International Summit on Science Technology and Humanity
ISETH 2025
ISSN: 2615-1588 (online)

Relying on Faith: Spiritual Coping Experiences Among Mothers Caring for Children with Cancer

Dwi Arsinta Kusumawati[1], Setia Asyanti[2*]

[1]Faculty of Psychology, Universitas Muhammadiyah Surakarta, Indonesia

[2]Faculty of Psychology, Universitas Muhammadiyah Surakarta, Indonesia

Abstract

Caring for a child with cancer can cause profound psychological and emotional stress for mothers. Spiritual coping is often used as a strategy to manage such challenges. This research aims to describe how Muslim mothers employ spiritual coping while caring for children with cancer. A descriptive qualitative approach was used. The informants were three muslim mothers who had cared for, or were currently caring for, children with cancer. Data were collected through semi-structured interviews in the area formerly known as Surakarta Residency and analyzed using Miles and Huberman's interactive model. Credibility was ensured through member checking, and transferability was supported by detailed description techniques. The results indicated that the informants engaged in spiritual coping by relying on Allah in three domains: behavioral practices, emotional regulation, and cognitive reframing. Family encouragement and religious beliefs influenced their choice of coping strategies. These findings suggest that incorporating spiritual coping approaches into psychosocial interventions may help mothers achieve greater inner peace in facing the challenges of childhood cancer.

Keywords: Caregiver; Child cancer; Spiritual coping.

Introduction

Cancer is recognized as one of the most fatal diseases worldwide. Within a single year, it can claim the lives of approximately 14 million individuals. Cancer can affect anyone, including children. Each year, an estimated 300,000 children aged 0–19 years are diagnosed with cancer (WHO, 2018). In Indonesia, the number of pediatric cancer cases continues to increase. According to data from the 2013 Basic Health Research (Riskesdas), the prevalence of cancer among children aged 0–14 years reached 16,291 cases. Similarly, the World Health Organization (WHO), through the International Agency for Research on Cancer (IARC), estimated that in 2020, the number of cancer patients aged 0–14 years in Indonesia reached 8,677 cases—the highest figure among Southeast Asian countries. This situation underscores the urgent need for attention and coordinated efforts from various relevant stakeholders.

The treatment of pediatric cancer can be prolonged and intensive, often involving multiple modalities such as chemotherapy, radiotherapy, surgery, and transplantation. Despite significant advancements in medical treatments, the initial experience of hearing or receiving a child's cancer diagnosis remains a traumatic event for every family member (McEvoy & Creaner, 2022). The demanding nature of cancer treatment and care necessitates the presence of the mother, as maternal support plays a crucial role in providing emotional assistance to the child (Waturandang & Lausan, 2020.

A mother caring for a child with cancer can be referred to as a caregiver. According to Awad and Voruganti (2008), a caregiver is generally defined as an individual who provides care and support to a vulnerable or ill person (the patient) in managing daily life. A mother caring for a child with cancer falls into the category of an informal caregiver—someone who provides care to a family member with cancer without financial compensation and within the context of a familial relationship (Bumagin, 2009).

The responsibilities of a mother caring for a child with cancer include assisting the child in daily activities, supporting the treatment process, and providing healthy and nutritious meals. In addition, mothers often bear the responsibility of managing the household, caring for their spouse, and attending to the needs of other family members (Waturandang & Lausan, 2020). Given the substantial and demanding nature of these caregiving duties, mothers frequently experience feelings of being overwhelmed or burdened by their caregiving role. This condition is commonly referred to as caregiver burden (Arab et al., 2020). Caregiver burden is defined as a state in which caregivers experience adverse impacts from their caregiving responsibilities, affecting their psychological, physiological, social, financial, and spiritual well-being (Arab et al., 2020).

* Corresponding author: setia.asyanti@ums.ac.id

A mother caring for a child with cancer tends to make significant sacrifices in terms of time, energy, and mental resources to provide the best possible care for her child (Waturandang & Lausan, 2020). Moreover, caregivers of children with cancer are at a higher risk of experiencing psychological distress compared to those caring for healthy children or children with other illnesses. This is largely due to the greater and more persistent uncertainty and fear of losing their child, which is more pronounced than in parents of children with other diseases (Salvador et al., 2015). From the onset of symptoms to the advanced stages of cancer, mothers may experience a wide range of fluctuating emotions, including sadness, fear, shame, and confusion (Kristiani et al., 2008). The daily life of a mother of a child with cancer is often marked by dramatic challenges, which can significantly impact her physical health and psycho-emotional well-being (Rafii et al., 2014). According to Amalia and Kahija (2021), the changes experienced by a child with cancer—whether resulting from the illness itself or from the series of treatments undergone—have a substantial influence on the mother's emotional state.

Concrete evidence was obtained from a preliminary study conducted on November 22, 2022, involving W, a mother of a child diagnosed with leukemia. Upon first learning of her child's diagnosis, she exhibited various negative responses, including: (1) shock and disbelief, (2) confusion due to unfamiliarity with the disease, (3) anxiety regarding her child's condition and fear of losing her, (4) physical and psychological exhaustion, and (5) the necessity of spending extended periods of time in the hospital.

Given the substantial burden borne by mothers caring for children with cancer, it is essential to employ effective coping strategies. Such strategies are utilized to manage the wide range of challenges and demands they face. The coping strategies adopted in dealing with these issues can significantly influence the extent of caregiver burden experienced (Singer et al., 1989).

Inappropriate use of coping strategies, such as negative avoidance (denial), self-blame, and wishful thinking (resignation), can adversely affect both the child receiving care—potentially leading to behavioral problems and neglect—and the mother, contributing to depression and social isolation (Sundberg et al., 2007). Mothers of children with cancer face uncertain situations, as they witness their child's suffering and often compare it to families with healthy children (Kristiani et al., 2008). Such circumstances can exacerbate the psychological burden experienced by the mother. Spiritual coping strategies may serve as an alternative approach to address and manage these challenges effectively (Pargament et al., 2011).

Spiritual coping is an individual's effort to address problems through a religious approach. It is also defined as the way a person manages and understands sources of stress in life through various means, with the aim of strengthening their relationship with God (K. Pargament, 1997). Pargament (1997) suggests that spiritual coping is often employed when an individual faces situations in which desired outcomes cannot be obtained from others or when they feel incapable of confronting difficult realities. In such circumstances, individuals redirect their perceived limitations toward an unlimited source of strength, namely religion or spirituality, to gain the resilience needed to cope with the situation (Pargament et al., 2011). Religion thus serves as a pathway for individuals to find meaning in their search processes. This process is significantly carried out through practices "related to the sacred" or religious rituals, enabling individuals to confront life's challenges (K. Pargament, 1997).

Islam specifically encourages and teaches individuals not to dwell excessively on their problems. It also motivates people to strive to resume their daily routines with renewed enthusiasm. According to Islamic teachings, Allah does not test a person beyond their capacity and provides recompense in accordance with their efforts (Saputro et al., 2021). This principle is supported by the verse in the Qur'an, Surah Al-Baqarah, verse 286, which states: "Allah does not burden a soul beyond that it can bear. For it is what it earns, and against it is what it commits…"

Coping strategies from an Islamic perspective are deeply rooted in Islamic spiritual values and are intertwined with various forms of worship and moral discipline. Worship and moral discipline have the potential to facilitate improvement in managing life's challenges. Specific practices and disciplines that can help individuals cope with stressors include faith and conviction, forgiveness, prayer, recitation of the Qur'an, dhikr (remembrance of Allah), beginning the day positively, performing salat (prayer), exercising patience, and expressing gratitude for the blessings and gifts bestowed by Allah (Achour et al., 2016).

The selection of spiritual coping as a strategy to address ongoing problems can be influenced by various factors, including: (1) age, where older individuals are more likely to employ spiritual coping as an approach to problem-solving; (2) experience, as routine engagement in religious practices affects how individuals derive benefits from these practices, thereby influencing their use of spiritual coping; and (3) education, since religious education can shape coping strategies, enabling individuals to resolve problems using a religious approach or spiritual coping strategy (Pargament et al., 2000).

The use of religious coping to address problems can be manifested through several styles, including: (1) self-directing coping, which relies primarily on one's own strength rather than on the power of God, a greater reality; (2) deferring coping, which adopts a religious approach by depending on God or surrendering to Him to resolve the problem while avoiding personal responsibility; and (3) collaborative religious coping, which combines self-directing and deferring strategies by making an effort to address the problem while simultaneously seeking God's assistance in resolving it (Pargament, 1997).

Religious coping can be categorized into two aspects: positive spiritual coping and negative spiritual coping. Positive spiritual coping refers to coping strategies that involve reflecting a constructive relationship with God. Positive spiritual coping includes: (1) benevolent spiritual reappraisal, which involves interpreting stressors in a positive and

beneficial way through religion; (2) collaborative religious coping, which entails cooperating with God to resolve problems; (3) seeking spiritual support, which emphasizes God's love and care to provide comfort and security; (4) religious purification, which involves spiritually cleansing oneself through religious practices; (5) spiritual connection, which reflects a sense of relatedness with a transcendent power; (6) seeking support from clergy or fellow believers, which represents the love and care of co-religionists and religious scholars providing comfort and reassurance; (7) religious helping, which aims to enhance spiritual support and comfort for others; and (8) religious forgiving, which involves coping by forgiving or letting go of negative experiences based on religious values.

Negative spiritual coping reflects a weaker expression of reliance on God, a pessimistic view of the world, and a state of struggle in the search for life's meaning. Negative spiritual coping includes: (1) punishing God reappraisal, which is the perception that the stressor being experienced is a form of divine punishment for one's sins or wrongdoings; (2) demonic reappraisal, which involves attributing the stressor to the actions of evil forces; (3) reappraisal of God's power, which reflects the influence of the stressor on one's perception of God's omnipotence; and (4) self-directing religious coping, a problem-solving approach that emphasizes seeking help from others rather than from God, encompassing spiritual discontent and interpersonal religious discontent (Pargament et al., 2001).

There are three types and two patterns of expression relevant to the Islamic context, including: negative feelings toward God, which refers to an individual having adverse emotions or resentment toward God regarding the problems they face; benevolent reappraisal, which involves reassessing problems given by God with a positive perspective; and religious practice, which pertains to activities of worship such as prayer and salat. These practices enable individuals to adjust more effectively to life challenges. Passive religious coping carries a meaning similar to deferring coping, whereas active religious coping is analogous to collaborative coping, in which individuals make efforts to address difficult situations while ultimately entrusting the outcome to Allah (Aflakseir & Coleman, 2011).

Spiritual coping in Islamic approach, according to Achour et al. (2016), can be implemented through six methods: (1) trust in Allah, where a Muslim's reliance on and belief in Allah serves as an effective means to guide, motivate, and enhance an individual's strength or performance in facing challenging life situations; (2) performing salat, which represents an Islamic coping strategy used to confront problems or life stressors; (3) dhikr (remembrance of God), whereby individuals who engage in dhikr, salat, or Qur'anic recitation can better manage stress, anxiety, and social or family conflicts; (4) patience and forgiveness, as patience helps individuals manage stress effectively, and in Islam, it is regarded as a supreme quality of spirituality and morality; (5) positive thinking, which is grounded in an individual's faith in God, enabling optimism regarding life changes, providing new perspectives, and offering broader and more dynamic insights in evaluating situations; and (6) social support, where support and a sense of belonging derived from the surrounding environment significantly influence how individuals cope with disasters, stress, or anxiety.

Spiritual coping is essential, as previous studies have shown that it is effective in reducing stress. Triwahyuni and Kadiyono (2020) found that Islamic religion-focused coping was employed by 86% of employees in their study to reduce work-related stress, primarily through religious belief (the conviction that Allah SWT will help His servants) and religious behavior (performing prayers, supplication, and reciting the Qur'an). Similarly, Istiqomah et al. (2015) reported that religious values can help resolve various household problems, including economic challenges, family relationships, child education, and marital conflicts. Furthermore, Tahir et al. (2018) revealed that school principals in Malaysia utilized prayer, dhikr, recitation of Surah Yasin, and muhasabah (self-reflection) as Islamic coping strategies to manage stress stemming from academic demands and teacher management responsibilities. These findings reinforce the notion that spiritual coping, particularly those grounded in religious teachings, can serve as a vital source of strength in facing pressures within the workplace, family, and leadership roles. Nevertheless, no studies to date have explored in depth the spiritual coping experiences of mothers caring for a child with cancer.

Based on the discussion above, having a child with cancer represents a challenging situation for a mother. Spiritual coping from an Islamic perspective can serve as a viable strategy to help mothers adjust and manage the pressures associated with this condition. This study aims to describe the characteristics of spiritual coping among mothers caring for children with cancer. The researcher is particularly interested in gaining a deeper understanding of how mothers employ spiritual coping strategies in this context. Accordingly, the research question guiding this study is: How are spiritual coping strategies manifested in mothers caring for children with cancer?

Method

Design

The approach employed in this study is a descriptive qualitative approach. Qualitative research is a process of in-depth exploration of individuals' attitudes and life experiences in navigating complex situations, examined within a comprehensive framework (Helaluddin & Wijaya, 2019). The qualitative approach was chosen because it allows the researcher to thoroughly examine the meaning of the informants' experiences within their actual life contexts.

Informan

The research informants were mothers who had children diagnosed with cancer, either currently undergoing or having completed treatment, who were muslim, and who were willing to participate in the study. The informants were selected using purposive sampling and snowball sampling techniques. Based on these criteria, three participants were identified, with the initials W, DW, and ZS, each having the following characteristics:

Informant	Age (years)	Education Level	Occupation	Residence	Child's Age (years)	Type of Cancer	Duration of Care (years)
W	±40	Senior High School	Entrepreneur	B City	±10	Leukemia	±4
DW (D)	±43	Senior High School	Trader	K City	±7	Eye Cancer	±3.5
ZS (L)	±43	Bachelor's Degree	Teacher	S City	±17	Leukemia	±1.5

Data Collection

The data collection technique used in this study was unstructured observation to obtain data that participants could not The data collection process in this study employed a semi-structured interview method, utilizing an interview guide that had been developed beforehand and subsequently refined by the researcher during the on-site interview sessions. The instruments used included an audio recorder, writing tools, and brief field notes to document key points emerging throughout the interview process. The interview questions were designed to elicit in-depth insights into the forms and processes of spiritual coping strategies adopted by mothers in caring for their children diagnosed with cancer.

No.	Question
1	Since when have you been caring for your child diagnosed with cancer?
2	What efforts have you undertaken to support your child's recovery?
3	Upon whom do you place your hope for your child's recovery?
4	Do you perform any specific religious practices to seek your child's recovery?
5	What motivates you to rely on God in coping with the challenges you face?

Data Validity

Data credibility was ensured through the use of member checking, which involved reviewing and discussing the collected data with the informants, reaching a mutual agreement, and obtaining their signatures as evidence of verification and agreement on the data obtained. Transferability testing was conducted using a detailed description technique, presenting the collected data in the form of a report that provides a clear, detailed, trustworthy, and systematic account.

Data Analysis

Data analysis in this study followed the analytical model proposed by Miles and Huberman (1994). The process comprised three stages: (1) data reduction, (2) data display, and (3) conclusion drawing.

Results

The findings of this study revealed one overarching theme and three subthemes. The identified theme was the depiction of spiritual coping, while the subthemes comprised behavior, emotion regulation, and mindset.

Thema	Sub-themes
Depiction of Spiritual Coping	Behavior Emotion Regulation Mindset

Behavior

The behavioral aspect of spiritual coping was divided into two categories: effortful behavior (striving) and ritual religious behavior. Effortful behavior refers to actions undertaken by the informants to support their child's recovery. For example, Informant W engaged in medical treatments, created social support networks for her child, provided rewards after medical procedures, explained conditions to her child, maintained the child's nutritional intake, administered herbal supplements alongside medical treatment, shared experiences with other parents of children with cancer, participated in communities, and utilized BPJS services.

Regarding ritual religious behavior, Informants W, DW, and L performed obligatory prayers, increased voluntary prayers, engaged in dhikr (remembrance of God), and gave charity. Informant L also recited the Qur'an during medical procedures and requested prayers from others.

	Ikhtiar Behavior
W	Pursuing medical treatment, creating social support for her child, maintaining child's nutrition, providing herbal supplements as a complementary treatment, sharing with other parents of children with cancer, participating in communities, utilizing BPJS services
DW	Pursuing medical treatment, maintaining child's nutrition, sharing with other parents, reducing child's activities, addressing child's emotions with gentleness, explaining the child's condition clearly, using BPJS services, participating in communities
L	Pursuing medical treatment, building family support systems, providing psychological support, motivating and reminding the child, maintaining nutrition, using BPJS services, reducing child's activities, sharing with other parents of children with cancer, participating in communities
	Prayers Behavior
W	Performing obligatory prayers, increasing voluntary prayers (Tahajud and Duha), dhikr, supplication, giving charity
DW	Performing obligatory prayers, increasing voluntary prayers (Tahajud, Duha, Tahiyatul Masjid, Fajr prayer), dhikr, supplication, giving charity
L	Performing obligatory prayers, increasing voluntary prayers (Salat Hajat, Tahajud, Duha, Tahiyatul Masjid, Fajr prayer), dhikr, supplication, giving charity, reciting the Qur'an during medical procedures, requesting prayers from others

Emotion Regulation

Emotion regulation refers to the strategies employed by the informants to manage their feelings and thoughts while caring for a child with cancer. Informants W, DW, and L all managed their emotions by accepting the trials given by Allah (qanaah), demonstrating patience throughout the caregiving and treatment process, and surrendering (tawakkul) to God's will.

	Emotion Regulation
W	Accepting child's illness as a test from God, showing patience in facing trials, enduring medical procedures and child's emotional changes
DW	Sincerely accepting child's illness as a test, not blaming anyone, acknowledging the child as a trust from Allah regardless of condition, patience, surrendering to God
L	Showing patience throughout treatment processes, enduring trials patiently, accepting the situation as a test from Allah

Mindset

Mindset refers to how the informants manage their thoughts and beliefs while caring for their child with cancer. Mindset was categorized into positive and negative thinking. Positive thinking was evident in all three informants, characterized by faith in Allah that He would provide help and maintaining a benevolent view of God. Negative thinking was observed in Informants W and L. Informant L practiced self-introspection by reflecting on past sins and questioning whether any wrongdoings might have caused the child's illness.

	Mindset
	Positive thingking
W	Belief that Allah will not test His servants beyond their capacity, belief in Allah's healing, tawakkul (surrender to God)
DW	Belief that all matters come from Allah, belief in Allah's healing, tawakkul

L	Belief that all matters come from Allah and that Allah will provide solutions, belief in Allah's granting of strength, tawakkul
	Negative thingking
W	Questioning why her child was afflicted
DW	Not experienced
L	Self-introspection, questioning past sins or wrongdoings that might have caused the child's illness, reflecting on whether any provision for the child was obtained unlawfully

DISCUSSION

This study aims to describe the spiritual coping mechanisms of mothers caring for children with cancer. During the caregiving process, mothers may experience feelings of worry and sadness. However, they must simultaneously strive to remain strong in providing care and companionship to their children, both in navigating daily challenges and in pursuing recovery. Spiritual coping—defined here as coping by engaging with a higher reality, in this case, Allah SWT—emerged as the strategy chosen by the participants to address the problems they faced. The belief in the existence of a higher reality and power (Allah) that would assist them in overcoming these challenges served as a key motivator for the use of spiritual coping. The spiritual coping process reported by the participants was categorized into three domains: behavioral responses, emotional regulation, and mindset.

Behavior

In this context, behavior is understood as a series of actions or responses to a particular event. In other words, behavior refers to visible, concrete efforts. In the spiritual coping process, the participants' behaviors were categorized into two domains: effortful actions (ikhtiar) and ritual worship practices directed toward Allah SWT. Both forms of behavior were employed by the participants to address problems and alleviate burdens experienced while caring for their children with cancer.

Effortful actions, or ikhtiar, represent the participants' deliberate and earnest endeavors as human beings. The three participants engaged in various medical efforts to support their child's recovery, such as adhering to all prescribed treatments, including chemotherapy, taking medication, and actively consulting with physicians. They also sought to prevent the progression of cancer cells by managing their child's dietary intake and providing herbal remedies alongside medical treatment. Consistent with Amalia and Kahija (2021), mothers of children with cancer often pursue any form of care to preserve their child's life.

During hospital visits, the participants frequently met other parents of children with cancer, exchanged information, and formed mutual support networks. They also joined community groups, which enhanced their sense of social support. The use of Indonesia's national health insurance (BPJS) helped reduce the substantial economic burden associated with cancer treatment. Participants W and L specifically sought to foster social support for their children, who had become socially withdrawn, by encouraging friendships and involving extended family members in providing emotional and motivational support. Participants DW and L also reduced their children's physical activities to protect their immune systems. In addressing emotional instability in their children, participant DW chose a gentle approach, while participants W and DW provided clear explanations about the illness to encourage treatment adherence. Participant L additionally arranged psychological counseling and consistently motivated her child toward recovery.

Although these behaviors were not formal acts of worship, the participants considered them part of their ikhtiar to Allah SWT, grounded in the belief in a higher reality—Allah—as the ultimate regulator of all matters. Islamic teachings explicitly encourage individuals to strive and not remain mired in hardship, as Allah does not burden a soul beyond its capacity and rewards each effort accordingly (Saputro et al., 2021). The participants believed that prayer and worship alone were insufficient for recovery; active efforts, particularly medical interventions, were also necessary. This is consistent with the Qur'anic injunction in Surah An-Najm (53:39–42), which emphasizes that a person will only obtain what they strive for, and that such efforts will be shown and rewarded accordingly.

Ritual worship practices were performed by the participants in various obligatory and voluntary forms, with the aim of drawing closer to Allah SWT. According to Aflakseir and Coleman (2011), coping strategies that involve acts of worship—such as prayer and supplication—can be classified as religious practices. All three participants (W, DW, and L) regularly performed the five daily obligatory prayers (salat wajib) since adolescence; however, after their children's cancer diagnoses, they reported increased focus, performing prayers at the earliest possible time, and ending each prayer with extended supplication (doa) and remembrance of Allah (dhikr).

In addition to obligatory prayers, the participants increased their voluntary prayers (salat sunnah), including tahajjud, dhuha, rawatib, fajr, hajat, and tahiyatul masjid. While these practices were not entirely new, the frequency, duration, and depth of devotion increased significantly during their caregiving period. For example, during tahajjud, participants lengthened their prostrations (sujud), adding more supplications for their children's recovery. Participant L also performed salat hajat before her child underwent critical treatments, such as methotrexate injections.

Dhikr was consistently practiced by the participants in multiple contexts—while traveling, after prayers, and during their child's medical treatments. Supplication (doa) was regarded as essential, not only to request assistance, strength,

guidance, and healing from Allah, but also as a means of emotional release, entrusting their worries and heartfelt concerns entirely to Him. Acts of charity (sadaqah) were also observed, both as an expression of gratitude and as a spiritual means of seeking closeness to Allah. In one instance, a participant gave sadaqah upon receiving news that her child was free of cancer cells.

Participant L also read specific passages from the Qur'an, such as Surah Ar-Rahman, while her child was undergoing methotrexate injections, and sought prayers from others for her child's healing. Overall, these ritual practices were not newly initiated after the onset of illness, but their intensity and intentionality increased significantly as a spiritual coping strategy. This aligns with the findings of Achour et al. (2016), who identified Islamic spiritual coping as encompassing a range of worship activities, including salat, dhikr (recitation of Qur'anic verses), and acts of charity, alongside social support provision.

Such practices are also supported by Qur'anic injunctions, such as Surah Al-Baqarah (2:45)—"Seek help through patience and prayer; indeed, it is difficult except for the humbly submissive"—and Surah Ar-Ra'd (13:28)—"Those who believe and whose hearts find comfort in the remembrance of Allah—surely in the remembrance of Allah do hearts find comfort." For the participants, remembering Allah through prayer, dhikr, and supplication was not merely verbal expression, but a concrete manifestation of their reliance upon Him, rooted in the conviction that Allah is the ultimate helper and the sovereign over all affairs.

Emotional Regulation

During the process of caring for a child with cancer, mothers are likely to experience worry and sadness. Therefore, they require coping strategies to attain inner peace. In addition to strengthening their relationship with Allah, the informants employed emotional regulation strategies. Among these was qana'ah, an Islamic principle of acceptance and patience. Qana'ah refers to a state and teaching in Islam in which an individual is content, willing, and feels sufficient with what Allah has bestowed, while avoiding dissatisfaction with what has been given and decreed by Allah (Salahudin, 2013).

Based on the interview results, the informants accepted the test given by Allah in the form of their child's illness. At the early stage of learning about the child's diagnosis, acceptance was not easy. They experienced feelings of denial, shock, questioning Allah, and excessive worry. The process of acceptance took approximately one month, during which the informants grappled with these emotions. Support from family members and the belief that Allah would not test them beyond their capacity gradually enabled them to accept the situation sincerely (ikhlas). Once acceptance was achieved, the informants reported a sense of inner peace that helped them remain focused and provide optimal care for their sick child. This finding aligns with previous research indicating that qana'ah constitutes a form of emotion-focused coping in responding to demands (Saputro et al., 2017).

Throughout the caregiving process, the informants also demonstrated patience (sabr) in accepting Allah's test, in caring for their sick child, and in accompanying the child through various stages of medical treatment. Prior studies within an Islamic framework have shown that patience can help individuals manage stress effectively. A patient individual tends to have greater resilience and strong willpower in facing problems (Achour et al., 2016). Moreover, patience is an act of obedience to Allah, as stated in the Qur'an (QS Al-Baqarah: 45): "And seek help through patience and prayer, and indeed, it is difficult except for the humbly submissive [to Allah]." This verse commands not only prayer but also patience as a source of support. Through patience, the informants reported experiencing inner peace and sincerity during the caregiving process, enabling them to provide better care for their children with cancer.

Mindset

An individual's way of thinking and perspective in addressing problems inevitably influences their behavior and perceptions. The present study found two types of thinking emerging in the process of spiritual coping among the informants: positive thinking and negative thinking. Positive thinking, or husnudzon, was demonstrated by the informants through maintaining a good opinion of Allah. Based on the findings, the informants believed that Allah would provide assistance and ease in their circumstances. This optimism and confidence in divine help align with previous studies indicating that one of the six forms of spiritual coping from an Islamic perspective is positive thinking, or husnudzon. In this context, positive thinking is grounded in the individual's faith in Allah. Such a mindset enables individuals to distance themselves from feelings of despair, depression, and helplessness, while fostering hope, optimism, rationality, and the ability to overcome doubt and fear (Achour et al., 2016). The command to maintain a good opinion of Allah is found in a hadith that states: "Allah says: 'I am as My servant thinks of Me. If he thinks well of Me, he will find goodness; but if he thinks ill of Me, he will find evil.'" (Narrated by Tabrani and Ibn Hibban). This hadith emphasizes that Allah responds according to His servant's expectations; thus, those who think positively will receive goodness, and vice versa.

In addition to positive thinking, informants W and L reported experiencing negative thinking during the early period after learning of their child's cancer diagnosis. The interview results indicated that informant W questioned why their child was afflicted with illness, while informant L engaged in self-reflection, questioning what sins they had committed or against whom they had wronged to deserve such a trial. These negative thoughts toward God and the illness were gradually alleviated through the encouragement and emotional support of their families, which helped them to accept and sincerely endure the trial bestowed by Allah. Questioning why their child was ill, to whom they had sinned, or whether the illness was a form of divine punishment corresponds to what previous research has described as negative religious coping,

specifically the Punishing God Reappraisal aspect. This refers to the perception that illness or trials are divine retribution for one's sins (Pargament et al., 2001). This finding is consistent with Hairina and Fadhila's (2019) study, which reported that negative religious coping may occur in individuals undergoing crisis situations when facing stressors—such as COVID-19 in their study, or a child's cancer diagnosis in the present case—along with the accompanying burdens.

Overall, it can be concluded that the informants engaged in spiritual coping by involving God in three aspects: behavior, emotional regulation, and mindset. The initial period after learning of their child's illness represented a particularly challenging phase for the informants, during which their efforts were largely focused on medical interventions, and some experienced a phase of questioning God that deepened their distress. The presence of family support, prior religious experiences, and faith in Allah motivated the informants to also rely on and draw closer to Allah as the ultimate reality and controller of all matters. Eventually, the informants undertook efforts (ikhtiar) and various forms of worship in tandem, balanced with surrendering the outcome to Allah. This process led them to greater sincerity (ikhlas), inner peace, and enhanced ability to care for their child with cancer.

CONCLUSION

This study illustrates that spiritual coping among mothers caring for a child with cancer involves engaging with God through three main domains: behavior, emotional regulation, and mindset. In terms of behavior, coping manifests in two forms: (1) *Effort-oriented behaviors*, such as maintaining the child's nutritional intake, sharing experiences with other parents of children with cancer, joining support communities, providing herbal remedies as a complement to medical treatment, and utilizing the national health insurance (BPJS); (2) *Religious ritual behaviors*, including performing obligatory prayers, increasing voluntary prayers, engaging in *dhikr*, giving charity, reciting the Qur'an during the child's medical procedures, and requesting prayers from others.

For emotional regulation, mothers practiced *qanaah* (contentment), patience, and surrender in facing the challenges. Regarding mindset, two coping orientations emerged: positive thinking and negative thinking. All these efforts were undertaken in parallel as an expression of reliance on Allah in every trial. Family support and faith in Allah SWT as a transcendent reality were key motivators for engaging in spiritual coping.

Acknowledgment

The authors sincerely thank the mothers of children with cancer who generously shared their time and personal experiences for this study. Their openness and willingness to participate were invaluable in providing insights that greatly contributed to the depth and significance of this research.

Author's contribution

Dwi Arsinta Kusumawati: Conceptualization, Methodology, Data Collection, formal Analysis, Writing – Original Draft
Setia Asyanti: Review & Editing, Supervision.
Both authors read and approved the final manuscript.

Conflict of interest

Both the first and second authors declare that they have no conflict of interest in relation to the content and publication of this article.

ORCID

Dwi Arsinta Kusumawati (https://orcid.org/0009-0001-3024-2567)
Setia Asyanti (https://orcid.org/0000-0002-1966-3459)

REFERENCES

Achour, M., Bensaid, B., & Nor, M. R. B. M. (2016a). An Islamic Perspective on Coping with Life Stressors. *Applied Research in Quality of Life*, *11*(3), 663–685. https://doi.org/10.1007/s11482-015-9389-8

Aflakseir, A., & Coleman, P. G. (2011). Initial development of the Iranian religious coping scale. *Journal of Muslim Mental Health*, *6*(1), 44–61. https://doi.org/10.3998/jmmh.10381607.0006.104

Amalia, K., & Kahija, Y. F. La. (2021). Makna Kehilangan Anak Akibat Kanker Bagi Ibu: Sebuah Interpretative Phenomenological Analysis. *Jurnal EMPATI*, *10*(1), 21–28. https://doi.org/10.14710/empati.2021.30417

Arab, M., Bernstein, C., Haghshenas, A., & Ranjbar, H. (2020). Factors associated with caregiver burden for mothers of children undergoing Acute Lymphocytic Leukemia (ALL) treatment. *Palliative and Supportive Care*, *18*(4), 405–412. https://doi.org/10.1017/S1478951519000853

Awad, A. G., & Voruganti, L. N. P. (2008). The Burden of Schizophrenia A Review. *Pharmacoeconomics*, *26*(2), 149–162.

Brickman, P., & et al. (1982). Models of helping and coping. *American Psychologist*, *37*(4), 368–384. https://doi.org/10.1037/0003-066X.37.4.368

Bumagin VE. Caregiving. New York: Springer; 2009.

Hairina, Y., & Fadhila, M. (2019). Dinamika parenting stress dan strategi coping pada ibu bekerja. *Psycho Holistic*, *1*(2), 73–80. http://journal.umbjm.ac.id/index.php/psychoholistic/article/view/448

Helaluddin dan Hengki Wijaya. (2019). Analisis Data Kualitatif Sebuah Tinjauan Teori dan Praktik. In *Sekolah Tinggi Theologia Jaffray* (Vol. 17, Issue 33). https://doi.org/10.18592/alhadharah.v17i33.2374

Huberman, M. B. M. ve A. M. (1994). Qualitative data analysis: an expanded sourcebook: by mathew b. miles and a. michael huberman. Thousand Oaks: Sage, 1994. 338 pp. £19.95 paperback. ISBN 0 8039 5540 5. *Journal of Environmental Psychology*, *14*(4), 336–337

Indonesia Cancer Care Community (ICCC). (2015). https://iccc.id/kanker-pada-anak

Istiqomah, N., Anganthi, N. R. N., & Darojat, M. (2015). Strategi Coping Pada Pasangan Pernikahan Berorientasi Nilai-Nilai Islam. *Indigenous: Jurnal Ilmiah Psikologi*, *13*(2), 47–54. https://journals.ums.ac.id/index.php/indigenous/article/view/2620

Kristiani, L., Wirawan, H., Kusumarojo, R. C., & Tehuteru, E. S. (2008). Gambaran Emosi Ibu dari Anak Penderita Kanker. In *Indonesian Journal of Cancer* (Vol. 2, Issue 2). https://doi.org/10.33371/ijoc.v2i2.41

McEvoy, B., & Creaner, M. (2022). The experiences of mothers who have a child diagnosed with cancer. *Psychology and Health*, *37*(5), 597–614. https://doi.org/10.1080/08870446.2021.1872791

Pargament, K. (1997). *The Psychology of Religion and Coping: Theory, Research, Practice*. The Guilford Press.

Pargament, K., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, *2*(1), 51–76. https://doi.org/10.3390/rel2010051

Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, *56*(4), 519–543. https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1

Pargament, K. I., Tarakeshwar, N., Ellison, C. G., & Wulff, K. M. (2001). Religious coping among the religious: The relationships between religious coping and well-being in a national sample of Presbyterian clergy, elders, and members. *Journal for the Scientific Study of Religion*, *40*(3), 497–513. https://doi.org/10.1111/0021-8294.00073

Rafii, F., Oskouie, F., & Shoghi, M. (2014). Caring for a child with cancer: Impact on mother's health. *Asian Pacific Journal of Cancer Prevention*, *15*(4), 1731–1738. https://doi.org/10.7314/APJCP.2014.15.4.1731

Riset Kesehatan Dasar (RISKESDAS) 2013, Badan Penelitian dan Pengembangan Kesehatan, Kementrian Kesehatan Republik Indonesia

Salvador, Á., Crespo, C., Martins, A. R., Santos, S., & Canavarro, M. C. (2015). Parents' Perceptions About Their Child's Illness in Pediatric Cancer: Links with Caregiving Burden and Quality of Life. *Journal of Child and Family Studies*, *24*(4), 1129–1140. https://doi.org/10.1007/s10826-014-9921-8

Saputro, I., Hasanti, A. F., & Nashori, F. (2017). Qana'ah pada Mahasiswa Ditinjau dari Kepuasan Hidup dan Stres. *Jurnal Ilmiah Penelitian Psikologi: Kajian Empiris & Non-Empiris*, *3*(1), 11–20.

Saputro, I., Nashori, F., & Sulistyarini, I. (2021). Promoting Resilience among Family Caregiver of Cancer through Islamic Religious Coping. *Indigenous: Jurnal Ilmiah Psikologi*, *6*(2), 55–66.

Singer, G. H. S., Irvin, L. K., Irvine, B., Hawkins, N., & Cooley, E. (1989). Evaluation of Community-Based Support Services for Families of Persons with Developmental Disabilities. *Journal of the Association for Persons with Severe Handicaps*, *14*(4), 312–323. https://doi.org/10.1177/154079698901400410

Tahir, L. M., Khan, A., Musah, M. B., Ahmad, R., Daud, K., Al-Hudawi, S. H. V., Musta'Amal, A. H., & Talib, R. (2018). Administrative Stressors and Islamic Coping Strategies Among Muslim Primary Principals in Malaysia: A Mixed Method Study. *Community Mental Health Journal*, *54*(5), 649–663. https://doi.org/10.1007/s10597-017-0206-8

Triwahyuni, A., & Kadiyono, A. L. (2020). Islamic Religion-Focused Coping Method as a Strategy to Manage Work Stress/ Metode Islamic Religion-Focused Coping sebagai Strategi Mengatasi Stres Kerja. *Psikoislamika : Jurnal Psikologi Dan Psikologi Islam*, *17*(2), 62–74. https://doi.org/10.18860/psikoislamika.v17i2.10484

Waturandang, M., & Lausan, M. (2020). Gambaran Coping Stres Pada Ibu Yang Memiliki Anak Penderita Leukemia Pasien Rumah Sakit Kanker Dharmais Jakarta. *Human Light*.

World Health Organitation (2018). Cancer in children. https://www.who.int/news%20%20room/fact-sheets/detail/cancer-in-children