

Self-Acceptance of Parents with Children Experiencing Speech Delay at Type A Hospital in Central Jakarta

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Abstract

Many factors play a crucial role in how self-acceptance and parenting styles can influence a child's development, especially for children with special needs who have speech and language disorders. This research employs a qualitative approach. Through interviews and observations, the author collected data on the topic being discussed. In this study, the researcher involved three informants who are parents of children with speech delays. The first informant is a mother with the initial N, aged thirty-two, who has a child with speech delay identified as C, under six years old, with a history of tracheostomy and laryngomalacia. The second informant is a mother with the initial DS, aged thirty-four, with a daughter identified as F, currently over five years old. The third informant is a mother with the initial D, aged thirty-three, who has a child identified as DN, over five years old, experiencing speech delay due to cerebral palsy. Based on interviews with the three informants, information was obtained regarding the factors influencing the self-acceptance of parents with children who have speech delay at Type A Hospital in Central Jakarta, which are affected by: the absence of environmental barriers; positive social attitudes; the influence of success; self-understanding; realistic expectations; the lack of significant stress; and a broad self-perspective

Keywords: *Child, Speech, Delay, Parents, Self-Acceptance.*

INTRODUCTION

In the process of life, every parent hopes to have a child who is born healthy and meets their dreams. However, some of them are born as children with special needs or develop differently from other children. Aydin & Yamac (Rahayu dan Ahyani 2017) explained that failure to meet expectations regarding having a healthy baby and future dreams might also significantly impact parental acceptance-rejection behavior towards children with disabilities. According to Onder and Gulay (Rahayu dan Ahyani 2017), a higher rejection rate is determined between parents of children with mental disabilities compared to parents of children with normal development. Obi et al. (Rahayu dan Ahyani 2017) said that the birth of a child with a disability in a family comes as a surprise to the parents and the family, and poses many challenges for them. The responses or how parents cope with their child with special needs vary; in this case, the stages of parental reactions are adapted from several stages, namely denial, bargaining, anger, depression, and acceptance (Kübler-Ross 2020).

Many factors play an important role in how self-acceptance and parenting styles can influence a child's growth, especially for children with special needs who have speech and language disorders. Intellectual development is closely related to language, as supported by John W. Santrock, who states, "Cognitive processes transform an individual in terms of thinking, intelligence, and language skills" (Santrock 2010). Language includes receptive language (understanding) and expressive language (the ability to convey information, feelings, thoughts, and ideas) (McLaughlin 2011).

Self-acceptance and parental readiness in raising or nurturing children with special needs are essential for stimulating the growth and development of the child. Parenting refers to the

daily behaviors of parents towards their children, including emotions, cognition, parental behavior (parenting practices), and values (Bornstein 2002). Acceptance itself is an attitude demonstrated by parents towards their children, characterized by great attention and deep affection for the child (Rubin, Burgess, dan Hastings 2002). A successful parenting style has many determining factors, with growing empirical support for its relevance to parental cognition (Gavita et al. 2011)

Etymologically, acceptance means receiving what is offered (Hayes et al. 2004). This is sometimes referred to simply as willingness in the literature, which corresponds to the willingness that requires openness to experience. Hurlock (Gamayanti 2016) defines self-acceptance as "The degree to which an individual, having considered his characteristics, is able and willing to live with them".

From the description above, it can be said that self-acceptance is an individual's attitude towards their self-worth and abilities, as well as the ability to accept oneself as they are, with all their limitations, while still appreciating the potential they possess and making efforts to develop that potential for the sake of their survival.

In this regard, research conducted by Anisa Chelsea Islami and Hilma Fitriyani indicates that support and good parenting patterns contribute to positive self-acceptance (Islami dan Fitriyani 2022). Meanwhile, a study by Mentari Aulia Oktaviani shows that self-acceptance is positively related to self-esteem, where individuals who are able to accept themselves tend to have higher self-esteem (Oktaviani 2019). Furthermore, research conducted by Hari Bagus Pambudi and Ira Darmawanti on the self-acceptance experiences of orphaned adolescents in Surabaya reveals that the challenges they face in accepting their circumstances, as well as support from their surroundings, play a crucial role in this process (Pambudi dan Darmawanti 2022)

RESEARCH METHODS

In this study, a qualitative approach was used (Berg 2007). Qualitative research refers to meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptive elements. In qualitative research, the methods typically utilized are interviews, observations, and the use of documents. Through interviews and observations, it is hoped that the researcher will obtain in-depth data that can provide an understanding of what individuals feel regarding the topic being addressed.

The method used in this study, based on the title of parental self-acceptance of children with speech delay, is a case study method. The sampling was based on the issues and objectives of the research, focusing on parents who have children with speech delays. The number of informants interviewed in this study was 3 (three) people.

RESULT AND DISCUSSION

In this study, the researcher involved three informants who are parents of children with speech-language delays, each with a different general background. The first informant is a mother with the initial N, aged thirty-two, with an educational background of D3. N is the mother of two daughters. Her second child, with the initial C, has a speech-language delay and is currently under six years old, with a history of tracheostomy and laryngomalacia. Since birth, C has been using NGT and tracheostomy for respiratory and feeding assistance.

The second informant is a thirty-four-year-old mother with the initials DS, who has a bachelor's degree. Mother DS has one daughter with the initials F, who is currently over five

years old and experiencing speech delay. Since the pregnancy, DS has admitted to facing a lot of pressure from both within herself and her environment, and the birthing process did not go smoothly. DS feels that the speech delay experienced by her daughter F is due to her own mistakes.

The third informant is a mother with the initials D, aged thirty-three, with an educational background of junior high school. Mother D has two children, and her second child, with the initials DN, is over five years old and has a speech delay due to having Cerebral Palsy.

Description of the First Case (Informant N)

1. Self-Acceptance of Parents

When N first learned that C was experiencing a delay in speech development, she wondered why this was happening. N felt that there had been no issues from the time she became pregnant until she gave birth nine months later. She believed that her pregnancy had gone smoothly; however, the doctor mentioned that one possible reason could be that C's father often smoked near her while she was pregnant, causing N to inhale secondhand smoke at that time. Currently, C's condition requires her parents, especially N, to provide full attention around the clock. C needs to use a nasogastric tube (NGT) for nutrition and assistance due to difficulties swallowing, as well as a tracheostomy (an opening in the trachea due to respiratory issues) since birth.

As a mother, N is confident in her ability to face challenges, possesses self-esteem, and focuses on her child's success and capabilities. This is evident when N explains C's condition and the responsibilities and steps that need to be taken. C's current condition occupies much of N's time. When asked if she has ever discussed C's condition with others, N stated that she often shares and talks about it with her husband and other mothers at the hospital. N's family lives in West Sumatra, and she does not have many relatives in Jakarta. However, she does not shy away from discussing C's condition when distant relatives or neighbors inquire about it.

N has adjusted to and acknowledges her child's situation, feeling that C's socialization and interaction with family and relatives are good. N believes in her strengths and weaknesses regarding her child. Accepting the humanity of the situation, N admits that she has often faced unpleasant remarks related to C's condition but has dealt with them patiently. Aware of her child's limitations, N understands and accepts her child's weaknesses without blaming herself for them; instead, she remains determined and knows what needs to be done.

2. Stages of Self-Acceptance Experienced by Parents

When N first learned that her child was experiencing speech delay, she admitted that she did not resist and had already suspected it due to a previous medical history. At that time, the doctor also mentioned something reassuring to N, stating that the use of a tracheostomy would not be long if C's development was good and that C's voice could return. N confessed that after receiving the doctor's diagnosis, she often asked how and what needed to be done to cope with her child's condition.

N also admitted that she had been angry and blamed herself, as well as her husband, upon discovering the child's speech delay. N expressed that she had complained about feeling like a failure and despairing as a parent when learning about her child's condition. She felt hopeless and failed, blaming herself for not taking better care during her pregnancy. From this, N tried to sincerely accept her part in the oversight; for her, this was something that needed to be accepted and faced with sincerity.

3. Factors Influencing Parental Self-Acceptance

Based on the experiences of N, several factors that influence self-acceptance are as follows:

a. Influence of success

Experiencing failure can lead to self-rejection, while achieving success fosters self-acceptance.

b. Absence of environmental obstacles

The inability to achieve realistic goals may occur due to environmental obstacles that are beyond an individual's control, such as racial, gender, or religious discrimination. If these obstacles can be removed, and if family or those around motivated to reach goals, an individual will be able to gain satisfaction from their achievements.

c. Positive social attitude

When an individual has developed a positive social attitude, they are more capable of accepting themselves. Three main conditions that lead to positive evaluation include the absence of prejudice against others, recognition of social skills, and the willingness of individuals to participate in the traditions of a social group.

Description of the Second Case (Informant DS)

1. Self-Acceptance of Parents

When the child was first diagnosed with speech delay, DS felt a deep sense of personal failure as a mother. Determined to confront the issue, she became more confident and focused on her child's successes and abilities in problem-solving. DS shared about F's current condition and explained the steps she has taken and plans to take, feeling a heightened sense of responsibility as the mother who directly accompanies F in daily life and supports her development.

In terms of feelings of equality, when asked how DS socializes with other mothers or if she has discussed F's condition with others, she expressed that outside of parents with similar experiences, very few understand the challenges she faces, especially since her family has no similar history. Therefore, she often shares her experiences with mothers who have similar needs. However, when asked if she would be open to discussing her child's condition with others, DS affirmed that she would respond positively if asked about it. She does not consider herself strange and can adapt well, being aware of and unashamed of her child's differences.

According to DS, there has been no special preparation when bringing F to family events or public places, except when explaining F's condition to the teachers directly involved in her care, hoping for understanding and assistance during the learning process. DS feels that involving F in many activities will be beneficial for her socialization. As a parent, DS has confidence in recognizing both the strengths and weaknesses of her child; this is evident when she can articulate what those strengths and weaknesses are without feeling ashamed.

When asked if there are specific ways she communicates with her child at home versus in public, DS described how she receives indirect criticism regarding her child's condition and how she copes with it. As a parent, DS understands and accepts her child's weaknesses without placing blame on them. However, she is still uncertain about what aspirations F may have for the future.

2. Stages of Self-Acceptance Experienced by Parents

When asked whether she accepted or rejected the fact that her child was experiencing speech delay, DS admitted that she felt very stressed and rejected the reality of her child's speech delay. DS believed that the fault was hers and thought it could be corrected by having another child, to repeat and fix everything she perceived as wrong.

F felt that the cause of this situation was her own mistake, and then decided to reflect on herself and find ways to cope with her child's condition. Upon learning about her child's speech delay, DS admitted to feeling angry and found it difficult to control her emotions.

Accepting the reality of having a child with a speech delay was very hard for DS too, to the point where she felt she had given birth to a "failed product" DS experienced depression

as a mother, even contemplating having another child and seeking advice from a "wise person." However, now DS is slowly beginning to come to terms with the situation, making peace with herself and thinking more logically.

3. Factors Influencing Parental Self-Acceptance

Based on the conditions experienced by DS, several factors that influence self-acceptance are as follows:

a. Self-understanding

Self-understanding is the perception of oneself characterized by genuineness, reality, and honesty. The better a person understands, the better their self-acceptance.

b. Absence of heavy stress

The absence of heavy stress or emotional pressure allows a person to work optimally and be more environmentally oriented rather than self-oriented, leading to a calmer and happier state.

c. Influence of success

Experiencing failure can lead to self-rejection while achieving success results in self-acceptance.

d. Broad self-perspective

A person who views themselves as others see them will be able to develop self-understanding more effectively than someone with a narrow self-perspective.

e. Realistic expectations

When a person has realistic expectations of achieving something, it will influence their self-satisfaction, which is the essence of self-acceptance. Expectations become realistic when they are set by oneself.

Description of the Third Case (Informant D)

1. Self-Acceptance of Parents

As a parent, D has confidence in their ability to face challenges, possesses self-esteem, and focuses more on their child's success and problem-solving abilities. This is evident when D is asked about their child's condition.

Upon learning that their child has not been accepted into school, D feels sad; they want their child to play and socialize like other children. After being rejected by several schools, D seeks alternative ways by inviting DN's peers from the neighborhood to play at home.

D feels valued for having given birth to a child, just like other parents, although they sometimes feel envious of normal children of the same age as DN. This feeling is supported by family encouragement. When asked if they have ever discussed their child's condition with family or friends, D admits to often sharing with family.

When questioned about any special preparations needed when taking DN to public places, D previously admitted to struggling with the stares and questions posed by others. As a parent, D does not feel ashamed of their child's shortcomings. The way they communicate with their child differs between home and public settings.

At home, D divides their time between household chores and caring for DN. They also seek assistance from their eldest child. Given DN's condition, D acknowledges having received criticism as a parent. This makes them feel sad and sometimes wish to escape from reality and their situation at that time. After receiving many unpleasant comments regarding their child's condition, D claims to have developed ways to cope with negative remarks around them.

As a parent, D learns to understand and accept the weaknesses of their child without blaming themselves for those shortcomings.

2. Stages of Self-Acceptance Experienced by Parents

When asked whether she accepted or rejected the situation upon discovering that her child was experiencing a speech delay, D responded that she initially experienced rejection within herself, feeling unable to accept why this had to happen to her and her child. D explained the reasons behind her child's speech delay, as well as what she could do to cope with the current situation.

D was not accepting of the circumstances presented to her. She felt this way because, during her pregnancy, she took care of herself and avoided anything that could endanger her pregnancy. D experienced feelings of failure and despair as a parent when she learned about her child's condition. Gradually, D also began to learn to accept her child's situation and condition, making peace with herself while placing hope in every small step of her child's development.

3. Factors Influencing Parental Self-Acceptance

Based on the situation experienced by D, several factors that influence his acceptance include:

a. Self-awareness

Self-awareness is characterized by genuineness, reality, and honesty. The more someone understands themselves, the better they will accept themselves. Initially, when learning about child D's condition, he felt it was his fault until he eventually accepted and handled it with grace.

b. Lack of environmental barriers

Inability to achieve realistic goals can occur due to environmental barriers beyond one's control such as racial discrimination, gender bias, or religious prejudice. If these obstacles are removed and if family members or those around him provide motivation for achieving their objectives, then individuals can gain satisfaction from their accomplishments.

c. Positive social attitude

Having a positive social attitude makes it easier for someone to accept himself/herself. Three main conditions leading to positive evaluation include no preconceptions towards others, appreciation for social abilities, and willingness to follow group traditions. Child D feels many people around him experience similar conditions (some even worse) and receives support from his family.

d. Influence of success

Experiencing failure leads to self-rejection while achieving success results in greater self-acceptance.

e. Realistic expectations

When someone has realistic expectations regarding achievements, this affects personal fulfillment which is essential for self-acceptance. These hopes become realistic only through individual creation rather than external influences.

Beforehand, D admitted feeling hopeless about his child's condition but after seeing improvements where the child started calling out 'mom', he sensed both accomplishment and hope for future development.

Triangulation Analysis

In informant N's case, the information provided by the informant is supported by a close person, specifically her husband, AM. When asked to explain the condition of child C, who is experiencing speech delay, N was able to articulate C's situation effectively. This was corroborated by AM's statements. N mentioned that she is currently active in participating in gatherings and discussions with other mothers or families of patients about C's condition in the hospital, a sentiment echoed by AM.

When questioned about any special emotional preparations needed before taking C out of the house, N stated that there were none. The preparations required for taking C out were more about the necessary equipment, such as suction devices, milk, and diapers. As a housewife, N manages her time by dividing household tasks between caring for her child during nap times or seeking her husband's assistance when he is home. She frequently employs this strategy to ensure both responsibilities are met effectively, a point also confirmed by AM.

N has hopes for her child to recover quickly and develop as well as other children. AM expressed similar hopes when asked about N's aspirations for child C. As a mother, N stated that she has accepted C's condition, acknowledging not only the speech delay but all aspects of C's developmental challenges. This was also validated by AM.

In the case of informant DS, as a mother, she claimed to know her child F very well due to their daily interactions while F's father was at work. DS could articulate F's speech delay condition, including its causes and what she believes needs to be done to address it. This was acknowledged by DP, DS's husband and closest confidant.

In balancing household chores and caring for her child, DS divides her time during free moments or seeks help from her husband when at home. DP affirmed this approach.

Regarding F's education and needs, DS feels she has met his requirements except for her desire for him to learn a foreign language, which conflicts with F's current speech delay condition. DP shared the same sentiment.

Socially, DS mentioned that she often discusses children's conditions or simply chats with other mothers, a point also echoed by DP.

Having received unpleasant comments about F's condition from the surrounding environment several times, DS currently considers these remarks as jokes. DP confirmed this when asked how DS handles negative comments from others.

When asked if she accepted or rejected the knowledge of her child's speech delay, DS admitted she initially rejected it and found it difficult to accept at that time. DP corroborated this regarding how DS felt upon first learning about F's speech delay.

As a parent, DS expressed feelings of failure and despair upon discovering F's speech delay; she confided in her husband, and DP validated this experience. DS believes that one hundred percent of F's current speech delay condition is due to her influence. This sentiment was similarly expressed by DP. Eventually, she felt capable of accepting and reconciling with both herself and the situation, attributing this change to support from her husband and environment.

In informant D's case regarding DN's condition, as a mother, D knows much about her child's needs. AS, D's husband and closest person, also affirmed this.

D manages her time between household chores and DN's routine therapies by utilizing free time and seeking assistance from her eldest child or D's father. She believes that as a mother, she is directly responsible for DN's development. AS reiterated this when asked how D balances time concerning their child's progress.

In her community, D actively participates in activities with other mothers and engages in groups related to children's conditions. AS confirmed this when asked if D is active in their surroundings.

From the community perspective, D reported receiving unpleasant comments about DN's condition several times; AS also noted this.

Initially struggling to accept negative comments related to her child's condition, D now tends not to react and considers such remarks as passing comments when faced with negativity regarding DN's situation. AS echoed this sentiment.

As a parent, D hopes DN can become independent and be accepted into school for formal education. This relates to DN's special needs; however, D stated that she remains undeterred and

is committed to pursuing the necessary therapies for DN diligently to achieve these hopes-a sentiment also expressed by AS.

Case Analysis

In general, it can be said that the factors causing speech delays are observed during the prenatal, natal, and postnatal periods. Speech delays undoubtedly hinder a child's development, which requires effective communication in daily life. In this context, the self-acceptance of parents, especially the mother during pregnancy and childbirth, can be illustrated through the concept of self-acceptance, including several stages before reaching the stage of acceptance, as well as factors influencing that self-acceptance.

According to Sheerer (Cronbach 1963) , self-acceptance is explained through various aspects, including feelings of equality, self-confidence, responsibility, outward orientation, having principles, awareness of limitations, and acceptance of humanity. These aspects of self-acceptance can be illustrated through the responses of the three informants when answering interview questions.

The stages that parents go through in accepting their child's condition certainly vary; some parents do not progress through or remain at the same stage. In Kübler-Ross's model, the stages of self-acceptance are divided into five: denial, bargaining, anger, depression, and acceptance.

The first informant, N, tends to skip the denial stage and is at the bargaining stage, followed by anger directed at herself for feeling fully responsible for her child's condition. N also blames her husband as one of the contributing factors according to the doctor's diagnosis at that time. The depression experienced by N is more about feelings of guilt towards herself and the situation that forces her to accept it.

The second informant, DS, appears to have gone through all five stages: denial, bargaining, anger, depression, and ultimately acceptance. Upon first learning that her child was diagnosed with a speech delay, DS strongly rejected this reality. She felt intense guilt towards herself and blamed herself entirely for her child's shortcomings. DS admitted to experiencing depression that made it difficult for her to control her emotions at that time until she decided to consult a "spiritual healer," whom she saw as a solution. After going through that stage and with her husband's support, DS gradually began to accept the situation and sought the best solutions to meet her child's needs, acknowledging that this was not an easy process.

The third informant, D, admitted to initially feeling rejection upon discovering her child's speech delay. D often felt envious when seeing children of similar age who were already in school and playing freely while her child was hindered due to his condition. The depression experienced by D was also due to her high hopes for her child; previously, she had wished for her child to have a higher education and achieve aspirations such as becoming a doctor or a teacher. However, after going through these experiences, D realized that it was impossible to force circumstances. Currently, D claims to focus more on DN's recovery and exploring other talents within her child.

The following presents the documentation of the interview between the researcher and the informant.



Picture 1. Interview with Informant "N"



Picture 2. Interview with Informant "DS"



Picture 3. Interview with Informant "D"

CONCLUSION

Based on interviews with the three informants, information was obtained regarding the factors influencing the self-acceptance of parents with children who have speech delay at Type A Hospital in Central Jakarta, which are affected by: the absence of environmental barriers; positive social attitudes; the influence of success; self-understanding; realistic expectations; the lack of significant stress; and a broad self-perspective.

REFERENCES

- Berg, Bruce L. 2007. *Qualitative Research Methods for The Social Sciences*. Sixth Edit. diedit oleh J. Lasser. Boston: Pearson/Allyn & Bacon.
- Bornstein, Marc H. 2002. *Handbook of Parenting - Practical Issues in Parenting*. Vol. 5.
- Cronbach, Lee J. 1963. *Educational Psychology*. 2nd Editio. New York: Harcourt Brace & World.
- Gamayanti, Vera Permatasari &. Witrin. 2016. "Gambaran Penerimaan Diri (Self-Acceptance) pada Orang yang Mengalami Skizofrenia." *Psymphatic: Jurnal Ilmiah Psikologi* 3(1):139–52.

- Gavita, Oana Alexandra, Daniel David, Raymond DiGiuseppe, dan Tamara DelVecchio. 2011. "The development and validation of the Parent Rational and Irrational Beliefs Scale." *Procedia - Social and Behavioral Sciences* 30:2305–11. doi: 10.1016/j.sbspro.2011.10.449.
- Hayes, L., S. Britton, G. Weerasinghe, R. G. Woodgate, dan M. Hernandez-Jover. 2004. "Measuring experiential avoidance: A preliminary test of a working model." *The Psychological Record* 54:553–78.
- Islami, Anisa Chelsea, dan Hilma Fitriyani. 2022. "Gambaran Self-Acceptance (Penerimaan Diri) Pada Remaja yang Tinggal Bersama Orang Tua Tunggal Ibu." *INSIGHT: Jurnal Bimbingan Konseling* 11(2):135–48. doi: 10.21009/insight.112.02.
- Kübler-Ross, Elisabeth. 2020. *Life Lessons: Two Experts on Death and Dying Teach Us about the Mysteries of Life and Living Elisabeth Kübler-Ross, David Kessler (Simon and Schuster)*. New York: Scribner.
- McLaughlin, Maura R. 2011. "Speech and Language Delay in Children." *American Family Physician* 83(10):1183–88.
- Oktaviani, Mentari Aulia. 2019. "Hubungan Penerimaan Diri Dengan Harga Diri Pada Remaja Pengguna Instagram." *Psikoborneo: Jurnal Ilmiah Psikologi* 7(4):549–56. doi: 10.30872/psikoborneo.v7i4.4832.
- Pambudi, Hari Bagus, dan Ira Darmawanti. 2022. "Gambaran Penerimaan Diri Pada Remaja Yatim/Piatu." *Character: Jurnal Penelitian Psikologi* 9(8):23–33.
- Rahayu, Yiyi Dwi Panti, dan Latifah Nur Ahyani. 2017. "Kecerdasan Emosi Dan Dukungan Keluarga Dengan Penerimaan Diri Orang Tua Yang Memiliki Anak Berkebutuhan Khusus (ABK)." *Jurnal Psikologi Perseptual* 2(1):29–47. doi: 10.24176/perseptual.v2i1.2220.
- Rubin, Kenneth H., Kim B. Burgess, dan Paul D. Hastings. 2002. "Stability and Social-Behavioral Consequences of Toddlers' Inhibited Temperament and Parenting Behaviors." *Child Development* 73(2):483–95. doi: 10.1111/1467-8624.00419.
- Santrock, John W. 2010. *Life-Span Development*. 13th Editi. diedit oleh K. Bettino. New York: Mike Sugarman.