

Mothers' Psychological Well-Being through Islamic Coping Strategies in Raising Children with Special Needs

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Abstract

Raising a Child with Special Needs (CSN) presents a complex multidimensional burden, placing mothers at high risk of severe emotional exhaustion. This study aims to explore coping strategies and their impact on the psychological well-being of mothers raising CSN in Tanjung Kumbik Village, Pulau Tiga. Using a descriptive qualitative method with a case study design, data were collected through in-depth interviews and participatory observations of three mothers. The results indicate that mothers are highly vulnerable to emotional exhaustion and chronic sorrow due to heavy caregiving burdens. To cope, participants integrated problem-focused and emotion-focused coping, whose effectiveness was significantly moderated by maternal education levels and family social support. The main finding emphasizes the centrality of Islamic coping – through prayer, patience, trust in God (*tawakkul*), and perceiving the child as God's trust – as a fundamental resolution for mothers' psychological recovery. This spiritual strategy becomes a crucial anchor of resilience, especially for single mothers bearing double burdens without spousal support. It is concluded that spiritual approaches combined with an inclusive family ecological support system are essential in building the psychological well-being of mothers of CSN.

Keywords: *Children with Special Needs, Emotional Exhaustion, Islamic Coping Strategies, Psychological Well-being, Single Mother.*

Abstrak

Mengasuh Anak Berkebutuhan Khusus (ABK) menghadirkan beban multidimensional yang kompleks sehingga menempatkan ibu pada risiko tinggi mengalami kelelahan emosional yang serius. Penelitian ini bertujuan mengeksplorasi strategi *coping* dan dampaknya terhadap kesejahteraan psikologis ibu yang mengasuh ABK di Desa Tanjung Kumbik, Pulau Tiga. Melalui metode kualitatif deskriptif berdesain studi kasus, data dikumpulkan via wawancara mendalam dan observasi partisipatif terhadap tiga orang ibu. Hasil penelitian menunjukkan bahwa ibu rentan mengalami kelelahan emosional dan *chronic sorrow* akibat beban pengasuhan yang berat. Untuk bertahan, para partisipan mengintegrasikan *problem-focused coping* dan *emotion-focused coping*, yang efektivitasnya sangat dimoderasi oleh tingkat pendidikan serta dukungan sosial keluarga. Temuan utama menegaskan sentralitas *Islamic coping* – melalui praktik doa, sabar, tawakal, dan pemaknaan anak sebagai amanah Tuhan – sebagai resolusi fundamental bagi pemulihan psikologis ibu. Strategi spiritual ini menjadi jangkar resiliensi yang sangat krusial, khususnya bagi ibu tunggal (*single mother*) yang memikul beban ganda tanpa dukungan pasangan. Dapat disimpulkan bahwa pendekatan spiritual yang dipadukan dengan sistem dukungan ekologi keluarga yang inklusif sangat esensial dalam membangun kesejahteraan psikologis ibu ABK.

Kata Kunci: *Anak Berkebutuhan Khusus, Ibu Tunggal, Kelelahan Emosional, Kesejahteraan Psikologis, Strategi Coping Islami.*

INTRODUCTION

Raising a Child with Special Needs (CSN) is a major responsibility that demands multidimensional involvement from parents, where the fulfillment of needs is centered not only on physical aspects but also on the child's emotional, social, and cognitive development. In various cross-national contexts, the parenting stress experienced by mothers of CSN has proven to be far more complex and carries a higher risk of triggering psychological pressure compared to mothers of typically developing children.¹ This complexity often gives birth to chronic sorrow—a form of perpetual grief resulting from continuous exposure to stress related to the child's future condition.² If this emotional instability remains unaddressed, it leads to emotional exhaustion, which directly diminishes the mother's psychological well-being and the quality of caregiving that is crucial for the child's development.³

In facing these heavy parenting dynamics, coping strategies—cognitive and behavioral efforts to manage psychological pressure—become the primary determinant in maintaining resilience and life satisfaction.⁴ Global literature indicates that religious coping is one of the most adaptive mechanisms used by parents from various cultural backgrounds to find meaning, hope, and strength behind their child's diagnosis.⁵ Through a spiritual lens, parenting challenges are often reconstructed not as an absolute burden, but as a test or a gift that brings about internal growth.⁶ Specifically within the context of Muslim families, the integration of Islamic values in parenting has proven effective in

¹ Kaneez Mustary et al., "Parenting Stress and Coping across Five Countries," *Advances in Autism* 12, no. 2 (2025): 180–99, <https://doi.org/10.1108/AIA-08-2025-0083>.

² Samaa Al Anazi et al., "Examination of Chronic Sorrow Among Parents of Children With Disabilities: Cross-Sectional Study," *JMIR Pediatrics and Parenting* 8, no. 1 (2025): e65754, <https://doi.org/10.2196/65754>.

³ Amelia Sari and Hendro Prabowo, "Psikoterapi Transpersonal Psikosintesis Untuk Meningkatkan Kesejahteraan Psikologis Ibu Dengan Anak Autisme," *Procedia : Studi Kasus Dan Intervensi Psikologi* 12, no. 4 (2024): 166–73, <https://doi.org/10.22219/procedia.v12i4.33296>; Hanan Elsayed Awad Negm et al., "Effect of Educational Intervention on Psychological Well-Being and Coping of Mothers Having Children with Down Syndrome," *Egyptian Journal of Health Care*, ahead of print, September 1, 2022, <https://doi.org/10.21608/ejhc.2022.253607>.

⁴ Zahra Gias Tsamarah, "Resiliensi Ibu yang Memiliki Anak dengan Autism Spectrum Disorder (ASD)," *JIPSI Jurnal Ilmiah Psikologi* 6, no. 1 (2024): 30–42, <https://doi.org/10.37278/jipsi.v6i1.865>; Filiz Özkan and Yurdagül Günaydın, "Investigating The Correlation Between Life Satisfaction And Religious Attitudes Of Families With Disabled Children And Other Factors Affecting: Mixed Study," *Toplum ve Sosyal Hizmet* 33, no. 1 (2022): 159–77, <https://doi.org/10.33417/tsh.975826>.

⁵ Hüseyin Çaksen, "Religious Coping in Parents of Children with Down Syndrome: A Systematic Review of the Literature," *Journal of Religion and Health* 64, no. 1 (2025): 462–518, <https://doi.org/10.1007/s10943-024-02207-0>; Stephanie G. Gotay, "Finding Meaning and Hope: Spiritual and Religious Experiences of Mothers of Children with Down Syndrome," *Journal of Disability & Religion* 29, no. 4 (2025): 447–68, <https://doi.org/10.1080/23312521.2025.2512506>.

⁶ Raaya Alon and Sigal Achituv, "Perceptions of Motherhood Among Israeli Religious and Haredi Mothers of Children on the Autism Spectrum: From 'I Feel Like with Him I'm Lost' to 'It's a Gift in My Life,'" *Pastoral Psychology*, ahead of print, September 16, 2024, <https://doi.org/10.1007/s11089-024-01167-2>; Monika Parchomiuk and Katarzyna Ćwirynkało, "Religiosity and Spirituality in the Context of Intellectual Disability: A Systematic Research Review," *International Journal of Developmental Disabilities* 0, no. 0 (2025): 1–12, <https://doi.org/10.1080/20473869.2025.2477620>.

building family resilience.⁷

Previous studies affirm the significance of Islamic Coping Strategies for the mental health of parents of CSN. The spiritual approach in Islamic psychology—such as the application of patience (*sabar*), trust in God (*tawakal*), sincerity (*ikhlas*), positive thinking toward God (*husnuzan*), and ritual practices like prayer (*sholat*) and remembrance (*zikir*)—functions as an emotional support system capable of significantly reducing future anxiety through the mediation of parental self-acceptance.⁸ This comprehensive coping strategy serves as the foundation of a Muslim's attitude in facing life's trials.⁹ Furthermore, narrative reviews show that Islamic coping helps Muslim parents adapt to stress, cultivate inner peace, and maintain a sense of meaning in life, contributing directly to their psychological well-being.¹⁰ Islamic spiritual skills interventions have also been empirically proven to lower levels of anxiety and social stigma, while increasing spiritual vitality and emotional adjustment in mothers.¹¹

Amidst this theoretical significance, field phenomena often reveal different practical challenges. Based on pre-research observations in Tanjung Kumbik Village, several realities illustrate the high vulnerability of mothers to emotional exhaustion. For instance, a mother of a child with epilepsy must remain on 24-hour standby due to the threat of sudden seizures. This constant tension triggers insomnia, acute anxiety, and emotional fatigue stemming from the fear of losing the child's life. A similar phenomenon is experienced by mothers caring for children on the autism spectrum, where they must face repetitive tantrums and social withdrawal daily. Mothers are prone to losing their spirit and feeling frustrated because they feel unable to understand the child's needs.¹² A similar burden is found among mothers of children with physical disabilities (*tunadaksa*), which requires full mobility assistance, sacrificing the mother's personal space and

⁷ Audrey Dwinandita, "Islamic Child Parenting Practices and Muslim Family Resilience in Southeast Asia: A Systematic Literature Review," *Al-Athfal: Jurnal Pendidikan Anak* 10, no. 2 (2024): 83–105, <https://doi.org/10.14421/al-athfal.2024.102-01>.

⁸ Nurussakinah Daulay et al., "Religious Coping of Muslim Mothers of Children with Autism Spectrum Disorder in Indonesia," *Journal of Disability & Religion* 29, no. 1 (2025): 33–50, <https://doi.org/10.1080/23312521.2024.2372021>; Gumelar Ferdiansyah Pratama et al., "Islamic Religiosity and Future Anxiety on Disabled Children's Parents: Parental Acceptance as a Mediating Variable," *Indigenous: Jurnal Ilmiah Psikologi* 9, no. 2 (2024): 182–95, <https://doi.org/10.23917/indigenous.v9i2.4648>.

⁹ Ampun Bantali and Gadis Arniyati Athar, "Coping Strategies for Parents with Autistic Children: A Review from Islamic Psychology," *International Journal of Islamic Educational Psychology* 6, no. 1 (2025): 76–103, <https://doi.org/10.18196/ijiep.v6i1.26077>.

¹⁰ Gumelar Ferdiansyah Pratama and Lia Mawarsari Boediman, "Religious Coping among Muslim Parents of Children with Disabilities: A Narrative Review," *Insight: Jurnal Ilmiah Psikologi* 27, no. 2 (2025): 122–34, <https://doi.org/10.26486/psikologi.v27i2.4711>; Rizki Isnaeni and H. Fuad Nashori, "Pengaruh Religiusitas Dan Welas Asih Diriterhadap Kesejahteraan Psikologis Orang Tua Anak Berkebutuhan Khusus," *Psikologika: Jurnal Pemikiran Dan Penelitian Psikologi* 27, no. 1 (2022): 147–64, <https://doi.org/10.20885/10.20885/psikologika.vol27.iss1.art10>.

¹¹ Miniharianti Miniharianti et al., "Pemberdayaan Ibu Dengan Anak Autisme Melalui Terapi Spiritual Untuk Mengelola Kecemasan Dan Stigma Di SLB Pidie," *Jurnal Pengabdian Masyarakat Bhinneka* 4, no. 3 (2026): 3770–77, <https://doi.org/10.58266/jpmb.v4i3.1131>; Abdoulghader Shahzhepour et al., "Effectiveness of Islamic-Spiritual Skills Training on Spiritual Vitality and Emotional Adjustment in Mothers," *Health, Spirituality and Medical Ethics* 13, no. 1 (2026): 57–66, <https://doi.org/10.32598/hsmej.13.1.1194.1>.

¹² Restu Utami et al., "Analysis of Maternal Religiosity, Parenting Style, and Social Support on the Value of Children with Autism: Educational Implications," *Jurnal Pendidikan Progresif* 15, no. 2 (2025): 1431–56, <https://doi.org/10.23960/jpp.v15i2.pp1431-1456>.

triggering tension in family relationships due to accumulated stress. Conditions in Tanjung Kumbik Village show that when mothers lack adaptive coping skills, emotional exhaustion becomes a real threat that degrades their psychological well-being.¹³

While extensive literature has proven the effectiveness of religious coping in general¹⁴ and Islamic psychotherapy interventions in clinical settings,¹⁵ a gap in the literature remains regarding how mothers in specific community environments (such as rural areas) with limited access to professional psychological help empirically formulate, internalize, and practice Islamic Coping Strategies independently. Studies regarding the differences in mothers' spiritual responses in developing countries, which are heavily influenced by local economic, social, and cultural contexts, remain very limited.¹⁶ Moreover, most previous research has focused solely on stress reduction and has not comprehensively measured the transformation toward optimal Psychological Well-being in primary caregivers. Building on these gaps, this research offers novelty by mapping in depth how specific elements of Islamic Coping Strategies are naturally actualized by mothers of CSN in Tanjung Kumbik Village to counteract emotional exhaustion and achieve psychological well-being. This study is expected to provide a comprehensive understanding of the psychological dynamics of mothers at the grassroots level and serve as a strong theoretical basis for the development of psychospiritual empowerment and assistance programs rooted in Islamic values and local wisdom.

RESEARCH METHOD

This study employs a qualitative approach with a case study design based on field research.¹⁷ This approach was chosen because the researcher aims to explore, understand, and describe in-depth phenomena regarding the psychological experiences, behaviors, and perceptions of mothers in raising children with special needs (CSN). Through this case study design, the research is focused on maternal coping strategies in facing emotional exhaustion in Tanjung Kumbik Village, Pulau Tiga District, Natuna Regency, Riau Islands. In the qualitative tradition, the presence of the researcher in the field acts as the human instrument, integrated from the planning stage and data collection through to the interpretation of meaning, to ensure the acquisition of contextual and comprehensive data.

¹³ I. Gusti Ayu Agung Sri Laksmi Chandra Astiti and Tience Debora Valentina, "Kesejahteraan Psikologis Orang Tua Dengan Anak Berkebutuhan Khusus: Literature Review," *Innovative: Journal Of Social Science Research* 4, no. 1 (2024): 8214–28, <https://doi.org/10.31004/innovative.v4i1.8781>.

¹⁴ Rahma M. Hida and Hesham M. Hamoda, "Caring for Muslim Children and Families in Health Care Settings: Considerations and Recommendations for Pediatric Psychologists," *Clinical Practice in Pediatric Psychology* 12, no. 4 (2024): 430–41, <https://doi.org/10.1037/cpp0000539>; Marianne Fanous, "'Caught in the Middle': A Multi-Perspective Qualitative Study on the Understandings and Experiences of Autism among Middle Eastern and North African Families and Their Autistic Youth in the UK" (Doctoral, UCL (University College London), 2024), <https://discovery.ucl.ac.uk/id/eprint/10197884/>.

¹⁵ Mohd Manawi Mohd Akib et al., "Systematic Literature Review of the Impact of Islamic Psychotherapy on Adolescent Spiritual Well-Being," *Journal of Religion and Health* 64, no. 5 (2025): 3365–405, <https://doi.org/10.1007/s10943-025-02304-8>; Gazanfer Anli, "Positive Psychology Practices in Muslim Communities: A Systematic Review," *Journal of Religion and Health* 64, no. 5 (2025): 3448–70, <https://doi.org/10.1007/s10943-025-02357-9>.

¹⁶ Gimanda Nahdiah Diana et al., "Differences in Spiritual Coping Strategies of Mothers with Autism Children in Developed and Developing Countries: A Qualitative Systematic Review," *Jurnal Berita Ilmu Keperawatan* 18, no. 1 (2025): 148–60, <https://doi.org/10.23917/bik.v18i1.7889>.

¹⁷ Hardani Hardani et al., *Metode Penelitian Kualitatif & Kuantitatif* (CV. Pustaka Ilmu, 2020).

The primary data sources in this study are three housewives who act as the primary caregivers for children diagnosed with autism, epilepsy, and physical disabilities (*tunadaksa*) in Tanjung Kumbik Village. The selection of these participants is based on their direct experience in facing parenting dynamics. In addition to the actions and words of the primary participants, this research is also supported by secondary data that functions as reinforcing information and contextual completion. This secondary data includes profiles, demographics, and official documents from the Tanjung Kumbik Village government. Data collection was conducted through participant observation, in-depth interviews, and documentation studies to capture the phenomenon in its entirety.

Data analysis was carried out inductively and interactively alongside the field data collection process, referring to the Miles and Huberman analysis model.¹⁸ This process begins with data reduction, which involves selecting, focusing, simplifying, and abstracting raw data obtained from field notes to align with the research focus. The reduced data is then presented (data display) in the form of descriptive narratives and categorizations of coping strategy patterns to facilitate an understanding of the occurring phenomena. The final stage is conclusion drawing and verification. To ensure the trustworthiness of the data, the researcher applied triangulation techniques covering three aspects: source triangulation (comparing data between participants and documents), technical triangulation (cross-testing findings from interviews, observations, and documentation), and time triangulation (collecting data across various situations and times) to ensure that the resulting findings are valid and credible.¹⁹

RESULTS AND DISCUSSION

Psychological Dynamics and Emotional Exhaustion of Mothers with Special Needs Children in Pulau Tiga

Raising a child with special needs (CSN) triggers a complex array of emotional responses, from the initial shock of diagnosis to the taxing daily routines of caregiving. Based on interviews, mothers in Tanjung Kumbik Village undergo phases of shock and denial, eventually leading to emotional exhaustion that manifests both physically and psychologically.

Mrs. RZ, who cares for a child with autism, expressed her deep struggles during the early adaptation period:

“I often feel sad, especially when I see my child having difficulty keeping up with their peers. I also feel worried and confused because I don't know how to respond to my child's fluctuating behaviors. Sometimes I feel pressured by the recurring emotional burden.”

An equally heavy psychological burden is experienced by Mrs. D, who cares for a child with epilepsy while shouldering the dual responsibility of being a single mother. The uncertainty of her child's medical condition creates constant tension:

¹⁸ Matthew B. Miles et al., *Qualitative Data Analysis: A Methods Sourcebook*, 3rd ed. (SAGE Publications, 2014).

¹⁹ John W. Creswell and J. David Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (SAGE Publications, 2017).

“I feel an immense fear because I don't understand the causes or how to handle seizures... Panic and anxiety resurface every time a relapse occurs, so I live in a state of continuous vigilance. Being on my own, I often feel emotionally overwhelmed.”

The phenomena of exhaustion and emotional pressure experienced by these mothers align with the concept of chronic sorrow and the subjective challenges commonly faced by families of children with disabilities.²⁰ In raising CSN, parents persistently face deep feelings of loss, anxiety regarding the child's future achievements, and periodic sadness whenever the child fails to meet developmental milestones typical for their age.

The continuous vigilance experienced by Mrs. D due to unpredictable seizures, as well as Mrs. RZ's confusion in facing tantrums and repetitive behaviors, are primary triggers for high caregiver burden.²¹ Cross-national literature, including research in Arab and other developing nations, confirms that this caregiving burden significantly negatively impacts the mental health and Quality of Life (QoL) of parents.²² This burden is not only physical but also emotional and social, substantially increasing the risk of psychological disorders if not managed with adaptive strategies.²³

Furthermore, multidimensional pressure—whether from relentless physical assistance, lack of quality rest, or the anxiety of facing social stigma—carries a high risk of triggering emotional exhaustion. If left unaddressed without proper psychological intervention, this exhaustion drastically degrades the mother's psychological well-being.²⁴ This condition confirms that mothers of CSN are in a highly vulnerable position, instinctively and cognitively requiring them to formulate coping strategies to neutralize such pressure.

Integration of Problem-Focused, Emotion-Focused, and Spiritual Coping in Caregiving

In facing the reality of emotional exhaustion, mothers in Tanjung Kumbik Village proactively and instinctively develop various coping strategies. The choice of strategy depends heavily on their perception of how much control they have over the situation or the child's disability. Theoretically, the strategies used by the informants can be classified into problem-focused coping, emotion-focused coping, and spiritual coping.

Mrs. RZ, dealing with autism, showed a tendency toward active solution-seeking:

²⁰ Anazi et al., “Examination of Chronic Sorrow Among Parents of Children With Disabilities”; Begashaw Disasa, “Families of Children with Disabilities: Challenges and Coping Strategies in Some Selected Towns of Arsi Zone,” *Journal of Disability & Religion* 27, no. 3 (2023): 383–99, <https://doi.org/10.1080/23312521.2022.2078759>.

²¹ Ashwaq Alqahtani et al., “Understanding the Parental Caregiving of Children with Cerebral Palsy in Saudi Arabia: Discovering the Untold Story,” *International Journal of Environmental Research and Public Health* 22, no. 6 (2025), <https://doi.org/10.3390/ijerph22060946>; Mustary et al., “Parenting Stress and Coping across Five Countries.”

²² Jamal M. Alkhateeb et al., “The Impact of Autism Spectrum Disorder on Parents in Arab Countries: A Systematic Literature Review,” *Frontiers in Psychology* 13 (July 2022), <https://doi.org/10.3389/fpsyg.2022.955442>.

²³ Alkhateeb et al., “The Impact of Autism Spectrum Disorder on Parents in Arab Countries.”

²⁴ Sari and Prabowo, “Psikoterapi Transpersonal Psikosintesis Untuk Meningkatkan Kesejahteraan Psikologis Ibu Dengan Anak Autisme”; Elsayed Awad Negm et al., “Effect of Educational Intervention on Psychological Well-Being and Coping of Mothers Having Children with Down Syndrome.”

“I actively seek information about autism through health workers and other sources to be better prepared. I only graduated high school, but I search for information often... Once I understand my child’s behavior, I become calmer and less prone to emotion.”

Meanwhile, Mrs. Y uses distraction techniques and routine management to regulate her emotional burden:

“I apply coping through distraction via work activities. As a home-based entrepreneur, I spend a lot of time trading... This busyness indirectly helps reduce stress because my mind isn’t constantly fixated on the child’s condition.”

Conversely, Mrs. D regulates her emotions by leaning into cathartic release: *“I use strategies like crying to release emotions, increasing prayer, and strengthening gratitude and worship to calm myself.”*

Mrs. RZ’s proactive action in seeking medical information regarding autism is a tangible manifestation of a problem-focused coping or active coping strategy.²⁵ This strategy is generally employed when caregivers feel that stressors (e.g., a child’s tantrum) can still be predicted or modified through behavioral interventions. Research indicates that the use of problem-focused coping strategies, coupled with a high level of understanding regarding the child’s disability, is significantly associated with mitigating the negative impacts of caregiving burden and enhancing the caregiver’s quality of life.²⁶

On the other hand, the distraction response utilized by Mrs. Y through her trading activities, as well as the release of tears by Mrs. D, represent emotion-focused coping.²⁷ Although some literature suggests that dysfunctional forms of emotion-focused coping (such as avoidance or denial) can exacerbate caregiving burden, specific strategies within this domain—such as acceptance and positive reappraisal—have been significantly proven to reduce the subjective burden of caregiver.²⁸ Mrs. Y, by keeping herself busy, is not escaping from her responsibilities but is rather balancing her emotional rhythm to avoid becoming trapped in prolonged despair.²⁹

Furthermore, the most prominent finding from Mrs. D is the centrality of Spiritual Coping, which is closely integrated with Islamic Coping values. When facing situations that are beyond absolute control (such as the threat of sudden epileptic seizures), spiritual

²⁵ Anna Kurowska et al., “‘How to Cope with Stress?’ Determinants of Coping Strategies Used by Parents Raising Children with Intellectual Disabilities, Other Developmental Disorders and Typically Developing Children. A Cross-Sectional Study from Poland,” *Journal of Mental Health Research in Intellectual Disabilities* 14, no. 1 (2021): 23–49, <https://doi.org/10.1080/19315864.2020.1832166>.

²⁶ Abid Hussain, “Understanding Burden Of Care And Quality Of Life Of Caregivers Of Cancer Patients: Role Of Coping Strategies,” *Policy Journal of Social Science Review* 3, no. 10 (2025): 294–301; Danielle Lynn Auriemma et al., “Parenting Stress in Parents of Children with Learning Disabilities: Effects of Cognitions and Coping Styles,” *Learning Disabilities Research & Practice* 37, no. 1 (2022): 51–63, <https://doi.org/10.1111/ldrp.12265>.

²⁷ Auriemma et al., “Parenting Stress in Parents of Children with Learning Disabilities.”

²⁸ Juan Carlos Muñoz-Cruz et al., “Subjective Caregiver Burden and Coping in Family Carers of Dependent Adults and Older People: A Systematic Review and Meta-Analysis,” *Stress and Health* 40, no. 4 (2024): e3395, <https://doi.org/10.1002/smi.3395>.

²⁹ Azar Kazemi et al., “Caregiver Burden and Coping Strategies in Caregivers of Older Patients with Stroke,” *BMC Psychology* 9, no. 1 (2021): 51, <https://doi.org/10.1186/s40359-021-00556-z>.

evaluation becomes the most rational emotional defense mechanism for the caregiver.³⁰ For mothers in Muslim communities, the implementation of Islamic coping through attitudes of patience (*sabar*), gratitude (*syukur*), and trust in God (*tawakal*) is not merely a ritual but a fundamental psychological meaning-making framework.³¹ Acknowledging that a child is a trust (*amanah*) from God helps cultivate inner peace and reduce anxiety. This finding is also consistent with research across various Arab countries and other Muslim-majority nations, where religious coping has been found to be the most common and adaptive strategy used by parents of children with autism spectrum disorder or other neurodevelopmental disorders to fortify their mental health.³²

Internal Factors Influencing the Choice of Coping Strategies

The choice of coping strategies by a mother in facing emotional exhaustion does not occur in a vacuum; rather, it is heavily influenced by her internal capacities and conditions. Based on the findings in Tanjung Kumbik Village, there are three main internal factors that determine the effectiveness of maternal coping: education and knowledge levels, caregiving experience, and spiritual depth.

1. Level of Education and Knowledge

Formal education levels influence health literacy and how a mother responds to her child's diagnosis. Mrs. RZ, who has a high school (SMA) background, demonstrated high literacy initiatives: *"I only graduated from high school, but I often look for information about autism. Once I understand the child's behavior, I become calmer and less prone to emotion."* Conversely, Mrs. Y and Mrs. D, who only completed primary education (SD), tend to rely on emotional approaches and resignation. Mrs. Y stated: *"I don't know much about theories; what matters is that I just get through it. If I'm tired, I practice patience and surrender, because I'm confused about what else to do."*

This difference in response affirms the theory that sociodemographic factors—specifically the mother's education level—play a fundamental role in determining the type of coping strategy adopted.³³ Mothers with adequate educational backgrounds tend to be more adaptive in practicing problem-focused coping because they possess the cognitive capacity to seek, process, and apply medical information related to their child's disability. This is supported by empirical findings showing that maternal education and understanding of the child's disability characteristics can directly improve their psychological well-being.³⁴ Furthermore, literature highlights that maternal education correlates positively with the quality of child health interventions, although the protective effects of this education often clash with the family's economic status.³⁵

³⁰ Çaksen, "Religious Coping in Parents of Children with Down Syndrome"; Gotay, "Finding Meaning and Hope."

³¹ Bantali and Athar, "Coping Strategies for Parents with Autistic Children"; Daulay et al., "Religious Coping of Muslim Mothers of Children with Autism Spectrum Disorder in Indonesia."

³² Alkhateeb et al., "The Impact of Autism Spectrum Disorder on Parents in Arab Countries."

³³ Kurowska et al., "How to Cope with Stress?"

³⁴ Elsayed Awad Negm et al., "Effect of Educational Intervention on Psychological Well-Being and Coping of Mothers Having Children with Down Syndrome."

³⁵ Aqsa Begum et al., "Impact of Maternal Education on Child's Health with Moderating Role of Economic Status," *The Critical Review of Social Sciences Studies* 4, no. 1 (2026): 3373–88, <https://doi.org/10.59075/wxszb060>.

2. Personal Experience in Caregiving

The duration and experience of caring for a child gradually shape a mother's mental readiness. Mrs. Y, who cares for a child with physical disabilities, expressed her adaptation process: *"At first, it was very heavy, but over time I got used to it. Now I know what I have to do every day, so I don't panic as much anymore."* A similar sentiment was expressed by Mrs. D regarding her ability to handle her child's epileptic emergencies: *"If my child has a seizure, I already know what to do. I used to panic, but now it's more about surrender while remaining alert."*

The mothers' narratives illustrate the process of emotional habituation. Over time, repetitive caregiving experiences successfully increase maternal self-efficacy in fulfilling their roles. Although literature mentions that parenting self-efficacy does not always directly lower overall stress levels, mature experience is proven to help mothers change their cognitive appraisal of crisis situations from a threat into a manageable challenge.³⁶ Mrs. D's readiness during her child's seizure shows that experience has transformed her panic into a more directed behavioral response.

3. Psychological Condition and Spirituality

Spirituality serves as the most uniform internal anchor found among the three informants. Religious beliefs facilitate a cognitive transformation of the exhaustion they feel. Mrs. RZ revealed that prayer is what grants her sincerity (*keikhlasan*): *"When I am very tired, I can only pray. From that, my heart becomes calmer and more sincere."* Mrs. Y views her condition as divine destiny: *"I believe this is the path from God. So, I just live it with patience."* Meanwhile, for Mrs. D, spirituality is the only absolute foundation to prevent total despair: *"As a mother on my own, I only have God to turn to. If I didn't pray much, I might not be strong enough."*

These findings confirm that religiosity is the most crucial protective factor for the mental health of parents of CSN. Personal religious practices significantly moderate psychological burdens by fostering parental acceptance.³⁷ When a mother practices religious teachings such as patience, surrender, and prayer, a psychological process occurs where future anxiety is suppressed and self-compassion increases, leading to improved psychological well-being.³⁸ In rural areas where access to formal psychotherapy services is very limited, the natural internalisation of Islamic psychological values functions as the most sustainable soul-recovery mechanism for mothers.

The Role of the External Ecological System: Social Support and the Reality of Single Mothers

Beyond internal capacity, the effectiveness of coping strategies is heavily shaped by the ecological system surrounding the mother, which includes family structure, social support, economic stability, and environmental acceptance. In Tanjung Kumbik Village, there is a clear disparity in emotional burden based on the status of the mother's family structure.

³⁶ Auriemma et al., "Parenting Stress in Parents of Children with Learning Disabilities."

³⁷ Pratama et al., "Islamic Religiosity and Future Anxiety on Disabled Children's Parents."

³⁸ Isnaeni and Nashori, "Pengaruh Religiusitas Dan Welas Asih Diriterhadap Kesejahteraan Psikologis Orang Tua Anak Berkebutuhan Khusus."

For mothers within an intact family structure or those with an adequate support system, the caregiving burden can be distributed so that it does not trigger fatal emotional exhaustion. Mrs. RZ stated that the presence of her husband is a primary emotional pillar: *“If my husband helps, I don’t feel alone. the tiredness is reduced.”* Mrs. Y also relies on delegating caregiving tasks to other family members:

“As a mother, I really need family support... I often pour out my feelings to my older children and ask them to help take care of their younger sibling. I feel stronger knowing that I don’t have to face all the challenges alone.”

The statements from Mrs. RZ and Mrs. Y align with the concept of social support as a buffer against stress. In the context of raising children with disabilities, the availability of nuclear family and community support functions significantly to reduce both the physical and psychological exhaustion of the mother.³⁹ The family becomes the primary source of instrumental support (physical assistance) and emotional support (a place to share), enabling the mother to maintain positive parenting patterns.⁴⁰

However, a much heavier reality must be faced by Mrs. D, who holds the status of a single mother. The loss of a partner forces Mrs. D to shoulder all domestic, economic, and specialized caregiving roles simultaneously:

“I have to do everything myself. Sometimes I’m so tired, but I have no choice... Even though I’m a single mother, my siblings often help. That’s what keeps me strong. Sometimes the exhaustion isn’t just because of the child, but also thinking about the costs.”

Mrs. D’s narrative represents the extreme vulnerability experienced by single mothers of CSN. Recent literature emphasizes that single mothers caring for children with neurodevelopmental disorders face layered crises due to the absence of partner support, deteriorating physical health, and a lack of financial stability.⁴¹ This situation is often described as the shattering of the “ideal family” dream, forcing the mother to live in the shadow of uncertainty regarding the child’s future.⁴² This pressure is further exacerbated by economic limitations, where financial constraints often negate the potential benefits of maternal education on the child’s health quality.⁴³

Despite carrying a double burden, the resilience of single mothers can still be formed through what is called Perceived Social Support. Even minor interventions, such as temporary supervision help from siblings or relatives, have proven very significant in

³⁹ Diana et al., “Differences in Spiritual Coping Strategies of Mothers with Autism Children in Developed and Developing Countries.”

⁴⁰ Utami et al., “Analysis of Maternal Religiosity, Parenting Style, and Social Support on the Value of Children with Autism.”

⁴¹ Krishna Priya Balachandran and Mohanraj Bhuvanewari, “Perceived Social Support Among Parents and Exploration of Challenges Faced by Single Mothers of Children with Neurodevelopmental Disorders—A Mixed Method Study,” *Annals of Neurosciences*, May 31, 2025, 09727531251327832, <https://doi.org/10.1177/09727531251327832>.

⁴² Rivka Hillel Lavian et al., “Single Mother Parenting of Children with Autism Spectrum Disorder: A Qualitative Photo-Narrative Study,” *Journal of Research in Special Educational Needs* 24, no. 2 (2024): 324–37, <https://doi.org/10.1111/1471-3802.12634>.

⁴³ Begum et al., “Impact of Maternal Education on Child’s Health with Moderating Role of Economic Status.”

restoring self-efficacy and resilience for single mothers following a separation or during a crisis.⁴⁴

Finally, acceptance from the macro social environment (the surrounding community) contributes to a supportive climate. Mrs. Y expressed: “*Alhamdulillah, the neighbors here understand, so I don't feel ashamed or isolated.*” An inclusive environment that understands the condition of CSN frees mothers from social stigma and feelings of alienation. In developing countries, communal strength and shared experiences with neighbors have proven to be very powerful cultural coping strategies in empowering mothers to move forward and advocate for their children's rights.⁴⁵

CONCLUSION

This study concludes that raising Children with Special Needs (CSN) presents psychological dynamics that are prone to triggering emotional exhaustion in mothers. In facing these layered pressures, mothers in Tanjung Kumbik Village apply dynamic coping strategies, ranging from problem-focused coping (such as seeking medical information and time management) to emotion-focused coping (in the form of activity distraction). The most crucial finding of this research confirms that Spiritual Coping rooted in Islamic values (Islamic coping)—such as the practice of prayer, *zikir*, patience, *tawakal*, and the perception of the child as a divine trust (*amanah*)—serves as the most fundamental psychological defense. Amidst limited access to clinical psychological intervention services, this spiritual approach has been empirically proven to transform despair into sincerity (*keikhlasan*) and restore the mother's psychological well-being holistically.

The effectiveness of these coping strategies is heavily determined by the convergence of internal and external factors. Literacy capacity, education level, and the accumulation of caregiving experience significantly enhance a mother's self-efficacy in determining problem resolutions. On the external dimension, the availability of social support—whether from husbands, other family members, or neighborhood acceptance—functions as a vital stress buffer. A disparity in vulnerability is clearly visible in the condition of single mothers, who must shoulder double domestic and financial burdens without partner support. This proves that the mental health of mothers of CSN cannot be placed solely on individual resilience but requires the presence of a supportive and inclusive family and community ecological system.

Nevertheless, this study is not without several limitations that need to be highlighted. Methodologically, this qualitative study only involved a very small sample size (three informants) and was centered in one specific geographical locus: Tanjung Kumbik Village, Pulau Tiga. Consequently, the findings and depicted psychological dynamics are highly casuistic and cannot be generalized to the population of mothers of

⁴⁴ Baha' Suhail Shawaqfeh, “The Impact of Perceived Social Support and Social Self-Efficacy on Resilience among Single Mothers,” preprint, F1000Research, April 18, 2024, <https://doi.org/10.12688/f1000research.146971.1>; Wylene Djab et al., “The Resilience of Single Mothers with Special Needs Children in Supporting Their Education and Fulfilling Their Needs During The COVID-19 Pandemic,” *Indonesian Journal of Disability Studies* 8, no. 2 (2021): 423–39, <https://doi.org/10.21776/ub.ijds.2021.008.02.10>.

⁴⁵ Diana et al., “Differences in Spiritual Coping Strategies of Mothers with Autism Children in Developed and Developing Countries.”

CSN in urban areas or regions with different socio-cultural characteristics. Therefore, future research is advised to broaden the demographic scope and number of participants, as well as consider the use of a mixed-methods research design to quantitatively measure the correlation between social support variables and maternal resilience levels. Additionally, future studies should explore the role of father involvement or formulate community-based psychotherapy intervention models specifically designed to empower single mothers with children with disabilities.

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