



Psychological Dynamics of Parents: Educational Adaptations of Children with Special Needs in Schools and Homes

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ABSTRACT

The aim of this research is to find the psychological dynamics of parents who have children with special needs. Disclosure, analysis, and interpretation methods use the quality of communication, observation, and interviews with all parents who have children with special needs at SLB N 1 Purwakarta. The results showed that the psychology of parents experienced high shocks. At the beginning of the detection of the level of special needs of children, parents seemed not to accept this fact. In the next stage, parents find other parents who are in the same boat. At this stage the psychological adaptation process of parents enters the DABDA process. First, Denial. Parents cannot accept the fact that their child has special needs. Second, angry. The anger was aroused by the fact that it actually happened. Third, Bargaining. Parents have started to make peace with themselves and the facts that must be accepted. New parents realize that everything happens by His power. Fourth, Depression. At this stage parents and their children withdraw from the environment, and Fifth, Acceptance. The process of adaptation and self-acceptance to be able to adapt and communicate with others

INTRODUCTION

Children with special needs are children who have physical, intellectual, emotional and social limitations. These children experience obstacles in their development, so they are not the same as the development of their peers. Categories of children with special needs can be described by professionals as disabled, impaired, impaired, handicapped, or exceptional (Reynolds & Fletcher-Janzen, 2007).

It is said to have special needs because basically the child has a disorder that affects his physical, mental and/or social condition. For example, children cannot hear, cannot walk, autism and so on. Having a child with this condition makes the parents' psychology disturbed at first, they have to struggle with the situation before finally being sincere and accepting it wholeheartedly. Psychology According to Wilhem Wundt (1829) is "A science that studies the various experiences that occur in humans; such as the five senses, feelings, thoughts, and wills (Woody & Viney, 2017). This is in accordance with the Kübler-Ross Model which was first coined by a psychiatrist named Elisabeth Kübler-Ross in her book *On Death and Dying* (Kübler-Ross, 2009). The stages of parental acceptance of children with special needs are known as DABDA.

DABDA stands for Denial, Angry, Bargaining, Depression, Acceptance. Denial or denial (this stage usually starts from a feeling of disbelief that the doctor gave a verdict that the child is a child with special needs) (Sandoval, 2013). Angry or anger, the second stage usually occurs when parents realize that the child's condition is undeniable (Maxwell, 2017). As a result, parents become angry and take vent on things that are not clear (Bulitt, 2017). Bargaining or bargaining, This is the stage where parents try to bargain for the conditions that occur in children. This is done as an effort to entertain oneself and give thanks for everything that is bestowed by God Almighty (Hoofe, 2006). Depression or depression, at this stage, parents feel hopeless, depressed and have lost hope (Bruce, 2017). Therefore, parents with children with special needs will withdraw from the environment. Acceptance or acceptance, this is the stage of accepting the child's condition (Van Minnen, 2009). At this stage, parents wholeheartedly accept that they have a child with special needs.

Children with Special Needs are people with social welfare problems who need attention and help from other people or the environment and their families so that they carry out their social functions. Children are a gift and a mandate from Allah Swt which is the next generation for the future of the nation and state, therefore Children with Special Needs get a decent life guarantee, opportunities both physically, mentally and spiritually and get optimal protection from their parents (Basco, 2015).

The purpose of this research is to find out the factors that make parents go through the DABDA phase in dealing with children with special needs so that they can reach the acceptance stage.

This research was conducted on parents who send their children to SLBN 1 Gang Beringin.

LITERATURE REVIEWS

Children with special needs is another term to replace the word "extraordinary child" which indicates a special disorder. Children with special needs have different characteristics from one another. The concept of special needs can be associated with extraordinary or often called children with disabilities (Tabroni, Bagus, et al., 2022). Simply put, an extraordinary child is a child whose development is different from normal children in general (Suryaningrum et al., 2016). Children with special needs are children who are considered to have special needs if they cannot get the full benefit of the curriculum made for children of their age and or who cannot be fostered adequately in ordinary educational sites (Ediyanto et al., 2021). Children who have one or more of the following characteristics can be said to be children with special needs if they have visual disabilities, hearing disabilities, physical or mental retardation disabilities, adjustment difficulties and learning difficulties (Puspitaningtyas, 2020).

Some children with special needs experience impaired cognitive conditions (Jesslin & Kurniawati, 2020). Such as children with learning difficulties, often do not follow the cognitive development as described. As a result, children who have learning difficulties will be unable to complete the cognitive tasks demanded by the school. Not only cognitive disorders, some children with special needs also experience motor disorders, especially children with special needs who experience motor disorders are children with cerebral palsy. Where the child has damage to the pyramidal and extrapyramidal tracts or a mixture of the two (Marcillia & Widodo, 2020).

The denial stage, the anger stage, the bargaining stage, the depression stage and the acceptance stage. These stages describe the process of parents in accepting their children with special needs. The first stage is denial, the first attitude shown by parents is that they are surprised to find their child has special needs. Parents do not believe their child has special needs because in the family there is no history of having special needs, feelings of pity, and guilt in the parents (Lilienfeld et al., 2011).

The second stage is anger. Each parent in this stage expresses it in a different way, some feel jealous because their child has special needs, then get angry with themselves, and there are parents who do not accept the child's condition which is shown by not being raised directly by their biological parents (McCoy, 2019). This stage of anger is very difficult to overcome from a family point of view (Kübler-Ross, 2009). This is as stated by Dr. G in Kubler-Ross when the first stage of denial cannot be sustained anymore, it is replaced by feelings of anger, anger, envy, and resentment (Kübler-Ross, 2009).

The third stage is bargaining. Bargaining indicators are parents asking God for healing and consulting a doctor for their child's recovery. Parents pray to God so that their children will be given healing, can be more independent, and can be invited to communicate (Stiffelman, 2012). The hope of parents is not only limited to praying, but consulting a doctor for their child's recovery. The results of the examination stated that each child has a type of disability that is not just

one type and the possibility of a complete recovery is not possible for the child (Sapolsky, 2012).

The fourth stage is depression. A person experiences insurmountable stress, he can fall into a depressive phase. Depression is a painful experience and is a feeling (affective) disorder characterized by dysphoric affect (loss of joy/arousal) (Knight, 2021). At this stage, family support is also important so you don't feel prolonged sadness. Depression experienced by each parent has different reasons, for example, depression experienced by parents when they are alone at home and lamenting the child's condition, then when the biological parents of the child do not care, and the anticipation made when depressed expressed in the form of emotion is to stop all activities and focus on the child's wishes (Gerhardt, 2019).

The fifth stage is acceptance. Indicators of parents being able to accept their children with special needs can be seen from the behavior of parents towards their children such as affection, attachment, caring, support, and parenting where these parents can feel and express affection for their children (Ware & Johnson, 2013). Parents show an attitude of accepting the child's condition, one of which is feeling more grateful because outside their environment there are still children with special needs whose circumstances are more than their children's (Weitzel, 2018).

Indicators of parental acceptance of their children with special needs are participating in children's activities, thinking about and trying to improve children's development, meeting their physical and psychological needs, establishing good and wise communication, not discriminating and comparing with other children, providing guidance, encouragement, and motivation, being a good role model for children by behaving well, and not demanding or forcing the child's will (Rhodes, 2012).

The first aspect of acceptance is participating in the child's activities. The role of parents is as a caregiver/educator, mentor, motivator and facilitator (Hill, 1990). Each child has different and quite diverse activities, namely activities at school, activities at home, and outside the home (Imam Tabroni & Nurarita Nurarita, 2021). In his role as a caregiver, when the child is at school the child is entrusted by the teacher as a form of educating the child to be independent (Imam Tabroni & Fitriani Nasihah, 2023). As mentors, parents accompany children's activities when doing something that children cannot do alone, such as eating, bathing, wearing clothes (Tabroni & Purnamasari, 2022). To do this, parents still need collaboration and guidance.

The second aspect is thinking about and trying to improve the child's development. This can be seen from the efforts of parents to meet educational needs by providing opportunities for children to go to school (Tabroni & Juliani, 2022). Apart from that, they are included in therapy programs, invite them to communicate, and teach them daily activities (Setiawan, 2020). The third aspect is meeting physical and psychological needs. Physical and psychological needs can be realized in terms of being able to meet daily needs, assisting in various activities, providing love, enthusiasm, guidance, and motivation for children (Imam Tabroni, Ade Heni Maryani, 2022). The role of parents besides educating

and guiding is as a motivator and facilitator. Parents have a passion for caring for their children with special needs and trying to make them independent (Tabroni & Dodi, 2022). Daily needs such as helping to eat and wearing clothes have become a routine for parents in accompanying their children in their role as facilitators (Corter & Pelletier, 2010). Psychological support such as giving encouragement, motivation to go to school to be more independent and enthusiasm for recovering from illness are also provided by parents (Tusysyahidah et al., 2023). The role of parents is as a motivator (Tabroni, Sari, et al., 2022).

The fourth aspect is to communicate well and wisely. Every child with special needs needs different assistance (Mais et al., 2016). However, the main thing that must be mastered first is learning how to communicate. Speech difficulties experienced by the child with special needed make parents also try to take part in a speech therapy program (Suryaningrum et al., 2016).

The fifth aspect is not differentiating and comparing with other children. An attitude of self-acceptance is shown by a person's attitude of acknowledging one's strengths as well as accepting one's weaknesses without blaming others and having the desire to continue to develop oneself (Winfred F.Hill, 2012). Parents realize that the disabilities experienced by their children are not only focused on one type of disability (Chambers, 2017). In addition to hearing impairment, visual impairment, and behavioral disorders, they also have a slow development of mindset unlike their peers. What parents do is understand the abilities that children have with the support or motivation from the teacher so that they are more patient in accompanying learning (Chamberlain, 2010).

The sixth aspect provides guidance, encouragement, motivation. The support given by the three subjects to their children was that they provided guidance in carrying out their daily activities, and motivated them to be healthier and more enthusiastic about learning so that one day they would become independent children (Fitriati & Imam Tabroni, 2023). The seventh aspect is being a role model for children by behaving well. Children in their daily life learn to imitate the adults around them. As stated by Hullock learning by imitation can simultaneously influence aspects of stimulation and aspects of reaction (Raab et al., 2016). In order to be a good role model for children, parents always put the needs of their children first, provide examples of good behavior, such as saying kind words, then accompanying children's activities, and as much as possible not doing things that children are prohibited from doing. So that what children do is as expected, namely good behavior (LoboPrabhu et al., 2006).

The eighth final aspect is not demanding or imposing the child's will. Self-acceptance is the attitude of someone who accepts other people as they are as a whole, without being accompanied by conditions or judgments (Delogu, 2022). The acceptability of parents is manifested in not targeting children's abilities according to their age. The main point of hope for parents is that children can be independent and able to communicate by providing learning opportunities for children either at school or through therapy activities. If the development is not as expected, these three parents remain patient to accompany every stage of their child's development.

Aspects of self-acceptability (acceptance) of parents cannot be separated from the influencing factors. These factors are a reason for parents to accept their children with special needs (Theodore, 2014). According to Hurlock in explains these factors are influenced by (Bertram & Ehlert, 2011):

1. Dream Child Concept.
2. Early experiences with children color the attitude of parents towards their children.
3. Culture value.
4. Parents who like roles, feel happy, and have good acceptance of marriage will reflect good acceptance of their children.
5. When parents feel capable of parenting, their attitudes toward their children and their behavior are better than those who feel inadequate and indecisive.
6. Ability and willingness to adapt.
7. Reasons for having children.

METHODS

The type of research used is qualitative research. The author observes research sites, finds, collects, analyzes, and interprets psychological dynamics and acceptance of parents of children with special needs. Sources of information for this study were obtained directly from the first data source, namely from parents who send their children to SLBN 1 Gang Beringin Purwakarta. DABDA as a guideline for data collection provides planned, factual, systematic, and evaluative directions regarding the psychological condition of parents who have children with special needs. This concept provides information about the initial response of parents having children with special needs. The second is anger towards oneself for having a child with special needs. Third, self-awareness of the reality that must be lived. Fourth, withdraw from the social environment because you feel ashamed. Fifth, start socializing with all elements of society and feel accepted and believe that their children still have hope like other children.

This process was explored through intensive interviews with parents of children with special needs, observing parents' behavior at school and at home, and documenting the parents' DABDA process until objective and comprehensive data were found. Interpretation of DABDA data is used to provide findings and novelty of findings related to relevant facts and literature

RESULTS AND DISCUSSION

Parents who have children with special needs at SLBN 1 Gang Beringin initially feel inferior and insecure, confused and even depressed and end up fighting with their partners because they have the child. They worry about the future of their children who have physical and mental limitations that are clearly different from other children in general. It's not easy for parents to have an attitude of acceptance with the fact of having ABK, they find it very difficult to determine parenting patterns, determine their learning style, have to have regular therapy, as well as the scorn and views of other people towards their children.

Over time, thanks to the support of the community of children with special needs as a place for sharing, therapy and consultation, as well as the existence of special schools for children with special needs which provide comfortable learning facilities and competent teaching staff, as well as support from families, parents can make peace and accept their child's condition. Which has limitations.

A positive perspective on Children with Special Needs who have limitations both physically and psychologically, parents should believe that behind the deficiencies their children will have talents or abilities above average that make them special. Therefore, the task of parents is to remain patient and aware and not forget to endeavor to guide children to find their specialty.

Stage of denial (denial). At first the parents did not know at all that their child had a special. As the child's age and motor level increases, certain tendencies are seen and parents panic a little. This process has given a special psychological touch to parents because they are worried something will happen. Each parent has a different level of worry. This is triggered by differences in specific behavior in children. This stage continues to grow to the point of disbelief. This point is referred to as the point of rejection of parents for children who have special needs. They start to get moody, keep their distance from their children, feel that this should not have happened and almost all parents who have children like this do not accept their presence as a new fact. Life that was actually carried on as usual, that day completely changed. Children are often scolded, physical violence is increasingly seen, even parents' behavior is almost unlike parents who treat their own children (Seber, 2013).

The second stage is anger. Getting angry at the daily activities of parents. Thoughts that are not necessarily happening began to haunt them. Worries about one thing overlapping another thing continue to be the thoughts of parents and children's lives. The future of children and the ability of children to be a point of concern for parents about the future of children. They often take out their anger on each other. The child's father and mother often take out small things on the child's condition. Blaming each other is the daily consumption of parents. This anger is none other than due to mental pressure that is affected by a feeling that does not match the facts, namely the denial of the presence of children. Facts cannot be accepted by parents and have an impact on deep anger that affects all daily activities of parents and children (Rivera, 2017).

The third is the process of making peace with yourself or offering yourself to accept what has happened. This stage describes the mental condition of parents who are starting to stabilize. As time goes by and adaptation to oneself and the environment-family and society-parents gradually give optimal affection and feel what the child feels. They begin to believe that children are part of their soul. Parents provide ample opportunities to communicate warmer with children. Give what is a priority for children. Special therapy is carried out in stages according to the needs and advice of a pediatrician with special needs. Start giving the opportunity to develop the slightest potential. Prepare more adequate suggestions and consciously pay more attention than before. This stage is also known as the stage of unification between parents and children. One word

one soul to live life meaningfully according to the needs of children (Praske, 2020).

The fourth stage is depression. This phase occurs when parents have begun to accept and develop children's abilities. On the other hand, the surrounding environment naturally starts with words that are less comfortable from the child's peers or from parents who are in the surrounding environment. This incident made the parents return to the previous phase, namely anger and enter the depression stage, namely withdrawing from the child's social environment. Parents believe their child cannot be accepted normally and naturally by colleagues who do not have special needs. This is exacerbated by the level of attention and guidance of the surrounding parents who tend to be indifferent and allow bullying to take place. Even more worried, people around children with special needs also give a bad perception of children with special needs. Parents begin to feel pressure from outside which has an impact on withdrawing themselves and their children from being involved in community activities and children's activities in general (Freiberg, 1998).

The final stage is acceptance of the child. If the home environment has not been able to accept the child's condition, then the parents have started to find other parents who have something in common. This similarity makes them communicate and consult with each other. This encourages them to share and provide input to each other to deal with children's problems that continue to grow, they even form a kind of community of parents who have children with special needs. This community runs and has programs for improving and dealing with special problems for children. One of the routine programs is a doctor's consultation according to the level of special needs detected by the doctor. Communication and peer consultation between parents also leads to the problem of handling children who often suddenly struggle and do things that are dangerous (Duffy, 1995).

In principle, the process of parental psychology runs in a long schematic way. Every parent who has a child with special needs at first cannot accept it all. Together they vent to those closest to them, such as husbands and other families. This anger starts to give rise to depression and encourages parents to withdraw and withdraw from their environment. Gradually, the parents realized that it was unavoidable but had to be faced. This awareness begins to grow and develop after they find colleagues to communicate and consult in handling the same or different but identical there are similarities. Motivation arises and develops. They formed a community, created a concept, brought in doctors, and made a mutual commitment to developing children's potential according to the specific level of each child

CONCLUSION AND RECOMMENDATIONS

Children with special needs is another term to replace the word "extraordinary child" which indicates a special disorder. Children with special needs have different characteristics from one another.

The concept of special needs can be associated with extraordinary or often called children with disabilities. Simply put, an extraordinary child is a child whose development is different from normal children in general. Children with special needs are children who are considered to have special needs if they cannot get the full benefit of the curriculum made for children of their age and or who cannot be fostered adequately in ordinary educational sites. Children who have one or more of the following characteristics can be said to be children with special needs if they have visual disabilities, hearing disabilities, physical/mental retardation disabilities, adjustment difficulties and learning difficulties. With these conditions, parents have difficulties in the acceptance process by having the child with special needed.

Acceptance theory, namely: denial stage, anger stage, bargaining stage, depression stage and acceptance stage. These stages describe the process of parents in accepting their children with special needs.

The author has suggestions for parents to have a positive perspective on Children with Special Needs who have limitations both physically and psychologically, parents should believe that behind the deficiencies possessed by their children there will be talents or abilities above average that make them special. Therefore, the task of parents is to remain patient and aware and not forget to endeavor to guide ABK to find their specialty.

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