


Predicting the Quality of Life of Mothers of Children with Special Needs Based on Stress-Coping Strategies and Level of Acceptance

Fatemeh. Torabi Talatapeh^{1*} 

¹ Master's Degree in Exceptional Child Psychology, Ur.C., Islamic Azad University, Urmia, Iran

* Corresponding author email address: fatmhtraby852@gmail.com

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ABSTRACT

The aim of the present study was to predict the quality of life of mothers of children with special needs based on stress-coping strategies and parental acceptance. This study was descriptive-correlational and was conducted using a cross-sectional method. The statistical population included all mothers of children with special needs, among whom 270 individuals were accessible, and 159 were selected as the research sample. The instruments used included the Quality of Life Questionnaire for Families of Children with Intellectual Disabilities, the Coping Strategies Questionnaire by Lazarus and Folkman (1988), and the Parental Acceptance Questionnaire (2002). Data were analyzed using descriptive statistics, Pearson correlation coefficient, and multivariate regression analysis. The results showed that problem-focused coping strategies and parental acceptance had a positive and significant relationship with quality of life, whereas emotion-focused coping strategies had a negative and significant relationship with quality of life. The results of the regression analysis also indicated that parental acceptance, problem-focused coping strategies, and emotion-focused coping strategies significantly predicted mothers' quality of life, with parental acceptance being the strongest predictor of quality of life. Based on the findings, it can be concluded that strengthening psychological acceptance and teaching adaptive coping strategies can play an important role in improving the quality of life of mothers of children with special needs. Therefore, designing and implementing educational programs and psychological interventions aimed at increasing acceptance and enhancing coping skills can contribute to improving the mental health and quality of life of these mothers.

Keywords: *quality of life, acceptance, coping with stress, mothers, children with special needs, coping strategies.*

1. Introduction

Quality of life is one of the most comprehensive indicators of psychological, social, emotional, and functional well-being, particularly among parents who face chronic caregiving responsibilities. In the context of families with children with special needs, quality of life is not limited to physical health or psychological comfort; rather, it reflects a multidimensional state shaped by family interactions, parental functioning, emotional adjustment, perceived social support, financial conditions, meaning-making processes, and the ability to manage persistent stressors. Mothers of children with special needs often assume the central caregiving role and are exposed to repeated demands related to treatment follow-up, rehabilitation, educational support, behavioral management, social stigma, and concerns about the child's future. These demands may create a sustained psychological burden that affects maternal emotional well-being, interpersonal relationships, physical health, and overall life satisfaction. Recent studies have emphasized that mothers of children with autism, intellectual developmental disorder, learning disabilities, and chronic illnesses frequently experience reduced quality of life when stress is high and personal or contextual resources are insufficient (Ali Sari Nasirlo et al., 2024; Bee Wah et al., 2024; Koukabi & Jahangiri, 2023; Wah et al., 2024).

The concept of quality of life among mothers of children with special needs should be understood within the broader ecology of caregiving. These mothers are not merely responding to isolated child-related difficulties; they are continuously adapting to developmental, emotional, educational, and family-system challenges. The child's disability or disorder may alter family routines, increase dependence on health and rehabilitation services, affect marital and social relationships, and intensify the mother's need for emotional regulation and problem-solving. Studies on mothers of children with autism and learning disabilities indicate that maternal quality of life is closely associated with stress levels, self-efficacy, psychological flexibility, resilience, and access to supportive resources (Bee Wah et al., 2024; Malekzadeh et al., 2024; Wah et al., 2024). In this sense, quality of life is both an outcome of caregiving strain and a marker of the mother's adaptive capacity in the face of long-term parental responsibilities.

One of the most important psychological mechanisms influencing quality of life is coping. Coping strategies refer to the cognitive, emotional, and behavioral efforts used to manage internal and external demands that are appraised as

stressful. In psychological research, coping is often categorized into problem-focused and emotion-focused strategies. Problem-focused coping involves active efforts to change, manage, or reduce the source of stress through planning, seeking information, using available services, problem solving, and constructive decision-making. Emotion-focused coping involves attempts to regulate emotional distress, which may include adaptive processes such as positive reappraisal and emotional expression, but may also include maladaptive responses such as avoidance, distancing, denial, or excessive emotional preoccupation. The distinction between these strategies is especially relevant for mothers of children with special needs because many caregiving stressors are chronic and only partially controllable. Therefore, the effectiveness of coping depends not only on the type of strategy but also on the mother's ability to select flexible and context-appropriate responses.

Evidence from different populations supports the central role of coping strategies in predicting quality of life. In patients with breast cancer, coping styles have been shown to mediate the relationship between social support satisfaction and quality of life, suggesting that the way individuals manage stress can explain how social and emotional resources translate into better well-being (Carreiro et al., 2025). Similarly, research among healthcare professionals has indicated that empathy and coping strategies are significant predictors of quality of life, highlighting that coping is a transdiagnostic and cross-contextual factor in psychological adjustment (Shoji et al., 2024). Although these populations differ from mothers of children with special needs, the underlying psychological principle is similar: when individuals face persistent role-related stress, the use of more adaptive coping strategies is associated with better functioning, whereas reliance on less adaptive coping patterns may reduce quality of life.

In mothers of children with special needs, coping strategies acquire even greater importance because caregiving stress is recurrent and embedded in daily life. Problem-focused coping may help mothers organize therapeutic appointments, communicate with professionals, manage behavioral challenges, seek social support, and make realistic plans for the child's development. This active orientation may increase perceived control and reduce helplessness. In contrast, excessive reliance on emotion-focused coping, particularly when it takes the form of avoidance or emotional disengagement, may weaken problem solving and intensify psychological distress. Studies on mothers of children with autism have

demonstrated the importance of coping in psychological outcomes, including depression and help-seeking attitudes, with problem-focused coping acting as a meaningful mediator in maternal adjustment processes (Elemo & Can, 2024, 2025). These findings suggest that coping strategies do not merely reflect the mother's reaction to stress; they actively shape the pathway through which caregiving burden affects psychological functioning and quality of life.

The role of coping has also been examined in relation to family and relational functioning. Parents of children with disabilities may experience increased interparental conflict, marital strain, and reduced relationship satisfaction, all of which can indirectly affect maternal quality of life. Dyadic coping, or the joint management of stress by partners, has been identified as an important relational resource in families of children with disabilities. Research on mothers of children with disabilities has shown that relationship satisfaction is influenced by interparental conflict and that dyadic coping can moderate this relationship, indicating that shared coping processes may buffer the effects of family stress (Pavon et al., 2024). In another study, financial strain among parents was associated with marital satisfaction and quality of life, while dyadic coping played an important role in this association (Novianti et al., 2024). These findings are particularly important because mothers' quality of life is not only a function of individual psychological traits but is also shaped by family-level coping resources, economic conditions, and relational support.

In addition to coping, parental acceptance is a crucial psychological factor in the adjustment of mothers of children with special needs. Acceptance refers to the parent's ability to acknowledge the child's condition, needs, limitations, and developmental trajectory without persistent denial, rejection, self-blame, or unrealistic comparison. Parental acceptance does not mean passivity or resignation; rather, it reflects psychological readiness to engage constructively with the child's reality and to provide care based on realistic understanding. When mothers show greater acceptance, they may experience less internal conflict, lower guilt, more stable emotional regulation, and stronger capacity to seek appropriate support. Acceptance may also improve the parent-child relationship by reducing negative emotional reactions and increasing attuned caregiving. Therefore, parental acceptance can be conceptualized as both an emotional resource and a cognitive framework through which mothers interpret their child's condition and their own caregiving role.

Previous studies have emphasized the psychological value of acceptance-based and related interventions for mothers facing difficult caregiving conditions. Acceptance and Commitment Therapy has been reported to improve quality of life, meaning in life, emotional empathy, and parent-child relationships among mothers and children dealing with cancer, suggesting that acceptance-oriented processes can support adjustment in high-stress caregiving contexts (Bahrani Tanha et al., 2024). Similarly, comparisons of cognitive-behavioral therapy and Acceptance and Commitment Therapy among mothers of children with learning disabilities have shown that therapeutic approaches targeting cognitive-emotional flexibility and acceptance can improve sleep problems and quality of life (Koukabi & Jahangiri, 2023). These studies show that acceptance is not merely a personality characteristic but a modifiable psychological process that can be strengthened through structured interventions.

Parental acceptance is also closely linked to self-efficacy, self-concept, and emotional functioning. Schema-based parenting training has been shown to affect parental self-efficacy, self-concept, and parental acceptance among mothers of children with internalized disorders, indicating that cognitive representations of parenting and the child can influence acceptance-related outcomes (Qashqai et al., 2023). Self-compassion training has also been found to affect guilt feelings and acceptance and action among mothers of children with intellectual disabilities, suggesting that acceptance may increase when mothers reduce self-criticism and develop a more compassionate relationship with themselves and their caregiving role (Saadi Doost et al., 2024). These findings are important because many mothers of children with special needs experience guilt, shame, and self-blame, which can interfere with adaptive coping and reduce quality of life. Strengthening acceptance may therefore help mothers move from emotional resistance toward constructive engagement.

Other psychological interventions also demonstrate the relevance of maternal acceptance and adaptive emotional processing. Mentalization-Based Treatment has been reported to improve self-conscious affect and quality of life among mothers of children with intellectual developmental disorder, suggesting that improving the mother's capacity to understand mental states—both her own and the child's—can support emotional regulation and enhance life quality (Ali Sari Nasirlo et al., 2024). Mindfulness-Based Cognitive Therapy has also been found to improve resilience and quality of life among mothers of children with learning

disabilities, indicating that awareness, nonjudgmental attention, and cognitive-emotional flexibility are important for maternal adjustment (Malekzadeh et al., 2024). These findings converge with the view that acceptance, mindfulness, mentalization, and resilience are related psychological capacities that help mothers tolerate difficult emotions, interpret caregiving challenges more adaptively, and maintain a more stable sense of well-being.

Spiritual and religious coping are additional dimensions of coping and acceptance that may be particularly relevant in culturally and religiously grounded contexts. Mothers may use religious beliefs, spiritual meaning-making, prayer, trust in God, and communal religious support to cope with the emotional burden of caregiving, illness, disability, or grief. Research on Muslim mothers of children with autism has highlighted religious coping strategies as meaningful resources for managing caregiving stress and maintaining psychological stability (Dulai et al., 2025). Likewise, phenomenological research on mothers grieving a child with cancer has shown that spiritual and religious coping styles can shape how mothers interpret suffering, loss, and maternal identity (Sajadipour et al., 2024). These findings suggest that coping cannot be fully understood only through behavioral or cognitive strategies; meaning-based and spiritual forms of coping may also influence acceptance and quality of life, especially in societies where religious frameworks play a central role in family adaptation.

The association between coping strategies and quality of life has also been confirmed in professional caregiving contexts, where chronic stress and burden affect psychological functioning. For example, among nurses in psychiatric emergency departments, coping strategies and job burden have been examined in relation to professional quality of life, with job stress playing a mediating role (Mo'tamedi & Sajadian, 2024). Although this population differs from mothers of children with special needs, both groups encounter sustained emotional demands, role pressure, and the need for effective coping. This comparison supports the broader psychological assumption that quality of life is strongly influenced by how individuals regulate stress, appraise burdens, and use internal and external resources. For mothers of children with special needs, the caregiving role may be continuous and emotionally intimate, making coping and acceptance even more central to daily adjustment.

Despite the growing literature on psychological interventions and quality of life among mothers of children with special needs, important gaps remain. Many studies

have focused on intervention effectiveness, stress, resilience, self-efficacy, or specific diagnostic groups such as autism, learning disabilities, cancer, or intellectual developmental disorder (Ali Sari Nasirlo et al., 2024; Bahrani Tanha et al., 2024; Bee Wah et al., 2024; Malekzadeh et al., 2024). Other studies have examined coping in broader clinical, professional, or family contexts (Carreiro et al., 2025; Novianti et al., 2024; Pavon et al., 2024; Shoji et al., 2024). However, fewer studies have simultaneously examined problem-focused coping, emotion-focused coping, and parental acceptance as predictors of quality of life in mothers of children with special needs. This simultaneous examination is important because coping and acceptance may have distinct but complementary roles. Problem-focused coping may improve quality of life by increasing practical control and constructive action, emotion-focused coping may reduce or intensify distress depending on its form, and parental acceptance may provide the psychological foundation that allows mothers to engage with caregiving challenges more flexibly and realistically.

From a theoretical perspective, the present study is grounded in the assumption that maternal quality of life is shaped by the interaction between stress appraisal, coping response, and acceptance of the caregiving situation. Mothers who use problem-focused coping may be more capable of managing practical demands, seeking rehabilitation resources, and solving daily caregiving problems. Mothers who rely heavily on maladaptive emotion-focused coping may experience greater emotional exhaustion and lower life satisfaction. Mothers with higher parental acceptance may show greater psychological adjustment because they are more able to integrate the child's condition into family life without persistent denial, resistance, or self-blame. This framework is consistent with studies showing that stress, self-efficacy, coping, acceptance, and psychological flexibility are central to the well-being of mothers caring for children with developmental, learning, medical, or psychological conditions (Elemo & Can, 2024, 2025; Qashqai et al., 2023; Saadi Doost et al., 2024; Wah et al., 2024).

The practical significance of this issue is also considerable. Identifying the predictors of quality of life among mothers of children with special needs can guide psychological screening, counseling, family education, and intervention design. If parental acceptance is found to be a strong predictor of quality of life, acceptance-based interventions, self-compassion training, mindfulness-based programs, and mentalization-focused approaches may be

particularly useful. If problem-focused coping is positively associated with quality of life, parent training programs can emphasize planning, problem solving, communication with professionals, and effective use of social support. If emotion-focused coping is negatively associated with quality of life, interventions can focus on reducing avoidance, emotional suppression, and maladaptive rumination while replacing them with adaptive emotion regulation strategies. In this way, the findings of the present study can contribute to evidence-based psychological services for mothers of children with special needs and support more targeted family-centered rehabilitation planning.

The aim of the present study was to predict the quality of life of mothers of children with special needs based on stress-coping strategies and the level of parental acceptance.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a cross-sectional correlational study conducted to predict the quality of life of mothers of children with special needs based on stress-coping strategies and level of parental acceptance. The statistical population consisted of all mothers of children with special needs under the age of 16 who had referred to a rehabilitation center affiliated with Tehran University of Medical Sciences. The initial list of eligible participants was extracted from the center's database and included 270 mothers. Therefore, based on the research design, the eligible population comprised 270 individuals. The final sample size was calculated using Cochran's formula, and 159 mothers were selected as the study sample. The inclusion criteria were being the mother of a child with special needs under 16 years of age, willingness to participate in the study, and ability to read and respond to the questionnaires. The exclusion criteria included failure to complete at least 10% of the questionnaire items or withdrawal from participation during the completion process.

2.2. Measures

The Quality of Life Questionnaire for Families of Children with Intellectual Disabilities, developed by Rasoul-Karbalaei Shirifard (2006), was used to assess the quality of life of mothers. This instrument consists of 40 items scored on a five-point Likert scale ranging from 1 to 5, with total scores ranging from 40 to 200. The measured dimensions include family interaction, parenting, emotional well-being,

physical well-being, disability-related support, cultural and spiritual life, leisure time, and general awareness/reporting. Higher scores indicate a higher level of family quality of life. The content validity and construct validity of this questionnaire have been reported as acceptable in previous studies, and the reliability coefficient for the total scale has been reported as 0.95, indicating desirable internal consistency. In the present study, the reliability coefficient of the total scale was calculated as 0.89.

The Ways of Coping Questionnaire developed by Lazarus and Folkman (1988) was used to assess mothers' stress-coping strategies. This questionnaire contains 66 items and includes eight main subscales: confrontive coping, with a Cronbach's alpha coefficient of 0.61; distancing, with a coefficient of 0.546; self-controlling, with a coefficient of 0.610; seeking social support, with a coefficient of 0.567; accepting responsibility, with a coefficient of 0.645; escape-avoidance, with a coefficient of 0.865; planful problem solving, with a coefficient of 0.657; and positive reappraisal, with a coefficient of 0.821. These subscales are commonly aggregated into two broader coping strategies, namely problem-focused coping and emotion-focused coping. The validity and reliability of this instrument have been confirmed in numerous previous studies. In the present study, the scores obtained from this questionnaire were used to evaluate the role of coping strategies in predicting mothers' quality of life.

The Parental Acceptance Questionnaire was used to measure the level of parental acceptance and adjustment toward the child. This instrument consists of 10 items scored on a five-point Likert scale ranging from 1 to 5. It is designed to assess the extent to which parents accept and adapt to the conditions and needs of their child. Higher scores indicate greater parental acceptance. The content validity of this instrument has been confirmed in previous studies. In the present study, Cronbach's alpha coefficient for this questionnaire was obtained as 0.841, indicating good internal consistency.

2.3. Data analysis

Data were analyzed at both descriptive and inferential levels. In the descriptive statistics section, mean, standard deviation, minimum and maximum scores, and frequency distribution were used to describe demographic characteristics and the main research variables. In the inferential statistics section, the Kolmogorov-Smirnov test was used to examine the normality of the distribution of the

variables. Pearson correlation coefficient was then applied to examine the relationships among quality of life, coping strategies, and parental acceptance. Multivariate linear regression analysis was used to predict quality of life based on coping strategies, including problem-focused and emotion-focused coping strategies and/or their subscales, as well as level of parental acceptance. Key demographic variables, including maternal age, child age, socioeconomic status, and educational level, were controlled where available. The significance level was set at 0.05, and all statistical analyses were performed using SPSS software.

3. Findings and Results

The demographic findings showed that the mean age of the mothers was 37.45 years (SD = 6.20), with an age range of 25 to 49 years, while the mean age of the children was

8.70 years (SD = 3.40), ranging from 3 to 15 years. The mean number of family members was 4.60 (SD = 1.30), with a range of 3 to 8 members. Regarding educational level, 21 mothers (13.20%) had primary education or lower, 39 (24.50%) had middle school education, 62 (39.00%) had a high school diploma, 16 (10.10%) had an associate degree, and 21 (13.20%) held a bachelor’s degree or higher. In terms of economic status, 26 participants (16.40%) reported a low economic status, 113 (71.10%) reported a moderate economic status, and 20 (12.60%) reported a high economic status. With respect to the type of disability or disorder in children, intellectual disability was the most frequent condition, reported for 68 children (42.80%), followed by autism spectrum disorder in 41 children (25.80%), speech and language disorders in 23 children (14.50%), physical-motor disabilities in 14 children (8.80%), and multiple disabilities or other conditions in 13 children (8.10%).

Table 1

Descriptive Statistics of the Main Research Variables

Variable	Mean	Standard Deviation	Minimum	Maximum
Quality of life	134.80	18.60	90	195
Problem-focused coping strategies	82.40	10.70	55	106
Emotion-focused coping strategies	71.20	12.30	42	103
Parental acceptance	38.90	6.10	21	50

As shown in Table 1, the mean score of quality of life among mothers was 134.80 with a standard deviation of 18.60, indicating a moderate to relatively favorable level of quality of life. The mean score for problem-focused coping strategies was 82.40 (SD = 10.70), while the mean score for

emotion-focused coping strategies was 71.20 (SD = 12.30). The mean score of parental acceptance was 38.90 (SD = 6.10), with scores ranging from 21 to 50, suggesting that participants generally reported a relatively high level of acceptance toward their children’s condition.

Table 2

Correlation Matrix of Quality of Life, Coping Strategies, and Parental Acceptance

Variables	Quality of Life	Problem-Focused Coping	Emotion-Focused Coping	Parental Acceptance
Quality of life	1	—	—	—
Problem-focused coping	0.58*	1	—	—
Emotion-focused coping	-0.42*	-0.31**	1	—
Parental acceptance	0.63*	0.47***	-0.29**	1

According to Table 2, quality of life had a positive and significant correlation with problem-focused coping strategies (r = 0.58, p < .05) and parental acceptance (r = 0.63, p < .05). This finding indicates that higher use of problem-focused coping strategies and greater parental acceptance were associated with better quality of life among mothers of children with special needs. In contrast, emotion-focused coping strategies had a negative and significant

correlation with quality of life (r = -0.42, p < .05), suggesting that greater reliance on emotion-focused coping was associated with lower quality of life. In addition, parental acceptance was positively correlated with problem-focused coping strategies (r = 0.47, p < .001) and negatively correlated with emotion-focused coping strategies (r = -0.29, p < .01).

Table 3

Multivariate Regression Analysis Predicting Quality of Life

Predictor Variable	Standardized Beta (β)	t	p	VIF
Problem-focused coping strategies	0.34	4.28	.001	1.44
Emotion-focused coping strategies	-0.21	-3.05	.003	1.38
Parental acceptance	0.39	5.32	< .001	1.20

As presented in Table 3, the results of multivariate regression analysis showed that problem-focused coping strategies, emotion-focused coping strategies, and parental acceptance significantly predicted the quality of life of mothers of children with special needs. Parental acceptance was the strongest positive predictor of quality of life ($\beta = 0.39$, $t = 5.32$, $p < .001$), followed by problem-focused coping strategies ($\beta = 0.34$, $t = 4.28$, $p = .001$). Emotion-focused coping strategies negatively predicted quality of life ($\beta = -0.21$, $t = -3.05$, $p = .003$), indicating that greater use of emotion-focused coping was associated with lower quality of life. The VIF values ranged from 1.20 to 1.44, indicating that multicollinearity was not a concern in the regression model.

4. Discussion

The present study aimed to predict the quality of life of mothers of children with special needs based on stress-coping strategies and parental acceptance. The findings showed that problem-focused coping strategies had a positive and significant relationship with quality of life, while emotion-focused coping strategies had a negative and significant relationship with quality of life. In addition, parental acceptance showed the strongest positive relationship with quality of life. The regression results further indicated that parental acceptance, problem-focused coping, and emotion-focused coping significantly predicted mothers' quality of life, with parental acceptance emerging as the strongest predictor. These findings suggest that the quality of life of mothers of children with special needs is not merely determined by the presence of caregiving demands, but is strongly influenced by the psychological mechanisms through which mothers interpret, accept, and manage these demands.

The positive relationship between problem-focused coping and quality of life indicates that mothers who use active and constructive strategies to manage stress are more likely to experience better psychological and functional well-being. Problem-focused coping includes behaviors

such as planning, seeking information, using professional services, organizing caregiving responsibilities, solving daily problems, and making practical decisions regarding the child's needs. For mothers of children with special needs, such strategies may reduce feelings of helplessness and increase perceived control over the caregiving situation. This finding is consistent with studies showing that coping strategies play an important role in quality of life across caregiving, clinical, and occupational contexts. For example, coping styles have been shown to mediate the relationship between social support and quality of life in patients facing chronic illness, indicating that adaptive coping can transform available resources into improved well-being (Carreiro et al., 2025). Similarly, coping strategies have been identified as important predictors of quality of life among healthcare professionals, showing that the capacity to manage stress constructively is associated with better psychological functioning even in emotionally demanding roles (Shoji et al., 2024).

This result is also aligned with findings among mothers of children with autism and other developmental conditions. Elemo and Can reported that problem-focused coping plays a mediating role in the relationship between depression and psychological help-seeking attitudes among mothers of children with autism, suggesting that mothers who rely more on active coping may be more able to seek support and manage psychological distress (Elemo & Can, 2024, 2025). In the present study, problem-focused coping positively predicted quality of life, which supports the view that active coping is a protective factor in maternal adjustment. Mothers who approach caregiving challenges through planning, consultation, structured problem solving, and use of rehabilitation resources may experience greater competence and lower emotional burden. Therefore, problem-focused coping appears to function as a pathway through which caregiving stress becomes more manageable and less damaging to maternal quality of life.

The negative relationship between emotion-focused coping and quality of life is another important finding of this study. Although emotion-focused coping can sometimes be

adaptive when it includes emotional expression, positive reappraisal, and acceptance of uncontrollable conditions, it may become maladaptive when it is dominated by avoidance, denial, withdrawal, emotional suppression, or excessive rumination. The negative association observed in this study suggests that mothers who rely more heavily on emotion-focused coping may experience lower quality of life, possibly because these strategies do not directly address the practical demands of caring for a child with special needs. In chronic caregiving situations, unresolved practical problems can intensify emotional distress, and avoidance-based coping may increase helplessness, guilt, and exhaustion over time. This interpretation is consistent with research indicating that stress, burden, and maladaptive emotional responses can reduce quality of life among mothers of children with autism and other developmental conditions (Bee Wah et al., 2024; Wah et al., 2024).

The finding regarding emotion-focused coping should not be interpreted as meaning that all emotional coping is harmful. Rather, it suggests that when emotional coping is used as a substitute for constructive action or psychological acceptance, it may be associated with poorer outcomes. In caregiving contexts, mothers need both emotional regulation and practical problem-solving capacities. However, emotional coping that is primarily avoidant or passive may prevent mothers from seeking support, using rehabilitation services, or developing more effective parenting strategies. This interpretation is supported by studies showing that maternal quality of life is influenced by stress, self-efficacy, resilience, and adaptive psychological resources (Bee Wah et al., 2024; Malekzadeh et al., 2024). Therefore, the negative role of emotion-focused coping in the present study may reflect the harmful effect of ineffective emotion regulation and avoidant coping patterns rather than the effect of emotional processing itself.

Parental acceptance was the strongest predictor of quality of life in the regression model. This finding is theoretically and clinically meaningful. Parental acceptance refers to the mother's ability to acknowledge the child's condition and needs without persistent denial, rejection, unrealistic comparison, or self-blame. Mothers who show higher acceptance may be better able to adjust their expectations, engage constructively with therapeutic and educational services, and maintain a more stable emotional relationship with the child. Acceptance does not imply passivity; rather, it represents psychological readiness to face the child's condition realistically and respond with flexibility. The finding that parental acceptance was the strongest predictor

suggests that quality of life depends not only on what mothers do to cope with stress, but also on how they emotionally and cognitively integrate the child's condition into their family life.

This finding is consistent with studies emphasizing the importance of acceptance-based and related interventions for mothers facing caregiving challenges. Acceptance and Commitment Therapy has been shown to improve quality of life, emotional empathy, meaning in life, and the parent-child relationship among mothers and children dealing with cancer, indicating that acceptance-oriented processes can enhance psychological adjustment in demanding caregiving contexts (Bahrani Tanha et al., 2024). Similarly, research comparing cognitive-behavioral therapy and Acceptance and Commitment Therapy among mothers of children with learning disabilities has shown improvements in sleep disorders and quality of life, confirming the therapeutic value of acceptance and cognitive-emotional flexibility (Koukabi & Jahangiri, 2023). The present findings extend this line of evidence by showing that parental acceptance is not only a treatment target but also a significant predictor of naturally occurring differences in mothers' quality of life.

The strong role of parental acceptance is also supported by studies on self-compassion, mentalization, and schema-based parenting. Self-compassion training has been reported to reduce guilt feelings and improve acceptance and action among mothers of children with intellectual disabilities, suggesting that acceptance may increase when mothers become less self-critical and more psychologically flexible (Saadi Doost et al., 2024). Mentalization-Based Treatment has also been shown to improve self-conscious affect and quality of life among mothers of children with intellectual developmental disorder, indicating that the ability to understand one's own and the child's mental states can improve emotional adjustment and maternal well-being (Ali Sari Nasirlo et al., 2024). In addition, schema-based parenting training has been found to improve parental self-efficacy, self-concept, and parental acceptance among mothers of children with internalized disorders (Qashqai et al., 2023). These findings support the conclusion that parental acceptance is closely related to broader psychological capacities, including self-understanding, emotional regulation, self-compassion, and adaptive parenting beliefs.

The findings also highlight the importance of relational and contextual factors in maternal quality of life. Mothers of children with special needs often experience pressures that extend beyond individual coping, including marital strain,

financial difficulty, interparental conflict, and limited social support. Previous studies have shown that dyadic coping can play a protective role in the association between stress and family outcomes. For instance, relationship satisfaction among mothers of children with disabilities has been linked to interparental conflict, with dyadic coping moderating this association (Pavon et al., 2024). Similarly, financial strain among parents has been associated with marital satisfaction and quality of life, and dyadic coping has been identified as an important factor in this relationship (Novianti et al., 2024). These findings help explain why mothers' quality of life may improve when coping resources are not only individual but also relational and family-based.

The role of religious and spiritual coping should also be considered when interpreting the present findings. Although this study focused on general coping strategies and parental acceptance, religious and spiritual meaning-making may be important sources of psychological support for many mothers. Research on Muslim mothers of children with autism has shown that religious coping strategies can help mothers manage caregiving stress, interpret difficulties, and maintain emotional stability (Dulai et al., 2025). Similarly, phenomenological research on mothers grieving a child with cancer has shown that spiritual and religious coping styles shape how mothers process suffering, loss, and maternal identity (Sajadipour et al., 2024). These findings suggest that acceptance and coping may be strengthened when mothers are able to construct meaning around their caregiving experiences. In culturally and spiritually oriented contexts, religious coping may function as an additional resource that supports acceptance and reduces psychological distress.

The present findings are also consistent with evidence from occupational stress research. Although nurses in psychiatric emergency departments differ from mothers of children with special needs, both groups are exposed to sustained emotional demands, role pressure, and high levels of psychological burden. Research has shown that job stress mediates the relationship between coping strategies, job burden, and professional quality of life among nurses in psychiatric emergency settings (Mo'tamedi & Sajadian, 2024). This parallel supports the broader psychological principle that quality of life is shaped by the interaction between stress exposure, coping response, and perceived burden. In mothers of children with special needs, caregiving stress may be continuous and deeply personal, making the role of coping strategies and acceptance even more important. Therefore, interventions that reduce perceived

burden and improve adaptive coping may have direct implications for maternal quality of life.

The regression results showed that parental acceptance had the highest standardized beta coefficient, followed by problem-focused coping, whereas emotion-focused coping had a negative predictive effect. This pattern suggests that acceptance may provide the psychological foundation that enables mothers to use more adaptive coping strategies. A mother who accepts the child's condition may be more willing to seek help, engage with rehabilitation plans, communicate with professionals, and make realistic decisions. Conversely, low acceptance may be associated with denial, shame, emotional avoidance, or inconsistent caregiving responses. Therefore, parental acceptance may influence quality of life both directly and indirectly by shaping the type and effectiveness of coping strategies. This interpretation is compatible with intervention studies showing that acceptance-based, mindfulness-based, and mentalization-based approaches can improve psychological resources and quality of life among mothers of children with developmental or medical conditions (Ali Sari Nasirlo et al., 2024; Bahrani Tanha et al., 2024; Malekzadeh et al., 2024).

5. Conclusion

Overall, the findings of the present study indicate that mothers' quality of life is higher when they accept their child's condition and use more active, problem-focused coping strategies, and lower when they rely more on maladaptive emotion-focused coping. These findings contribute to the literature by simultaneously examining coping strategies and parental acceptance as predictors of quality of life in mothers of children with special needs. The results support a multidimensional model in which maternal well-being is shaped by practical coping behavior, emotional regulation, cognitive acceptance, family context, and meaning-making resources. Accordingly, psychological interventions for this group should not focus only on reducing distress; they should also strengthen parental acceptance, increase problem-solving skills, enhance adaptive emotion regulation, improve family support, and help mothers construct a more flexible and compassionate understanding of their caregiving role.

The present study had several limitations. First, the cross-sectional correlational design does not allow causal conclusions about the relationships among coping strategies, parental acceptance, and quality of life. Second, the data were collected through self-report questionnaires, which

may be affected by social desirability, response bias, or temporary emotional states. Third, the sample was selected from mothers who referred to a rehabilitation center affiliated with Tehran University of Medical Sciences, which may limit the generalizability of the findings to mothers in other regions, clinical settings, or cultural contexts. Fourth, although several demographic variables were considered, other potentially important factors such as severity of the child's disability, duration of diagnosis, family support, marital quality, paternal involvement, and access to rehabilitation services were not examined in detail.

Future studies are suggested to use longitudinal designs to clarify the direction of the relationships among parental acceptance, coping strategies, and quality of life over time. It is also recommended that future research examine the mediating and moderating roles of variables such as perceived social support, parenting self-efficacy, caregiver burden, resilience, marital satisfaction, spiritual coping, and child disability severity. Comparative studies across different diagnostic groups, such as autism spectrum disorder, intellectual disability, physical-motor disability, speech and language disorders, and multiple disabilities, can provide a more precise understanding of the specific needs of mothers in each group. In addition, mixed-methods studies may be useful for exploring the lived experiences of mothers and identifying culturally specific meanings of acceptance, coping, and quality of life.

From a practical perspective, the findings suggest that psychological and rehabilitation centers should design structured programs to enhance parental acceptance and adaptive coping skills among mothers of children with special needs. Parent training programs should include components such as problem-solving training, stress management, emotional regulation, self-compassion, acceptance-based exercises, and guidance on how to use professional and social support resources. Screening mothers for low acceptance, high emotional distress, and maladaptive coping patterns can help professionals identify those who need more intensive psychological support. Family-centered interventions should also involve fathers and other family members when possible, because improving the broader family support system can reduce maternal burden and improve quality of life.

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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Ethical 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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