

The Intrapersonal Communication Model of Parents with Autistic Children in Tangerang

Farah Shalsabila Rahman^{1*}, Rita Destiwati²

^{1,2} Communication Science, Faculty of Communication and Business, Telkom University, Jl. Telekomunikasi No. 1, Terusan Buah Batu-Bojongsoang, Kab. Bandung, Jawa Barat 40257, Indonesia

E-mail: Farahrahman@student.telkomuniversity.ac.id^{1*}; Ritadestiwati@telkomuniversity.ac.id²

*Corresponding author

Abstract

Autism Spectrum Disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. Having a child with ASD is an exceedingly important challenge for parents. Parents must deal with their child's repetitive behavior, difficulties with speech, understanding, and uncontrollable tantrums. Parents had to face financial problems regarding the high cost of nurturing their children and the high intensity of negative stigma in the surrounding environment. This situation has not fully received the attention and care of the surrounding community. This study aims to explain and discover the intrapersonal communication model among parents with autistic children in Tangerang. This study uses a descriptive qualitative method with data collection techniques, namely observation and unstructured interviews. Six parents in Tangerang city were selected using purposive sampling. Through four stages, the results of this research show that the intrapersonal communication of parents with autistic children is represented as sad, disappointment, anger, confusion, scared, traumatized, self-acceptance, self-approach to God, treatment attempts, etcetera. This research is conducted to support parents with autistic children to increase their confidence in raising their children. This research also contributes information and education to the public regarding the intrapersonal communication of parents with autistic children.

Keywords: Autism, Intrapersonal Communication, Parents Children, Communication Psychology

Abstrak

Autism Spectrum Disorder (ASD) adalah kecacatan perkembangan yang dapat menyebabkan tantangan sosial, komunikasi, dan perilaku yang signifikan. Memiliki anak dengan ASD merupakan tantangan yang sangat besar bagi orang tua. Orang tua dituntut untuk menghadapi perilaku anak yang berulang-ulang, kesulitan berbicara, memahami, dan tantrum yang tidak terkendali. Orang tua harus menghadapi masalah keuangan terkait tingginya biaya mengasuh anak dan tingginya intensitas stigma negatif di lingkungan sekitarnya. Keadaan ini belum sepenuhnya mendapat perhatian dan kepedulian masyarakat sekitar. Penelitian ini bertujuan untuk menjelaskan, mendeskripsikan, serta menemukan model komunikasi intrapersonal yang terjadi pada orang tua yang memiliki anak autis di Kota Tangerang. Penelitian ini menggunakan metode deskriptif kualitatif dengan teknik pengumpulan data yaitu observasi dan wawancara tidak terstruktur. Enam orang tua di Kota Tangerang dipilih secara purposive sampling. Hasil penelitian menunjukkan bahwa komunikasi intrapersonal orang tua dengan anak autis direpresentasikan sebagai sedih, kecewa, marah, bingung, takut, trauma, penerimaan diri, pendekatan diri kepada Tuhan, upaya pengobatan, dan sebagainya. Penelitian ini memberikan dukungan kepada para orang tua yang memiliki anak penyandang autisme agar dapat meningkatkan kepercayaan dirinya dalam membesarkan anaknya. Penelitian ini memberikan kontribusi informasi dan edukasi kepada masyarakat mengenai komunikasi intrapersonal orang tua anak penyandang autisme.

Kata kunci: *Autisme, Anak, Komunikasi Intrapersonal, Orang Tua, Psikologi Komunikasi*

Introduction

The birth of a child is a moment that is very much enjoyed and awaited by every husband and wife. Every child born in this world certainly has their very own specialties. There is even a saying that goes along the lines of "Every child is special in their own way." Every child will undoubtedly

be the hope for our future. Therefore, it is not surprising that every parent wants the best for their child, hoping that their child can develop healthily and flawlessly. Parents are an important factor in the process of growing up, beside the surrounding environment (Situmorang, 2016). However, sometimes there are situations where

a child is born with a slightly different condition from others, such as Autism Spectrum Disorder (ASD).

ASD is a condition in which a person's deficiency affects efforts to communicate verbally and non-verbally and interact socially (Atmaja, 2018). According to the Centers for Disease Control and Prevention (CDC), Autism Spectrum Disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges (Zainun et al, 2019). Autism can occur due to several factors such as mother's age, father's age, history of using antidepressant, history of asphyxia, history of stress in pregnant women, number of pregnancies, sex of children, history of giving complementary food to children before the age of 6 months, history of maternal bleeding, and history of infection in pregnant women (Pangestu & Fibirana, 2017).

People with Autism Spectrum Disorder (ASD) are often difficult to tell apart from others. People with this spectrum can still communicate, interact, behave, and learn like others but in specific ways. The learning, thinking, and problem-analysis abilities of people with this spectrum are from very gifted to severely retarded. Therefore, people with autism spectrum need more help in their daily life compared to other people.

Children with autism spectrum disorders are said to have their minds in their own world (Asrizal, 2016). Children with autism tend to laugh in inappropriate or specific situations, are insensitive, do or say things repeatedly, are not afraid of danger, respond inappropriately or have no response to sounds, avoid eye contact, and like to be alone (Banoet, 2016). Moon et al (2019) in Mujiyanti (2011) classifies the spectrum using the Childhood Autism Rating Scale (CARS) into three parts: mild, moderate, and severe autism. In cases of mild autism, the child can still make eye contact and respond (even if only slightly). Then in moderate cases, the child cannot respond, but aggressive actions can still be

controlled. Meanwhile, in cases of severe autism, the child's aggressive behavior can no longer be controlled. It should be noted that more and more cases of autism disorder are found, and it is not difficult to find children with autism cases in our environment.

According to data from the Ministry of Health Republic of Indonesia, the Centers for Disease Control and Prevention (CDC) stated that the estimated incidence of children with this disorder in 2018 was one per 59. It is known that there has been an increase of 15% compared to 2014 (one per 68 children). These data show that the number of cases of this disorder continues to increase globally. In addition, Widianingsih (2019) the CDC also states that this spectrum tends to attack boys compared to girls, with a prevalence of 1:37 (boys) and 1:51 (girls). Based on data from the Central Statistics Agency (BPS), The population in Indonesia in 2018 was around 265 million, with a growth rate of approximately 1.19%. Although there is no definite data regarding autism cases, it is estimated that there are 4 million people with autism spectrum in Indonesia.

According to the results of the authors' pre-research, findings show that raising a child with autism must have specific rules such as maintaining a diet, following the child's pattern, understanding in dealing with tantrums, therapy costs, and so on (Fernando, 2021). Their repetitive behavior, difficulty in speaking and learning, and uncontrollable tantrums can burden caregivers, especially mothers as primary caregivers (Miranda et al., 2019). Therefore, caring, nurturing, and raising children with autism is a big challenge for parents, requiring more patience to stand up to it (Shattnawi et al., 2020). In line with this, findings have shown that parents of children with ASD have a greater risk of depression than parents of children without ASD (Stewart et al., 2017). This is supported by the results of Papadopoulus (2021), which emphasizes their experience of mothers in raising

children with autism in three ways: the sense of burden, difficulty, and vulnerability experienced by mothers in caring for children with autism. Research has also found that when parents first get to know their child's diagnosis, parents experienced difficult phases of depression, stress, guilt, and also feelings of shame for having a child with this disorder.

Then the mothers in the study (Shattnawi et al., 2020) also reported adverse reactions to their child's diagnosis, such as; shock, sadness, rejection, crying, stress, guilt, hopelessness, low self-esteem, and loss.

Furthermore, the cost of care is a significant concern for parents with ASD children. Papadopoulos (2021) explained that the mothers of ASD children experienced financial deficits, and the families in this study were forced to make significant lifestyle adjustments. This is due to the higher cost of child-intensive interventions (speech and occupational therapy, psychotherapy). In addition to the factors mentioned above, Gobrial (2018) states that having a child with ASD will affect the parents' social life. Research has found that parents prefer not to take their children to public places because they are ashamed of their children's behavior when they are in public. Parents will prepare caregivers for social events such as weddings, birthdays, etc. Other studies have shown that some parents rarely take their children out of the house and tend to prefer not to socialize outside the home with the excuse of being ashamed of the behavior of their hyperactive children, often getting angry, talking to themselves, and talking to other people (Hidayah et al., 2017). Some parents even prefer to stay away from public spaces because they fear other people's judgments towards their children from when the child feels anxious or uncomfortable (Gobrial, 2018).

As described above, parents need more support and motivation to live and deal with their situation (Hapsari et al., 2019). Therefore, the experience of parents in caring for and raising

children with ASD can influence and change the intrapersonal communication that occurs in parents of children with autism which can affect their daily activities (Dewi et al., 2018). Rezi (2018) states that intrapersonal communication is a communication process in the form of an internal dialogue through oneself or active internal participation from within the individual regarding the symbolic process of a message. The explained hallmark intrapersonal communication is that an individual can imagine, daydream, and perceive.

The difference between this study and other studies is that this research describes how parents conduct their intrapersonal communication in caring for and raising their children who have autism from the beginning of knowing their child's diagnosis until now. Researchers believe this is rarely discussed and understood by the public, especially in Indonesia. The main reason is that researchers have seen for themselves that raising a child with autism is not easy. In addition, dealing with the behavior of people who cannot accept children with autism in the surrounding environment will certainly not make it easier, forcing parents to increase their patience.

Research Methods

This study lasted for ten months, from July 2021 to May 2022. This study used a descriptive qualitative method, whereas descriptive research aims to describe various facts and events found by researchers who then relate each other to a conclusion or meaning (Sugiyono & Lestari, 2021). The subjects in this study are parents of autistic children in Tangerang City, while the object of this study is the process of intrapersonal communication. The research location is in Tangerang City, Banten, Indonesia. Furthermore, as seen in the figure table 1 the unit of analysis in this study is the intrapersonal communication of parents with autistic children in Tangerang City, which is studied using communication theory, namely the concept of intrapersonal

communication processes in the form of sensation, perception, memory, and Conceive (Thinking).

Six parents were selected through purposive sampling to be participants in this study. The data collection technique uses direct observation and unstructured interviews, where the researcher only has a guide to interview questions in the form of outlines about this research. Interview data were collected using a face to face, unstructured, in-depth qualitative interview conducted by the author, following a sequence of 10 openended questions. This interview allowed the parents to express their personal experiences raising a child with ASD. Interviews were conducted in the participants' homes and their children's schools. All interviews lasted between 50 and 90 min. The following are the characteristics of the participants in this study (table 2).

The researchers used triangulation techniques to test the validity of the data (so that the data generated follows the studied problems). The triangulation of source technique is a data credibility test done by checking the data obtained through specific sources. The data obtained from various sources will produce the same and tested conclusions. However, if the conclusions differ, they will be analyzed and rechecked by researchers to obtain credible and reliable data.

Results of Research and Discussion

The first stage of intrapersonal communication is sensation. Sensation, according to Wolman (1973) in Rakhmat (2018), is an elementary experience that is direct and symbolic,

does not require verbal description, and is closely related to the work of the senses. The sensation stage will be discussed when the participants first discovered their child had autism.

The first sensation felt by most of the participants was shock. This was felt because the participants did not expect their children to have autism. The doctor's verdict did not match the participants' expectations, so they were surprised to hear their child had autism. This was evidenced by Mother 1, who mentioned that she never thought her child would have autism and that she didn't know what to say or do when she first found out. The sensation of shock to other participants (Mother 2) was because it was not in line with her expectations (to have a normal child) as her child had been diagnosed with autism since birth. This was evidenced by Mother 2, who stated that she was looking forward to the birth of her child. It was her first child, and she had to go through a long process (approximately seven years) to conceive a child.

Mrs. Dwi Hartiningsih, the expert informant in this study, stated that the feeling of shock was natural. It is described as if the whole world had stopped spinning briefly. Experts also find it very difficult to tell parents that their child is diagnosed with autism. Mrs. Dwi also stated that handling and raising a child with autism is complex. Parents have the responsibility to face and stand up to it for a lifetime.

Other sensations felt by some of the participants were rage, disappointment, and emptiness. According to the interview results,

Table 1. Analysis Unit

Input	Analysis	Analysis Unit
The Intrapersonal Communication Of Parents With Autistic Children In Tangerang	Intrapersonal Communication Process (Rakhmat, 2018)	- Sensation
		- Perception
		- Memory
		- Concieve (Think)

Source: Authors (2021)

Table 2. Characteristics of Participants

	Participant	Age of Child	Level of Autism	Number of Children	Employment
1.	Mother 1	17	Severe	2	Unemployed
2.	Mother 2	15	Severe	1	Unemployed
3.	Mother 3	14 and 16	Average and Severe	4	Unemployed
4.	Mother 4	10	Average	1	Unemployed
5.	Mother 5	20	Average	2	Employed
6.	Father 1	20	Average	2	Employed

Source: Authors (2021)

these sensations are directed to God. The participants felt anger and disappointment after learning that their child had autism. The anger and disappointment then turned into a sense of emptiness that resulted in avoiding their child and the people around them. Mrs. Dwi stated that the attitude of preventing their children after knowing the diagnosis was very common and expected. Parents who behave like that tend to calm themselves first, whereas not all parents can immediately accept their child's condition. It is also stated that mothers tend to behave like this compared to fathers. The reason for that is because they are the ones who bear the most or have the pressure of the negative stigma that occurs in society. As a result, the sense of concern for their children is only shown by one parent, followed by a sense of denial, where eventually, many parents choose to separate from their partners.

These sensations also made the participants challenge and question the fate given by God. The participants felt that having an ASD child is very challenging and that God gave them a misfortune for the rest of their life. The disappointment seemed to still linger on the participants. This was evidenced by the blank stares of the participants when interviewed and the tone of voice that softened when mentioning it. Furthermore, some participants (Mothers 2 & 5) looked slightly nervous when talking about it. This was also evidenced by the frequent movements of their

hands and legs as if they were uncomfortable talking about the phase they had experienced.

Mrs. Dwi stated that disappointment towards God is a very natural behavior. Parents disappointed in God tend to be in denial regarding their child's condition. However, some parents are dissatisfied with themselves because they believe they are at fault regarding their child's condition. Mrs. Dwi also stated that disappointment to God was very rarely expressed, but disappointment with themselves made them more open. Parents express this disappointment by often questioning their past mistakes and whether this is a consequence of their past actions.

A sense of sadness and guilt then follows these sensations. Participants mentioned the frequent shed of tears while praying to God. The participants realized that their children were their responsibility and soon felt guilty that they had challenged and questioned the fate given by God. All participants in this research are Muslims. They believe that in the Islamic faith, it is not allowed to ask what God has given (fate) and always to be grateful for what you have. During the interview, the participants looked sad when mentioning that they had drifted away from God and their children. This was evidenced by the slightly visible tears on the participants, which were then immediately wiped by them as if they did not want to show the sadness and guilt that was very much imprinted on them.

Other sensations that the participants also

felt were fear and confusion. The participants stated that they did not have knowledge and experience regarding autism, so they did not know how to deal with autistic children and were soon approached by a sense of fear of handling an autistic child. Based on the data, most participants are not financially well-off, so the fear and confusion they felt were about the high costs of caring for autistic children. However, one participant (Mother 4) was afraid and questioned her abilities to handle her two autistic children. This is evidenced by the words of the participant (Mother 4), who mentioned that she has four children. She stated that her first son has autism, and when she first discovered that her second son also has autism, she was afraid that she would be unable to take care of her children, especially those with autism. She has to take care of them herself due to her husband's absence in caring for her children. While mentioning this, Mother 4 couldn't hold back her tears, as if she felt exhausted and couldn't take care of all the children on her own.

Experts in this research stated that the role of the family, especially spouses and extended families, is crucial in dealing with children with autism. It is indicated that dealing with autistic children is not easy. Based on previous data, many parents choose to separate from their partners because of the lack of cooperation in dealing with their children. Situations like this make it difficult for parents to accept their children's conditions.

In addition, Mother 4 not only has to take care of her four children (two being autistic), but she also has to sell her neighbor's fried rice to have savings for her family. During the interview, Mother 4 looked exhausted, almost depressed. The researcher's observations are then acknowledged by Mother 4, who stated that she could not sleep well because she had to deal with her first son, who has tantrums almost every day from around 00:00 to 01:00 in the morning. In doing so, Mother 4 also has to handle and separate the other three children because of the

impact caused by her first son.

The next stage of intrapersonal communication is perception. Perception is an experience of an object, event, or relationship that is received through inferring information and interpreting a message. Along with that, most of the participants view God as unfair. The participants felt that God gives them constant challenges and misfortune. They think that God gives them endless tests, not blessings. This is evidenced by the words of the participant (Mother 1), who stated that the test given by God (having a child with autism) was very difficult for her. Her family was not financially stable, and the costs of having a child with ASD were very high. In addition to this perception, Mother 1 also mentioned that she had been abandoned by her father when she was young and never received love from a father. This made an impression on her that God was unfair. The anger of Mother 1 was very much expressed during the interview. Her tone of voice increased heavily while telling her experience. Meanwhile, Mothers 2 & 4 were seen crying when they shared their views that God is unfair. Mother 2 mentioned that it was tough to have children, for almost seven years, she finally conceived. The pregnancy phase was also known to be a long process for Mother 2. She stated that she had to use an IV (intravenous) for approximately six months when pregnant. Her child was diagnosed with autism at birth. During the first two years of her child's birth, Mother 2 was depressed and had lost 10 kilos. With a trembling voice during the interview, she stated that phase was very challenging for her. This perception is also shared by Mother 4. Her sons are classified as having moderate and severe autism. This made the situation on Mother 4 more complicated than the other participants.

Another perception that the researcher found was that participants believed that their child's condition was their fault. This perception was found in Mothers 2 and 3. For mother 3, this perception was formed because the doctor said

that the cause of her child's autism was due to her negligence of her, who did not immediately take her child to the doctor when he had a seizure at the age of 8 months. Mother 3 said that she felt guilty for not taking her son to the doctor immediately when he had seizures.

Mother 2 had the same perception. It is known that the child of Mother 2 has been diagnosed with autism since birth. Doctors say that the cause of autism is the number of drugs consumed before and during the pregnancy. Hearing this, Mother 2 felt very guilty and even blamed herself for her son's condition. This was also evidenced by the blank stares and teary eyes when she told the authors. The participants showed expressions as if they still felt guilty for their children's condition.

Mrs. Dwi revealed that the cause of autism is multifactorial. However, she stated that experiencing seizures and consuming drugs are not factors that cause ASD but are for down syndrome. It is also noted that the prevalence of children with autism due to seizures or drugs was much less than that of mothers/children who inhaled or consumed toxins such as mercury and pollution. Mrs. Dwi explained that if a child is born normally from the age of 1-2 years and then eventually shows signs of autism at three years, it might be because the child inhaled poison such as gas/pollution. Previous findings even stated that children were diagnosed with autism because their mothers consumed fish constantly during the pregnancy. The fish they consume may contain toxins that could harm the child.

It is also stated that the parent's feelings of guilt tend to lead to two behaviors, namely, positive and negative. Positive behavior is where parents are aware of, accept, seek solutions and take those solutions seriously. Then, negative behavior is characterized by parents who put their children into therapy, but parents have no hope because they feel like they have already failed.

Another perception that the researchers found was that their child would recover and

become normal. This is because the participants are told by their doctors that there is hope for their child to recover and become normal. Hearing this, Mother 5 and Father 1 believed in their doctor's words. However, until now, the child still has autism and is classified as having moderate autism.

It is stated that the recovery of someone who has ASD depends on how severe the level of autism is, how consistent the therapy is, how compatible it is with medical treatment, and how consistent it is with its diet. The healing of ASD children includes many dimensions, and it is almost impossible for an ASD child to recover entirely and become a normal child. Even so, there are some cases that are discovered almost close to being normal. But the progress will undoubtedly be hampered if the child is inconsistent with the therapy. Therefore, no ASD child has recovered completely (normal).

The next stage in intrapersonal communication is the memory stage. Memory itself has a definition as systemic, enabling humans to record facts about the world and use their knowledge to accompany their behavior. There are several memories that researchers found, but the memories that made an impression on most of the participants were while caring for, raising, and educating their children. The participants are always known to accompany their children daily and educate them so that they only obey them, no one else. It is known that nurturing and educating children with autism is complex and very different from encouraging other children in general. Promoting and educating children with autism requires more patience. Therefore, not everyone can manage; only certain people. This makes the participants fear their children's future when they are deceased. They believe that no one could take care of their child as they did and that their child would not be obedient to anyone other than them.

Mrs. Dwi stated that it is very natural for parents to worry about their children's future,

especially if their children cannot be independent. Regarding the problem above, experts suggest that the interaction system for parents, experts, and family members for children with autism should be generalized (generalization program). The generalization program has the aim that every child can give the same response to the people around them so that it will be easier for other people to interact with their children. If all parties implement this program, the child will remain obedient and be able to interact with people other than their parents.

In addition to the fear that no one will be able to care for them when they pass, the participants also fear that the community will not accept their children in the outside environment. This is because they have experienced negative behavior from the people around them, which made the participants feel worried for in the future when they pass away. This is evidenced by Mother 1, who is known to stay away from public spaces due to her experience bringing her child to a public place who then suddenly had a tantrum. It was suspected that the people around them were angry because they felt disturbed by her child. Mother 1 was very hurt because of society's lack of understanding regarding her son's condition. Mother 1 soon realized that not everyone could understand their child's condition. Therefore, she decided to avoid public spaces when she is with her child.

In line with the negative behavior of the people around her, Mother 4 is also known to have an imprinted memory on her by getting negative statements from the society in her hometown in North Sumatra. This made her very uncomfortable, so she decided to avoid these people and move to Tangerang, hoping the community in Tangerang was better than her hometown. This resulted in Mother 4 rarely visiting her hometown. Even if she did take a visit, it would only be a short trip. Based on the interview results, although her rented house is not that big, the participant felt happy, accessible,

and comfortable because there is no negative talk from the neighbors.

Furthermore, in line with other participants, Mother 3 also has a lasting memory of the negative statements from the society around her. Mother 3 stated that her child was once called a 'weird child' by local mothers in a particular playground area in Tangerang City. Even the local mothers did not allow their children to go near her son because he was different from other children. This made Mother 3 very hurt, but she stayed silent and immediately left the playground. It is proven that the pain still lingers due to the watery eyes when telling her story. Since the incident, Mother 3 stated that every time her son played in a public area, she always explained her son's condition first to the people around, hoping they would understand.

Experts in this study stated that withdrawal from extended family and people around is a widespread behavior for parents of children with autism. This is because the negative stigma in Indonesia is still very high, making parents uncomfortable showing their children with ASD. This should be minimized with regular and comprehensive education in the community.

The next stage is conceiving or thinking. Thinking in intrapersonal communication is due to make decisions, solving problems, and constructing something that has never existed (creativity). At this stage, most participants did self-acceptance, which is accepting the condition of their child with autism. Self-acceptance requires support and motivation from people around. This is evidenced by the interviews with mothers 1 & 2, who said that they could accept their child's condition after meeting other mothers at their child's school who also have children in the same situation. Mother 2 stated that after approximately two years, the informant managed to accept her child's condition because she received support and motivation from local mothers who also have children with autism. Mother 2 met these women when taking her

child to school for the first time. The condition of the other children was more severe, resulting in Mother 2 feeling grateful for her son's condition.

In addition to self-acceptance, the participants also did several treatments for their child to recover. Most of the treatments were therapy. Findings show that the participants carried out all available therapies. Some participants even made other efforts such as massage treatment, taking them to spiritual experts, and taking medicines. Mother 5 stated that her child followed all the therapies provided, such as; horse riding, exercise, cognitive therapy, and so on. Mother 1 also thought she should stop working to accompany her child at home. When she discovered that her child was diagnosed with autism, Mother 1 was still working as an employee in a private company. At that time, she thought that she had to work to be able to pay for her child's therapy. However, there was one time when she had a day off, so she took her child to school. Later on, Mother 1 decided to quit her job to accompany her child at home. This was because Mother 1 saw other mothers who took their children to school and were unemployed to attend to their children at home. As a result, Mother 1 felt the need to guide and accompany her son herself, hoping that her son could be independent.

Findings show that participants must see the people around them first to accept the child's condition and make decisions to guide the child daily. It shows that the participants need support from other people in the same situation to make decisions in nurturing their autistic child. The participants seem to need this so they don't feel they are a minority.

Following the above, experts stated that parents who stop working to accompany their children tend to have strong support from the surrounding environment, especially in the financial sector. They also have good cooperation between extended family members so that they can focus on guiding their children at home.

Mrs. Dwi stated that having a child with autism requires a lot of money, from therapy to daily meals (special meals). Therefore, parents who decide to keep working (Mother 5) tend to still have anxiety regarding the problem of these costs. Regarding the support groups for parents with autistic children, experts stated that, indeed, many parents choose to join special parenting groups for children with autism so that they can give support and strengthen each other. However, findings show that in some support groups, not all parents mutually support one another. Some parents put each other down or bully others. It is stated that many parents decide not to socialize with other parents due to that matter (Mothers 3 & 5).

Furthermore, findings show that all participants approached God and became more religious. Most participants believe God chose them to have an autistic child and that only God could help them. The participants are also found to increase the intensity of their spiritual relationship with God, hoping to have more patience in dealing with their autistic children. As stated before, raising and educating children with autism is not easy. Based on the findings of this research, teaching children with autism must be done repeatedly. Therefore, it requires more patience than others. In addition, children with autism also have particular tantrums that can occur at any time.

Based on the findings of this study, Mother 2 often experiences her Child's tantrums in the form of hitting and pushing the people around him. This pressures Mother 2 to constantly apologize and explain her child's condition to the people around her. Children with autism do not understand those around them, so they will not know if they are told what to do. Participants stated they were exhausted and needed more patience because they had to deal with tantrums that they could not control. Other participants (Father 1) stated that even scolding his child would not cause his child to stop his aggressive behavior

but would make his behavior worse. Besides that, findings show that teenagers experienced more tantrums than children who had not or had just entered their teens. Mother 2 mentioned that her 16-year-old son had more tantrums than her 14-year-old son. She also stated that her 16-year-old son's energy was very mature, and he had tantrums almost every day at 00:00 until 01:00 in the morning.

Experts support the statement above. Mrs. Dwi stated that puberty in children with autism dramatically impacts their behavior, especially tantrums. Children entering their teens will have a phase where they will forget all the therapy they have undergone. Children with autism aged 12-13 years tend to get agitated and out of control (mainly emotionally). Experts in this study describe it as if a child who is already interactive will suddenly become non-interactive when they enter their teens. This is due to hormonal factors they experience. These hormonal factors can affect a child's behavior, such as uncontrollable tantrums and vice versa, namely withdrawing from others and becoming a tranquil child.

The statements above support the participants in getting spiritually closer to God. The participants asked God's help to deal with their children. In telling the story of the child's tantrum, the participants looked very sad, and some were crying. Participants stated that surrendering to God is the only way to deal with their child with autism.

Mrs. Dwi stated that self-approach to God is very important for parents of children with autism. Experts who handle children with autism, such as psychologists, therapists, and consultants, are also said to be very important in approaching themselves to God. This is because parents and experts need positive energy and considerable patience in dealing with children with autism. Parents and experts are required to think clearly when dealing with autistic children, and not everyone has reasonable emotional control. According to experts, if there is no self-

approach to God, neither parents nor the experts can survive in dealing with the children.

Other findings in this study show that almost all parents decided to be unemployed to raise their children at home. Similar results were mentioned in Gobrial (2018). His research shows that parents in Egypt make sacrifices such as resigning from their job, working two jobs, or even working longer hours to cover the costs of caring for a child with ASD. Data from this study indicate that four out of five mothers decided to be unemployed to nurse their child with ASD. These findings suggest that mothers are dominant in terms of parenting. Results in Lutfatulatifah (2020) also show that in Benda Kerep Cirebon, mothers dominate in child care. The division of labor between mother and father still adheres to the traditional system in which the mother has full responsibility for housework, child care, and child education. At the same time, the father is responsible for the maintenance of the family. In line with that, Mother 4 in this study mentioned that she barely receives help from her husband in raising their children. Mother 4 also stated that her husband only helped financially while she had to take care of her four children, two of which were children with autism. Where other findings show that having more than one child with autism can increase parental depression (Cohrs & Leslie, 2017)

These are also in line with the research of Papadopoulou (2021) states that mothers in Greece are more likely to take on a family parenting role compared to fathers, who are less involved in raising their children and tend to adopt a disciplinary position. This has the potential to be a significant environmental factor that could contribute to the relatively greater burden of Greek mothers. Previous research has found that parents are financially obligated to raise their children with autism (Shattnawi, 2021). They stated that the demands for costs related to transportation, special diets, hospitals, and special care centers were beyond their

Table 3. The Intrapersonal Communication Model

Participant	Sensation	Perception	Memory (Impact)	Conceive
Mother 1	Shock, sadness, rage, disappointment, scared, confused, & emptiness	God is not fair	Anxious towards child's future, Refrain from Society	Self acceptance & Treatment attempts (Child Guidance & therapy)
Mother 2	Shock, sadness, rage, disappointment, & emptiness	God is not fair, Self blame	Anxious towards child's future	Self acceptance, Treatment attempts (therapy), Self approach to God
Mother 3	Shock, scared, confused	Self blame	Repeated explanation to society on child's condition	Self approach to God
Mother 4	Shock, sadness, disappointment, scared, & confused	God is not fair	Anxious towards child's future, Refrain from Society	Self approach to God
Mother 5	Sadness & disappointment	Child will recover	Anxious towards child's future	Treatment attempts (therapy)
Father 1	Sadness	Child will recover	Trauma on having additional child	Treatment attempts (therapy) & Self approach to God

Source: Authors (2021)

financial means. Even some parents can't afford private education for ASD children, so they are forced to tutor them at home. Meanwhile, the cost of caring for their child with autism is not the main concern for parents in this study. During the interview, most parents slightly mentioned that they did experience a phase of confusion and anxiety regarding the cost of care for their child. But as their child grew older, they stated that the price was not the primary concern in raising an autistic child. Father 1 even stated they would take all possible means for their son's recovery. They believe their child is the gift of sustenance for their family because they are a gift from God. This statement is in line with this study's findings that highlight the spiritual connection between the participants and God as a self-support to raise their autistic child.

Based on what has been stated above, the following is a summary of the results of this

study in table 3.

Conclusion

Raising a child with ASD (Autism Spectrum Disorder) is not an easy job. In addition, it requires more energy and patience, maintenance costs such as; therapy, special diets, and education of children with autism need enormous costs. Coupled with the negative stigma in society, it will undoubtedly increase the challenges of parents in raising their children with ASD. Parents' experience in caring for their children with autism can affect the intrapersonal communication that occurs in parents so that it can affect the behavior of parents in their daily lives. This study shows that the six participants have Intrapersonal communication that is in harmony with each other. Researchers discover sensations of shock, anger, disappointment, emptiness, fear, and confusion at the first stage.

At the perception stage, the researcher found the perception of God being unfair, in the form of his fault, and his child would recover. At the memory stage, researchers found the behavior avoiding people around, repeated explanations about the child's condition, fear/anxiety about the child's future, and being traumatized to have another child. Finally, at the thinking stage, researchers found thoughts in self-acceptance, healing efforts, and self-approach to God. Further research is needed to take a broader sample with a deeper study of the father's perspective and how parents educate their children with ASD and provide care.

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