

Acceptance of Families with Autistic Children Through Cognitive Behaviour Counseling and Mindfulness (Zikr)

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Abstract

This study aims to obtain a comprehensive picture of the self-acceptance of families who have children with autism through cognitive-behavioral and mindfulness counseling. This research uses a qualitative approach with a case study method. The treatment was carried out for six sessions. The techniques used in cognitive behavioral counseling are cognitive restructuring and mindfulness therapy through zikr activities. Participants were selected based on purposive sampling consisting of two participants, namely Mrs. N, the mother of an autistic child and Ms. E is the older brother of an autistic child in the family. The methods used in data collection are interviews, observation and self-acceptance scale. The results of the cognitive-behavioral and mindfulness counseling activities through Zikr therapy showed significant changes in the cognition, emotion and behavior of the two participants. Cognitive restructuring techniques can change participants' distorted cognitions to become more rational. Mindfulness through zikr activities can strengthen participants' emotions to be more positive. In supporting the sustainability of the success of therapy in both participants, it is very necessary to have social support, especially extended families.

Keywords: self-acceptance, cognitive behavior therapy, mindfulness

Introduction

The family is one of the smallest units of society. In a family there is an extended family and a nuclear family. The extended family is a social unit consisting of the nuclear family and blood relatives, usually spanning three generations or more. The nuclear family consists of father, mother and children. Parents play an important role and have a very large obligation or responsibility in the sustainability of children's growth and development. The obligations of parents in the family are to provide education, care, protection and care for their children. While the child is a mandate from Allah swt which is given to every parent to be cared for, protected and loved because the child will also be the generation or successor of his parents. As mentioned in the Qur'an surah al-Anfal verse 28 which means "And know that your wealth and your children are only a trial and verily with Allah is a great reward".

The presence of a child does make a complement to every family but not all children are born perfectly and not a few parents can accept the child with autism. Autism is a brain development disorder in children which results in not being able to communicate and not being able to express their feelings and desires, so that the behavior of relationships with other people is disturbed (Literature, 2011 p.133). In this case, parents are also expected to be able to recognize the symptoms, factors that influence and classify children with special needs because parents are the most important educators of children, accepted by children and natural, parents are responsible for protecting, caring for, and educating children so that they thrive and grow well.

The process of family acceptance of autistic children often causes problems. Parents often experience stress in caring for autistic children because caring for and maintaining of course requires special attention and services, besides that autistic children need family support in their social life. So that the role of the family is very important in the formation of children's development and can be seen from the way of responsibility, the pattern of parenting given by the family to their children.

According to the researchers' initial observations of a family with autistic children, the response was negative. A mother said that when she found out her child was diagnosed with autism, she was in a great shock. Feelings of disbelief, blaming circumstances, rejecting reality, worrying about other people's negative opinions, blaming God, why must he experience this, makes his heart shake, it takes years to accept his son's condition. However, thanks to his extended family, he realized that his son needed healing, so he went to a therapist. The high cost of a therapist makes it a burden to deal with, especially if the mother is a single parent. Until now, the mother still does not have the peace and acceptance of her condition. Mother often gets angry with herself, blames herself for her situation, and gets anxious easily.

Wulandari (2012) in his research has explained that the reactions that occur to parents who have children with autism are feelings of sadness, confusion, anger, despair, lack of enthusiasm, severe stress, and cannot accept the child's condition in the hope that the diagnosis from the expert is wrong. The cause of parental stress and depression is a condition of limitations or abnormalities in children. Carol (2007) states that abnormal conditions are a source of deep disappointment and a bitter reality that parents must face.

Mindfulness is an intervention that promises to be able to treat individuals who experience mood problems and anxiety (Hofman, et al, 2010). Mindfulness can be defined as a state in which a person focuses his mind and body on the present experience by regulating attention to changes in thoughts, feelings, and sensations over time (Bishop et al, 2004).

According to Hayes and Feldman in Sulastoyo and Lailatushifah (2012) revealed that a state of mindfulness in him can treat and improve mood. Mindfulness is able to increase experiences with positive affect and decrease experiences with negative affect and a better ability to respond to stressful events (Keng, Smoski & Robins, 2011). Mindfulness can be in the form of remembrance for Muslims (Moertedjo, 2015). Remembrance and mindfulness activities have something in common

where both are mental training that require increased awareness (Endang, 2017). Mindfulness is implemented through a cognitive behavior counseling approach.

Method

This research uses a qualitative approach with a case study method. The case study method is an exploratory study method about the whole personality with research subjects in the form of individuals, groups, institutions, and communities (Prastowo, 2014). The case study research was carried out at Mrs. E's house, who has an autistic child. The research was carried out for three months. The research subjects were carried out by purposive sampling, namely data collection based on certain considerations, for example those who were considered to know the most about the situation and conditions of the participants to facilitate researchers in data collection. In this study involved 2 participants, namely 1) Mrs, N namely mother and 2) Nn.E namely sister. Data collection techniques were carried out through self-acceptance scales, observations and interviews. Interviews were conducted through counseling activities and mindfulness therapy through the zikr method. The data validity test was carried out through triangulation of techniques, sources and time.

Theoretical review

Family Acceptance

Self-acceptance is an expression of pleasure and satisfaction with the reality of oneself. Self-acceptance measures the extent to which a person can recognize and acknowledge personal characteristics and use them in living his life. Self-acceptance is basically an embodiment of satisfaction, both with himself and with the abilities that exist in him, besides that individuals are aware of their limitations (Chaplin, 2009).

Self-acceptance can be done realistically, but it can also be done unrealistically. Realistic acceptance can be characterized by looking at the weaknesses and strengths of oneself objectively. On the other hand, unrealistic self-acceptance is characterized by efforts to overestimate oneself, try to reject one's own weaknesses, deny or avoid bad things from within, such as past traumatic experiences (Dariyo, 2007).

Individuals who have self-acceptance have characteristics, namely a) have confidence in their ability to face life, b) consider themselves valuable as a human being who is equal to others, c) dare to take responsibility for their behavior, d) accept praise and criticism objectively, e) not blaming himself for his limitations or denying his strengths (Hurlock, 2014).

Autism has a higher level of stress than the other type 5 special needs. High stress is positively correlated with low emotional support from the immediate environment, as well as disruptive behavior in children, so that it can end up in depressive parenting. Of the two respondents, family members did not accept the condition of a child with autism. Hidayah's research (2013) found the same thing, namely the rejection of parents when their child was

diagnosed with autism. The data shows the phenomenon of the emotional shock of parents to the recognition that parents do not accept the child's condition.

Parenting autistic children is not easy because it requires physical, psychological, and material struggles throughout the child's development phase. Disapproval, sadness and closure are common things for parents of autistic children, so they can interfere with the physical condition of parents (Hidayah, 2013; Muniroh, 2010). Rochmani (2014) states that the condition of parents who cannot adjust can cause parents not to accept the condition of their children. This non-acceptance phase is characterized by shock accompanied by stress, distrust of reality, neglect, and anger (Mahabbati, 2009; Listiyaningsih & Dewayani, 2009).

Rohner, Khaleque, and Counoyer (2007) stated that the high level of depression that may occur in parents is the highest factor causing parental rejection. Continuous refusal can have an impact on the process of child care and education, so that it will affect development throughout the child's life (Listiyaningsih & Dewayani, 2010). Parental rejection can have an impact on maladaptive psychological conditions, problematic behavior and unstable personality (Rohner & Khaleque, 2008). Children who do not feel acceptance from their parents will be hampered by their psychological and physical development, besides being easily anxious and feeling insecure are the most dominant conditions felt by children who experience rejection (Rohner & Khaleque, 2008).

Malika (2012) suggests that support and acceptance from parents can provide energy and confidence to children with special needs in trying to learn new skills for their lives. Without parental acceptance, autistic children cannot function socially and cannot be independent, because parental acceptance can be the beginning of the readiness of parenting patterns (Mahabbati, 2008). This opinion is also supported by the opinion of Rohner, Khaleque and Cournoyer (2005) which states that the affection and giving of love from parents greatly affects the development of children's psychosocial health.

Rohner and Khaleque (2008) suggest that parents who accept or reject their children are mostly influenced by social and cultural factors. These factors explain the phenomenon of different parental behavior in raising children and shape the behavior of parents towards their children.

Some parents behave warmly and lovingly, on the one hand there are parents who behave aggressively towards their children. These factors are as follows: 1) Everyday environment, such as the environment where you live, friends to hang out with, coworkers, and the environment that interacts with individuals on a daily basis 2) The system of regulations in the population, including the rules that apply from generation to generation in a population such as family structures, economic organizations, political organizations, social systems.

Autistic Children

Safaria (in Wulandari, 2012) suggests that autism is a category of developmental disorders because the child's psychological function is disturbed. Children with autism tend to do things, think and behave independently. There are three cardinal features in children with autism

symptoms, namely qualitative failure in social interaction, qualitative failure in verbal and non-verbal communication, and special interests. These three symptoms are common symptoms in children with autism.

The factors that trigger autistic children can be caused by infection with toxoplasmosis, rubella, candida, and so on. Heavy metals, additives, severe allergies, herbs, and heavy bleeding are also some of the causes of autism. In general, autistic children also experience digestive problems due to mild to severe infections due to these chemicals (Handojo, 2009).

Diagnosis of autism spectrum disorders based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is as follows:

Lack of communication and social interaction that is permanent in various contexts.

a) Deficiencies in social and emotional communication skills. Abnormal social approach and failure to engage in two-way communication, failure to initiate or respond to social interactions. b) Disruption of non-verbal communication behavior used for social interaction. Very severe integration of verbal and non-verbal communication, loss of eye contact, body language and facial expressions. c) Lack of developing, maintaining relationships. Difficulty adjusting behavior in various social contexts, difficulty in imaginative play or making friends, lack of interest in peers.

Restricted behavior, repetitive behavior patterns, interests or activities manifested by at least two of the following behaviors.

a) Repetitive or stereotyped motor movements, use of objects or language, for example simple stereotyped behavior, line up toys or turn objects over. b) Excessive attention to commonalities, rigid routines or ritualized patterns of verbal or non-verbal behavior, for example extreme stress on minor changes, difficulty with the change process, rigid thought patterns. c) High attachment and self-restraint to an abnormal interest, such as a strong attachment or preoccupation with unusual objects, excessive restriction or perseverative interest. d) Hyperactivity to sensory input or unusual interest in sensory aspects of the environment. For example, indifference to pain or air temperature, opposing responses to certain sounds or textures, excessive smell or touch of objects, visual admiration for light or movement.

Behavior-Mindfulness Cognitive Counseling

Cognitive behavior counseling is a combination of cognitive behavior and behavior therapy. The counseling process of cognitive behavior therapy is based on the client's conceptualization and self-understanding of the specific beliefs held in certain behavior patterns. The hope obtained from the cognitive behavior approach counseling is to bring up deviant cognitive restructuring and belief systems from the counselee and bring changes both in terms of emotional and behavioral changes for the better (Beck, 2011, p. 110). Corey (2013) views that cognitive behavioral counseling is counseling that focuses on the process of changing negative thoughts and maladaptive beliefs in

individuals. This counseling views that the way individuals feel and behave is determined by the perspective and way of structuring their experiences.

Cognitive behavior counseling views that human development is based on different learning experiences for each individual, unique experiences provided by the environment and individual cognitive understanding of the world (Capuzzi & Stauffer, 2016, p. 230). Furthermore, Aaron T. Beck explains that human nature focuses on cognition, where in this case it is further explained that 1) an individual's internal communication can be accessed through introspection, 2) individual beliefs have a very personal meaning, and 3) this interpretation is only can be found by the individual himself not by others/counselors (Chao, 2015, p. 166).

Cognitive Behavior Theory Cognitive Behavior Theory basically believes that human thought patterns are formed through a series of Cognitive Stimulus-Response (RCS) processes, which are interrelated and form a kind of SKR network in the human brain, where cognitive processes will be the determining factor in explaining how humans think, feel and act. While with the belief that humans have the potential to absorb rational and irrational thinking, where irrational thinking can cause emotional and behavioral disturbances, Cognitive Behavior Therapy is directed at modifying the function of thinking, feeling, and acting, by emphasizing the role of the brain in analyzing, decide, ask, act, and decide again. By changing the status of thoughts and feelings, the counselee is expected to change his behavior, from negative to positive.

Mindfulness is awareness and giving personal attention to every moment. Mindfulness is inherent and is a natural capacity possessed by humans as living beings, and is a theory of attention and awareness in everyday life (Brown & Richard, 2004). Willard (2020, p.24) defines mindfulness as paying attention to the present moment with acceptance and without judgment. This means that mindfulness includes three very important elements, namely 1) deliberately paying attention, 2) contact with the present moment, 3) acceptance and non-judgment.

Mindfulness-based cognitive behavioral therapy can accelerate individual well-being. In addition, mindfulness-based cognitive behavioral therapy has an influence on life satisfaction and life orientation in adolescents with depression and suicidal behavior (Rajh et al, 2019). One of the things that supports psychological well-being is Zikr.

Zikr is one of the worships carried out by Muslims. In psychology, remembrance is a form of treatment or treatment by using remembrance sentences that are internalized and read repeatedly with the aim of reducing negative symptoms in clients and developing personality in counselees (Wulandari & Fuad, 2014). There are various meanings of zikr, namely zikr which means revelation of the Qur'an, means telling, means prayer, means mentioning and remembering, means lesson, means greatness/glory, means warning and advice, means understanding, means knowledge (Hafidz & Rusdi, 2019) . The concept of remembrance that is the focus of this study is remembrance which means remembering and mentioning. Remembrance which means remembering has something in common with memorizing. The difference is that memorizing aims to keep in mind, while zikr aims to present something that is remembered

Discussion

An overview of the conditions of acceptance of families with autistic children

Based on the results of measurements with a family self-acceptance scale for children with autism, it shows that the level of self-acceptance of respondents in the medium category is 70%. This means that the family has not fully accepted the condition of the autistic child. This is also supported from the observation data and initial interviews that Mrs. N as a mother still feels sad about the presence of her child. Mrs N is worried about her child's development. This is because his child with autism is different from the others, the child cannot speak yet, the child often cries loudly, the child cannot be left for long even if it is only to bathe and worship. Mrs. N felt his life was very depressed. Another anxiety experienced by Mrs. N is about her economic condition. As a single parent, Mrs. N does not work because he has to look after his autistic child full time. Mrs. N had opened a food stall at home, but it didn't take long because his autistic child often took and made his merchandise. Mrs. N's finances are all borne by her extended family and this often creates conflicts, because of the high cost of raising a child with autism, starting from therapy, school and food intake. Until now, Mrs. N still hopes that a miracle will come so that his child can develop normally like other children of the same age. Mrs. N also often feels hopeless in caring for his autistic child, so that he sometimes lets his child cry tantrums and lets his child eat snacks that are taboo.

The second respondent is Ms. E is the older brother of an autistic child. According to Ms. E that his sister who has autism is a test that must be faced. Ms. E sometimes feels embarrassed by his friends because he has an autistic younger sibling. Ms. E is also worried about his sister's development and future. Ms. E was disturbed because of her sister's presence. This is because his sister often tantrums and causes problems at home, such as breaking things around her. Ms. E hopes that his sister will recover and be normal.

Various psychological phenomena experienced by families who have children with autism are in line with Ayu's research that the emotional reactions that often arise are sadness, shock, disappointment, anxiety, anxiety, despair, denial and disbelief (Ayu, 2011). This emotional reaction occurred because at first parents hoped that they would have a perfect child, because of course no parent would want to have a child with special needs.

Counseling Process

Based on the problems experienced by families in accepting autistic children, cognitive behavior counseling activities and mindfulness training were carried out using zikr. The cognitive behavior counseling process is carried out in 6 sessions with a series of activities as follows:

Table of Counseling Process Activities

Session	Activity
1	Assessment and diagnosis
2	Finding the root of the problem that comes from negative emotions, deviations in thought processes and main beliefs related to the disorder
3	Develop an intervention plan by providing positive-negative consequences for the counselee
4	Rearranging distorted beliefs
5	Behavioral intervention
6	Prevention dan training self-help

The implementation of counseling activities for each respondent was carried out six counseling sessions. For each respondent, the time for implementing counseling is different because it adjusts the time of the respondent's activities. In this counseling activity with a cognitive behavioral approach, some of the respondents learn to respond to stress. Respondents need to match the stress response to the situation at hand. There are various ways that are used to respond to stress, namely fight or run (avoid), silence, listen and welcome (Willard, 2020 p. 13).

The fight or flight response (avoidance) is a response that will manifest as anxiety. The long-term effects of the continued fight-or-flight response can be detrimental to both mental and physical health and affect all sorts of things, such as a lack of ability to think clearly, mood swings, and poor relationships with others. This response is the first experienced by the counselee in accepting the presence of an autistic child in his family.

The silent response is a behavioral response that can be in the form of giving up, closing oneself and avoiding the outside world. In this situation, security signals are filtered out and reasons for surrender are filtered in thereby confirming a depressive attitude. This response also arises from the counselee, so that the counselee rarely socializes and withdraws from the surrounding environment.

The auditory response is a response position that feels open, awake, and alert but remains calm. In this response, the counselee will face directly what is in front of him, whether he likes it or not, and maintain a clear and receptive mind. This mindful position of body and mind as mind consciousness. So that in this position, the counselee fully accepts the circumstances that occur in his life and does not give up easily.

The welcoming response is a response in the form of affection or self-love. Individuals are not only present for existing stress or difficult circumstances. However, individuals will actively take care of themselves at that moment. In this response, the counselee will begin to learn from his emotions, his voice, and take proper care of himself. So that the counselee begins to care for himself and later cares about the people around him, especially children with autism. The listening and responding response is healthier and more durable than the fight or flight response and silence or surrender.

Mind awareness teaches responsiveness or the ability to respond or respond to difficult situations rather than just reacting. Over time, mind awareness practice for individuals can create mind maps, observe habitual thought patterns and develop mind awareness and compassion. Self-compassion will develop compassion for others and be able to face pressure and disappointment with a welcoming attitude, not giving up.

In addition, to strengthen the counselee's mental condition in the counseling process, remembrance is used. The activity of remembrance is reassuring the heart as the word of God in the QS. Al-Ra'd/13:28

Meaning: "Those who believe and their hearts find peace in the remembrance of Allah. Remember, only in the remembrance of Allah does the heart find peace."

At the behavioral intervention stage, the counselee agrees to use various forms of remembrance that are applied in their daily activities, including: Tasbih (Subhanallah), Tahmid (Alhamdulillah), Tahlil (Laa ilaha Illa Allah), Takbir (Allahu Akbar), Istighfar (Astaghfirullah), hauqalah (La haula wala quwwata illa billah), Ihtisab (Hasbunallah wanikmal deputy), Shalawat (Shalla Allah 'ala Muhammad).

In the process of implementing the counseling, the two respondents showed extraordinary acceptance progress. This difference can be seen from the counseling process and the evaluation of counseling results. Evaluation of counseling results through an immediate assessor (laseg) and re-measurement of the self-acceptance scale of families who have children with autism. The category of high family acceptance can be seen from the high total score on the question items on the self-acceptance scale.

The behavior of respondents in the study that showed acceptance was expressing affection openly to autistic children, giving full attention to autistic children, and treating autistic children gently and with kindness. Families who can accept the condition of the child can be seen from the efforts of parents to meet the needs of the child in all aspects of the child's life, one of which is from the aspect of education and social life. Nuclear family acceptance which is classified as high is influenced by the social support of the closest family. Research subjects accept the condition of autistic children because of the support from their closest family, such as relatives, family, and close friends. Other social support is parental participation in child therapy classes or discussions with parents who also have children with autism. This opinion is in line with the results of research by Williams & Lynn (2010) who found acceptance also manifested from the support of intimate relatives, such as family and life partners (husband or wife). Support from the nuclear family can be the foundation for parents in caring for autistic children. Luong, Yoder and Canham (2009) stated, 90% of the main causes of parents experiencing difficulties are accepting autistic children, is feeling isolated from their own families because they do not get support to raise autistic children.

Conclusion

Based on the results of the discussion, it can be seen that the self-acceptance of families who have children with autism can be increased through cognitive behavior counseling activities with mindfulness in the form of remembrance activities. These results can be used as the basis for further research with a wider range of respondents.

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