Factors Affecting Resilience of Mothers of Children with Autism Spectrum Disorder

Corresponding Author:
Tri Budi Santoso, Ph. D OT
Senior Lecturer and a Researcher
Dept. of Occupational Therapy of Poltekkes Kemenkes Surakarta, Indonesia

Abstract:- Resilience is an individual's ability to survive adversity and bounce back from problems experienced by the individual. Mothers who have children with ASD experience a hefty burden in caring for and nurturing their children in their daily lives. Thus, mothers of children with ASD need high resilience to have a balanced life. This paper will explain the impact of ASD on mothers' daily activities and the various factors that impact the resilience of mothers of children with ASD. Furthermore, various factors impact the resilience of mothers of children with ASD, such as acceptance, family support, social support, internal resources, and external resources, as well as the challenges of building the resilience of mothers of children with ASD in the future discussed.

Keywords: - ASD, Resilience.

I. INTRODUCTION

- **Resilience**

Resilience, in general, is a person's positive adaptation in the form of the ability to maintain and restore mental health (Fikretoglu & McCreary, 2006; Rutter, 2006). Resilience can be in the form of self-conceptualization and also the relationship between systems that contribute between families, groups, and communities (Cicchetti, 2010; Klohnen, 1996). Resilience is also a way for someone to develop and increase resilience in coping mechanisms in responding to stress psychologically (Russo et al., 2012; Rutter, 2012; Southwick and Charney, 2012). Resilience can come from the domains of personal, relational, and environmental life (Wu, 2011). However, it should be underlined that stress coping is different from resilience because coping can be seen as an effort to manage stress, regardless of its effectiveness (Altiere & Von Kluge, 2009; Bayat, 2007).

According to Ginsburg (2016), to be able to do good resilience, a person must have seven essential components: competence, confidence, connection, character, contribution, coping, and control These components are theoretically essential to help individuals understand the problems in their lives (Ginsburg, 2013; Reid, 2016). In addition, resilience makes a person more sensitive to the emotions and behaviors they show in the environment (Reid, 2016). Therefore, mothers with the primary caregiver role must be able to provide care, manage and care for children with ASD (Bekhet et al., 2012). According to the basic theory, resilience can be realized by balancing risk factors (stress, pressure, and obstacles) and protective factors in the face of adversity (Bekhet et al., 2012). In short, mothers must learn how to remain resilient in dealing with stress and burdens when caring for children with ASD (Bekhet et al., 2012).

Resilience was found to help mothers rise from guilt in their children to prepare the best care for them (Zhao & Fu, 2020). Positive thinking as an effort to get up reduces parenting stress. Resilience can improve parents' problem-solving abilities and develop their ability to actively and positively deal with stress (Twoy et al., 2007). Resilience can help reduce parenting stress and increase self-efficacy (Bitsika et al. 2013; Pastor-Cerezuela et al. 2016). Parents with good acceptance abilities as part of how to rise can control negative thoughts about the future (Zhao & Fu, 2020). Children's functional abilities will develop better when parents accept and understand themselves in parenting (Bitsika et al. 2013; Wyatt et al. 2008; Whittingham et al. 2009).

II. IMPACT OF CHILDREN WITH ASD ON MOTHERS IN DAILY ACTIVITIES

Many studies have found that raising and caring for children with autism spectrum disorder (ASD) is challenging and complex (Gray, 2006; Meirsschaut et al., 2010; Weiss et al., 2012; Hayes and Watson, 2013; Cridland et al., 2014; Ooi et al., 2016). According to Hayes & Watson (2013), the occupational domain of parents is affected by raising children with ASD. Aspects that are directly affected, such as marital relations, sibling relationships, family socialization patterns, and family routines, are recognized as the most severely affected (Lecavalier et al., 2006; Meadan et al., 2010; Quintero and McIntyre, 2010)— followed by other aspects such as physical health, economic problems, and parental spirituality (Walsh, 2003; 2015; 2016).

The impact of parenting children with ASD on mothers can be categorized into three categories: emotional impact, intrapersonal relationships impact, and impact of social relationships (Illias et al., 2019). First, the emotional impact in the form of a high possibility of experiencing mental disorders, stress, and depression can result in decreased physical abilities and other somatic diseases that can interfere with well-being (De Andrés-García et al., 2012; Lovell et al., 2012; Montgomery et al. al., 2008). Second, the impact of intrapersonal relationships is a follow-up effect of emotional impact (Illias et al., 2019). Because mothers must be able to adapt to cognitive abilities, daily routines, and plans that already exist (Derguy et al., 2016; Illias et al., 2019; Quintero & McIntyre, 2010). In addition, self-adaptation influences how marital relations, sibling relationships, patterns of family socialization, and family

routines can be maintained (Hayes & Watson, 2013; Lecavalier et al., 2006; Meadan et al., 2010). The father's role becomes significant in supporting the mother's stress and pressure and helping them raise their children (Hastings et al., 2005; Illias et al., 2019). The third impact is how the mother's social life can continue (Illias et al., 2019; Locke et al., 2010; Montgomery et al., 2008). The mother's opportunity to participate in social activities is disturbed when all the child's needs depend on the mother (Locke et al., 2010; Montgomery et al., 2008). Mothers with a higher cognitive level and an active life will have a higher challenge of social awareness (Atwood, 2000; Ghaziuddin, 2005; Ghaziuddin et al., 1998; Mayer et al., 2007).

In short, mothering children with ASD impacts low emotional regulation ability, leading to stress and depression. The adaptive capacity forced according to the adjustment to the child's condition also impacts the mother's intrapersonal relationships. Intrapersonal relationships affect how mothers can socialize well.

III. FACTORS AFFECTING RESILIENCE IN MOTHERS OF CHILDREN WITH ASD

Parents' and environmental responses to children with ASD influence coping strategies related to parents' resilience abilities (Patterson, 2002; Bekhet et al., 2012; Bayat & Schuntermann, 2013; Walsh, 2015; Leone et al., 2016) certainly affect the ability of parents to defend themselves from psychological problems (Patterson, 2002; Bekhet et al., 2012; Bayat & Schuntermann, 2013; Walsh, 2015; Leone et al., 2016). In addition, several factors impact resilience: acceptance, family support, and social support.

A. Acceptance in Children with ASD

Acceptance of the child by the family or environment helps assist the development of ASD children (Da Paz et al., 2018; Lord et al., 2008; Montgomery et al., 2010). Proactive approaches such as seeking a diagnosis, joining the community of parents with children with ASD, and seeking help from experts are helpful protective responses for parents in avoiding stress (Da Paz et al., 2018; Lloyd & Hastings, 2009). Acceptance can also be manifested by positive adaptation in the form of increasing closeness and further planning after a diagnosis in a child appears (Lord et al., 2008; Sheeran et al., 1997), and it can also increase the adaptability of children, mothers, and families during the development process (Bearss et al., 2013; DePape & Lindsay, 2015; Weiss et al., 2012). On the other hand, acceptance can be hampered due to several factors: lack of knowledge, judgmental environment, and cultural beliefs (Corti et al., 2018; Da Paz et al., 2018; Illias et al., 2019). Thus, acceptance differs from understanding because acceptance will provide sustainable results in care planning and capacity building for mothers and children (Altiere & Von, 2009; Corti et al., 2018).

Acceptance is a complex ability with many dimensions, namely adjustment, acceptance, self-blame, and hopelessness (Da Paz et al., 2018; Montgomery et al., 2008; Montgomery et al., 2010; Montgomery et al., 2013). According to Da Paz (2018), these three dimensions can be formed perfectly from time to time and can be one of the factors developing resilience. Self-acceptance is not directly related to well-being but can be the basis for parents to reduce further feelings of hopelessness and self-blame (Da Paz & Wallander, 2017, Tehee et al., 2009). Specifically, burdens related to parenting and parenting issues (Da Paz et al., 2018). Acceptance is also associated with the severity of the diagnosis (Da Paz & Wallander, 2017; Mayer et al., 2007; Weiss et al., 2012). The more severe the diagnosis, the higher the acceptance rate, and vice versa (Da Paz et al., 2018; DesChamps, 2020; Mayer et al., 2007).

B. Family Support

As social beings, mothers need a social life to support their individual lives, such as emotional and material support (Glazzard & Overall, 2012; Montgomery et al., 2010; Montgomery et al., 2016; Montgomery et al., 2008). According to the resiliency model, families will experience an adjustment phase when a stressor is present (Twoy et al., 2007). The stressor in question is a factor that can potentially change the balance of the family order and structure (Twoy et al., 2007). The family adjustment has several stages: regenerative, resilient, balanced & rhythmic (McCubbin et al., 2012; Twoy et al., 2007). Family assessments and interpretations influence problem-solving and family coping strategies (Twoy et al., 2007). Based on the Family Resilience Framework, families can support from several domains of family belief systems, family organizational processes, and communication processes to realize adaptive family functions (Walsh, 2003; 2015; 2016). Based on the Theory of Mind, the recognition of self-conscious emotions in others, the attribution of false beliefs to others, and the understanding of individual mental states are related to the failure to understand complex social situations (Baron-Chone, 1997; 2000; Baron-Cohen & Hammer, 1997; Montgomery et al., 2008; Montgomery et al., 2010). In this context, the family is an environment that is expected to understand the mother (Baron-Cohen et al., 1997; Baron-Cohen et al., 1999). Because this failure of understanding certainly weakens the mother's ability to accept children (Baron-Cohen et al., 1997; Baron-Cohen et al., 1999). Communication is key to preventing failures and minimizing obstacles (Illias et al., 2019).

C. Social Support

Social support and support-seeking behavior have been linked to psychological resilience and development in the face of adverse life events (Ebrahim et al., 2021; Ozbay et al., 2008). Lack of support from family, friends, community, and other social contacts is reported to be one of the causes of depression (Papageorgiou, & Kalyva, 2010; Reinke & Solheim, 2015; Stice et al., 2004). Within a social group, parents not only get social support but can also act as givers and receivers of advice from experts or other more experienced parents (Illias et al., 2019; Rafajko, 2020). Each parent's coping abilities may differ, but the application experience may be similar (Illias et., 2019; Gordillo, Chu & Long, 2020). Social support is divided into informal and formal (Boyd et al., 2002; Shiba & Kondo, 2016). Informal social support includes family, friends, and acquaintances (Boyd et al., 2002; Shiba & Kondo, 2016). Meanwhile, formal social support includes doctors, specialists, and therapists (Boyd, 2002; Shiba & Kondo, 2016).

Social stigma in the form of avoidance, feelings of inferiority, and rejection are prolonged reactions that can increase parental stress (Illias et al., 2019). Stress inoculation is a state of self in which a person can control anxiety from prolonged exposure to stress (Corti et al., 2018; Musazzi & Marrocco, 2016). Stress inoculation can be created with a loving, healthy, and supportive environment for children as they grow up to avoid uncontrollable repetitive stress exposure (Musazzi & Marrocco, 2016; Southwick & Charney, 2012). Based on Inoculation Theory and Stress Inoculation Therapy, exposure to chronic stress will result in cardiovascular adaptation to stress in parenting (Carroll et al., 2005; Cavett, 2013; Compton, 2013).

IV. INTERNAL RESOURCES

A. Individual Psychological Factors

Cognitive processes, personality traits, and active coping mechanisms contribute to resilience (Duryea et al., 1990; Chemtob et al., 1997; Pietrzak et al., 2010). Combined with biological factors, these three factors can increase adaptation and maintain resilience during stressful processes (Charney, 2004; Pietrzak et al., 2010). High levels of intellectual functioning, efficient self-regulation, active coping style, optimism, and secure attachment impacted resilience toward stress (Richardson, 2002; Montgomery et al., 2008; Montgomery et al., 2010; Montgomery et al., 2013). Optimism and cognitive reappraisal play important on individual resilience.

First, optimism is a hope for good outcomes related to the application of active coping strategies, subjective well-being, physical health, and more significant and satisfying social connections (Stewart & Yuen, 2011; Galatzer -Levy & Bonanno, 2012; Colby & Shifren, 2013). The optimism of mothers is related to mothers' personality and the ability to see positive progress in children (Ekas et al., 2010; Harris et al., 2013; Srivastava & Mukhopadhyay, 2011; Zanon et al., 2014) because optimism reduces hopelessness and helplessness and tends to use avoidance as a coping mechanism when under stress (Carver et al., 2010). Second, cognitive reappraisal is the ability to control oneself to change negative thoughts into positive ones that involve how a person sees a situation (Brockman et al., 2017; McRae et al., 2012; Wu et al., 2013). Individuals consciously reassess bad or traumatic events to find the lessons associated with resilience (Carp, 2010; Wu et al., 2013). Self-meaning is the main thing in maintaining sustainability (Frankl, 2006). Women with high cognitive reappraisal abilities show fewer depressive symptoms than women with low cognitive reappraisal abilities (Troy, 2012; Vishkin et al., 2016). In addition, a secure attachment is associated with higher cognitive assessment and resilience (Karreman & Vingerhoets, 2012). Women tend to use positive emotions to self-regulate, while men are more likely to use emotional regulation concerning the ability to maintain relationships from conflict (McRae et al., 2008; Megreya et al., 2020; Ting & Weiss, 2017).

B. Active Coping

Active coping is behavioral and psychological to change the quality of the stressor or how the stressor is perceived (Chesney et al., 2006; Hsieh et al., 2014). According to McWilliam et al. (2018), active coping is a way to minimize dependence on help from the outside environment if the existing environment is not supportive. Individuals who engage in active coping experience increased adaptability and psychological resilience (Boals et al., 2011; Smith et al., 2008). In addition, individuals with high hardiness or resilience tend to use active coping strategies during stressful situations (Hanton et al., 2013; Lai et al., 2015), and active coping can start with acceptance and steps to provide further intervention (Altiere & Von, 2009; Gray, 2006; Illias et al., 2019). From acceptance, knowledge and experience can develop to improve parenting competence (Glazzard & Overall, 2012; Illias et al., 2019).

Active coping consists of physical exercise, humor, prosocial behavior & mindfulness trait (Jones et al., 2014). Any activity that trains muscles and requires energy and can include work, household, or leisure activities can also be categorized as physical exercise (Burton & Turell, 2000; Engberg et al., 2012; Kuhaneck et al., 2010; Norman et al., 2010). As a result, physical exercise positively affects psychological well-being, mood, depression, and self-esteem (Eriksson & Gard, 2011; Kuhaneck et al., 2010; Winter et al., 2007) because the body will release endorphins which can improve mood and emotional regulation during physical exercise (Eyre & Baune, 2012; Fleshner et al., 2011; Kuhaneck et al., 2010; Min et al., 2013; Wu et al., 2011; Wu et al., 2013). Physical activity also can make mothers feel fitter and more optimal in parenting (Johnson et al., 2022; Norman et al., 2010; Predescu & Sipos, 2013). It should be noted that physical fatigue can also lead to the possibility of depression, so it is necessary to schedule physical exercise with attention to capacity according to the ability of the mother (Johnson et al., 2022; Predescu & Sipos, 2013).

C. Humor

Humor has been identified as a form of active coping that reduces tension and attracts social support (Al-Kandari et al., 2017; Southwick & Charney, 2012; Vaillant, 1992). Humor may be used to support socio-emotional function in stressful situations (Al-Kandari et al., 2017; Cameron et al., 2010) and can be a way to adjust to changes that put mental and physical stress (Obeid, & Daou, 2015; Samson, 2013). In addition, humor can be a way to see a problem from a more positive side (Obeid & Daou, 2015) and positively express personal feelings (Benson, 2014; Capps, 2006; Obeid & Daou, 2015). For example, one can laugh and relieve stress with humor (Obeid, & Daou, 2015; Samson, 2013; Savage et al., 2017). In short, humor is beneficial to increase physical and mental stability resulting in higher mother resilience.

D. Altruism

Altruism has also been linked to resilience in adults and children (Batson, 2003; Benson, 2014; Southwick et al., 2005). In general, prosocial behavior is a person's way of continuing to benefit others (Bergin, 2019; Hawley, 2014; Pfattheicher, 2022). For example, the prosocial behavior of a

mother can be seen when the mother involving social activities in the community, such as being part of a group (Bergin, 2019; Tang et al., 2022). Prosocial behavior requires three components: sensitivity to other people's perspectives, understanding the source of problems, and problem-solving (Tang et al., 2022; Totsika et al., 2015). These three abilities are obtained if the mother understands the roles that exist in her positively (Malti & Loam, 2016; Tang et al., 2022; Totsika et al., 2015).

Trait mindfulness concentrates on moment-to-moment awareness of bodily activity, feelings, emotions, or sensations while deliberately understanding and eliminating intrusive thoughts that arise in awareness (Thompson et al., 2011). Attentive traits can reduce avoidant coping in response to stress and contribute to resilience (Barker et al., 2011). High levels of mindfulness are also associated with increased life satisfaction, decreased depression and anxiety, improved emotional regulation, and decreased avoidance (Barker et al., 2011; Conner & White, 2014; Keng, Smoski, & Robins, 2011). Moreover, mindfulness can be a way for parents to increase acceptance and parental involvement (Barker et al., 2011), and mindful parents will reflect good behavior in children (Jones et al., 2014).

E. Moral Compass

Moral Compass is an internal belief system related to individuals' values and ethics to survive (Southwick et al., 2005). The moral compass is the development of religious and spiritual factors in the form of moral belief in someone (Min et al., 2013). Life goals as one's way of seeing the future also actively contribute to resilience to trauma and pressure (Carlo et al., 2011; Lopez & Magaña, 2020). Individuals who understand the moral compass can already control trauma from a spiritual and psychological perspective (Ekas et al., 2010; Vernhet et al., 2022). The moral compass improves with time and maturity (Rafajko, 2020; Shostak, 2018). A mother with minimal experience usually tends to experience a crisis which leads to a loss of value for herself (House, 2012; Mathewes-Green, 2020; Rafajko, 2020). For this reason, mothers must be able to accept themselves and their circumstances before developing a moral compass (MacMullin, 2011; Gierczyk, Fullard, & Dobosz, 2017). The father must also support the moral compass maturation as a support system for the mother, who is also in charge of raising the children (Rafajko, 2020; Whitworth, 2017).

F. Genetic Factors

Genetically, a person's resistance to external input varies depending on each phenotype. This is related to a series of human genes: *Neuropeptide Y*, *Hypothalamic-Pituitary-Adrenal* axis, noradrenergic, dopaminergic & serotonergic systems, and *Brain-Derived Neurotrophic Factor* (Feder et al., 2009; Russo et al., 2012). Genetic susceptibility in the mother is related to aggregation or how the mother can gather her ability to care for (Bailey et al., 1995; Folstein & Rutter, 1977). *Neuropeptide Y* is a neuropeptide that produces anxiolytic effects and increases protective responses in the face of stress (Wu et al., 2011). In mothers, a protective response to stress helps build resilience (Fenning & Baker, 2012). Conversely*, neuropeptide Y*

variations contribute to stress vulnerability (Fetissov, Averina, & Danilenko, 2019). Parenting stress in mothers affects the hypothalamic-pituitary-adrenal axis, which can increase cortisol (Nijmeijer et al., 2010; Foody, James, & Leader, 2015; Volkmar, 2021). Under normal conditions, cortisol facilitates normal adaptation to the environment and maintenance of homeostasis through various processes, including stabilization of glucose levels, cellular metabolism, and inflammatory responses (Glover, 2021; Heim, Ehlert, & Hellhammer, 2000).

Norepinephrine and dopamine act as neuromodulators in the brain and peripheral hormones in blood circulation (Nijmeijer et al., 2010; Volkmar, 2021). Norepinephrine is a neuromodulator of the peripheral sympathetic nervous system (Anderson, 2021; Volkmar, 2021). Central catecholamine functions are essential for regulating many behaviors, for example, cognition, movement, sleep, mood, attention, and learning (Anderson, 2021; Volkmar, 2021). Peripherally, catecholamine release increases heart rate, blood pressure, and blood glucose, which is commonly associated with responses to environmental stressors (Sangha, 2021; Volkmar, 2021). Acute stress causes increased serotonin activity in several brain areas, including the amygdala, hypothalamus, PFC, and nucleus accumbens (Feder et al., 2009). Serotonin affects the regulation of stress response and emotional behavior (Wu et al., 2013). In addition, serotonin can control mood through monoamine neurotransmitters (Nakamura et al., 2011). Sleep and appetite regulation are also influenced specifically by Serotonin 5HT (Nakamura et al., 2011).

V. EXTERNAL RESOURCES

A. Increasing Functional Ability Through Therapy

Developmental delays in children with widespread ASD can affect all areas of a child's functioning, such as ADL, play, learning, and social life (Twoy et al., 2007). According to Santoso et al. (2015), mothers of children with ASD use many external resources, including seeking a therapist to increase the child's function in their daily activities. Early intervention from occupational therapy helps children improve fine motor skills, gross motor skills, and visual perception (Twoy et al., 2007). Pediatricians and nurse practitioners (NPs) can provide education to be more open to any difficulties they experience (Twoy et al., 2007). NP helps families decide on the most appropriate care for children (Twoy et al., 2007). Communication disorders, one of the main characteristics of children with ASD, can be treated by Speech-Language Pathologists (SLP) (Twoy et al., 2007). Art and music therapy can be positive channels for ASD children (Marquez-Garcia et al., 2022; Schweizer, Knorth, & Spreen, 2014). Collaboration between parents and therapists can help strengthen a child's neurological development and increase independence in everyday life (National Research Council, 2001).

B. Child Participation in School

According to Social Ecological Theory, the more interactions carried out by children, the higher the mother's resilience ability (McConnell, Savage, & Breitkreuz, 2014; Gunty, 2021). Children need some adjustments before

entering a school environment or a High-Risk Environment (Twoy et al., 2007). Family support, parent groups, and schools can help parents fight for child development (Ekas et al. 2010, Lovell et al. 2012, Tehee et al. 2009, Weiss et al. 2013). The inclusive school curriculum generally pays attention to unique patterns and ways of thinking so that children can continue to develop according to their abilities in the academic context (Bauminger-Zviely, 2014; Williams, Johnson, & Sukhodolsky, 2005). Children can learn new adaptive behaviors from school through teachers, friends, and companions (Bauminger-Zviely, 2014; Williams, Johnson, & Sukhodolsky, 2005). School assignments make children learn to control their behavior more to increase on-task responses (Terpstra, Higgins, & Pierce, 2002). Group work can increase initiation and social response Owen-DeSchryver (2003).

C. Professional Supports

ASD is not a rare disorder, so professional development that can handle obstacles in children is easy to find (Aman, 2005). Professionals in ASD children include doctors, psychologists, therapists, dietitians, educational consultants, social workers, and health volunteers (Aman, 2005; Brooks, Marshallsay, & Fraser, 2004; Hodgetts et al., 2013; Reed & Osborne, 2012). Santoso et al. (2015) emphasized the importance of seeking professional support to find a solution for their children with ASD. Consultation with professionals helps parents take a better step in childcare (Zhao & Fu, 2022). Professionals and stakeholders must be able to discover parents' strengths and encourage them to take advantage of their parenting abilities (Zhao & Fu, 2022). By looking at the interactions between parents and the surrounding environment, it is hoped that professional staff will be able to help parents improve their resilience skills (Zhao & Fu, 2022). During the early period of child development, parents need to get much input from professionals to prevent parental errors (Reed, & Osborne, 2012). After children grow up, there is a need for more in-depth consultations to anticipate the child's transition period (Brooks, Marshallsay, & Fraser, 2004; Hodgetts et al., 2013).

D. Developmental Process

The development environment contributes to resilience (Rende, 2012). Severe side effects in childhood can negatively affect the stress response system's development, leading to long-term impairment (Boullier & Blair, 2018; Wu et al., 2013). During child development, chronic, uncontrolled social and psychological stress and poor treatment are associated with later maternal depression (Blackburn & Epel, 2012; Price et al., 2013; Dobre & Topala, 2020).

The developmental process of children with ASD greatly influences the stress of mothering (DesChamps et al., 2020). Mothers pay great attention to development as a measure of parenting success (DesChamps et al., 2020). Developments during the golden age, which should describe further developments, make mothers anxious because of their decline (Lubetsky, Handen, & McGonigle, 2011; Ozonoff, Williams, & Landa, 2005). Parents' expectations of child development that are forced to be eliminated can also

lead to feelings of hopelessness (Werner et al., 2005; Werner & Munson, 2001).

Certain factors play a role in determining whether traumatic childhood events will lead to vulnerability or resilience, one of which is the ability to control stress (Dobre & Topala, 2020; Feder et al., 2013). Uncontrolled stressors can make mothers believe that they cannot change the circumstances of their situation (Kediye, Valeo, & Berman, 2009; Mikulincer, 2013). This phenomenon is called "stress inoculation" and occurs when the person develops a higher-than-average adaptive stress response and resilience to the adverse effects of the next uncontrollable stressor (Southwick & Charney, 2012; Hourani et al., 2018). Stress inoculation is a form of immunity to later stress, just as vaccines induce immunity to disease (Blaisure et al., 2015).

VI. FUTURE CHALLENGES IN BUILDING THE RESILIENCY OF MOTHERS OF CHILDREN WITH ASD

A. Civilization Shift

A shift in civilization can result in changes in parenting and care in general and specifically for children (Berk, 2004; Kitchens, 2010). The provision of care can shift from conventional to more modern, such as using medical drugs and specialist care, specifically in some instances (Gona et al., 2015; Hyman & Levi, 2000). Cultural and social factors can shift along with the general rules of social life (Hyman & Levi, 2000). Globalization is also seen as changing resilience factors such as biology and psychology (Amoros et al., 2013; Wong et al., 2009; Wilson, Hu & Rahman, 2018).

Over time, mothers can get more support to improve their abilities (Gona et al., 2015; Gordillo, Chu & Long, 2020). Acceptance of the child's condition will be directly proportional to the loss of stigma in the community regarding the child's diagnosis (Amoros et al., 2013). However, it should also be noted that changes in civilization can also impact increasingly competitive abilities, so children may not be able to adapt appropriately (Chen, 2014; Fang et al., 2016). Changing times also require parents to continue to grow, so many underestimate parenting (Gao & Wong, 2018; Gao, Atkinson-Sheppard, & Liu, 2017). Economic factors such as work, layoffs, and family consumption are the main stressors that can reduce resilience over time (Gao, Xie & Frost, 2020).

Cultures that are increasingly generalized sometimes erode basic skills in manners (Barbaro, & Halder, 2016; Tisak, Tisak, & Goldstein, 2006; Tisak & Turiel, 1988). Consequently, it also affects children's behavior which becomes increasingly out of control due to the many examples of inappropriate behavior from the surrounding environment (Barbaro, & Halder, 2016; Shulman et al., 2012). In addition, with more and more cultural shifts, feelings of empathy are diminishing, so mothers have difficulty finding a support system (Barbaro, & Halder, 2016; Zakirova-Engstrand et al., 2020). Globalization also demands many changes that children do not accept readily (Krupa et al., 2019).

B. Information Technology / Digitalization

Technology is one of the things that must be considered in changing times (Kumar, 2011). Providing care and parenting can utilize technology to help mothers reduce excess exposure to stressors (Kumar, 2011; Harris et al., 2020). For example, mothers can access more media and knowledge that support child development (Harris et al., 2020). Mothers can also look for friends with similar experiences to learn about parenting experiences (Harris et al., 2020). Parent stress will decrease with increased ability and knowledge (Flujas-Contreras, 2019). Digitalization can also distract mothers from parenting stress, such as looking for ideas to fill their free time (Flujas-Contreras, 2019; Hollis et al., 2019).

All factors that support resilience will develop along with scientific developments (Borsci et al., 2017; Kumar, 2011; Harris et al., 2020). For example, mothers might be more open because much information in society supports child development (Amoros et al., 2013; Borsci et al., 2017). Psychologically, mothers will feel more valued with lots of virtual assistance and parenting tutorials (Herna, Hubei, & Puspitawati, 2022; Swanke et al., 2013). The feeling of being appreciated is considered to be a mother's moral compass (Rafajko, 2020). For children, software in the form of VR and AR can help children improve various skills and behaviors, including helping social and emotional skills, communication skills, academics, work skills, and challenging behavior (Grynszpan et al., 2014; Pennington, 2010; Ramdoss et al. ., 2011; Ramdoss et al., 2012; Walsh et al., 2017). Computer Assisted Technology (CAT) was found to facilitate language and communication difficulties in children with ASD because they can visualize communication properly (Lledó et al., 2022; Ploog, 2013; Syriopoulou-Delli, & Gkiolnta, 2022).

Technology as a tool to facilitate all human activities has been found to harm the functional abilities of children with ASD (Sahin et al., 2018; Syriopoulou-Delli, & Gkiolnta, 2022). Functional skills are related to the development of children's motor, physiological, and social abilities (Mazurek et al., 2015; Sahin et al., 2018; Syriopoulou-Delli, & Gkiolnta, 2022). Dependence on technology can reduce children's developmental abilities (Sahin et al., 2018). Dependence on children can manifest in meltdown and behavioral dysregulation (Mazurek & Engelhardt, 2013; Sahin et al., 2018). Virtual environments require more guidance so children can later adapt to the physical environment (Moore, 2005; Ploog et al., 2013).

VII. CONCLUSION

Resilience is a person's positive adaptation in the form of the ability to maintain and restore mental health (Fikretoglu & McCreary, 2006; Rutter, 2006). To be able to do good resilience, a person must have seven essential components: competence, confidence, connection, character, contribution, coping, and control (Ginsburg, 2016). Resilience was found to help mothers rise from guilt in their children to prepare the best care for them (Zhao & Fu, 2020). Children's functional abilities will develop better when parents accept and understand themselves in parenting

(Bitsika et al. 2013; Wyatt et al. 2008; Whittingham et al. 2009).

The impact of parenting children with ASD on mothers can be categorized into three categories: emotional impact, intrapersonal relationships, and impact of social relationships (Illias et al., 2019). In short, mothering children with ASD impacts low emotional regulation ability, leading to stress and depression. In addition, the adaptive ability forced according to the adjustment to the child's condition also impacts the mother's intrapersonal relationships. Finally, intrapersonal relationships affect how mothers can socialize well.

Factors that help mothers' resilience while raising children with ASD are parental acceptance, family support, social support, available resources & developmental process. Acceptance of the child by the family or environment helps assist the development of ASD children (Da Paz et al., 2018; Lord et al., 2008; Montgomery et al., 2010). Family assessments and interpretations influence problem-solving and family coping strategies (Twoy et al., 2007). Social support and support-seeking behavior have been linked to psychological resilience and development in the face of adverse life events (Ebrahim et al., 2021; Ozbay et al., 2008). Internal factors consist of psychological factors and genetic factors. Available resources consist of Internal Resources & External Resources. At the same time, external factors consist of increasing functional abilities through therapy, children's participation in school & Assistance with Parenting Directions by Professionals. Finally, the developmental process of children with ASD greatly influences the stress of mothering (DesChamps et al., 2020).

In the future, resilience can be affected by shifts in civilization & information technology/digitalization. A shift in civilization can result in changes in parenting and care in general and specifically for children (Berk, 2004; Kitchens, 2010). Over time, mothers can get more support to improve their abilities (Gona et al., 2015; Gordillo, Chu & Long, 2020). However, globalization demands many changes that children cannot easily accept (Krupa et al., 2019). Providing care and parenting can utilize technology to help mothers reduce excess exposure to stressors (Kumar, 2011; Harris et al., 2020). On the other hand, technology as a tool to facilitate all human activities has been found to harm the functional abilities of children with ASD (Sahin et al., 2018; Syriopoulou-Delli, & Gkiolnta, 2022).

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