

From Crisis to Growth: Parental Resilience Among Indonesian Muslim Mothers of Children with Down Syndrome – An Interpretative Phenomenological Analysis

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Abstract. Down syndrome presents Indonesian parents with complex caregiving responsibilities that create emotional strain, stigma, and persistent anxiety. While parental stress is well-documented, how parents develop resilience as a dynamic, relational process remains poorly understood. This study explored parental resilience among Indonesian Muslim mothers of children with Down syndrome in Makassar using Interpretative Phenomenological Analysis (IPA). Seven mothers (aged 30–45 years) with at least two years of caregiving experience, recruited through a Down syndrome parent support organization in Makassar, underwent semi-structured interviews. Six superordinate themes emerged: acceptance as a temporal process, patience (*sabar*) as active emotional regulation, identity reframing and agency, family and community support, spiritual meaning-making, and time management and priorities. Resilience developed through three phases: crisis and disorientation, adaptation and learning, and consolidation and growth. Results indicate that resilience emerges through relational and temporal dimensions, mediated by family support, community engagement, and culturally embedded meaning-making. To the best of the authors' knowledge, this is the first IPA study of parental resilience among Indonesian Muslim mothers of children with Down syndrome, integrating temporal, relational, and Islamic spiritual dimensions within a single analytical framework. Findings underscore the importance of culturally-responsive, family-centered interventions recognizing resilience as a relational and temporal phenomenon grounded in lived experience.

Keywords: *down syndrome, parental resilience, interpretative phenomenological analysis, islamic meaning-making, caregiving experiences*

Introduction

Down syndrome affects approximately 1 in 1,000 live births (Hughes-McCormack et al., 2020), presenting Indonesian parents with complex caregiving realities that extend far beyond a

simple medical diagnosis. While congenital heart defects and high infection risks demand intensive medical management (Dimopoulos et al., 2023), the deeper challenge lies in meaningfully understanding how parents navigate this overwhelming experience within daily life (Zhang et al., 2025). Parents confront multiple significant challenges: feeding difficulties due to hypotonia (Białek-Dratwa et al., 2025), ongoing struggles securing appropriate educational access (Runceva et al., 2025), and the persistent burden of social stigma from surrounding communities (Jansen-van Vuuren & Aldersey, 2020). These multiple pressures compound and interconnect in complex ways, creating layered challenges that fundamentally shape parents' daily caregiving experience. Critically, these challenges also determine how parents construct and sustain meaning from their difficult circumstances.

Emotional burden emerges from the diagnostic moment itself. Çelik and Kara Uzun (2023) identified five domains of parental stress among parents of young children with Down syndrome: emotional burden, caregiving demands, stigma and discrimination, concerns about the child's future, and compounding challenges related to health, education, and financial resources. The diagnostic revelation initiates a process of profound meaning-seeking, wherein parents must reconcile their foundational beliefs about family and future with newly confronted realities they never imagined (Clark et al., 2020). Social stigma intensifies this psychological struggle significantly, as parents contend not only with internal challenges but also encounter environmental judgment and blame from surrounding communities (Amorim & Shimizu, 2022). Intensive caregiving demands necessitate complete life reorganization and restructuring, accompanied by persistent, exhausting anxiety regarding long-term care responsibilities (Devi et al., 2025). Yet despite robust quantitative research documenting consistently high parental stress levels, meaningful understanding of how parents actually adapt and achieve growth through caregiving remains limited. This gap is significant, because documenting parental stress does not explain how some mothers transform adversity into growth—a question that demands attention to resilience as a dynamic, context-embedded process.

Resilience—defined not as mere survival but as the capacity to develop and grow amid difficulty (Connor & Davidson, 2003)—offers a critical theoretical lens for understanding how parents transform adversity into adaptive functioning. However, existing resilience research predominantly treats it as a measurable static trait, often assessed through single-measurement quantitative designs (Pratama, 2025), overlooking resilience as a dynamic process that requires time, relational support, and meaning-making within lived contexts. This epistemological gap justifies a qualitative approach that can capture how resilience actually unfolds.

This limitation is especially pronounced in the Indonesian Muslim context. Western resilience frameworks overwhelmingly emphasize secular, individualistic coping mechanisms, neglecting how spiritual meaning-making—foundational for Indonesian Muslim parents—directly shapes resilience processes. For these parents, the religious framing of disability as divine purpose (*ujian, amanah*), the enactment of family obligation, and collective meaning-making within community structures are not peripheral but are central mechanisms of adaptation, as documented in comparable Indonesian caregiving contexts (Widiastuti et al., 2026). Similarly, existing research isolates individual factors while overlooking how resilience emerges through shared spiritual frameworks that require culturally-embedded investigation (Frei-Landau et al., 2023).

This research addresses these three interconnected gaps—epistemological (resilience as process, not trait), cultural-spiritual (Islamic meaning-making as core mechanism), and relational (family and community as primary contexts)—by exploring mothers' resilience as a lived, relational, and culturally embedded process among Indonesian Muslim mothers of children with Down syndrome in Makassar. Three research questions guide this inquiry. First, this study seeks to understand how mothers construct and sustain resilience through caregiving for a child with Down syndrome, examining how they develop adaptive capacities, build meaning, and maintain psychological well-being across the caregiving journey. Second, this research identifies what factors facilitate or inhibit resilience development and how these factors interact within family and community systems, focusing on protective mechanisms such as family support, spiritual

meaning-making, and community networks. Third, this study examines what meanings parents attribute to resilience-building experiences and how these contribute to well-being and growth, recognizing that for Indonesian Muslim parents, spiritual interpretation is central to resilience processes.

Through Interpretative Phenomenological Analysis of in-depth interviews with seven parents recruited through a Down syndrome parent support organization in Makassar (hereafter 'the Organization'), this research generates contextually-grounded understanding that informs family-centered and community-embedded interventions. This phenomenological approach captures resilience as a dynamic, relational process grounded in Indonesian Muslim contexts, articulating resilience not as an individual trait but as an emergent property arising through family interactions, community engagement, spiritual meaning-making, and temporal development.

Method

Research Design

A phenomenological qualitative research design was employed using Interpretative Phenomenological Analysis (IPA), directly addressing the three research questions outlined in the Introduction. IPA is a qualitative approach that integrates commitments to phenomenology, hermeneutics, and idiography as its theoretical foundation for understanding in depth how individuals make sense of their lived experiences (Nizza et al., 2021). IPA was selected because it captures the dynamic process of resilience formation—how it develops, is maintained, and transforms over time. Additionally, resilience in Indonesian cultural contexts is embedded in spiritual dimensions and meaning-making; IPA's idiographic approach respects individual complexity while identifying shared patterns.

IPA is particularly suited to reveal resilience as a lived process, capturing how mothers construct meaning, identify capacities, mobilize resources, and adapt caregiver identities over

time. This interpretive work proceeds through double hermeneutics: mothers first describe their caregiving experiences, and the researcher then interprets the meanings embedded within those accounts. For example, when a parent says "Saya fokus pada apa yang bisa saya kendalikan," IPA uncovers deeper processes of acceptance, reframing, and agency.

Participants and Recruitment

A purposive sampling strategy recruited seven mothers of children with Down syndrome, aged 30–45 years. In this study, the term parents refers specifically to these mothers, as all participants were mothers. This sample size aligns with IPA's idiographic focus, which prioritizes depth of interpretation over breadth; IPA studies typically involve 4–10 participants, enabling detailed analysis while maintaining manageability. All participants were Indonesian Muslim mothers residing in Makassar, South Sulawesi, with children with Down syndrome aged 5–10 years, who had been providing care since their child's birth. All were full-time homemakers (*ibu rumah tangga*) whose primary daily responsibility centred on direct caregiving for their child.

Inclusion criteria were as follows: (a) mother of a child diagnosed with Down syndrome, (b) actively involved in primary caregiving, (c) minimum two years of caregiving experience, (d) willingness to undergo in-depth interviews, and (e) fluency in Bahasa Indonesia. The two-year threshold for criterion (c) was established based on evidence that the period immediately following a disability diagnosis typically constitutes acute crisis and emotional disorientation, as documented across disability contexts (Schmulian & Lind, 2020). More stable patterns of coping and adaptive functioning are understood to emerge gradually through sustained caregiving experience (Gerstein et al., 2009). Requiring a minimum of two years thus ensured that participants had moved beyond the initial diagnostic shock and had begun to develop consolidated resilience processes, enabling richer phenomenological accounts of the adaptation journey.

Recruitment occurred through the Organization, a community-based parent support organization facilitating networks and support groups in Makassar. Participants were identified

through community meetings and recruited by organization coordinators. All participants were assigned anonymized codes (P1–P7) to protect confidentiality.

Data Collection

Semi-structured in-depth interviews were conducted with each of the seven participants at the Organization's facility in Makassar. Data collection was conducted in Bahasa Indonesia to ensure comfort and linguistic authenticity. All interviews were audio-recorded.

Ten open-ended questions organized across five dimensions guided exploration: (1) Overcoming Adversity (Q1–Q2)—managing difficult situations, developing caregiving skills; (2) Stress Management (Q3–Q4)—coping with stress and stigma; (3) Acceptance (Q5–Q6)—acceptance process and family adaptation; (4) Agency and Control (Q7–Q8)—focusing on controllable aspects, managing time and priorities; (5) Meaning-Making (Q9–Q10)—finding meaning and sources of hope. Questions were iteratively refined based on emerging insights during fieldwork.

Recorded interviews were transcribed verbatim within 48 hours of collection to preserve accuracy and capture nuanced language. Confidentiality was maintained by assigning each participant an anonymized code (P1–P7). All raw data were stored in password-protected files accessible only to the research team, with informed consent forms maintained separately to prevent identification linking.

Data Analysis

Stage 1: Reading and Re-reading

Multiple immersive readings of each transcript captured lived experience holistically. Researchers noted initial impressions, descriptive observations, and emotional resonance, allowing provisional meanings to emerge. For example, P1's statement "Prosesnya lumayan lama dek. Awalnya pas tahu kondisi adek, shock juga, sedih, bingung mau bagaimana" (The process

took quite long. Initially upon learning of my child's condition, I was shocked, sad, confused) signaled temporal language, indicating gradual transformation.

Stage 2: Initial Coding

Line-by-line annotation employed three code types: (1) Descriptive codes captured lived experience as narrated; (2) Linguistic codes examined language choices and metaphors; (3) Conceptual codes interpreted underlying psychological and spiritual processes. Illustrating this approach, P2's phrase "bawa enjoy saja" (just bring enjoyment) received three codes: coping strategy (descriptive), colloquial reframing (linguistic), and positive reorientation (conceptual), revealing how informal language conveyed adaptive meaning-making.

Stage 3: Emerging Themes

Related codes clustered into candidate themes. Codes such as "sabar" (patience), "terima kondisi" (accepting condition), and "ikhlas pasrah" (sincere resignation) converged into Acceptance as Resilience Foundation—recognizing acceptance not as passive resignation but as active spiritual surrender.

Stage 4: Cross-Case Patterns

Systematic examination across all seven participants identified shared trajectories. All participants described a temporal progression—initial shock, gradual acceptance through family and community support, and eventual meaning-making through spiritual reframing. This analysis revealed a common resilience pathway within the shared cultural and spiritual framework.

Stage 5: Superordinate Themes

Higher-order clustering integrated related candidate themes into superordinate structures. Six superordinate themes emerged: (1) Acceptance as a Temporal Process; (2) Patience (Sabar) as Active Emotional Regulation; (3) Identity Reframing and Agency; (4) Family and

Community Support; (5) Spiritual Meaning-Making; and (6) Time Management and Priorities. These themes represented the essential patterns in parental resilience construction.

Stage 6: Final Interpretation and Narrative Synthesis

The final stage integrated superordinate themes with participant verbatim quotes, constructing coherent narratives maintaining interpretative integrity and analytic depth. For example, P4's statement "Saya tidak bisa mengubah kondisi anak saya, tetapi saya bisa mengubah diri saya sendiri" (I cannot change my child's condition, but I can change myself) exemplified the Identity Reframing and Agency theme, demonstrating how cognitive restructuring—distinguishing controllable from uncontrollable aspects—functioned as a resilience mechanism.

Software and Reflexivity

NVivo 12 software facilitated systematic data management, coding organization, and thematic clustering, enabling audit trails and consistency checks across analytical stages. Reflexivity was maintained throughout by researchers acknowledging and bracketing their own assumptions, biases, and theoretical pre-understandings. Regular team discussions ensured intersubjective verification of coding and theme development, strengthening analytical rigor and trustworthiness.

Ethical Considerations

This study received approval from the Institutional Review Board (Approval 7745/UN36.9/PM/2025). Written informed consent was obtained in Bahasa Indonesia before interviews, ensuring understanding and voluntary participation. Confidentiality was maintained through anonymized codes (P1–P7), with no identifying information in transcripts. Audio recordings and data files were stored in password-protected, encrypted directories accessible only to the research team. Participants could withdraw at any time without consequence. No data breaches or adverse events occurred.

Credibility was ensured through in-depth interviews capturing comprehensive lived experiences and persistent observation during analysis. Transferability was enhanced through thick description of Indonesian parenting contexts and the Organization's community structures. Dependability was maintained via detailed audit trails documenting analytical decisions and code iterations. Confirmability was achieved through reflexivity—researchers acknowledged personal assumptions and bracketing techniques during analysis. These measures strengthen the rigor and trustworthiness of the findings.

Results

This study identified six superordinate themes from Interpretative Phenomenological Analysis of seven mothers (P1–P7) caring for children with Down syndrome through the Organization in Makassar. Analysis revealed resilience as a dynamic process wherein coping mechanisms, family support, community engagement, and spiritual meaning-making interwove to form adaptive patterns. The six themes—acceptance, patience, identity reframing, relational support, spiritual meaning-making, and time management—demonstrated how parents progressively transform crisis into consolidated functioning. A comprehensive overview of superordinate themes, subthemes, and illustrative quotations is presented in the Appendix.

Superordinate Themes

Theme 1: Acceptance as a Temporal Process

Acceptance manifested as gradual progression from crisis through denial toward spiritual resignation. P1: "Prosesnya lumayan lama dek. Awalnya pas tahu kondisi adek, shock juga, sedih, bingung... Dengan berjalannya waktu, saya makin paham dan makin terbiasa. Sekarang sudah lebih ikhlas dan pasrah saja." P2: "Pas pertama kali divonis, rasanya kayak dunia runtuh... Tapi karena support dari keluarga terutama suami, perlahan-lahan saya mulai bisa terima." P4: "Proses penerimaan itu bertahap, tidak langsung, tapi dengan mengubah mindset dan mendapat

dukungan dari komunitas, saya akhirnya bisa menerima dengan ikhlas." P6: "Dulu saya terlambat tahu karena memang dulu hanya diberitahu kalau mungkin akan ada perlambatan perkembangan." All participants articulated this trajectory as a prerequisite for resilience development. Collectively, these narratives affirm that acceptance is not an instantaneous response but a time-dependent, socially supported process through which parents gradually attain spiritual resignation (ikhlas) as the foundational bedrock of resilience.

Theme 2: Patience (Sabar) as Active Emotional Regulation

Patience operated as deliberate emotional management through physiological techniques and cognitive reorientation. P1: "Kalau stress ya stress ji dek, tapi mau bagaimana lagi. Biasanya saya diam-diam saja dulu, tarik nafas, terus ingat lagi ini tanggung jawab saya sebagai ibu." P3: "Caraku kalau dia tantrum itu biarkan dulu karena dia tidak lama tidak sampai 5 menit... biarkan dulu nanti dia sendiri yang datang cerita masalahnya." P6: "Terkait masalah sulit seperti tantrumnya, itu mungkin agak jarang dia tantrum karena ketika dia tantrum saya lebih menerapkan sikap tegas." P7: "Masa paling sulit itu dek mungkin waktu adek masi kecil karena tantrumnya lumayan parah... tapi saya selalu coba untuk pelan-pelan arahkan adek supaya bisa atur emosinya." Together, these experiences reveal that sabar constitutes an active emotional regulation repertoire through which parents consciously manage physiological arousal and recalibrate their cognitive appraisals to maintain consistent, effective caregiving.

Theme 3: Identity Reframing and Agency

Mothers reconstructed identities from burden-bearers to stewards of divine blessing. P2: "Ya dek, saya sadar ji kondisi anak ini sudah begini, tidak bisa saya ubah. Tapi yang bisa saya kontrol itu bagaimana saya memberikan yang terbaik untuk dia." P4: "Saya tidak bisa mengubah kondisi anak saya, tetapi saya bisa mengubah diri saya sendiri. Saya fokus pada hal-hal yang bisa saya kontrol, yaitu tidak membandingkan anak saya dengan anak normal." P5: "Saya fokus pada hal-hal yang bisa saya kontrol, yaitu cara saya mendidik dan memperlakukan adek. Meskipun saya tidak bisa mengubah kondisinya, saya bisa mengontrol cara saya mengasuhnya." P7: "Yang

bisa saya kontrol adalah cara saya mengasuh dan mendidiknya. Saya fokus pada hal-hal yang bisa saya lakukan seperti rutin bawa ke terapi, kasih stimulasi di rumah." Collectively, these accounts illustrate that reconstructing one's parental identity around controllable actions and divine stewardship (amanah) restores mothers' sense of agency and sustains their commitment to optimal caregiving.

Theme 4: Family and Community Support

Resilience depended on multi-layered support infrastructure. P1: "Kekuatan saya dari iman saya dek, percaya bahwa ini semua ujian dari Allah dan pasti ada hikmahnya. Terus dari keluarga juga, suami dan anak-anak yang lain selalu support. Dari sesama orang tua anak berkebutuhan khusus, saling menguatkan." P2: "Sumber kekuatan saya yang pertama pasti dari Allah dek, iman dan doa. Kedua dari suami, dia selalu ada buat support saya. Dari teman-teman di komunitas [the Organization] dek, kita saling menguatkan di sana." P3: "dukungan pertama itu dari suami sampai sekarang pun kalau ada tugasnya adek ada sesuatu yang berguna sama adek itu pasti mendukung sekali apalagi kan ada komunitas [the Organization] jadi Alhamdulillah..." P5: "Utamanya itu dari suami saya sendiri dan keluarga. Keluarga adalah sumber kekuatan terbesar saya." P6: "Tentunya ada dukungan dari terlebih suami saya dan keluarga lainnya jadi kami sekeluarga saling mendukung." These narratives collectively underscore that parental resilience is not a solitary achievement but is fundamentally sustained by a multi-layered support infrastructure—spanning spiritual faith, spousal partnership, extended family solidarity, and peer community networks—that mutually reinforces mothers' capacity to persevere.

Theme 5: Spiritual Meaning-Making

Spirituality functioned as the primary interpretative mechanism. P1: "Hikmahnya banyak dek. Saya jadi lebih sabar, lebih kuat mentalnya. Saya jadi lebih bersyukur dengan apa yang ada." P3: "Setiap progress kecil adek, sekecil apapun itu, jadi sangat berarti. Hal-hal yang mungkin dianggap sepele oleh orang lain, buat kami itu adalah pencapaian luar biasa." P4: "Saya meyakini

bahwa saya dijadikan ibu dan dititipkan anak seperti ini, berarti saya adalah ibu yang spesial. Memiliki anak yang luar biasa itu adalah karunia dari Allah." P5: "Kalau hikmahnya banyak sekali, mungkin seperti saya bisa ketemu orang-orang penting. Saya juga bisa bertemu dengan teman baru dan putri pun punya teman baru." P7: "Pengalaman ini juga mendekatkan saya dengan Tuhan karena saya lebih sering berdoa dan bersyukur. Saya percaya adek adalah amanah dan ujian dari Allah." Collectively, these narratives affirm that spiritual meaning-making enables mothers to recast suffering as purposeful growth, reinforcing resilience through a deepened relationship with God, heightened gratitude, and a reconstituted sense of existential significance.

Theme 6: Time Management and Priorities

Parents established child-centered allocation while maintaining family quality with distinct strategies. P1: "Kalau soal waktu, sebagian besar memang untuk adek dek. Tapi saya usahakan juga kasih waktu untuk anak-anak yang lain dan suami. Kadang memang tidak seimbang, tapi begitulah keadaannya. Untuk diri sendiri, itu yang paling sering terabaikan dek." P2: "Untuk hal waktu, memang sebagian besarnya digunakan untuk adek. Tapi saya usahakan tetap ada quality time juga dengan suami dan anak-anak yang lain. Misalnya kalau weekend, kita usahakan tetap jalan-jalan bareng semua. Untuk diri sendiri, kadang-kadang saya sempatkan juga me time, walau sebentar, kayak ngopi-ngopi dengan teman. Penting juga ji dek jaga kesehatan mental kita sebagai ibu, karena kalau kita down, yang lain juga kena dampaknya." P3: "kebetulan di rumah itu saya kan di rumah sambil terus kegiatan adek itu kan pasti melalui dampingan saya jadi kemana-mana itu pasti sama adek jadi 100% itu sama adek." P7: "Saya usahakan seimbang dek walaupun memang tidak mudah. Pagi sampai sore biasanya fokus untuk adek, terapi dan aktivitas dia. Tapi sore sampai malam saya usahakan quality time dengan suami dan anak-anak yang lain kalau ada. Saya juga curi-curi waktu untuk diri sendiri, walau cuma sebentar, misalnya nonton drama atau ngobrol dengan teman. Saya percaya kalau saya sehat secara fisik dan mental, saya bisa lebih baik mengasuh adek." Taken together, these accounts demonstrate that parental resilience is sustained through deliberate, child-centered time allocation that nonetheless preserves space for relational quality and personal restoration,

reflecting mothers' awareness that self-care and caregiving are mutually reinforcing rather than competing demands.

*Temporal Narrative Arc**Phase 1: Crisis and Disorientation*

All seven mothers experienced initial shock and devastating confusion. P1: "Awalnya pas tahu kondisi adek, shock juga, sedih, bingung mau bagaimana." P2: "Pas pertama kali divonis, rasanya kayak dunia runtuh. Nangis terus, nanya kenapa harus anak saya?" P3: "Masa yang sulit waktu hadapi anak saya itu waktu dia di bawah umur 5 tahun karena dia suka sekali tantrum." P4: "Awalnya saya tidak tahu kondisi anak saya sebenarnya, saya hanya memberi susu dan vitamin tanpa tahu apa yang sebenarnya dia butuhkan." P5: "Jadi waktu dia kecil itu saya tidak pernah menolak kehadirannya adek, pas adek kecil dia itu lama perkembangannya." P6: "Dulu saya terlambat tahu karena memang dulu hanya diberitahu kalau mungkin akan ada perlambatan perkembangan." P7: "Awalnya shock dek ketika dibilang adek berkebutuhan khusus. Saya sempat denial dan sedih."

Phase 2: Adaptation and Learning

Parents developed competence through iterative learning and the Organization's engagement. P1: "Awalnya memang tidak tahu apa-apa, tapi lama-lama belajar sendiri sambil jalan. Dari pengalaman langsung ji dek, trial and error juga." P2: "Belajarnya ya sambil jalan ji dek, tidak langsung bisa. Dulu banyak bertanya ke orang-orang yang lebih tahu, ke terapis." P3: "Semenjak saya bergabung di komunitas [the Organization] secara tidak langsung saya belajar banyak hal baru yang ternyata penting untuk adek." P4: "Saya mengembangkan kemampuan saya dengan aktif mencari informasi dan bergabung dengan [the Organization]. Di komunitas tersebut, saya banyak belajar dari pengalaman orang tua lain." P5: "Bergabung dengan [the Organization] juga membantu saya mendapatkan informasi dan pengetahuan tambahan tentang cara mengasuh anak berkebutuhan khusus." P6: "Pada saat saya masuk [the Organization] ini

banyak teman-teman yang mungkin memiliki kesamaan jadi saya bisa berbagi antar sesama ibu."
P7: "Saya belajar dari terapis, dari sesama orang tua di komunitas, dan juga dari pengalaman sehari-hari. Saya sering ikut seminar atau workshop."

Phase 3: Consolidation and Growth

Long-term caregiving solidified into an integrated identity. P1: "Hikmahnya banyak dek. Saya jadi lebih sabar, lebih kuat mentalnya. Saya jadi lebih bersyukur dengan apa yang ada." P2: "Banyak sekali hikmahnya dek. Yang pertama, saya jadi lebih sabar dan lebih kuat. Anak ini mengajarkan saya arti cinta tanpa syarat." P3: "Setiap progress kecil adek, sekecil apapun itu, jadi sangat berarti. Jadi saya belajar untuk lebih menghargai setiap momen." P4: "Saya belajar untuk tidak muluk-muluk, yang penting anak saya bisa menjaga dirinya sendiri, itu sudah sangat membanggakan." P5: "Kalau hikmahnya banyak sekali. Saya bisa ketemu orang-orang penting, pejabat. Saya juga bisa bertemu dengan teman baru dan putri pun punya teman baru." P7: "Saya jadi lebih sabar, lebih bersyukur, dan lebih menghargai hal-hal kecil dalam hidup. Adek mengajarkan saya untuk tidak mudah menyerah dan untuk mencintai tanpa syarat."

Cross-Case Variations

Pattern A: Early Normalization and Minimal Stress (P3, P5, P6)

These three reported minimal stress attributed to early family acceptance. P3: "Kalau diingat sebetulnya tidak ada stress karena keluarga semua kasi support positif dari awal." P5: "Kalau itu si saya tidak pernah ji stres bagaimana, karena putri anaknya tidak pernah ji tantrum." P6: "Alhamdulillah saya tidak pernah merasa stress, karena saya menganggap bahwa dia adalah titipan dan anugrah tuhan."

Pattern B: Progressive Adaptation (P1, P2, P4)

These parents described deliberate mindset-shifting and community-facilitated learning as critical turning points. P1 noted, "Awalnya memang tidak tahu apa-apa, tapi lama-lama belajar

sendiri sambil jalan. Dari pengalaman langsung ji dek, trial and error juga.” P2 similarly explained, “Belajarnya ya sambil jalan ji dek, tidak langsung bisa. Dulu banyak bertanya ke orang-orang yang lebih tahu, ke terapis.” P4 highlighted intentional cognitive work and the Organization as a decisive pivot: “Yang membuat saya mampu melewatinya adalah keputusan untuk mengubah mindset dan melakukan introspeksi diri. Bergabung dengan [the Organization] menjadi titik balik yang sangat penting.”

Pattern C: Mature Self-Care Integration (P7)

While represented by a single participant, P7 exemplifies an advanced resilience outcome wherein this mother achieves guilt-free self-prioritization. P7 stated: "Saya percaya kalau saya sehat secara fisik dan mental, saya bisa lebih baik mengasuh adek. Saya tidak merasa bersalah untuk sesekali kasih waktu untuk diri sendiri." This pattern represents a developmental achievement in caregiving resilience, integrating self-care with parental responsibility without psychological conflict—a finding important for understanding mature resilience integration.

Summary

Six superordinate themes interweave to form dynamic resilience across all seven participants. Temporal progression (crisis→adaptation→consolidation) reveals resilience as a lived process. Acceptance develops gradually through family support and spiritual reframing. Patience functions as active emotional regulation. Community engagement (the Organization) facilitates critical transitions. Spiritual meaning-making transforms suffering into growth. Time management reflects pragmatic allocation with varied personal strategies. Resilience emerges as fundamentally relational, temporally-mediated, and culturally embedded within Indonesian Muslim caregiving contexts (see Figure 1).

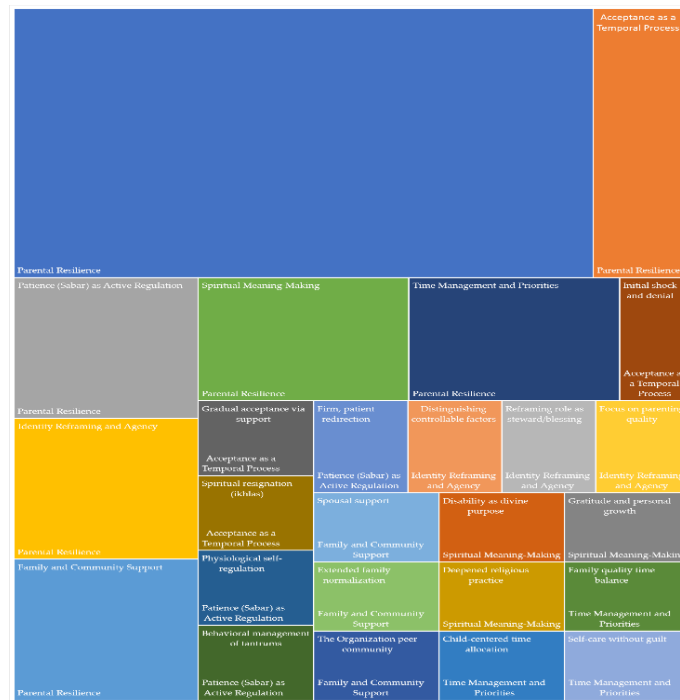


Figure 1. *Thematic Hierarchy of Parental Resilience: Six Superordinate Themes and Subthemes Identified through Interpretative Phenomenological Analysis*

Discussion

This study identified six integrated resilience mechanisms—acceptance, patience, identity reframing, relational support, spiritual meaning-making, and time management—transforming parental crisis into adaptive functioning. The temporal progression observed—crisis→adaptation→consolidation—resonates with Connor and Davidson's (2003) conceptualization of resilience as dynamic growth amid adversity rather than mere survival. This temporal unfolding reflects contemporary understandings of resilience as a dynamic process involving context-dependent affect-regulation strategies (Troy et al., 2023). Notably, acceptance emerged not as instantaneous resolution but as gradual, family-facilitated meaning-making across months, aligning with grief literature's non-linear trajectory across disability diagnoses and contradicting simplistic recovery models (Schmullian & Lind, 2020). This finding underscores resilience as processual, requiring time, relational support, and cognitive restructuring.

It is important to note that spirituality in the Indonesian context functions not merely as an individual coping resource but as a deeply embedded socio-religious norm that permeates daily life, family relationships, and community structures (Sholichatun et al., 2025). For Indonesian Muslim mothers in this study, Islamic values such as sabar (patience), ikhlas (sincere surrender), tawakal (trust in God), and amanah (divine trust) are not independently constructed but are culturally transmitted and socially reinforced through family discourse, religious community engagement, and collective ritual practices. These values constitute a shared moral framework that precedes and shapes individual experience, positioning spirituality as a normative lens through which adversity is collectively interpreted rather than individually negotiated.

This socio-religious normativity consequently shapes not only what participants experience, but critically, how they narrate those experiences. Framing a child's disability as ujian (divine test) and caregiving as ibadah (devotion) reflects internalized Islamic scripts that are culturally expected and socially validated, rather than purely idiosyncratic meaning-making. As Pandya (2016) demonstrates, spiritual frameworks in collectivist Muslim contexts serve as shared cultural tools through which suffering is interpreted and communicated. The resilience expressions documented in this study—particularly acceptance as ikhlas, identity reframing as stewardship of divine blessing, and community solidarity embedded in shared religious identity—should therefore be understood as simultaneously psychological and cultural-normative phenomena, reflecting the inseparability of personal faith and sociocultural belonging in the Indonesian Muslim experience.

Spiritual meaning-making functioned as the primary interpretative scaffold through which parents transformed suffering into purposeful growth. Participants consistently reframed their child's disability from a burden to a divine purpose and learning opportunity, echoing Çaksen's (2025) findings on religious coping among parents of children with Down syndrome. This spiritual dimension, while central to Indonesian Muslim contexts, remains systematically underrepresented in dominant Western resilience frameworks. Connor and Davidson's (2003)

CD-RISC and Bonanno's (2004) resilience trajectory model were developed predominantly from Western, secular, individualistic samples—operationalizing resilience through personal hardiness, emotional regulation, and cognitive flexibility, with minimal attention to collective religious meaning-making. Similarly, Luthar et al.'s (2000) foundational framework emphasizes individual protective factors without accounting for how communally-held theological beliefs—such as framing disability as amanah (divine trust) or ujian (spiritual test)—structurally shape adaptive functioning. These frameworks are not inherently flawed, but their scope is constrained by secular-individualist assumptions; the present findings therefore demonstrate that their application to Indonesian Muslim contexts requires cultural extension to accommodate spiritual meaning-making as a primary—rather than supplementary—resilience mechanism.

Family support, particularly spousal engagement and extended family normalization, emerged as an indispensable protective factor. This finding extends Widyawati et al.'s (2023) evidence that relational factors exceed individual traits in resilience formation. The Organization served a crucial function transcending typical peer support: normalizing experience, facilitating information-sharing, and validating parental expertise as an alternative knowledge system rather than positioning parents as passive recipients of expert guidance.

Cross-case analysis revealed three distinct resilience pathways. Pattern A (early normalization, P3/P5/P6) demonstrated that when families accepted disability from diagnosis onset, parental stress remained minimal, suggesting the protective value of immediate family acceptance. Pattern B (progressive adaptation, P1/P2/P4) showed deliberate mindset-shifting and the Organization's intervention as critical turning points enabling transition from crisis to adaptation. Pattern C (mature self-care integration, P7) illustrated advanced functioning wherein this mother maintained self-prioritization without guilt, representing developmentally mature resilience integration. These variations challenge universal resilience models, suggesting pathways are contextually-contingent and temporally-variable. These mothers strategically distinguished between uncontrollable conditions and controllable responses—exemplified by statements like "I cannot change my child's condition, but I can change myself"—restoring

perceived agency while maintaining realistic expectations. This cognitive reframing mechanism, emerging organically from lived wisdom rather than therapeutic instruction, prevented helplessness while fostering active adaptation (Baratta et al., 2023).

Several limitations warrant acknowledgment. First, the sample size (N = 7), while appropriate for phenomenological depth prioritizing interpretation over breadth, limits generalizability to broader populations. Second, all participants recruited through the Organization likely exhibit higher resilience than non-engaged parents, creating selection bias toward resilience-demonstrating individuals. Third, interview-based data rely on retrospective narratives subject to memory bias and social desirability effects. Additionally, all seven participants were Muslim, residing in Makassar. While this religious and geographic specificity enabled deep exploration of Islamic meaning-making in parental resilience, it limits generalizability to populations with different religious traditions or geographic locations.

This study enriches resilience theorizing by foregrounding temporal and relational dimensions often underemphasized in quantitative research. Resilience emerges not as an individual trait but as an emergent property of family systems, community engagement, and meaning-making processes. The integration of spiritual dimensions with psychological mechanisms suggests resilience theorizing must transcend secular frameworks prevalent in Western psychology (Sholichatun et al., 2025). Practically, these findings suggest interventions should emphasize family-centered support normalizing disability from diagnosis rather than pathologizing; community-based peer networks validating parental expertise; spiritual support integrating religious meaning-making with psychological coping; and strengths-based approaches amplifying existing parental capacities rather than deficit-focused frameworks.

Impact and Implications in the Psychology Context

To the best of the authors' knowledge, no prior study has employed Interpretative Phenomenological Analysis to examine how Indonesian Muslim mothers of children with Down

syndrome construct and sustain resilience. This study therefore occupies a distinctive position in the literature by simultaneously foregrounding three dimensions that existing research has addressed only in isolation: the temporal unfolding of resilience across caregiving phases, its relational embeddedness within family and community systems, and the centrality of Islamic spiritual meaning-making as a primary adaptive mechanism. In doing so, it moves beyond trait-based resilience measurement to illuminate resilience as a lived, culturally-situated process shaped by the specific moral, spiritual, and relational landscape of Makassar's Muslim caregiving context.

This phenomenological study transcends Western-centric resilience theories by demonstrating that parental resilience operates as a relational, temporal, and spiritually-mediated process rather than an individual trait. Psychologically, this reframes spiritual meaning-making from cultural artifact to core therapeutic mechanism. The identification of three distinct resilience pathways challenges universal models, demanding context-responsive interventions. Findings advance caregiver mental health practice by validating family systems and community networks as primary protective factors. Integration of spiritual and psychological dimensions enriches clinical understanding, positioning parental expertise and religious meaning-making as legitimate resources in mental health support (Pandya, 2016).

Conclusion

This phenomenological study fundamentally reframes resilience in parenting children with Down syndrome. Rather than an individual psychological trait, resilience operates as a relational, culturally-situated, and temporally-unfolding process. Six resilience mechanisms—acceptance, patience, identity reframing, relational support, spiritual meaning-making, and time management—reveal that sustainable adaptation emerges through collaborative meaning-making within family systems, community networks, and spiritual frameworks. Critically, resilience pathways are not singular; some parents normalize disability through early family acceptance, others require deliberate mindset-shifting, and still others develop mature self-care

integration. This heterogeneity demands that interventions move beyond one-size-fits-all approaches to honor diverse family pathways, recognizing resilience as a relational and temporally-mediated process.

Suggestions

The study's findings carry important implications for clinical practice and community program development. Mental health professionals should recognize and validate existing cultural and relational resources rather than imposing deficit-focused frameworks, leveraging family-centered, community-embedded approaches that treat spiritual meaning-making as a legitimate therapeutic resource. Community-based organizations like the Organization function as epistemological spaces validating parental wisdom and should be formally integrated into support systems. These findings are necessarily localized to Indonesian Muslim mothers in Makassar; future research should examine their transferability through longitudinal designs capturing resilience trajectories in non-engaged parents and diverse religious contexts. Dyadic interviews including both mothers and fathers would illuminate relational resilience dynamics, and intervention studies testing community-centered strengths models could establish the efficacy of resilience-facilitating approaches.

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Appendix

Superordinate Themes, Subthemes, and Illustrative Quotations from IPA Analysis

Superordinate Theme	Subtheme	Supporting Quotation
Acceptance as a Temporal Process	Initial shock and denial	<i>"Pas pertama kali divonis, rasanya kayak dunia runtuh. Nangis terus, nanya kenapa harus anak saya?"</i>
	Gradual acceptance via support	<i>"Proses penerimaan itu bertahap, tidak langsung, tapi dengan mengubah mindset dan mendapat dukungan dari komunitas, saya akhirnya bisa menerima dengan ikhlas."</i>
	Spiritual resignation (<i>ikhlas</i>)	<i>"Dengan berjalannya waktu, saya makin paham dan makin terbiasa. Sekarang sudah lebih ikhlas dan pasrah saja."</i>
Patience (Sabar) as Active Emotional Regulation	Physiological self-regulation	<i>"Biasanya saya diam-diam saja dulu, tarik nafas, terus ingat lagi ini tanggung jawab saya sebagai ibu."</i>
	Behavioral management of tantrums	<i>"Caraku kalau dia tantrum itu biarkan dulu... nanti dia sendiri yang datang cerita masalahnya."</i>
	Firm, patient redirection	<i>"Saya selalu coba untuk pelan-pelan arahkan adek supaya bisa atur emosinya."</i>
Identity Reframing and Agency	Distinguishing controllable factors	<i>"Saya tidak bisa mengubah kondisi anak saya, tetapi saya bisa mengubah diri saya sendiri."</i>
	Reframing role as steward of blessing	<i>"Saya meyakini bahwa saya dijadikan ibu dan dititipkan anak seperti ini, berarti saya adalah ibu yang spesial."</i>
	Focus on parenting quality	<i>"Saya fokus pada hal-hal yang bisa saya kontrol, yaitu cara saya mendidik dan memperlakukan adek."</i>
Family and Community Support	Spousal support	<i>"Utamanya itu dari suami saya sendiri dan keluarga. Keluarga adalah sumber kekuatan terbesar saya."</i>
	Extended family normalization	<i>"Kami sekeluarga saling mendukung."</i>
	Organizational peer community	<i>"Semenjak saya bergabung di komunitas [the Organization] secara tidak langsung saya belajar banyak hal baru yang ternyata penting untuk adek."</i>
Spiritual Meaning-Making	Disability as divine purpose	<i>"Memiliki anak yang luar biasa itu adalah karunia dari Allah."</i>
	Gratitude and personal growth	<i>"Hikmahnya banyak dek. Saya jadi lebih sabar, lebih kuat mentalnya. Saya jadi lebih bersyukur."</i>
	Deepened religious practice	<i>"Pengalaman ini juga mendekatkan saya dengan Tuhan karena saya lebih sering berdoa dan bersyukur."</i>
Time Management and Priorities	Child-centered time allocation	<i>"Kemana-mana itu pasti sama adek, jadi 100% itu sama adek."</i>
	Family quality time balance	<i>"Kalau weekend, kita usahakan tetap jalan-jalan bareng semua."</i>
	Self-care without guilt	<i>"Saya tidak merasa bersalah untuk sesekali kasih waktu untuk diri sendiri."</i>