



## Research Article

# The roles of gratitude and self-compassion on dysfunctional parenting to the parents of special needs children

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### Abstract

The parents of special needs children are vulnerable to parenting stress. Parenting stress experienced by parents of special needs children can lead to dysfunctional parenting. This study aimed to examine the role of gratitude and self-compassion in partial and simultaneous dysfunctional parenting to the parents of special needs children at Malang City. This study uses quantitative research methods with a descriptive correlational approach. The population in this study were parents of special needs children with the criteria of having one special needs child, not a single parent and living at Malang City. Determination of the sample in this study using the Lemeshow formula resulted in 96 respondents and was fulfilled into 100 respondents. The sampling technique used was accidental sampling. The instruments used in this study are the gratitude, self-compassion, and dysfunctional parenting scales compiled by the researcher. This study used a validity test, namely content validity by two expert lecturers. The reliability test was calculated using the Alpha Cronbach formula, and the coefficient value for the three variables was in the range of 0.9. Analysis of the data used is descriptive analysis and multiple linear regression analysis. The results showed that for parents of special needs children at Malang City, the level of gratitude is more in the high category, the level of self-compassion is average in the high and medium categories, the level of dysfunctional parenting is more in the low category, partially there is a role of gratitude on dysfunctional parenting, partially there is a role of self-compassion on dysfunctional parenting, there is a simultaneous role of gratitude and self-compassion on dysfunctional parenting.

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## Introduction

The growth of special needs children at Malang City based on data from outstanding school students in 2021 recorded that there are 883 special needs children, and that number does not include children who may not be enrolled in Special Needs Schools. Some children have physical and psychological limitations in their development, so they have different needs from children in general.

Parents who know their child is experiencing special needs will experience a phase of not accepting that is characterized by shock, disbelief with the condition experienced by their child, ignoring their child, and anger (Lerner in Mahabbati, 2009). There are also adverse parental reactions to children with special needs. A total of 34.48% of parents felt disappointed because their child's condition was not as expected, as many as 44.82% of parents felt guilty and less careful in maintaining their womb so that the child was born disabled, and as many as 58.62% of parents felt embarrassed by the presence of special needs

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children (Anggraini, 2013). This indicates that parents have difficulty accepting the presence of special needs children.

Having special needs children becomes a burden for parents both physically and psychologically. The burden be intended is a different role that must be done by parents of special needs children, such as parental acceptance of the child's condition, the way parents deal with the child's condition, how to deal with the response from the community, and the way parents care for children appropriately and according to the condition of the child, and must pay attention to the child's care to improve their development. This makes parents who have special needs children must be able to adjust better than parents who have normal children.

Parents of special needs children in this study are those who have children with classification A (visually impaired) who experience total or only partial blindness, B (deaf) who have total or only partial hearing loss, so they have barriers in speech, C (autistic) who have difficulty in communicating, interacting and the presence of repetitive behavior patterns, and D (visual impairment) who has below average intelligence and is unable to adapt. In this case, each parent has different parenting depending on the condition of the child compared to ordinary parents.

Parents of special needs children are still vulnerable to experiencing parenting stress. Parents who experience parenting stress are prone to perceived bias in understanding the child's behavior, over-reactivity in response to the child's behavior, and tend to behave aggressively (Nurhamidah & Retnowati, 2018). If the behavior is constantly occurring, it can lead to dysfunctional parenting. Dysfunctional parenting is dysfunctional parenting that involves three aspects of parenting: laxness or having discipline that is too permissive (weak) and inconsistent, over reactivity or excessive or violent reactivity (authoritarian), and verbosity or nagging behavior of parents in parenting (Arnold, et al., 1993; Zhu, 2018).

Several factors affect dysfunctional parenting can both internally and externally, namely culture, poverty, lack of family support, parental figure modeling, personality patterns, parental mental instability, attitudes towards parenting (authoritarian, permissive, and democratic), wrong understanding and lack of knowledge, and parental confidence in parenting (Coie & Dodge, 1998; Steinberg, 2000 in Mubarak, 2016; Morawska, A, et al, 2008).

Strong self-strengthening is needed in parents so that strength in the personal self can make parents able to perform effective parenting duties (Kristiana, et al. 2018). Internal factors in the self will form a strong and positive person and can manage emotions well so that it is considered more effective in reducing dysfunctional parenting. Gratitude and self-compassion can be internal factors that can reduce the occurrence of dysfunctional parenting. This is because gratitude and self-compassion are strongly associated with regulating self-emotions and attitudes toward others (Neff, 2003a; Peterson & Seligman, 2004 in Wu, 2018).

### **Gratitude**

Gratitude is described as a positive emotion (Algoe & Zhaoyang, 2015 in Nguyen, et al, 2020). Gratitude is feeling positive emotions (gratitude), a better mood, and responding or perceiving cognitively-effectively that he receives benefits for the giving and role of the kindness of others or the happiness and peace of natural beauty. Gratitude in this study uses developed aspects. According to Watkins (2014), gratitude has three aspects: sense of abundance, simple appreciation, and appreciation of others.

Kristiana, et al (2018) state that parents who are filled with gratitude will easily find positive things from every life event they experience, easily feel positive emotions, and lead to positive prosocial behavior. Gratitude also helps modify cognition by finding positive things from each event so that it will lead parents to active coping in parenting and can also lead to positive aspects of life. Along with that, gratitude also allows parents to think about their children's feelings without judgment as well as show unconditional love and appreciation to their children (Nguyen, et al., 2020).

### **Self-Compassion**

Self-compassion is an open attitude to self-suffering without judging oneself and trying to heal oneself by doing good to oneself, realizing that the suffering experienced is part of the human experience in general, and involving a clearer and objective vision of the suffering in finding meaning. According to Neff (2011), self-compassion has three aspects: self-kindness, common humanity, and mindfulness. Self-kindness means showing kindness and concern for yourself and

stopping making self-judgment to yourself. Common humanity means seeing bad experiences or failures as part of the human experience, not isolation. Mindfulness is accepting feelings felt by suffering with a calm attitude, a balanced perspective, an objective, and not over-identification.

Self-compassion can help parents to successfully manage parenting stress (Moreira et al, 2015b). Self-compassion is one of the most effective ways of achieving emotional well-being and life satisfaction by providing self-comfort and unconditional kindness while embracing the human experience, although it's hard to avoid destructive patterns of fear, negativity, and isolation (Neff, 2011).

In particular, correlational studies show that self-compassion is associated with higher rates of positive affect, happiness, and life satisfaction, and lower rates of negative affect, depression, and anxiety (Neff 2003b; Neff et al. 2007; Neff and Vonk, 2009 in Wong, 2018). Neff, K & Christopher, G (2018) also explained that when parents calm their minds and themselves, and foster peace within themselves through self-compassion when the child is raging or experiencing negative emotions, then the child will also feel calm through the transfer of positive energy that parents provide.

## **Method**

### **Research Design**

The study used a correlational descriptive quantitative approach. Descriptive approaches aim to get an idea of the variable data obtained from the group that is the subject of the study, while the correlational approach aims to look at the strength and direction of the relationships formed between variables.

### **Subject of Research**

The subjects who became the population of this study were parents of special needs children with the criteria of having one child with special needs, not a single parent, and living at Malang City. Determination of sample number using lemeshow formula for unknown populations. The selection of lemeshow formula in determining the number of samples was taken because the population of parents of special needs children at Malang City is unknown, the population of parents of special needs children is not as much as parents in general, and there are criteria. So, from calculating the number of samples using the lemeshow formula with a confidence level of 95% obtained the results of 96 respondents. In this study, it was reduced to 100 respondents. The sampling technique in this study used accidental sampling.

### **Instruments**

The instruments used in this study are the gratitude, self-compassion, and dysfunctional parenting scales compiled by the researcher. This research uses content validity tests conducted by two expert lecturers as expert judgment who are lecturers of the Faculty of Psychological Education, State University of Malang, and lecturers of the Psychology Study Program, Faculty of Social and Cultural Sciences, Trunojoyo Madura University. Furthermore, calculating the coefficient of validity of the contents with the formula Aiken's V. After completing the calculation and obtaining the coefficient of validity of each item, the coefficient of validity is interpreted to state the used and unused item. After updating the research instrument, it was then tested on 32 respondents. From the trial data results, the item discrimination index was calculated using the Pearson Product Moment formula with the help of the SPSS program. Items smaller than  $r$  table (0.349) are then declared unused. So, the number of items used on the gratitude scale of 34 items, the self-compassion scale of 26 items, and the dysfunctional parenting scale of 28 items. Test the instrument's reliability using Cronbach's Alpha formula with the help of the SPSS program. The coefficient value obtained on the gratitude scale is 0.960, the self-compassion scale is 0.947, and the dysfunctional parenting scale is 0.937.

### **Data Analysis Techniques**

Data was collected by spreading the scale of research on four Special Needs Schools at Malang City conducted on September 29 - October 18, 2021. The data analysis techniques used are descriptive analysis, assumption tests consisting of normality tests, linearity tests, multicollinearity tests, heteroskedasticity tests, and hypothesis tests using regression analysis.

## Results

### Statistical Descriptive Analysis

An overview of research respondents is illustrated in table 1 below.

**Table 1.** Overview of characteristics of research respondents

No.	Information	Criterion	Sum	Percentage
1.	Gender	Man	28	28%
		Woman	72	72%
		<b>Total</b>	100	100%
2.	Origin of Subdistrict	Lowokwaru	21	21%
		Klojen	19	19%
		Breadfruit	17	17%
		Blimbing	24	24%
		Damming	19	19%
		<b>Total</b>	100	100%
3.	Classification of special needs children	A(visually impaired)	12	12%
		B (deafness)	54	54%
		C (autistic)	18	18%
		D (tunagrahita)	16	16%
		<b>Total</b>	100	100%

Based on Table 1 it can be known that the respondents of mothers are more than father respondents. This is due to differences in the involvement of mothers and fathers in parenting roles. Father involvement tends to be instrumental, such as making a living, shaping the discipline and personality of the child, while the mother is more involved in childcare, emotional side, and giving guidance to the child (Finley & Schwartz, 2004; Finley, et al, 2008 in Wicaksono, 2018). From the special needs children classification, the majority of parents who filled out this study were parents who had special needs children with a deaf classification of 54%.

The data collection results are then categorized based on the mean value (M) and Standard Deviation (SD). Categorizing the scores in this study consisted of three categories: low, medium, and high.

**Table 2.** Categorization of gratitude score

Categorization	Category Borders	N	Percentage
Low	$X < 79$	0	0%
Medium	$79 \leq X < 125$	5	5%
High	$125 \leq X$	95	95%

Based on Table 2, it can be known that there are 5 parents of special needs children with a percentage of 5% have a medium level of gratitude, and 95 parents of special needs children with a percentage of 95%, have a high level of gratitude.

**Table 3.** Categorization of self-compassion score

Categorization	Category Borders	N	Percentage
Low	$X < 61$	1	1%
Medium	$61 \leq X < 95$	44	44%
High	$95 \leq X$	55	55%

Based on Table 3 it can be known that there is one parent of special needs children with a percentage of 1% has a low level of self-compassion, 44 parents of special needs children with a percentage of 44% have a moderate level of

self-compassion, and 55 parents of special needs children with a percentage of 55% have a high level of self-compassion.

**Table 4.** Categorization of Dysfunctional Parenting Score

Categorization	Category Borders	N	Percentage
Low	$X < 65$	75	75%
Medium	$65 \leq X < 103$	25	25%
High	$103 \leq X$	0	0%

Based on Table 4, it can be known that there are 75 parents of special needs children with a percentage of 75% have a low level of dysfunctional parenting, and 25 parents of special needs children with a percentage of 25% have a medium level of dysfunctional parenting.

The assumption test in this study used normality, linearity, multicollinearity, and heteroskedasticity tests. The normality test aims to determine whether the data dissemination in this study is distributed normally or not. The normality test was conducted using *Kolmogorov-Smirnov* analysis with the help of the SPSS program. The linearity test aims to determine whether this study's independent and dependent variables have a linear relationship. The calculation of linearity tests in this study uses the help of SPSS programs. The multicollinearity test aims to test whether there is a correlation between one or all of the free variables in the regression model. The heteroskedasticity test aims to test whether there are variances inequalities from residual one observation to another in the regression model. The absence of multicollinearity can be known from the value of the variance inflation factor (VIF) and tolerance. The heteroskedasticity test in this study was conducted with a glejser test approach using Spearman's Rho correlation. The results of the tests of normality, linearity, multicollinearity, and heteroskedasticity can be seen in the following table.

### Test Assumptions

**Table 5.** Normality test results

Variable	p	Conclusion
Gratitude	0,060	Normally distributed
Self-Compassion	0,078	Normally distributed
Dysfunctional parenting	0,100	Normally distributed

Based on Table 5, the results of normality on gratitude variables obtained p of  $0.060 \geq 0.05$  so it can be said that gratitude variables are distributed normally. The self-compassion variable obtains p of  $0.078 \geq 0.05$ , so it can be said that the variable self-compassion is distributed normally. Variable dysfunctional parenting earns a p of  $0.100 \geq 0.05$ , so it can be said that the dysfunctional parenting variable is distributed normally.

**Table 6.** Linearity Test Results

Variable	Deviation from Linearity	
	F	p
Gratitude – dysfunctional parenting	1,365	0,137
Self-compassion – dysfunctional parenting	1,080	0,388

Based on the table above between the variable gratitude and dysfunctional parenting obtained (F deviation from linearity = 1.365,  $p > 0.05$ ) so it can be said that there is a linearity or role between gratitude and dysfunctional parenting due to the value of  $p \ 0.137 > 0.05$ . In the variable self-compassion with dysfunctional parenting obtained (F deviation from linearity = 1,080,  $p > 0.05$ ) so it can be said that there is linearity or role self-compassion with dysfunctional parenting due to the value of  $p \ 0.388 > 0.05$ .

**Table 7.** Multicollinearity test results

Variable	Tolerance	VIF
Gratitude	0,595	1,679
Self-Compassion		

Based on the table above it can be concluded that the multicollinearity test value of gratitude and self-compassion variables obtained tolerance values of  $0.595 > 0.1$  and VIF  $1,679 < 10$  then it can be said that there is no multicollinearity in both variables.

**Table 8.** Heteroskedasticity test results

Variable	p	Information	Conclusion
Gratitude	0,159	$> 0.05$	There is no heteroskedasticity.
Self-Compassion	0,740	$> 0.05$	There is no heteroskedasticity.

Heteroskedasticity test results on gratitude variables obtained p values of  $0.159 > 0.05$  and in self-compassion variables obtained p values of  $0.740 > 0.05$  so it can be concluded that there is no heteroskedasticity in both variables.

### Hypothesis Test

This research hypothesis test was conducted using multiple linear regression analysis techniques with the help of SPSS. The hypothesis test used in this study consists of a t test or partial test, an F test or simultaneous test, a coefficient of determination ( $R^2$ ), an effective and relative contribution. The results of the regression analysis can be seen in Table 9.

**Table 9.** Regression analysis results

Test	Value	Standard Error	t-value	p-value
Constant	129,461	8,955	14,457	0,000
Gratitude	-0,199	0,078	-2,557	0,012
Self-Compassion	-0,439	0,092	-4,787	0,000
F	37,804			0,000
R	0,662			
R'	0,438			
Adjusted R'	0,426			
Var. Dependent	Dysfunctional parenting			

A partial test or t-test is done to determine the role of each independent variable, namely gratitude, and self-compassion, on dependent variables, namely dysfunctional parenting. Decision-making for the t-test can be seen from the value p 0.05 and the value t. If the value  $p < 0.05$  and value  $t > t_{table}$  then the hypothesis is accepted, meaning that the independent variable plays a partially significant role in the dependent variable. Conversely, if the value  $p > 0.05$  and value  $t < t_{table}$ , the hypothesis is rejected, meaning that the independent variable does not play a partially significant role in the dependent variable.

Based on the results of the t-test on the gratitude variable obtained a value of  $p 0.012 < 0.05$  and the value t (-2.557)  $> t_{table}$  (1.988) it can be concluded that the accepted hypothesis means there is a significant role of gratitude on dysfunctional parenting. In addition, it is also known that gratitude obtains negative values meaning there is a negative role between gratitude and dysfunctional parenting. With the increasing gratitude in parents of special needs children, the possibility of dysfunctional parenting towards children will be lower. Conversely, the decreased gratitude rate in parents of special needs children increases the possibility of dysfunctional parenting toward children.

Based on the results of the t-test on the variable self-compassion obtained a value of  $p 0.000 < 0.05$  and value t (-4,787)  $> t_{table}$  (1.988) so that it can be concluded that the accepted hypothesis means there is a significant role self-compassion on dysfunctional parenting. In addition, it is also known that self-compassion obtains negative values meaning there is a negative role between self-compassion and dysfunctional parenting. As much as the increase in self-compassion in parents of special needs children then, the possibility of dysfunctional parenting toward children will be lower. Conversely, the lower the level of self-compassion in parents of special needs children, the possibility of dysfunctional parenting toward children will be higher.

A simultaneous test or F test is carried out to find out the role of independent variables, namely gratitude and self-compassion together on dependent variables, namely dysfunctional parenting. Decision-making on the F test can be

seen from the value  $p$  and the value  $F$ . If the value  $p < 0.05$  and value  $F > F_{table}$  then the hypothesis is accepted, meaning that independent variables simultaneously play a role against dependent variables. Conversely, if the value  $p > 0.05$  and  $F < F_{table}$  then the hypothesis is rejected, meaning that independent variables simultaneously do not play a dependent variable role.  $F$  test results obtained  $F$  value (37.804)  $> F_{table}$  (3.15) and  $p$ -value  $0.00 < 0.05$ , then the hypothesis was accepted. Thus it can be concluded that gratitude and self-compassion together lead to dysfunctional parenting. The multiple linear regression equations in this study are as follows.

$$DP = 129,461 + (-0.199)G + (-0.439)SC$$

The regression showed that a constant value of 129.461, so this shows that if parents do not have gratitude and self-compassion then the level of dysfunctional parenting (DP) is 129,461. The coefficient of gratitude (G) value (-0.199) which has a negative direction so that it can be interpreted as an increase of one point of gratitude in parents, can reduce 0.199 dysfunctional parenting. The value of the self-compassion coefficient (SC) of (-0.439) so that it can be interpreted as any increase of one point of self-compassion in parents can reduce 0.439 dysfunctional parenting.

The coefficient of determination ( $R^2$ ) that is carried out from the results of regression analysis is done to find out how much contribution or contribution is given by independent variables, namely gratitude and self-compassion to dependent variables, namely dysfunctional parenting. The results of multiple linear regression analysis obtained a value  $R^2$  of 0.438 which means that the variable gratitude and self-compassion can predict the variable dysfunctional parenting by 43.3%, and the rest is explained by other variables.

Next, the calculation of predictor contributions from each independent variable is carried out. Predictor contributions are two types, namely effective contribution, and relative contribution. The effective contribution aims to measure the magnitude of the contribution of independent variables, namely gratitude and self-compassion to dependent variables, namely dysfunctional parenting in regression analysis, and the relative contribution aims to measure the magnitude of the contribution of independent variables, namely gratitude, and self-compassion.

Based on the results of the calculation of effective contribution, the gratitude variable on dysfunctional parenting obtained 13.9%, and the self-compassion variable on dysfunctional parenting obtained 29.9%. Thus, the effective contribution of both independent variables equals the magnitude of the coefficient of determination ( $R^2$ ), which is 43.8%.

Based on the results of the calculation of relative contribution, the gratitude variable on dysfunctional parenting obtained 31.74%, and the self-compassion variable on dysfunctional parenting obtained 68.26%. Thus, the total relative contribution of independent variables is 100%.

## Discussion

The results showed that gratitude is significant role on dysfunctional parenting in parents of special needs children at Malang City. In this case gratitude is negative role on dysfunctional parenting. That is, the higher gratitude felt by parents of special needs children, the possibility of dysfunctional parenting of children will be lower so that parenting carried out by parents becomes more functional and mindful.

The results of this study are in line with research conducted by Andriani & Sumargi (2019) which found that gratitude is significantly negatively associated with the stress of mothers who have children with autism spectrum disorder. In addition, in a study conducted by Kristiana, et al (2018) also showed that gratitude training is effective for lowering parenting stress in early childhood mothers. In this case gratitude is proven to reduce parenting stress.

In this study, gratitude rates in the elderly special needs children at Malang city, on average classified as high and only 5% classified as medium. This disposition allows parents to think and behave flexibly in overcoming pressures on parenting roles, and facing adverse events, including facing difficult child behavior, and interpersonal barriers in care (Folkman & Moskowitz, 2000; Wood, et al, 2008 in Kristiana, et al, 2018).

Parents filled with gratitude will easily find the positive things from every life event they experience, easily feel positive

emotions, and lead to positive prosocial behavior. Gratitude also helps modify cognition by finding positive things from each event so that it will lead parents to active coping in parenting and can also lead to positive aspects of life (Kristiana, et al., 2018).

Gratitude in this study had a role in dysfunctional parenting, where gratitude contributed 13.9%, and the rest was influenced by other factors not contained in the study.

Based on the above exposure, it can be concluded that gratitude has a negative role in the emergence of dysfunctional parenting so it can help parents in reducing the possibility of dysfunctional parenting.

The results also showed that self-compassion is a significant role in dysfunctional parenting of parents of special needs children at Malang City. In this case, self-compassion is a negative role on dysfunctional parenting. That is, the higher the self-compassion felt by parents of special needs children, the possibility of dysfunctional parenting of children will be lower so that parenting carried out by parents becomes more functional and mindful.

The results of this study are in line with research conducted by Barokah (2019), which found that self-compassion and parenting stress in mothers who have special needs children have a negative relationship. In addition, in Moreira's study, et al (2015b) found that self-compassion was negatively correlated with parenting stress in mothers. These findings are consistent with research by Moreira, et al.(2015a) that show a significant association between self-compassion and mindful parenting, so self-compassion is a relevant factor in parenting.

This study found that the level of self-compassion in the elderly special needs children at Malang City on average is relatively high and medium, and only 1% is classified as low. These three aspects of self-compassion encourage not only adaptive ways of self-to-self and self-to-other relationships but also more positive parenting and intrinsically related to the dimension of mindful parenting (Neff 2009, 2012; Moreira, et al, 2015a, b; Neff and Faso, 2015; Gouveia, et al, 2016).

Higher levels of self-kindness, a greater sense of humanity, and a greater capacity for attention and self-regulation from self-compassion parents can help parents experience less stress in their parenting roles and adopt more authoritative parenting styles (through mindful parenting) and reduced authoritarian and permissive parenting. In addition, older people with higher levels of self-compassion are better able to activate a calming affect regulation system that can help them better regulate their negative emotions (Moreira, et al 2015a, b; Gilbert 2005, 2014 in Gouveia, et al, 2016)

Self-compassion in this study had a role on dysfunctional parenting where self-compassion contributed 29.9%, and the rest was influenced by other factors not contained in the study.

Based on the above exposure, it can be concluded that self-compassion is a negative role in the emergence of dysfunctional parenting, so it can help parents reduce the possibility of dysfunctional parenting and help develop mindful or positive parenting.

The results of simultaneous role studies show that gratitude and self-compassion together are significant role on dysfunctional parenting. Gratitude and self-compassion contributed 43.8% and the rest was influenced by other factors not discussed in the study, such as cultural factors, poverty, lack of family support, parental figure modeling, personality patterns, parental mental instability, attitudes toward parenting (authoritarian, permissive, and democratic), mistaken understanding, and lack of knowledge, as well as parental confidence in parenting (Coie & Dodge, 1998; Steinberg, 2000 in Mubarak, 2016; Morawska, A, et al, 2008).

Dysfunctional parenting in parents of special needs children in this study is relatively low. This is likely due to (1) research conducted on Special Needs School so that parents who send children to Special Needs School are considered more aware of the child's needs and try to do the best for the child, (2) respondents in this study have different special needs children so that each special needs children has a different parenting burden and dysfunctional parenting in this study is concluded in general without distinguishing classification.

This research is in line with previous research conducted by Sari, et al.(2020) found that gratitude and self compassion together can significantly predict psychological well-being in schizophrenia caregivers. In addition, research conducted by Nguyen, et al.(2020) that self compassion has a direct influence on mindful parenting and the role of gratitude mediation in this case is significant. Self-compassion, gratitude, and mindful parenting are also positively correlated so self-compassion and

gratitude can help improve mindful parenting.

Gratitude and self-compassion are strongly related to the regulation of self-emotions and attitudes toward others (Neff, 2003a; Peterson & Seligman, 2004 in Wu et al, 2018) so gratitude and self-compassion have been widely associated with decreased parenting stress and increased positive parenting such as mindful parenting, for example in research conducted Nguyen, et al (2020), Kristiana, et al (2018), and Kristiana (2017). In this case, gratitude and self-compassion have a role in dysfunctional parenting.

Based on the above exposure, it can be concluded that gratitude and self-compassion together are significant roles in dysfunctional parenting. Gratitude and self-compassion can both help regulate emotions, influence attitudes toward yourself and others, and form positive strength of character that can reduce parenting pressures, especially against the possibility of dysfunctional parenting.

### Conclusion

Based on research that has been conducted by researchers, it can be concluded that (1) partial gratitude contributes to the management of dysfunctional parenting behavior, (2) partial self-compassion contributes to the decline of dysfunctional parenting behavior, (3) Simultaneous speech of gratitude and self-compassion contributed to the management of dysfunctional parenting behavior by making an effective contribution of 43.8%, where self-compassion contributed more than gratitude.

### Recommendations

Based on research that has been conducted by researchers there are several shortcomings in this study, namely (1) There is an imbalance in respondents between father and mother, and (2) The results of the study in general without classifying the condition of the child is heavy or ringan. Therefore, there are some suggestions that researchers can convey (1) to parents to continue to learn about good parenting to children so that they can avoid dysfunctional parenting and can follow the community that helps parents in improving self compassion and understanding of the condition of children with special needs. (2) In the next researcher, a) can balance respondents between men and women, and b) can intervene using similar variables.

### References

- Andriani, R., & Sumargi, A. M. (2019). The Relationship between Gratitude and Stress in Mothers Who Have Children with Autism Spectrum Disorders. *Jurnal Experientia*, 7(2), 26–32. <http://journal.wima.ac.id/index.php/EXPERIENTIA/article/view/2728>.
- Anggraini, R. (2013). Parents' Perceptions of Children with Special Needs. *E-JUPEKHU (Jurnal Ilmiah Pendidikan Khusus)*, 1, 258–265. <http://ejournal.unp.ac.id/index.php/jupekhu/article/viewFile/951/807>.
- Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: A Measure of Dysfunctional Parenting in Discipline Situations. *Psychological Assessment*, 5(2), 137–144. <https://doi.org/10.1037/1040-3590.5.2.137>
- Barokah, I. (2019). *The Relationship between Self-Compassion and Parenting Stress in Mothers Who Have Children with Special Needs*. Fakultas Ilmu Pendidikan Universitas Negeri Semarang, Semarang.
- Data Pokok Pendidikan Kementerian Pendidikan dan Kebudayaan. (2021). *Data Peserta Didik Provinsi Jawa Timur, Kota Malang Semester 2021/2022*. <https://dapo.kemdikbud.go.id/pd/2/056100>. Diakses pada 19 Agustus 2021.
- Gouveia, M. J., Carona, C., Canavarro, M. C., & Moreira, H. (2016). Self-Compassion and Dispositional Mindfulness Are Associated with Parenting Styles and Parenting Stress: The Mediating Role of Mindful Parenting. *Mindfulness*, 7(3), 700–712. <https://doi.org/10.1007/s12671-016-0507-y>
- Kristiana, I. F. (2017). Self-Compassion and Parenting Stress for Mothers Who Have Children with Cognitive Barriers. *Jurnal Ecopsy*, 4, 1.
- Kristiana, I. F., Hyoschamina, D. E., & Fatimah, N. (2018). The Effect of Gratitude on Parental Stress among Mothers' of Early Children. *Journal of Education and Learning (EduLearn)*, 12(4), 610–616. <https://doi.org/10.11591/edulearn.v12i4.724>.
- Mahabbati, A. (2009). Acceptance and Readiness of Mother's Parenting for Children with Special Needs. *Jurnal Pendidikan Khusus*, 5(2), 75-82.

- Morawska, A., Winter, L., & Sanders, M. R. (2009). Parenting knowledge and its role in the prediction of dysfunctional parenting and disruptive child behaviour. *Child: Care, Health and Development*, 35(2), 217–226. <https://doi.org/10.1111/j.1365-2214.2008.00929.x>
- Moreira, H., Carona, C., Silva, N., Nunes, J., & Canavarro, M.C. (2015a). Exploring the link between maternal attachment-related anxiety and avoidance and mindful parenting: the mediating role of self-compassion. *Psychology and Psychotherapy: Theory, Research and Practice*. Advance online publication. doi:10.1111/papt.12082.
- Moreira, H., Gouveia, M. J., Carona, C., Silva, N., & Canavarro, M. C. (2015b). Maternal attachment and children's quality of life: the mediating role of self-compassion and parenting stress. *Journal of Child and Family Studies*, 24, 2332–2344. doi:10.1007/s10826-014-0036-z.
- Neff, K. (2011). *Self Compassion: The Proven Power of Being Kind to Yourself*. New York: HarperCollins Publishers.
- Neff, K. D. (2012). The science of self-compassion. In C. Germer & R. Siegel (Eds.), *Compassion and wisdom in psychotherapy* (pp. 79– 92). New York: Guilford Press.
- Neff, K. D., & Faso, D. J. (2015). Self-compassion and well-being in parents of children with autism. *Mindfulness*, 6, 938–947. doi:10.1007/s12671-014-0359-2.
- Neff, K., Christopher, G. (2018). *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive*. New York: The Guilford Press.
- Nguyen, T. M., Bui, T. T. H., Xiao, X., & Le, V. H. (2020). The Influence of Self-Compassion on Mindful Parenting: A Mediation Model of Gratitude. *Family Journal*, 28(4), 455–462. <https://doi.org/10.1177/1066480720950421>.
- Nurhamidah, & Retnowati, S. (2018). The effect of the "mindful parenting" program on changes in the stress of caring for single parents who have children with multiple disabilities. *Gadjah Mada Journal of Professional Psychology (GamaJPP)*, 4(1), 62–72. <https://doi.org/10.22146/gamajpp.45672>
- Pajar Mubarok, P. (2016). Positive Parenting Program to Improve Teen Parents' Mindful Parenting Skills. *Psymphatic: Jurnal Ilmiah Psikologi*, 3(1), 35–50. <https://doi.org/10.15575/psy.v3i1.1095>
- Sari, E. P., Roudhotina, W., Rahmani, N. A., & Iqbal, M. M. (2020). Gratitude, Self-Compassion, and Psychological Wellbeing in Schizophrenia Caregivers. *Jurnal Psikologi*, 16(1), 1. <https://doi.org/10.24014/jp.v16i1.9081>
- Watkins, P. C. (2014). *Gratitude and the Good Life: Toward a Psychology of Appreciation*. New York: Springer. <https://doi.org/10.1007/978-94-007-7253-3>
- Wicaksono, Cahyo Andika. (2018). *Relationship between Self Compassion and Mother's Involvement in Caring for Autistic Children*. Fakultas Psikologi Universitas Muhammadiyah Malang, Malang.
- Wong, C. C. Y., Mak, W. W. S., & Liao, K. Y. H. (2016). Self-Compassion: A Potential Buffer Against Affiliate Stigma Experienced by Parents of Children with Autism Spectrum Disorders. *Mindfulness*, 7(6), 1385–1395. <https://doi.org/10.1007/s12671-016-0580-2>
- Wu, Q., Chi, P., Lin, X., & Du, H. (2018). Child maltreatment and adult depressive symptoms: Roles of self-compassion and gratitude. *Child Abuse and Neglect*, 80(March), 62–69. <https://doi.org/10.1016/j.chiabu.2018.03.013>
- Zhu, A. Y. F. (2018). Validating the Scale Measuring Dysfunctional Parenting with Hong Kong Adolescents. *Child and Adolescent Social Work Journal*, 35(5), 489–498. <https://doi.org/10.1007/s10560-018-0537-5>