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The meaning of self-acceptance in the dynamics of families with children with special needs

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ABSTRACT

This study examines the process of self-acceptance in families of children with special needs (CSN) as a complex and dynamic psychological phenomenon. The aim of this study is to understand how families interpret their emotional experiences, as well as the factors that influence the acceptance process in the context of everyday life. The participants consisted of three family members who are directly involved in the care of children with special needs and have been aware of the child's condition for at least two years. This study employed a qualitative approach using Interpretative Phenomenological Analysis (IPA). Data were collected through semi-structured interviews and participatory observation, and subsequently analyzed using thematic analysis. The findings indicate that the process of self-acceptance involves emotional stages of denial, anger, bargaining, depression, and acceptance. However, these stages do not occur in a linear or sequential manner; rather, they are fluctuating and recurring. The acceptance process is not only experienced at the individual level but also occurs collectively within the family system. Internal factors such as emotional regulation and religiosity, as well as external factors including social support, community, and environmental influences, play a significant role in shaping adaptive coping and family resilience. The findings further emphasize that self-acceptance is an ongoing process of meaning-making rather than merely the final outcome of emotional adaptation. The implication is that psychosocial interventions should be designed comprehensively by involving all family members and strengthening social support to enhance the psychological well-being of families in a sustainable manner.

Keywords: self-acceptance, family, children with special needs

1. Introduction

The family is the primary social unit that serves as the foundation for the emotional, social, and psychological development of every individual. In practice, families face various challenges, one of which arises when they have children with special needs (CSN). Children with special needs are those who require assistance with daily activities (Khairun Nisa et al., 2018). This condition often generates significant psychological dynamics within the family, particularly in the process of self-acceptance. The acceptance process is not instantaneous; rather, it involves a prolonged emotional journey influenced by internal factors such as emotional readiness and religiosity, as well as external factors including family support and the social environment (Asiah et al., 2025; Pramesthi & Listyaningrum, 2025).

The development of studies on self-acceptance in families of children with special needs indicates that this process is accompanied by complex psychological dynamics. The emotional stages of self-acceptance, as proposed by Kübler-Ross (1970), describe how individuals pass through denial, anger, bargaining, and depression, eventually reaching acceptance. In line with this theory, recent studies reveal that parents and other family members of children with special needs undergo similar emotional journeys, in which they must adjust expectations, develop coping strategies, and strengthen social support in order to achieve full self-acceptance

(Wardani & Artistin, 2023; Yassa & Fridari, 2025). Support from spouses or family members, communities, and spiritual beliefs has been shown to function as protective factors that help families navigate and move beyond these challenging emotional phases.

Although numerous studies have examined the process of self-acceptance among parents, most focus on individual experiences of mothers or fathers and emphasize personal psychological aspects. This gap indicates that the dynamics of self-acceptance within the family as an integrated system have not been extensively explored. In addition, previous research has generally not examined in depth the lived experiences of other family members, such as siblings, who are also involved in caregiving. Meanwhile, the family constitutes a unified system in which members mutually influence one another in shaping meaning, adaptive strategies, and emotional values in response to the condition of a child with special needs. This highlights the urgency of examining self-acceptance not only among parents but also among all family members involved in the care of children with special needs.

This study aims to address this gap by using a phenomenological approach to explore subjective experiences and meanings of self-acceptance in families. This approach helps researchers see how families interpret emotional experiences, what factors influence acceptance, and how social and spiritual support shape the process. This study aims to contribute to family psychology and inclusive education. It may also help provide a foundation for better psychosocial support services.

2. Method

This study employed a qualitative, phenomenological research design. A qualitative approach was used to gain an in-depth understanding of families' subjective experiences and meanings as they engage in self-acceptance toward children with special needs. The phenomenological approach focuses on the exploration of lived experiences, namely how families experience, respond to, and interpret these experiences within the context of everyday life (Neubauer et al., 2019). This study specifically adopts an interpretative phenomenological approach (Interpretative Phenomenological Analysis / IPA), which emphasizes that experience is always mediated through individual meaning-making processes (Smith et al., 2009). Accordingly, the analysis does not merely focus on describing experiences but also on interpreting the meanings that emerge within the family system.

The participants in this study consisted of three family members with diverse backgrounds and varying conditions of children with special needs. The inclusion criteria were family members who had children with special needs and had been aware of the child’s condition for at least two years, were actively involved in the child’s direct care or caregiving, and were willing to participate and openly share their personal experiences regarding self-acceptance in relation to the child’s condition. Data were collected through semi-structured interviews and participatory observation. The data were analyzed using thematic analysis as proposed by Braun and Clarke (2006), which involves several stages: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. This analytical process enabled the researchers to capture the essence of participants' experiences. This study also adhered to research ethics principles, including informed consent, anonymity, and the confidentiality of participants’ personal information.

3. Result

Data collection was conducted at different times. Interviews with the first and second participants were conducted on the same day at different times and at each participant’s residence. Meanwhile, the interview with the third participant was conducted on a different day and was carried out remotely (online) via a WhatsApp video call. The results of the interviews with the three participants revealed several themes corresponding to the emotional stages of self-acceptance as proposed by Kübler-Ross (1970), illustrating how families construct the meaning of self-acceptance in the context of having a child with special needs:

Denial

At the initial stage, all participants denied the diagnosis. This denial was not only experienced individually but also collectively within the family system. Participant S experienced denial before eventually accepting the condition when the doctor indicated a suspicion of Down syndrome in the child, stating, “At first, it was like denial—I couldn’t accept it. Whether it was true or not… in the end, I just tried to accept it and be grateful” (N-S, b2). Participant S also described the reactions of other family members upon learning about the child’s condition, explaining that “The parents (Ajeng’s grandparents) were also… it wasn’t that they rejected it completely, but it was quite difficult for them to accept at first. Slowly, though, if it’s already destiny, then what can be done” (N-S, b4). Participant E similarly described that the parents, particularly the mother, experienced denial in the early stage, stating, “Yes, the parents definitely went through that. My mother once said, ‘Why is my child like this?’ At the beginning, there was certainly denial” (N-E, b18).

Participant Q experienced shock because the initial condition showed no observable symptoms, stating, "I was shocked because, as I mentioned earlier, there were no symptoms at all from the beginning" (N-Q, b12). Participant Q also described that other family members expressed disbelief, explaining that "My mother's side of the family really couldn't believe that her second grandchild is a child with special needs" (N-Q, b14). Thus, all three participants, along with their families, demonstrated reactions characterized by unpreparedness, initial denial, and shock upon learning of their child's or sibling's condition. In this phase of denial, families tend to exhibit emotional unpreparedness as a form of defense mechanism against psychological pressure. This finding is consistent with previous research indicating that denial is a common initial response among families of children with disabilities (Suyatno et al., 2022).

Anger

The second stage is characterized by the emergence of anger directed toward oneself, the situation, and the surrounding environment. Participant S questioned the situation, stating, "I kept wondering, could it be that I had made many mistakes in the past?" (N-S, b18(1)). Participant E admitted that emotions often arise when feeling exhausted, explaining, "When I'm already tired from household chores… I also have two children, and sometimes they are fussy, while on the other hand my younger sibling cannot take care of themselves and still needs to be looked after—it can be really exhausting" (N-E, b24). Meanwhile, Participant Q expressed anger toward family members who were unable to accept the sibling's condition, stating, "I still don't fully believe it because there was an incident that made me very angry with one of my family members" (N-Q, b24(1)), and also expressed a sense of injustice and anger toward the situation, saying, "Why not someone else? Because all this time my sibling has often been bullied" (N-Q, b16(2)). In this phase of anger, emotional conflicts arise from caregiving pressures and changes in family roles. This condition is associated with increased stress in caring for children with special needs (Sari & Susilawati, 2024).

Bargaining

This stage is characterized by efforts to understand the situation, seek information, and hope for improvement in the condition. Participant S attempted to verify the diagnosis by searching for additional information before accepting the reality, stating, "At first, I tried to look it up on Google—the characteristics didn't really seem similar… and from the ears, it didn't seem to match either, but then… what else could I do?" (N-S, b10), and gained insight from a community, "I met friends in a group, and they said that Down syndrome is not because of our fault, but rather something that happens during conception" (N-S, b18(2)). Participant E expressed hope that the sibling's condition could improve through alternative treatment, stating, "I once suggested to my mother, why not try alternative treatment, because from the medical side we have already tried, maybe there is another option and perhaps it could be cured… maybe the family had already begun to surrender" (N-E, b34). Participant Q expressed hope that the sibling could defend themselves against bullying, stating, "Until now, my sibling is still being bullied, so I want them to become someone who can stand up for themselves" (N-Q, b26(1)). The participant also received social support, "For now, there is social support from Rumah Anak Prestasi, where parents of children with special needs encourage one another" (N-Q, b28), as well as spiritual support, "There is also spiritual support—I suddenly feel like performing tahajjud prayer… and sometimes my cousin invites me to attend Qur'an recitation, which helps stabilize my emotions" (N-Q, b30). In this bargaining phase, families begin to construct meaning through information-seeking, social support, and spiritual approaches. These strategies reflect adaptive coping strategies influenced by religiosity and social support (Novian, 2018).

Depression

In this phase, participants experienced sadness, crying, caregiving fatigue, burnout, and feelings of despair. Participant S expressed emotional distress by crying, stating, "I wasn't angry, but I cried… I felt sorry, I mean, the baby had just been born and was already separated from me" (N-S, b20), and also described emotional exhaustion due to caregiving burnout, "Yes, I have felt tired, especially as the child grows older and becomes harder to manage, it makes me exhausted and sometimes triggers my emotions" (N-S, b30), and "It's quite difficult to manage, and the exhaustion also comes from going back and forth to the hospital" (N-S, b32). Participant E experienced regret and sadness after becoming angry at the sibling, stating, "After getting angry, I sometimes feel sorry, because when I scold them, they never respond—they just accept it" (N-E, b32). Sadness was also felt by Participant E's mother, "Of course, as a parent, my mother feels sad" (N-E, b10). Participant E also described feelings of exhaustion, "When I'm already tired from household responsibilities… and on the other hand, my sibling cannot take care of themselves and still needs constant care, it can be exhausting" (N-E, b24), and at times felt burdened by the need to sacrifice personal aspirations for caregiving, "I feel tired of always having to follow my sibling's needs—I also want to have my own path" (N-E, b56(1)). Meanwhile, Participant Q sometimes experienced despair while caring for and supervising the sibling, stating, "Sometimes, dealing with the behavior of a child with special needs… I often feel hopeless when monitoring my sibling" (N-Q, b32(2)). Participant Q also reported withdrawal as a form of avoidance and self-protection, "I tend to distance myself from anyone, including family members, who cannot accept my sibling" (N-Q, b34(2)). In addition, Participant Q expressed regret over not recognizing the condition earlier, stating, "My family and I didn't notice the condition from the beginning… it's more of a regret for not realizing it earlier" (N-Q, b24). In this depressive phase, families experience emotional exhaustion, burnout, and a sense of losing control. These conditions are associated with an imbalance between caregiving demands and the family's available resources (Sari & Susilawati, 2024).

Acceptance

In the final stage, participants began to accept the condition of their child or sibling and adjust their life roles accordingly. Participant S acknowledged undergoing a process of adaptation that required becoming more courageous, stating, "Because of Ajeng, I had no choice but to be brave" (N-S, b6), as well as adjusting their mindset, "Now that I have a child with special needs, of course the needs are greater… and later the schooling will also be… special" (N-S, b40). Participant S also engaged in comparison as a coping strategy to foster acceptance, "At the hospital, there are actually many who face even greater challenges than us, so it makes me feel grateful" (N-S, b12), and "Being grateful… because there are still many people whose challenges are heavier than ours" (N-S, b28). Support was also obtained through participation in communities, "There is a community, KOKAS (an association of parents with children with Down syndrome), both at the national level and in East Java" (N-S, b14), and "It helps embrace us—we don't feel alone, and we get to meet other parents and share experiences" (N-S, b16). Family support without mutual blame also contributed to the acceptance process: "Alhamdulillah, we are grateful that there is no blaming among us" (N-S, b22), along with increased religiosity as a coping strategy: "With Ajeng, we have become more devoted to Allah" (N-S, b26). Participant S also recognized a sense of responsibility that encouraged acceptance, stating, "At first, of course, I couldn't accept it, but eventually I had to rise for my child" (N-S, b24). Adaptation in social confidence was also evident: "At the beginning it was difficult, but now I've become accustomed to it" (N-S, b34). The child became a source of motivation: "If we remain sad, I'm afraid it will slow the child's development" (N-S, b36) and "The child also wants to be able to do things, it's just that it takes more time compared to other children, and the child is also cheerful" (N-S, b38). Participant S also expressed a desire for self-development for the sake of the child, "I have to keep learning… so that I can teach more in various areas" (N-S, b44). Finally, the participant constructed a positive meaning of the condition as part of acceptance, "It is the greatest blessing… even though it was long awaited and did not meet expectations, it is still a gift from Allah, and there must be wisdom behind it" (N-S, b42).

Family support also played a significant role in Participant E's acceptance process, as reflected in the statement, "Among our family, we support each other" (N-E, b12), along with spiritual and educational support, "I also attend parenting sessions in religious study groups… there are always sermons that are touching and sometimes really hit home" (N-S, b44). Participant E needed to adapt to the situation, acknowledging, "I try to understand that the attention toward me and others has decreased because they are busy taking care of my sibling" (N-E, b14), as well as adapting socially, "At first, we were somewhat excluded by neighbors who said the child was not normal, but I just stay confident—whether normal or not, it is destiny that the child is in our family" (N-S, b42). Participant E also expressed trust in the medical diagnosis, stating, "I believe in the doctor's diagnosis… because it was based on a series of direct examinations" (N-E, b20). Despite feelings of fatigue, Participant E demonstrated commitment to the family, "Of course there is exhaustion, but not to the point of giving up, because if not me as the older sibling, then who else will take care of them?" (N-E, b40), as well as self-sacrifice, "I also think about my mother being at home alone—if I leave to work far away, who will take care of my sibling?" (N-E, b56). Through this experience, Participant E gained important life lessons: "Taking care of a child like this requires patience and perseverance" (N-E, b38), and "By taking care of my sibling, I learn to be more patient and diligent… I will continue to take care of them, and I think this patience will last a lifetime" (N-E, b54).

Participant Q managed emotional release and regulation as a coping effort, stating, "Sometimes when I think about it, I tend to channel it through my hobbies… to relieve my emotions… because I'm more of a reserved person" (N-Q, b18), and also tried to reassure the sibling, "Don't be affected by what other people say, because they don't really understand your condition" (N-Q, b26). The participant also attempted to adjust their role, acknowledging, "My responsibility as an older sibling of a child with special needs is not yet 100%, because I am still learning" (N-Q, b36), and "I have to be smart in managing my schedule because my sibling needs me more" (N-Q, b42(3)). Participant Q expressed gratitude and acceptance of the condition while striving to improve emotional regulation, "I feel more grateful… for my sibling's condition… and I try to improve my emotional control" (N-Q, b40). The participant also emphasized the need for communication strategies, "I have to be careful in choosing my words and managing my emotions" (N-Q, b42(2)).

Furthermore, the participant derived meaningful lessons from the caregiving experience, stating, “Taking care of a child with special needs, especially having a sibling like this, is indeed difficult” (N-Q, b42(1)). In this acceptance phase, families begin to reconstruct meaning regarding the child’s condition. Acceptance is not merely a final state, but rather a dynamic process that continues to evolve through everyday life experiences (Hasanah et al., 2025).

The findings indicate that the process of self-acceptance in families of children with special needs is dynamic, non-linear, and collective within the family system. From a phenomenological perspective, participants’ experiences reflect an ongoing process of meaning-making within the family. These findings demonstrate that family emotional dynamics can be understood through the stages of denial, anger, bargaining, depression, and acceptance. However, these stages do not occur linearly as suggested by Kübler-Ross’s (1970) theoretical model, but rather in a fluctuating manner. Overall, the findings suggest that self-acceptance is not merely an emotional process, but also a transformation of meaning within the family system.

4. Discussion

The findings indicate that the process of self-acceptance in families of children with special needs (CSN) does not follow a linear trajectory as described in Kübler-Ross’s (1970) theoretical model, but rather unfolds through a series of dynamic and recurring emotional experiences. When families first receive the diagnosis, the initial response is predominantly characterized by denial. This denial is not limited to mothers or fathers but also emerges among other family members. Distrust toward the diagnosis, skepticism toward medical professionals, and the desire to deny the child’s condition indicate that family defense mechanisms are activated as an effort to maintain the stability of family identity and psychological structure. These findings are consistent with Suyatno Sri et al. (2022), who explain that denial represents a common phase in the acceptance process among families of children with disabilities. However, this study extends this understanding by demonstrating that denial is not only individual but also social, as families often attempt to preserve a sense of normalcy to avoid negative stigma imposed by the surrounding environment.

The second stage is the phase of anger, in which families experience various forms of anger. This anger emerges when families perceive a sense of injustice regarding the condition they face, directed toward themselves, other family members, or the broader social environment. Even families who have understood the diagnosis continue to experience anger when confronted with caregiving burdens, negative stigma from others, and financial pressures. In this context, anger is not merely a spontaneous emotional reaction but also a conflict of identity and a sense of unmet expectations. A study by Kadim and Hendriani (2025) indicates that changes in family roles in the education of children with special needs often lead to frustration, as non-inclusive educational systems compel families to assume substantial responsibilities without adequate support. The present findings validate this condition, showing that families must adapt deeply to shifting roles, manage time effectively, and cope with social pressures that generate both internal and external tensions. In this regard, anger functions as a protective mechanism—not merely as an emotional outlet, but as a process through which families negotiate new norms, preserve the dignity of the child or family member with special needs, and strengthen internal solidarity.

The bargaining stage is characterized by families’ efforts to gain understanding and control over the situation. At this point, families no longer merely receive information but begin actively seeking it, engaging with relevant communities, and exploring various treatment or caregiving options. These efforts indicate a shift from denial-based coping toward coping grounded in realistic hope. The sources of information sought by participants include healthcare professionals, other parents of children with special needs, and digital media. In addition, families often develop spiritually based forms of negotiation, such as deepening religious practices or comparing their child’s condition with that of others. This strategy is consistent with Novian's (2018) findings, which emphasize that social support and religiosity are strongly associated with families’ ability to develop adaptive coping when facing caregiving stress. In this context, bargaining should not be understood merely as an attempt to “seek miracles or negotiate the condition,” but rather as a broader process of meaning construction that integrates medical information, spiritual values, and social experiences.

When the bargaining process is not fully successful, families may enter the depression phase. In this study, this phase is not merely manifested as clinical symptoms, but rather as prolonged emotional exhaustion, a sense of losing control, burnout, regret, and withdrawal from social environments perceived as lacking understanding of their condition. Emotional exhaustion often arises from continuous caregiving routines, heavy social demands, and the conflict between personal expectations and the reality of the child’s development. According to Sari and Susilawati (2024), stress among families of children with special needs emerges due to an imbalance between caregiving demands and the family’s available emotional resources. At this stage, depression functions as a phase of identity reorganization, in which families begin to relinquish idealized expectations of how the child should be and confront a new reality that requires long-term adaptive strategies.

The acceptance stage in this study does not emerge as a suddenly stable emotional condition, but rather as a reconstruction of meaning following families' passage through previous emotional phases. Acceptance in families of children with special needs is not synonymous with resignation; instead, it reflects a transformation in life perspective. Families begin to understand that a child’s development cannot be measured by typical standards, learn to appreciate small achievements, develop communication strategies, and adjust family interaction patterns. Acceptance also evolves through involvement in relevant communities, which helps families realize that they are not alone. This is consistent with the findings of Hasanah Nisaul et al. (2025), who reported that family well-being improves when social support and spiritual meaning are integrated into the coping process. At this stage, acceptance becomes a lived practice in which families redefine the child's future goals with special needs, adjust time allocation and responsibilities, and develop emotional regulation strategies to manage both internal and external conflicts. Thus, acceptance is not the endpoint of the psychological journey, but rather a continuous process of reconstructing family identity as a functional system of acceptance and caregiving for children with special needs.

Although the overall findings suggest that Kübler-Ross’s (1970) model of self-acceptance remains a relevant foundational framework, it should be understood as a multidimensional process influenced by social, cultural, spiritual, and structural factors. Acceptance does not depend solely on individual strength, but is also shaped by community support, the quality of educational and healthcare services, and broader societal perspectives on disability. In the Indonesian context, where hierarchical cultural patterns and collectivist values are prominent, the acceptance process among families of children with special needs is highly flexible. This is reflected in how families shift between phases in response to changing external conditions, such as the child’s development, environmental factors, and the complexity of caregiving demands. These findings are expected to make a significant contribution to the study of family psychology, highlighting that acceptance is not merely an individual emotional journey, but a social process that must be continuously negotiated throughout the family’s life with a child with special needs.

In addition, this study reveals that internal family dynamics also play a significant role in the process of self-acceptance. This finding is consistent with Family Systems Theory, which emphasizes that the family is an emotionally interconnected system (Bowen, 1978). The experience of self-acceptance in families with children with special needs constitutes a dynamic, non-linear psychological process that unfolds through ongoing negotiation of meaning within the family structure. Self-acceptance is not solely driven by individual emotional experiences, but is shaped by interactions between internal factors—such as emotional readiness, spiritual maturation, and personal reflection—and external factors, including structured social support, community and religious experiences, and acceptance within the surrounding environment. Furthermore, factors such as emotional regulation, role distribution, personal meaning, and the quality of relationships among family members significantly influence this process. Role imbalances and emotional pressures may trigger conflict, whereas supportive communication can strengthen adaptation among family members. On the other hand, external factors such as social support and societal stigma also play a crucial role. Social support, in particular, has been shown to enhance family well-being (Novian, 2018; Hasanah et al., 2025).

This study is expected to enrich the field of family psychology by demonstrating that self-acceptance is not merely the final outcome of the emotional adaptation process described in Kübler-Ross’s theory, but rather a dynamic structure continuously negotiated within specific cultural contexts. Social and spiritual support do not function merely as additional variables; rather, they serve as facilitators that transform emotional conflict into a source of family resilience. Thus, self-acceptance represents a transformation of family identity, extending beyond mere acceptance of the child’s condition.

Future research is recommended to expand the range of participants by including diverse family roles and various types of special needs in order to obtain a more comprehensive understanding of variations in self-acceptance patterns. Furthermore, longitudinal or aligned approaches are important for examining how social and spiritual support shape acceptance over time, rather than only at the initial stage of diagnosis. From a practical perspective, family psychology should develop community-based interventions that involve all family members, not only those directly engaged in caregiving for children with special needs. In this way, the acceptance process is not merely individual in nature but becomes a collective experience that strengthens family resilience and enhances the child's psychological well-being.

This study demonstrates that the process of self-acceptance in families of children with special needs is complex, dynamic, and non-linear. Although emotional stages such as denial, anger, bargaining, depression, and acceptance, as described in Kübler-Ross’s (1970) theoretical model, can be identified, in practice, these stages are not experienced sequentially; instead, they fluctuate and may recur depending on the conditions and experiences encountered by each family. This process is not only experienced by parents, but also involves all family members as an interconnected system that mutually influences one another.

The findings emphasize that self-acceptance is not merely the final outcome of emotional adaptation, but rather an ongoing process of meaning-making within family life. Internal factors such as emotional readiness, emotional regulation, and religiosity, as well as external factors including social support, community, and environmental acceptance, play important roles in shaping this process. Social and spiritual support have been shown to serve as protective factors, helping families manage pressure, develop adaptive coping, and strengthen resilience.

In addition, this study shows that acceptance within the family context does not imply resignation, but rather reflects a transformation in perspective, role adjustment, and the reconstruction of expectations and life goals. Families learn to appreciate the child’s development realistically, strengthen interpersonal relationships, and develop more adaptive caregiving strategies. Overall, this study confirms that self-acceptance in families of children with special needs is a collective process shaped by the interaction of psychological, social, cultural, and spiritual factors. Therefore, interventions and support for children with special needs should be designed comprehensively, involving all family members and strengthening social and community support, to enhance families' psychological well-being in a sustainable manner.

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