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The Role of Spirituality Therapy Emphasizing the Teachings of Islam in Enhancing Resilience and Reducing Depressive Symptoms Among Families of Children with Autism

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A B S T R A C T

The present study aimed to determine the role of spirituality therapy emphasizing the teachings of Islam in enhancing resilience and reducing depressive symptoms among families of children with autism in Khoy, Iran, in 2024. In terms of its purpose, this study was applied research, and in terms of data collection, it was a field study. The study employed a quasi-experimental method with a pretest–posttest design and a control group. The statistical population comprised all families of children with autism in Khoy who attended one of the rehabilitation and educational centers for children with autism in 2024. Using purposive and convenience sampling, 30 participants were selected and randomly assigned to two groups of 15 participants each (experimental and control). Participants completed the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) and the 13-item Beck Depression Inventory. Participants in the experimental group received 10 sessions of a spirituality therapy program based on Islamic teachings. The data were analyzed using multivariate analysis of covariance (MANCOVA). The results supported the research hypothesis regarding the effectiveness of spirituality therapy in improving resilience and reducing depression among families of children with autism in Khoy. At posttest, parents in the experimental group exhibited significantly higher levels of resilience and lower levels of depressive symptoms than parents in the control group. Therefore, the spirituality therapy program emphasizing the teachings of Islam was effective in enhancing resilience and reducing depressive symptoms among families of children with autism in Khoy.

Keywords: *resilience, depression, spirituality therapy*

1. Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by persistent difficulties in social communication and social interaction, together with restricted, repetitive patterns of behavior, interests, or activities. Although the clinical manifestations and severity of autism vary substantially across individuals, its effects extend beyond the diagnosed child and frequently influence the psychological, social, economic, and relational functioning of the entire family system. The increasing prevalence and global burden of ASD have intensified the need to focus not only on the developmental and therapeutic needs of affected children but also on the psychological well-being of their caregivers and families. Epidemiological evidence indicates that autism constitutes a substantial and persistent global public health concern, with considerable differences in incidence and prevalence across countries and regions (Solmi et al., 2022). Parents of children with autism are often required to manage intensive caregiving demands, behavioral difficulties, educational concerns, treatment coordination, uncertainty about future independence, and financial or social pressures. These demands can accumulate over time and expose caregivers to elevated psychological distress, reduced quality of life, and greater vulnerability to emotional problems (Fazli et al., 2024; Masefield et al., 2020).

The psychological burden associated with raising a child with autism is particularly important because parental emotional functioning is closely related to caregiving quality, family interactions, persistence in treatment, and the overall developmental environment provided to the child. Parents may encounter chronic uncertainty regarding the course of the disorder, social acceptance of the child, access to appropriate services, educational placement, and future caregiving responsibilities. Such concerns can produce prolonged stress and undermine family adaptation. Empirical findings have shown that parents of children with ASD frequently report considerable parenting stress and impaired quality of life (Vahedparast et al., 2022). Similarly, studies comparing caregivers of children with different developmental and behavioral disorders have indicated that mothers of children with autism may experience substantial levels of stress, anxiety, depression, and sleep disturbances (Kamandlou et al., 2020). Families of children with special needs may also experience reduced social support and greater social anxiety compared with families of typically developing children, suggesting that caregiving difficulties are often intensified by interpersonal and social pressures (Jadidi Fighan et al., 2015). Therefore, psychological interventions for these families should address not only symptoms of distress but also the internal and external resources that enable parents to sustain adaptive functioning under persistent caregiving demands.

Among the psychological outcomes that warrant particular attention in parents and families of children with autism is depression. Depression is a multidimensional disorder involving affective, cognitive, motivational, somatic, and interpersonal disturbances. It can impair concentration, energy, hopefulness, social functioning, problem solving, and the ability to experience pleasure, all of which are especially consequential for individuals carrying sustained caregiving responsibilities. Depression is also associated with biological processes, including inflammatory mechanisms, and contemporary evidence supports a bidirectional relationship in which depressive processes and inflammation may reinforce one another (Beurel et al., 2020). In addition, depressive symptoms may develop and persist in response to prolonged exposure to psychological demands and inadequate psychosocial resources. Research examining the temporal relationship between exhaustion-related symptoms and depression has suggested that these constructs can influence one another over time and may share common environmental and psychological determinants (Hatch et al., 2019). Consequently, persistent caregiving stress in families of children with autism may create conditions in which depressive symptoms become more likely, especially when parents perceive limited control over difficult circumstances or insufficient resources to cope effectively.

Research on caregivers of children with developmental disabilities further supports the importance of addressing depression and psychological strain. Meta-analytic evidence has shown that caring for young children with developmental disabilities can adversely affect caregiver health across several domains (Masefield et al., 2020). In mothers caring for children with intellectual disability, psychological interventions targeting emotional regulation have been shown to reduce depressive symptoms, demonstrating that caregiver depression is both clinically relevant and potentially modifiable through structured intervention (Ariapouran et al., 2024). In parents of children with ASD, reduced mental health and diminished quality of life have likewise been documented, reinforcing the need for interventions that are culturally appropriate and capable of addressing both emotional distress and broader existential or

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meaning-related challenges (Fazli et al., 2024). Since conventional symptom-focused interventions may not fully address the spiritual, cultural, and existential concerns experienced by families confronted with chronic developmental conditions, complementary approaches incorporating spirituality may offer additional therapeutic value.

A second major psychological construct relevant to families of children with autism is resilience. Resilience broadly refers to the capacity to maintain, recover, or regain adaptive functioning despite adversity, stress, trauma, or significant life challenges. Rather than representing a fixed personality characteristic, contemporary perspectives increasingly conceptualize resilience as a dynamic process resulting from interactions between individual capacities, relationships, environmental resources, meaning systems, and opportunities for adaptation. Masten described resilience as an outcome of ordinary adaptive systems rather than an extraordinary or rare psychological quality, emphasizing the importance of naturally occurring protective processes in human development (Masten, 2021). Similarly, the literature on trauma and posttraumatic adjustment conceptualizes resilience as a multidimensional capacity involving adaptive coping, emotional regulation, cognitive flexibility, interpersonal resources, and the ability to reorganize psychological functioning following difficult experiences (Agaibi & Wilson, 2015). For parents of children with disabilities, resilience is particularly important because it can influence their capacity to tolerate uncertainty, reorganize family routines, seek resources, maintain hope, and continue providing effective care under chronic stress.

Resilience is not independent of other adaptive psychological mechanisms. Research has demonstrated that emotional adjustment and cognitive emotion regulation are associated with resilience, suggesting that individuals who are better able to regulate internal experiences may also be more capable of coping constructively with adversity (Mousavi et al., 2021). In parents of children with disabilities, resilience has also been linked to coping processes and expectations about the future (Tali, 2022). These findings suggest that strengthening resilience may help families move beyond mere symptom reduction toward improved adaptation, persistence, and psychological flexibility in caregiving. However, resilience can also be influenced by broader systems of belief and meaning. In conditions of chronic or uncontrollable stress, spirituality may provide a framework through which individuals interpret adversity, maintain hope, experience continuity of meaning, and perceive themselves as connected to a transcendent source of support.

Spirituality and spiritual health have therefore attracted increasing attention as potentially protective factors in psychological adjustment. Spirituality generally encompasses a person's search for meaning, purpose, transcendence, connection with the sacred, and a coherent framework for interpreting life experiences. In religious populations, spirituality may be closely integrated with faith, worship, prayer, trust in God, gratitude, forgiveness, patience, and moral commitment. Among mothers of children with autism, spiritual health has been studied as an important dimension of psychological well-being, suggesting that spirituality may function as a meaningful resource in coping with the demands associated with ASD (Soltani et al., 2022). In broader psychological research, spiritual health has also been found to mediate associations between life purpose, relationship quality, and resilience under conditions of severe psychological pressure, indicating that spirituality can contribute to resilience through both intrapersonal and interpersonal pathways (Sheyvandi Chelicheh et al., 2023). These findings provide a theoretical basis for the use of spirituality-oriented interventions among families facing chronic caregiving demands.

Spiritual interventions may be particularly effective when they are consistent with participants' cultural and religious worldview. Spirituality therapy is an intervention approach that incorporates meaning, values, transcendence, spiritual beliefs, and existential resources into the therapeutic process. Depending on the cultural context, it may include practices such as prayer, gratitude, contemplation, forgiveness, trust, spiritual self-reflection, connection with sacred values, and exploration of life's purpose. In Islamic societies, spirituality therapy emphasizing Islamic teachings can integrate these psychological processes with Qur'anic concepts and Islamic principles such as *tawakkul* or reliance on God, patience, hope, gratitude, forgiveness, remembrance of God, and belief in meaning within adversity. Such integration may enhance the cultural acceptability and personal relevance of therapy for individuals who organize their experiences through an Islamic worldview.

Empirical studies have increasingly supported the therapeutic potential of spiritually oriented interventions for various psychological problems. Spiritual therapy has been reported to improve psychological hardiness and reduce psychological distress among students (Bakhshi et al.,

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2023). It has also shown efficacy in reducing existential anxiety among women with breast cancer, indicating its potential usefulness in situations involving uncertainty, mortality concerns, and prolonged psychological burden (Moin et al., 2023). Spiritual interventions have been found to improve coping and spiritual well-being among individuals coping with gynecological cancer (Nasution et al., 2020). Likewise, spirituality therapy has been associated with improvements in psychological health among individuals recovering from major health-related stressors, including reductions in depression and improvements in mental health and psychological capital (Isa Zadeh & Saffarinia, 2020). More recent intervention development has extended spirituality-based approaches to chronic pain populations, with spiritual therapy packages targeting resilience, distress tolerance, pain-related cognitions, and psychological adaptation (Saberi, 2026).

Evidence is also accumulating for the effectiveness of spirituality-based interventions specifically in relation to depressive symptoms. Family-based group spirituality therapy has been shown to reduce depressive symptoms and rumination, suggesting that spiritually informed interventions may influence both emotional symptoms and the repetitive cognitive processes that maintain depression (Faghihi & Abbasi Darreh Bidi, 2020). Group spirituality training has similarly been associated with reductions in depression and improvements in marital satisfaction among married women (Mirarjmandi et al., 2015). Spiritual psychotherapy incorporating forgiveness has been proposed as a means of improving spiritual well-being and reducing depressive difficulties in individuals with substance-related problems, highlighting forgiveness as one mechanism through which spiritual intervention may affect emotional recovery (Noviyanty et al., 2022). Literature examining spiritual-emotional therapeutic approaches has likewise reported beneficial effects on depression, suggesting that spiritual meaning, emotional processing, and belief-based coping can operate synergistically (Sucipto et al., 2023).

Islamic spirituality therapy has particular relevance because its therapeutic mechanisms are embedded in a culturally coherent framework. Interventions emphasizing Islamic teachings have shown effectiveness in reducing depressive symptoms and improving adjustment among students experiencing complicated grief (Khaledian et al., 2016). This type of intervention may reduce depression by helping participants reconstruct meaning, develop hope, reduce feelings of helplessness, reinterpret uncontrollable events, and strengthen perceived spiritual support. Islamic spiritual teachings may also encourage acceptance without passivity, commitment to purposeful action, compassionate self-evaluation, forgiveness, and confidence in divine support. These processes may be especially important for parents facing chronic stressors that cannot be fully eliminated through problem-focused coping alone.

A substantial body of evidence also supports spirituality therapy as a means of enhancing resilience. Spirituality therapy emphasizing Islamic teachings has been found to increase self-esteem and resilience among individuals with addiction, suggesting that spiritual frameworks may reinforce both personal worth and adaptive coping capacity (Nemati Sogolitappeh, 2018). Similarly, training programs based on spirituality and Islamic teachings have improved academic resilience while reducing anxiety among students (Rashidzadeh, 2020). Spirituality therapy has also increased resilience in patients receiving hemodialysis, a population exposed to persistent medical stress and limitations (Fereydouni Sarijeh et al., 2021). Among divorced women, spiritual therapy emphasizing Islamic teachings has demonstrated beneficial effects on resilience, religious orientation, and life satisfaction (Sadati & Mahdavi, 2023a, 2023b). In women with a history of spontaneous abortion, Islamic spiritual therapy has likewise been investigated as an intervention for reducing perceived stress and improving resilience (Shiyasi & Naderi, 2023). Collectively, these findings suggest that spirituality-based interventions may strengthen resilience across diverse forms of adversity by supporting meaning, hope, adaptive interpretation, emotional endurance, and spiritual connection.

The relevance of spirituality-oriented interventions is particularly pronounced in parents of children with autism, because caregiving for ASD frequently involves chronic rather than time-limited stress. Unlike acute crises, autism-related caregiving demands may continue across developmental stages and require repeated psychological adaptation. Spiritual vitality and spiritually oriented educational interventions have shown promise in parents of children with ASD. An educational program based on spiritual vitality was found to improve hope and engagement and reduce parenting stress among parents of children with autism spectrum disorder (Balvayeh et al., 2024). This finding suggests that spirituality may function not simply as a private belief system but as a practical psychological resource that affects motivation, parenting involvement, and the emotional experience of caregiving. Such outcomes are important because hope and resilience may enable parents to

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sustain treatment participation and maintain adaptive family functioning despite ongoing challenges.

At the same time, the psychological needs of these families are multidimensional. Parents may need symptom reduction, but they may also require increased internal strength, greater tolerance of uncertainty, a coherent framework for understanding their experiences, and a renewed sense of purpose. Spiritual interventions may address these dimensions simultaneously. The literature suggests that resilience is supported by meaning, social relationships, emotional regulation, and positive future orientation (Masten, 2021; Mousavi et al., 2021), while spirituality can strengthen these same adaptive pathways. Furthermore, the use of religiously congruent practices can increase perceived relevance and acceptance of psychological intervention. For Muslim families, Islamic teachings related to patience, hope, trust in God, gratitude, forgiveness, and purpose can provide a therapeutic vocabulary that is both psychologically meaningful and culturally familiar.

Despite the growing literature on caregiver burden, resilience, depression, and spirituality, important gaps remain. Much of the existing evidence on spirituality therapy has been obtained from students, individuals with chronic medical illnesses, bereaved persons, women experiencing reproductive or marital stress, and populations recovering from health-related crises (Bakhshi et al., 2023; Fereydouni Sarijeh et al., 2021; Khaledian et al., 2016; Moin et al., 2023). Fewer intervention studies have directly examined whether a structured spirituality therapy program grounded explicitly in Islamic teachings can simultaneously enhance resilience and reduce depressive symptoms among families of children with autism. This gap is notable because the combination of chronic caregiving stress, uncertainty about the future, and emotional burden makes these families an especially relevant population for spiritually integrated psychological intervention. Furthermore, examining resilience and depression together allows assessment of both positive adaptation and psychological symptom reduction rather than focusing exclusively on one side of mental health.

Accordingly, the aim of the present study was to determine the effectiveness of spirituality therapy emphasizing the teachings of Islam in enhancing resilience and reducing depressive symptoms among families of children with autism in Khoy, Iran.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of its purpose and employed a quasi-experimental research design with a pretest–posttest structure and a control group. This design was selected to examine the effectiveness of spirituality therapy emphasizing Islamic teachings in enhancing resilience and reducing depressive symptoms among families of children with autism. In the experimental design, participants in both the experimental and control groups completed pretest assessments before the intervention. The experimental group subsequently participated in the spirituality therapy program based on Islamic teachings, whereas the control group received no intervention during the study period. Following completion of the intervention, both groups completed the same measures as posttest assessments. The statistical population consisted of all families with a child diagnosed with autism who attended rehabilitation and educational centers for children with autism in Khoy, Iran, in 2024. Participants were recruited using purposive and convenience sampling from eligible families attending these centers. A total of 30 participants were selected and subsequently randomly assigned to an experimental group and a control group, with 15 participants in each group. The experimental group received the Islamic spirituality therapy intervention, whereas the control group remained on the waiting-list condition and did not receive the intervention during the study period. Data were collected through both library-based and field methods. The library-based method was used to review theoretical and empirical literature related to the study variables and to develop the theoretical framework, whereas field data were collected through demographic information forms and standardized psychological questionnaires administered to participants before and after the intervention.

2.2. Measures

The Connor-Davidson Resilience Scale (CD-RISC) was used to assess participants' resilience. The scale was developed by Connor and Davidson (2003) based on an extensive review of research on resilience conducted between 1979 and 1991. The instrument consists of 25 items designed to assess individuals' ability to cope successfully with adversity, psychological stress, and challenging life circumstances. In the version used in the present study, items are rated on a five-point Likert-type scale ranging from 1,

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indicating completely untrue, to 5, indicating true nearly all the time, resulting in total scores ranging from 25 to 125, with higher scores representing greater resilience. The questionnaire evaluates several dimensions of resilience, including perceived personal competence, trust in one's instincts and tolerance of negative affect, positive acceptance of change and secure relationships, perceived control, and spiritual influences. Connor and Davidson (2003) reported a Cronbach's alpha coefficient of .89 for the total scale, indicating satisfactory internal consistency, and a test–retest reliability coefficient of .87 over a four-week interval. The CD-RISC has also been adapted and psychometrically evaluated in Iran. Mohammadi (2005) examined the reliability of the Persian version and reported a Cronbach's alpha coefficient of .89. In another Iranian study conducted by Samani, Jokar, and Sahragard, the reliability coefficient was reported to be .93. Evidence regarding the construct, convergent, and discriminant validity of the instrument has also supported its use in both general and at-risk populations. Accordingly, the CD-RISC was considered an appropriate measure for evaluating changes in resilience associated with participation in the spirituality-based intervention.

The 13-item Beck Depression Inventory (BDI-13) was used to assess depressive symptoms. The BDI-13 is a shortened form of the original 21-item Beck Depression Inventory and was developed to provide a relatively concise measure of the severity of depressive symptomatology. It consists of 13 items, each representing a particular manifestation or dimension of depression. Each item contains four response alternatives scored from 0 to 3 according to increasing symptom severity, yielding a total score ranging from 0 to 39. Higher scores indicate greater severity of depressive symptoms. The measure assesses several domains of depressive symptomatology, including affective or emotional, cognitive, motivational, and physiological or somatic symptoms. The short form was developed based on the original Beck Depression Inventory and has been evaluated in different populations, including community adults (Beck, 1967), university populations (Gould, 1982; Mansour & Dadsetan, 1989), and individuals receiving methadone maintenance treatment (Reynolds & Gould, 1981). Rajabi (2005) reported a Cronbach's alpha coefficient of .89 and a split-half reliability coefficient of .82 for the 13-item Persian version. Lightfoot and Oliver (1985) reported a Cronbach's alpha coefficient of .87 and a two-week test–retest reliability coefficient of .90 for the short form. Evidence of concurrent validity has also been reported. Reynolds and Gould (1981) found a correlation of .93 between the original and short forms, while Beck, Rial, and Rickels (1974) reported correlations ranging from .89 to .97 between the 21-item and 13-item versions, indicating that the short form represents an acceptable alternative to the full-length instrument.

2.3. Interventions

Participants assigned to the experimental group received a 10-session spirituality therapy program emphasizing the teachings and principles of Islam. The intervention was structured to integrate spiritual and religious concepts with psychological processes relevant to coping, emotional adjustment, meaning-making, hope, self-awareness, forgiveness, and resilience. The first session focused on establishing rapport among participants, familiarizing group members with one another, administering the pretest measures, and discussing the concepts of religion and religiosity. The second session addressed the concepts of spirituality and religion and their influence on individuals' lives and introduced participants to the characteristics and psychological consequences of hope and hopelessness from the perspectives of Islam, the Holy Qur'an, and Islamic teachings. The third session focused on helping participants identify and attend to their personal strengths, particularly in light of Qur'anic emphasis on human capabilities, capacities, and potential. The fourth session addressed the word and concept of God, communication with God or a transcendent power in which the individual believes, and the role of prayer and personal communication with God in psychological coping. The fifth session emphasized altruism, kindness toward others, and participation in spiritual activities within the group context. The sixth session focused on connection with sacred beliefs and values, self-awareness, and developing a more reflective relationship with oneself. The seventh session addressed forgiveness and unforgiveness, experiences of guilt, and the importance of self-forgiveness in psychological and spiritual well-being. The eighth session concentrated on faith in God and tawakkul, or reliance and trust in God, as resources for coping with difficult and uncontrollable circumstances. The ninth session explored the meaning of personal autonomy and responsibility on the basis of Qur'anic verses and Islamic traditions and clarified the meaning and purpose of human life from a Qur'anic perspective. The tenth and final session focused on gratitude and thankfulness, consolidation and review of the concepts and skills addressed throughout the

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intervention, and administration of the posttest measures. The control group did not receive the spirituality therapy intervention during the corresponding study period.

2.4. Data Analysis

The collected data were analyzed using both descriptive and inferential statistical procedures. Descriptive statistics, including frequency distributions, means, and standard deviations, were calculated to summarize participants' characteristics and scores on the principal study variables at the pretest and posttest stages. To evaluate the effectiveness of spirituality therapy emphasizing Islamic teachings on resilience and depressive symptoms while statistically controlling for baseline differences between the two groups, analysis of covariance was employed. Given that the study examined two related dependent variables, namely resilience and depressive symptoms, multivariate analysis of covariance (MANCOVA) was used as the principal inferential procedure, followed by univariate analyses of covariance where appropriate to determine the effect of the intervention on each outcome separately. Pretest scores were treated as covariates, posttest resilience and depression scores were considered dependent variables, and group membership was entered as the independent variable. Statistical analyses were performed using IBM SPSS Statistics, Version 27.

3. Findings and Results

The demographic characteristics of the participants were examined in terms of the caregiving parent, age, and educational attainment. In the experimental group, 13 participants (86.7%) were mothers and 2 (13.3%) were fathers, whereas in the control group, 11 participants (73.3%) were mothers and 4 (26.7%) were fathers. Regarding age, one participant (6.7%) in the experimental group was younger than 30 years, 5 participants (33.3%) were between 30 and 40 years of age, and 9 participants (60.0%) were older than 40 years. In the control group, no participant was younger than 30 years, 7 participants (46.7%) were between 30 and 40 years of age, and 8 participants (53.3%) were older than 40 years. With respect to educational attainment, 6 participants (40.0%) in the experimental group had less than a high school diploma, 5 participants (33.3%) had a high school diploma, and 4 participants (26.7%) had university education. In the control group, 3 participants (20.0%) had less than a high school diploma, 7 participants (46.7%) had a high school diploma, and 5 participants (33.3%) had university education. Overall, mothers constituted the majority of participants in both groups, most participants were older than 30 years, and the two groups included participants with varying levels of educational attainment.

Table 1

Descriptive Statistics for Resilience and Depression Scores by Group and Assessment Stage

Variable	Group	Pretest M	Pretest SD	Posttest M	Posttest SD
Resilience	Experimental	41.53	7.81	46.40	9.59
Resilience	Control	42.11	7.25	43.26	15.78
Depression	Experimental	15.40	1.18	11.40	1.29
Depression	Control	14.26	0.79	13.80	0.67

As shown in Table 1, the mean resilience score of the experimental group increased from 41.53 (SD = 7.81) at pretest to 46.40 (SD = 9.59) at posttest, whereas the corresponding mean score in the control group changed only slightly from 42.11 (SD = 7.25) to 43.26 (SD = 15.78). These descriptive findings indicate a greater improvement in resilience among participants who received the spirituality therapy intervention. A similar but inverse pattern was observed for depressive symptoms. The mean depression score in the experimental group decreased from 15.40 (SD = 1.18) at pretest to 11.40 (SD = 1.29) at posttest, whereas the mean score in the control group decreased only slightly from 14.26 (SD = 0.79) to 13.80 (SD = 0.67). Thus, the descriptive findings suggested that spirituality therapy emphasizing Islamic teachings was associated with increased resilience and reduced depressive symptoms in the experimental group relative to the control group.

Prior to conducting the covariance analyses, the relevant statistical assumptions were examined. Independence of observations was ensured through the study design, as each participant was assigned to only one group and each participant's responses were obtained independently. The normality of the dependent variables was evaluated using the Kolmogorov–Smirnov test. The test was nonsignificant for resilience at pretest ($D = .111$, $p = .200$) and posttest ($D = .149$, $p = .187$), as well as for depression at pretest ($D = .104$,

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p = .200) and posttest (D = .131, p = .196), indicating no statistically significant departure from normality. Homogeneity of variances was examined using Levene's test, which was nonsignificant for both resilience, F(1, 28) = 1.46, p = .174, and depression, F(1, 28) = 2.38, p = .132. Therefore, the homogeneity of variance assumption was satisfied. The equality of covariance matrices was also assessed using Box's M test. The result was nonsignificant, Box's M = 118.19, F = 0.45, p = .712, indicating that the homogeneity of covariance matrices assumption was met. The multivariate effect of group membership was statistically significant. Specifically, Wilks' lambda was .25, F = 36.79, p = .001, indicating that, after controlling for pretest scores, the experimental and control groups differed significantly on the combined dependent variables of resilience and depression at posttest. The corresponding multivariate statistics were also significant, including Pillai's trace = .74, Hotelling's trace = 2.94, and Roy's largest root = 2.94, all with p = .001. Taken together, these findings supported the appropriateness of proceeding with the univariate covariance analyses.

Table 2

Analysis of Covariance for the Effects of Spirituality Therapy on Posttest Resilience and Depression Scores

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	p	Partial η^2
Resilience	Group	249.470	1	249.470	10.715	.003	.884
	Error	628.645	27	23.283			
Depression	Group	204.108	1	204.108	9.728	.004	.850
	Error	566.484	27	20.981			

As presented in Table 2, after controlling for pretest scores, a statistically significant between-group difference was found in posttest resilience scores, F(1, 27) = 10.715, p = .003, partial η^2 = .884. The adjusted posttest results therefore indicated that participants in the experimental group demonstrated significantly greater resilience than those in the control group following the intervention. Accordingly, the hypothesis that spirituality therapy emphasizing Islamic teachings enhances resilience among families of children with autism was supported. A statistically significant group effect was also observed for depressive symptoms, F(1, 27) = 9.728, p = .004, partial η^2 = .850. Participants receiving spirituality therapy demonstrated significantly lower posttest depression scores than participants in the control group after adjustment for baseline depression. Thus, the hypothesis that spirituality therapy emphasizing Islamic teachings reduces depressive symptoms among families of children with autism was also supported. Overall, the covariance analyses demonstrated significant intervention effects on both study outcomes, indicating that the spirituality-based intervention was effective in improving resilience and reducing depressive symptoms among families of children with autism in Khoy.

4. Discussion

The present study examined the effectiveness of spirituality therapy emphasizing the teachings of Islam in enhancing resilience and reducing depressive symptoms among families of children with autism in Khoy, Iran. The findings showed that, after controlling for pretest scores, participants in the experimental group demonstrated significantly higher resilience and significantly lower depressive symptoms at posttest compared with participants in the control group. Therefore, both specific hypotheses and the main hypothesis of the study were supported. These findings indicate that a structured spirituality-based intervention grounded in Islamic teachings can simultaneously strengthen positive psychological adaptation and alleviate emotional distress among parents caring for children with autism. Given that families of children with autism often experience long-term caregiving demands, uncertainty regarding the child's developmental trajectory, concerns about treatment and education, social pressures, and persistent emotional strain, the observed improvements suggest that spirituality therapy may provide a psychologically meaningful framework through which parents can reinterpret adversity, strengthen internal coping resources, and regulate negative emotional experiences.

The first major finding was that spirituality therapy emphasizing Islamic teachings significantly increased resilience among families of children with autism. This result is consistent with previous studies demonstrating positive effects of spiritually oriented interventions on resilience in populations exposed to chronic or substantial stress. For example, spirituality therapy has been shown to

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improve resilience among hemodialysis patients, suggesting that spiritual resources can facilitate adaptation under circumstances involving persistent health-related stress and uncertainty (Fereydouni Sarijeh et al., 2021). Similarly, spirituality therapy emphasizing Islamic teachings increased resilience among individuals with addiction (Nemati Sogolitappeh, 2018), and spirituality-based educational programs have been associated with improved academic resilience and reduced anxiety among students (Rashidzadeh, 2020). The present findings also align with studies in which Islamic spiritual therapy increased resilience among divorced women (Sadati & Mahdavi, 2023a, 2023b) and among women with a history of spontaneous abortion (Shiyasi & Naderi, 2023). Taken together, these findings suggest that spirituality-based intervention may contribute to resilience across diverse forms of adversity, including chronic illness, addiction, bereavement-related stress, family disruption, reproductive loss, and caregiving challenges.

The observed increase in resilience can be interpreted in light of contemporary conceptualizations of resilience as a dynamic process rather than a fixed personal trait. Resilience develops through the interaction of personal capacities, relational supports, cognitive appraisal, emotional regulation, meaning-making, and access to protective resources. Masten conceptualized resilience as arising from ordinary but powerful adaptive systems that allow individuals to maintain or regain functioning despite adversity (Masten, 2021). Likewise, resilience following trauma and significant stress has been associated with effective coping, emotional regulation, social support, cognitive flexibility, and the capacity to maintain a coherent sense of meaning (Agaibi & Wilson, 2015). From this perspective, spirituality therapy may enhance resilience by activating several of these adaptive systems simultaneously. The intervention used in the present study included attention to personal strengths, hope, meaning and purpose, trust in God, prayer, gratitude, forgiveness, self-awareness, and connection with sacred values. These components may have helped participants reinterpret caregiving difficulties not merely as uncontrollable burdens but as experiences that can be understood within a broader framework of meaning, responsibility, hope, and spiritual growth.

A further explanation for the improvement in resilience concerns the role of spiritual health in coping with psychological pressure. Previous research has shown that spiritual health can mediate the relationship between life purpose, relationship quality, and resilience under stressful circumstances (Sheyvandi Chelicheh et al., 2023). This finding is relevant to parents of children with autism because persistent caregiving demands may threaten both perceived life coherence and expectations for the future. Spirituality therapy can potentially restore coherence by helping individuals clarify values, identify meaningful goals, and maintain a stable sense of purpose even when external circumstances remain difficult. Islamic concepts such as patience, hope, reliance on God, gratitude, and belief in the meaningfulness of human experience may function as cognitive and emotional resources that reduce helplessness and support continued engagement with caregiving responsibilities.

The current findings are also compatible with evidence suggesting that resilience is closely related to emotion regulation and adaptive adjustment. Emotional adjustment and cognitive emotion regulation have been shown to predict resilience in individuals working under stressful conditions (Mousavi et al., 2021). Similarly, parents of children with disabilities differ in resilience according to their coping capacities and future expectations (Tali, 2022). The spirituality therapy program implemented in the present study may have strengthened these processes by encouraging participants to monitor their internal experiences, focus on personal strengths, practice forgiveness, cultivate gratitude, and develop trust in a transcendent source of support. These processes may reduce cognitive rigidity and emotional reactivity while increasing tolerance of uncertainty. Consequently, parents may become more able to cope with recurring challenges associated with caring for a child with autism without interpreting every difficulty as overwhelming or unmanageable.

The present result is particularly meaningful in light of the documented psychological burden among parents of children with autism. Previous research has shown that parents of children with ASD often experience elevated parenting stress and reduced quality of life (Vahedparast et al., 2022). Mothers of children with autism have also been reported to experience substantial stress, anxiety, depression, and sleep problems (Kamandlou et al., 2020). Meta-analytic evidence further indicates that caring for young children with developmental disabilities can adversely affect caregiver health (Masefield et al., 2020). These findings suggest that resilience is not merely a desirable psychological characteristic in this population but a critical protective resource. By increasing resilience, spirituality therapy may help parents preserve functioning, sustain caregiving involvement, and recover more

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effectively from repeated emotional setbacks. This interpretation is also consistent with research showing that spiritual vitality interventions can increase hope and engagement and reduce parenting stress among parents of children with ASD (Balvayeh et al., 2024).

The second major finding of the present study was that spirituality therapy emphasizing Islamic teachings significantly reduced depressive symptoms among participating families. This finding is consistent with a range of previous studies showing that spirituality-oriented interventions can reduce depressive symptomatology and psychological distress. Family-based group spirituality therapy has been found to reduce both depressive symptoms and rumination (Faghihi & Abbasi Darreh Bidi, 2020), while group spirituality training has reduced depression and improved marital satisfaction among married women (Mirarjmandi et al., 2015). Spirituality therapy emphasizing Islamic teachings has also been effective in reducing depressive symptoms and improving adjustment in students experiencing complicated grief (Khaledian et al., 2016). In addition, spirituality therapy has improved depression, mental health, and psychological capital among individuals recovering from COVID-19 (Isa Zadeh & Saffarinia, 2020). These converging findings support the proposition that spiritually integrated psychotherapy can have clinically meaningful effects on depressive experiences across different populations.

The reduction in depression observed in the present study may be explained through several psychological mechanisms. Depression is often characterized by hopelessness, diminished motivation, negative self-appraisal, reduced perception of control, withdrawal, and repetitive negative thinking. Spiritual interventions may counter these processes by strengthening hope, purpose, acceptance, perceived support, and positive interpretation of adversity. The intervention in the present study explicitly addressed hope and hopelessness, personal strengths, communication with God, prayer, altruistic activity, self-awareness, forgiveness, faith, reliance on God, life purpose, and gratitude. Each of these components may operate against key processes involved in depressive symptom maintenance. For example, hope may weaken pessimistic expectations, gratitude may redirect attention toward valued aspects of life, forgiveness may reduce guilt and persistent resentment, and reliance on God may lessen the psychological burden associated with excessive perceptions of personal responsibility and uncontrollability.

The relevance of these mechanisms becomes clearer when depression is considered as a multidimensional condition involving cognitive, emotional, behavioral, and biological processes. Depression has been linked to reciprocal interactions with inflammatory processes, indicating that persistent psychological distress can become embedded in broader psychobiological systems (Beurel et al., 2020). Depression has also been shown to overlap temporally with burnout-related symptoms under conditions of prolonged demand and insufficient resources (Hatch et al., 2019). Parents of children with autism may be particularly vulnerable to these processes because their caregiving responsibilities are often continuous and may involve limited opportunities for recovery. Therefore, an intervention that strengthens emotional regulation, cognitive meaning-making, perceived support, and hope may interrupt some of the psychological pathways through which chronic caregiving stress contributes to depressive symptoms.

The findings are also consistent with research demonstrating that structured psychological interventions can reduce depression among caregivers of individuals with developmental difficulties. Emotion regulation training, for example, has been shown to reduce depressive symptoms among mothers caring for children with intellectual disability (Ariapouran et al., 2024). Although the therapeutic mechanisms differ, both emotion regulation training and spirituality therapy may help caregivers reinterpret negative emotional experiences and respond to distress more adaptively. Spirituality therapy may offer an additional advantage in religious populations by embedding these regulatory processes within a culturally meaningful belief system. When psychological intervention is congruent with participants' religious beliefs, concepts such as trust in God, patience, gratitude, and forgiveness may function not as abstract therapeutic techniques but as personally familiar practices that can be integrated into daily coping.

The effectiveness of spiritual interventions for depression is further supported by evidence from other clinical and vulnerable populations. Spiritual psychotherapy incorporating forgiveness has been associated with improved spiritual well-being in individuals with depressive difficulties and substance use problems (Noviyanty et al., 2022). Reviews of spiritually and emotionally oriented techniques have also suggested beneficial effects on depression (Sucipto et al., 2023). In addition, spiritual interventions have improved coping and spiritual well-being in individuals facing gynecological cancer (Nasution et al., 2020), and spiritual therapy has reduced existential anxiety

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among women with breast cancer (Moin et al., 2023). These findings suggest that spiritual intervention may be especially useful when psychological distress is linked to chronic uncertainty, existential concerns, loss of perceived control, and confrontation with difficult life circumstances. Families of children with autism share several of these characteristics, particularly uncertainty about future functioning, concern about long-term dependence, and emotional reactions to unmet expectations.

An important feature of the present intervention was its explicit emphasis on Islamic teachings. This cultural congruence may have contributed substantially to its effectiveness. In predominantly Muslim populations, religious beliefs can constitute an important part of identity, coping, meaning-making, and family life. Interventions that incorporate familiar spiritual concepts may therefore be more acceptable and psychologically accessible than approaches that ignore or marginalize participants' religious frameworks. Previous studies have demonstrated beneficial effects of Islamic spirituality therapy on resilience, adjustment, depressive symptoms, perceived stress, and life satisfaction (Khaledian et al., 2016; Sadati & Mahdavi, 2023a; Shiyasi & Naderi, 2023). Spirituality therapy may be particularly effective when it does not merely encourage passive endurance but instead promotes an active combination of trust, purposeful effort, self-reflection, and acceptance of what cannot be controlled.

The intervention's emphasis on forgiveness may also have contributed to reductions in depressive symptoms. Parents caring for children with developmental disorders may experience guilt, self-blame, anger, disappointment, or unresolved questions concerning causation and responsibility. Persistent guilt and self-criticism can intensify depressive cognition, whereas forgiveness and self-forgiveness may reduce repetitive negative thinking and facilitate emotional relief. The potential importance of forgiveness is supported by spiritual psychotherapy research showing its role in psychological recovery and spiritual well-being (Noviyanty et al., 2022). Similarly, gratitude practices may have helped participants shift attention away from exclusively threat-focused or deficit-focused interpretations of their circumstances and toward recognition of existing relational, personal, and spiritual resources.

Another possible mechanism involves perceived social and spiritual support. Parents of children with special needs may experience reduced social support and increased social anxiety compared with parents of typically developing children (Jadidi Fighan et al., 2015). Group-based spirituality therapy provides not only spiritual content but also a shared interpersonal environment in which participants can recognize that others face comparable struggles. The group context can reduce isolation, normalize emotional reactions, and provide opportunities for mutual encouragement. At the same time, spiritual connection may create an additional perceived source of support beyond the immediate social environment. Belief in a benevolent and accessible higher power can increase perceived security and reduce feelings of abandonment or existential isolation.

The simultaneous improvement in resilience and reduction in depression is also theoretically coherent because these outcomes are related but not identical dimensions of psychological functioning. Reduced depression reflects alleviation of distress, whereas increased resilience reflects strengthening of adaptive capacity. Effective mental health intervention should ideally address both dimensions. The present findings suggest that spirituality therapy did not merely decrease negative symptoms but also enhanced an important positive resource. This pattern is consistent with research indicating that spirituality-based interventions can improve constructs such as psychological hardiness, psychological capital, resilience, coping, and life satisfaction in addition to reducing distress (Bakhshi et al., 2023; Fereydouni Sarijeh et al., 2021; Isa Zadeh & Saffarinia, 2020). More recent work on spiritual therapy packages has similarly emphasized resilience and distress tolerance as important targets of intervention (Saberi, 2026).

5. Conclusion

Overall, the results of the present study extend previous literature by applying spirituality therapy emphasizing Islamic teachings to families of children with autism, a population characterized by substantial and persistent caregiving demands. The findings support the view that spiritual resources can be mobilized therapeutically to strengthen adaptive functioning and reduce emotional symptoms. Previous research has established that parents of children with ASD frequently experience reduced mental health, lower quality of life, elevated parenting stress, and significant emotional burdens (Fazli et al., 2024; Kamandlou et al., 2020; Vahedparast et al., 2022). The present results add to this literature by showing that a brief, structured, culturally congruent spirituality-based intervention may improve two clinically relevant outcomes in this vulnerable group. These findings are also consistent with the broader

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resilience literature emphasizing meaning, coping resources, emotional regulation, and supportive relational systems as central mechanisms of adaptation (Agaibi & Wilson, 2015; Masten, 2021). Therefore, spirituality therapy grounded in Islamic teachings appears to represent a potentially useful complementary psychological intervention for families facing the chronic emotional and practical challenges associated with autism.

The present study had several limitations that should be considered when interpreting the findings. First, the sample consisted of only 30 participants recruited from families attending rehabilitation and educational centers for children with autism in Khoy, which limits the generalizability of the results to families in other regions, cultural contexts, and service settings. Second, purposive and convenience sampling was used before random group assignment, which may have introduced selection bias at the recruitment stage. Third, the study relied primarily on self-report questionnaires, making the findings potentially susceptible to response bias, social desirability, and participants' subjective interpretation of questionnaire items. Fourth, the study used a pretest–posttest design without a follow-up assessment, and therefore the durability of treatment effects over time cannot be determined. Fifth, the control group did not receive an active comparison intervention, making it difficult to distinguish the specific effects of Islamic spirituality therapy from nonspecific factors such as therapist attention, group participation, expectancy, and interpersonal support. Finally, potentially influential variables such as severity of the child's autism symptoms, duration of caregiving, socioeconomic status, previous psychological treatment, baseline religiosity, and level of family or social support were not systematically controlled.

Future research should replicate the present study with larger and more diverse samples drawn from different cities, cultural groups, and clinical settings to improve external validity. Longitudinal designs with follow-up assessments at several time points are recommended to determine whether improvements in resilience and depression are maintained over time. Future studies could compare Islamic spirituality therapy with established psychological treatments such as cognitive-behavioral therapy, acceptanceand commitment therapy, mindfulness-based interventions, or emotion regulation training in order to clarify its relative efficacy. Researchers may also examine possible mediating mechanisms, including hope, spiritual well-being, perceived social support, emotion regulation, self-compassion, forgiveness, meaning in life, and religious coping. The potential moderating roles of parental gender, religiosity, severity of the child's symptoms, socioeconomic status, and baseline psychological distress should also be investigated. Using multimethod assessment, including clinical interviews, behavioral indicators, therapist ratings, and physiological markers of stress, could further strengthen the evidence base.

From a practical perspective, counseling centers, rehabilitation clinics, schools, and autism service organizations may consider incorporating structured spirituality-based support into broader family-centered care when such interventions are consistent with the beliefs and preferences of participating families. Mental health professionals working with parents of children with autism could assess spiritual resources as part of routine psychological evaluation and, where appropriate, integrate themes such as hope, gratitude, forgiveness, meaning, trust, and purposeful coping into intervention programs. Group formats may be especially useful because they can combine therapeutic content with peer support and normalization of caregiving experiences. Practitioners should receive appropriate training to ensure that spiritually integrated interventions are delivered ethically, respectfully, and without imposing religious beliefs. Spirituality therapy should be used as a complementary psychological approach tailored to individual needs rather than as a substitute for evidence-based psychiatric or psychological treatment when more intensive care is required.

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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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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