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# Quantitative Profile of Family Acceptance of Children Special Need's Moslem Parents (Case Study at Rumah Terapi Aura)

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## ABSTRACT

This is a preliminary research in a series of studies constructing a module based on family inclusion model. Having a qualitative method based on a case study approach, the data was taken from observation, questionnaire-based survey, and Focus Group Discussion (FGD). The research was conducted in Rumah Terapi Aura (RTA), a therapy center for the children with special needs, involving 30 moslem parents. The results are a Quantitative Profile and Family Acceptance Aspects. It is concluded that parents and families awareness of acceptance children with special needs are from a lack of knowledge and spiritual understanding of God's destiny.

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Family acceptance; moslem parents; quantitative profile; children with special needs

## Introduction

Children with special needs have been increasing since a few decades so that the government and stakeholder preparing in earnest to avoid the next generation as a burden. This study was initiated by a phenomenon of conducting behavioral therapy for children with special needs at Rumah Terapi Aura, a foundation for children with special needs which focus on pre-welfare families. It is found that some clients have very slow progress. Having observed, it was found that parents and family involvement are very low.

Having children with a special need is physically and mentally hard for parents. It was a lesson for parents since they have to overcome not only a lot of domestic matters but also a situation in a social environment. Meanwhile, special need children still get an exclusion even from their family. Dolu's research (2014) in East Nusa Tenggara found some aspects of how parents accept their special need children. Parents respect their children as an individual who have feelings, right and needs to express a feeling, and uniqueness as a potential so that they can provide a space for their children to grow healthy and love them unconditionally.

Blacher (1984) explained that parents following three stages of adjustment in coping with special need children. First, they experience an emotional crisis such as shock, distrust, and denial with their children condition. Second, they have some negative feelings and attitudes such as disbelief, denial, anger, regret, self-blame, shame, depression, and inferiority. Finally, the third stages parents reached an awareness of their child condition.

In addition, according to Kandel and Merrick (2003) parents accept their children with special needs through five stages. The first stage is rejection in which parents get confused and ashamed with the expert diagnosis so that they do not acknowledge that condition. The second stage is anger with themselves, partner, the God and also the expert who diagnose their children. The third stage is depression with despair, stress, and hopeless. At last, before they fully accept the situation, they have the bargaining process with raising hopes to their children. Finally, in the last stage parents can accept their children. O'Shea, Algozzine, and Hammitte (as quoted by Cavkaytar, Cyhan, Adiguzel, Uysal, & Garan, 2012) mention five stages to arrive at acceptance, namely (1) shock, disbelief, and refusal; (2) angry anger and upset; (3) effort to make peace; (4) depression and hopelessness; and (5) acceptance. O'Shea et al. stressed that it is not an easy process for parents to accept the destiny of having children with special needs. Therefore, social and professional supports are absolutely necessary.

Not only parents but also families take times to accept the presence of special need children. Even though the parents have accepted their children, sometimes they have some challenges when accompanying their children in public area. They have to accompany their children in dealing with their behavior problem such as adapting with a new physical condition they face. It makes them have a swing in emotion.

All parents involved in this research are moslem. Islam conveys that physical inadequacy is a field of reward not only for parents but also for all family members who will nurture their needy sibling physically and mentally.

Having special need children requires intentional attention and causes some consequences for the entire family members such as missing a chance to get a decent job, higher education, and qualified time for a better life. Besides, failure of having a healthy child with a future hope will also mix up the parent's self-acceptance (Meiza, Puspasari, et al., 2018). Therefore, it is important to give support to parents in coping with the problems they face (Meiza, Abdul Rahman, et al., 2017). Professionals can help parents in preparing themselves to accept and carry out a good childcare process by conducting an educational process (training).

## Literature review

This study is a preliminary study to construct module for applied the Family Inclusion Model (previous research at 2017-2018 but not published yet). The Family Inclusion Model consist of three phase, i.e. Mental State, Intervention, and Evaluation. The Family Acceptance is a part of Mental State Phase.

From the introduction, the Family Inclusion Model was introduced (Meiza, Puspasari, et al., 2018). The stages are metal state, intervention, and evaluation. The following is a brief review of how to construct the Family Inclusion Model. *The first stage* is the initial stage that must be passed by each parent because it is the basis for the implementation of the next program. The first stage includes family acceptance and family resilience. At this stage, the family needs to have knowledge about children's disorders, diagnosis, longterm outcomes and social support (Ip, Cheung, & McBride-Chang, 2008; Kim, Han, & McCubbin, 2007; Putnick et al., 2015).

Acceptance of parents is one of the key factors for success for children. Parents not only focus on disability but have a realistic view of the challenges and hopes of their future children (Milshtein, Yirmiya, Oppenheim, Kroen-Karie, & Levi, 2010 in Algood, Cynthia, & Jun, 2013). Family acceptance is the beginning of family resilience. Research shows that couples and families who are always struggling with difficulties, often become partners or families that are stronger, more loving, and smarter in facing challenges in the future (Walsh, 2002, 2016).

The second stage is the assessment and intervention stage where parents and family are the centers of the implementation of the intervention. The assessment carried out by way of history, observation and examination in depth are useful for knowing the actual condition of the child and knowing the needs needed in the intervention. Professionals see the role of family functioning has an impact on the outcome of an intervention.

The third stage is the evaluation stage. At this stage evaluation of the program plan has been made, to see progress, setbacks or even stagnant conditions so that changes can be made to improve children's development. Evaluation of the program needs to be done to find out the child's development and the processes that occur in it which can later be used as improvement material or additional programs that can be given later.

Sari's research (in Nasir, 2018) found that there is a correlation between family support and mother's acceptance toward an autistic child. It means that family members support has a positive correlation with the acceptance of mothers. Besides, there is a correlation between knowledge and a level of maternal readiness in accompanying autistic children. This research proves that having knowledge about autism can reduce parents stress especially a mother.

Islam proposes a term of 'Ridha' describing the acceptance of goodness from Allah which can be a form of misfortune, pleasures, experience, hope, and pain from others (Rusdi, 2017). Rusdi had researched about Ridha with an Islamic perspective and explained that Ridha is a way of accepting things given from God such as misfortune, troubles, favors, experience, hope, and pain. This research also constructs tools for measuring Ridha from an Islamic perspective. The statement is confirmed (in Rusdi, 2017) explaining that human beings should be pleased with everything assigned by Allah in order to have gratitude and earnest. Imam Ali radiyallahuanhu (Rusdi, 2017) assert that accepting an unpleasant condition requires a higher degree of faith so that it requires a struggling and sacrificing process and effort. If someone has reached a level of pleasure hoped, he will get happiness.

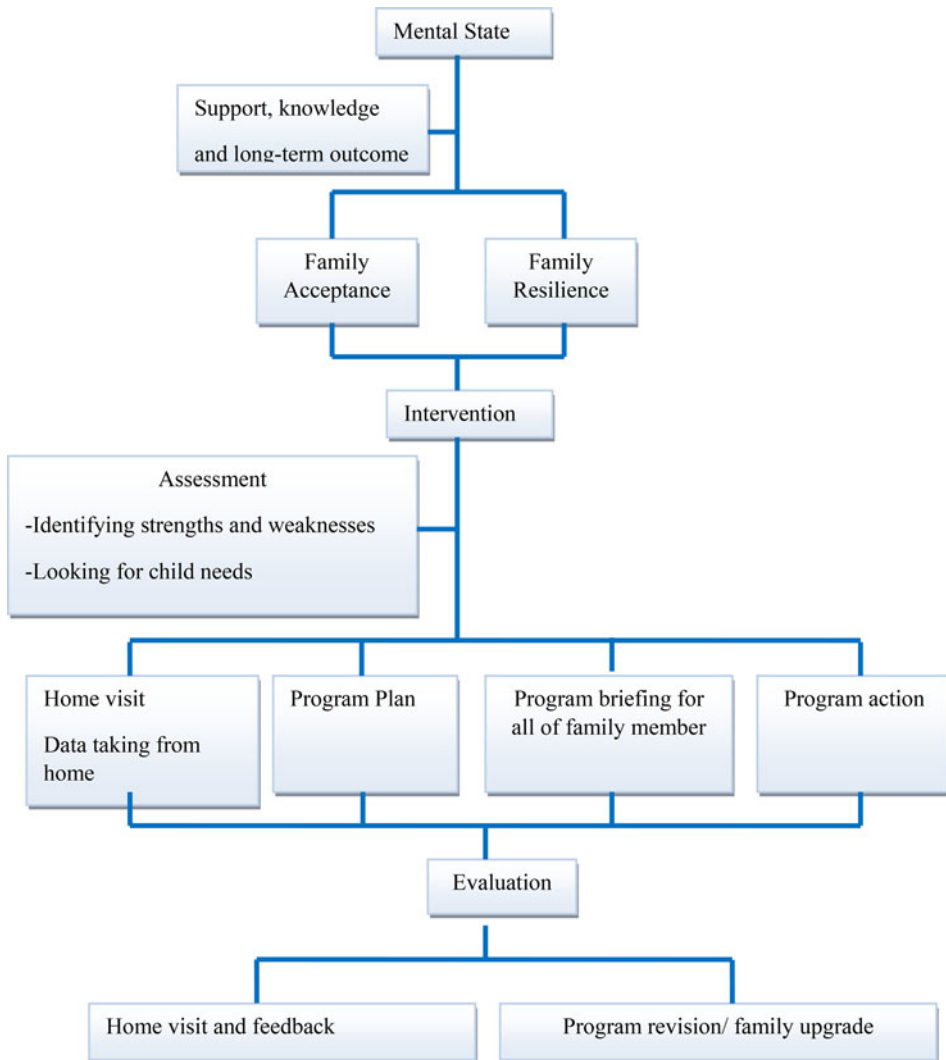
Since the subjects are moslem, this research wants to study the correlation between Ridha and Family Acceptance. Having understood how families and parents accept God's provision, the output of this research will be an educational guide based on Islamic terminology.

Someone requires a long mental process to get acceptance and it depends on the level of their respective abilities. Since Islam teaches patience is a problem solving for human, this effort cannot be separated from the patient aspect. As stated in the Qur'an Surah Al Baqarah verse 153 that Allah send a problem based on their ability. Then in the Qur'an 'Surah Al Baqarah verse 214, Allah describes the level of problem that might be faced which are mild, moderate, and some are heavy. However, in the Qur'an Surah Al-Insyirah verse 5 and verse 6, Allah provides the solution by saying that with difficulty there is ease and there is wisdom behind the problems to increase the faith.

Parents need to have a true effort in order to believe in the God solution. There are so many plans they must prepare such as what must be done; with whom should be work; how to communicate with family members so that they respect each role. It is equally important that parents have to against any negative things such as thinking about what people say, being ashamed if children are outside, and complaining why this and so.

## **Methodology**

This study uses the qualitative method with a case study approach. The sample is 30 (thirty) parents of children with special needs. They are the client of Rumah Terapi Aura, a therapy behavior clinic and from an extraordinary school in Bandung. Not only parents but also their children are various in ages and needs.



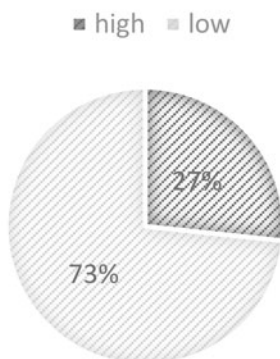
**Figure 1.** Family inclusion model.

Having various methods and sources of collecting data, this study intends to describe the acceptance profile of moslem parents who have children with special needs. These methods conducted are appropriate with the characteristics of triangulation case study designs and it is for obtaining convinced conclusion.

#### ***Data resources and measurement tools***

Data come from observation, questionnaire and Focus Group Discussion (FGD). Observation has been conducted for one year during the therapy session not only at Rumah Terapi Aura but also at home. Then the subjects

## FAMILY ACCEPTANCE PROFILE



**Figure 2.** Family acceptance profile based on median.

filled out a questionnaire of Family Scale from The McMaster Family Assessment Device adaptation (Epstein et al., 1983). Finally, Focus Group Discussion was held discussing the aspects of the Family Scale which has a low score. While the list of questions from the FGD is continued from the score of the questionnaire, it is selected which has a value less than the median.

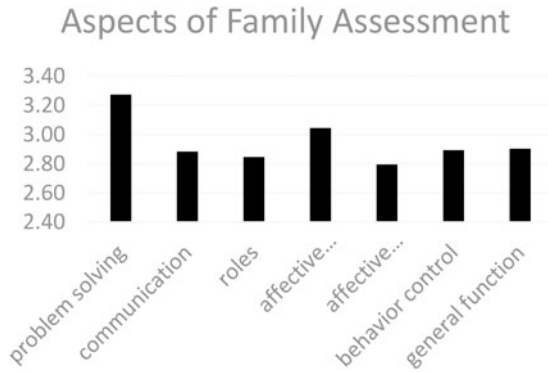
The Family Scale consisted of seven (7) aspects, namely problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. Having Likert Scale, there are four (4) attitude choices namely Strongly Disagree (SDA), Disagree (DA), Agree (A), and Strongly Agree (SA). Those scores are for favorable items while the vice versa was applied for unfavorable items.

### **Participant**

The participants of this study are 30 parents of children with special needs who become a client of Rumah Terapi Aura. In general, they come from underprivileged families so that they can't have a treatment for their children since a price for therapy is relatively high cost. Most parents are around 30-40 years old and their child has been treated for 2 years on average.

### **Method and data analysis**

This is a case study approach using descriptive, explorative, and explanatory research. Descriptive research was used since the subjects are limited.



**Figure 3.** Aspects of family assessment.

Then, in order to validate the result, triangulation was conducted to confirm observation result with questionnaire and FGD.

### **Data analysis**

Data collected were analyzed through pattern matching technique and triangulation. Then the data were compared in order to check the suitability with theoretical explanations. That is, the data is analyzed by comparing and paying attention to and then comparing the results of the analysis of the data with existing.

### **Results**

The following are quantitative descriptive and qualitative results. The descriptive result was obtained from thirty (30) participants who filled out the questionnaire. The data presented are Mean, Standard Deviation, and Median. After that, categorization based on the Median was carried out to obtain two categories, namely low and high. In addition, the questionnaire was also seen from the average score per aspect to find out which aspects were the highest and which aspects were the lowest. The results of processing quantitative data obtained through questionnaires are shown in the diagram in [Figure 2](#) and [Figure 3](#).

FGD result shows that problem solving was found as one of the highest aspects of Acceptance. Problem solving refers to the family abilities to resolve problems which threaten the integrity and functional capacity of family (Epstein et al., 1983). There are three aspects that must be activated for having problem-solving skills namely cognitive, effective, and psychomotor (Bloom et al., 1956). Quran will be a solution for moslem problems if they can activate all those aspects. Family therapy must cover these three aspects.



In a cognitive aspect, parents have to optimize their mind by finding out some ways to alleviate tasks, increasing knowledge about their children, and improving their children through therapy. Cognitive therapy rectifies the family understanding about Allah's plan giving children with special needs. Allah said in Qudsi Hadith, "I am according to my servants' presumption." And also in Ar Ra'du verse 11 "Allah doesn't change the condition of a people until they change their own condition. It is believed that Allah does not burden someone beyond his capacity and it is to test their faith. This is in line with the spirit of Surah Al Baqarah verses 214 and verse 286 in Quran as stated in the literature review.

In an affective aspect, parents must be able to express attention, love, and caring to their children so that they feel being loved and protected. In a psychomotor aspect, parents need to educate children in mastering skills based on their developmental milestone. Parents do that effort with patient and pray to beg help from Allah (Qur'an Surah Al Baqarah verse 153).

## Profile

As stated at the method the data was obtained from observation, questionnaire, and FGD. The questionnaire result presented a quantitative profile of the subject in accepting their children.

Referring to the Median as a Central Tendency, it is obtained that 73% of respondents have a low acceptance and 27% have a high Acceptance toward a presence of children with special needs in their families.

## Aspects

Parents who attended FGD were asked some questions regarding family acceptance which consist of Communication, Involvement, and Family Function aspects. All participants have children with special needs at various ages. Although there is no correlation between experience, maturity, and readiness in accepting the children with special needs, there are some parents who have accepted very well and shared tips for preparing family acceptance.

Based on each aspect in profile it was found that problem-solving is the highest aspect understood by families, especially parents. Meanwhile, the involvement is the lowest aspect showing that family involvement as a form of Acceptance is still low.

What can be concluded from this result? Why does the Problem-Solving Aspect have the highest score while the Involvement aspect gets the lowest score?

The FGD was conducted in order to answer explore the previous questions. The FGD results show that parents might have sufficient normative

knowledge to accept the presence of children with special needs. However, it is not easy for parents to apply it in real life. Parents need not only adequate knowledge but also a supervisor from a professional group who can assist them in finding the best involvement for their child care process. In involvement aspects, mother seems to struggle by herself since spouse and other children are not really helpful.

## Implication

This study has identified seeks to map the problems that occur in families that have children with special needs, where each family member has pressure because of having children or siblings with special needs. In this study, we conducted a Focus Group Discussion were from the research subjects. Successfully explored several aspects that became the weaknesses of the subject along with the reasons. These aspects will be a reference for further research in the form of module making. The module is expected to be used as a material guide in the activities of family therapy.

Family therapy is a form of treatment that is designed to address specific issues affecting the health and functioning of a family (King, 2017). There are some kinds of family therapy, that one of these is Structural Family Therapy. This therapy is focused on adjusting and strengthening the family system to ensure that parents are in control and at the same time children and adults are within clear boundaries of roles. In this form of therapy, therapists work with families in order to observe, learn and discover their unconscious abilities, to help strengthen families in their relationships. This is consistent with family inclusion goals.

Family therapy is a treatment that is designed to address the specific issues of a family, such as health and family functioning. Herkov in (Herkov, 2018) said that family therapy views individual's problems in the context of the larger unit, the main case usually includes problems with behavioral or emotional problems in children. In these contexts, this research's goals very in line. In families with children with special needs, behavioral or emotional problems do not only occur in children but also in other family members, namely parents and siblings. To overcome this, Family therapy at the Aura Therapy House uses Islamic values as a basis for therapy, where parents who have children with special needs are trained to be patient in accepting their child's condition, both special and normal. In the literature review section, a number of verses from the Qur'an have been mentioned which are used as motivations for parental acceptance, including Quran Surah Al Baqarah verses 153 and Quran Al Insyirah verses 5 and 6.

## Future research

The next study was the implementation of psycho-education for families in the setting of family therapy which was preceded by the preparation of the Family Inclusion module according to the model in [Figure 1](#). After making the module, the effectiveness test will be carried out. The trial process begins with observations about the characteristics of each family so that they undergo the program from the module with the characteristics of the family.

## Limitation

Finding the right time to gather all family members and conduct every meeting in family therapy is something that is not easy to do. The varying level of participant education so that it takes more time to understand or undergo a given program is also a problem that can occur.

Factors that are not expressive cultural background greatly affect the communication aspect so that professionals have difficulty in observing and exploring the strength and weakness of the family because they convey things that they feel are not considered to be embarrassing to the family.

## Conclusion

As many as 73 percent of moslem parents in the Rumah Terapi Aura have not been able to accept the presence of their children sincerely and sincerely and still have not been rid of the provisions of their God, even though family acceptance is the first step in a child's progress.

As stated above, this article is the result of preliminary research in order to apply the Model Family Inclusion to the module. Later this module will be used to prepare Mental State parents to reach the stage of Ridha in accepting the fate of the presence of their children with special needs. Modules will be used in training with the subject of parents and other family members. This activity will be designed in an experimental format with the Before-After design. Before attending the training, parents will be measured how much they have been able to receive or not for their children by using the Ridha Scale compiled by Ahmad Rusdi (Rusdi, 2017). The measurement at the beginning will be used as the baseline for the changes to be seen after the respondent has received treatment in the form of education or training. It will be known whether this educational process provides a different Ridha score from the initial measurement.

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## Reference

- Algood, C. L., Cynthia, H., & Jun, S. H. (2013). Parenting success and challenges for families of children with disabilities: An ecological systems analysis. *Journal of Human Behavior in the Social Environment*, 23(2), 126–136. doi:10.1080/10911359.2012.747408
- Aydin, A., & Yaman, A. (2014). The relations between the acceptance and child-rearing attitudes of parents of children with mental disabilities. *Eurasian Journal of Educational Research*, 5(4), 79–98.
- Blacher, J. (1984). Sequential stages of parental adjustment to the birth of a child with handicaps: Fact or artifact? *Mental Retardation*, 22(2), 55–68.
- Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain*. New York: David McKay Company.
- Cavkaytar, A., Cyhan, E., Adiguzel, O. C., Uysal, H., & Garan, O. (2012). Investigating education and support need of families who have children with intellectual disabilities. *Journal of Qualitative Inquiry*, 3(4), 79–99.
- Dolu, Bunga, and Killing. (2014). Gambaran Penerimaan Orangtua Anak Usia Dini Berkebutuhan Khusus di Nusa Tenggara. *Jurnal Pendidikan Teknologi dan Vokasi*.
- Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster family assessment device. *Journal of Marital and Family Therapy*, 9(2), 171–180.
- Herkov, M. (2018). About group therapy. Psych Central, Retrieved on March 21, 2019, from <https://psyccentral.com/lib/about-group-therapy/>.
- Ip, H. M., Cheung, S. K., McBride-Chang, C. & Chang, L. (2008). Association of Warmth and Control of Filifina Domestic Helpers and Mothers to Hong Kong Kindergarten Childrens's Social Competence. *Early Education and Development*, 19(2), 284–301
- Isa, A. Q. (2011). *Hakekat Tasawuf*. 3th ed. Jakarta: Qisthi Press.
- Kandel, I., & Merrick, J. (2003). The birth of a child with disability. Coping by parents and siblings. *TheScientificWorldJournal*, 3, 741–750.
- Kim, E., Han, G., & McCubbin, M. A. (2007). Korean American Maternal Acceptance-Rejection, Acculturation, and children's Social Competence. *Family & Community Health*.
- King, L. C. (2017). What is family therapy? Retrieved from <https://healthypsych.com>.
- Meiza, A., Puspasari, D., & Kardinah, N. (2018). Comparative analysis from experimental psychology: Application of behavior modification methods for children with down syndrome based on Islamic value. Paper presented at Series: Advances in Social Science, Education and Humanities Research Proceedings of the International Conference on Islamic Education (ICIE 2018). Retrieved from <https://www.atlantis-press.com/proceedings/icie-18/articles>.
- Milstein, S., Yirmiya, N., Oppenheim, D., Kroen-Karie, N., & Levi, S. (2010). Resolution of the diagnostic among parents of children with autism spectrum disorder. Association with child and parent characteristics. *Journal of Autism and Development Disorder*, 40, 89–99.
- Meiza, A., Abdul Rahman, A., Puspasari, D., & Kardinah, N. (2017). Constructing special needs family inclusion model based on Islamic values. *A Research Report LP2M UIN Sunan Gunung Djati Bandung*. Unpublished.

- Nasir, A. (2018). Hubungan Pengetahuan dan Kecemasan dalam Mendampingi Anak Berkebutuhan Khusus di SLB Cerme Gresik. *Journals of NERS Community*, 9, 2632042.
- Putnick, D. L., Bornstein, M. H., Lansford, J. E., Malone, P. S., Pastorelli, C., Skinner, A. T., ... Oburu, P. (2015). Perceived mother and father acceptance-rejection predict four unique aspects of child adjustment across nine countries. *Journal of Child Psychology and Psychiatry*, 56(8), 923–932. doi:10.1111/jcpp.12366
- Ummuhan, A., and A. Rukuye, (2017). An evaluation of anxiety in parents with disabled children and their coping strategies. *International Journal of Caring Sciences*, 10(1), 342–353.
- Rusdi, A. (2017). Ridha dalam Psikologi Islam dan Konstruksi Alat Ukurnya. *Journal Psikologi Islam*, 4(1), 95–117.
- Walsh, F. (2002). A family resilience framework: innovation practice application. *Family Relations*, 51(2), 130–137.
- Walsh, F. (2016). Applying a family resilience framework in training, practice, and research: Mastering the art of the possible. *Family Process*, 55(4), 6.