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Internal and External Factors Shaping Resilience in Parents of Children with Cerebral Palsy: A Qualitative Study

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ABSTRACT: This study investigates the resilience of parents raising children with cerebral palsy and the factors that shape it. Employing a qualitative case study design, the subjective experiences of three couples were explored through in-depth interviews, participatory observations, and documentation. Data were analysed using the Miles and Huberman framework, encompassing data reduction, data display, and conclusion drawing. Findings reveal that parental resilience is reflected in the ability to regulate emotions, control impulses, maintain optimism, demonstrate empathy, and sustain self-efficacy. Parents also engage in causal analysis and construct meaning in life through a reaching-out attitude. Influencing factors were categorised as internal and external. Internal factors included proactive, emotional, and problem-focused coping strategies, alongside adaptive emotional skills and cognitive flexibility in facing challenges. External factors comprised support from immediate and extended family, social networks, healthcare professionals, and spiritual guidance from religious leaders. This study contributes theoretically to psychology by enriching the understanding of resilience in caregiving contexts, while offering practical insights for fostering adaptive and constructive support systems for families of children with cerebral palsy.

INTRODUCTION

The presence of a child is the most anticipated moment for every married couple. A perfect child, healthy both physically and mentally, is considered a blessing that every parent hopes for, as children will become the next generation of the family. However, not all parental expectations and wishes can be fulfilled, as some children are born with physical or psychological limitations from the early stages of development, often referred to as children with special needs. Children with special needs are those who require special education and services due to physical, emotional, mental, or social disabilities, or to better suit their human potential (Dapa & Mangantes, 2021). One type of children with special needs is cerebral palsy.

According to reports from the Centers for Disease Control and Prevention (CDC), the prevalence of cerebral palsy is 3.6 per 1,000 live births (Upadhyay, Tiwari, & Ansari, 2020). In low and middle-income countries, the prevalence is higher, reaching up to 10 per 1,000 live births. Similar findings are observed among premature infants, with an incidence rate of 43 per 1,000 live births in infants born at a gestational age of 28 to 31 weeks, and 82 per 1,000 live births in infants born at less than 28 weeks of gestation (Pusponegoro, 2017). In general, the prevalence of cerebral palsy ranges from 1.5 to 3 per 1,000 live births, with variations depending on a country's income level and geographic region (Patel, Neelakantan, Pandher, & Merrick, 2020). Each year, approximately 1.5 to 4 cases of cerebral palsy per 1,000 live births are identified. In Indonesia, the estimated prevalence of cerebral palsy ranges between 1 and 5 per 1,000 live births (Salfi, Saharso,

& Atika, 2019). Based on data from the 2018 Indonesian Basic Health Research (Riskesdas) conducted by the Ministry of Health, the prevalence of cerebral palsy among children aged 24–59 months was reported at 0.09%. This means that out of every 1,000 live births, there are 9 cases of cerebral palsy. Furthermore, according to the 2018 National Socioeconomic Survey (Susenas) by Statistics Indonesia (BPS), the total number of individuals with cerebral palsy in Indonesia was recorded at 866,770, encompassing various classifications from mild to severe.

Cerebral palsy is the most common neurodevelopmental disorder in childhood, with an estimated prevalence of 2-3 per 1,000 live births worldwide (McIntyre, Goldsmith, Webb, Ehlinger, Hollung, McConnell, Arnaud, Smithers-Sheedy, Oskoui, & Khandaker, 2022). Secondary complications such as joint deformities, muscle contractures, hip dislocation, and scoliosis further exacerbate motor dysfunction in children with cerebral palsy (Almasri, Saleh, Abu-Dahab, Malkawi, & Nordmark, 2017). Cerebral palsy is a type of physical disability characterized by motor system impairments caused by damage to the brain areas that regulate movement, making children with cerebral palsy highly dependent on others, particularly their parents, to meet their daily needs (Faisyahril, Raharjo, & Wibowo, 2023).

Mangunsong (as cited in Wijayanti, 2015) stated that the initial reaction of parents upon learning that their child has a disability is often shock, emotional turmoil, and denial, characterized by disbelief in the reality of their child's condition because it does not align with their expectations. An initial interview conducted by the researcher on September 4, 2024, with a mother, referred to as A (45 years old), and her husband, referred to as B (50 years old), revealed various emotional responses and beliefs after discovering that their youngest child had cerebral palsy. An expressed that her first reaction upon learning of her child's condition was shock and disbelief. However, she also conveyed confidence in her ability to care for her child in the future. *"I try to stay calm even though it is difficult, because I know that if I panic, my child will feel even more uncomfortable,"* she stated. She also mentioned that talking to close friends and praying helped her manage her emotions in such a situation. B also admitted that he initially felt disbelief, but he emphasized that he was determined to care for and raise his child. *"At first, I often got angry for no reason, but now I am trying to be more patient. I always believe that there is something good we can achieve together with our child,"* he explained. In addition, he mentioned that seeking information about his child's condition gave him greater confidence in supporting his child to overcome daily challenges.

The findings from the initial interview are consistent with those of Ello and Donovan (2005), who noted that parents, particularly mothers of children with cerebral palsy, often experience stress, shame, shock, disappointment, and profound regret, leading to the loss of the ideal hopes they had once envisioned. Vijesh and Suku Marun (as cited in Auliya & Darmawanti, 2014) also explained that mothers of children with cerebral palsy tend to experience stress at a moderate level and feel pessimistic about their child's ability to become independent in self-care. In terms of attitudes, however, A and B did not display pessimism regarding their child's abilities. Instead, they remained optimistic in fulfilling their roles as parents, believing that they were capable of providing the best care and support for their child. Other studies by Hendriani (2022) and Missasi & Izzati (2019) found that some parents of children with special needs still struggle with patience and emotional control when interacting with their children, which sometimes results in physical punishment such as pinching or forcefully pulling the child. In contrast to these findings, A and B did not exhibit such negative behaviors toward their child. On the contrary, they appeared to manage their emotions more constructively by seeking social support and enhancing their knowledge through information.

The limitations experienced by children with special needs, such as cerebral palsy, represent a serious challenge because these limitations impose a heavy burden on parents, both physically and mentally. One common burden faced by parents is receiving criticism from relatives or others regarding how they handle their child's condition, as well as enduring inappropriate responses from society (Mangunsong, as cited in Anjarwati et al., 2019). In addition, parents are required to devote more time and attention compared to parents of typically developing children (Miranda, 2013). Thus, raising a child with cerebral palsy is undeniably challenging for parents. This is consistent with the findings of Faisyahril, Raharjo, and Wibowo (2023), who reported that parents of children with cerebral palsy face significant pressures, including negative societal stigma viewing their child as a burden, difficulties in accepting their child's condition, feelings of shame, denial, fear of having more children, and challenges in meeting their child's needs due to social prejudice. Research by Eisenhower (as cited in Ikasari & Kristiana, 2017) further indicated that cerebral palsy ranks second among developmental disorders most likely to trigger stress and even depression in mothers. Similarly, Krstic, Mihic, and Mihic (2015) noted that mothers who are unable to cope with the problems associated with raising a child with cerebral palsy experience more stressful events, which may lead to severe stress or depression, as well as poorer functional outcomes for the child, compared to mothers who are able to manage these challenges effectively.

Therefore, the ability to endure, recover, and adapt is crucial for parents of children with cerebral palsy. This ability is referred to as resilience by Reivich and Shatté (2002). Resilience refers to an individual's capacity to respond to difficulties or trauma in a healthy and productive manner, enabling them to cope with the pressures they face. According to Reivich and Shatté (2002), resilience is a key factor in managing the stresses of daily life and is essential to ensure that parents can continue to provide optimal caregiving and support in accordance with their child's developmental needs. In line with this, Grotberg (1999) stated that individuals with high resilience are able to confront and overcome difficulties and trauma, viewing such experiences as opportunities for growth or as valuable lessons to be learned.

Based on the above explanation, the researcher aims to explore resilience in parents of children with cerebral palsy. Previous studies have examined parental resilience in raising children with special needs in various contexts. Idhartono and Hidayati (2024) found that subjective well-being and resilience are dynamic processes influenced by the meaning of parenting. Other studies have highlighted parental resilience in the context of specific conditions, such as leukemia (Fetriyah, Yuliana, & Susanti, 2024), Down syndrome (Azmi, 2017; Lestari & Mariyati, 2015; Wijaya, Noviyanti, & Hartini, 2024), autism (Lestari, Supraptiningsih, & Hamdan, 2019; Edyta & Damayanti, 2016), intellectual disability (Putri, Suryani, & Daeli, 2021), dyslexia (Khasanah & Adhandayani, 2022), and multiple disabilities (Hasanah & Retnowati, 2017).

Several studies have also highlighted resilience among single mothers (Darmanto & Wati, 2024), as well as the role of social support and religiosity (Widyawati, 2023; Khasanah, 2018; Hermawati, 2018). Nida (2021) emphasized the importance of *muhasabah* (self-reflection) in shaping aspects of resilience such as emotional regulation, optimism, and reaching out. Overall, although the focus and approaches vary, these findings enrich the understanding of the factors that support parental resilience in facing the challenges of raising children with special needs.

Research on the resilience of mothers with children with cerebral palsy has been conducted by several scholars. Asyifa and Yusuf (2017) examined the relationship between social support and maternal resilience using a quantitative approach, while Dwiyani and Nurhastuti (2023) investigated the quality of life of mothers at the Rumah Gadang Cerebral Palsy Foundation in Padang through a descriptive quantitative study. Putri and Nurhastuti (2022), as well as Larasati and Affandi (2020), carried out qualitative studies focusing on maternal resilience, though with a limited number of participants. In general, previous research has largely concentrated on mothers' experiences and has provided little insight into fathers' experiences or the dynamics of parental couples in coping with the challenges of raising a child with cerebral palsy. This study offers a different contribution by employing a qualitative approach to explore in depth the experiences of three parental couples (mothers and fathers) who have children with cerebral palsy. This approach not only enriches the understanding of resilience from a more balanced gender perspective but also provides insights for parents of children with cerebral palsy on how to balance their expectations for their child with the realities they face.

Based on the above description, this study aims to explore the resilience of parents of children with cerebral palsy and to identify the factors that influence it. The research is also intended to provide a broader understanding of how parents can develop psychological resilience in the process of caregiving. Furthermore, the findings are expected to contribute theoretically to the field of psychology, while also offering practical benefits for parents, families, and communities in fostering more adaptive and constructive support for children with cerebral palsy.

METHODS

Design

This study employs a qualitative approach with a case study method to explore the forms of resilience and the factors influencing it among parents of children with cerebral palsy. This method was chosen because it allows the researcher to gain an in-depth understanding of the participants' subjective experiences in real-life contexts and to uncover the psychological dynamics that emerge throughout the caregiving process for children with special needs in a comprehensive and contextual manner.

Participants

This study involved three pairs of parents who have children with cerebral palsy. The first couple, Mrs. X and Mr. Y, have one child with cerebral palsy who is currently 10 years old. Mrs. X works as a pastor in the KIBAID Church and has served in various regions such as Makassar and Toraja, while Mr. Y works as a livestock farmer. The second couple, Mrs. A and Mr. B, live in Tana Toraja and have three sons; their youngest child has cerebral palsy and is currently 9 years old. Mrs. A works as a teacher at a public vocational high school, while Mr. B is an honorary staff member in a local government institution. The third couple, Mrs. M and Mr. N, reside in North Toraja and have five children. Their youngest child, a daughter with cerebral palsy, is now over 10 years old. The family relies on farming for their livelihood and lives together with four other family members, including a grandchild.

Table 1. Participant Information

Couple	Name	Gender	Age	Education	Occupation
1	Mrs. X	Female	45	Bachelor's Degree	Pastor
	Mr. Y	Male	46	Senior High School	Livestock Farmer
2	Mrs. A	Female	47	Bachelor's Degree	Civil Servant
	Mr. B	Male	48	Bachelor's Degree	Contract Worker
3	Mrs. M	Female	53	Junior High School	Contract Worker
	Mr. N	Male	55	Senior High School	Farmer

Data Collection Instruments

Data collection in this study was carried out in a natural setting using primary data sources, through in-depth interviews, participant observation, and documentation. In-depth interviews were conducted to explore the resilience experiences of parents who have children with cerebral palsy, supported by field notes and audio recordings. During the interview process, the researcher also conducted participant observation of participants' expressions, body movements, as well as their interactions with people around them.

Data Analysis

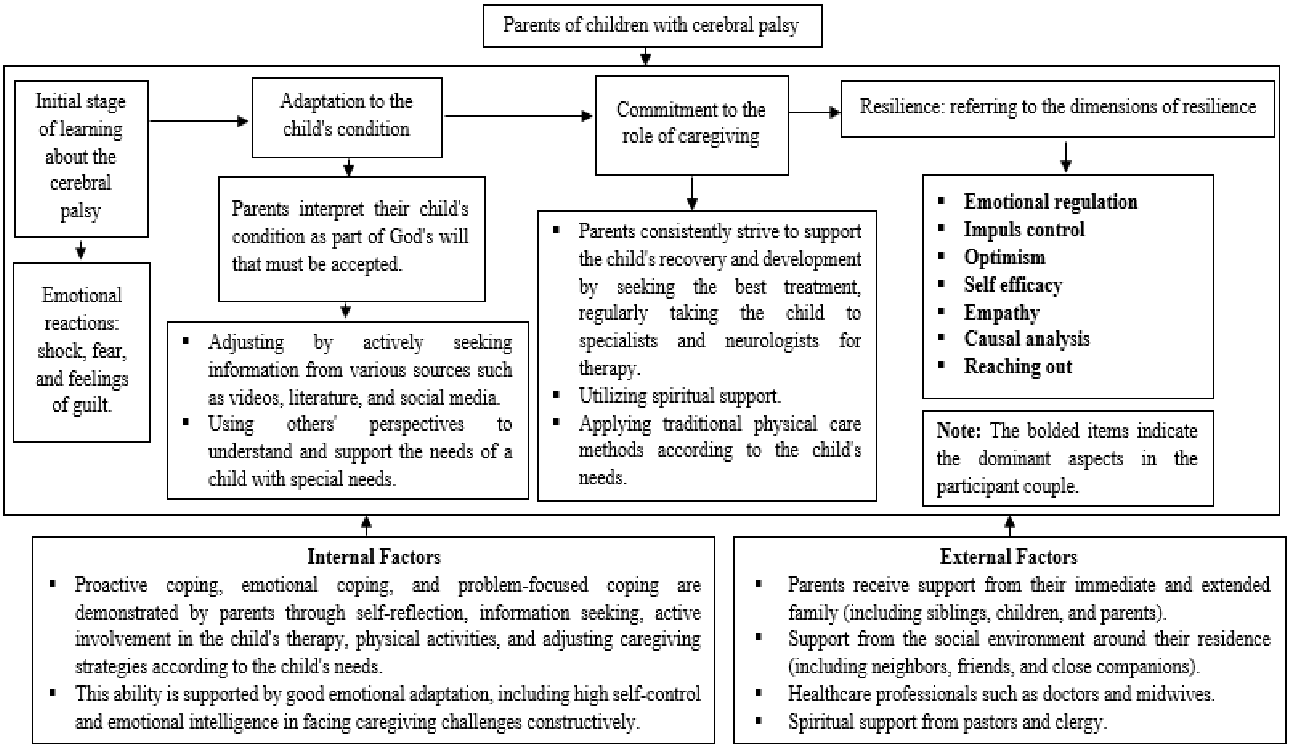
Data analysis in this study refers to the Miles & Huberman model (as cited in Sugiyono, 2019), which consists of three main stages: data reduction, data display, and conclusion drawing. This approach enables the researcher to reveal the resilience of parents of children with cerebral palsy and the factors that influence it.

RESULTS AND DISCUSSION

Results

This study was conducted from January to March 2025, involving three pairs of parents of children with cerebral palsy. The findings indicate that the resilience of these parents is reflected in their ability to face challenges since receiving the diagnosis. The initial reactions of shock, fear, and guilt gradually developed into acceptance, which was interpreted as part of God's will. Adaptation was demonstrated through seeking information, understanding the child's needs, and maintaining commitment in caregiving through therapy, consultation, and spiritual support. This resilience encompasses seven dimensions and is influenced by both internal and external factors.

Figure 1. Resilience in Parents of Children with Cerebral Palsy



Parental resilience begins at the initial stage of learning their child's cerebral palsy diagnosis, which triggers emotional reactions such as shock, fear, and guilt. Over time, parents adapt to the child's condition by accepting it as part of God's will. This adaptation is manifested through active efforts to seek information, review literature, and engage in discussions with others to better understand and support the child's special needs. Alongside this adaptation process, parents also develop an awareness of the importance of fulfilling their caregiving role consistently and responsibly. Commitment to their caregiving duties serves as a crucial foundation in this process, as reflected in parents' consistency in supporting their child's development through therapy, consultation with professionals, as well as utilizing spiritual support and traditional alternatives according to the child's needs.

A strong commitment to fulfilling the caregiving role serves as a crucial foundation in the psychological resilience process of parents. This resilience is reflected in seven dimensions of resilience, which illustrate various psychological capacities that help parents endure, adapt, and grow while facing the challenges of raising a child with cerebral palsy. These dimensions include the ability to regulate emotions and remain calm under pressure (emotional regulation), the ability to control impulses and spontaneous reactions (impulse control), maintaining optimism about the child’s future (optimism), the belief in their ability to overcome challenges (self-efficacy), the ability to understand the emotional conditions of the child and others (empathy), the capacity to accurately analyze the causes of problems (causal analysis), and the ability to find meaning and purpose in life, distinguish between real and unreal risks, and continuously seek opportunities for growth from difficult experiences (positive reframing/reaching out).

The development of the seven dimensions of resilience does not occur instantly but is shaped by various internal factors inherent in parents. Internal factors supporting the resilience of parents of children with cerebral palsy include proactive coping, emotional coping, and problem-focused coping, which are reflected in self-reflection, active information-seeking, involvement in the child’s therapy, physical activities, and adjustments in caregiving strategies according to the child’s needs. These capacities are reinforced by effective emotional adaptation, strong self-control, and emotional intelligence in constructively addressing caregiving challenges. On the other hand, external factors that strengthen parental resilience include support from the nuclear and extended family, such as siblings, children, and grandparents. Social support from the surrounding environment, including neighbors, friends, and peers, also plays an important role in maintaining parents’ psychological balance. In addition, healthcare professionals such as doctors and midwives provide guidance and necessary medical support. Spiritual support from religious leaders, such as pastors and ministers, serves as an additional source of strength that helps parents in the caregiving process of a child with special needs.

Discussion

In the context of children with special needs such as cerebral palsy, parents play a central role in providing comprehensive support that encompasses physical, emotional, social, intellectual, and spiritual aspects (Gea & Taftazani in Haraphap & Irman, 2024). A positive parenting approach is considered effective as it not only fulfills the rights of the child but also strengthens the emotional bond between parent and child (Rominigabe & Emmisilvia, 2023). However, its implementation is inseparable from emotional and practical challenges (Faisyahril, Raharjo, & Wibowo, 2023), particularly during the early phase following the diagnosis, which is often marked by shock and denial (Duncan & Moses, 1985). The experiences of the participants in this study revealed initial reactions of shock and disbelief upon recognizing their child’s developmental differences, which were later reinforced by the results of medical diagnosis. This finding is consistent with previous studies indicating that parents generally experience shock and disbelief when they first learn about their child’s special needs condition (Faradina, 2016; Hartuti & Mangunsong in Paramita & Budisetyani, 2020; Mangunsong in Wijayanti, 2015).

After moving through the initial phase of emotional turbulence, parents gradually began to adjust to the condition of having a child with special needs, which was reflected in their adaptation process through restructuring parenting patterns, finding spiritual meaning, and seeking information as responses to the new reality. This adaptation serves as a key element of effective caregiving, encompassing emotional adjustment, communication patterns, and responses to the child’s unique needs (Amelasasih, 2016; Wibowo & Nurlaila, 2017). Parental involvement is not only reflected in direct interaction and emotional support but also in their ability to navigate the developmental challenges faced by the child, particularly when the child begins to compare themselves with peers. In this context, the three participating couples demonstrated varying adaptive strategies, ranging from spiritual acceptance to exploratory efforts based on information-seeking. These parents not only managed to adapt but also showed long-term commitment in caring for their children with cerebral palsy through physical, emotional, spiritual, and practical support in line with their capacities and beliefs. This commitment was evident in their active participation in therapy, medical consultations, and the pursuit of alternative treatments grounded in religious faith.

The long-term commitment demonstrated by the three participating couples emerged from psychological resilience that developed over time. This resilience is defined as the psychological capacity to endure and adapt positively when facing challenges (Reivich & Shatté, 2002). Resilience serves as an essential foundation for sustaining caregiving for children with cerebral palsy and consists of seven dimensions: emotional regulation, impulse control, optimism, self-efficacy, empathy, causal analysis, and the ability to enhance positive aspects.

According to Reivich and Shatté (2002), emotional regulation refers to an individual's ability to manage negative feelings and maintain emotional stability under pressure. This ability was reflected in all three participating couples; for example, Mother X alleviated stress by playing with her child, while Father Y calmed himself by lying beside the child. In contrast to the findings of Lestari and Ediati (2021), which reported that a child's behavior is the primary source of stress for parents of children with special needs, participants in this study experienced greater pressure from work and daily routines yet were able to manage it through positive interactions with their children. Anggraini (2021) identified five indicators of emotion management self-awareness, emotional regulation, self-motivation, empathy, and social skills. The indicator of self-motivation was evident in Mother A, who consistently brought her child to therapy and sought information despite having to balance work commitments. In terms of acceptance, Mother M and Father N demonstrated an attitude of accepting their child's condition as destiny, expressed through patience, prayer, and sacrifice. A spiritual approach as a positive coping strategy was also employed by Father B, Mother M, and Father N, consistent with the findings of Dalir et al. (2020) and Rahmawati (2017), which showed that spirituality and religiosity help parents manage emotional stress, accept their child's condition, and provide optimal caregiving.

Impulse control, as one of the dimensions of resilience (Reivich & Shatté, 2002), was also evident in most participants, such as Mother X and Mother A, who were able to restrain emotional impulses in stressful situations. This strategy was supported by social support and spiritual approaches, which strengthened the family's emotional endurance (Fong et al., 2017; Gloria & Steinhardt, 2016). In addition, Father B, Mother M, and Father N demonstrated mature impulse control by remaining calm and patient when expectations for their child were not met, consistent with the findings of Nida (2021) and Ardana (2014), who emphasized patience as part of emotional defense mechanisms in dealing with psychological stress. However, Father Y exhibited lower impulse control, as shown by his tendency to express emotions directly. This aligns with Reivich and Shatté (2002) explanation of the impact of impulsivity on emotional and behavioral stability.

Optimism is a key characteristic of resilient individuals, reflecting an active hope for the future and confidence in their ability to face challenges (Reivich & Shatté, 2002). In this study, Mother X and Father Y demonstrated strong religious optimism, consistent with Grotberg's (1995) "I Am" dimension, through their belief that God's guidance would help them overcome difficulties. This optimism was reinforced by their acknowledgment of the child's potential, such as interests in music and technology. Meanwhile, Mother A and Father B expressed concrete optimism through parenting practices that fostered their child's independence. The child's positive development strengthened their belief that improvements could be permanent (Seligman, 2006; Setiadi, 2016). Their optimism was further supported by social support, particularly from their eldest child, who chose to study medicine in order to help their sibling in the future. This reflects the mechanism of positive reappraisal (Slattery et al., 2017), which enhances parental hope and motivation. In contrast, Mother M and Father N did not display optimism as defined by Reivich and Shatté (2002); their hopes for their child's future were not concretely formulated, and their stance leaned more on patience and acceptance, grounded in a spiritual belief that change would only occur if it was God's will.

In the dimension of self-efficacy, all couples demonstrated confidence in their ability to care for their child. Reivich and Shatte (2002) define self-efficacy as the belief in one's capacity to face challenges, which aligns with Bandura's (1997) emphasis on persistent and responsible action. The couple of Ibu X and Bapak Y relied on the strength of their faith (Philippians 4:13), as explained by Khaqa and Utami (2024), that spiritual intelligence reinforces meaningful parenting. The couple of Ibu A and Bapak B demonstrated self-efficacy through their readiness to face the child's medical and psychological realities. Ibu A strengthened her self-efficacy by acquiring knowledge and preparing herself mentally, while Bapak B balanced spiritual approaches with physical responsibilities as a form of long-term readiness. This reflects Bandura's (1997) assertion that individuals with high self-efficacy not only hold hope but also act strategically and responsibly when facing challenges. The couple of Ibu M and Bapak N also showed strong self-efficacy, although not accompanied by concrete expectations. Ibu M committed to caring for the child as long as she is granted health, driven by the belief that the child is a trust from God. Her resilience and commitment are intertwined with spiritual meaning. Bapak N relied on his spiritual relationship, believing that challenges come from God's will and should be faced through prayer. These findings are consistent with Edyta and Damayanti (2016), who emphasized the role of religiosity in building resilience through acceptance and surrender. This is further supported by Yumpi and Satriyo (2017), who stated that religious coping through worship, prayer, and spiritual meaning serves as an adaptive mechanism to maintain emotional stability and overcome parenting challenges.

Furthermore, the ability for empathy was clearly evident in all participating couples through the way they responded to their child's emotional needs. Ibu X and Bapak Y demonstrated empathy by understanding the specific causes of their child's emotions and responding calmly and supportively. Bapak B showed empathy through silent companionship, allowing the child space to calm down. Ibu A applied empathy with a firm and religious approach, providing consequences as a form of care to shape the child's morals. Meanwhile, Ibu M demonstrated empathy through hugs and embraces that provided a sense of security and strong acceptance. As Yulia (2019) explained, parental support can foster a child's sense of being loved, valued, and worthy. Bapak N also responded sensitively to the child's basic needs. These findings indicate that empathy is an important internal strength in building resilience, as emphasized by Reivich and Shatte (2002) and Grotberg (1995). This is consistent with Grotberg's I AM concept, which encompasses the ability to love, empathize, and care. The empathy demonstrated by all participating couples through understanding responses, calmness in dealing with the child's emotions, and affectionate hugs represents a personal strength that reinforces the emotional bond between parent and child and serves as an indicator of resilience rooted in genuine affection.

Causal analysis refers to the ability to accurately identify the root causes of a problem. According to Seligman (as cited in Reivich & Shatté, 2002), this is related to one's explanatory style, which includes three dimensions: personal (self not self), permanent (always not always), and pervasive (all not all). This style influences how parents respond to challenges in raising a child with cerebral palsy, and each couple exhibited unique variations. Mother X initially associated the child's condition with her own feelings during pregnancy (self), but gradually realized that not everything was her responsibility (not self). Father Y consistently adopted the not-self style and accepted the situation without self-blame. Both also demonstrated the not-always and not-all styles, believing that difficulties could be managed and did not affect their entire lives. Mother A referred to errors in medical diagnosis (not self) but also acknowledged her own negligence (self), while Father B focused on adaptation without self-blame. Both exhibited the not-all style, assessing that caregiving did not hinder their overall activities as long as the child's needs were met. Mother M interpreted the child's condition as God's will (not self) and felt that challenges did not affect all aspects of life due to shared responsibilities (not all). In contrast, Father N did not specify clear causes and tended to perceive the impact as pervasive, affecting work and routines (all). Unlike the other couples, he did not explore the causes in detail.

According to Reivich and Shatté (2002), enhancing positive aspects involves the ability to distinguish between real and perceived risks, as well as having a sense of purpose and meaning in life. In this study, two couples demonstrated competence in this dimension. The couple of Ibu X and Bapak Y interpreted the presence of their child as a source of motivation and spiritual learning. Simple expressions of the child's affection, such as hugs or hand waves, provided meaningful emotional support. They learned to differentiate justified worries from unfounded ones and prioritized rational medical perspectives. Ibu X viewed her role as a service to God, aligning with Bapak Y, who saw child caregiving as part of his faith calling. The couple of Ibu A and Bapak B exhibited positive enhancement through self-actualization. Ibu A felt more mature, patient, and realistic, focusing on exploring her child's potential, while Bapak B found meaning in simple emotional interactions. They were able to distinguish real risks, such as the child's future when parents were no longer present, and involved the older siblings as a form of shared responsibility. Their life goal was to foster the child's independence as close as possible to that of other children. In contrast, the couple of Ibu M and Bapak N showed a different dynamic. Ibu M was able to find meaning and joy amid challenges, but she could not clearly identify real versus perceived risks. Meanwhile, Bapak N did not demonstrate positive enhancement; he did not perceive development in his own role or in the child, nor did he express a profound sense of life purpose or meaning.

Resilience does not emerge instantly but is formed through a combination of internal and external factors, as explained by Holaday and McPhearson (1997). One dominant external factor is social support, which, according to Grotberg (1995), is part of the *I Have* element. This support includes unconditional love, acceptance, and concrete assistance from family, friends, community, and healthcare providers. In this study, all participants demonstrated that such forms of social support, although varying in type, played a crucial role in building their resilience. For example, Ibu X and Bapak Y gained emotional and spiritual support from family, doctors, and their surrounding environment without the involvement of formal institutions, aligning with the findings of Widyawati et al. (2023), Umar & Sumi (2022), Dey & Amponsah (2020), and Saichu & Listiyandini (2018), which emphasize the role of family and community support in strengthening resilience among parents of children with special needs. Meanwhile, Ibu A and Bapak B received tangible support from family, such as childcare and financial assistance, which reinforced their coping capacity, consistent with Daulay (2018), Rahmanawati (2019), and Jansen-van Vuuren & Aldersey (2020), who highlight the importance of access to family support, medical services, and financial aid in the development of resilience. As for Ibu M and Bapak N, they received spiritual support from pastors and clergy, healthcare providers, and family, in line with Al Alufi and Saifullah (2023), who emphasize the importance of social support in enhancing self-confidence and emotional stability among parents of children with special needs.

In addition, internal factors such as cognitive skills and psychological resources play a crucial role in shaping the resilience of each participating couple. Ibu X and Bapak Y demonstrated high personal control and a positive interpretation of their child's condition as a trust from God. They applied adaptive coping through therapy, self-adjustment, and profound spiritual meaning. Prayer, religious belief, and Toraja cultural values, which give Bapak Y the understanding of the child as *balo'ta* meaning a blessing or gift further strengthened their acceptance of the child's condition, in line with Holaday and McPhearson's (1997) view on the role of culture in the perception of stress. Meanwhile, Ibu A and Bapak B relied on problem-focused coping strategies, such as seeking information through media and implementing consistent and realistic parenting strategies. They postponed the use of assistive devices to encourage the child's independence and adjusted their caregiving according to the child's developmental needs. Their assertiveness, empathy, and consistency reflect emotional intelligence and psychological strength that support resilience in parenting, as emphasized by Holaday and McPhearson (1997). The third couple showed differences in coping strategies. Ibu M tended to be proactive, as seen through self-reflection, prayer, and efforts to seek information to enhance caregiving capacity. In contrast, Bapak N primarily used emotional coping through physical activities, such as gardening, to calm himself. These strategies helped maintain emotional balance under stress, although they did not yet demonstrate the deep meaning-making observed in the other couples. The interviews also revealed that religious values strengthen resilience in parents of children with cerebral palsy. Participants interpreted the child's condition as God's will and used prayer to reinforce hope and inner peace. These findings are supported by Hasanah and Retnowati (2017) and Nida (2021), who showed that spiritual practices, such as prayer and self-reflection, contribute to resilience development through self-reflection, emotional calm, and optimism.

CONCLUSION

The findings of this study indicate that resilience in parents of children with cerebral palsy is reflected in their ability to endure and adapt to their child's condition. This resilience is manifested through the capacity to regulate emotions, control impulses, demonstrate optimism, show empathy, and maintain self-efficacy. Additionally, they are able to accurately identify the causes of the challenges they face and develop positive aspects in their lives (*reaching out*), as evidenced by their ability to distinguish between real and perceived risks, as well as to maintain a sense of purpose and meaning in life. The factors influencing resilience in parents of children with cerebral palsy consist of both internal and external elements. Internal factors are reflected in proactive, emotional, and problem-focused coping styles, demonstrated through self-reflection, information seeking, active involvement in the child's therapy, physical activities, and adjustment of parenting strategies according to the child's needs. These abilities are reinforced by effective emotional adaptation, such as high self-control and emotional intelligence in constructively facing parenting challenges. Meanwhile, external factors include support from the nuclear and extended family, such as spouses, other children, siblings, and parents. Support also comes from the social environment, including neighbours, close friends, and peers, as well as emotional support from healthcare professionals, such as doctors and midwives. In addition, spiritual support from religious leaders, such as pastors and clergy, further strengthens the psychological resilience of parents in caring for children with special needs.

STATEMENT OF CONTRIBUTION

All authors contributed directly to this study, including the development of the research design, the implementation of the study, and the preparation of the full manuscript. All authors have also read and approved the final version of the manuscript.

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REFERENCES

Al Alufi, F. N., & Saifullah. (2023). Dukungan sosial dan kepercayaan diri orang tua yang memiliki anak berkebutuhan khusus. *PSYCOMEDIA: Jurnal Psikologi*, *2*(2), 92–101. https://journal.ibrahimy.ac.id/psychomedia/

Almasri, N. A., Saleh, M., Abu-Dahab, S., Malkawi, S. H., & Nordmark, E. (2017). Pengembangan Registri Tindak Lanjut Cerebral Palsy di Yordania (CPUP-Jordan). *Child Care Health and Development, 44*(1), 131–139.

Amelasasih, P. (2016). Resiliensi orangtua yang mempunyai anak berkebutuhan khusus. *PsikosaIns*, *11*(2), 72–81

Anggraini, Y. (2021). Implementasi manajemen emosi pada orang tua dengan anak berkebutuhan khusus. Ibriez: *Jurnal Kependidikan Dasar Islam Berbasis Sains, 6*.

https://doi.org/10.21154/ibriez.v6i2.176

Anjarwati, M. T., Anita, C. DS, & Pusari, R.W. (2019). Analisis Proses Penerimaan Diri Pada Ibu Terhadap Anak Down Syndrome. *Seminar Nasional PAUD*, 127–134

Apriani, F. D. (2020). Deteksi dini cerebral palsy pada bayi sebagai upaya pencegahan keterlambatan dalam diagnosis. *Gema Kesehatan, 10*(2), 70–76. https://doi.org/10.47539/gk.v10i2.83

Asyifa, H. N., & Yusuf, U. (2017). Hubungan antara dukungan sosial dengan resiliensi ibu yang memiliki anak cerebral palsy: Studi pada ibu yang memiliki anak cerebral palsy di SLB-D YPAC Bandung. *Prosiding Psikologi, 3*(2).

Auliya, I. A. D., & Darmawanti, I. (2014). Hubungan antara kepribadian hardiness dengan stres pengasuhan pada ibu yang memiliki anak cerebral palsy. *Character, 02*(3).

Azmi, M. (2017). Resiliensi pada orang tua yang memiliki anak Down Syndrome. *Psikoborneo, 5*(2), 266-272.

Bandura, Albert. (1997). *Self-Efficacy the Exercise of Control*. New York: W.H. Freeman and Company.

Breslau N, Staruch KS, Mortimer EA Jr. (1982) Distres psikologis pada ibu dengan anak cacat. *Am J Dis Child*, *136,* 682–6.

Connor, K. M., & Davidson, J. R. T. (2003). Development of a new Resilience scale: The Connor-Davidson Resilience scale (CD-RISC). *Depression and Anxiety, 18*(2), 76–82. https://doi.org/10.1002/da.10113

Creswell, John W. (2013). *Research Design: Pendekatan Kualitatif, Kuantitatif, dan Mixed (Edisi Ketiga)*. Yogyakarta: Pustaka Pelajar

Creswell, John W. (2015). *Penelitian Kualitatif & Desain Riset: Memilih Antara Lima Pendekatan (Edisi 3)*. Yogyakarta: Pustaka Pelajar

Dalir, Z., Heydari, A., Kareshki, H., & Manzari, Z. S. (2020). Coping with caregiving stress in families of children with congenital heart disease: A qualitative study. International Journal of Community Based Nursing and Midwifery, 8(2), 127-139. https://doi.org/10.30476/IJCBNM.2020.83029.1113

Dapa, A. N., & Mangantes, M. L. (2021). *Bimbingan Konseling Anak Berkebutuhan Khusus*. Deepublish.

Darmanto, E. E., & Wati, L. (2024). Studi kasus: Gambaran resiliensi pada ibu tunggal dengan anak berkebutuhan khusus. *Jurnal Muara Ilmu Sosial, Humaniora, dan Seni, 8*(2), 230-238. https://doi.org/10.24912/jmishumsen.v8i2.27290

Daulay, N. (2018). Parenting stress of mothers in children with autism spectrum disorder: A review of the culture in Indonesia. *KnE Social Sciences*, 453–473-453-473. https://doi.org/10.18502/kss.v3i5.2349

Dey, N. E. Y., & Amponsah, B. (2020). Sources of perceived social support on resilience amongst parents raising children with special needs in Ghana. *Heliyon, 6*(11).

Dwiyani, O. R., & Nurhastuti. (2023). Study kuantitatif deskriptif kualitas hidup ibu yang memiliki anak cerebral palsy di Yayasan Rumah Gadang Cerebral Palsy Padang. *SOSHUMDIK, 2*(3), 1-7. https://doi.org/10.56444/soshumdik.v2i3.xxx

Edyta, B., & Damayanti, E. (2016). Gambaran resiliensi ibu yang memiliki anak autis di taman pelatihan harapan makassar. *Jurnal Biotek, 4*(2), 211-230. https://doi.org/10.24252/jb.v4i2.1793

Ello, L. M., & Donovan, S. J. (2005). Assessment of the relationship between parenting stress and a child's ability to functionally communicate. *Research on Social Work Practice, 15*(6), 531–544. https://doi.org/10.1177/1049731505278928

Erawati, I. L., Sudjarwo, & Sinaga, R. M. (2016). Pendidikan Karakter Bangsa Pada Anak Berkebutuhan Khusus Dalam Pendidikan Inklusif. *Jurnal Studi Sosial, 65*(4), 423–433

Faidah, N., Jalil, A., & Hasan, N. (2019). Motivasi santri terhadap pendidikan formal (mts) dan non formal (diniyah) di pondok pesantren al-qur’an nurul huda kecamatan prajurit kulon mojokerto. *Vicratina, 4*(1), 65–71.

Faisyahril, R., Raharjo, S. T., & Wibowo, H. (2023). Penerimaan orangtua terhadap anak penyandang disabilitas cerebral palsy di Sekolah Luar Biasa Bagian D Yayasan Pembinaan Anak Cacat Bandung. *Jurnal Indonesia Sosial Teknologi, 4*(4), 480-489.

Faradina, N. (2016). Dinamika penerimaan orang tua yang memiliki anak berkebutuhan khusus. *Psikoborneo, 4*(1), 18–23.

Fetriyah, U. H., Yuliana, F., & Susanti, A. (2024). Resiliensi pada orang tua yang memiliki anak dengan Acute Lymphoblastic Leukemia. *Jurnal Keperawatan, 16*(1), 1-14.

Grotberg, E. (1995). *A guide to promoting resilience in children: Strengthening the human spirit.* Washington DC, America: Bernard Van Leer Foundation.

Grotberg, E. (1999). Countering depression with the five building blocks of resilience. *Reaching Today’s Youth: The Community Circle of Caring Journal, 4*(1), 66-72.

Harahap, J. S., & Irman, I. (2024). Strategi Pengasuhan Orangtua Dalam Merespon Sehingga Potensi Anak Berkebutuhan Khusus Bertumbuh Kembang Dengan Baik. *Counselia; Jurnal Bimbingan Konseling Pendidikan Islam*, *5*(1), 40-49.

Hasanah, N., Zudeta, E., Ustafiano, B., & Wahyuni, S. (2023). Resiliensi orang tua yang memiliki anak berkebutuhan khusus. *JPPKh Lectura: Jurnal Pengabdian Pendidikan Khusus, 1*(1), 8-14.

Hasanah, U., & Retnowati, S. (2017). Dinamika resiliensi ibu single parent dengan anak tuna ganda. Gadjah Mada *Journal of Psychology, 3*(3), 151-161.

Hendriani, W. (2022). *Resiliensi psikologi sebuah pengantar.* Prenada Media.

Hermawati, N. (2018). Resiliensi orang tua Sunda yang memiliki anak berkebutuhan khusus. *JPIB: Jurnal Psikologi Islam dan Budaya, 1*(1), 67-74. https://doi.org/10.15575/jpib.v1i1.2345

Holaday, M., & McPhearson, R. W. (1997). Resilience and severe burns. *Journal of Counseling & Development, 75*(5), 346-356.

Idhartono, A. R., & Hidayati, N. (2024). Dinamika subjective well-being dan resiliensi orang tua anak berkebutuhan khusus di sekolah inklusi. *Didaktika, 13*(1), 417-426. https://doi.org/10.58230/27454312.414

Ikasari, A., & Kristiana, I. F. (2017). Hubungan antara regulasi emosi dengan stres pengasuhan ibu yang memiliki anak cerebral palsy. *Jurnal Empati, 6*(4), 323-328.

Insani, U., & Itsna, I. N. (2024). Gambaran regulasi emosi orangtua dengan anak berkebutuhan khusus. *Bhamada: Jurnal Ilmu dan Teknologi Kesehatan*, 15(2), 29–36. https://doi.org/10.36308/jik.v15i2.712\

Ivan, L. d. (2016). Empati dan pemaafan pada mahasiswa Fakultas. Fakultas Psikologi UIN Sutan Syarif Kasim Riau, 137-146

Jansen-van Vuuren, J., & Aldersey, H. (2020). Stigma, acceptance and belonging for people with IDD across cultures. *Current developmental disorders reports, 7*, 163-172.

Khaqa, Y. A., & Utami, F. T. (2024). Kecerdasan spiritual orangtua dalam membimbing anak berkebutuhan khusus tunarungu di SLB Negeri Pembina Kebun Bunga Palembang. *Indonesian Journal of Behavioral Studies*, *4*(2), 88–96.

Khasanah, N. (2018). Peran dukungan sosial terhadap resiliensi pada orang tua dengan anak berkebutuhan khusus. *Forum Ilmiah, 15*(2), 260-266.

Khasanah, N., & Adhandayani, A. (2022). Pengalaman ibu dengan anak disleksia: Studi interpretative phenomenological analysis. *Jurnal Penelitian Psikologi, 13*(1), 37-46.

Korzeniewski, S. J., Slaughter, J., Lenski, M., Haak, P., & Paneth, N. (2018). The complex aetiology of cerebral palsy. *Nature Reviews Neurology, 14*(9), 528–543. https://doi.org/10.1038/s41582-018-0043-6Physician

Krstic., Mihic, L., & Mihic, I. (2015). Stress and resolution in mothers of children with cerebral palsy. *Research in Developmental Disabilities, 47*, 135–143

Larasati, K., & Affandi, G. R. (2020). Resilience dynamics of mothers who have children with cerebral palsy: Dinamika resiliensi ibu yang memiliki anak cerebral palsy. *In Proceedings of the ICECRS, 8*.

Lestari, F. A., & Mariyati, L. I. (2015). Resiliensi ibu yang memiliki anak down syndrome di Sidoarjo. *Psikologi, 3*(1), 141-155.

Lestari, I. A., Supraptiningsih, E., & Hamdan, S. R. (2019). Gambaran resiliensi pada ibu yang memiliki anak dengan gangguan autisme. *Prosiding Psikologi, 5*(1), 200-204.

Lestari, P. D. A., & Ediati, A. (2021). Self compassion dan stres pengasuhan orang tua di masa pandemi covid-19. *Jurnal EMPATI, 10*(4), 270–276. https://doi.org/10.14710/empati.2021.32603

McIntyre, S., Goldsmith, S., Webb, A., Ehlinger, V., Hollung, S. J., McConnell, K., Arnaud, C., Smithers-Sheedy, H., Oskoui, M., Khandaker, G., et al. (2022). Prevalensi global cerebral palsy: Analisis sistematis. *Developmental Medicine & Child Neurology, 64*(12), 1494–1506.

Michael-Asalu, A., Taylor, G., Campbell, H., Lelea, L.-L., & Kirby, R. S. (2019). Cerebral palsy: Diagnosis, epidemiology, genetics, and clinical update. *Advances in Pediatrics, 66,* 189–208. https://doi.org/10.1016/j.yapd.2019.04.002

Miranda, D. (2013). Strategi Coping dan Kelelahan Emosional (Emosional Exhaustion) Pada Ibu Yang Memiliki Anak Berkebutuhan Khusus. *Jurnal Psikoborneo*, *1*(2), 64–71

Missasi, V., & Izzati, I. D. C. (2019). Faktor–faktor yang mempengaruhi resiliensi. *Prosiding Seminar Nasional Magister Psikologi Universitas Ahmad Dahlan*, 433–441.

Morgan, C., Fahey, M., Roy, B., & Novak, I. (2018). Diagnosing cerebral palsy in full-term infants. *Journal of Paediatrics and Child Health, 54*(10), 1159–1164. https://doi.org/10.1111/jpc.14177

Nida, F. L. K. (2021). Kontribusi Muhasabah dalam Mengembangkan Resiliensi Pada Orang Tua Anak Berkebutuhan Khusus. *Journal An-Nafs: Kajian Penelitian Psikologi, 6*(2), 244-262. https://doi.org/10.33367/psi.v6i2.1715

Paramita, K. P., & Budisetyani, I. G. A. P. W. (2020). Penerimaan Ibu Terhadap Anak Down Syndrome. *Fakultas Psikologi Universitas Islam Negeri Sultan Syarif Kasim Riau, (2)*, 28–36.

Patel, D. R., Neelakantan, M., Pandher, K., & Merrick, J. (2020). Cerebral palsy in children: A clinical overview. *Translational Pediatrics, 9*(Suppl 1), S125-S135. https://doi.org/10.21037/tp.2020.01.01

Prianggi, A. (2016). Resiliensi orangtua yang mempunyai anak berkebutuhan khusus. *Journal of Chemical Information and Modeling, 11*(2), 72–81. http://dx.doi.org/10.30587/psikosains.v11i2.638

Pusponegoro, H. D. (2017). Global developmental delay: Kadang mudah didiagnosis, kadang sangat sulit. *Update in Child Neurology: Everything You Should Know About Motor and Movement Problems in Children.*

Putri, A., & Nurhastuti, N. (2022). Resiliensi ibu yang memiliki anak rumah gadang cerebral palsy di Yayasan Cerebral Palsy. *Jurnal Resiliensi, 10*(2).

Putri, E. S., Suryani, K., & Daeli, N. E. (2021). Konsep diri dan resiliensi orangtua yang memiliki anak tunagrahita. *Jumantik, 6*(1), 65-69.

Rachmahana, R. S. (2022). Hardiness dan Parenting Self-Efficay pada Orang Tua Anak Berkebutuhan Khusus. *Journal of Islamic and Contemporary Psychology*, *2*(1), 58–72. https://doi.org/10.25299/jicop.v2i1.10373

Rahmanawati, F. Y. (2019). Building family resilience: a case study in a muslim family with autism child. *Prosiding ICOGISS*, 105-118.

Reivich, K & Shatte, A. (2002). *The resilience factor: 7 essential skills for overcoming life's inevitable obstacles.* New York: Three Rivers Press

Rominigabe, Eltriphan, & Emmisilvia. (2023). Implementasi Pola Asuh Orang Tua Terhadap

Perkembangan Mental Anak Berkebutuhan Khusus (Abk). *Jurnal Pendidikan Agama dan Teologi, 1*(2), 141–157.

Sadowska, M., Sarecka-Hujar, B., & Kopyta, I. (2020). Cerebral palsy: Current opinions on definition, epidemiology, risk factors, classification and treatment options. *Neuropsychiatric Disease and Treatment, 16,* 1505–1518. https://doi.org/10.2147/NDT.S235165

Saichu, A. C., & Listiyandini, R. A. (2018). Pengaruh dukungan keluarga dan pasangan terhadap resiliensi ibu yang memiliki anak dengan spektrum autisme. *Psikodimensia, 17*(1), 1-9.

Salfi, Q. N., Saharso, D., & Atika, A. (2019). Profile of cerebral palsy patients in Dr. Soetomo General Hospital Surabaya, Indonesia. *Biomolecular and Health Science Journal, 2*(1), 13. https://doi.org/10.20473/bhsj.v2i1.12803

Seligman, Martin., P. E. (2008). Menginstal Optimisme. Bandung: PT Karya Kita.

Setiadi, Imam. (2016). Psikologi Positif: *Pendekatan Saintifikasi Menuju Kebahagiaan*. Jakarta: Gramedia Pustaka Utama.

Shepherd, E., Salam, R. A., Middleton, P., Han, S., Makrides, M., McIntyre, S., Badawi, N., & Crowther, C. A. (2018). Neonatal interventions for preventing cerebral palsy: An overview of Cochrane systematic reviews. *Cochrane Database of Systematic Reviews, 2018*(6), CD012409. https://doi.org/10.1002/14651858.CD012409.pub2

Slattery, Eadaoin., McMahon, Jennifer., & Gallagher, Stepher. (2017). Optimism and benefit finding in parents of children with developmental disablities: the role of positive reappraisaland social support. *Research In Developmental Disabilities*. DOI: http://doi.org/10.1016/j.ridd.2017.04.006Th

Sriwahyuni, Annisa, & Rusli, Devi. (2023). Hubungan antara dukungan sosial pasangan dengan resiliensi ibu yang memiliki anak berkebutuhan khusus di Yayasan Inspirasi Pembelajar. *Jurnal Pendidikan Tambusai*, 7(1), 1853-1860.

Sriwidodo. (1985). *Cermin Dunia Kedokteran.* Jakarta: Penerbit Pusat Penelitian dan Pengembangan PT. Kalbe Farma.

Stadskleiv, K., Jahnsen, R., Andersen, G. L., & von Tetzchner, S. (2018). Neuropsychological profiles of children with cerebral palsy. *Developmental Neurorehabilitation, 21*(2), 108–120. https://doi.org/10.1080/17518423.2017.1282054

Sugiyono. (2012). *Metode Penelitian Kombinasi (Mixed Methods)*. Bandung: ALFABETA, CV

Sugiyono. (2019). *Metode Penelitian & Pengembangan Research and Development.* Bandung: ALFABETA, CV

te Velde, A., Morgan, C., Novak, I., Tantsis, E., & Badawi, N. (2019). Early diagnosis and classification of cerebral palsy: An historical perspective and barriers to an early diagnosis. *Journal of Clinical Medicine, 8*(10), 1599. https://doi.org/10.3390/jcm8101599

Umar, N. F. A., & Sumi, S. S. (2022). Hubungan dukungan sosial dengan resiliensi orang tua yang memiliki anak leukemia di RS Universitas Hasanuddin Makassar. *JIMPK: Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan, 1*(6), 741-749

Upadhyay, J., Tiwari, N., & Ansari, M. N. (2020). Cerebral palsy: Aetiology, pathophysiology and therapeutic interventions. *Clinical and Experimental Pharmacology and Physiology, 47*(12), 1891–1901. https://doi.org/10.1111/1440-1681.13379

Vitrikas, K., Dalton, H., & Breish, D. (2020). Cerebral palsy: An overview. *American Family Physician, 101*(4), 213–220

Wibowo, S. B., & Nurlaila, S. (2017). Self Esteem Pada Anak Berkebutuhan Khusus di Sekolah Inklusi. *Intuisi: Jurnal Psikologi Ilmiah, 8*(1), 30–34.

Widyawati, Y. (2023). Resiliensi orang tua anak berkebutuhan khusus (ABK) dan bentuk dukungan sosial dalam budaya masyarakat Indonesia. *KPIN (Konsorsium Psikologi Ilmiah Nusantara), 9*(24).

Widyawati, Y., Scholte, R., Kleemans, T., & Otten, R. (2023). Parental resilience and quality of life in children with developmental disabilities in Indonesia: the role of protective factors. *Journal of Developmental and Physical Disabilities*, *35*(5), 743-758.

Wijaya, M. L., Noviyanti, L. K., & Hartini, S. (2023). Gambaran resiliensi dan kebersyukuran caregiver pada anak yang mengalami Down syndrome di wilayah Kota Semarang. *Jurnal Ilmu Kesehatan Dan Gizi, 2*(1), 85–93. https://doi.org/10.55606/jikg.v2i1.2108

Wijayanti, D. (2015). Subjective well-being dan penerimaan diri ibu yang memiliki anak down syndrme. *Psikoborneo, 4*(1), 120–130.

Wimalasundera, N., & Stevenson, V. L. (2016). Cerebral palsy. *Practical Neurology, 16*, 184–194. https://doi.org/10.1136/practneurol-2015-001184

Wulandari, N. N. T. M., & Supriyadi. (2017). Peran efikasi diri dan motivasi intrinsik terhadap resiliensi orangtua dengan anak berkebutuhan khusus pada Sekolah Luar Biasa (SLB) di Bali. *Jurnal Psikologi Udayana, 4*(2), 347-356.

Yumpi, Festa & Satriyo, Danan. (2017). Resiliensi Keluarga dengan Anak Gangguan Disintegratif Melalui Konseling Kelompok. *Jurnal Insight. 13(1)*, 1858-4063