# THE ROLE OF FATHER'S SELF COMPASSION TO REDUCE PARENTING STRESS ON AUTISM SPECTRUM DISORDER CHILDREN

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Abstract: In the process of parenting a child with ASD, mothers always experience stress in the parenting process, but from the results of research and interviews that the father also has the same parenting stress with the mother. Parenting stress due to having a child with ASD can be reduced using coping stress method. Coping source from within someone which is related to their ability in managing the most difficult condition, which can be explained by selfcompassion. Purpose of the present study was determining whether there was any relation between Self-Compassion and parenting stress of father with a child with ASD. The research is quantitative approach. This research used Parenting stress by Abidin (1990) and self-compassion Scale by Neff (2003). 105 respondents father with child with ASD from special schools ASD and place therapy ASD as a sample of the population of Bekasi-Indonesia, sampling using purposive sampling techniques. Correlation test results using Pearson correlation show that r = -0.224 (p < 0.05) showed that there was a negative relation between selfcompassion and Parenting Stress. From this research, parent should increasing self compassion to reduce parenting stress of father with a child with ASD.

**Keywords:** Self-Compassion, Parenting Stress, Autism Sprectrum Disorder, Father, Children

### INTRODUCTION

Child birth is a gift that married couples look forward to. The presence of children is the perfect complement of happiness in a marriage because children can not only strengthen the love ties of husband and wife but also become the next generation that the family hopes for (Mangunsong, 2016).

Children are hope and every married couple hopes for the presence of a perfect child without flaws (Desiningrum, 2016), but in reality, not all children are born perfect. Some children are born with an indication of Children with Special Needs. According to Desiningrum (2016), children with special needs are children who experience developmental disorders either physically such as visually impaired and deaf or psychologically such as autism, so they need special care. Autism is neurodevelopmental disorder characterized by failure on the part of affected person, deficits in social communication and presence of restricted interests and repetitive behaviors.

Based on Central Bureau of Statistics Republic of Indonesia (2016), Children with special needs in Indonesia reaches 1.6. The Ministry of Women Empowerment and Child Protection (MoWECP, 2016) ) show that this number increases by 500 children every year million, but only 18% have received inclusive education services.

The presence of children in a family can change the family's system and situation, especially for children who are born with special needs. Research show that through a qualitative study explains that when parents find out that their children are born in condition of special needs specifically autism, they will generally feel devastated, hopeless, upset; blame themselves; feel useless and cause struggle for feeling to reject reality or forcing to accept it, feel sad, disappointed, guilty, rejecting or angry, before finally accepting the child's condition (Purnomo and Hadriami, 2015; Mangunsong, 2016).

Parenting itself is a stressful process (Mallers, & Neupert, 2010) but become tougher for parent's special needs children Lestari (2012) as autism. Hayes & Watson (2013) suggests that the parents of children with special needs such as autism have a higher level of parenting stress compared to those who do not have children with special needs.

According to Abidin (1990), parenting stress is a parent who experiences pressure in caring for and interacting with their children. There are three components of stress in parenting (Dardas & Ahmad, 2014):

• Parental distress is stress that comes from problems occured in the role of parents in the family, the extent to

which the role of parents' functions, either problems with the relationship between partners, or other problems caused by the presence of children. Couples who support each other will feel cared for, feel respected, have better self-esteem, and feel they have someone to rely on so they will tend to have higher life satisfaction (Wardani, Jeanne, Mardhiyah, Komarudin, Istiqomah, & Rozi, 2021).

- Parent-Child Dysfunction Intersection, the parenting stress
  of the parents who believe that their child is not as expected,
  which results in a lack of interaction with the child and loss
  of good bonds with the child.
- *Difficult Child*, in this factor parents consider the behavior and characteristics of children that are difficult to control will make parents feel uncomfortable in the parenting process.

Parental characteristics can also affect the level of stress in parenting. Therefore, to reduce *parenting stress*, parents should have good *well-being* as an initial intervention and can facilitate family function by restoring balance in the family.

In caring for children in the family, the father and mother are responsible on its Jia, & Schoppe-Sullivan, (2011). Over the years, the mothers and fathers play different roles in the family system. The father takes the role of breadwinner and works outside for the family while the mother is usually the main caregiver, caring for and meeting the needs of the children (Han & Jun, 2013).

Dardas & Ahmad (2015) show that, the fathers who have children with autism experience the same level of parenting stress as mothers. The parenting stress experienced by the fathers is based on children's behavioral characteristics that make them easy and difficult to manage their emotions.

The problem of the fathers' role in raising children is still a matter of controversy and polemic. Behind the controversy regarding the role of the father in practice, there are fathers who do not care at all about raising and

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educating their children, but there are also those who are involved and even care for their children without the involvement of their wives (Dagun, 1990). Fathers have their own role in raising children. The role of the father is also needed in the child's development, not always economically. For the development of children with special needs, the role of fathers has the same contribution in parenting (Febrianto & Darmawanti, 2016)

Gupta and Mehrota (2012) said that parenting stress from having chidren with special needs can be reduced by two coping methods, external stress coping (family support, social support) and internal stress coping which is a source of coping that comes from within a person ability to manage feeling of difficult condition, one of which is self-compassion.

Neff (2003) explains that *Self Compassion* consists of three interacting components: *self-kindness versus self-judgment, common humanity versus isolation*, and *mindfulness versus over identification*. *Self-kindness* refers to caring for oneself in difficult times, *common humanity* refers to recognizing that all people make mistakes and have difficulties in their lives, and *mindfulness* refers to involving awareness of painful thoughts and emotions with clarity and balance, not ignoring or reflecting on negative aspects of oneself or someone's life (Neff & Faso, 2014).

Research conducted by Kristina (2017) shows that there is a role of *self-compassion* in *parenting stress*. The higher the mother's *self-compassion* is, the lower the level of parenting stress experienced by her in raising children with cognitive barriers, however in this study the researchers looked at parenting stress experienced by the father. Based on the explanation above, the authors assume that fathers who have children with special needs can overcome negative emotions in *parenting stress* so it can produce positive efforts from *Self-Compassion* and increase involvement in the care of children with special needs.

Self-compassion that parents have makes them understand better their children. A deeper understanding of this can make parents feel more confident in their parenting abilities and encourage them to remain involved in the time-consuming endeavors needed to succeed in caring for children with special needs (Conti, 2015).

#### **METHOD**

## **Participant**

Respondents are 105 fathers who have children with *Autism Spectrum Disorder* who attend school and have therapy in special schools in Bekasi Indonesia. The Sampling used is uses *purposive sampling* that the criteria are father who has a child with autism (ASD) and involved in parenting. Researchers used primary data by distributing questionnaires to a total 122 respondent. There were 17 outliers and only 105 data that can be use in this study.

Table 1: Respondent's Background

| Respondent   | -                 | f  | P     |
|--------------|-------------------|----|-------|
| Father's Age | 20-30             | 4  | 3,8%  |
|              | 31-40             | 32 | 30,5% |
|              | 41-50             | 56 | 53,3% |
|              | 51- above         | 13 | 12,4% |
| Degree       | Under High School | 3  | 2,9%  |
|              | High School       | 15 | 14,3% |
|              | Diploma           | 13 | 12,4% |
|              | Bachelor          | 54 | 51,4% |
|              | Master Degree     | 19 | 18,1% |
|              | PhD               | 1  | 1,0%  |
| Sex child    | Boys              | 78 | 74,3% |
|              | Girls             | 27 | 25,7% |
| Age Child    | 1-6 years         | 32 | 30,5% |
|              | 7 -13 years       | 45 | 42,9% |
|              | 14 -19 years      | 20 | 19,0% |
|              | 20 -25 years      | 8  | 7,6%  |

Based on the results of the table above, it can be seen that the majority of participants are at the age of the third categorization, namely the age of 41-56 years as many as 56 people with a percentage of 53.3%. Majority of participants are on the child's age by the number of 7-13 years as many as 45 with percentage of 42.9%.

# Design

This Study used quantitative research by using for data collection. Data analyzed using Pearson correlation.

#### Instrument

The instrument was used in this study was:

• instrument Self Compassion Scale (SCS) compiled by Neff (2003)

- consists of 3 measured components which interact with each other, namely self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over identification which consists of 26 items favorable and unfavorable with a Likert scale consisting of 4 scales.
- Parenting Stress Index-Short Form PSI-SF compiled by Abidin (1995) which is adapted from (Dardas, 2015) consists of 3 measured components, namely Parental distress, Parent-Child Dysfunction Interction, and Difficult Child which consists of 36 items that are favorable and unfavorable with a Likert scale consisting of 4 scales, from a scale of 1 (strongly agree) to 4 (strongly disagree).

Adaptation process was undertaken by performing back translation and having three experts in developmental and clinical psychologist to review the appropriateness of the translation and to anticipate bias.

Reliability scores were analyzed based on 43 respondents. Our analysis show that the scale to be reliable with Cronbach's alpha of .779 for Self compassion scale and .906 for Parenting Stress scale.

#### RESULTS

Table 2: Hypothetic Categorization

|            | Score       | Range    | %    |
|------------|-------------|----------|------|
| Self       | X < 30      | Low      | 28%  |
| Compassion | $30 \le 45$ | Moderate | 57%  |
|            | X > 45      | High     | 15 % |
| Parenting  | X < 60      | Low      | 41%  |
| Stress     | $30 \le 90$ | Moderate | 57%  |
|            | X > 90      | High     | 2%   |

Based on the results of the hypothetical category from the table above, 57% respondents show moderate level both self-compassion and parenting stress. 41% show low parenting stress.

# Normality test

Normality test results uses the method of Kolmogorov-Smirnov show a significance value of p. > 0.05, meaning that the two data are normally distributed with the respective values: Self-Compassion Scale with a Kolmogorov-Smirnov is 0.413 and *Parenting Stress Index Short Form* with a Kolmogorov-Smirnov is 0.421 which shows a significance value of p> 0.05 then it means that the two data are normally distributed.

### **Hypothesis Test Results**

Table 3 Correlation of self-compassion and parenting stress

| Pearson Correlation | Sig  | Note Note  |
|---------------------|------|------------|
| 242                 | .013 | Correlated |

Based on the results of the analysis using the Pearson correlation it shows that between Self-Compassion and  $Parenting\ Stress$  results in coefficient r = -0.242 with a significance value of P = 0.013 in which p < 0.05 which indicates that there is a significant negative relationship between Self-Compassion and  $Parenting\ Stress$  of the father who has a child with  $Autism\ Spectrum\ Disorder$ . This shows that the higher the Father's  $Self\ Compassion$  is, the lower the  $Parenting\ Stress\ of$  fathers who have children with  $Autism\ Spectrum\ Disorder$ , vice versa if the Self-Compassion of the father who have children with  $Autism\ Spectrum\ Disorder$  is low, the father's  $Parenting\ Stress\ will\ be\ high$ .

## Correlation of children's age with parenting stress variable

Based on the correlation results on demographic data of children's age with parenting stress variables, the coefficient is r=0.275 with a significance value of P=0.005 in which p<0.05 indicates that there is a significant relationship between the demographic data of the child's age and the parenting stress variable of the fathers who have children with Autism Spectrum Disorder.

Table 4: Correlation between age and parenting stress

| Pearson Correlation | Significance | Note       |  |
|---------------------|--------------|------------|--|
| .275                | .005         | correlated |  |

Table 5: Categorization of age of children with parenting stress

| Age   | Percentage | Low | Moderate | High |
|-------|------------|-----|----------|------|
| 1-6   | 30.5%      | 17  | 15       | 0    |
|       | (n=32)     |     |          |      |
| 7-13  | 42.9%      | 10  | 32       | 3    |
|       | (n=45)     |     |          |      |
| 14-19 | 19.0%      | 3   | 16       | 1    |
|       | (n=20)     |     |          |      |
| 20-25 | 7.6% (n=8) | 3   | 4        | 1    |

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| Total 100,0% 33 67 5 |       |         |    |    |   |
|----------------------|-------|---------|----|----|---|
| ( 107)               | Total | 100.0%  | 33 | 67 | 5 |
| (n-105)              | Total | 100,070 | 33 | 07 | 3 |
|                      |       | (n-105) |    |    |   |

From the results of the above categorization, it can be seen that parents who face high *parenting stress* mostly when they have children with *autism spectrum disorders* with children's ages ranging from 7 to 13 years, this happens because the child enters the age entering puberty in which the rapid development and change occur.

### DISCUSSION

This study aims to determine whether there is a relationship between *Self-Compassion* and *Parenting Stress in* fathers who have children with *Autism Spectrum Disorder*.

From this study we found out that fathers who have high *self-compassion* will be able to reduce stress in the parenting process or *parenting stress*. In the process of parenting done by the father who have a child with *autism spectrum disorder*, the child's age is also related to the father's stress in the parenting process. Risnawati, Nuraqmarina, & Wardani (2021) stated that the involvement of fathers in the parenting process has an important meaning in the development of children, especially in the process and output in parenting, because being more aware of his role as a father in the family will build psychological aspects for his children. Furthermore, the sex of the child, the order of the child are not related to the father's stress, stress in the parenting process with a child with *autism spectrum disorder*.

Results of this study are in accordance with Kristina's research (2017) regarding the relationship between Self-Compassion and Parenting. Stress of mothers who have children with cognitive barriers, the result is that the higher the mother's self-compassion, the lower the level of parenting stress experienced by mothers in caring for children with cognitive barrier. High self-compassion makes individuals accept the condition of their children who have disabilities, when a father has high self-compassion, he is able to move on from the suffering he is experiencing and relieves the suffering, he is also able to see wisely about imperfections and be more empathetic to those around him (Syaiful & Roebiyanto, 2020).

In this study, the majority of fathers have a bachelor's education so it can be assumed that they have good working conditions, which is related to well-being. In this study, the majority of fathers have a bachelor's education so it can be assumed that they have good working conditions, which is related to well-being (Wardani, & Anwar, 2019; Wardani, Wulandari, Triasti, & Sombuling, 2020). Result of this study is also in line with the research of Bakır & Demirli, (2020) who explained that self-compassion is one of the variables related to stress in parenting.

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