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## **Resilience in Parents with Special Needs Children in Special Schools**

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### **Abstract**

*The birth of a child is a highly anticipated moment for married couples, but not all children are born with typical health, with some being Children with Special Need (ABK). This research aims to explore the resilience of parents who have children with special needs in special schools (SLB) in East Lombok. Using a qualitative case study approach, data were collected through observation, interviews, and documentation from three participants selected by purposive sampling. The study found that parents demonstrated varying levels of resilience. One parent reached the "Thriving" stage, showing strong resilience, while the other two were in the "Recovery" stage, meaning they could adapt but still faced emotional challenges. All three parents showed resilience through the I am, I Have, and I Can factors, and believed their experiences were part of God's destiny.*

**Keyword:** Resilience, Parents, Children with Special Needs (ABK)

### **Introduction**

All married couples hope to have healthy and normal children, parents want their children to grow and develop well physically, psychologically, and socially. If the baby is born not as expected, the initial happiness that parents feel can turn into disappointment. The baby not meeting expectations refers to being born with a disability.<sup>1</sup> All parents with children surely have an image of how their child will be,

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<sup>1</sup> Arib Istawa. (2022). Subjective Well-Being and Resilience Among Parents of Children with Special Needs in Purwokerto. Thesis. Purwokerto: Universitas Islam Indonesia. p.1

whether in terms of physical appearance, manner of dressing, or abilities. However, not all parents will get a child that meets their expectations; the further it is from their hopes, the more disappointment and rejection they may feel towards the child's condition.<sup>2</sup>

The moment of birth is one of the most awaited events in a marriage. The status as husband and wife partners will not be complete without the presence of children. The reality is that not all children are born in normal conditions; many are Children with Special Needs. (ABK). Children with Special Needs (ABK) have obstacles and limitations in their growth and development period. These obstacles occur due to dysfunction during the prenatal to postnatal period.<sup>3</sup>

In fact, some children are born with conditions that differ from other children. Some children are born with disorders within themselves, whether physical, psychological, intellectual, or developmental. Children who have special characteristics that differ from other children are called children with special needs (CSN).<sup>4</sup>

Children with Special Needs (CSN) is an abbreviation for children with special needs, representing all children whose conditions differ from those of typical children and various factors that cause obstacles for these children. Among the differences and obstacles faced by children with special needs (ABK), they can include intellectual differences such as slow learners; communication methods such as learning difficulties, hearing impairment, or autism; mental and behavioral disorders related to emotional disturbances, intellectual disabilities, and hyperactivity; sensory functions such as blindness and deafness; physical conditions such as physical disabilities; and other disabilities or multiple disorders such as dwarfism, as seen in cerebral palsy and mental retardation or deafness and blindness<sup>5</sup>

These limitations not only make it difficult for the child during their development but also pose challenges for the caregivers. Parents, in this case, must sacrifice a significant amount of time to deal with, care for, and nurture them. This condition can cause stress for parents as caregivers. The stress experienced by

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<sup>2</sup> Elizabeth. B. Hurlock. (1972). *Desarrollo Infantil* (serie McGraw-Hill en psicología). McGraw-Hill Educación.

<sup>3</sup> Uswatun Hasanah & Sofia Retnowati. (2017). *The Dynamics of Resilience in Single Parent Mothers with Multiply Disabled Children*. Vol. 3. NO. 3. p. 152

<sup>4</sup> Heward, W.L., Albert-Morgan, S.R., & Konrad, M. (2017). *Exceptional Children An Introduction To Special Education, 11 th Edition*. Person Merrill Prentice Hall.

<sup>5</sup> Kirk, S., Gallagher, J.J., Coleman, M.R., & Anastasiow, N.J., (2009). *Educating Exceptional Children 12<sup>th</sup> edition*. Boston, USA: Houghton Miffl in Harcourt Publishing Company.

parents as a consequence of daily responsibilities related to child care and the child's future sustainability<sup>6</sup>

Most family members experience adjustments in their work, such as reducing working hours, changing jobs, or quitting their jobs. The various adjustments that need to be made often lead to various disturbances and stress for parents, especially mother.<sup>7</sup> The stress experienced by mothers is also related to the heavy responsibilities of child care and upbringing. The reactions indeed vary; some mothers cope with the condition realistically, while others deny it, practice self-love, exhibit ambivalence, feel guilty, or develop a dependency pattern with the child.

The mother is the first person to feel the pressure because she feels worthless and has failed to give birth to a child in a normal condition. The mother is the most affected because, directly or indirectly, she is very close to the fetus during pregnancy until the time of delivery. Many parents with children who have special needs feel ashamed, disappointed, and hopeless, and resign themselves to not doing anything better for their child. Parents accept all these circumstances as fate predetermined by the Almighty Creator for their lives and their child's life<sup>8</sup>

Parents who have a child with special needs and a normal child have different responsibilities. There are four types of responsibilities for parents with children with special needs. First, parents of children with special needs have the responsibility of being decision-makers because it is the parents who decide which alternatives their child will pursue. The second responsibility is as parents who need to adapt to their child's condition, socialization, and so on. The third is as their child's teacher, not as a professional special needs educator, but they can play a role in providing some training in certain aspects within the parents' capabilities<sup>9</sup>. Lastly, the mother also has the responsibility of being an "advocate," which means supporting and defending the interests of her special needs child<sup>10</sup>

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<sup>6</sup> Mangungsong, F. (2011). Educational psychology for children with special needs, Volume two. Depok: Institute for Measurement and Education in Psychology, University of Indonesia.

<sup>7</sup> Fiqqih Anggun Lestari & Lely Ika Mariyati. (2015). The Resilience of Mothers with Children with Down Syndrome in Sidoarjo. Journal of Psychology, Muhammadiyah University Sidoarjo, Vol.3. No. 1. p. 142

<sup>8</sup> Aqila Smart. (2010). Disabled Children Are Not the End: Learning Methods and Therapy for Children with Special Needs. Yogyakarta: Kata Hati

<sup>9</sup> Retna Budiarti. (2013). The Influence of Support Group Counseling on Increasing Self-Awareness in Parents of Children with Special Needs. Jurnal Psikologia Vol.2, No. 1. pp. 77-86.

<sup>10</sup> *ibid.* Retna Budiarti. (2013)

Families with children with special needs will go through a certain process that allows them to endure and adapt until they can become a resilient family. There are also reactions from parents who are disappointed and feel that their child is different from other children.<sup>11</sup> For parents who experience stressful situations when raising a child with special needs, anxiety about the child's future, experiences of social stigma, limitations in social and career opportunities, awkward relationships with those around them, financial constraints, poor welfare and emotional well-being, and a lack of adequate services arise<sup>12</sup>

The continuous challenges, in turn, can affect the relationships between family members, thus leading to dysfunction within a family. This stressful and potentially triggering experience is something that must be addressed.<sup>13</sup> herefore, the ability to face it is needed. This ability can be referred to as resilience, which is the ability to face developments and adapt to stressful experiences.<sup>14</sup>

Resilience can be defined as describing the positive aspect of individual differences in a person's response to stress and other adverse conditions. Although resilience is the individual capacity to endure stressful situations, it does not mean that resilience is a trait; rather, it is more of a process. (process).<sup>15</sup> Resilience is formed from the interaction between risk factors and protective factors. Risk factors are anything that has the potential to cause problems or difficulties, while protective factors are those that strengthen individuals or families in facing risk factors. Good and successful adaptation to a problem reflects the strong influence of the protective factors possessed.<sup>16</sup>

Resilience is considered a fundamental strength that serves as the foundation of all positive character traits in building a person's emotional and psychological strength. Without resilience, there will be no courage, perseverance, no rationality. A number of studies conducted have convinced that a person's thinking style is greatly

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<sup>11</sup> *Op. Cit.*, hlm. 144

<sup>12</sup> Rajan, A., Srikrishna, G., & M., Romate, J., (2016). Resilience of parents having children with intellectual disability: Influence of parent and child related demographic factors. *Indian Journal of Health and Wellbeing*, 7(7), 707-710.

<sup>13</sup> F. Walsh. (2016). Family resilience: A developmental systems framework. *European Journal Of Developmental Psychology*, 1-12. doi:10. 1080/17405629.2016.1154035

<sup>14</sup> Tedeschi, R. G., & Calhoun, L. G. Posttraumatic growth: Conceptual foundations and empirical evidence, 2004. *Psychological Inquiry*, 15, 1-18.

<sup>15</sup> Desmita. (2011). *Developmental Psychology of Learners*. Bandung: PT. Remaja Rosda Karya.

<sup>16</sup> A. Kalil. (2003). *Family Resilience and Good Child Outcomes: A review og thr literature*, New Zealand centre for social research and evaluation ministry of social development.

determined by their resilience, and resilience also determines a person's success in life<sup>17</sup>

Resilience is essentially a form of positive adaptation in an effort to maintain and regain mental health even when experiencing difficulties.<sup>18</sup> Resilience can shape an individual's psychological endurance that remains relatively stable even when faced with experiences of suffering, even those that have the potential to cause serious symptoms.<sup>19</sup> Resilience holds a strategically significant position in the dynamics of the lives of parents with children who have special needs due to the intense pressure they face daily when dealing with their child's limitations and the negative attitudes that arise from their environment, which can become a source of trauma in itself. Parents of children with special needs often encounter negative societal reactions that even seem to ostracize them. That condition can become a strong pressure on parents, which continuously triggers feelings of guilt within them.<sup>20</sup> Resilience or fortitude is a mental condition that does not appear out of nowhere. Resilience can be formed through training and conditioning, including through self-reflection exercises as part of Islamic teachings. The meaning of resilience that the researcher can understand is the ability to face difficult times or the ability of an individual to recover from all pressing situations and to adapt and endure through their difficult times.

Sekolah Luar Biasa (SLB) Negeri 1 Lombok Timur is one of the inclusive schools located on Sultan Agung Sawing Street, Majidi, Selong District, East Lombok Regency. This special school is one of the institutions provided to accommodate students categorized as children with disabilities. This special school receives many children with disabilities, ranging from physical disabilities such as limb disabilities, visual impairments, specific learning difficulties, speech and language disorders, to emotional disturbances. This special school does not only accept children of elementary school age (SDLB), but also has levels for junior high school (SMPLB) and senior high school (SMALB).

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<sup>17</sup> Desmita. (2005). *Developmental Psychology of Learners*. Bandung: PT. Remaja Rosda Karya.

<sup>18</sup> H. Herman, dkk. (2011). What is resilience? *Canadian Journal of Psychiatry*, 56(5), 258-265. <https://doi.org/10.1177/070674371105600504>

<sup>19</sup> G. Hornor. (2017). Resilience. *Journal of Pediatric Health Care*, 31(3), 384-390. <https://doi.org/10.1016/j.pedhc.2016.09.005>

<sup>20</sup> Reivich & Shatte. (2002). *The Resilience Factor: 7 keys to Finding Your Inner Strength and Overcoming Life's Hurdles*. Three Rivers Press.

## Research Method

The research method used in this study is a qualitative research method with a case study approach. Qualitative research is a deliberate research process aimed at understanding a phenomenon experienced by the research subjects. This qualitative research method will produce data in the form of descriptions using words, language, and writing by observing the research subjects.<sup>21</sup> In this research, the researcher will use a case study research approach. The case study research approach is an in-depth study of an individual, a group, an organization, a program, and so on, over a certain period with the aim of obtaining a complete and in-depth description of an entity by generating data that will subsequently be analyzed to produce a theory. As per the data collection procedures in qualitative research, case study data is obtained from observations, interviews, and archives<sup>22</sup>

The main subjects in the research to be conducted are parents with children with special needs who attend SLB Negeri 1 Lombok Timur. The number of research subjects in this study is 3 pairs of parents who have children with special needs. To support the research data, the researcher will also collect data from significant others, who are the closest people to the main subjects, totaling 6 individuals. The data collection methods used in this study are observation, interviews, and documentation. Data collection techniques, triangulation is defined as a data collection technique that combines various data collection techniques and existing data sources. When researchers collect data using triangulation, they are actually collecting data while simultaneously testing the credibility of the data, that is, checking the credibility of the data with various data collection techniques and different data sources.<sup>23</sup> Technique triangulation means that researchers use different data collection techniques to obtain data from the same source. Researchers use participatory observation, in-depth interviews, and documentation for the same data source simultaneously. Source triangulation means obtaining data from different sources using the same technique. Data analysis activities used include data reduction, data display, and conclusion drawing.

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<sup>21</sup> Lex J Moleong, *Qualitative Research Methodology* (revised edition), (Bandung: PT Remaja Rosdakarya, 2011), 2nd ed., p. 6

<sup>22</sup> Zuchri Abdussamad. (2021). "Qualitative Research Methods". Makassar: CV. Syakir Media Press. 1st ed. pp. 90-91

<sup>23</sup> Sugiyono, "Quantitative, Qualitative, and R&D Research Methods". Bandung: Alfabeta. 2013. p. 241

## Results and Discussion

The purpose of this research is to identify factors affecting resilience in parents with children with special needs. The research results will be detailed below

### 1. *I Have*

I Have is a source in the resilience process that comes from external support, such as partners, family, friends, or other trusted individuals who can provide advice, input, and strength or support in overcoming difficult times. The support provided is very meaningful for individuals going through difficult times to build self-confidence, independence, responsibility, and empathy towards others.

Based on the research findings explained by the first subject, namely R's parents, during the difficult times, especially in raising R, it was the husband who helped. Since this couple had R, the subject received quite a few negative responses, which made the subject feel sad. But her husband has always been a source of strength in facing the destiny they received and has become a source of strength for the subject, making her a strong and resilient person in caring for and raising her child R until now.

*"Don't listen to what people say, don't...". Eee.. basically, I get 100% support from my husband, don't listen to what people say... but I think about it, I can't sleep, like I sleep like this... sleep but get woken up like this (while placing her palm towards her chest) getting woken up by people who say this.. in the end, it seems my husband also thinks about it but he might respect my feelings."*

*"My husband said, 'The more you feel sad, the more you look sad, that's the happiness of those who don't like us.'"*

The same thing was experienced by the second subject, who received social support from her immediate family, namely her husband, who had helped her through difficult times and become a resilient person in facing life.

*"Uh.. he.. keeps supporting me.. his father has been very supportive." He was patient, he said, maybe tomorrow he can talk like other kids, he said... tomorrow he... tomorrow he will be smart like other kids. His father is my strength.. his father.. his father is the one who makes me (the pillar) strong to go through all of this life."*

As for the third subject, the form of support he received to rise from his difficult times initially came from the people around him who did not provide any support at all. However, over time, close people such as family, relatives, and siblings also began to support him.

*"Well, I don't have parents anymore... yes... after that... I have siblings, they said things like this... 'Hey, don't go to school, you're like this... your child is like this...' No, I want to go to school... I said that... the neighbors who don't like me... 'Don't go to school, she's like that...' I told them... shut up... but now my siblings or family support me going to school."*

*"If someone talks like this... like Ririn's illness... we take her there... we take her, if I don't have money... my family gives me money... they give me money even if it's borrowed... because of me... if that's the family's reminder." If someone hears about Ririn's illness like this, tell me. Aaa... advised.. "my brother doesn't have money.." A.. if there's money, use this money, so it can be quick, maybe from there to him it can be like this, like this, like that.. because I'm lacking..".*

## 2. I Am

I Am is a strength that comes from the individual themselves. That strength encompasses feelings, self-confidence, and behavior. Resilient individuals are able to rise and overcome their difficult times, which makes them proud of themselves and they will not let others belittle them or underestimate their efforts.

Based on the information provided by the first subject, they were able to rise from their difficult times after going through many ups and downs, in a period that can be considered not short, approximately 6 months after their child was diagnosed with a disability. (Down Syndrome). The subject underwent medical treatment as recommended by the doctor after learning about what had happened to their child.

*"Finally, okay, on Thursday we got the answer, next week we will take the test from sun... ee sent from Surabaya to our house, directly to Dr. Risa." Finally, he said this, he just said this.. "this..this..this.. positive, sir, you can talk to me, but the mother should take the child first." So maybe it seemed like the doctor didn't want me to hear it, he said this.. "the child has no congenital diseases at all, the reason the doctor sent this report is to inform that the child's condition should be conveyed to the mother." There is nothing dangerous, it's just fate. There are no diseases, no complaints at all... only the mother needs to be healed. He said, my husband turned red. "The mother has to be taken to the mental hospital," like that. Well, in the end, the doctor couldn't just say, "Ma'am, you need... uh, treatment... to be more beautiful, healthy, basically beautiful." He said that, maybe he told me so that I wouldn't... in the end, I didn't accept being taken to R... my thought about the psychiatric hospital is that it's for crazy people, that's our thinking with our limited understanding...*

Not long after that, after receiving the doctor's advice to undergo treatment, R's mother did not immediately accept it wholeheartedly. However, there were many struggles that her husband undertook to persuade the subject to continue with the medical treatment, specifically psychiatric assistance.

*"But after discussing it, my husband said, 'No, we go to the psychiatric hospital to see the psychiatrist, the doctor is beautiful, so we want to learn to be beautiful.' I didn't want to, but eventually, my husband said, 'If I'm sulking, for example, my schedule, but my doctor has already accepted it... we don't want to argue in front of people, right? But just go along with it. But from the journey home, eeehhh... it feels uncomfortable, wanting... wanting to argue. But my husband seems to understand. Finally, if it's my schedule, he said, 'Don't you want*



*to go to the mall...?" "(Don't you want to go to the mall..?)" he said... "Don't you want this, there's this... (Don't you want this.. there's this..)" back then our go-to place when we were young was Bajang Collection, the t-shirts..." eeh.. Bajang Collection isn't good anymore, there's something better now."*

*"Interested, yes... but it feels like being stabbed, right?" In the end, after I went through it, I went through it... it turned out to be nice. At the psychiatrist's, it wasn't like I imagined. Finally, umm.. because we were indeed built up first, our spirits were lifted first. They... they asked me to share my feelings. In the end, even without being paid, I still want to go there, right? Because if we go to the mental hospital, we definitely stop by the mall, right? Even though he doesn't pay me, I still have to go there, right? Eventually, I became comfortable because everything we couldn't express in our household could be conveyed there and was guaranteed to be kept confidential. What our complaints are, what our desires are, later he will convey them, right?"*

Undergoing treatment for approximately 6 months, the subject gained important insights that he could apply to himself, enabling him to overcome difficult times and become the strong person he is today.

*"There, it turns out we were formed by a community, a community of patients. Not yet called quotas, but fellow patients." And it turns out the essence of my therapy is... my school, so to speak. The essence of all the meetings, from the first, second... the essence is that I have to... uh... the essence is to be grateful, apologize, thank you, be grateful, rise up, that's it. First, I have to be grateful, second, thank you, third, I have to apologize, apologize to RM, apologize to God... then stay motivated. Just repeat that.*

*"After I underwent the six-month therapy in Mataram, the results were indeed better." Better for me, better for him, better for the environment. So, the point is just that, "accept, be grateful, say thank you, apologize, be sincere," that's it, just go back and forth to that. So if we hold onto these four, it means... for our growth and development, we can... I mean... um... it's not like that anymore... my old self who used to be reckless. Even if I receive that sentence now, Alhamdulillah, there is already an answer. "My heart has also accepted it.. actually, being grateful and accepting it, that is truly a magical way to heal oneself."*

A similar sentiment was also expressed by the second subject, who stated that what enabled them to rise from their difficult times was wholeheartedly accepting their child's condition and accepting the fate from the Almighty.

*"There are some... there are some... too... but only a few." Some love Hafiz, some criticize Hafiz. But.. no, I don't care now, what's important is that I fight for my child, what's important is that you go to school and become a smart child, a clever child, I said. Don't worry about what people say... that's why I'm happy to see him studying here.*

*"Yeah.. I just pray that there might be wisdom behind all this, right.. no one wants a child like this, right.. but it's already, it's already God's will, right.. yes, let's just let everything pass..."*

In addition, the second subject was able to rise or be resilient from their difficult times because they saw the progress their child made after undergoing occupational and speech therapy for approximately 9 months and when their child entered a Special Needs School.

*"Yes.. before, before he.. before the therapy, he couldn't speak." Can't say "mama," "papa," can't. Nooo.. like this ehh.. (while looking at his restless child) "Hafiz.. you can't do that... (scolding his child). Hebe.. can't stay still.. can't stay still... that's hyperactive.. can't be quiet, and then... now he can.. E.. he can now poop by himself, pee by himself. Hafiz can now talk a bit. "No" he says now.. he couldn't do it at all before. Now he says "mommy.. mommy.. mommy.. pee" now.. Alhamdulillah there has been a change.*

*"There's a change now, he wants to go to class.. at first he didn't want to. Now, he wants to line up.. he wants to line up a bit now.. he can write now, he wants to scribble.. umm.. before he didn't want to hold a pencil."*

The same sentiment is felt by the third subject, who was able to rise from difficult times because they held firm and had a strong spirit to see their child grow like other children in general, thus providing a proper education suitable to the child's condition by enrolling them in Sekolah Luar Biasa Negeri 1 Selong.

*"Yes.. I also enjoy school." Because there are friends, right? If at home, it's just quiet. Yes.. I'm very relieved.. my child is like that, there are more than my child. So I feel relieved that he is studying here.*

### 3. I Can

I Can, in this source, there are several aspects that influence such as communication, managing emotions, problem-solving, and seeking trustworthy relationships. Based on the interview results, it shows from the parents' perspective how they face challenges or obstacles when having a child with special needs.

According to the first subject, the challenges they face while raising their child include delays in understanding commands and having to adjust to their child's mood, as reflected in the interview results:

*"Even if my younger sibling says I'm great... I'm not great yet, I can only talk." In practice, every day I still experience stress, still feel confused... but if I have to talk to someone, well... I am indeed in a state of... every day learning, learning about myself, especially emotions... what is it... our emotions... in facing him... For a lifetime, I think... the challenges... the delay in understanding commands, then... another challenge is adjusting to his mood. It's actually incredibly tiring... but I remind myself... Ooo... I am being watched... there's a CCTV from God, that's what I think. If Rama were Jokowi's child entrusted to me, of course, I shouldn't be angry with him, I always remember that. If I want to get angry... the report isn't to Jokowi but to Allah... but actually, I'm just joking when I say this, in practice, we still feel the impact, we still feel the exhaustion. (W2.S1.24 September 2024.48:18:96)*

Meanwhile, according to the second subject, the obstacles faced in raising and caring for their child, particularly in providing therapy, include financial issues and the distance from their home to the hospital where the therapy takes place, which is quite far.

*"Yes.. since he started therapy." He was willing to have his salary cut... going back and forth to Mataram... Absences mean salary cuts. Yes... but since the fasting month, I haven't been there. His father... um... doesn't... doesn't want to, right? Because it's far, he said, during the fasting month he said... maybe next time if there's a fortune we can go for a check-up... for the medicine so the child won't be too active... that's why it's hard if... he can't be quiet.*

*Previously, the second subject had provided medical care by taking her child for therapy for approximately 9 months, but due to difficult economic conditions and only being able to meet daily needs, the subject and her husband decided to stop the therapy. Subject RN did not receive support or financial assistance from close family members, except for the hard work done by the subject and her husband to finance their child's therapy. Subject RN and her husband often borrowed from people who trusted them to obtain loans for their child's therapy expenses.*

*"we.. we want to get the medicine.. because, you know.. he is still very hyperactive, Hafiz." That's what his father said, if there's a fortune, he said, because lately there hasn't been... too much fortune. Right? The salary isn't that much either, it's cut, just enough... but we make do with it. But thank God the father is responsible, oh God.. it's rare to see a man like that..".*

*"If there was no support from the family, especially during the therapy sessions when it was just the two of us... there was no support from the family, like financial support... nothing... it was purely from the two of us... the father was the only one who tried to find something... to go back and forth to Mataram..."*

*"Really.. no, no, no, I'm not lying." Because my model is that it's not good to lie, it's better to be honest. If there's no money, he tries to find a way to go to Mataram... at that time... there was absolutely no money... then Hafiz had his therapy schedule, going back and forth... his parents, well... he maintained that he wouldn't borrow, but others would give. Their own parents didn't lend them money, we asked... come on, mom, let's borrow this... but they didn't lend it. Oh God, I cried... because, you know, umm... Oh God, how are we going to go to Mataram, because we have no money, Hafiz needs therapy, needs to get medicine, oh God... "Tomorrow I will try to borrow from everywhere," said the father. Even my own parents, my own mother, didn't give it to me. My own mother... didn't give it to me. I asked to borrow mom... for Hafiz's therapy, but I wasn't given it.*

The same goes for the third subject, the obstacle for him is financial issues that prevent him from ever taking his child for therapy.

*"A.. this is Dr. Yusuf, right? A.. he said he has hearing problems, checked it, made a referral letter to go to Selong. When we got to Selong, it wasn't... hearing problems, the*

*medicine was in Mataram, but it wasn't... one day, two days, a long time... we didn't go to Mataram, right? We are poor." There is none.. I have never had therapy, because there is no money. If it's bomoh, there are plenty of them. But I go to the doctor if I have money, I go to the doctor. But the therapy, I never did it because I didn't dare to say it, because I didn't have the money, that's all...*

This statement is supported by the significant others' statements regarding the third subject, which indicate that the subject is hindered by financial problems, preventing them from taking their child for therapy. In fact, the third subject received assistance to take their child to the doctor for an examination, with help from one of the parents of a child who also attends SLB Negeri 1 Selong.

Based on the information provided by the three subjects in this study, the emergence of negative affect includes feelings of devastation, shame, disappointment, sadness, and lack of self-confidence. These feelings become part of the mental condition that occurs when they first learn that their child's condition is different from that of other normally born children. Parents with children with special needs in this study are positioned as individuals in a state of difficulty. (adversity). Various types of disorders or deficiencies, both physical and mental, faced by children with special needs give rise to various psychological problems for their parents. One of the most important psychological factors in human life is emotions and mood because they can influence thinking and behavior. Emotions and mood are two different things, but they are interconnected and inseparable from each other. Affect itself is a feeling that occurs within an individual, which includes aspects of mood and emotion. Mood is a condition that has both positive and negative affects; positive affects on mood include states of enthusiasm and pleasantness, while negative affects include tension or unpleasant feelings.<sup>24</sup>

Resilience in parents with children with special needs is greatly influenced by several factors that become the source of resilience formation. According to Grotberg, in developing the resilience skills needed to support individuals when faced with difficult conditions, certain roles are required, namely three important factors that significantly influence the formation of resilience: I am, I have, and I can. The first factor is I am, which shapes self-understanding, concerning knowledge of who they are, understanding of their feelings, attitudes, and beliefs. The second factor is I have, which relates to the individual's understanding and interpretation of their environment and the extent of social support received. The third factor is I can,

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<sup>24</sup> Tiara Anggun Mauladi, et al. "The Use of Bibliocounseling Techniques Assisted by Happiness In Jar for Students Experiencing Negative Affects". Journal of Islamic Education Guidance and Counseling. Vol.5 No.1. 2024. p. 61

which relates to self-confidence in everything that can be done to live life, whether in the form of personal or social skills.<sup>25</sup>

Based on the three factors that influence the formation of resilience in an individual, it was found in the three subjects who have children with special needs in this study that the greatest strength emerges from the factor "I am," which consists of personal capacity including attitude, feelings, and beliefs. The attitude of acceptance that has begun to develop in each subject towards their child's condition, as well as the feelings that have started to be controlled when experiencing difficulties in caregiving or when receiving criticism from those around them, have begun to be managed by each subject. The strong belief in the presence of this special needs child is a gift from God Almighty that is beyond human ability to reject. All of this is the best path from God Almighty, who has entrusted each subject with a child with special needs. The three subjects in this study believe that there is wisdom behind all the circumstances they face and are convinced that Children with Special Needs (CSN) will be a source of reward for them in the hereafter. The acceptance of parents towards children with special needs, regardless of their conditions, as explained in previous research, indicates that what befalls their lives is the destiny from Allah the Almighty that must be accepted with full sincerity<sup>26</sup> Previous research explains that parental acceptance of children with special needs is based on the formation of resilience, allowing each parent to accept their situation with faith and surrender to God's will.<sup>27</sup>

The second factor, I have, is the subject's understanding of what they possess in their life. In this case, social support from both family and close relatives becomes a pillar in building the resilience of parents to endure and rise from every setback. In fact, among the three subjects in this study, not all received support from their families. Each subject received support by joining a gathering for parents with similar conditions, such as meeting with other parents at the Special Needs School (SLB) where their child is enrolled.

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<sup>25</sup> Edith Grotberg Ph.D., (1995) "*A Guide to promoting resilience in children: Strengthening the human spirit*." The Hague: The Bernard van Leer Foundation.

<sup>26</sup> Zulifatul Ghoniyah., & Siti Ina Savira. (2015). "Description of Psychological Well Being in Women with Down Syndrome Children. UNESA, No.3 Vol. 2

<sup>27</sup> Defi Kumala Sari & Lely Ika Mariyati. (2023) "Resilience of Parents with Autism Spectrum Disorder (ASD) at SLB Aisyiyah Tulungan Sidoarjo". Journal Of Analysis and Inventions. Vol.2. No.3

The benefits gained from joining such a group include parents providing attention and care for one another, whether it be among fellow parents or parents towards their own children. Activities such as exchanging stories about the condition of each other's children, whether in terms of development or the difficulties their children face, sharing experiences from parents who have successfully navigated the challenges of raising children with special needs, recounting the long journey of nurturing and educating their children, can serve as a form of emotional support for other parents of children with special needs. That parents do not feel alone in raising their children, but rather that there are others who share similar conditions with them. This also shows that as part of a group, parents feel loved, there are others who care and pay attention to them. Social support is essential for becoming a resilient individual, as previous research has explained that resilience is achieved when a person receives social support from others, such as from partners, friends, professionals, family, and communities or organizations.<sup>28</sup> That support will bring out the "I can" component, where individuals are able to find solutions in every difficult situation they face in caring for and educating Children with Special Needs, as well as in all aspects of their lives.

This study also found that the presence of spiritual values can influence someone to become a resilient individual. As explained in previous research that studied resilience in parents of children with Down syndrome, armed with effort and prayer, accepting the circumstances given by God Almighty, and not easily giving up are key to enduring in their situation of having a child with a disability.<sup>29</sup> In another study, it was also found that spirituality plays a role in shaping individuals to become resilient. Previous research also shows that an individual with relatively poor spiritual intelligence will affect their level of resilience. Conversely, an individual with good spiritual intelligence will have a higher level of resilience. The three subjects believe in the power of God Almighty and surrender to the destiny He has given them.<sup>30</sup> Other research also shows that the better a person's ability to think positively, the

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<sup>28</sup> Nurul Khasanah & Amalia Adhandayani. (2021). "Social Support and Resilience in Mothers with Children with Specific Learning Difficulties". Esa Unggulan University

<sup>29</sup> Fiqqih Anggun Lestari & Lely Ika Mariyati. (2015). "Resiliensi Ibu yang Memiliki Anak Down Syndrome Di Sidoarjo. Psikologia. Vol.3 No.1

<sup>30</sup> Theresia Oktaviani Nay & Dewanti Ruparin Diah. (2013). "The Relationship Between Spiritual Intelligence and Resilience in Students Participating in an Acceleration Program". Tabularasa Psychology Journal. Vol.8. No.2

better their resilience will be, and other factors that influence resilience include social support, spirituality or religiosity, and positive emotions.<sup>31</sup>

To become a resilient individual, there are 7 abilities that form resilience: emotional regulation, impulse control, optimism, empathy, causal analysis, self-efficacy, and reaching out. The research conducted on these three subjects indicates that the first subject can be considered a resilient individual as they have fulfilled the 7 aspects that form resilience: emotional regulation, impulse control, optimism, empathy, causal analysis, self-efficacy, and reaching out. The first subject is able to regulate their emotions and control their impulses when faced with external pressures. They can react by ignoring pressures such as gossip from those around them about their child or themselves. An optimistic attitude is also present in the subject, who hopes their child can live independently in the future by gradually providing assistance to teach the child things that can help them in daily life. This also affects the subject's self-efficacy in providing the best for their child, such as giving the child a proper education to optimize their abilities. The subject has empathy for others in need of help and also has empathy for the child, the subject can understand the child's feelings. The subject is also able to analyze the causes of their child's condition who has Down Syndrome. This is evident when the subject realizes that all the circumstances experienced are God's will, the subject can become a stronger, more patient, sincere, more grateful, thankful person, and able to apologize to their child and those around them, so the subject can become more accepting of their situation. This also includes the aspect of reaching out or having achieved a positive aspect after the subject has gone through various difficulties. Based on the explanation, it can be concluded that the first subject can fulfill the seven aspects of resilience, which aligns with previous research findings that indicate individuals can enhance their resilience by possessing these seven aspects.<sup>32</sup>

Meanwhile, the second and third subjects can be said to lack good resilience because they have not yet fulfilled several aspects in the formation of resilience. The second subject cannot fulfill the causal analysis aspect, and similarly, the third subject has not yet fulfilled the optimistic and causal analysis aspects. The second subject does not know the cause of their child's disability and only speculates without

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<sup>31</sup> Zidni Immawan Muslimin. 2021. "Positive Thinking and Resilience in Students Completing Their Thesis". *Jurnal Psikologi Integrative*. Vol.9. No.1

<sup>32</sup> Maulida Khoirun Nisa. (2012). "Case Study on the Resilience of Children in Sidoarjo Orphanage." *Guidance and Counseling*, Faculty of Educational Sciences, State University of Surabaya

seeking valid information to confirm the child's actual condition. The same thing happened to the third subject; he was less optimistic about his child. The third subject only focuses on the present in caring for their child without any vision for the child's future. The third subject also does not know the exact cause of the child's condition due to a lack of information-seeking regarding the child's condition, and this is also due to their age, which is considered not young anymore, in addition to being busy taking care of their child, they are also focused on their own illness. Based on this, this could be a possible reason why the subject is less active in seeking help or information regarding their child's condition. According to previous research "Resilience of Mothers with Children with Down Syndrome at Special School (SLB) Negeri 1 Sumbawa," which showed that the three mothers with children with Down syndrome had different levels of resilience, and these differences were influenced by varying educational backgrounds, occupations, and economic statuses.<sup>33</sup>

It is said that to become a resilient individual, one must meet the factors that can shape resilience. An individual who only possesses one factor within themselves cannot be said to be a resilient individual, so they need other supporting factors to be considered as having achieved resilience or being a resilient individual. The factors that form individual resilience are five factors, including the following<sup>34</sup> a. Personal competence, high standards, and tenacity (kompetensi pribadi, standar yang tinggi, dan keuletan). A strong sense of self and consistency that supports someone in achieving a target or "power." In addition, individuals are highly focused on their goals and prepared when facing setbacks. b. Trust in one's instincts, tolerance of negative affect, and strengthening affects of stress. This factor focuses on a person's calmness, the decisions made, and the accuracy of finding solutions when facing stress. c. Positive acceptance of change and secure relationships with others (penerimaan positif terhadap perubahan dan hubungan yang baik dengan orang lain). Faktor ini berkaitan dengan kemampuan individu beradaptasi terhadap perubahan yang terjadi. d. Control (kontrol). This factor is the individual's control in achieving their goals and receiving help from others. The individual remains capable of controlling even in pressing situations. e. pengaruh spiritual (pengaruh spiritual). This factor includes a person's faith in God Almighty through supplication, prayer, and

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<sup>33</sup> Ivon Arisanti. 2015. "The Resilience of Mothers with Children with Down Syndrome at the Special School (SLB) Negeri 1 Sumbawa". *Journal of Psychology*. Vol.3. No.1

<sup>34</sup> Agus Iqbal Hawabi. 2011. "The Influence of Resilience on Juvenile Delinquency Among Psychology Faculty Students". Thesis, Maulana Malik Ibrahim State Islamic University Malang. pp. 26-27



solely relying on and believing in His destiny. These five factors can help someone improve their resilience.

Based on several factors and aspects of resilience present in the three subjects of this study, the second and third subjects, who do not meet several aspects of resilience, can be said to be resilient individuals with a level of resilience at the recovery stage. The second and third subjects are considered individuals with resilience at the recovery stage because they do not meet several aspects, such as the second subject not being able to meet the causal analysis aspect, where the subject does not know the cause of their child's disability. The same situation occurs with the third subject, who cannot meet the optimistic and causal analysis aspects. The subject does not have a vision for their child's future, although the subject continues to strive to focus on caring for the child for the time being. This aligns with the 4 levels/stages of resilience, namely<sup>35</sup> 1. Succumbing, which is a depiction of the declining condition of individuals who succumb or give up after experiencing a pressing or threatening situation. 2. Survival, at this stage individuals are unable to achieve or form positive psychological and emotional functions after facing pressure. 3. Recovery, at this stage when individuals are able to recover their psychological and emotional functions reasonably and can adapt to the pressing conditions, although it still leaves residual negative feelings. Thus, a person can return to their daily activities and demonstrate themselves as individuals who have achieved resilience. 4. Thriving, at this stage, a person is not only able to return to their previous state after experiencing a stressful condition, but they are also able to reach this stage. The process of facing and overcoming stressful conditions forms new abilities that make individuals even better. This can be seen in behavior, emotions, and cognition such as a sense of purpose in life, a clear vision, greater appreciation for life, and a desire for positive social relationships.

## **Conclusion**

Based on the research results that have been conducted, resilience in parents with children with special needs illustrates that resilience in each of the three subjects, when viewed from the factors influencing resilience and from the aspects of resilience formation, can be concluded as follows: First, the factors influencing resilience in parents with children with special needs. In the process of analyzing field research data, it shows that the three subjects who have children with special needs at the Special School (SLB) in East Lombok possess factors in building resilience within themselves, namely fulfilling the three factors: I Have, I Am, and I Can. For future

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<sup>35</sup> *ibid.* hlm. 28-29 (Agus Iqbal Hawabi)

researchers, it is suggested to conduct more in-depth studies on resilience and, if necessary, to use subjects with different types of disabilities.

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