational planning, and therapeutic follow-up. These responsibilities may intensify parental stress and reduce opportunities for rest, intimacy, social participation, and marital communication. Research on parents of children with ASD has shown that their quality of life is shaped by emotional burden, caregiving demands, social stigma, insufficient support, and concerns about the child's independence and future functioning (Abolkheirian et al., 2021). Similarly, studies on mothers of children with autism have reported that quality of life may be influenced by psychological strain, family responsibilities, and the level of social and familial support available to the mother (Bazrafshan et al., 2019). Since

mothers and fathers may experience the caregiving situation differently, it is important to examine both parents rather than limiting the analysis to maternal experiences alone.

Psychological well-being among mothers of children with ASD has also been linked to family functioning, suggesting that the emotional condition of parents cannot be separated from the quality of family relationships and internal family organization (Desiningrum et al., 2019). When family functioning is supportive, adaptive, and communicative, parents may experience greater psychological stability despite the demands of caregiving. In contrast, when family functioning is weak, caregiving stress may intensify marital conflict, emotional withdrawal, and dissatisfaction. Parent-focused interventions have also demonstrated the importance of strengthening parental competence and self-efficacy in families of children with autism. For example, parent training has been shown to improve maternal self-efficacy, which can enhance parents' perceived ability to manage child-related challenges (Saraei Jamab et al., 2011). Early autism interventions may also positively influence parents and broader family adaptive functioning by reducing uncertainty, improving parental responsiveness, and supporting family adjustment (Estes et al., 2019). These findings indicate that the well-being of parents is not a secondary issue but a central component of effective autism-related family care.

One of the key relational outcomes affected by chronic caregiving pressure is marital satisfaction. Marital satisfaction refers to the subjective evaluation of the quality, stability, intimacy, emotional support, communication, conflict management, and overall fulfillment experienced within the marital relationship. In parents of children with neurodevelopmental disorders, marital satisfaction may be challenged by financial pressures, reduced leisure time, fatigue, disagreement over parenting strategies, emotional distancing, and limited couple-focused interaction. Parenting stress has been found to be associated with marital satisfaction among parents of children with neurodevelopmental disorders, while resilience may moderate this relationship by helping parents manage stress more adaptively (Irshad et al., 2023). This means that the marital relationship may not be damaged only by the objective burden of caregiving, but also by the degree to which parents possess psychological and relational resources for coping with that burden.

Communication patterns are among the strongest determinants of marital satisfaction. Constructive communication, emotional responsiveness, mutual

validation, and effective conflict resolution can protect couples from the negative impact of chronic stress. In contrast, avoidance, criticism, emotional disengagement, and ineffective dialogue may reduce marital satisfaction and intensify family tension. Research on communication patterns and marital satisfaction in family counseling emphasizes that marital quality is closely connected to the way spouses exchange emotional meanings, negotiate needs, and manage disagreements within everyday interaction (Omoboeye et al., 2024). This is particularly relevant for parents of children with ASD, because the demands of caregiving can reduce the time and emotional energy available for marital communication. If couples cannot transform caregiving challenges into shared responsibility and mutual support, marital satisfaction may decline.

Marital satisfaction is also influenced by deeper psychological schemas and relational narratives. Earlier maladaptive schemas, attachment-based expectations, and internalized love stories may shape how spouses interpret each other's behavior and evaluate the marital relationship. The mediating role of love story in the relationship between early maladaptive schemas and marital satisfaction suggests that marital satisfaction is partly constructed through cognitive-emotional meanings that spouses assign to intimacy, loyalty, conflict, and emotional support (Matiei et al., 2014). In families raising children with ASD, such meanings may become even more salient, because couples must continually reinterpret hardship, responsibility, sacrifice, hope, and shared commitment within their marriage.

Alongside psychological and relational resources, spirituality has received increasing attention as a protective factor in family and marital life. Spirituality may include meaning-making, hope, trust, inner peace, gratitude, transcendence, moral commitment, religious orientation, and perceived connection to a higher purpose. Spiritual vitality, as a more specific construct, refers to the dynamic and energizing dimension of spirituality through which individuals experience hopefulness, inner strength, positive meaning, emotional calmness, purposeful living, and spiritually grounded resilience. In psychological literature, spiritual vitality is not limited to formal religious practice; rather, it can be understood as an inner resource that helps individuals maintain emotional balance, interpret adversity meaningfully, and preserve life satisfaction under pressure. Reviews on spiritual vitality have identified multiple factors affecting this construct, including personal beliefs, emotional regulation, social support, moral orientation, and

meaning-centered life attitudes (Araghian et al., 2022). Moreover, studies on spiritual vitality and communication skills among gifted students and graduates have suggested that spiritual vitality may be related to adaptive communication, self-regulation, and psychosocial competence (Mohammadi et al., 2022).

Spiritual vitality can be especially important in families experiencing chronic stress. During collective crises such as the COVID-19 pandemic, spiritual vitality has been discussed as a resource in the relationship between social capital, social support, and resilience, indicating that spirituality may strengthen individuals' capacity to withstand adversity when external conditions are stressful (Saadat Talab & Jafari, 2020). In mothers of children with autism in Tehran, spiritual health has been examined as a relevant dimension of parental well-being, suggesting that spiritual resources may help mothers tolerate caregiving strain, preserve hope, and maintain psychological balance (Soltani et al., 2022). These findings support the assumption that spiritual vitality may contribute to adaptation among parents of children with ASD. However, whether spiritual vitality is directly associated with marital satisfaction in this population remains a question requiring empirical investigation.

The relationship between spirituality and marital satisfaction has been considered in broader couple and family research. Shared religious or spiritual practices may be associated with relationship satisfaction in couple therapy contexts, particularly when such practices provide emotional safety, shared values, forgiveness, commitment, and meaning-making within the relationship (Williamson, 2024). Similarly, recent work has explored the relationship between resilience, spirituality, and marital peace, indicating that spirituality may contribute to harmony in marital life by enhancing patience, acceptance, meaning, and interpersonal compassion (Hayati et al., 2025). In families of exceptional children, values-based and meaning-centered interventions have also been found to improve marital satisfaction, suggesting that spiritually and culturally grounded meaning therapy may support couples in reframing hardship and strengthening marital bonds (Farahini et al., 2019). These findings imply that spiritual vitality may not merely be an individual trait but may also influence the emotional climate of the marital relationship.

Nevertheless, spirituality does not operate in isolation. Forgiveness, emotional well-being, resilience, family functioning, and communication may interact with spirituality in shaping marital outcomes. Forgiveness has

been shown to be associated with emotional well-being among parents of children with ASD, suggesting that parents who are better able to regulate resentment, accept imperfections, and maintain emotional openness may experience greater psychological adjustment (Fortien & Kusumiati, 2023). Since forgiveness is often conceptually linked with spiritual and moral beliefs, it may serve as one mechanism through which spiritual vitality indirectly affects marital quality. At the same time, religious and spiritual traditions may also shape marital expectations, gender roles, sexual agency, and moral understandings of family life, making it necessary to approach spirituality in marital research with cultural and contextual sensitivity (Admiral, 2023). Thus, the association between spiritual vitality and marital satisfaction may vary according to cultural values, family structure, gendered caregiving roles, and the specific stressors experienced by parents.

Research directly connecting marital satisfaction and spiritual vitality in parents has begun to develop. Structural equation modeling among parents of adolescent girls with conduct disorder symptoms showed that marital satisfaction and spiritual vitality can be examined in relation to personality traits and coping behaviors, highlighting the possible mediating role of coping in linking internal characteristics with relational and spiritual outcomes (Dadkhah Kalashmi et al., 2022). This is conceptually important for the present study because parents of children with ASD may also rely on coping behaviors to manage chronic caregiving demands. If coping behaviors, resilience, or social support mediate the relationship between spiritual vitality and marital satisfaction, then a simple direct relationship between the two constructs may not fully capture their complex association. Therefore, empirical examination of this relationship among parents of children with ASD can clarify whether spiritual vitality functions as a direct correlate of marital satisfaction or whether its influence may be more indirect and conditional.

Despite the growing body of research on autism, parental stress, spiritual health, marital satisfaction, and family functioning, several gaps remain. First, many autism-related studies focus primarily on the child's diagnosis, treatment, or developmental functioning, while the marital and spiritual experiences of parents receive less systematic attention. Second, existing studies often emphasize mothers, whereas the dyadic context of parenting requires the inclusion of both fathers and mothers. Third, although spirituality and marital satisfaction have been studied separately, fewer studies have investigated spiritual vitality as a specific construct in

relation to marital satisfaction among parents of children with ASD. Fourth, cultural context is important, because spirituality, marital roles, parenting expectations, and family support systems are deeply shaped by sociocultural norms. In Iranian families, spiritual beliefs and family commitment may play a meaningful role in coping with adversity, but empirical evidence is needed to determine how these resources relate to marital satisfaction among parents raising children with autism.

Accordingly, the present study was conducted to examine the relationship between spiritual vitality and marital satisfaction among parents of children aged 6 to 12 years with Autism Spectrum Disorder.

2. Methods and Materials

The present study was applied in terms of purpose and quantitative in terms of methodological approach. In addition, regarding the method of data collection, it was classified as a descriptive survey study, and in terms of examining the relationships among variables, it was considered a correlational (non-experimental) study. In quantitative studies, data are collected numerically and analyzed using statistical methods. In the present study, the data obtained through standardized questionnaires were analyzed using SPSS statistical software. The purpose of employing the descriptive-correlational method was to investigate the relationship between the variables of spiritual vitality and marital satisfaction among parents of children with Autism Spectrum Disorder (ASD) and to explain the extent of the association between these variables.

Considering that the aim of the study was to examine the existing condition and identify the relationship among variables at a specific point in time, the study was designed as a cross-sectional investigation. In cross-sectional studies, data are collected from the target population within a defined time frame, making it possible to examine the variables simultaneously. This type of research is widely used in psychological and social studies and can provide a relatively accurate representation of the current condition of the studied population. In the present study, valid instruments were used to assess the level of spiritual vitality and marital satisfaction among parents of children with Autism Spectrum Disorder and to analyze the relationship between these two variables.

The statistical population of this study consisted of parents of children with Autism Spectrum Disorder who referred to the Iranian Autism Association in Tehran

Province. This association operates as one of the specialized centers in the field of support, education, and rehabilitation for individuals with Autism Spectrum Disorder and has multiple branches throughout the country. Based on available information, the number of parents of children with autism referring to this center was estimated at approximately 300 individuals, constituting the statistical population of the study. From this population, 100 participants, including 50 fathers and 50 mothers of children aged 6–12 years with Autism Spectrum Disorder, were selected as the research sample.

Cochran's formula was used to determine the sample size, and based on the calculations, 100 participants were considered an appropriate sample size for conducting the study. The sampling method in this study was purposive sampling. In other words, among the parents who met the eligibility criteria, individuals who had a child with Autism Spectrum Disorder within the specified age range and were willing to cooperate in the study were selected. Inclusion criteria included having a child aged 6–12 years diagnosed with Autism Spectrum Disorder, membership in or referral to the Iranian Autism Association, and willingness to participate in the study. Parents who were unwilling to participate or unable to complete the questionnaires were excluded from the study.

Cochran's formula for finite populations was used to estimate the sample size. Considering that the population size in this study was 300 individuals ($N = 300$), the sample size was calculated using Cochran's formula as follows:

$$n = \frac{300 \times (1.96)^2 \times 0.5 \times 0.5}{0.05^2 \times (300 - 1) + (1.96)^2 \times 0.5 \times 0.5}$$

The resulting value was approximately 169 participants. However, due to limitations in access to the research population and the degree of parental cooperation, ultimately 100 participants (50 fathers and 50 mothers) were selected as the final sample.

In this study, two standardized and validated instruments were used for data collection: the Afrouz Marital Satisfaction Questionnaire (2016), consisting of 110 items measuring different dimensions of marital satisfaction such as emotional support, communication, and conflict resolution on a five-point Likert scale ranging from "Almost Always True" to "Almost Never True." Due to its appropriate validity and reliability, it was used as the primary instrument for assessing marital satisfaction. In addition, the Afrouz Spiritual Vitality Scale (2016), consisting of 60 items, was employed to assess different dimensions of spirituality, including feelings of peace, hope,

inner satisfaction, and spiritual connection, using the same Likert scale. The validity and reliability of this instrument had also been previously confirmed. Preparations for questionnaire administration began in the second half of July with the researcher's increased familiarity with the parents, attendance at high-traffic sessions, and explanation of the research objectives to the participants. After obtaining parental consent, both questionnaires were distributed to the participants on August 8, and three days were allocated for completion. For parents who were not present on the designated day, the questionnaires were sent through a messaging application following prior coordination, and their completed responses were received several days later, on August 18.

During the implementation process, the necessary coordination was first carried out with the administrators of the Iranian Autism Association. The researcher then attended parental sessions and classes to explain the objectives and procedures of the study and invited eligible parents to participate. After obtaining informed consent from the participants, the Spiritual Vitality and Marital Satisfaction Questionnaires were distributed among them. Participants were given three days to complete the questionnaires. In cases where some parents were absent at the designated time, the questionnaires were sent via messaging application and collected after completion. Following data collection, the questionnaires were coded and entered into SPSS software. During the data analysis stage, descriptive statistics including frequency, mean, and standard deviation were initially used to describe the characteristics of the sample and the study variables. Subsequently, correlation coefficients were employed to examine the relationship between spiritual vitality and marital satisfaction. In addition, regression analysis was conducted to investigate the extent to which marital satisfaction could be predicted based on spiritual vitality and certain demographic characteristics. Ethical principles were observed throughout all stages of the study. Participants took part in the study with full awareness of its objectives and were assured that their personal information and responses would remain confidential and would be used solely for research purposes. Furthermore, participants had the right to withdraw from the study at any stage of the research process.

3. Findings and Results

Based on the hypotheses and research design, data were collected from 100 participants. The age range of the

participants was between 25 and 40 years, and the mean age of the sample was 33.15 years. It should be noted that the participants included 50 women and 50 men.

The mean age of the participants in this study was 33.15 years with a standard deviation of 5.08, indicating that the

age distribution of the sample was relatively homogeneous and within the period of early adulthood. The age range of 25 to 40 years also indicates that all parents were at a stage of life typically associated with active responsibility and involvement in child-rearing and caregiving.

Table 1

Mean and Standard Deviation of the Variables of Spiritual Vitality and Marital Satisfaction

Variable	N	Minimum	Maximum	Mean	Standard Deviation
Women’s Spiritual Vitality	50	23.0	180.0	125.76	27.26
Men’s Spiritual Vitality	50	20.0	180.0	123.06	32.22
Parents’ Spiritual Vitality	100	20.0	180.0	124.41	29.72
Women’s Marital Satisfaction	50	197.0	550.0	425.34	55.50
Men’s Marital Satisfaction	50	336.0	550.0	452.60	34.10
Parents’ Marital Satisfaction	100	197.0	550.0	438.97	47.83

As shown in the table above, the mean scores for women’s and men’s spiritual vitality and marital satisfaction were 125.76, 123.06, 425.34, and 452.60, respectively. In addition, the mean spiritual vitality score of the parents was

124.41, while the mean marital satisfaction score was 438.97.

The results of the data analysis are presented in detail in the following tables.

Table 2

Analysis of Variance of Spiritual Vitality and Marital Satisfaction in Parents

Variables	Sum of Squares	df	Mean Square	F	p-value
Mothers’ Spiritual Vitality	95666.24	99	95666.24	238.64	< .001
Fathers’ Spiritual Vitality	88075.14	99	88075.14	159.13	< .001
Mothers’ Marital Satisfaction	3396.40	99	3396.40	14.91	< .001
Fathers’ Marital Satisfaction	66631.34	99	66631.34	202.63	< .001

The examination of the traits of spiritual vitality and marital satisfaction among both fathers and mothers of

children with Autism Spectrum Disorder indicates that these two traits played a statistically significant role ($p < .05$).

Table 3

Analysis of Variance of the Subscales of Spiritual Vitality in Parents

Variables	Sum of Squares	df	Mean Square	F	p-value
Total Spiritual Vitality Score	182.25	99	182.25	0.20	.65
Parents’ Beliefs	12.25	99	12.25	0.11	.74
Parents’ Feelings and Behaviors	289.0	99	289.0	0.68	.41

Table 3 presents the results of the analysis of variance for spiritual vitality. The findings indicate that spiritual vitality, in general, was not statistically significant among fathers and mothers of children with Autism Spectrum Disorder.

Specifically, parents’ beliefs did not have a significant effect on the level of spiritual vitality, and the effect of parents’ feelings and behaviors on their spiritual vitality was also not statistically significant ($p > .05$).

Table 4

Analysis of Variance of the Subscales of Marital Satisfaction in Parents

Variables	Sum of Squares	df	Mean Square	F	p-value
Total Satisfaction Score	18577.69	99	18577.69	8.76	.003
Spousal Positive Thinking	600.25	99	600.25	15.35	.0002
Marital Satisfaction	334.89	99	334.89	12.05	.0008
Personal Behaviors	161.29	99	161.29	5.36	.02
Communicational and Social Behaviors	158.76	99	158.76	5.55	.02
Problem Solving	65.61	99	65.61	2.13	.14
Financial and Economic Affairs	240.49	99	240.49	5.95	.01
Religious Feelings	163.84	99	163.84	3.96	.04
Parenting	174.24	99	174.24	5.07	.02
Leisure Time	116.64	99	116.64	2.88	.09
Interaction Style	81.0	99	81.0	0.95	.33

The table above examines the subscales of marital satisfaction among parents of children with Autism Spectrum Disorder. The results indicate that there was no statistically significant relationship between the subscales of interaction style and problem solving with overall marital satisfaction in these parents ($p > .05$). At the same time, all

other subscales, including positive thinking, marital satisfaction, personal behaviors, social behaviors, financial affairs, religious feelings, parenting, and leisure time, had a statistically significant effect on the marital satisfaction of parents of children with Autism Spectrum Disorder ($p < .05$).

Table 5

Correlation Between Spiritual Vitality and Parental Satisfaction

Variables	Mothers' Spiritual Vitality	Fathers' Spiritual Vitality	Mothers' Marital Satisfaction	Fathers' Marital Satisfaction
Mothers' Spiritual Vitality	1			
Fathers' Spiritual Vitality	-0.26	1		
Mothers' Marital Satisfaction	-0.14 ns	0.21 ns	1	
Fathers' Marital Satisfaction	0.04 ns	-0.11 ns	0.32	1

The table above presents the correlation between spiritual vitality and marital satisfaction among parents of children with Autism Spectrum Disorder. The results indicate that the highest correlation was observed between the factors related

to fathers' and mothers' marital satisfaction, while the lowest correlation was found between fathers' marital satisfaction and mothers' spiritual vitality.

Table 6

Correlation Between the Subscales of Marital Satisfaction and the Subscales of Spiritual Vitality Among Parents of Children with Autism Spectrum Disorder

Marital Satisfaction Variables	Total Spiritual Vitality Score	Beliefs	Feelings and Behaviors
Total Satisfaction Score	-0.13 ns	0.87	0.96
Spousal Positive Thinking	0.69	-0.08 ns	-0.04 ns
Marital Satisfaction	0.85	-0.12	-0.07 ns
Personal Behaviors	0.81	-0.15	-0.13
Communicational and Social Behaviors	0.80	-0.17	-0.12 ns
Problem Solving	0.82	-0.09	-0.05 ns
Financial and Economic Affairs	0.80	-0.09 ns	-0.03 ns
Religious Feelings	0.73	-0.15	-0.14
Parenting	0.75	-0.12 ns	-0.10 ns
Leisure Time	0.75	-0.10 ns	-0.03 ns
Interaction Style	0.65	-0.14	-0.02 ns

The table above examines the correlation between the subscales of parental marital satisfaction and spiritual vitality among parents of children aged 6–12 years with Autism Spectrum Disorder. The findings indicate that there was no statistically significant relationship between spiritual vitality and marital satisfaction in these parents. At the same time, the lowest correlation was observed between parents’ interaction style and the feelings and behaviors subscale. In contrast, the highest correlation was found between the marital satisfaction subscale and spiritual vitality.

The mean scores of women’s and men’s spiritual vitality and marital satisfaction were 125.76, 123.06, 425.34, and 452.60, respectively. In addition, the mean parental spiritual vitality score was 124.41, while the mean marital satisfaction score was 438.97. Examination of the traits of spiritual vitality and marital satisfaction among both fathers and mothers of children with Autism Spectrum Disorder indicated that these two traits played a statistically significant role ($p < .05$). The findings also demonstrated that spiritual vitality, in general, was not statistically significant among fathers and mothers of children with Autism Spectrum Disorder, and specifically, parents’ beliefs did not have a significant effect on spiritual vitality. Furthermore, the effect of parents’ feelings and behaviors on

their spiritual vitality was not statistically significant ($p > .05$). The examination of the subscales of marital satisfaction among parents of children with Autism Spectrum Disorder also showed that there was no statistically significant relationship between the subscales of interaction style and problem solving with overall marital satisfaction in these parents ($p > .05$). Nevertheless, all other subscales, including positive thinking, marital satisfaction, personal behaviors, social behaviors, financial affairs, religious feelings, parenting, and leisure time, had statistically significant effects on the marital satisfaction of parents of children with Autism Spectrum Disorder ($p < .05$). The evaluation of the correlation between spiritual vitality and marital satisfaction among parents of children with Autism Spectrum Disorder indicated that the highest correlation was observed between the factors related to fathers’ and mothers’ marital satisfaction, while the lowest correlation was found between fathers’ marital satisfaction and mothers’ spiritual vitality. Finally, the examination of the relationship between the subscales of marital satisfaction and spiritual vitality among parents of children aged 6–12 years with Autism Spectrum Disorder showed that there was no statistically significant relationship between spiritual vitality and marital satisfaction in these parents.

Figure 1

Confirmatory Structural Equation Modeling (CFA/SEM) of the Relationship Between Spiritual Vitality and Marital Satisfaction

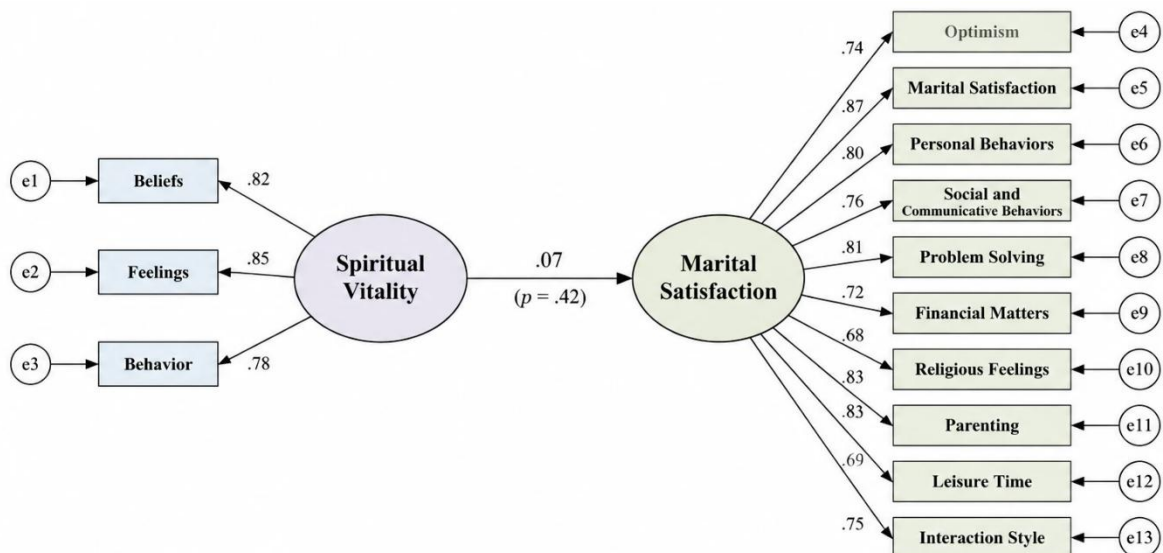


Figure 1 presents the conceptual and statistical structure of the relationship between the two latent constructs of “spiritual vitality” and “marital satisfaction” within the framework of structural equation modeling. The results of the confirmatory analysis showed that the construct of

spiritual vitality was significantly explained by three indicators: beliefs ($\beta = 0.82$), feelings ($\beta = 0.85$), and behaviors ($\beta = 0.78$), indicating the adequacy of the measurement model for this construct. In addition, the construct of marital satisfaction was measured through ten

major indicators, including optimism, marital satisfaction, personal behaviors, social and communicational behaviors, problem solving, financial affairs, religious feelings, parenting, leisure time, and interaction style, with standardized factor loadings ranging from 0.68 to 0.87, confirming the adequacy of the measurement model. In the structural component of the model, the direct path from spiritual vitality to marital satisfaction had a standardized coefficient of $\beta = 0.07$ with a significance level of $p = .42$, indicating the absence of a direct and statistically significant relationship between these two constructs in the studied sample. In other words, among parents of children with Autism Spectrum Disorder, the level of spiritual vitality alone could not predict marital satisfaction. This finding may indicate the mediating or intermediary role of other variables, such as psychological distress, social support, or family adjustment, in this relationship. Overall, the confirmatory model demonstrated a good fit with the data, and the standardized factor loadings indicated that the selected indicators were able to reliably represent the latent constructs, although the main path between the two constructs was not statistically significant.

4. Discussion

The present study aimed to investigate the relationship between spiritual vitality and marital satisfaction among parents of children aged 6 to 12 years with Autism Spectrum Disorder. The findings demonstrated that although the levels of spiritual vitality and marital satisfaction among fathers and mothers of children with autism were statistically meaningful as psychological and relational constructs, no direct and statistically significant relationship was identified between overall spiritual vitality and overall marital satisfaction in the studied sample. At the same time, several subcomponents of marital satisfaction, including positive thinking, marital satisfaction itself, personal behaviors, communicational-social behaviors, financial management, religious feelings, parenting, and leisure activities, showed significant associations with dimensions of spiritual vitality. These findings indicate that although spiritual vitality alone may not directly predict marital satisfaction among parents of children with autism, spirituality-related dimensions can still influence various aspects of relational functioning and family interaction.

One of the important findings of the present study was the absence of a significant direct relationship between total spiritual vitality and total marital satisfaction. This result

may initially appear inconsistent with studies suggesting a positive relationship between spirituality and marital peace or relationship satisfaction (Hayati et al., 2025; Williamson, 2024). However, this inconsistency may be explained by the specific psychological and caregiving conditions experienced by parents of children with autism. Families raising children with Autism Spectrum Disorder are often exposed to chronic caregiving stress, uncertainty regarding the child's future, financial burden, reduced social participation, and emotional fatigue. Under such conditions, spiritual vitality may help parents preserve internal stability and psychological endurance, but it may not be sufficient by itself to maintain high marital satisfaction. In other words, spirituality may function more as an individual coping resource than a direct determinant of couple satisfaction in highly stressful caregiving environments.

The findings of the present study are also understandable in light of research emphasizing the role of resilience, coping, and family functioning in marital outcomes among parents of children with neurodevelopmental disorders. Parenting stress has been associated with marital satisfaction, while resilience appears to moderate this relationship (Irshad et al., 2023). This suggests that marital satisfaction in such families is likely influenced by multiple interacting factors rather than by spirituality alone. Similarly, structural equation modeling research on parents of adolescents with behavioral difficulties indicated that coping behaviors mediate the relationship between spiritual vitality and marital satisfaction (Dadkhah Kalashmi et al., 2022). Therefore, the non-significant direct relationship found in the present study may indicate that spiritual vitality affects marital satisfaction indirectly through mediating variables such as coping skills, resilience, communication quality, emotional regulation, or family adaptability.

Another important finding was that several subscales of marital satisfaction demonstrated significant associations with dimensions of spiritual vitality. Positive thinking, communicational-social behaviors, parenting, and religious feelings were among the components significantly related to spiritual vitality. This finding suggests that spirituality may influence specific relational processes rather than global marital evaluation. Parents with greater spiritual vitality may be more capable of maintaining hope, emotional patience, acceptance, empathy, and constructive interaction despite caregiving stress. Such mechanisms are consistent with research emphasizing the role of spirituality in strengthening emotional balance, interpersonal understanding, and meaning-making (Araghian et al., 2022; Saadat Talab &

Jafari, 2020). Spiritual vitality may therefore improve how spouses interpret hardship, support one another emotionally, and cooperate in parenting responsibilities, even if overall marital satisfaction remains under pressure due to external stressors.

The significant relationship between communicational-social behaviors and spiritual vitality is particularly meaningful. Communication quality is one of the strongest determinants of marital satisfaction and relational stability. Research on communication patterns in family counseling has emphasized that marital quality is deeply connected to emotional exchange, mutual understanding, and constructive dialogue (Omoboye et al., 2024). Parents of children with autism frequently experience emotional overload and limited opportunities for couple-centered interaction. Under such conditions, spiritual vitality may encourage patience, tolerance, forgiveness, and compassionate communication, thereby improving relational interaction patterns. Although the overall marital satisfaction score may still remain moderate due to chronic stress, spiritually grounded communication patterns may help prevent more severe marital deterioration.

The association between spiritual vitality and parenting-related dimensions of marital satisfaction also deserves attention. Parenting a child with autism often requires continuous behavioral supervision, educational planning, emotional regulation, and adaptation to developmental challenges. These responsibilities may create parental exhaustion and disagreement between spouses regarding caregiving strategies. However, spirituality may provide parents with a sense of purpose and meaning in caregiving, thereby reducing hopelessness and emotional frustration. Studies on the psychological well-being of mothers of children with autism have highlighted the importance of family functioning in promoting parental adaptation (Desiningrum et al., 2019). Similarly, research on parent training has shown that increasing parental competence and self-efficacy can improve psychological functioning among mothers of children with autism (Saraei Jamab et al., 2011). Spiritual vitality may complement these adaptive processes by strengthening emotional endurance and providing existential meaning in the caregiving experience.

The findings related to religious feelings were also theoretically important. Religious feelings constituted one of the subcomponents significantly associated with spiritual vitality and marital satisfaction. This result is understandable because spiritual vitality and religious orientation share common elements such as hope, moral commitment,

emotional support, forgiveness, and perceived connection to transcendent meaning. Studies examining shared religious or spiritual practices have suggested that spirituality may contribute to relationship satisfaction by creating common values and strengthening emotional intimacy between spouses (Williamson, 2024). In families of children with autism, religious and spiritual beliefs may help parents interpret difficulties as manageable, meaningful, or spiritually purposeful experiences, thereby reducing despair and strengthening emotional cooperation between spouses.

The present study also found that problem solving and interaction style did not demonstrate statistically significant relationships with overall marital satisfaction. This finding may reflect the complexity of caregiving-related stress in families of children with autism. Effective problem solving within marital relationships often requires time, emotional energy, communication skills, and cognitive flexibility. However, chronic caregiving stress may reduce parents' emotional resources and increase fatigue, making constructive problem solving more difficult despite the presence of spiritual or emotional strengths. Similarly, interaction styles within marriage may be shaped not only by spirituality but also by personality traits, attachment experiences, social support availability, and socioeconomic conditions. Earlier studies have shown that maladaptive schemas and relational narratives can influence marital satisfaction through deeper cognitive-emotional mechanisms (Matiei et al., 2014). Therefore, spirituality alone may not be sufficient to overcome entrenched relational patterns or chronic interpersonal tension.

The moderate levels of spiritual vitality and marital satisfaction observed among participants also provide important insight into the psychological condition of parents raising children with autism. Previous studies have shown that parents, especially mothers, of children with autism often report reduced quality of life and elevated psychological burden (Abolkheirian et al., 2021; Bazrafshan et al., 2019). The present findings are consistent with these observations and suggest that although parents may retain some degree of emotional and spiritual resilience, the cumulative burden of caregiving likely reduces both relational satisfaction and emotional vitality over time. Early autism interventions may improve family adaptive functioning and parental adjustment (Estes et al., 2019), yet long-term caregiving demands can still create chronic emotional strain within the family system.

Another important point concerns the absence of significant differences between fathers and mothers in

overall spiritual vitality and marital satisfaction. This finding suggests that both parents may experience the psychological and relational consequences of caregiving burden relatively similarly, even if their caregiving roles differ. Although some previous studies have focused mainly on mothers due to their more direct caregiving involvement (Bazrafshan et al., 2019; Soltani et al., 2022), the present findings indicate that fathers are also substantially affected by the emotional and relational pressures associated with raising a child with autism. Consequently, interventions targeting family well-being should involve both parents rather than focusing exclusively on mothers.

The present findings also support the perspective that spirituality may function more effectively as a resilience-supporting mechanism than as a direct determinant of marital satisfaction. Research examining forgiveness and emotional well-being among parents of children with autism has emphasized the importance of emotional flexibility, acceptance, and psychological adaptation (Fortien & Kusumiati, 2023). Spiritual vitality may contribute to these capacities by helping parents regulate emotional distress, preserve hope, and maintain a broader sense of meaning despite ongoing hardship. Furthermore, studies on spirituality among students and adults have demonstrated that spiritual vitality is associated with communication skills and psychosocial adjustment (Mohammadi et al., 2022). These findings align with the current results showing that spiritual vitality is linked more strongly with communicational and emotional dimensions of marital functioning than with overall marital satisfaction.

The broader context of autism diagnosis and neurodevelopmental complexity may also indirectly explain the study findings. Autism is a multifactorial condition involving genetic, epigenetic, neurological, and developmental dimensions (Yoon et al., 2020). Advances in autism diagnosis using machine learning, neuroimaging, and EEG-based methods demonstrate the increasing complexity of autism assessment and management (Jassim et al., 2022; Mostafa et al., 2023; Xu & Yang, 2023). For parents, this complexity may create uncertainty regarding treatment, prognosis, educational planning, and long-term caregiving responsibilities. Such chronic uncertainty can influence emotional security and relational stability within marriage. Under these circumstances, spirituality may help parents emotionally tolerate ambiguity, but it may not completely protect marital satisfaction from the practical and psychological burdens associated with caregiving.

Cultural context may also help explain the findings of the study. In Iranian family culture, spirituality and family commitment are often closely interconnected. Religious beliefs, family cohesion, and moral responsibility may encourage parents to maintain marital stability despite caregiving difficulties. Meaning-centered and values-based interventions have previously demonstrated positive effects on marital satisfaction among parents of exceptional children (Farahini et al., 2019). Therefore, spirituality may contribute to preserving relational continuity and emotional endurance even when parents experience moderate levels of marital satisfaction. Moreover, cultural understandings of caregiving, sacrifice, and parental duty may shape how parents evaluate their marital relationships under stressful conditions.

5. Conclusion

Overall, the findings of the present study suggest that spiritual vitality should not be understood as a simple or isolated predictor of marital satisfaction among parents of children with autism. Rather, spirituality appears to interact with communication, coping, emotional regulation, parenting adaptation, and relational resilience. The absence of a direct significant relationship between total spiritual vitality and total marital satisfaction does not imply that spirituality lacks importance; instead, it indicates that the relationship between these constructs is complex, multidimensional, and likely mediated by psychological and family-related factors. Consequently, interventions aimed at improving family functioning among parents of children with autism should adopt a holistic approach integrating emotional support, communication training, coping enhancement, parenting education, resilience-building, and spirituality-informed counseling.

One limitation of the present study was the relatively small sample size and the use of purposive sampling, which may restrict the generalizability of the findings to all parents of children with Autism Spectrum Disorder. In addition, the cross-sectional design prevented causal interpretation of the relationship between spiritual vitality and marital satisfaction. The use of self-report questionnaires may also have increased the possibility of response bias, social desirability effects, or emotional underreporting by participants. Furthermore, other influential variables such as socioeconomic status, severity of autism symptoms, duration of caregiving, psychological distress, resilience, and social support were not comprehensively controlled.

Future research is recommended to employ longitudinal and mixed-method designs in order to better understand the dynamic relationship between spiritual vitality and marital satisfaction over time among parents of children with autism. Researchers should also investigate potential mediating and moderating variables such as coping styles, resilience, attachment patterns, communication skills, family adaptability, and perceived social support. Comparative studies involving different cultural contexts, levels of autism severity, and various developmental stages of children with autism may provide deeper insight into the factors influencing parental marital functioning. Additionally, qualitative studies exploring parents' lived experiences of spirituality and marriage could enrich understanding of the emotional and existential dimensions of caregiving.

From a practical perspective, the findings of the present study highlight the importance of designing family-centered psychological interventions for parents of children with autism. Counseling and support programs should focus not only on child management but also on strengthening couple communication, emotional adjustment, coping strategies, and shared meaning within marriage. Integrating spirituality-informed approaches, meaning-centered counseling, and resilience-based interventions may help parents manage caregiving stress more effectively and preserve relational stability. Educational workshops aimed at improving communication skills, emotional support, conflict management, and collaborative parenting may also enhance marital functioning among these families.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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