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Original Article

A Model of Marital Quality in Mothers of Children with Autism: The Interconnected Roles of Self-compassion, Parenting Stress, and Positive Thinking

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Abstract

Background and Objective: Mothers of children with autism often experience high parenting stress, negatively impacting marital quality. Self-compassion may buffer stress and influence marital well-being. The present study aimed to assess the relationship between self-compassion and parenting stress in these mothers, further investigating the mediating role of positive thinking in the association of self-compassion and stress with marital quality.

Materials and Methods: A correlational research design employing path analysis was utilized. The study population consisted of all mothers of children with autism living in Ahvaz in 2024. A total of 122 mothers were selected via the convenience sampling method. Data were collected using questionnaires assessing quality of life, self-compassion, parenting stress, and positive thinking. Data analysis involved descriptive and inferential statistics, including Pearson's correlation coefficient and path analysis

Results: The results of the final path model demonstrated that self-compassion had significant positive direct effects on both marital quality and positive thinking in mothers of children with autism. Parenting stress, while not directly impacting marital quality, negatively influenced positive thinking. Positive thinking, in turn, strongly predicted marital quality. Furthermore, both self-compassion and parenting stress indirectly affected marital quality through the mediating role of positive thinking.

Conclusion: This study demonstrates the interconnectedness of self-compassion, parenting stress, positive thinking, and marital quality in mothers, highlighting the protective role of self-compassion and the detrimental impact of parenting stress on positive thinking. Furthermore, the findings emphasize the crucial role of positive thinking in marital relationships, evidenced by its direct effect on marital quality and its mediation of the effects of both self-compassion and parenting stress.

Keywords: Autistic disorder, Marital quality, Parenting, Self-compassion, Stress

Background

The birth of a child with mental, physical, behavioral, or combined disabilities can significantly amplify psychological pressures on family members, particularly mothers [1]. Among these developmental disorders, autism spectrum disorder (ASD) is a notable example. ASD is a lifelong neurodevelopmental disorder characterized by persistent challenges in social communication and interaction alongside restricted and repetitive behaviors and interests [2]. Mothers of children with ASD often experience greater tremendous stress and psychological distress than fathers due to their typically greater involvement in childcare and the specific cognitive, social, and emotional needs of their children [3]. Given the challenges associated with raising a child with autism, coupled with mothers' greater childcare responsibilities, their marital quality of life may gradually decline [4].

The marital relationship is widely regarded as a powerful human bond, with its quality impacting spouses, children, extended family, and society at large. As a dynamic and evolving institution, the family is organized as a unified whole through the ongoing, interactive, and patterned communication of its members, expanding across time and space [5]. Marital quality encompasses three key dimensions: marital agreement, marital satisfaction, and marital cohesion, reflecting how married individuals systematically navigate and integrate these elements [6]. Fincham and Bradbury's theory posits that marital quality and happiness are contingent upon couples' interactional patterns and coping mechanisms in response to life stressors [7]. Empirical research demonstrates the association between marital quality and a multitude of factors, some of which this study aims to explore. Self-compassion is one such factor of interest. Self-compassion involves attending to one's own suffering and that of others, encompassing a sensitivity to the experience of pain coupled with a strong motivation to alleviate it. Crucially, self-compassion experience necessitates acknowledging

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the presence of pain [8]. Essentially, self-compassion is a form of kindness directed inward. When experiencing suffering, individuals practicing self-compassion treat themselves with care and concern. Rather than being solely a negative or neutral emotional pattern, self-compassion functions as an effective emotion regulation strategy, fostering positive feelings of warmth and caring [9]. Self-compassion is a relatively recent construct within psychology, representing a shift, in some ways, from the traditional focus on self-esteem [10].

Parental stress is another factor that appears to be associated with mothers' marital quality [11]. These mothers often experience significant confusion, loss, and hardship. Indeed, children's disruptive and atypical behaviors are a primary source of stress for parents of exceptional children, particularly mothers [12]. Research suggests that mothers of exceptional children report greater parental stress and worry compared to mothers of children with chronic illnesses, impacting their psychological well-being [13,14]. Parental stress arises from a perceived discrepancy between the demands of parenting and the individual resources available, and this stress can manifest across various domains of life related to parenting [15].

Beyond the direct influences of self-compassion and parenting stress on marital quality, these constructs may also indirectly affect mothers' marital well-being through the mediating role of positive thinking [16]. Positive thinking, a positive psychological state, exemplifies human strengths and is a core focus of positive psychology [17]. A range of positive outcomes is associated with positive thinking, including happiness, pleasure, flexibility, resilience, personal control, optimism, an optimistic explanatory style, hope, self-efficacy, goal-setting, meaning, love of learning, wisdom, authenticity, flow, autonomy, forgiveness, compassion, empathy, altruism, and humor [18]. Positive thinking is characterized by a positive orientation (toward favorable outcomes) in interpreting past and present events and positive future expectations across domains encompassing self-assessment of abilities, interpersonal relationships, connection with the divine (supernatural), and relationship with the natural world. These manifestations of positive thinking are integrated within a biopsychosocial-spiritual framework [19].

As discussed, numerous families experience a substantial emotional burden when raising a child with disabilities. Parents are presented with a range of challenges, including significant medical, educational, and therapeutic expenses, increased marital conflict, anxieties surrounding future pregnancies, feelings of guilt and isolation, as well as physical and emotional health problems, including stress and mental health disorders. Given the potential utility of this research for the Exceptional Organization, its educators, families, and parents of children with disabilities, and considering the absence of prior research employing this specific combination of variables within Iran and internationally, the present study offers both novelty and the potential for innovative solutions and recommendations.

Objectives

In light of the aforementioned literature and studies, the current research aimed to assess the relationship of self-compassion and parenting stress with marital quality of life in mothers of children with autism, specifically exploring the mediating role of positive thinking.

Materials and Methods

Design and Participants

This research utilized a descriptive-correlational design employing path analysis to investigate the interrelationships among the study variables. The target population comprised all mothers of children with autism living in Ahvaz in 2024. A sample of 122 mothers was selected from the Ahvaz Autism Association using a convenience sampling method. Participants were given the research questionnaires to complete. The sample size was determined a priori based on the number of variables and the statistical model employed. Specifically, in path analysis, sample size calculations consider the number of direct paths, exogenous variables, and error variances; for this study, a ratio of 10 participants per estimated parameter was deemed sufficient for model testing. The inclusion criteria entailed maternal age between 25 and 45 years, having a child with a diagnosis of autism, a minimum educational attainment of a high school diploma, and provision of informed consent to participate. Failure to complete the research questionnaires constituted the sole exclusion criterion.

Measurement Tools

Marital quality was assessed using the Revised Dyadic Adjustment Scale (RDAS). This 14-item instrument comprises three subscales: Consensus (items 1-6), Satisfaction (items 7-10), and Cohesion (items 11-14). Items are rated on a Likert-type scale, with a 6-point scale (0-5) used for all items except item 11, which employs a 5-point scale (0-4). Total scores range from 0-69, with higher scores reflecting greater marital quality [20]. The RDAS has demonstrated good internal consistency, with a reported Cronbach's alpha of 0.85 [21]. In the current study, the RDAS demonstrated strong

internal consistency, as indicated by a Cronbach's alpha coefficient of 0.82.

Self-compassion was measured using the Self-Compassion Scale – Short Form (SCS-SF). This 12-item instrument employs a 5-point Likert scale (ranging from 1= never to 5=always), yielding total scores ranging from 12-60. Higher scores on the SCS-SF reflect greater self-compassion [22]. The scale has demonstrated strong psychometric properties in previous research, including a Cronbach's alpha of 0.91, supporting its reliability [23]. In the present study, the SCS-SF demonstrated strong internal consistency, as evidenced by a Cronbach's alpha of 0.87.

Parental stress was measured using the Parenting Stress Index (PSI), a 36-item instrument designed to assess various facets of stress experienced by parents. These facets include child characteristics (e.g., temperament and adaptability), parental factors (e.g., parental competence, role restrictions, health, and social isolation), and familial dynamics (e.g., marital relationship and parent-child boundaries). Items are rated on a 5-point Likert scale, ranging from "completely agree" to "completely disagree." Higher scores indicate greater levels of parental stress [24]. The Persian adaptation of the PSI has demonstrated acceptable reliability, with a reported Cronbach's alpha of 0.80 [25]. Cronbach's alpha of this scale was calculated at 0.77 in our research.

The Positive Thinking Questionnaire, developed by Ingram and Wisnicki [26], consists of 30 items. Responses are recorded using a five-point Likert scale: always (5), often (4), sometimes (3), rarely (2), and never (1). Total scores can range from 30-150, with higher scores indicating greater positive thinking. A score of 30 represents the lowest possible level of positive thinking, while 150 reflects the highest. A previous study reported robust reliability for the scale, with a Cronbach's alpha of 0.96 [27]. In the current study, the Positive Thinking Questionnaire again illustrated strong internal consistency, evidenced by a Cronbach's alpha coefficient of 0.89.

Data Analysis

This study employed both descriptive and inferential statistical methods. Descriptive statistics included measures of central tendency, specifically means and standard deviations. Inferential statistics involved the use of Pearson's correlation coefficient and path analysis modeling to analyze the data and test the study hypotheses. All statistical analyses were conducted using SPSS (version27) and AMOS (version 27).

Results

Regarding demographic characteristics, the mean age of mothers of children with autism was 37.19±6.86 years. Of the participants, 47 (38.52%) cases were employed, and 75 (61.48%) subjects were homemakers. In terms of education, 67 (54.92%), 44 (36.07%), and 11 (9.01%) had high school education, a bachelor's degree, and a master's degree, respectively. Descriptive statistics (means, standard deviations, skewness, and kurtosis) and Pearson correlation coefficients for all study variables are presented in Table 1. As all study variables exhibited absolute skewness values less than 2 and absolute kurtosis values less than 2, substantial deviations from normality were not apparent, supporting the assumption of normality for the overall sample.

Table 1 displays the intercorrelations among study variables. Marital quality was positively correlated with both self-compassion (r=0.49; P<0.01) and positive thinking (r=0.43; P<0.01) but negatively correlated with parenting stress (r=-0.22; P<0.05). Self-compassion exhibited a positive correlation with positive thinking (r=0.51; P <0.01) and a negative correlation with parenting stress (r=-0.44; P<0.01). Finally, positive thinking was negatively associated with parenting stress (r=-0.41; P<0.01).

The initial proposed model of the research is presented in Figure 1.

As displayed in Table 2, the initial model demonstrated a poor fit to the data, as indicated by the Root Mean Square Error of Approximation (RMSEA=0.37). The model modification involved removing the path between parenting stress and marital quality of life, resulting in an acceptable fit for the revised model (RMSEA=0.01). The final revised model is illustrated in Figure 2. Self-compassion demonstrated a significant positive direct effect on marital quality (β=0.19; P=0.004), suggesting that mothers with higher self-compassion reported greater marital quality. Moreover, self-compassion had a significant positive direct effect on positive thinking (β=0.30; P=0.001). Although the direct effect of parenting stress on marital quality was not significant (β=-0.03; P=0.665), parenting stress did exert a significant negative direct effect on positive thinking (β=-0.22; P=0.003). Positive thinking, conversely, had a substantial positive direct effect on marital quality (β=0.39; P=0.001). Critically, the analysis of indirect effects revealed that both self-compassion (β=0.07; P=0.002) and parenting stress (β=0.08; P=0.022) significantly influenced marital quality through the mediating role of positive thinking (Table 3).

Table 1. Mean, standard deviation, skewness, kurtosis, and Pearson correlation coefficients of research variables

Variables	Mean ± (SD)	Skewness	Kurtosis	1	2	3	4
1- Marital quality	47.54±8.61	-.51	-1.10	1			
2- Self-compassion	31.25±4.57	-0.39	-1.11	0.49**	1		
3- Parenting stress	99.14±25.26	-0.29	-1.51	-0.22*	-0.44**	1	
4- Positive thinking	77.63±14.26	0.58	-1.36	0.43**	0.51**	-0.41**	1

*: P <0.05; **: P <0.01

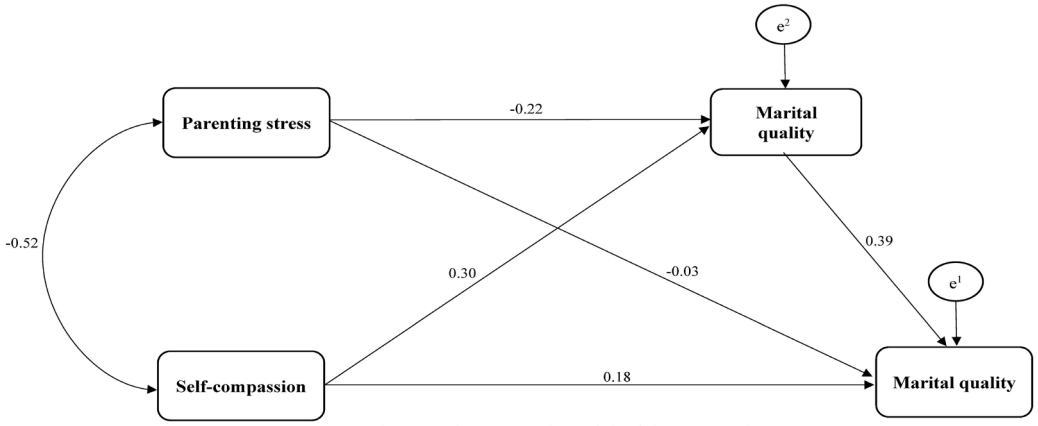

Figure 1. The initial proposed model of the research

Table 2. Fit indicators of the proposed and final model

Fit indicators	χ^2	df	(χ^2/df)	TLI	CFI	RFI	NFI	RMSEA
Proposed model	-	-	-	-	0.81	0.83	0.87	0.37
Final model	0.19	1	0.19	0.99	0.99	0.99	0.99	0.01

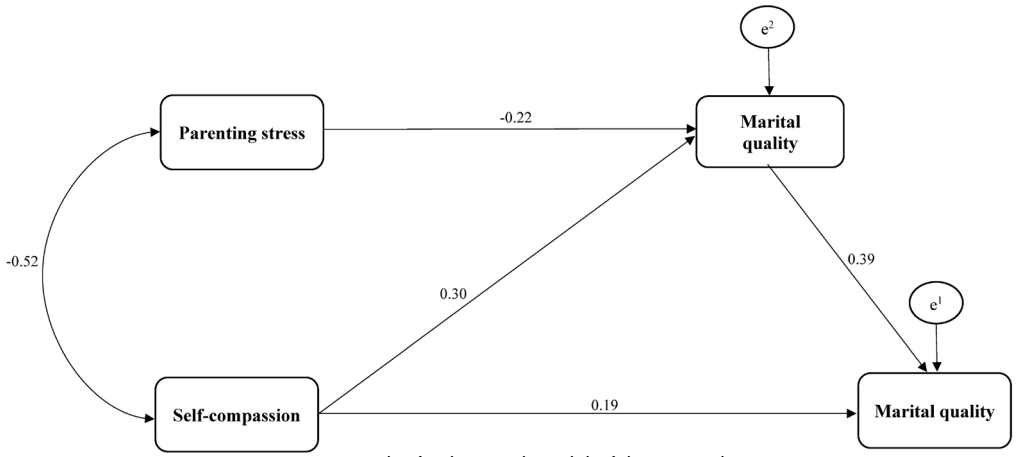

Figure 2. The final revised model of the research

Table 2. Path coefficients of direct and indirect effects between research variables in the initial and final model

Path	Initial model		Final model	
	β	P	β	P
Self-compassion → Marital quality	0.18	0.016	0.19	0.004
Self-compassion → Positive thinking	0.30	0.001	0.30	0.001
Parenting stress → Marital quality	-0.03	0.665	-	-
Parenting stress → Positive thinking	-0.22	0.003	-0.22	0.003
Positive thinking → Marital quality	0.39	0.001	0.39	0.001
Self-compassion → Marital quality through the mediating role of positive thinking	0.07	0.002	0.07	0.002
Parenting stress → Marital quality through the mediating role of positive thinking	-0.08	0.022	0.08	0.022

Discussion

This research assessed the relationship of self-compassion and parenting stress with marital quality of life in mothers of children with autism, with a specific focus on the mediating role of positive thinking. The first finding revealed a direct relationship between self-compassion and marital quality of life in mothers, consistent with previous

research [28, 29]. Dadkhah et al. [28] specifically reported a positive and significant association between self-compassion and marital happiness. This connection between self-compassion and marital quality may be particularly salient for mothers of children with autism. Self-compassion, defined as extending care and affection towards oneself and attending to personal needs, can be particularly challenged by the persistent pressures and demands inherent in raising a child with autism [28]. Mothers of children with autism often shoulder a disproportionate burden of caregiving responsibilities, requiring constant and active involvement in managing their children's behavioral, educational, and health needs. This intense involvement can lead to neglect of their own well-being. Consequently, insufficient self-compassion may predispose these mothers to both psychological distress and diminished marital quality.

Contrary to expectations and somewhat inconsistent with prior research [30, 31], this study found no direct relationship between parenting stress and marital quality of life in mothers. While previous studies employing correlational and regression analyses reported a significant relationship between these variables, the present study utilized path analysis. Although a significant correlation was observed between parenting stress and marital quality using Pearson's test, in the path model, the influence of parenting stress on marital quality was fully mediated by positive thinking. In other words, while parenting stress does affect marital quality, it does so indirectly through its impact on positive thinking. This finding may be explained by the fact that raising a child with autism can increase parental stress, particularly for mothers, due to concerns about meeting the child's unique needs, financial and time constraints, limited social support, and increased caregiving responsibilities [30]. While parenting stress can significantly impact mothers' marital quality of life, such factors as strong social support networks (including family, friends, neighbors, and autism support groups) and active spousal involvement in childcare can mitigate the effects of parenting stress and contribute to improved marital quality.

A further finding revealed a direct positive relationship between positive thinking and marital quality of life in mothers, aligning with previous research [32]. This suggests a link between positive thinking and marital quality among mothers of children with autism. Positive thinking, conceptualized as a cognitive style and overall disposition, empowers individuals to navigate life's challenges effectively and derive satisfaction from their relationships. Mothers of children with autism who possess a positive mindset are better equipped to utilize their resources and support systems, fostering creativity and innovative approaches to addressing their children's needs [16]. Furthermore, positive thinking enables mothers to move beyond passive experiences actively seeking alternative solutions. Instead of fixating on problems and limitations, they are more likely to pursue solutions and new opportunities. This orientation can assist them in managing the negative emotions and daily stressors inherent in raising a child with autism [32]. Moreover, positive thinking facilitates mothers' ability to fulfill their roles within their marital relationships and raising their children.

Furthermore, the results highlighted significant indirect effects of both self-compassion and parenting stress on mothers' marital quality of life, mediated by positive thinking. While no directly comparable studies were identified, these findings suggest that the relationship between self-compassion and marital quality in mothers of children with autism is likely mediated by positive thinking. The results support the conclusion that positive thinking effectively serves as a mediator between self-compassion and marital quality. In a similar vein, while parenting stress did not directly affect marital quality, its adverse impact on positive thinking was noted, which in turn affects marital quality. The indirect effects hypothesis demonstrated that parenting stress, by diminishing positive thinking, ultimately contributes to reduced marital quality in mothers. Therefore, the findings support the conclusion that positive thinking plays a crucial mediating role in the relationship between parenting stress and marital quality of life.

This study has three main limitations: 1) The use of a convenience sample from one association in Ahvaz limits how well the findings can be applied to other mothers of children with autism, 2) the study design doesn't allow determining cause and effect between the variables, and 3) the sole reliance on self-report measures means the answers could be affected by biases, such as wanting to appear socially acceptable.

Conclusions

In conclusion, this study provides compelling evidence for the complex interplay among self-compassion, parenting stress, positive thinking, and marital quality in mothers. The findings underscore the protective role of self-compassion, which not only directly enhances marital quality but also cultivates positive thinking, thereby strengthening the marital bond. Although parenting stress did not directly affect marital quality in the present model, its significant negative impact on positive thinking highlights the detrimental effects of stress on cognitive and

emotional well-being. The substantial impact of positive thinking on marital quality emphasizes its crucial role in maintaining and enriching marital relationships. Moreover, the significant indirect effects of both self-compassion and parenting stress on marital quality, mediated by positive thinking, illuminate a critical pathway through which these factors operate. These results suggest that interventions designed to foster self-compassion and positive thinking may be particularly beneficial for enhancing marital quality in mothers, especially considering the inherent challenges of parenting.

Ethical Considerations

This study received ethical approval from the Ethics Review Board of the Islamic Azad University Ahvaz Branch (IR.IAU.AHVAZ.REC.1403.291). Prior to participation, all participants were provided with comprehensive information regarding the study procedures, including assurances of the absence of potential adverse effects and the fact that participation would incur no financial burden. Informed consent was subsequently obtained from each participant through a signed consent form.

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Authors' Contributions

M.M: Study concept and design, acquisition of data, analysis, and interpretation of data, as well as statistical analysis. S.B: Administrative, technical, and material support, study supervision. M.M. and S.B: Critical revision of the manuscript for important intellectual content.

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Conflicts of Interest

The authors declared no conflict of interest regarding the publication of this article.

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