

Religiosity and Compassionate Love in Mother of Children with Autism Spectrum Disorder

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Abstract---

Purpose: *The aim of the study was to observe the correlation between religiosity and compassionate love in mothers of children with ASD.*

Methodology: *The study is a quantitative study using correlational design. A total of 120 mothers of children with ASD were selected using purposive sampling quota, based on the following criteria: mothers of children aged 5-17 years with ASD living in Central Java. Data were obtained using two scales namely Compassionate Love Scale dan Centrality of Religiosity Scale. Pearson's Correlation Analysis was used to find the correlation between variables. Furthermore, another analysis was conducted to determine the contribution of dimensions of religiosity to compassionate love.*

Result: *The analysis resulted in the value of $F=5.122$, with significance level 0.007, shows that there is a correlation between religiosity and compassionate love. The coefficient of correlation, shows that the correlation between religiosity and compassionate love in mothers of children with ASD was 0.687. Positive correlation indicates that the higher religiosity leads to the higher compassionate love in mothers of children with ASD. The dimensions of religiosity that contribute significantly to compassionate love are individual practice, religious experience, and the intellectual dimension.*

Applications/Originality/Value: *The implication of the study is to provide a knowledge on studies related to parenting children with ASD, especially on mothers' compassionate love, to make the Government aware of the need for better religious facilities to and focus on increasing the quality of religiosity in its citizen, especially in mothers of children with ASD.*

Keywords--- *Religiosity, Compassionate Love, Mother, ASD*

I. INTRODUCTION SECTION

Autism is a developmental disorder that affects various aspects of the life of children and their families (Mohammadi, Rakhshan, Molazem, Zareh, & Gillespie, 2019). Epidemiological studies of the prevalence of international autism have reported wide variations of autism, despite increasing numbers of children with autism was reported globally. The characteristics of this disorder impose physical, psychological and social pressure on parents of children with autism (Da Paz, Wallander, & Tiemensma, 2018; Safe, Joosten, & Molineux, 2012; Samadi

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& McConkey, 2011). In addition, mothers of children with autism have lower health levels, more stress, less self-efficacy and low parental competence than parents of children with typical development and parents of children with other types of developmental disorders (Herring et al., 2006; Lau et al, 2016; Pisula, 2015; Yamada et al., 2007).

Recent studies have tried to find solutions to reduce the challenges and pressures on families, especially for mothers of children with autism (Conner & White, 2014; Da Paz, Wallander, & Tiemensma, 2018), however, the most important starting point is to assess parents' perceptions about their parenting role.

Parents of children with Autism Spectrum Disorder (ASD) has reported experiencing greater levels of stress, anxiety, and depression compared to parents of children with other developmental disorders including physical disorders (Etournaud, 2017; Greenberg et al, 2004; Petrongolo, 2014; Weiss, 2002). Factors contributing to the increased stress level of parents of children with ASD are associated with the uncertainty of child behavior (Allik, Larsson, & Smedje, 2006; Benson, 2006; Blacher & McIntyre, 2006), children's learning/cognitive difficulties, lack development of child communication skills (Bebko, Konstantareas, & Springer, 1987; Moes, 1995), lack of understanding from the community about the nature of ASD (Farrugia, 2009; Gray, 2003), and trigger of conflicts in marital relations (Hartley et al., 2010; Pottie, Cohen, & Ingram, 2009). A parenting approach is needed to be applied by mothers of children with autism, in order to be optimal in taking care for and parenting their child. Having typical characteristics, children with autism spectrum disorders (ASD) are more likely to be exposed to harsh parental discipline. Physical and psychological aggression against children with autism is partly mediated by the effects of parenting stress (Chan & Lam, 2016). Other research results suggested that the frequency of Child Physical Maltreatment in children with autism aged 2-5 years in Henan province (China) was observed to be high in 180 subjects, recorded as 86% with a moderate level of persecution, and 36% of children experiencing severe persecution (Duan et al., 2015).

The results of studies in mothers' parenting by applying affection, care, protection, attention and interactive behavior with their children, were quite effective in parenting children with ASD, marked by the progression of child development and the well-being of children and their families (Chen, Chen, & Gau, 2015; Meek, Robinson, & Jahromi, 2012). A positive psychological approach in parenting, as in studies analyzed by the author, is known as mindfulness-based parenting, applying mind-mindedness in parenting children with ASD, supported with gratitude, could improve the well-being, the efficacy of parenting and the quality of mother-child relationships, thus resulting in parenting satisfaction (Conner & White, 2014; Kirk & Sharma, 2017; Timmons & Ekas, 2018). Compassionate parenting applied to children with ASD, can foster closeness between parents and children, parenting satisfaction, family life satisfaction, meaning of life and the efficacy of parenting for mothers of children with autism, to increase the well-being of parents and children (Aydın, 2015; Conti, 2015; Neff & Faso, 2015).

Compassion is significantly correlated with positive mental health such as low depression, reduced anxiety, high level of life satisfaction, and increased individual well-being (Feldman & Kuyken, 2011; Gilbert, 2010; Neff & Faso, 2015).

Paul Gilbert, (2009a) defines compassion as: "A deep awareness of the suffering of others supported with a desire to relieve it", and compassion includes cognitive, affective and behavioral elements. Gilbert (2010) suggests that

compassion consists of six 'attributes': sensitivity, sympathy, empathy, motivation / caring, tolerance to pressure and non-judgment. Feldman and Kuyken(2011)describes compassion as a mind orientation that identifies pain and the universality of pain in human experience and the capacity to meet that pain with kindness, empathy, equanimity and patience. Sprecher & Fehr (2005)defines compassion as the ability of cognition, affection, and behavior focusing on attention, caring, tenderness, and orientation that support, assist, and understand others, especially when the others are suffering or in need of help. These definitions are similar in terms that compassion is not only about feelings touched by one's suffering, but also about the desire to relieve and eliminate the suffering.

A study suggested that compassion influences psychological function and mental health, and further analysis on multi-groups across gender found that women presented a higher level of positive dimensions of compassion compared to men (Sousa, Castilho, Vieira, Vagos, & Rijo, 2017), so this compassion should be present in a mother in providing care. Parenting and taking care are tasks that are inherent in the roles of mothers (Santrock, 2018).

Taking care and educating children with ASD is not easy for parents, especially mothers. Mothers should be sincere, which is reflected in compassionate love in her care. From the results of Rindt-Hoffman's research (Rindt-Hoffman, 2016), it was explained that compassionate love can be influenced by religiosity other than mother-child attachment, because it can be assumed that a person's religiosity (for example, a mother of a child with ASD) affects individual's attitude and expression, including in parenting. Religiosity is the ability of an individual to interpret and live the teachings of the religion, and practice them in worship and daily activities. (Huber & Huber, 2012; Joseph & DiDuca, 2007).

Individual spirituality is related to the dominant emotional state, and spirituality is determined by the individual's personal relationship with God. It can be concluded that there is a role for spiritual and religious components in individuals that influence their potential in personal development (Degil & Régnier, 2014).

Religiosity acts as a modulatory for adverse effects due to parenting stress which can have an impact on individual well-being, further affecting the quality of care-giving (Valiente-Barroso & Lombrana-Ruiz, 2014). Basically, mother's behavior is influenced by her attitude towards religion both collectively and individually, through the basic components of women's personality that are dominated by the dimensions of affection (Behroozi & Pashakhanlu, 2015). Compassion is an individual attitude formed dominantly by the realm of affective personality (Gilbert, 2010).

The researcher considers that there are not many researchers conducted research on religiosity related to compassion. Indonesia is a country with religious population so religion becomes an important factor in everyday life, including for mothers of children with ASD, who really need religious guidance to take care for their children. Religiosity, which is effective in increasing (psychological and physical) well-being and acts as a strategy for coping with stress, can also be an important therapeutic aid during the parenting process (Koenig, George, & Titus, 2004; Koenig, 2009). The aim of the study was to observe the correlation between religiosity and compassionate love in parenting of mothers of children with ASD.

II. METHOD

Design

This is a quantitative study using correlational design and Pearson's Correlation Analysis was used to study the correlation between variables.

Participants

The sample was selected with a purposive quota sampling of 120 mothers of children with ASD, with the criteria: mothers of children with ASD who are domiciled in Central Java and Yogyakarta, with children aged 5-17 years. Data is collected by using online-questionnaire, through the distribution of google-form links. Dissemination was carried out to the community of mothers of children with ASD, who are members of the PLA (Pusat Layanan Autis) in Yogyakarta area (20 mothers) and Solo (23 mothers). Also at the Autism Therapy Center in Semarang (38 mothers), Kendal (13 mothers) and Solo (26 mothers).

Construct and Dimension

Operational Definition of Compassionate love

Compassionate love for close others is the ability of cognition, affection, and behavior that focuses on caring, concern, tenderness, and orientation to support, help, and understand close others, especially when the others are suffering or in need of help (Sprecher & Fehr, 2005). The dimensions of Compassionate Love according to Sprecher & Fehr (2005), are:

- (1) *Tenderness and caring*, that is, the feeling of respect for children and treating them gently; be compassionate towards children.
- (2) *Acceptance and understanding*, that is the feeling of accepting and trusting children, the ability to tolerate and cooperate with children.
- (3) *Helping and sacrifice*, that is providing assistance and support, willing to sacrifice and putting children first

Operational Definition of Religiosity

Religiosity is a person's ability to interpret and live the teachings of the religion, as well as practicing them in worship and daily activities. (Huber & Huber, 2012; Joseph & DiDuca, 2007). Religiosity scale used in the study was Centrality of Religiosity Scales (CRS) (Huber & Huber, 2012), which measure religiosity from centrality, religious salience in personality, which consist of five dimensions, namely:

- (1) Public practice, referring to social expectation that religious individuals are included in religious communities which are manifested in public participation in religious rituals and activities conducted by their communities.
- (2) Individual practices, referring to social expectation that religious individuals devote themselves to transcendences in individual activities and rituals in private space.
- (3) Religious experiences, referring to social expectations that religious individuals have "some kind of direct contact with the highest divine being" that affects them emotionally.

(4) Ideology, referring to social expectations that religious individuals believe in the existence and essence of transcendent reality and the relationship between transcendence and humans.

(5) Intellectual dimension, referring social expectations that religious individuals have religious knowledge, and that they can explain their views about transcendence, religion, and religious matters.

Instruments

- (1) Compassionate Love Scale (CLS, Sprecher & Fehr, 2005)

Compassionate love scale consists of 21 valid items, responded by 7 scales where scale 1 (strongly disagree) to scale 7 (strongly agree). There is a main psychometry property in this scale, namely: a high item-total correlation which ranges from 0.46 to 0.81 (Sprecher & Fehr, 2005). Reliability scores are consistent above 0.90, and on various development of CLS measuring instruments, the scores are measured at 0.94 - 0.97 in the version for relatives version and 0.93 - 0.97 in the version for foreigner or public version (Catarino, Gilbert, McEwan, & Baião, 2014; Kearney et al., 2009; Martins, Nicholas, Shaheen, Jones, & Norris, 2013; Monin, Schulz, & Feeney, 2015).

- (2) Centrality of Religiosity Scale (CRS, Huber & Huber, 2012)

Centrality of Religiosity Scale which can be applied for religions in Indonesia (Islam, Catholic, Christianity, Buddhism, Hindu) consists of 20 items, four items for each dimension, and the score ranges from 1 to 5 for each item. Each dimension's reliability ranges from 0.80 to 0.93 and from 0.92 to 0.96 for the whole CRS-15. A strong correlation was observed between CRS and the scale of religious identity salience, which was indicated by 0.83 in student samples and 0.73. Besides, another strong correlation was observed in CRS value and the scale of the importance of religion for daily life, showing the coefficient 0.78 in student samples.

III. RESULTS

Characteristics of Participants

The mean age of the subjects was 36.41 years (SD = 9.35), ranging from 31-48 years. The mean age of children is 9.68 years (SD = 3.35), ranging from 6-17 years. The subjects were mostly graduated from high school at 43%, D-3 at 16%, S-1 at 34%, and S-2 at 7%. The education and interventions that have been carried out on children include Education in SLB / Foundation for Special Education; Government sponsored Therapy Center, Private Therapy (Private Institution or Home Visit), and Inclusive Education.

As for the religion of the subjects, 81% are Moslems, and 19% are Catholic, Christian, and Buddhist. When mothers were asked about the biggest support when taking care for children with, they mentioned "husband and parents". The item "God and faith" were chosen as the most important option at 40.9%.

Pearson's correlation analysis was performed to observe the correlation between variables. A correlation between religiosity and compassionate love on the subject, was observed as ($r = .687, p < .05$).

To determine the correlation as well as the influence of religiosity on compassionate love, simple linear regression analysis was used.

Table 1: Simple Linear Regression Analysis between Religiosity and Compassionate Love

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Nilai F	Sig. F
1	.687	.421	.382	2.019	5.122	.007

From table 1, the value of $F=5.122$, with significance level 0.007, shows that there is a correlation between religiosity and compassionate love. The result of the coefficient of correlation, which was measured at $r=0.687$, shows that the correlation between religiosity and compassionate love in mothers of children with ASD was 0.687. Positive correlation indicates that the higher religiosity leads to the higher compassionate love in mothers of children with ASD. The value of $r^2 = 0.421$ shows that 42.1% of variations of religiosity are related to compassionate love while 57.9% of the variations are related to other factors.

Furthermore, another analysis was conducted to determine the contribution of dimensions of religiosity to compassionate love, which is presented in Table 2.

Table 2: Influential Observation between Dimensions of Religiosity and Compassionate Love

Dimensions of Religiosity	Standardized Coefficient (β)	t_{count}	Sig.t
Public practices	0,189	1,401	0,062
Individual practices	0,471	2,137	0,006
Religious experience	0,507	3,183	0,005
Ideology	0,196	1,452	0,060
Intellectual dimensions	0,213	1,612	0,046

*Significant if $\alpha < (0.05)$

Significance level or $\alpha < 0.05$ shows a significant correlation. Based on Table 2, the correlation of dimensions of religiosity to compassionate love are described as follows:

1. The result shows the value of t_{count} was 1.401 with the value of $t_{sig} = 0.062 > 0.05$ for the dimension of public practice (X_1) to compassionate love, which means that public practice has no significant effect to compassionate love in mothers of children with ASD.
2. The result shows the value of t_{count} was 2.137 with the value of $t_{sig} = 0.006 < 0.05$ for the dimension of individual practice (X_1) to compassionate love, which means that individual practice has significant effect to compassionate love in mothers of children with ASD.
3. The result shows the value of t_{count} was 3.183 with the value of $t_{sig} = 0.005 < 0.05$ for the dimension of religious experiences (X_1) to compassionate love, which means that religious experiences have significant effect to compassionate love in mothers of children with ASD. The dimension of religious experiences is the most contributing dimension to compassionate love
4. The result shows the value of t_{count} was 1.452 with the value of $t_{sig} = 0.060 > 0.05$ for the dimension of ideology (X_1) to compassionate love, which means that ideology has no significant effect to compassionate love in mothers of children with ASD.
5. The result shows the value of t_{count} was 1.612 with the value of $t_{sig} = 0.046 < 0.05$ for the dimension of

intellectual(X_1) to compassionate love, which means that intellectual has significant effect to compassionate love in mothers of children with ASD.

IV. DISCUSSION AND CONCLUSIONS

The result shows a significant correlation between religiosity and compassionate love in mothers of children with ASD. By having compassion, mothers of children with ASD are able to avoid stress (Neff & Faso, 2015). Mothers of children with autism are prone to stress (O'Brien, 2016; Schwartz et al., 2018) due to communication barrier between mothers and children with autism. Three main characteristics of autism are communication barriers in starting and maintaining chat; preoccupation or stiffness; and repetitive activities (Desiningrum, 2016; Schwartz et al., 2018). Religiosity cannot be separated from the concept of religion. Religion is a belief in God that is expressed by establishing a relationship with God, through ceremonies, worship, and requests, shaping the attitude of human based on the teachings of the religion. Religion implies a bond with God that must be held and obeyed by humans (Jalaluddin, 2012). From the result of a research conducted by Rindt-Hoffman (2016), besides attachment, religiosity might affect the expression of compassionate love, because it can be assumed that a person's religiosity (for example, a mother of children with ASD) controls her attitude, especially in parenting.

Further analysis of the study shows that the dimensions of religiosity that contribute significantly to the compassionate love of mothers are personal practice, religious experience, and intellectual dimensions. Individuals practicing worship, including in relationships with God and others, will gain the deepest peace, and foster positive attitudes and behaviors (Valiente-Barroso & Lombraña-Ruíz, 2014). In addition, when individuals experience many things including religious experiences, they will become more confident in the existence of God, and increase their awareness about self-limitations, supported by their intellectual dimensions, so that they are more confident in God's love (Huber & Huber, 2012). This religious experience can also be obtained from an individual's past life, how mothers get religious education from parents since childhood that continue to be developed and applied in their lives after marriage and having children (Forrest-Bank & Dupper, 2016).

In caring for children with autism, patience is put forward, in religious terms, this practice is known as sincerity because the only hope is God's love, to ease the burden on mothers of children with autism (Behroozi & Pashakhanlu, 2015). Adaptive responses to sad and stressful events - such as abnormalities in children - are determined one of them by individual religiosity (Dupper, Forrest-Bank, & Lowry-Carusillo, 2015). For mothers of children with ASD, religiosity is needed to be able in coping with burdens and stress, and foster a positive attitude in caring for children.

The result shows that public practice and ideology correlated but not significantly to compassionate love. Public practice refers to social expectations that religious individuals belong to religious communities manifested in public participation in religious rituals and community activities (Dupper, Forrest-Bank, & Lowry-Carusillo, 2015; Huber & Huber, 2012). Mothers of children with ASD, who are prone to stress and depression, require closeness of individuality to the Creator, so that mothers are generally unprepared for social relations, because of concerns about negative social feedback, when the practice of public religiosity is applied.

The dimensions of ideology refer to social expectations that religious individuals believe in the existence and essence of transcendent reality as well as the relationship between transcendence and humans (Huber & Huber, 2012). When mothers of children with ASD understand her religious ideology, it can be said that they must aware of their essence as creatures with limitations. The result shows that the relationship was not significant with compassionate love, so the dimensions of ideology did not contribute much to the mothers' compassion in caring for children with ASD. This could be the affect of the quality in understanding individual religion (Forrest-Bank & Dupper, 2016). This study has potential limitations. First, the study does not separate the types of autistic disorders based on their severity because they can have an impact on difficulties of parenting by mothers. Future studies should conduct more specific selection of subject criteria. Second, this study has not included the subject's demographic factors, such as the categories of autism, age, gender, income, because it might interfere the attitude and behavior of the subjects, so future studies should be able to measure the effect of demographics on parenting children with ASD.

V. CONCLUSION

A significant correlation has been observed between religiosity and compassionate love in mothers of children with ASD. Dimension of religiosity which contribute to compassionate love are personal practices, religious experiences and intellectual dimensions. The implication of the study is to provide a knowledge on studies related to parenting children with ASD, especially on mothers' compassionate love, to make the Government aware of the need for better religious facilities to and focus on increasing the quality of religiosity in its citizen, especially in mothers of children with ASD, through facilitating the permit for religious activities. Future research should be able to observe the effects of other variables and demographic data to individual compassionate love.

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