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## Hardiness of parents who have mentally retarded children

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### Abstract

This research is motivated by the problem of hardiness in parents who have mentally retarded children. The ability of individuals to survive and adapt to stress and challenges faced. Parents who have children with mentally retarded, they are faced with various challenges when caring their children. The purpose of this study is to find out how the description of parents' hardiness and the process of stages facing the reality of having a child with a mental retardation and to find out the factors that influence hardiness in parents who have mentally retarded children. This study used a qualitative approach and data collection was carried out using observation and interview techniques. The primary subjects in this study are parents who have mentally retarded children, while the secondary subjects are neighbors near the subject's residence, as well as the subject's cousin. The results of the research obtained that the three subjects experienced hardiness by having mentally retarded children. This can be seen from several aspects of hardiness that exist in the subject, namely commitment, control, and challenge. The factor that influences the three subjects is coping strategy.

**Keywords:** *Hardiness, parents, mentally retarded children*

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## **Introduction**

Every parent wants a child. A child who is born perfect is the hope of all parents. Parents yearn to have healthy children, both physically and mentally. However, not all children are born and grow up normally. Some of them have physical and psychological limitations, which have been experienced since the beginning of development. Special needs children are children who have significant abnormalities or disorders (physical, mental-intellectual, social, and emotional) in the process of growth and development compared to other children their age, which means they need special education services. Children born with unhealthy mental conditions certainly make parents sad and sometimes not ready to accept them for various reasons. Moreover, shame is because a few treat the child well. It requires more attention from parents and siblings (Faradina, 2016).

According to Mangunsong (2009) dealing with community responses for parents who have children with special needs is not easy. Society can sometimes react inappropriately or even cruelly to children with special needs. One type of special need is a child with mentally retarded. Tunagrahita is another word for mental retardation which means mental retardation. Simamora (2019) explains that mental retardation shows significant limitations in functioning, both intellectually and adaptive behavior that is manifested through conceptual, social, and practical adaptive abilities.

Individuals with mentally retarded experience an obstacle in mental development, especially in the intellectual part which is not the same as children of the same age, and is unable to learn and adapt. Individuals are called mentally retarded if they are inhibited in terms of intellectual or intelligence and are unable to adapt behavior that appears during development until adolescence (Hanson & Aller, 1992 in Mangunsong, 2009). The American Association on Mental Deficiency (AAMD) accepting the situation as parents of a child with mentally retarded is never easy, disorder of intelligence function is generally seen from the lack of IQ <84 before the age of 18 years from the normal average (Mangunsong, 2009).

Parents experience various psychological problems when they find out that their children are different from normal children in general. To achieve this situation, parents require resilience. Each parent has their process and way to reach that stage. However, many parents can accept their children with special needs, and even feel proud and able to educate their children to become independent children and even achievers. These parents are not ashamed to bring their children to crowded places, even if other people laugh at or bully their children, these parents will defend their children. Achieving this requires resilience in facing all the difficulties and obstacles faced when raising their children with special needs.

Kobasa (1979) hardiness is a personality characteristic that individuals have in dealing with stressful situations. Hardiness is a psychological resilience that can help a person manage the stress experienced. Hardiness is a relationship that arises between the attitudes of commitment, control, and challenge that help individuals regulate a stressful condition so that they can influence themselves in dealing with these conditions (Maddi, 1982). By having a hardy personality, parents will be strong, sincere, and steadfast in facing problems. This is because parents have aspects of control, commitment, and challenge that exist in themselves.

According to Bissonate (1988), three factors influence hardiness. The first factor is cognitive individuals which relates to how to assess situations that cause stress. The second factor is coping strategies which relate to how individual strategies in overcoming problems to deal with situations that cause stress. The third factor is the optimistic explanatory style which relates to how individuals have confidence in being able to overcome situations that cause stress.

Every parent wants their child to be born in a normal and healthy condition, hopes arise since the child is still in the womb, and the situation reverses when parents hear the diagnosis of their child who is disabled. Various psychological problems are experienced by parents when knowing their children are different from normal children in general. The process of being able to accept the situation as a parent of a child with a mentally retarded is difficult. Each parent has their

process and way to reach that stage. For this reason, researchers are interested in researching Hardiness in Parents Who Have Mental Retardation Children in SLB Wacana Asih Padang.

## Method

This study uses a qualitative approach with descriptive analysis, where the data collected is in the form of words or pictures, so it does not emphasize numbers. Researchers analyze data by enriching information, comparing, and finding patterns based on the original data and not being transformed in the form of numbers so that it is easily understood by others (Sugiyono, 2018). researchers use purposive sampling technique where this technique takes data source subjects with certain considerations. Thus, the determination of the subject in this study was carried out when the researcher began to enter the field and during the research. The research subjects in this study are parents who have children with moderate levels of mental retardation with an age range of 35-45 years. Then the researcher also took secondary informants from neighbors and families of parents who have mentally retarded children.

Table 1. Subject Data

Subject	Source	Notes
L	Primary	Mother aged 45 years, working as a housewife, has two children who are female and one of them has mental retardation.
KH	Secondary	A close neighbor of the primary subject who is 39 years old, as a RW mother in the neighborhood where the subject lives.
DS	Primary	The mother is 37 years old, works as a housewife and has one child with a mentally retardation.
MN	Secondary	A 36 years old close neighbor of the primary subject, who works as a laundry worker at houses around the neighborhood.
DA	Primary	The mother is 43 years old, works as a housewife and has three children, the middle child who has passed away and the last child with a mentally retardation.
YS	Secondary	The 47 years old neighbor and cousin of the primary subject works as a housewife and owns a grocery store in front of her house.

Data collection in this study using observation and interview techniques. Moleong (2010) explains that the main data in qualitative research are words and actions, the rest are additional data such as documents, recordings, and others. The data obtained in qualitative research is collected by the researchers themselves personally. Not using a questionnaire or test that has been prepared in advance. Triangulation is defined as checking data from various sources in various ways and at various times (Sugiyono, 2011). The data used is either observation data or interviews. In this study the researcher will use source triangulation, the researcher compares the data from observations and interviews and compares the results of the subject interview with the person closest to the subject.

The implementation of this research was carried out by collecting initial data by conducting observations and interviews related to subjects who have mentally retarded children in one of the special schools in Padang City. The next step was to verbally request permission from the three subjects to participate in providing actual information and data. Furthermore, the interview guidelines and preparing informed consent to be given to the subject to be willing to be a subject in this study.

Then for the next stage, take care of correspondence to smooth the research process. The process carried out was to take care of a research application permit to obtain a research permit from the Dean of the Faculty of Ushuluddin and Religious Studies which was then submitted to the subject or related agency along with the attachment of informed consent to the primary subject

in this study. During the research implementation process, researchers conducted observations and interviews. Research interviews and observations were carried out in stages for each subject with different time intervals. One by one the subject was first contacted by the researcher to arrange an interview schedule with each subject so that there were no conflicting schedules.

## **Result and Discussion**

### **Result**

The subjects of this study consisted of three primary subjects, namely the criteria of parents who have children with moderate levels of mental retardation, and three secondary subjects, namely family members and close neighbors of the informants. Then it has the age criteria of 35-45 years.

Mrs. L is a housewife and has a Chinese background. Over time, Mrs. L tried to accept the condition experienced by her last child with the support, advice, and motivation she got from family and neighbors in the neighborhood where Mrs. L lived. Initially, Mrs. L sent her child to a private school where her child could not follow the lessons taught by the teacher. Slow in remembering lessons and also not understand the lessons given and the focus on her child is very lacking in doing something. Mrs. L felt worried and took her child to a doctor in the Padang City area to further examine her child's condition. The various tests followed by her child and the results of the doctor's diagnosis there stated that Mrs. L's child had mental retardation disorder. When she found out that her child was diagnosed as having a mental retardation, Mrs. L felt shocked, anxious, and then down. When Mrs. L's condition was like that, Mrs. L's family and neighbors were very supportive and motivated so that little by little she could accept her son who had been mentally retarded.

Then, Mrs. L rested her child from school for a year and was taught at home only and at that time the condition was Covid-19. During the therapy process, Mrs. L also asked the doctor for recommendations on which school to send her child to. After getting a school recommendation, Mrs. L immediately enrolled her child in the school. After her son was enrolled in the school, the teacher there suggested that her son fast food made from flour so that he could control himself and control his emotions. As a result, during the fasting process, her son can control himself little by little and can also sort out the food he will eat. When he wants to eat, his son always asks whether the food contains flour or not. Until now, Mrs. L has been able to accept her son who has mentally retarded and become a strong parent to take care of and raise her son who has a mentally retarded, because Mrs. L believes that in the future her son who has mentally retarded will be successful and can make the family proud.

Findings on subject Mrs. DS. When she found out that her only child was diagnosed with mental retardation, Mrs. DS was shocked and stressed at the time. This condition was also experienced by her husband who was shocked and did not believe in his son's condition. Mrs. DS's family supported encouraged and motivated the subject. Mrs. DS's neighbors were supportive and some bullied her son. At first, her child was sent to a public school and it turned out that at school her child could not follow the lessons so he was bullied by his friends. The teacher admitted that Mrs. DS's child in the class was always silent, did not want to make friends, did not focus, was always alone, had no enthusiasm for learning, and pronounced sentences still unclear. Then, her child is also difficult to remember lessons and slow to follow lessons in class. Mrs. DS's homeroom teacher realized this and told Mrs. DS what was happening with her child at school. So, the teacher advised Mrs. DS to check her child to one of the UPTDs in Padang City and the school provided a letter to be referred to the UPTD.

After going through the process of tests and so on, it turned out that Mrs. DS's child was diagnosed by the doctor there as having mental retardation disorder and advised Mrs. DS to

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transfer her child to a special school and could not continue his education in general anymore. If forced to attend public school, her child will remain so and not progress and will continue to stay in class. Once, her child was bullied at a public school and after coming home from school, Mrs. DS's child cried and told her that he was bullied at school. The next day, Mrs. DS went straight to the teacher's room and met her son's homeroom teacher and told her what happened to her son. The class teacher immediately called the child who bullied Mrs. DS's child and was immediately given advice not to bully his friend again. Her son's friends immediately asked Mrs. DS and her son for forgiveness. When the neighbor bullied Mrs. DS, all she did was keep quiet. However, after being silent several times and still being bullied, Mrs. DS immediately hit and asked what was wrong and why she kept being bullied.

On the other hand, if her son is bullied by his friends around the house, her son will go home and tell Mrs. DS what happened to him. Mrs. DS teaches her son that if someone bullies him, he will fight back, if someone pinches him, he will also pinch him. If someone hits them, they also hit them back. However, if his friend taunts him with foul language, he should not follow it, just listen. If her friend cries and complains to the parents of her child's friend, Mrs. DS immediately acts and becomes a shield for her child.

Mrs. DA is a housewife who has three children. One daughter and two sons. Her youngest child is a male with mental retardation disorder. Her middle child passed away three years ago. When her youngest child entered the first grade of an elementary school in one of the MIN schools in Padang City, her child's willingness to learn did not exist, his focus was also not and memorizing short Surahs could not and as a result Mrs. DA's child's grades dropped and at the time of promotion, her child was declared not promoted. However, in Mrs. DA's mind if her child did not want to learn because he was lazy. The next semester, her child was still not promoted and was advised by the teacher to be examined further. Mrs. DA immediately took her son to one of the doctors in Padang City and when examined and given various tests for her son the results turned out that her son had a disorder of mental retardation. Mrs. DA was shocked, stressed, and down, as well as her husband was shocked and could not believe what the doctor said.

Mrs. DA was very depressed and down at that time. Because Mrs. DA could not accept the reality, Mrs. DA continued to enroll her son in the MIN school and later remained in class. Mrs. DA's condition was even more stressful because she saw her child staying in class. So Mrs. DA's sister advised for her son to be transferred to a special school. Over time and with the support of her family, Mrs. DA decided to transfer her child to a special school. While attending the current special school, Mrs. DA's child experienced drastic changes where her child had begun to be independent, was willing to learn, her child was no longer depressed because he had to memorize a lot, and his focus had begun to appear even though it was assisted by therapy and taking medicine from a doctor.

Three years ago, her middle child passed away, leaving the whole family very sad. Mrs. DA's second child was the mediator of her brother and sister. Mrs. DA was again devastated and stressed. Mrs. DA was not the only one who experienced this, her son who was mentally retarded also experienced it so his son often tantrums at that time. As a result, her son's medication was increased at that time. Then, Mrs. DA was still depressed by the departure of her son and also saw her son who was disabled like that. The worst sadness experienced by Mrs. DA at that time. So, Mrs. DA also sought treatment from a psychiatrist. Mrs. DA was given medication and the dosage was still moderate. Over time, Mrs. DA began to be excited again to continue her life and also take care of her children again even though she was assisted by medication from her doctor.

The support obtained from Mrs. DA from the family was very supportive, giving advice and not letting Mrs. DA harbor her pain. Some neighbors bully and some support, but many bully Mrs. DA. However, the words of neighbors who did not support Ibu DA were more tolerant of what the neighbors said. Mrs. DA focuses on raising and caring for her children. Until now, Mrs.

DA and her husband have been able to accept and are very grateful to be blessed with children despite having a mentally retarded. Surrendering to Allah SWT is the best way to be grateful for what Allah has given to Mrs. DA's family.

## Discussion

Based on the analysis of the research obtained, the three subjects experienced hardness by having a child with a mentally retarded. This can be seen from several aspects of hardness that exist in the subject, namely commitment, control, and challenge.

1. Commitment, namely individual involvement in social activities, is the existence of one's social contact with the surrounding environment. The three subjects are easily involved wholeheartedly in doing something, by the indicators in this aspect, namely involving themselves in the activity at hand. The involvement of parents with the activities at hand varies but the goal remains the same to see their children develop well in the future. Subject L helps with his child's schoolwork and pays attention to the food eaten by his child. In contrast to subject DS, he stated that he was ready to become his child's foremost shield and see the child's growth and development until he grew up. Meanwhile, in the DA subject, he also helps with the school assignments of his child who has mentally retarded and also has a headache with the school assignments given when his child is still being educated in a public school. The three subjects have obstacles or problems in caring for children with mentally retarded, but they remain committed to caring for their children and are willing to continue living life by trying their best. The three subjects try to control themselves and not to give up easily by being sincere, grateful, and believing that what they do will be rewarded to them later. The three subjects have social contact with the environment. When they do not understand a condition or action, they will increase their knowledge by searching on the Internet, reading books, or also asking other people, such as neighbors, friends, or SLB teachers who better understand the conditions of people with mental retardation. By communicating with fellow students guardians in SLB who both have children with special needs and can share stories, and suggestions and provide mutual assistance in caring for children with mental retardation. This is in line with the opinion expressed by Kobasa (1979) regarding commitment, namely individual involvement in social activities, and the existence of a person's social contact with the surrounding environment. It could be that this includes the problems he is facing, and how the individual is optimistic in dealing with the problems he is experiencing with high stress.
2. Control is a tendency to be able to feel and do something to overcome various uncertainties in life. This will appear with different signs, depending on how the individual can respond and overcome the pressure of the problems he faces. The three subjects have confidence in themselves in taking care and raising their children with mental retardation disorders. They instill confidence in themselves to keep trying, to be patient, and also to believe that there will be a reward in the future. In addition, the three subjects were able to control themselves in facing the reality of having mentally retarded children. The ability to control oneself is also related to the ability to manage emotions. This includes the ability to stabilize the subject's emotions. The researcher also found that the three subjects were able to overcome the problems that arose and were able to overcome them well. The three subjects were able to manage emotions and stress arising from the problem. The three subjects were able to manage emotions and stress caused by problems. The three subjects responded to the stress they experienced by resting, doing activities that provided benefits, and getting closer to God Almighty. The three subjects have self-control, which is carried out by interpreting the conditions they experience as an opportunity to learn to be more patient, airy, *tawakkal* (trust God), try to be stronger, and learn to care for or educate their children with mental retardation.

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The three subjects believe that uncontrolled emotions and thoughts will cause them to encounter problems that can affect their health and cause harm to themselves and others. High hardiness is related to the presence of emotional control, which will affect the low levels of anger, anxiety, and depression. The three subjects believe that by controlling their emotions and thoughts, they can face problems calmly and solve them well. This is consistent with the research conducted by Fitriana and Triyono (2023), where the control aspect is realized through decision control, coping control, and the belief that the conditions experienced are an opportunity to learn to care for or educate people with mental retardation. This condition makes parents more patient, airy, *tawakkal* (trust God), grateful, and try to be stronger in living life.

3. Challenge is the tendency of individuals to view a change as an opportunity for growth and development and not as a threat to their safety. These changes can be in the form of events that hit and will have a big effect on the rest of his life. Especially when seen that the problems that occur are problems that do not match the person's initial expectations. The change can be a very devastating event and will have a major effect on his next life. The three subjects can think positively about the situation they are living in, namely having a child with a mentally retarded. Then, the three subjects also felt optimistic about what happened to them. Optimism is often associated with the ability to bounce back from adversity or failure. With the changes, the three subjects felt more gratitude for themselves. The three subjects of parents who have mentally retarded children feel the same way, namely liking changes, especially changes and progress in their children with mental retardation. When their children make progress, the three subjects feel happy about what their children have achieved. The three subjects also have this attitude of challenge, where the three subjects believe that the conditions of their experience are fate, trials, and tests that people have to face in life. The three subjects believe that this condition is one of the ways that can be used to help them grow and develop when caring for and raising their child with a mentally retarded. The belief of the three subjects helped them to recognize a change or stress as a normal thing in life. This is in line with research conducted by Simahara, Zahara, and Julistia (2023), which states that optimism is one of the factors that can affect happiness in mothers who have mentally retarded children. The higher the optimism of mothers who have mentally retarded children, the higher the level of happiness. Conversely, the lower the optimism of mothers who have mentally retarded children, the lower the happiness.

Then, some factors influence the hardiness of parents who have mentally retarded children where parents can have coping strategies in dealing with situations that cause stress in having children with mental retardation. Coping strategies according to Bissonate (1988) are related to how individual strategies in overcoming problems to deal with situations that cause stress. In this study, researchers found in the field that the three subjects were grateful and surrendered to God Almighty. Then, they accept the responsibility as parents who have mentally retarded children. Then the three subjects analyze actions they can take to help themselves deal with problems, namely by managing emotions and thoughts so that the conditions they experience do not create more pressure, so that they trigger stress. Thus, the three subjects are confident in God that their children with mental retardation can be successful in the future. The three subjects accept and are grateful for all forms of conditions they experience.

This is in line with research conducted by Murisal and Hasanah (2017), that is the behavior of parents who are increasingly enthusiastic about educating children with mentally retarded. This will lead to a high attitude of gratitude. A high attitude of gratitude is characterized by positive behavior or behavior that adds to the reward with Allah. Then, in line with research conducted by Maysa and Khairiyah (2019), where hardiness is negatively correlated with the level of parenting stress in mothers with autistic children. Resilient mothers have an attitude of responsibility in every

situation they face so that their stress levels will be low. Conversely, mothers who are not resilient will be easily stressed when facing the problems of their autistic children.

## **Conclusion**

The three subjects have hardiness despite being blessed with a child with a mentally retarded. This can be seen from several aspects of hardiness that exist in the subject, namely commitment, control, and challenge. Factors that influence the hardiness of the three subjects are coping strategies in dealing with situations that cause stress in having a child with a mentally retarded. Where these three subjects are grateful and surrender to God Almighty. The three subjects also accepted the responsibility of parents who have mentally retarded children. The three subjects accepted their responsibilities as parents of children with mental retardation. The results of this study will help the subjects be more resilient in stressful situations. Future researchers should measure hardiness quantitatively and explore counseling techniques to increase hardiness in parents of children with mental retardation.

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