Title: Examining Religiosity/Spirituality in Mothers of Children with Autism Spectrum Disorder: How to Improve Mental Health Outcomes

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Introduction: Parents of children with autism spectrum disorder (ASD) experience higher levels of stress, depressive symptoms, and anxiety compared to parents of typically developing children or other developmental disabilities (Seltzer et al., 2001). Although the experiences of raising a child with ASD may be challenging, researchers have identified protective factors that may ameliorate the negative outcomes commonly reported by parents of children with ASD and can also increase positive outcomes. These include dispositional factors such as benefit finding (Slattery et al., 2017). The parent’s view of how their child’s diagnosis has impacted the family (i.e., positive vs. negative impact) is another determinant of parent mental health outcomes. Additional research has shown that environmental supports (e.g., social support from friends, family, and romantic partners) can also positively impact parent outcomes (Slattery et al., 2017). The purpose of the current study was to investigate whether religiosity and spirituality is associated with parent mental health outcomes via their association with a selection of these aforementioned protective factors.

Methods: Seventy-three mothers of a child with ASD (child age ranged from 2-17 years) participated in this study. All mothers self-identified as Christian. Mothers were predominantly non-Hispanic White, college-educated, and had annual incomes greater than $75,000. Mothers were e-mailed a link to complete a survey online. The survey consisted of measures of religiosity/spirituality (private religious practices, spirituality, and involvement in organized religion), benefit finding, positive contributions of the child, and depressive and anxiety symptoms.

Results: A series of multiple mediator analyses were conducted using the PROCESS macro in SPSS (Hayes, 2013) with depressive symptoms and anxiety symptoms as separate dependent variables. Ninety-five percent confidence intervals were estimated using 5,000 bootstrap resamples. As shown in Figure 1, mothers with higher spirituality also reported increased benefit finding (b = 5.15) and greater positive perceptions of their child’s ASD (b = .10). In turn, mothers with more positive perceptions also reported lower levels of anxiety symptoms (b = -8.94). The 95% confidence interval of the indirect effect did not contain zero (-1.93, -.01). The mediation model with depressive symptoms as an outcome was non-significant. Involvement in organized and private religious practices was not associated with any of the study variables.

Discussion: Despite high rates of religious involvement in the United States, there is little research examining these constructs in parents of children with ASD. Previous research (Ekas et al., 2009) has found aspects of religiosity/spirituality to be particularly important for parent well-being; however, the mechanisms that explain these associations had not been examined. Similar to this previous research, the current study found that spirituality was a salient predictor of maternal outcomes. The mechanism explaining this association appears to be via the promotion of positive ways of thinking about their child’s disability. Longitudinal research is needed to replicate these findings. Nonetheless, the current findings suggest that encouraging spirituality among mothers of children with ASD may be more beneficial than encouraging involvement in more formal religious practices.

References/Citations:

*Figure 1. Final model containing only significant paths. * $p < .05$, ** $p < .01$, *** $p < .001$*