eduvest

Eduvest – Journal of Universal Studies
Volume 6 Number 1, January, 2026
p- ISSN 2775-3735- e-ISSN 2775-3727

Overview of Mother's Anxiety in Preparing Children with Autism Spectrum Disorder to Enter the Learning Process

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Abstract

Children with special needs require special education services and family support to help them reach their optimal potential. However, parents—especially mothers—often experience anxiety regarding their child's future and development. Factors such as social pressure, past experiences, and children's limitations are the main sources of such anxiety. The purpose of this study is to understand the overview of mother's anxiety in preparing children with autism spectrum disorder to enter the learning process at Senkids Child Therapy Center of Tangerang Regency. This study employed a qualitative approach with an experiential narrative method. The main subject was a mother of a child with Autism Spectrum Disorder (ASD) who was undergoing elementary school education. Data were collected through semi-structured interviews with the main subject as well as supporting informants, such as the subject's husband and grandmother. Data analysis was carried out using interactive analysis methods, including data reduction, data presentation, and conclusion drawing.

Keywords: *Anxiety, Mother, Autism Spectrum Disorder*

INTRODUCTION

Children born into the world carry their own meaning for the family. Great expectations usually arise from every parent so that the little one develops as they should. Mothers are the first to form mental and emotional bonds with children and play an important role in children's early growth and development. Being a mother is not an easy journey because it is accompanied by concerns about children's growth and development (Anggraeni, 2025).

A mother certainly hopes that her child is born in perfect circumstances, grows up healthy, and succeeds in life. However, many mothers must face the fact that the child they give birth to has special needs—both physical, intellectual, and spiritual (Carone et al., 2020; Dow, 2019; Gul et al., 2021). On that long journey, anxiety grows slowly, merging with the shadow of fading hope. Not infrequently, sadness comes not because of one thing, but from the accumulation of many nights without answers (Amelia et al., 2023).

Children born with special needs such as autism should not simply accept reality without being given the opportunity to continue living (Huda, 2023; Lord et al., 2020; Yuliana & Wulandari, 2019). They have the right to carry out normal activities such as schooling, working, and building relationships with others in society. They have the right to undergo developmental stages and social activities according to their age, with special assistance and attention (Dewantari, 2025). However, the process of understanding lessons often feels slow, as does trying to blend in or feel comfortable in a new environment. Teaching approaches need to be carefully adjusted because each individual has a unique response pattern (Fakhiratunnisa et al., 2022).

Not all children grow up in the same way. Data from the Ministry of Health in 2023 shows that 6.2 percent of children in Indonesia fall into the special needs category. The highest figure appeared in Central Sulawesi at 7.0 percent, followed by Gorontalo with 5.4 percent. Meanwhile, in the United States, ASD cases among children and adolescents reached 2.5 percent between 2014 and 2016 (Xu et al., 2018). The Asian region recorded a larger number at 3.9 percent, according to Qiu et al. (2020). In fact, the autism rate in Indonesian regions itself ranges from 1.5 to 2 percent (Widyastuti & Sari, 2021).

Parents' anxiety with an autistic child sometimes causes a mother to experience worries and pressures related to the child's condition. The results of Nurussakinah's research (2024) show that parents are more likely to experience moderate anxiety levels (58.7%) with various emotional reactions when they find out that their children have autism disorders. This anxiety has a negative impact on parents both physically and psychologically.

The change from the initial to the middle level is not only a matter of new buildings but also a more socially and structurally complex environment. Children with autism spectrum disorder often seem depressed when they must adjust to a more dynamic classroom (Alurmei, 2024). This study aims to understand in depth the picture of maternal anxiety in preparing children with autism spectrum disorder to enter the learning process

RESEARCH METHOD

This study used a qualitative approach with an experiential narrative method to understand the picture of maternal anxiety in preparing children with ASD to enter the learning process. This approach was chosen because it is able to explore subjective and in-depth experiences of research participants (Sumilih et al., 2025).

The main subject of this study is a mother who has a child with ASD who is undergoing education in elementary school and attending therapy at Senkids Child Therapy Center, Tangerang Regency. In addition to the main subject, this study also involves supporting informants, namely the subject's husband and grandmother who will provide additional perspective on the picture of maternal anxiety in accompanying the initial learning process of children with ASD.

Data collection was conducted through semi-structured interviews with the main subjects and supporting informants. The interviews were conducted in depth to explore the experiences, feelings, and perceptions of mothers related to the anxiety experienced in preparing children to enter the learning process. Data analysis uses an interactive analysis method that consists of three main components: data reduction, data presentation, and conclusion drawn.

RESULTS AND DISCUSSION

Stages of Research Implementation

In this study, the focus was on one core participant plus two additional resources to explore a comprehensive understanding of the anxiety of mothers who have children with autism during the early learning period. The initial stage starts from a personal approach by the researcher accompanied by the presentation of the background and direction of the purpose of the investigation to each source. Communication is formed from an early age between the study implementer and the main participants so that the discussion schedule with related parties can

be arranged systematically without significant obstacles. The data collection process is planned in stages so that the flow remains stable and in sync with each other.

The study was conducted through interviews without a strict structure to explore the form of anxiety, its causes, supporting conditions, how to overcome it, and children's views on the future. The main subjects were interviewed once by the researcher, as were each other informant, although the schedule varied according to their respective abilities.

The initial meeting with DN was held on Saturday, November 15, 2025, from 10.30 to 12.00 WIB - the duration reached approximately 90 minutes. The living room in his residence became the place where the conversation took place. Light enters naturally, making vision clear without glare. The temperature is not overheating, providing a sense of comfort when sitting for a long time. A quiet atmosphere helps to focus on conversations that require high attention. Her main job is to take care of the household while accompanying her child's growing process every day.

The meeting with FH took place on Saturday, November 15, 2025, starting at around 13.30 to 14.15 local time. The place of conversation is chosen in the family area of his own residence. The main light comes from the electric lamp which provides adequate lighting for the activity. The air conditioner is active so that the temperature feels stable and supports comfort. The atmosphere was not crowded because other family members were at the resting place. However, faint television sounds could be heard from the neighboring room, but the intensity did not disrupt two-way communication. Daily work is carried out as staff in a private corporate environment with a busy daily routine.

The meeting with MS took place on Saturday, November 15, 2025, the time span between 16.00 and 16.45. The room where the conversation took place was the main sitting area in his own residence. Natural light from the outside fills the room through the window slit, making for ample lighting, while the airflow keeps the temperature stable and pleasant. A small noise from children who were doing activities outside could be heard, but the calm did not disappear at all so that the situation was still suitable for direct dialogue. He is the biological parent of DN, living under the same roof with the child's family, and has helped form the foundation of emotional support for DN.

Table 1. Interviewed Subjects and Informants

No	Subjects and Informants	Interview Date	Interview Time	Interview Venue	Duration
1.	DN Subject	15 Nov 2025	10.30-12.00 PM	The living room of the subject's house	1 hour 30 minutes
2.	FH Informant (FH)	15 Nov 2025	13.30-14.15 PM	The living room of the subject's house	45 minutes
3.	MS Informant (MS)	15 Nov 2025	04.00-04.45 PM	The living room of the subject's house	45 minutes

Data Exposure

The anxiety experienced by mothers with ASD children in the early stages of learning exhibits a variety of significant physical manifestations, including tremors, sleep disturbances, muscle tension, and other physiological responses.

a. "The physical symptoms are that sleep becomes difficult, easily tired." (FH, 10-15-2025, 33-35)

b. *"Tired, yes, it's hard to sleep sometimes. It doesn't hurt, but it looks really tired." (MS, 10-15-2025, 50-51)*
c. *"Yes, sometimes there are sleep disturbances, although not very often. Usually I start to have trouble sleeping before my child enters formal school, because there are many thoughts ranging from worrying about whether the child can adjust, whether the teacher can understand his needs, to thinking about the preparations I have to make every day. Sometimes I can only sleep after it is late because I keep thinking about those things. But after a few days of walking, my sleep patterns began to improve, although I still occasionally woke up at night when I was anxious thinking about my child's development at school." (DN, 10-15-2025, 91-106)*
d. *"Tension does exist, especially in the neck and shoulders which like to feel stiff if I have a lot of thoughts or am anxious thinking about my child's readiness. It felt like the muscles were stiffening on their own without me noticing. But if I have a headache, I haven't felt it too much so far. It's more of a physical tension, especially when the child is in the early stages of school." (DN, 10-15-2025, 135-144)*
e. *"Yes, there are changes. It's like waiting for a baby to be born, but when you're anxious about it, you don't feel like you're going to be able to eat it. I don't think about eating because that's what my son thinks." (DN, 10-15-2025, 148-152)*
f. *"I often feel my heart pounding, especially when I think about my child's readiness or when I have to take him to school. My hands also like to sweat, like a nervous reflex. Sometimes it even feels heartburn in the stomach, a kind of anxiety that appears suddenly. These symptoms usually appear before leaving or while waiting for news from school, but once the situation is more under control, they usually gradually disappear." (DN, 10-15-2025, 157-168)*

The manifestation of physical symptoms of anxiety in mothers with children with ASD reflects the sustained activation of the sympathetic nervous system in response to the stress of parenting a child with special needs. Symptoms that appear include the neuromuscular system (tremors, local muscle tension), the cardiovascular system (palpitations, diaphoresis), the gastrointestinal system (anorexia, heartburn), and sleep regulation disorders. The temporal pattern shows a strong relationship with specific triggering situations, especially transitional phases (formal school entry) and critical moments (delivery, waiting for *feedback*). It is important to note that these symptoms exhibit adaptive responsive characteristics, in which intensity decreases as the situation normalizes, although they persist when conditions become uncertain or worrisome.

Maternal anxiety also manifests in the form of psychological symptoms that include confidence fluctuations, mood swings, cognitive preoccupations, and emotional transmission to the child.

Overall, the informant described a fluctuating and complex emotional experience in accompanying the child in the early phase of school, which was characterized by the appearance of a momentary sense of confidence as a result of the therapeutic experience, but was often disturbed by the child's tantrum, aggressive, and impulsive behavior that caused emotional discomfort. Repetitive thoughts that interfere appear most of the day, especially related to concerns about children's cognitive abilities, limitations in understanding

instructions, potential rejection from the school environment, and the possibility of being expelled due to problematic behavior.

Repeated conditions of fatigue and stress make some informants feel like giving up, accompanied by increased irritability, anger, guilt, and regret towards other children at home. Mood swings occur drastically, from feeling optimistic to hopeless when receiving negative feedback from school. Anxiety also appears situationally, often increasing at night when it is close to bed or at crucial times such as the beginning of school and when receiving the teacher's report. Both parents and other family members, such as siblings and grandmothers, also feel indecision, anxiety that rises and falls, and a tendency to harbor or reflect on internal worries, which suggests that these emotional dynamics are collective and influenced by conditions, contexts, and information received from the school environment (Fajarwati, 2024; Rofiah, 2019).

The psychological symptoms of anxiety experienced by mothers in the early phases of child learning show dynamic patterns and are responsive to critical events in the child's adaptation process. Not only are these recurring thoughts and cognitive preoccupations about a child's readiness, but these psychological symptoms also include significant emotional destabilization—fluctuating moods, irritability, and at some point even the appearance of thoughts of stopping the child's schooling. What is most crucial is how this mother's anxiety not only impacts herself, but is directly transmitted to the child through the behavior, tone of voice and emotional energy displayed daily at home and when dropping the child off at school. This cycle becomes problematic in the early phase of learning because when the child needs a sense of security and emotional stability to adapt the most, the mother is in an emotionally unstable state, creating a mutually reinforcing feedback loop of anxiety between mother and child.

Maternal anxiety manifests in the form of behavioral symptoms that include behavioral changes, emotional instability, and striking physical reactions when faced with situations that trigger anxiety. "The change in behavior makes him anxious, a bit easily stressed, so sensitive." (FH, 10-15-2025, 27-28). "Trembling, yes, because I was afraid that his son would suddenly have a tantrum. Sometimes I like meltdowns that are also troublesome. If the meltdown sometimes screams, sometimes there is aggressive behavior as well, so I am worried about hurting myself or others." (DN, 10-15-2025, 81-87)

The behavioral symptoms that the mother displays reflect high internal tension. According to her husband's observation, the mother experienced significant behavioral changes in the form of impatience, stress easily, and excessive sensitivity to small things. The mother's fear of the child's possible tantrum causes the mother to experience physical symptoms such as trembling and excessive fear. These symptoms suggest that maternal anxiety is not only internal but also expressed through behavioral changes that are clearly visible to those around them, especially when facing or imagining situations that are considered threatening.

Maternal anxiety also manifests in the form of cognitive symptoms that include repetitive thoughts, worst imagination, and impaired concentration when doing daily activities. "Afraid that his child will hurt someone else's child or his teacher. Quite often think like this." (DN, 10-15-2025, 262-264). "It interferes with concentration, especially when I am doing home activities, because I don't have a caregiver or helper, nor does ART." (DN, 10-15-2025, 246-249)

Mothers' experiences of cognitive symptoms reflect the intense dominance of thoughts around children's safety and behavior during school. The appearance of the shadow that the child can hurt others or himself comes many times, without being easily stopped. Impaired focus also reduces the mother's ability to complete daily chores at home. Her attention is often distorted due to inner pressure about the child's development and readiness to enter school. Without a companion in caring for the family, all domestic responsibilities are borne by one party while the mind remains linked to the condition of the child. The mental and emotional burden that is carried becomes greater as a consequence.

In summary, maternal anxiety appears in a pattern of social interaction characterized by dependence on the support of the closest people, mood swings that are easily felt by family members, and difficulty expressing emotions adaptively, thus encouraging mothers to often vent their worries to their partners or other family members, especially at night. This anxiety not only impacts the mother's emotional state, but also affects the dynamics of family relationships and daily functional capacity, such as decreased energy, concentration, and the ability to perform dual roles as the main caregiver and household manager. The burden of intensive care for children with special needs, without the support of a domestic assistant, aggravates physical and cognitive fatigue that is persistent and disruptive.

The main source of maternal anxiety centers on the child's academic concerns, particularly cognitive limitations, understanding of instructions, and impulsive and aggressive behaviors that have the potential to hinder adaptation in a formal school environment. The transition from kindergarten to primary school, with higher academic demands, rigid learning structures, and strict rules, is the main trigger for increased maternal anxiety, as mothers are aware of the real gap between school demands and children's abilities, which raises fears of adaptation failure, decreased child confidence, and mother's doubts about the educational decisions taken.

In summary, mothers' concerns about their children's behavior at school are a source of intense and ongoing anxiety, especially related to the potential for tantrums, aggressive behavior, difficulty adapting, and the risk of endangering themselves and others in the early phase of entering school. This anxiety appears not as an abstract concern, but based on real experiences and characteristics of children with ASD who are prone to experiencing emotional dysregulation due to new stimuli such as crowds, noise, and changes in routine. Teacher feedback in the early weeks further amplified the mother's anxiety, which was accompanied by physical symptoms such as insomnia and excessive tension. Mothers' concerns not only focus on child safety, but also extend to social acceptance at school, teachers' attitudes towards children, and children's sustainability in a formal education environment, making this anxiety multi-layered and complex.

In summary, mothers' concerns about the future of children's education reflect long-term uncertainty regarding the sustainability of formal education and the risk of institutional rejection, characterized by fears of the possibility of children being expelled from school. This anxiety is rooted in the mother's awareness of the position of children with ASD who are vulnerable to marginalization in the general education system.

The characteristics of children with ASD level 2 are the main factors that strengthen maternal anxiety, including significant communication deficits, limited social interactions, repetitive behavior patterns, and high cognitive and behavioral rigidity. This condition makes

it difficult for children to understand instructions, adapt to academic and social demands, and face the inevitable changes in routine in a formal school environment. In the early phase of learning which is loaded with new structures, rules, and expectations, these characteristics are perceived by mothers as serious obstacles that have the potential to trigger adaptation failure, thereby strengthening anxiety about the sustainability of children's education in the future.

Maternal personality characteristics, especially overthinking tendencies and innate worrying traits, are significant internal factors affecting the intensity of anxiety experienced. "Yes, my personality greatly affects anxiety. Because of my personality which tends to overthink and worry easily." (DN, 15-10-2025, 315-319)

Sometimes, anxiety in mothers is not only a natural reaction to the difficulty of caring for an ASD child, but also strongly driven by a personal nature that likes to think about things too far and quickly feel worried. This inner thing needs to be observed because two mothers in similar conditions can feel anxious at different levels. Precisely from the mindset within oneself, a sign appears: anxiety does not only come from outside, but is also born from an innate way of thinking that often twists problems and is easily wary.

In summary, past traumatic experiences related to the child's aggressive behavior in the kindergarten environment, especially incidents of hurting peers that are responded to with rejection from other parents, are a powerful factor that sharpens the mother's anxiety in the current educational situation. The experience causes a deep emotional imprint and forms overvigilance against the possibility of a recurrence of similar events, so that mothers continue to anticipate negative social consequences of their children's behavior.

To manage this anxiety, mothers develop adaptive coping strategies, including by sharing their feelings and concerns with significant people such as partners, teachers, and therapists, conducting cognitive reframing by interpreting the situation as developmental challenges rather than threats, and strengthening resignation and trust in God and teacher competence, which together help mothers maintain emotional resilience in facing the child's educational process.

There are mothers who feel anxious when their children start learning at school. They don't just stay silent about that feeling. Instead, they talk to their husbands, teachers, or therapists about how they feel. Chatting like this turns out to help the heart become lighter. Not all of them have to be held alone. The view also changed over time. What was once considered a threat was long understood as an important process. It is not about the fear of failure, but the realization that this time needs adjustments.

The child is learning independently and socializing. Anxiety usually arises when there is a major change. It is not a sign of weakness, only human. However, mothering strategies still focus more on processing internal thoughts and feelings than on concrete, measurable actions, such as designing special adaptation programs with teachers, attending special parenting training for children with ASD, or conducting structured advocacy for children's needs at school. Thus, even though mothers have strong mental resilience, efforts to overcome anxiety will be more powerful when combined with real action and more structured planning to deal with specific challenges in this early phase of learning.

In summary, the husband provides significant support for the mother, both in the form of emotional support and practical assistance, by taking time off, maintaining intense communication even though limited by busy work, and taking over childcare at certain times so that the mother can rest and recover. This support is also accompanied by concern for the

impact of maternal stress on health and family dynamics. In addition, a broader support system, including extended families, inclusive schools, teachers, and social environments, plays an important role as a buffer for maternal anxiety through an understanding of the needs of children with special needs, open communication, information assistance, and moral and material support. This synergy between husband support and social networks strengthens the emotional resilience of mothers and helps families face the challenges of parenting children with special needs in a more adaptive manner.

Comprehensive family support is an important buffer for mothers in dealing with intensive anxiety in the early phases of learning, creating a safe and supportive environment so that mothers can continue to function and accompany their children optimally. Husbands provide very concrete support through consistent emotional reassurance, helping mothers feel heard and understood when anxiety arises, while also providing practical help in the form of time for mothers to rest and take care of themselves through me-time, which is crucial to prevent burnout amid ongoing stress. Extended families, especially grandmothers, provide no less important support through emotional reinforcement, concrete assistance in preparing for children's daily school needs, and sharing useful information about school choices, health services, and strategies for managing children's emotions.

From the school's side, mothers get understanding and acceptance because the school is an inclusive school that truly understands the needs of children with special needs, and teachers are open to communication and consultation even outside school hours. The wider social environment, both friends and community, also provides meaningful support by not judging and instead accepting the child's condition sincerely. This supportive and mutually understanding family dynamic creates a very conducive environment to significantly reduce the mother's stress burden, allowing the mother to have enough mental and physical energy to continue accompanying the child in this very challenging and critical early phase of learning.

In summary, mothers experience deep uncertainty regarding the direction of their children's future, accompanied by pessimistic feelings when thinking about the educational and developmental prospects of children who have cognitive and adaptive limitations. This uncertainty has been strengthened since the child enters formal school, when the mother begins to realize that there is a real gap between the demands of the learning environment and the child's ability, thus triggering confusion in determining the right direction of parenting and education. The pessimistic attitude that emerges is not a negative thought without a basis, but a realistic response to the lack of guidance and clarity of further education pathways for children with ASD level 2, which makes mothers continue to question whether the educational decisions taken will open up opportunities for children's independence and development in the future or instead become a dead end that further limits the child's potential.

In summary, in the midst of the uncertainty and anxiety that accompanies the child's education process, mothers show mature acceptance capacity and realistic expectations for their children's condition, accompanied by a strong commitment to continue to accompany their development. This acceptance is based on the spiritual belief that the condition of the child is God's decree, so that feelings of sadness do not develop into guilt. Mothers focus on more moderate and meaningful goals, namely maintaining emotional calm, supporting the child's development optimally according to their abilities, and creating a stable family environment. This attitude is manifested through concrete actions such as choosing an

appropriate inclusive school, getting used to adaptive routines at home, and preparing children mentally and practically for the school environment. Although concerns remain, especially due to the heavier demands of formal schooling for children with ASD level 2, this realistic acceptance is a source of psychological resilience that helps mothers persevere and remain consistent in accompanying the child's developmental journey.

Manifestations of Maternal Anxiety

DN experiences a variety of real physical reactions when facing the child's transition to formal school. Trembling occurs because the child is worried that he will have a sudden tantrum. Sleep becomes difficult and the body gets tired easily, especially before and during the early phases of formal school. Sleep disorders occur many times because the mind keeps imagining various things that need to be prepared, such as whether the child can adapt or whether the teacher understands the child's needs. Even so, sleep patterns began to improve after a few days of running, although they were still awake at night when worried about their children's development at school.

Muscle tension is especially felt in the neck and shoulders of DN, especially when there is a lot of thought or worry about the readiness of the schoolchild. Changes in appetite also occur when waiting for a child at school or are worried. The heart often races, especially when thinking about a child's readiness or when taking the child to school. Hands often sweat like a nervous reflex. Sometimes heartburn appears in the stomach as a manifestation of sudden worry. These symptoms usually appear before leaving or while waiting for news from school, but gradually disappear once the situation is more controlled and stable.

FH also reported that his wife had difficulty sleeping and was easily tired. Meanwhile, MS noted DN's fatigue, occasional difficulty sleeping, and appearing very tired, even though there was no noticeable physical pain. DN experiences a decrease in confidence, especially when seeing sudden behaviors such as tantrums or aggressive and impulsive behavior. DN is prone to mood swings to become more sensitive and easily stressed. There are often recurring thoughts about whether the child can participate in the learning or whether the child will be expelled from school. Worry and anxiety are shown through frequently repeated questions or by sharing concerns with people around.

DN children also show psychological symptoms similar to their parents, namely mood swings that often occur. Sometimes the child suddenly seems silent while thinking deeply, then begins to wonder or share concerns. The highest changes in children's mood occurred at the beginning of school and when there was input from teachers about children's behavior at school. This suggests that DN worries are indirectly transmitted to the child, creating an emotional environment full of tension.

FH observed that the wife changed her behavior to be easily anxious, somewhat easily stressed, and sensitive. FH also saw that children's emotions became *swinging mood swings*, irritable and anxious, and sometimes even at night children cried when talking intimately with their father. MS noted that DN went from calm to often wondering and often sharing concerns, while sitting still as if thinking deeply about something.

When the child is about to start entering formal school, DN actually shows a different behavior, he is more nervous, quickly feels depressed. According to FH's observation, even small things can make him emotionally touched. This kind of attitude is not only a matter of

thought, but also appears through daily gestures and responses. People nearby also noticed a real shift in behavior patterns.

When her child is rude or tantrums, DN's body begins to tremble accompanied by deep fear. Children who cry loudly while throwing objects make DN anxious, worried that the little one will hurt himself or those around him. Vibrations in the hands and chest appeared just like that when the tantrum occurred without warning. This kind of anxiety is not just a thought - it is present in body movements that are difficult to control. In everyday life, these responses help shape how the DN responds to every high voice or angry attitude from the child.

FH and MS also observed DN's anxiety about children's behavior in a crowded and rule-filled school environment. Their observation implies that the worry arises because of seeing firsthand how children's attitudes are often difficult to control. Apparently, what DN felt was not the result of mere imagination, but rather a reflection of the real situation in the family's daily life. So it is not surprising that the alert and sensitive reaction of the DN is natural in response to the reality of the child's behavior.

When morning came, blurry thoughts began to approach DN, spinning endlessly. Sometimes the shadow comes out of nowhere: what if the child is not able to catch up with the subject matter. On the other hand, questions about the baby's future in school often arise out of nowhere. Anxiety is also attached, because the images are present again and again every day. In silence, he imagined the darkest events such as his son hurting friends or even teachers in the school environment. Often, the imagination appears when he is doing ordinary activities, as if living in tension that never really subsides.

Not infrequently, anxious thoughts interfere with DN's ability to focus on daily tasks at home. Even when she's sweeping or washing the dishes, her mind always comes back to her child's shadow at school - is she ready enough? Without the help of the housekeeper, each job had to be completed by himself, even if the heart was not at ease. Shadows about the baby's future continue to appear unsolicited when he cleans the floor or cooks. Over time, the pressure settles slowly, making the morning and night feel heavier.

Pessimism colors the way DN views the future of the child. Regarding future education, he seems hesitant - especially with the limitations of the child's thinking ability. This uncertainty hinders efforts to choose the best path in the child's learning process. From FH's observations, the tendency to think gloomy is not new to DN. Questions such as "will my child be able to afford it?" often arise, proving that this mindset is regularly present in his daily life.

Among family members, DN's anxious behavior often appears through the way he responds to everyday conversations. Sometimes he is silent suddenly, then conveys his disturbing thoughts. MS has been a place for DN to express his worries about his child many times. Instead of just keeping the burden quiet, he talked about it to anyone who would listen. The end is always the same: it takes reassurance from others to make the heart calmer. There was a subtle dependence behind every sentence he uttered when agitated. Emotional support for him is not an option, but something that is immediately sought after once the pressure starts to be felt.

People around DN noticed a quite real shift in mood. In the middle of the night, in a small chat with FH, his emotions often deteriorated, quickly ignited by anger, and then immediately burst into tears. In MS observations, the condition comes suddenly; From calm it can turn angry or sad with no visible trigger. The family also felt the impact, not only himself who was

overwhelmed. This kind of mental disturbance turns out to shake the tranquility of the household.

It is not uncommon for DN to feel anxious about his child's future at school. When the thought arose, he preferred to talk to FH, especially after the sun went down. Advice from MS is also sought, as a fortress when doubts come. A close relationship with the two people is not uncommon - he almost always carries on a daily conversation. The sense of apprehension seemed to diminish once their voices were heard. In the midst of the pressure of education, the family became the place where DN returned. Not an instant solution, but a stable emotional vent. Flawlessly, the support makes the burden no longer felt by itself.

DN feels tired quickly, especially during the preparation period and the initial phase of the child starts formal school. There are many things that must be prepared every day, starting from school needs to ensuring that all children's daily activity routines are met, because children still need full help in daily activities. DN's energy feels depleted quickly because he has to divide his time between taking care of the house, other jobs, and accompanying the child to be ready to go. Worrying about how the child adapts at school also makes the body tired more easily. Even though he is tired, DN still tries to run everything to ensure that children can go through the early days of school well.

Anxiety also interferes with DN's concentration, especially when doing household activities, as DN does not have a housekeeper. FH observed that wives tend to be more sensitive when dealing with worry, and this sometimes affects the oldest child. The impact of DN anxiety can also be seen from health that is increasingly easily disturbed, so it often gets sick. However, overall the family tries to stay strong and support each other in facing these challenges.

Maternal Anxiety Resources

DN is very worried about the child's academic ability because he knows that the child's thinking ability is lacking and limited in understanding instructions. The child's ability to interact is also lacking, so the DN is afraid of sudden behaviors such as impulsivity and aggressiveness. DN is afraid that children will throw things when they are emotional or when they are tantrums, children will shout loudly. DN is very worried because the transition from Kindergarten to Elementary School is much different. In kindergarten, there is still play, but in elementary school it is formal and children have to be left alone. In kindergarten, they can still accompany their children, but not in elementary school, so DN is very afraid of this.

DN concerns stem from an in-depth knowledge of the child's limitations profile, specifically lack of thinking ability, limited understanding of instructions, and unpredictable behavior in a variety of situations. The transition from a more flexible environment (kindergarten) to a formal structure (SD) has been a very significant trigger point, reflecting fears of a child's inability to adapt and concerns about acceptance in the school environment.

DN is very worried about children's behavior at school because of the child's lack of thinking ability and limited understanding of instruction. DN is afraid of sudden impulsive and aggressive behavior, and is afraid that the child will throw things when he is emotional or screams during a tantrum. In the early phase of school, DN saw that children had difficulty adapting to the new environment due to crowds, so that children had tantrums. DN is worried that the child will hurt another child or the teacher, and this concern often comes up in DN's mind.

People around DN also noted similar concerns. FH noted that wives are often worried, especially in the early phases because children are indeed difficult to adapt, so they often have tantrums and other things. MS heard complaints from DN that she was afraid of children not being able to adapt, afraid of tantrums at school, and afraid that children would hurt other children or teachers. These concerns show that DN is constantly on the lookout for potential child behavior problems and their consequences at school.

FH reported that DN often asked questions about how the child would develop, whether the child could take part in learning, and feared that the child would suddenly be expelled from school. DN's concern for the future of children's education reflects the structural uncertainties it faces. Fear of rejection or expulsion from school represents a fear of institutional marginalization and the unclearness of the future path of children's education to be taken.

Factors That Influence Anxiety

DN said that the child was diagnosed as ASD level 2 moderately. The child looks very ignorant, does not respond when called, has no eye contact, and does not have meaningful words. Children's behavior tends to line up objects, make strange eye movements, often *flapping*, and often tiptoe. The child also shows strong rigidity, for example when going somewhere has to go through a certain road, and if the road is changed, the child will get angry. The child is not interested in interacting with anyone. From these observations, DN became suspicious and took the child to the pediatrician, then referred to the tumour for a more detailed evaluation, and the diagnosis was severe ASD at that time.

The characteristics of children with ASD level 2 demonstrated include a variety of complex developmental limitations. These profiles include significant communication deficits, typical repetitive behavior patterns, and limitations in cognitive and behavioral flexibility. These characteristics create child behaviors that are difficult to predict or predict in advance, which is a major source of DN concern especially in the context of transitioning to a structured and stimulus-filled formal school environment (Woods et al., 2020; Zulfa, 2025).

DN openly admits that personality factors play a big role in the high levels of anxiety she experiences, mainly due to her tendency to overthink and easily worry about various possibilities, which becomes even more intense when faced with the issue of her child and her future. The mindset and emotional habits that have been formed over a long time make DN anxiety appear not only in response to the current situation, but also as a manifestation of internal vulnerability that reinforces the shadow of negative scenarios over and over again.

The condition was exacerbated by a traumatic experience in the past when her child in kindergarten had hurt another child and received a rejection response from the victim's parents, which triggered conflict and left a deep emotional trail for DN and the family. This experience, as corroborated by MS's statement, forms a constant vigilance against the possibility of a recurrence of tantrums or aggressive behavior in the school environment, as well as reinforces a negative belief that such behavior will always lead to adverse social consequences, so that DN anxiety remains high in various situations that have the potential to trigger these traumatic memories.

Coping Strategies and Social Support

DN uses mental strategies to manage her anxiety by sharing it with her husband, teacher, or therapist. By sharing the burden of thought with trusted people, DN feels a little lighter and gets helpful perspectives or input. DN personally sees the challenges faced not as a threat, but as a challenge that must be overcome. Although it may seem difficult at first, DN believes that this process is important for a child's development, especially in terms of independence and the child's ability to socialize with others.

These parenting challenges encourage DN to learn more patiently and understand children's needs better, as well as find ways for children to adapt to the school environment. DN believes that with proper and consistent mentoring, this transition process will actually bring positive changes to children. Therefore, DN does not view this situation as something that threatens the future, but rather as a phase that must be lived in the journey of children's growth and development.

DN's husband provides sufficient support, both in the form of emotional and practical support. FH always provides support to his wife and continues to calm DN when he is worried. When the child is on vacation, FH often offers DN to go alone to the salon or spa, so that FH who takes care of the children and DN can get some rest time for himself. Communication between FH and DN is carried out via WhatsApp messages when FH is at work, and in the evenings or weekends they talk more intensely about various matters related to DN's concerns.

Although FH has a high workload, she still strives to provide consistent support, especially at night and weekends, by taking over full childcare so that DN has time to rest, while providing emotional encouragement and attention to the impact of DN's anxiety on her health. This support is strengthened by an inclusive school environment that understands the needs of children with special needs, good and communicative relationships with teachers, and supportive attitudes from the community and friends around them.

MS also plays an important role by continuing to calm DNs, strengthening confidence in teacher competence and inclusive school choices, and providing daily practical and emotional assistance due to living in the same house and the absence of a domestic assistant. Extended family support that includes school preparation assistance, the search for suitable inclusion schools, and the provision of information related to the emotional handling and therapy of children with ASD form a comprehensive support network, thus creating a safe and supportive environment for DNs in facing the challenges of parenting children with special needs.

Perception of Children's Future

DN experiences a strong feeling of hopelessness related to the child's future. Sometimes DN feels confused about where to direct the child for his future, especially because he realizes that in terms of thinking skills, the child is still very lacking and has many limitations. DN tends to think pessimistic about the child's future because they feel confused about what the child will do in the future. The limitations of many children still make DN unsure about the direction to take.

DN has not been able to clearly imagine how the child's future will look, is still doubtful and uncertain, and there is no definite direction on where the child's future is headed. FH also reported that DN was indeed a bit pessimistic, often asking various things about how the child's development would be, whether the child could participate in learning, and fearing that there would be a child's expulsion from school. This uncertainty reflects a large gap between

normative expectations about child development and the reality of the limitations that children have today.

Although he felt sad about the child's condition, DN did not feel guilty because DN believed that everything that happened was from God and that DN could accept this condition with open arms. DN's acceptance of the child's condition is based on a strong spiritual perspective, so that DN does not burden himself with guilt which can make the situation more complicated.

DN's hope in the future is to remain calm and not anxious, remain sane in facing all challenges. DN's plan is to continue to accompany children as best as possible at every stage of child development. FH also has the same hope, namely that hopefully everything can go well, children can develop optimally according to their abilities, and DN can also become calmer and no longer burdened by excessive worries. Perceptions of children's future also contain dimensions of hope and acceptance that reflect DN's resilience. Acceptance of the child's condition does not mean resignation, but is an active acceptance in the form of a commitment to continue to provide the best assistance to children in every situation faced.

The symptoms of anxiety that appear from the mother's body condition are in accordance with the general picture of medical anxiety disorders. Research identified signs such as trembling hands, difficulty sleeping at night, pain in the neck and shoulders, up and down appetite, rapid heart rate, wet skin from cold sweat, as well as an unpleasant sensation in the stomach.

In the view of Strohle et al. (2018), the physical response is born when the body reacts to dangers that either really exist or just in the shadow by releasing survival energy: the heart pumps faster, the sweat glands are active, the hands sway smoothly, the muscles become standby. When the mother responds to the stimulus of anxiety, the autonomic nervous system is also triggered so that muscle tension appears. The mind that cannot be silent, constantly imagining whether his child is ready to go to school, makes the night's rest time disturbed. Sleep that begins to recover after a few days hints that the symptoms are coming due to temporary stress, not a permanent abnormality; Even so, the effect still disrupts the daily rhythm.

There are psychological symptoms such as loss of self-confidence, unstable mood, excessive reactions to small things, and the appearance of persistent thoughts that disrupt focus. According to Barlow (2019), anxiety arises when a person feels excessive fear due to threats that either really exist or are just imagined - the assumption can also interfere with mental activities and social relationships. In this study, the constant reflection of a child's ability to learn fully or even being expelled from school shows an extreme way of thinking that often comes with anxiety. The findings turned out to be in line with the results of Nisak and Hardina's (2020) research, they said that mothers who do not understand the condition of their children are often held hostage by negative thoughts that are difficult to stop. A rapidly changing mood coupled with high sensitivity signals that resistance to stress begins to weaken as the mental field of view narrows and automatic attention is focused on only a few stimuli.

The body can respond to anxiety through muscle vibrations or the urge to escape from a certain situation. Fear of children's emotional outbursts such as great anger or loud crying often makes adults tremble, even doubting being able to control the situation. Restless relentlessness, difficulty sitting still, doing things repeatedly for the sake of security, and excessive vigilance

of risks are manifestations of anxiety according to the records of Strohle et al. (2018). In reality, the mental burden is not only hidden in a person's mind, but also evident in the way they move, react, and behave in the presence of the environment. Not a few parents feel anxious when they imagine their children in a dense school environment with strict rules, worrying is not a mere fabric, but arises from the reality of observing their little ones often acting out of control. For that reason, disturbing reactions can be understood as a form of care for the child, even though sometimes it is so strong that it also affects the daily rhythm of the family and household affairs.

Negative thoughts that come back repeatedly become part of cognitive anxiety, plus attention that is difficult to maintain and a gloomy view of your little one's development. In the research of Strohe et al. (2018), these mental traits also include bad images that are often exaggerated, disturbances in arranging thoughts logically, and even feelings as if the real world is starting to move away. Most mothers are plagued by questions about their children's ability to get along, worry that their children will hurt others at school, and then feel sluggish when they have to make educational decisions. Such a thinking style seems to be compatible with the concept of distortion, according to Bandelow (2017), dark thoughts and attitudes depicting greater risks than reality contribute to exacerbating anxiety levels. When the mind is routinely interested in children's problems, daily activities are disrupted, memory and focus drastically decrease, mental pressure as a result of which it grows non-stop from time to time.

In summary, the social life of an anxiety mother is characterized by a change in relationship patterns that leads to a stronger emotional dependence on the people closest to them, such as a partner and parents, as a way of relieving the psychological burden, which is in line with the concept of social anxiety according to Strohle et al. (2018). However, instead of withdrawing, mothers actually increase the intensity of communication in the family as a coping strategy, even though emotional fluctuations also affect household dynamics. Prolonged anxiety also impacts physical and cognitive functioning, such as rapid fatigue, difficulty focusing, and susceptibility to illness, especially in the early years of a child entering school when the demands of the role of mother increase.

The main concerns center on children's learning capacity, difficulty following instruction, risk of impulsive behavior, as well as adaptation challenges due to the transition from a loose kindergarten environment to a more rigid primary school. Uncertainty about the child's developmental future, communication limitations, and repetitive behaviors typical of ASD reinforce this anxiety, but amid these pressures, the mother's determination to maintain a routine reflects the strong bond between worry and dedication in the parenting role.

Schools that are crowded and have strict rules make anxiety arise again. There, the child can act without thinking, even attacking or throwing objects when his emotions heat up. This condition is not only a matter of spontaneous reactions, but also exacerbated by the shadow of bad consequences in new, more rigid places. According to the American Psychiatric Association as referred to by Xi (2020), being wary of something that has not yet happened is not the same as direct fear of a real threat. What the mother experienced was a mixture of these two things: observations of real behavior while in kindergarten merged with a negative picture of the future in elementary school.

Ever felt anxious when your child was not calm in the first class? The mother noticed how the hustle and bustle made it difficult for the little one to adjust. A small disturbance can trigger a loud cry, so suddenly. In silence, the shadow of a child abusing his own friend appears

many times. Thoughts like this come unsolicited, hanging for a long time. Every day he observes whether the baby's behavior is accepted or even a burden for the teacher. Waspada never really goes out, although his face remains calm.

The third source of anxiety is uncertainty regarding the future of children's education. Mothers often ask about how their children will develop, whether they can participate in learning, and are afraid that they will be expelled from school. This uncertainty reflects a large gap between normative expectations about child development and the reality of the limitations that children have today. According to Nabila (2024), uncertainty about child development is one of the main factors that increase parental anxiety. Fear of rejection or expulsion from school represents a fear of institutional marginalization and the unclearness of the future path of children's education to be taken. This source of anxiety is most difficult to overcome because it relates to long-term projections about a child's life, which is indeed fraught with uncertainty given the lifelong persistent neurodevelopmental condition of Autism Spectrum Disorder.

In summary, maternal anxiety is formed from a complex interaction between the characteristics of children with Autism Spectrum Disorder level 2, maternal personality factors, and past traumatic experiences. Children's characteristics that include limited verbal and nonverbal communication, disruptive repetitive behaviors, and high rigidity create behavioral uncertainty, especially in the context of transitioning to a structured and stimulus-laden formal school environment, thus becoming the main source of maternal concern.

On the other hand, the tendency of the mother's personality to be easily overthinking and anxious amplifies the emotional response to the stress of parenting, as repetitive negative mindsets are difficult to stop. This anxiety is further sharpened by traumatic experiences in the past when a child has hurt a peer in kindergarten and received rejection from the social environment, which forms excessive vigilance and negative beliefs about the social consequences of the child's behavior. The combination of these three factors makes maternal anxiety intense, persistent, and difficult to let go of in the process of raising children with Autism Spectrum Disorder.

The coping strategies used by mothers include adaptive cognitive and social approaches. Mothers use mental strategies by sharing with their husbands, teachers, or therapists, so that by sharing the burden of thoughts with people they trust, they feel a little lighter and get helpful perspectives or inputs. Mothers also personally see the challenges faced not as a threat, but as a challenge that must be overcome, believing that this process is important for the development of children, especially in terms of independence and the child's ability to socialize.

Research by Kusnadi et al. (2022) found that mothers with strong social support showed lower levels of anxiety and had better coping skills. The strategy of changing the perspective that mothers do to see the situation as a phase that must be lived in the child's growth and development journey shows a healthy way of thinking in dealing with pressure. The challenges of raising children encourage mothers to learn more patiently and understand their children's needs better, as well as find ways for children to adapt to the school environment, reflecting an active and proactive pattern of problem-solving.

In summary, social support from the nuclear family and the surrounding environment plays an important role in helping mothers manage anxiety. The husband provides emotional support by calming the mother when she is anxious as well as practical support by taking over the childcare, especially on weekends, so that the mother has time to rest, accompanied by

consistent communication at night and on weekends. Biological mothers' support is also meaningful through emotional reinforcement and confidence in inclusive school choices and children's abilities. In addition, support from an inclusive school, good relationships with teachers, communities, friends, and extended family who help with school search and information on handling children with special needs form a comprehensive support network, which has been shown to be effective in lowering anxiety intensity and fostering a sense of security and confidence in the mother that she does not face the challenges of parenting a child with Autism Spectrum Disorder alone.

CONCLUSION

This study reveals profound emotional distress among mothers (DN) accompanying children with level 2 Autism Spectrum Disorder during the kindergarten-to-elementary school transition, manifesting physically (e.g., sleep disturbances, chronic fatigue, heart palpitations), psychologically (e.g., anxiety, mood fluctuations, pessimism), and socially, driven by concerns over academic abilities, aggressive behaviors, and institutional rejection rooted in real experiences and past traumas. However, DN employ adaptive coping mechanisms, including communication with partners and professionals, cognitive reframing of challenges as growth opportunities, and support from husbands, families, responsive schools, and communities, fostering a mature, faith-based acceptance focused on realistic incremental achievements, emotional balance, and consistent presence. For future research, longitudinal studies could explore the long-term efficacy of these coping strategies and family supports in reducing maternal distress across multiple educational transitions, incorporating interventions like peer support groups or school-based counseling tailored to Indonesian cultural contexts.

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