

Analysis of the stages of self-acceptance of fathers who have children with autism

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Abstract:

This study employs qualitative research methods to analyze the stages of self-acceptance of fathers who have children with autism. The research subjects in this study are parents who have children diagnosed with autism, with a special focus on fathers who have sons with autism, children under five years of age, or toddlers. Data in this study were collected through interviews and observations. The onset of autism in both subject children was triggered by their inability to communicate and interact like other normal children their age. In the case of the subject child, the primary cause of autism was identified as a deficiency in socialization and communication skills. The findings from this study indicate that the subject is at the friendship stage. The subject has demonstrated the capacity to embrace his child, provide him with attention, accept his child's limitations, strengths, and weaknesses, and refrain from blaming others for his condition. Furthermore, the subject has demonstrated a capacity to accept the condition of his child, who has been diagnosed with autism, suggesting a degree of acceptance of the child's unique needs. In contrast, the subject SS is in the allowing stage, which involves acceptance of his child's condition as being different from other children. However, the subject SS has not yet fully accepted the condition of his child with autism, and there are specific factors that evoke emotional responses from the subject. Both subjects express high hopes and aspirations for their children.

Keywords: *self-acceptance, father, autistic child*

1. Introduction

The aspiration of every parent is to nurture a child who is both physically and mentally well-adjusted. However, it must be acknowledged that not all parental aspirations can be fulfilled. The recognition that each child's development may deviate from the norm is a fundamental aspect of parenting. During the birth process, the possibility of the child exhibiting a disorder, such as autism,

exists. The initial reaction of parents upon discovering their child's autism is often characterized by a range of emotions, including disbelief, shock, sadness, disappointment, guilt, anger, and rejection (Puspita, 2004).

According to Hasdianah (2013), the symptoms of autism can manifest in children from thirty months of age to three years of age. Individuals diagnosed with autism spectrum disorder (ASD) may also encounter challenges in learning, communication, and language development. The diagnosis of autism is made if an individual exhibits one or more of the following characteristics: difficulty in interacting, difficulty in communication, repetitive behaviors, and delayed development that is not commensurate with other children's development.

Parents of autistic children are expected to possess the knowledge and skills necessary to support and educate their children effectively. It is crucial to emphasize that autistic children should not be subjected to mistreatment, including treatment as if they have mental disorders, which can result in inappropriate treatment, even within the family environment. The involvement of both parents in a child's growth and development is crucial. Each parent contributes distinct yet essential aspects to their child's education and upbringing.

The role of the father in the development of a child, particularly one diagnosed with autism, differs from that of the mother. Mothers, in particular, play a more significant role in the education and upbringing of children. Conversely, fathers assume a distinct yet significant role in imparting life lessons to their children. Fathers can serve as a source of wisdom within their family unit and express a desire for their children to emulate and learn from them. According to Hidayati (2011), research on the role of fathers in childcare reveals that fathers provide a positive picture of the care they provide to their children. A good and quality relationship between children and parents is a critical situation for child development.

The acceptance of children by parents is not a singular phenomenon; it is not exclusively performed by mothers to their children. While it is true that mothers are the ones who conceive, give birth, and fulfill all the duties associated with child care, home management, and providing for their spouses, fathers or men are responsible for earning a living for their children and their spouses, as well as for meeting the economic needs of their families. A significant number of male parents or fathers demonstrate a lack of concern for their children's growth and development, often due to their

extensive involvement in external activities or professional commitments. This dynamic perpetuates the historical and cultural expectation that childcare is predominantly the responsibility of mothers, despite the well-documented importance of paternal presence in the development of children. Research findings indicate that fathers allocate approximately one-third to three-quarters of the time that mothers spend with their children and adolescents (Billler, 1993; Pleck, 1997; Young & friends, 1999).

The role of the father as the family's primary breadwinner and guardian is of paramount importance. The father's presence and influence play a crucial role in ensuring the emotional and physical well-being of the family, fostering a sense of security and comfort for children and spouses. The influence of a father can act as a role model for his offspring, inspiring them to emulate his behaviors and aspirations. The values that a father embodies, such as responsibility, courage, and perseverance, serve as a model for his children, fostering an aspiration to emulate these qualities. A father's self-acceptance is a critical component of his role, as it fosters a positive environment for the child's development. It is noteworthy that children, including those with autism spectrum disorders, require attention and affection from their fathers. Individuals diagnosed with autism spectrum disorder (ASD), in particular, have been shown to require increased attention from both parents, with the paternal figure playing a particularly pivotal role.

As Buss (in Rizkiana, 2009) has asserted, parents' self-acceptance of children with autism disorders is significantly influenced by their emotional stability and maturity. Education, socioeconomic status, family size and structure, and culture have also been identified as contributing factors to the background. Furthermore, a father's acceptance of a child is often seen as a reflection of his self-acceptance. Fathers who have a strong sense of self-acceptance are better able to accept their children's shortcomings, and vice versa.

According to Marijani (2003), a father's self-acceptance has a significant impact on the developmental outcomes of children with autism. Fathers who are unable to accept their children's autism diagnosis can have a significantly negative impact, often leading to feelings of rejection and misunderstanding among children with autism. This rejection can manifest in various forms of undesired behaviors. However, it is crucial to acknowledge that children with autism still require affection, attention, and love from their parents, siblings, and family (Safaria, 2005). Germer (2009)

posits that self-acceptance is contingent upon the awareness of internal sensations, emotions, and cognitions that are intermittent in nature.

2. Methode

This study utilizes a phenomenological research design. The phenomenological approach is predicated on the objective of examining and unveiling a phenomenon or experience, along with its unique context, from the subject's perspective (Herdiansyah, 2020). The subjects in this study were selected through purposive sampling, a method of sample selection based on the specific characteristics of the subjects that are relevant to the objectives of the study (Herdiansyah, 2020). This method is a sample selection method based on the characteristics of the subject so that it is in accordance with the objectives of the research being conducted (Herdiansyah, 2020). The following characteristics were considered in the selection of subjects for this study: First, the subjects were husband and wife who have children with autism, especially a father who has a son with autism disorder. Second, the subjects were middle to upper economic status. Third, the age of the respondent's child was five years old (toddler) or younger than five years old.

The data collection technique employed was interviews. An interview is defined as a process of interaction between two or more individuals wherein information and ideas are exchanged through a series of questions and answers, thereby facilitating the construction of meaning on a particular topic (Sugiyono, 2016). The semi-structured interview employed by researchers in this study offers a flexible approach, adhering to interview guidelines, thereby ensuring a structured yet open-ended dialogue (Sugiyono, 2016). The researchers employed Interpretative Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009) as the data analysis technique. This method comprises six stages, including: 1) reading and re-reading; 2) initial recording; 3) developing emerging themes; 4) looking for interrelationships between emerging themes; 5) moving subsequent cases; and 6) looking for patterns between cases. The study's researchers emphasize the importance of rigorous data validity procedures in substantiating the research's scientific rigor and ensuring the integrity of the data collected (Sugiyono, 2016). The validity of the data is tested using various triangulation methods, including source triangulation, technical triangulation, and time triangulation (Sugiyono, 2016).

3. Result

The results indicated that the subjects' progression toward self-acceptance commenced with feelings of sadness and surprise concerning their child's condition. The responses of the two research subjects yielded the following stages of self-acceptance:

1. Subject DM

a. Aversion

Upon becoming aware of her child's autism diagnosis, DM experiences a range of emotions, including sadness concerning her child's condition. She expresses a desire to reject her child's presence, yet recognizes the impossibility of doing so. Consequently, she endeavors to confront this reality.

The following excerpt, derived from the subject interview, offers further insight into the subject's perspective:

"The feeling is a little surprised, a little surprised" (R1.0056).

She endeavors to dispel the sentiments she harbors for her child and to accept her as she would her other children.

The following excerpt, taken from the DM subject's interview, offers further insight into this process:

"Yes, I try to get rid of those feelings slowly, try to accept the presence of my child like accepting my other children" (R1.0058).

DM perceives a need for time to process his novel experiences and to come to terms with his son's deficiencies.

The following is an excerpt from the DM subject interview:

"If you say you refuse, no, it's just that I need time to face everything that I have never faced. It takes time for me to accept the shortcomings of my child, who is different from other children" (R1.0060).

b. Curiosity

DM expressed surprise and dismay upon learning of her child's autism diagnosis. At times, she found herself reflecting on the reasons why her child's condition differed from that of other children.

The following is an excerpt from the interview with DM:

"Yes, I was slightly surprised. At times, I ponder the question, 'Why is my child different from others?'" (R1.0064).

According to DM, the regret that she feels is also futile; she attempts to confront and overcome her situation.

The following is an excerpt from the DM subject interview:

"Yes, regardless of the nature of the regret, its futility is undeniable. I must simply confront and endure the consequences of my actions" (R1.0066).

c. Tolerance

DM endeavors to embrace his child's inherent qualities, express gratitude for the gifts bestowed upon him, and cultivate acceptance of his child's both strengths and vulnerabilities.

The following excerpt, derived from an interview with subject DM, elucidates this perspective:

"I strive to accept him in his entirety, recognizing the necessity to be grateful for all that is received. I endeavor to foster acceptance of his strengths and weaknesses, guiding him towards self-improvement" (R1.0134).

DM endeavors to behave in a manner consistent with the typical expectations of parents towards their children. They experience sadness when their children deviate from the norm, yet they strive to mitigate this sentiment and ensure the well-being of their children.

The following is a segment from an interview with the subject, DM:

"Yes, it is a typical reaction for parents in general, to feel sad when they see their children. Yes, that feeling must be present. However, I endeavor to mitigate this by ensuring my children receive a high-quality education and care" (R1.0138).

d. Allowing

According to DM, the sentiment of sadness experienced by DM towards her child is not frequently encountered. However, when DM observes her child's behavior as being divergent from that of other children, she experiences a sense of sadness concerning her child's experiences.

The following excerpt, retrieved from an interview with subject DM, offers further insight into this sentiment:

"I often verbalize this sentiment, though not consistently. Occasionally, when I observe my child's behavior and notice a discrepancy in their response compared to other children, I experience a sense of sadness" (R1.0140).

In an effort to demonstrate affection toward her child, DM allocates attention to her child.

The following excerpt, taken from an interview with the subject, further illustrates this tendency:

"We give attention to him" (R1.0182)

e. Friendship

The process that DM underwent to come to terms with her child's unique circumstances began with her realization that her child's condition was distinct from that of other children. This realization prompted her to seek solutions by consulting with a physician and undergoing therapeutic interventions until her child enrolled in kindergarten. She endeavored to identify a suitable educational institution for her child. However, due to her foreign residency, it proved challenging for her child to attend school there, as the local population deemed the school unsuitable for her child. A potential solution that was considered involved a return to Indonesia by DM and her family, with the aim of facilitating her child's access to educational opportunities. However, this option was not without its own set of challenges, as it would have required DM to continue her international travels for work.

The following excerpt is derived from an interview with the subject DM:

"The initial reaction to the situation was one of considerable surprise. This was followed by an attempt to identify a solution by seeking medical counsel and undergoing therapeutic treatment shortly before the commencement of kindergarten. We sought out a suitable educational institution because, during my period of residing abroad, it was challenging to enroll him in school. Local individuals asserted that the institution was not appropriate for him. The option of enrolling him in a specialized school was considered, and the possibility of relocating to Indonesia was also discussed, with the aim of facilitating his

access to educational opportunities. In addition, a search was conducted for a position that would permit flexible scheduling, and fortunately, the company expressed approval of this arrangement." (R1.0174).

DM is worried about her child because her child has difficulty communicating and responding to new things.

Here is an excerpt from an interview with subject DM:

"What I worry about most is communication, because it is difficult for her to communicate with people. Then there is the problem of her school, especially when we were still abroad, she was not responsive when she went to school there" (R1.0176).

When DM and her family were still abroad, her child had difficulties while going to school there so DM decided to return to Indonesia for her child.

Here is an excerpt from an interview with subject DM:

"Yes, for Ogi's school, to make it easier. Here we use our mother tongue so it is easier, while there we use English" (R1.0180).

2. Subject DM

a. Aversion

When he first found out that his child had autism, SS didn't know what to do at that time. What was certain was that SS felt shocked, sad, and couldn't believe what had happened to his child.

The following is an excerpt from an interview with subject SS:

"I don't know what I was like at that time, what was certain was that I felt shocked, sad, and couldn't believe what had happened to my child" (R2.0038).SS could not believe that her child could be like this, what made SS's child like this. SS felt what was wrong with SS with her child's condition like this.

The following is an excerpt from an interview with subject SS:

"I can't believe that my child could be like this, what made my child like this, what was wrong with me" (R2.0040).

Initially SS felt guilty, SS thought maybe there was something wrong that SS did that made her child like this. However, over time after undergoing treatment and therapy SS began to not blame herself anymore. The following is an excerpt from an interview with subject SS:

"Yes, at first I felt guilty, I thought maybe I did something wrong that made my child like this. But over time after treatment and therapy I started to not blame myself anymore" (R2.0042)

b. Curiosity

SS feels sad that her child is different from other children.

The following is an excerpt from an interview with subject SS:

"Actually, I'm sad, how can my child be different from other children, but I try to remain grateful." (R2.0044).

SS still loves her child even though SS also feels sad about her child's condition which is different from other children.

The following is an excerpt from an interview with subject SS:

"What is certain is that I love him, even though I'm also sad because he is different from other children. No matter what kind of child he is, I will definitely love him." (R2.0082)

SS began to feel sad when she found out that her child had autism.

The following is an excerpt from an interview with subject SS:

"Emmmm that was when I found out he had autism" (R2.0086).

Although SS tries to remain grateful, SS still feels sad about the condition his child is experiencing to some extent until now

The following is an excerpt from an interview with subject SS:

"More or less, but it's slowly starting to diminish. I just try to be grateful" (R2.0088).

c. Tolerance

SS sometimes feels guilty towards his child for what he did, but SS tries to cover up the guilt he feels by inviting his child to play together

The following is an excerpt from an interview with subject SS:

"The only way, yes, I try to ignore what happened by inviting him to play"

(R2.0094)

SS tried to convince himself that it was not his fault

The following is an excerpt from an interview with subject SS:

"I tried to convince myself that I didn't do it on purpose" (R2.0096).

However SS felt about her child, SS tried to give attention to her child by inviting her child to communicate, play, and if she had free time, SS invited her child to go for a walk together.

The following is an excerpt from an interview with subject SS:

"The way I give attention is the same as inviting her to communicate, play, sometimes if we have free time we invite her to go for a walk" (R2.0090).

d. Allowing

When he saw that his child was different from other children, SS felt worried about his child.

The following is an excerpt from an interview with subject SS:

"I'm just worried about my child" (R2.0098)

What SS worries about is everything related to his child, such as his future, his school, and how his child will be in the future.

The following is an excerpt from an interview with subject SS:

"I worry about my child's future, his future, his school. I worry about everything related to him, because he is different from other children" (R2.0100).

SS often feels worried about his child, but SS tries to deal with the worries he feels by looking for information about autistic children, and tries to give the best for his child.

The following is an excerpt from an interview with subject SS:

"Often, the way to deal with it is I look for information about autistic children. Give him good therapy" (R2.0102).

However, sometimes when his child made a mistake, SS immediately pulled his child's hair. According to SS, it was spontaneous and not intentional. The following is an excerpt from an interview with subject SS:

"Once, I pulled his hair right away. It was spontaneous, suddenly, I didn't do it on purpose" (R2.0130).

e. Friendship

SS tries to show affection to her child by continuing to seek information about autistic children, and providing the knowledge she has gained to her child so that her child can develop in a better direction

Here is an excerpt from an interview with subject SS:

"By providing the knowledge I have gained about autistic children so that my child can be like other children. Develop in a better direction" (R2.0112).

With SS's child's condition of having difficulty communicating, SS can understand her child well if her child wants something.

Here is an excerpt from an interview with subject SS:

"I can understand my child if my child wants something" (R2.0114).

4. Discussion

The results of the data analysis conducted by researchers on both subjects indicated that the subjects' self-acceptance stage was initiated by feelings of sadness, surprise, and shock concerning their child's condition. The DM subject's journey to acceptance commenced with a state of ambivalence, sadness, and astonishment concerning her child's condition, which deviated from the typical developmental trajectory observed in other children. This initial emotional state was followed by a period of active problem-solving and a concerted effort to allocate more attention to her child. The subject's attempts to understand and accept her child were characterized by a lack of She refrained from allocating blame to external factors for her child's condition. The subject expressed concern over her child's challenges in communicating, despite the fact that she allocated limited time to her child due to professional obligations. She endeavored to demonstrate affection towards her child by providing her with attention.

Subject DM is at the friendship stage, subject DM has been able to embrace her child, pay attention to her child, accept every advantage her child has and not blame anyone for the condition she is facing. In contrast to subject SS, subject SS feels sad and shocked by her child's condition which is different from other children, subject SS has no choice but to accept her child and not reject

her child, has no choice but to accept her child as he is. However, the subject still loves her child, tries to provide therapy and special attention to her child and tries to cover up the guilt she feels towards her child by inviting her child to play together, and also feels worried about her child's future, the form of the subject's affection for her child is shown by continuing to try to find out about autistic children.

Subject SS is at the stage of allowing, because subject SS inevitably has to accept his child's condition which is different from other children, and when subject SS feels annoyed with his child, the subject will pinch his child's ear. The things displayed by the subject are in accordance with the self-acceptance process proposed by Germer (2009), which includes aversion (hatred/reluctance, avoidance, resistance), curiosity (fighting discomfort with attention), Tolerance (bearing suffering safely), allowing (letting feelings come and go), friendship (embracing, seeing hidden values).

5. Summary

The subject's journey towards acceptance of his child's unique identity was marked by a series of emotional stages. Initially, the subject experienced a range of emotions, including feelings of sadness, shock, and surprise. These initial sentiments were followed by a period of self-reflection, during which the subject sought to understand the reasons behind his child's differences. This was followed by a phase of tolerance, where the subject attempted to embrace his child's uniqueness without attributing blame to external factors. The subject's feelings of sadness towards his child, in the face of its distinctiveness from other children, are indicative of a phase characterized by aversion. This is followed by a period of uncertainty and self-reflection, during which the subject seeks to understand and accept his child, despite the challenges it faces. This is followed by a phase of acceptance, marked by a willingness to seek out a suitable educational institution for the child and a commitment to providing it with the affection and attention it deserves. The subject's journey towards self-acceptance commenced with feelings of sadness and uncertainty regarding his child's condition, which was distinct from that of other children (aversion). However, the subject's affection for his child persists, and he endeavors to maintain a positive outlook, seeking out information and specialized care for his child (curiosity). The subject attempts to mitigate feelings of guilt by engaging in play activities with his child (tolerance). Additionally, the subject begins to express concerns regarding his child's future and seeks information and therapeutic support for them

(allowing). The subject's efforts to provide affection to his child include seeking information about autistic children (friendship).

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