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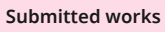






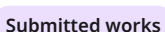

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**When Positive Thinking Changes Perspective: Parental
Acceptance of Children with Special Needs**

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Abstract

There is a gap between parents' expectations of having a healthy and normal child and the reality of having a child born with an intellectual disability. This condition often triggers negative emotional responses such as denial, guilt, and frustration among parents. The inability to accept the child's condition frequently leads to suboptimal parenting, which negatively affects the child's development. Therefore, an effective psychological intervention, such as positive thinking training, is needed to help parents improve their acceptance of children with intellectual disabilities. This study aims to examine the differences in the level of parental acceptance before and after participating in positive thinking training. The research design used was a one-group pretest-posttest design. The subjects consisted of eight parents of children with intellectual disabilities who initially had low scores in parental acceptance. The measurement tool used was the Parental Acceptance Scale, which consists of 48 items with a reliability of 0.957. Data were analyzed using the Wilcoxon T-Test. The results showed a significant

When Positive Thinking Changes Perspective: Parental Acceptance of Children with Special Needs

difference in parental acceptance scores before and after the training, with a z-value of 2.525 ($p < 0.005$).

Abstrak

kesenjangan antara harapan orang tua terhadap kelahiran anak yang sehat dan normal, dengan kenyataan adanya anak yang terlahir dengan disabilitas intelektual. Kondisi tersebut memicu reaksi emosional negatif seperti penolakan, rasa bersalah, dan frustrasi pada orang tua. Ketidakmampuan orang tua menerima kondisi anak sering berujung pada pola asuh yang tidak optimal dan berdampak negatif pada perkembangan anak. Oleh karena itu, diperlukan intervensi psikologis efektif, seperti pelatihan berpikir positif, untuk membantu orang tua meningkatkan penerimaan terhadap kondisi anak disabilitas intelektual. Penelitian ini bertujuan untuk mengetahui perbedaan tingkat penerimaan orang tua dengan anak disabilitas intelektual sebelum dan setelah diberikan pelatihan berpikir positif. Desain penelitian adalah desain *one group pretest-posttest design*. Subjek penelitian adalah 8 orang tua dengan anak disabilitas intelektual dengan skor penerimaan orang tua dalam kategori rendah. Alat ukur yang digunakan dalam penelitian ini adalah Skala penerimaan orang tua terdiri dari 48 aitem dengan reliabilitas 0,957. Teknik analisis data menggunakan *Wilcoxon T Test*. Hasil analisis terdapat perbedaan skor penerimaan orang tua dengan anak disabilitas intelektual sebelum dan setelah diberikan pelatihan berpikir positif dengan nilai $z=2,525$ ($p<0,005$).

Keywords: *Parental Acceptance, Positive Thinking Training, Children with Intellectual Disabilities*

Introduction

Every parents doesnt wants to be born with an abnormality or disability. Parents also do not want their child to be born with an abnormality or disability (Desiningrum, 2016). Every married couple has the goal of having children. Of course, parents hope that their children will born healthy, grow and develop optimally, and socialize in the community. However, not all children born can grow and develop normally according to their parents' expectations (Astutik, 2014). Some children are destined to be born with abnormal conditions. Children are born with physical or psychological limitations, which are often referred to as children with disabilities or children with special needs. The Ministry of Women's Empowerment and Child Protection of the Republic of Indonesia (2013) defines children with special needs as those who experience limitations or extraordinary needs, whether physical, mental-intellectual, social, or emotional, that significantly affect their growth or development compared to other children of the same age. One of the categories of children with disabilities or special needs is intellectual disability, or in DSM-5, it is called intellectual

disability. Intellectual disability is often referred to as mental retardation or intellectual disability. In 2018, in Indonesia, it was recorded that children with intellectual disabilities numbered around 2.75% of the 280 million population, or around 7.7 million (mediaindonesia.com). The American Association on Mental Retardation (AAMR) provides limitations that having a child with intellectual disabilities will undoubtedly affect the reactions of their parents. The reactions of parents that arise in raising and caring for children with intellectual disabilities are part of the parents' inability to accept their child's condition. In addition, the parents' unpreparedness in facing the fact that children are born and develop differently from other normal children, makes parents experience severe psychological conditions in living their lives. This is in accordance with the concept of the "ideal child" which is formed before the birth of a child which is very romantic, and is based on the image of the ideal child of the parents' dreams, while a child born normal, healthy, and perfect, both in physical, mental, emotional, or social behavior conditions as children in general (Hurlock, 1989).

However, when parents find out that their child is diagnosed with intellectual disability, they may experience shock, whether they deny it or reject it. Parents who have children with intellectual disabilities have responsibilities and experience a heavier burden of care than parents with normal children (Faradina, 2016). Faradina (2016) said that the acceptance tends to be negative from some parents towards their children because it does not match their expectations. This causes various impacts, such as adverse emotional reactions, negative thoughts and perceptions, negative attitudes and behaviors, and blaming themselves (Safari, 2005; Anggraini, 2013). According to Puspita (2004), it is not easy for parents whose children have disabilities to experience this phase before finally reaching the acceptance stage.

Having a child with disabilities is a heavy burden for parents, both physically and mentally. This burden causes emotional reactions in parents. Parents who have children with disabilities are required to get used to facing different roles than before, because they have children with special needs (Mira, 2012). This is in line with Fareo's opinion (2015) that having a child with disabilities will drain more time, energy, and even quite a lot of money (Fareo, 2015). Thus, it is common for parents to be unable to think logically about the positive or negative aspects of the problems that occur and cause feelings of

When Positive Thinking Changes Perspective: Parental Acceptance of Children with Special Needs

inferiority, anger, shame, and rejection of what happened (acceptance) (Rahayu & Ahyani, 2017).

Acceptance is an attitude that accepts others without any conditions or judgments (Safaria, 2005). Parental acceptance is the parents' psychological and behavioral effect on their children, such as affection, attachment, concern, support, and nurturing, where the parents can feel and express affection for their children (Hurlock, 1997). According to Lestari (in Mayangsari, 2013), parental acceptance is an attitude and way of treating children characterized by communication between parents and children, attention and affection, respect for children, trust, and treating children according to their abilities.

Parental acceptance refers to the warmth, affection, care, comfort, attention, support, or love the child receives from the parents (Rohner, Khaleque, Cournoyer, 2005). Aspects that are used as benchmarks for parental acceptance including an attitude of acceptance shown by active involvement, paying attention to the child's plans and ideals, showing affection, having good conversation with the child, accepting the child as an individual (person), providing guidance and motivational encouragement to the child, setting an example, and not demanding too much of the child (Hurlock, 2000).

In line with the results of the interviews conducted, the less positive attitude and acceptance of parents towards children with intellectual disabilities will undoubtedly harms the child's growth and development. Parents feel that the child's presence is a burden on the family, and they feel that they cannot raise the child well, so the parents' indifferent behavior towards the child appears. Parents are expected to be able to provide affection and guidance to their children and accept the child's condition. Therefore, the child can grow optimally like other normal children, this is in accordance with the opinion of Lerner & Kline (in Mahabbati, 2009), who said that an accepting attitude is a key attitude that will lead mothers to more optimal efforts in providing treatment for their children with special needs. Therefore, parents who have children with intellectual disabilities need effort and a long adjustment process to be able to achieve acceptance of the child's condition.

Hallahan, Kauffman, & Pullen (2009) explained that parents, especially mothers, when they know that their child is diagnosed with special needs; the initial reactions shown by parents are rejection, shock, sadness, anxiety, fear, anger, guilt, then finally, parents can adapt to the child's condition. Clinical observations of parents who

have children with intellectual disabilities show that they show guilt, confusion, disappointment, frustration, anger, shame, and sadness (Schild in Ravindranadan & Raju, 2007). Parents need a long time to be able to accept the condition of their child with the limitations they have, parents go through several defense mechanisms ranging from rejection, depression, depression and finally being able to accept.

One intervention that can increase parental self-acceptance is positive thinking training. Researchers will use positive thinking training to increase the acceptance of parents who have children with intellectual disabilities. The researchers choose positive thinking training in order to build positive thinking which will make parents who have children with intellectual disabilities able to focus their attention on the positive things from the various problems they face, through positive thinking they will feel calmer, more relaxed and able to adapt to their problems (Tentama, 2014). This is because one of the primary sources in strengthening parents in dealing with children with intellectual disabilities is values and beliefs, by viewing all events as tests from God (Prasa, 2012). Therefore, positive thinking will help bring up a positive perception that the mood is good, leading to happiness. However, the certainty is not absolute; it has the consequence of enjoying life that stimulates active involvement, encourages social contact, pays more attention to social problems, and has good acceptance (Veenhoven, 1988). This also aligns with Halida's opinion (2007) that positive thinking training is reasonably practical in managing several things related to psychological problems, such as self-acceptance. In addition, based on the results of interviews conducted by researchers, it shows that parents have difficulties on adjusting themselves to the fact that their children have intellectual disabilities, and parents also often judge and describe their children's condition negatively. In addition, there is also a lack of positive expectations for their child's condition, which continues to cause negative thoughts about their child's condition and future.

Positive thinking training emphasizes a way of thinking from a positive perspective and emotions towards oneself, others, and the situation faced (Elfiky, 2008). The results of Tentama's (2014) study found that positive thinking can increase individual self-acceptance. Positive thinking training aims to help individuals recognize and understand their thought patterns, change negative thought patterns into positive ones, and use the positive thought patterns formed in facing future life problems (Ellis, 2007).

When Positive Thinking Changes Perspective: Parental Acceptance of Children with Special Needs

The design of a positive thinking training program to increase acceptance of parents with children with intellectual disabilities will use the experiential learning method. Experiential learning is learning and modifying through one's own experience to increase effectiveness in positive behavior (Dedju, 2009). This positive thinking training will use the ABC cognitive approach where A (antecedent), B (belief), C (consequence) are important things that must be the primary focus in providing positive thinking training materials. In each session, the ABC framework will be maintained in order to provide lessons and as a self-training medium for participants to understand the mechanism of a person's thinking performance.

According to Albrecht (1980), this positive thinking training refers to positive expectations, self-affirmation, non-judgmental thinking, and adaptation to reality. According to Elfiky (2008), thinking is closely related to concentration, feelings, attitudes, and behavior. Positive thinking is a way of viewing all problems from a positive perspective. Positive thinking individuals will view their problem packaged with a solution obtained through a healthy intellectual process. Positive thinking training is effective in increasing parental acceptance of children with intellectual disabilities. Positive thinking training is carried out to change how parents think about their children. In addition, it also changes the negative emotions of parents towards children with intellectual disabilities, so that parents can accept the child's condition and not make the child a burden on the family. Parents can better recognize and understand their mindset. Parents can change negative mindsets into positive ones and use their positive ones to accept their reality and adapt to the environment well. Positive thinking training can be carried out with the following techniques: challenging thoughts, changing the way parents think, getting used to using constructive language towards themselves and their children, building self-confidence, building self-esteem, and maintaining positive behavior that already exists in parents.

Method

The research design used in this study is an experimental research design using a one-group pretest-posttest design. This study used one group of subjects. Measurements are taken before treatment (pretest) and after treatment (posttest) to compare the subject's condition before and after treatment and follow-up measurements. The reason for not using random is the limited number of research subjects. Pretest and posttest measurements and follow-up were carried out

quantitatively. Quantitative data were obtained by measuring the level of acceptance with an acceptance scale. The data in this study were obtained from the parental acceptance scale, interviews, and observations. The parental acceptance scale consists of 42 items with a reliability of 0.957. The data analysis technique used was the Wilcoxon T Test.

One form of manipulation of independent variables in an experimental study is to treat research subjects initially under equal conditions (Azwar, 2003). The intervention or treatment in this study was in the form of positive thinking training compiled by the author based on seven sessions held in 1 meeting. This positive thinking training consists of seven sessions, the sessions are as follows: mind opening session, that is my mind session, non-judgment talking session, positive expectation session, self-affirmative session, realistic adaptation session, closing session.

Table 1. Positive thinking training

No	Session Name	Main Purpose
1.	Mind Opening	Opening participants' insights into the importance of positive thinking
2.	That is My Mind	Recognizing personal thought patterns and their impact on emotions and behavior
3.	Non-Judgement Talking	Training how to communicate without negative judgments about oneself and children
4.	Self Affirmative	Building self-confidence and self-esteem as a parent
5.	Self Affirmative	Building self-confidence and self-esteem as a parent
6.	Realistic Adaptation	Training acceptance of reality and healthy self-adjustment
7.	Closing	Reflection, feedback, and strengthening commitment to implementing positive thought patterns

Result and Discussion

Based on the results of data analysis with the Wilcoxon Signed Rank test. The hypothesis test results showed a Z coefficient of -2.527 with a significance of 0.012 ($p < 0.05$). These results indicate a significant difference in the level of parental acceptance before and after being given favorable thinking training treatment. It is known that

When Positive Thinking Changes Perspective: Parental Acceptance of Children with Special Needs

the average score of parental acceptance before being given positive thinking training was 83.00, and after being given positive thinking training, it increased to 94.63. Furthermore, additional analysis results were used to test the results of the post-test and follow-up. This analysis aims to see whether the changes experienced by the research group can last for a long time. The results of the Wilcoxon T Test on the post-test and follow-up scores obtained a Z value of -2.527 with a significance of 0.012 ($p < 0.05$). These results also show that there is a significant difference in the level of parental acceptance of children with intellectual disabilities during the post-test and follow-up. It is known that the average score of parental acceptance during the post-test was 94.63, and after follow-up was 100.50. These results indicate that there is a significant difference in the level of acceptance of parents with children with intellectual disabilities between before and after positive thinking training.

The results of this study are also supported by the results of interviews before and after positive thinking training. After being given positive thinking training, the acceptance of parents who have children with intellectual disabilities experienced positive changes in their lives. These positive changes include an attitude of being more accepting of parents with their child's condition, which is shown by efforts to meet the child's physical and psychological needs, as well as always showing affection to the child. According to research conducted by Firmansyah (2018), positive thinking training is important in increasing self-acceptance. This training emphasizes or changes the way parents think to be positive. The positive thinking training used in this study, according to Albrecht (1980), is positive thinking related to positive attention and positive words (positive verbalization). Positive attention means focusing on positive things and experiences, while positive words use positive words or sentences to express one's thoughts. This will produce a positive impression on the mind and feelings. Positive thinking training has a role in making individuals accept something more positively. According to Limbert (2004), positive thinking makes individuals accept the situation positively. According to Tabrani (2016), positive thinking training aims to help individuals recognize and understand their thought patterns and change negative thought patterns into positive ones.

Based on the study results, the subjects experienced an increase in acceptance by stating that they could adjust to the reality in front of them. It means that when faced with an unpleasant reality, they could immediately adjust, minimizing regret. This is in line with the results

of a study conducted by Faradina (2016), which showed that the study subjects who were parents with specific needs had a fairly good attitude of self-acceptance. The attitude of acceptance is like accepting and facing children with special needs and surrendering to their child's condition, but trying to understand their child's condition and not being ashamed of the shortcomings their children has. From these results, not all of them fall into the category of being able to accept their children immediately; of course, it takes time and a process to accept the conditions being experienced.

In this study, MR also expressed that what he feels now is not as easy as gaining understanding and acceptance of the child's condition, sometimes up and down, so it requires a process and patience until finally, it is understood. This is in line with Faradina (2016) which states that not all parents have acceptance of their child's condition, parents who have negative self-acceptance because the subject feels that their child's condition is not in accordance with their expectations and the subject always feels ashamed and afraid when other people find out about the condition of the subject's child who has a developmental disorder.

Parental acceptance is also shown by the active involvement of parents in the activities carried out by the child; parents feel happy to be able to do something with their child (Hurlock, 1995). Parents can show affection, less demand, accept their child's condition, and not force the child to be what the parents want. Researchers have found that by thinking positively, parents who have children with intellectual disabilities will be able to accept. Therefore, positive thinking training influences parental acceptance in a more positive direction.

This positive thinking training supports the subject in managing several psychological problems, such as acceptance. In addition, in the implementation of this training, some things support the subject in continually growing and training their sense of acceptance of having a child with intellectual disabilities. Research conducted by Warastri (2020) found that positive thinking training is effective in increasing self-acceptance because positive thinking training emphasizes or changes the way parents think to be positive and changes negative emotions to positive which leads to acceptance. According to Halida (2017), positive thinking training aims to help individuals recognize and understand their thought patterns, change negative to positive ones, and use the positive thought patterns to deal with future life problems. In addition to positive thinking training, family support for parents who have children with special needs is also

When Positive Thinking Changes Perspective: Parental Acceptance of Children with Special Needs

a reinforcement to increase parental self-acceptance (Winarsih, Nasution & Ori, 2020).

The changes felt by the research subjects' differ from one another. This is because their understanding and experience are also different. Therefore, individuals who think positively will immediately end feelings of disappointment and regret, replacing them with efforts to improve themselves by realizing their position, role, and responsibilities according to their life choices and environment. This is in accordance with the results of research conducted by Rufaid (2018), showing that positive thinking will give rise to a sense of optimism, optimistic hope, good thoughts, and learning from every event.

Based on the discussion above, it can be concluded that positive thinking training can increase the acceptance of parents with children with intellectual disabilities. Therefore, positive thinking training can be a form of training to help individuals create encouragement for the acceptance of parents with children with intellectual disabilities. This is evidenced by the significant difference in the acceptance of parents with children with intellectual disabilities between before and after being given positive thinking training.

This study is also not free from limitations, such as the absence of measurements of the level of positive thinking possessed by parents before and after training. In addition, the researcher also did not carry out a control during the gap between the post-test and follow-up for one week. This caused the researcher to have no data related to the conditions experienced by the participants during the time gap. Furthermore, this study did not use a comparison group, such as the control group, so data to see the comparison effect between the experimental group given treatment and the control group not given treatment were not obtained.

Conclusion

Based on the study's results, it can be concluded that there is a difference in the level of acceptance of parents with children with intellectual disabilities at SLB N Pringsewu before and after positive thinking training. The acceptance score of parents with children with intellectual disabilities after positive thinking training was higher than before positive thinking training.

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