

The Effect of Resilience on Psychological Well-Being in Parents with Children with Special Needs in Berau Regency

Hilda Maulidatul Rahma*, Dewi Kamaratih

Universitas Muhammadiyah Kalimantan Timur, Indonesia

Email: 2211102433034@umkt.ac.id*, dk939@umkt.ac.id

Keywords:

*resilience;
psychological well-being;
parents of children with special
needs*

ABSTRACT

Parents who raise children with special needs often experience various psychological challenges that may affect their psychological well-being. The increasing number of children with special needs in Indonesia highlights the importance of understanding factors that support parents' mental health. One factor believed to play an important role is resilience, which refers to the ability of individuals to adapt and remain strong when facing difficult situations. This study aims to examine the effect of resilience on psychological well-being among parents of children with special needs in Berau Regency. The study employed a quantitative inferential approach with a sample of 186 parents selected using a snowball sampling technique. Data were collected using a resilience scale developed by the researchers and the Psychological Well-Being Scale based on Ryff's model. The data were analyzed using simple linear regression after meeting the assumptions of normality and linearity. The results showed that resilience had a significant positive effect on psychological well-being ($\beta = 0.485$; $p < 0.05$). The coefficient of determination indicated that resilience contributed 60.8% to the variance in psychological well-being. These findings suggest that higher levels of resilience are associated with higher psychological well-being among parents of children with special needs. Therefore, strengthening resilience is important for supporting parents' psychological health and improving their ability to cope with parenting challenges.

INTRODUCTION

The family is the primary foundation and the first educational environment for a child, as it is within the family that a child first acquires knowledge, intelligence, intellectual skills, and the development of interests and talents through interactions with parents or other family members (Saputra & Subiyantoro, 2021). Parents often face more complex challenges, especially when they are blessed with a child with special needs (anak berkebutuhan khusus [ABK]). Children with special needs (ABK) are those who require specialized education and services to develop their abilities optimally. These services include educational services, social services, counseling, and other specialized support (Putra et al., 2021).

The phenomenon of children with special needs (ABK) has become a serious concern both nationally and locally (Iqbal et al., 2021; Liani et al., 2023; Mahmud et al., 2025). The number of children with special needs in Indonesia is increasing each year. According to data from the Central Statistics Agency (BPS), as of February 2024, the number of children with special needs in Indonesia has reached 1.6 million (Vocational Ministry of Education and Education, 2025). Furthermore, according to the Ministry of Education, Culture, Research, and Technology (2025), in East Kalimantan, the number of children identified as ABK and currently enrolled in the education system is 3,951 students, representing 0.55%.

In Berau Regency, there were 410 children with special needs (ABK) in 2022 (DP2KBP3A, 2021), and 348 students with special needs were officially recorded in the local education system. These figures indicate that the presence of ABK cannot be overlooked and requires consistent support from various stakeholders, particularly the family as the child's closest environment. These data further emphasize the urgency of giving special attention to the role of the family in supporting the development and well-being of these children from educational, emotional, and social perspectives.

Raising children with special needs requires parents to possess more complex and adaptive parenting skills. Based on research by Khasanah (2018), which involved interviews with parents of children with special needs, it was found that the presence of such children brings unique challenges. These challenges relate to parents' perceived ability to care for their children as well as their acceptance of the child's diagnosis.

Additionally, research by Nida (2021), based on interviews with parents of children with special needs, revealed that the presence of such children often gives rise to pessimism regarding the child's future, which becomes a source of parental stress. This is triggered by the child's high level of dependency across various aspects of life, including personal and social skills, thereby requiring significant parental involvement. This condition not only affects the daily lives of parents but also demands their continuous ability to adapt.

The challenges of parenting children with special needs can negatively impact parents' psychological well-being, as indicated by the emergence of negative emotions such as anxiety, sadness, anger, guilt, and low self-esteem (Mangunsong in Nida, 2021). Research by Fredella and Sundari (2023) shows that parents' difficulty in managing frequent tantrums can trigger parenting stress. Similarly, Bawalsah (2016) found that the mental health of parents of children with disabilities tends to be poorer than that of parents with typically developing children due to additional psychological, social, and physical burdens.

The psychological and physical burden becomes even more pronounced when parents must assist and educate children with special needs to become independent and adapt to their environment (Yuliani, 2023). These challenges are further intensified when parents must manage both academic and non-academic needs while also facing social pressures in daily life (Hidayah et al., 2019). Such conditions often lead parents to adopt avoidance coping strategies, which can negatively affect psychological well-being (Ghaisani & Hendriani, 2022). Faradina (2016) stated that the inability to accept a child's condition may trigger prolonged emotional conflict, whereas self-acceptance helps parents become more patient in responding to their child's behavior.

These conditions highlight the importance of paying attention to the psychological well-being of parents of children with special needs. Kenneth (in Iganingrat & Eva, 2021) states that psychological well-being is closely related to mental health. In the context of parenting children with special needs, low psychological well-being can affect the quality of parenting and parents' ability to cope with parenting-related stress (Hayat & Zafar, 2015). Therefore, it is important for parents of children with special needs to maintain psychological well-being to support their children's development, enabling them to face difficulties without becoming overwhelmed and to adapt effectively to challenges.

The ability to adapt and remain steadfast in the face of these challenges is referred to as resilience. According to Reivich and Shatté (in Hermawati, 2018), resilience is the ability of

individuals to adapt and persist in difficult situations. Individuals with resilience are able to respond optimally and manage various stressors and pressures they encounter, particularly in caring for children with special needs (Dewi & Widiyasavitri, 2019). Resilience plays a crucial role in helping individuals adapt to parenting-related pressures. Individuals with strong resilience tend to believe that situations will improve over time, and they are generally calmer and more optimistic when facing problems (Azmi, 2017). Thus, resilience contributes to maintaining emotional balance and psychological well-being in demanding situations, particularly for parents of children with special needs.

Considering the complexity of challenges faced by these parents, a deeper understanding of factors influencing their psychological condition is necessary. Resilience is one of the key factors believed to help parents cope with parenting stress and maintain psychological well-being. Based on this rationale, it is important to conduct research on the effect of resilience on psychological well-being among parents of children with special needs, particularly in Berau Regency, to contribute to the development of appropriate psychological interventions and social support systems.

Psychological well-being is a condition that reflects the optimal functioning of an individual's psychological aspects, enabling them to live a healthy, meaningful, and fulfilling life. According to Ryff and Keyes (1995), psychological well-being consists of six dimensions: self-acceptance, environmental mastery, positive relations with others, purpose in life, personal growth, and autonomy. It is also associated with an optimistic attitude in developing one's full potential (Carr) and reflects the successful functioning of psychological processes in achieving a healthy life (Schultz). Psychological well-being is influenced by various factors, including demographic characteristics, social support, evaluation of life experiences, and locus of control, which determines the extent to which individuals perceive control over their lives. In addition, resilience plays a vital role in maintaining psychological well-being, as it enables individuals to endure, adapt, and recover from stress or adversity. Resilience is influenced by individual, family, and environmental factors and is reflected in aspects such as emotional regulation, self-confidence, optimism, problem-solving skills, positive interpersonal relationships, the ability to withstand pressure, recovery from adversity, and the presence of spiritual values or life meaning as sources of strength.

The phenomenon of children with special needs (ABK) requires significant attention and psychological readiness from parents in the caregiving process. Parents of children with special needs often experience emotional pressures such as parenting stress, disappointment, shame, and self-pity due to challenges in educating children who may have difficulties with attention, comprehension, and cognitive processing. This condition can affect parents' psychological well-being, as reflected in declines in self-acceptance, environmental mastery, positive relations, autonomy, purpose in life, and personal growth. In dealing with these challenges, resilience serves as a crucial factor that enables parents to endure, regulate emotions, and adapt to various pressures during caregiving. Resilience allows individuals to adopt more adaptive coping strategies, maintain psychological stability, and accept themselves and their children more positively. Numerous studies indicate that resilience is positively associated with and is a significant predictor of psychological well-being; thus, higher resilience is linked to higher psychological well-being. Therefore, resilience and psychological well-being have a reciprocal relationship, where resilience strengthens psychological well-being, and strong psychological

well-being enhances an individual's capacity to cope with life challenges, particularly in parenting children with special needs.

Based on this background, the purpose of this study is to examine the effect of resilience on psychological well-being among parents of children with special needs in Berau Regency. This study is expected to provide both theoretical and practical contributions. Theoretically, it may contribute to the development of psychological research on resilience and psychological well-being, particularly in the context of parents caring for children with special needs. Practically, the findings are expected to serve as a reference for schools, parent communities, and local government institutions in designing programs, interventions, and support services aimed at strengthening parental resilience and improving psychological well-being. Furthermore, this study is expected to raise awareness among parents and the broader community about the importance of resilience as a protective factor in coping with caregiving demands.

METHOD

This study used a quantitative approach with an inferential design to test research hypotheses and generalize findings from the sample to the population through statistical analysis (Azwar, 2022).

The study involved parents of children with special needs in Berau Regency, including those whose children attended formal education services or received therapy at specialized institutions. The population consisted of approximately 410 parents. The research subjects included both mothers and fathers of various ages who were willing to participate as respondents. The sample size was determined using the Isaac and Michael table with a 5% margin of error, resulting in 186 respondents (Sugiyono, 2023). The sampling technique used was snowball sampling, a non-probability sampling method (Azwar, 2022).

Two psychological instruments were used in this study. The first instrument measured resilience and was developed by the researchers based on aspects such as emotional regulation, self-control, self-confidence, optimism, problem-solving ability, empathy, interpersonal relationships, persistence under pressure, recovery from adversity, and sources of meaning in life.

The second instrument measured psychological well-being using a scale developed by Ryff and Keyes (1995), which was translated and adapted by Rachmayani and Ramdhani (2014), and further modified by Sesillia (2020) into 36 items. This scale assessed dimensions including environmental mastery, positive relations with others, autonomy, self-acceptance, purpose in life, and personal growth.

Data were analyzed using simple linear regression to examine the effect of resilience (independent variable) on psychological well-being (dependent variable) among parents of children with special needs in Berau Regency. Prior to the main analysis, assumption tests were conducted, including normality and linearity tests. The normality test was performed using the Kolmogorov–Smirnov test, given that the sample size exceeded 50, with a significance value greater than 0.05 indicating normal data distribution (Ghozali, 2018). The linearity test was conducted to assess the linear relationship between the variables.

After all assumptions were met, the analysis proceeded with simple linear regression. The results indicated the direction and strength of the relationship between resilience and psychological well-being. All data analyses were conducted using statistical software.

RESULTS AND DISCUSSION

Scale Trial Results

1. Preparation

The preparation of measuring instruments in this study was carried out gradually and systematically. The initial stage begins with the establishment of constructs and operational definitions of variables based on relevant theories. The resilience scale is compiled based on aspects of emotional regulation and self-control, self-competence and self-confidence, optimism and positive acceptance of change, problem cause analysis and problem-solving, empathy and positive interpersonal relationships, resilience and fortitude under pressure, recovery and revival, spiritual influence or source of meaning in life. The psychological well-being scale is a scale borrowed from the adaptation of Sesillia (2020) and has received permission, referring to the Ryff dimension, namely self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth.

The psychological well-being variable was not ratted because the instrument used was a standard loan scale, widely used in previous research, and had good validity and reliability. Therefore, the researcher only adjusted the use of the scale to the characteristics of the subject without re-rater by the expert. After determining aspects and indicators of resilience, the researcher compiles a grid of measuring tools that contain the relationship between variables, aspects, behavioral indicators, and the number of planned items. The preparation of these grids aims to ensure that each aspect is proportionally represented and that there is no overlap between indicators. Based on these grids, the researcher then compiled statements in the form of a psychological scale using the Likert scale model, with 4 alternative answers that reflected the respondents' level of approval of each statement.

In the process of preparing the item, the researcher paid attention to the use of language that was simple, clear, and easy to understand by the research subjects, namely parents of children with special needs with diverse educational backgrounds. Statements are arranged in favorable and unfavorable forms to avoid monotonous answers and reduce social response bias. In addition, each item is adjusted to the context of the experience of caring for children with special needs to be relevant to the real conditions experienced by the respondents.

The next stage is to conduct a content review of the measurement tools that have been prepared. This study was carried out by examining the suitability between the indicators, item formulation, and measurement objectives, including editorial clarity, accuracy of meaning, and potential sentence ambiguity. The content review process involves 6 (six) raters who are clinical psychologists, who provide a professional assessment of each item to ensure the conformity of the content with the measured construct. After going through the refinement process, the researcher prepared a final questionnaire format consisting of filling instructions, the general identity of the respondents, and scale statements. The researcher also adjusted the format of the questionnaire distribution so that it could be filled out effectively, both online and offline, according to the conditions and accessibility of the research subject. Thus, the measurement tool is expected to be able to produce valid and reliable data to reveal the

relationship between resilience and psychological well-being in parents of children with special needs.

2. Implementation time

The scale trial will be held from December 8 to December 13, 2025. The implementation is carried out in a certain time span that is adjusted to the availability and readiness of the research subject. The timing of the implementation considers that respondents can fill out the questionnaire calmly without interfering with their main activities as parents, so that the data obtained can represent psychological conditions more accurately.

3. Number of test subjects

The subjects in the measuring tool trial amounted to 36 parents who had children with special needs. The selection of this number of subjects is qualified to conduct an analysis of the validity and reliability of the instrument. All subjects met the criteria that had been set, namely parents who were directly involved in the care of children with special needs and were willing to participate voluntarily in the research.

4. Trial implementation procedure

The trial was carried out in two ways, namely the distribution of g-form and paper. The implementation of the offline trial began with an explanation to the subjects about the purpose of the research, data confidentiality, and the respondents' right to participate voluntarily. After the subjects expressed their consent, the researcher distributed a research instrument consisting of a resilience scale and a psychological well-being scale in the form of a paper. Respondents are asked to read each statement carefully and give answers according to their actual condition. During the filling process, the researcher provides directions if there are questions related to filling techniques, without affecting the respondent's answer. The implementation of the online trial was carried out by distributing g-forms through extraordinary school agencies to help spread g-forms to parents. After all the data is collected, the data is then checked for completeness and then analyzed to determine the validity and reliability of the measuring tool before it is used in the main study.

5. Results of the trial analysis

A measuring instrument or test can be declared to have good validity if it is able to measure exactly what it wants to measure, so that the measurement results obtained are in accordance with the purpose of the measurement (Azwar, 2024). The validity test of resilience and psychological well-being was tested using Product Moment correlation with the help of software. The differential power index is a coefficient value that shows the extent to which an item is able to function in line with the overall test measurement objectives. Items with good differentiation are able to distinguish individuals based on the level of characteristics measured on a scale (Azwar, 2024).

According to Azwar (2024), in psychological measurements, items with a coefficient of differential power of 0.30 have generally been considered adequate to show good discriminatory qualities. Therefore, in this study, a minimum limit of differential is set of 0.30, so that items with correlation coefficients below 0.30 are declared discarded, while items with a correlation coefficient of ≥ 0.30 are declared valid and suitable for use in measurement.

The resilience scale trial was filled by 36 mothers or fathers who had children with special needs. The number of statements filled in by the subject was 68 items on the resilience scale. From the calculation of the variable differential index of family support, 56 valid items

were produced with a differential power index ranging from 0.304 to 0.787 and 12 items were lost.

Data Analysis Results

To obtain an overview of the characteristics of the research subjects, the following is a description of respondent data based on the age of parents, the age of children, and the type of child with special needs.

Table 1. Age characteristics of parents

Age Range	Frequency	Percentage
20 – 29	29	15,6%
30 – 39	81	43,5%
40 – 59	60	32,3%
50 – 60	15	8,1%
≥ 60	1	0,5%
Total	186	100%

Source: Processed from primary research data, 2026

Based on the table above, most of the elderly are in the age range of 30–39 years with 81 people with a percentage of 43.5%, followed by the age of 40-49 years with a percentage of 32.3%. Meanwhile, the least number of respondents came from the age group ≥60 years, which was 1 person with a percentage of 0.5%.

In addition to being reviewed from the age of parents, the characteristics of respondents in this study are also seen based on the age of their children, which are as follows:

Table 2. Age characteristics of the respondent's children

Age Range	Frequency	Percentage
≤ 3	9	4,8%
4 – 6	72	38,7%
7 – 9	61	32,8%
10 – 12	22	11,8%
13 – 15	10	5,4%
16 – 18	4	2,2%
> 18	8	4,3%
Total	186	100%

Source: Processed from primary research data, 2026

Based on the table above, most of the children of the respondents are in the age range of 4-6 years amounting to 72 children with a percentage of 38.7% and 7-9 years old amounting to 61 children with a percentage of 32.8%. This shows that most subjects are early childhood to early elementary school age. The number of children aged 13–18 years is relatively smaller, while children over 18 years old are still included because they are still in the category of children with special needs who are in the care of their parents.

Furthermore, the characteristics of respondents in this study are also seen based on the type of child with special needs, which are as follows:

Table 3. Characteristics of the type of child with special needs

Crew Type	Frequency	Percentage
Autism	56	30,1%

Crew Type	Frequency	Percentage
ADHD	45	24,2%
Smart Child/Special Talent	15	8,1%
Physical Disability	14	7,5%
Mental Retardation/Intellectual Disability	13	7,0%
<i>Slow Learner</i>	13	7,0%
Sensory Disorders	9	4,8%
Disgrafia/Disleksia/Diskalkulia	9	4,8%
<i>Speech Delay</i>	8	4,3%
<i>Cerebral Palsy</i>	2	1,1%
AuDHD	1	0,5%
GDD	1	0,5%
Total	186	100%

Source: Processed from primary research data, 2026

Based on the table above, the most common category is Autism with 56 children with a percentage of 30.1%, followed by ADHD with 45 children with a percentage of 24.2%. Next is the group of intelligent or special gifted children amounting to 15 children with a percentage of 8.1%, physical disabilities amounting to 14 children with a percentage of 7.5%, and mental retardation/intellectual disabilities and slow learners 13 children each with a percentage of 7.0%. Meanwhile, the category with the least number includes AuDHD, and GDD, each amounting to one child with a percentage of 0.5%.

A Classical Assumption Test of Normality Test

Table 4. The results of the normality test using *kolmogorov-smirnov* are as follows:
Normality test table

		Unstandardized Residual
N		186
Normal Parameters	Mean	.0000000
Hours of deviation		7.89067872
Most Extreme Differences	Absolute	.067
Positive		.028
Negative		-.067
Kolmogorov-Smirnov Z		.911
Asymp. Sig. (2-tailed)		.377
Monte Carlo Sig. (2-tailed)	Say.	.361'
99% Confidence Interval	Lower Bound	.348
	Upper Bound	.373

Source: Processed from primary research data, 2026

Based on the results of the Kolmogorov–Smirnov normality test with a total of 186 subjects, the significance value of Asymp was obtained. Sig. (2-tailed) is 0.377, which is greater than 0.05 ($p > 0.05$). This shows that the data is normally distributed (Ghozali, 2018). In addition, the results of Monte Carlo Sig. (2-tailed) showed a significance value of 0.361, which is also greater than 0.05, thus further strengthening the conclusion that the data is normally distributed.

Linearity Test Results

The results of the linearity test are as follows:

Table 5. Linearity test table

	Sum of Squares	df	Mean Square	F	Sig.
KESEJAHTERAAN Between (Combined)	22125.419	66	335.234	5.379	.000
PSYCHOLOGICAL GROUPS	18023.638	1	18023.638	289.182	.000
RESILIENCE					
Linearity Deviation from Linearity	4101.781	65	63.104	1.012	.469
Within Groups Total	7416.839	119	62.326		
	29542.258	185			

Source: Processed from primary research data, 2026

Based on the results of the linearity test, a significance value of deviation from linearity was obtained of 0.469 ($p > 0.05$), so it can be concluded that the relationship between the variables of resilience (X) and psychological well-being (Y) is linear. In addition, the calculated F value of 1.012 is smaller than the table F of 1.32 ($df = 65; 119$), which further reinforces that there is no deviation from linearity. Thus, the relationship between the two variables meets the assumption of linearity and is worthy of further analysis.

Hypothesis Test

Simple Linear Regression Analysis

The hypothesis test was carried out using simple linear regression analysis to determine the effect of the resilience variable (X) on the psychological well-being variable (Y), because the data was declared to have met the prerequisite test (Ghozali, 2018).

Hypothesis test results

Table 6. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.781 ^a	.610	.608	7.912

Source: Processed from primary research data, 2026

Table 7. Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
1 (Constant)	13.522	5.194	.781		2.604	.010
RESILIENCE	.485	.029			16.968	.000

Source: Processed from primary research data, 2026

Based on the results of simple regression analysis, the regression coefficient value for the resilience variable was 0.485 with a significance value of 0.000 ($p < 0.05$), so it can be concluded that the resilience variable has a significant effect on psychological well-being. Thus, the alternative hypothesis (H1) which states that there is an effect of resilience on psychological well-being is acceptable, while the zero hypothesis (H0) is rejected (Ghozali, 2018).

The regression equations produced in this study are:

$$Y = 13.522 + 0.485X + e$$

The equation shows that a constant value of 13.936 describes the level of psychological well-being when the resilience variable is at zero. Meanwhile, a regression coefficient of 0.485 suggests that every one unit increase in resilience will be followed by an increase in psychological well-being of 0.485 units, assuming other variables are considered constant. The regression coefficient with a positive value shows a parallel relationship between resilience and psychological well-being, where the higher the level of individual resilience, the higher the level of psychological well-being.

The results of the partial test (t-test) showed a calculated t-value of 16.968, with a significance value of 0.000 ($p < 0.05$). This reinforces that partially resilience has a significant influence on psychological well-being. Thus, resilience is a variable that plays a role in explaining the variation in psychological well-being in the research subjects.

Furthermore, based on the results of the determination coefficient test, the R Square value was 0.610 and the Adjusted R Square was 0.608. This value shows that 60.8% of the variation in psychological well-being can be explained by the resilience variable, while the remaining 39.2% is influenced by factors other than the variables studied. The correlation coefficient value (R) of 0.781 indicates a positive relationship with the level of strength of the relationship between resilience and psychological well-being.

Overall, the results of the hypothesis test show that resilience has an important role in improving psychological well-being. The better the individual's ability to deal with and adapt to pressure or difficulties, the higher the level of psychological well-being he has. These findings support the research hypothesis and reinforce previous research results that suggest that resilience is one of the important factors in supporting psychological well-being.

Table 8. Variable Data Categorization

Descriptive Test Results		
Description	Resilience	Psychological Well-Being
Average	140	82,5
Standard Deviation	28	16,5
Smallest Value	56	33
Highest Score	224	132

Source: Processed from primary research data, 2026

Based on the table of descriptive test results, the resilience variable has a mean value of 140, with a standard deviation of 28. The lowest score obtained by respondents was 56, while the highest score reached 224. Furthermore, the psychological well-being variable had a mean value of 82.5, with a standard deviation of 16.5. The lowest score obtained by respondents was 33, while the highest score reached 132. This data shows that the resilience and psychological well-being scores of respondents vary quite widely, but are generally in the medium to high category. The average score that is relatively in the middle of the score range indicates that most respondents have a fairly good level of resilience and psychological well-being. The standard deviations of 28 and 16.5 showed that there was a fairly diverse distribution of data between individuals.

Table 9. Categorization of resilience variables

Category	Score Interval	Frequency	Percentage
Very Low	$X < 98$	1	1%
Low	$98 \leq X < 126$	0	0%
Medium	$126 \leq X < 154$	21	11%
Height	$154 \leq X < 182$	65	35%
Very High	$X \geq 182$	99	53%

Source: Processed from primary research data, 2026

Based on the categorization of resilience variable data, it can be seen that the majority of respondents are in the very high category, which is 53% amounting to 99, followed by the high category of 35% amounting to 65. Meanwhile, only a small percentage of respondents were in the low and very low categories.

Table 10. Categorization of psychological well-being variables

Category	Score Interval	Frequency	Percentage
Very Low	$X < 57,8$	0	0%
Low	$57,8 \leq X < 74,3$	2	1%
Medium	$74,3 \leq X < 90,8$	36	19%
Height	$90,8 \leq X < 107,3$	84	45%
Very High	$X \geq 107,3$	64	34%
Based on	Categorization of variable data	Well-beingpsychologically, can	

Source: Processed from primary research data, 2026

It is known that most respondents are in the high category, which is 45% totaling 84, followed by the very high category of 34% totaling 64. Meanwhile, only a small percentage of respondents were in the low and very low categories.

Based on the results of the study, the age of the parents who are the subject of the study is in the age range of early to advanced adulthood, with an age range of 20 – 60 years. Meanwhile, the age of children with special needs cared for by respondents showed quite wide variation, ranging from early childhood to early adulthood, with an age range of ≤ 3 – 18 years. Judging from the type of special needs, the children in this study have diverse characteristics, with the dominance in the autism and Attention Deficit Hyperactivity Disorder (ADHD) categories. In addition, children with the categories of intelligent or special gifted children, physical disabilities, intellectual disabilities, slow learners, sensory disorders, and other combinative developmental disorders were also found.

Based on the results of a simple linear regression analysis with a positive value ($\beta = 0.781$), which indicates that the higher the level of resilience of parents with children with special needs, the higher the level of psychological well-being they have. Resilience was declared to have a significant effect based on the results of the partial test (t) of 0.000 ($p < 0.05$), so that the alternative hypothesis (H_1) which states that resilience influences psychological well-being is accepted, while the null hypothesis (H_0) is rejected.

The results of this study are in line with the findings of Ariq (2023) who stated that there is a correlation between the resilience variable and the level of psychological well-being,

meaning that the higher the level of individual resilience, the higher the psychological well-being they have. In contrast, individuals with low levels of resilience tend to have lower psychological well-being.

In addition, the results of research by Fredela and Sundari (2023) show that resilience has an important role in improving psychological well-being, meaning that the higher the level of individual resilience, the higher the level of psychological well-being they have. Furthermore, this study explains that individuals who have high resilience tend to be able to interpret life experiences more adaptively, manage negative emotions better, and maintain life expectations and goals. This is in line with the findings of this study, where resilience has been shown to contribute positively to psychological well-being.

Subsequent research by Yani & Laili (2025) conducted on mothers with children with special needs shows that resilience and psychological well-being have a significant effect on the care of children with special needs, which explains that mothers who have a good level of resilience and psychological well-being tend to be able to manage parenting pressures and demands more adaptively. In other words, the ability to rise from difficulties, manage emotions, and interpret life experiences positively plays an important role in reducing the level of stress experienced in the process of raising children with special needs.

This study shows that resilience makes a great contribution to the psychological well-being of parents of children with special needs, which is 60.8%. Fredella and Sundari (2023) stated that resilience plays an important role in maintaining psychological well-being, because resilience helps individuals manage emotional stress, accept children's conditions, and foster adaptive attitudes in facing parenting challenges. Resilience greatly contributes to the psychological well-being of parents of children with special needs through the ability to survive, rise from pressure, and interpret parenting experiences positively (Azmi, 2017).

Based on the results of respondent data processing and reviewed from aspects in the resilience scale, the aspects of emotion regulation and self-control appear to be the aspects of resilience that have the most influence on the psychological well-being of parents of children with special needs. Gross (2015) explained that the ability to regulate emotions plays an important role in maintaining psychological balance, especially in chronic stress conditions. In the context of parenting children with special needs, parents who can control emotions tend to be calmer in dealing with difficult children's behaviors, are not easily carried away by negative emotions, and are able to take more rational responses.

In addition, the aspect of optimism and positive acceptance of change also showed a strong contribution. Parents who can view the child's small development as an achievement, accept changes in the child's condition, and still have hope for the future tend to have better psychological conditions. Optimism helps parents interpret each child's development as progress, even if it is small, and reduces feelings of hopelessness. This attitude of acceptance allows parents to adapt to changes in their child's condition and parenting demands, to be able to maintain psychological well-being in the long term (Bawalsah, 2016).

Meanwhile, when viewed from the aspect of psychological well-being, the aspect of self-acceptance and life purpose is the aspect that is most affected by resilience. Faradina's research (2016) shows that parents who can accept their child's condition tend to be more patient, less easily blamed themselves, and have a healthier psychological condition. Resilience helps parents accept their roles and living conditions, so that they can build a positive meaning in

parenting. In addition, research by Listyandini and Akmal (2015) states that individuals with high resilience tend to have clearer life goals. In the context of parents of children with special needs, resilience encourages individuals to view the role of parenting as an important and meaningful part of life, not just a burden, so that life goals and psychological well-being can be maintained.

Based on the results of the categorization, most of the respondents were in the category of high and very high psychological well-being, while only a small number were in the low and very low categories. These findings show that most respondents have relatively good psychological conditions. One of the main figures who put forward the concept of psychological well-being is Carol D. Ryff (1989). According to Ryff, psychological well-being is not only defined as a feeling of happiness or satisfaction in life, but includes self-realization and optimal psychological functioning. Ryff (1989) stated six dimensions of psychological well-being, namely self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth.

Furthermore, Ryff and Keyes (1995) explain that individuals with high psychological well-being can accept their advantages and disadvantages, establish warm and meaningful relationships, have clear life directions and goals, and can manage environmental demands effectively. In the context of parents, especially those with children with special needs, psychological well-being is an important aspect because it plays a role in maintaining emotional balance, improving adaptability, and helping individuals cope with parenting pressure.

The results of the categorization showed that most of the respondents were in the very high and high resilience category, while only a small percentage were in the low and very low categories. This indicates that most respondents can deal with pressures, challenges, and problems in a good life. Resilience is the ability to survive and bounce back when faced with pressure or challenging events. Connor and Davidson (2003) define resilience as a personal quality that allows a person to develop and function adaptively despite being under stress or difficulty. Resilience is not only the ability to "persevere", but it also includes the ability to learn and grow from difficult experiences.

Reivich and Shatté (2002) explain that resilience consists of several main components, such as emotion regulation, impulse control, empathy, the ability to analyze the causes of problems, self-efficacy, optimism and the ability to establish relationships. These components allow individuals to respond to stress more adaptively and not get caught up in prolonged negative emotions. Thus, individuals with high resilience tend to be better able to manage life pressures and maintain their psychological balance.

In the context of parents with children with special needs, resilience plays an important role in helping them cope with the demands of long-term care. Challenges such as social stigma, emotional exhaustion, as well as demands for specialized care can be a significant source of stress. However, individuals who have high resilience can interpret these experiences more positively, seek social support, and develop adaptive coping strategies so that they can still live a productive life.

This research has several limitations that need to be considered in interpreting the research results. Direct access to the research subjects is relatively limited, so the researcher needs the help of other parties in the distribution of the questionnaire and cannot fully control

the process of filling out the instrument. Data collection, which is mostly carried out online, also faces obstacles to the limited use of technology by some parents, both in terms of digital literacy and access to devices and internet networks.

In addition, time constraints due to fairly tight research deadlines require the data collection process to be carried out in a short time, so that space for data deepening is limited. Another limitation is that detailed demographic data on the subject is not available, so the characteristics of the respondents cannot be described in depth. The use of snowball sampling techniques also has the potential to cause a tendency for high subject homogeneity, as respondents tend to come from the same social circle, so the variation in subject characteristics is limited.

The social conditions in Berau Regency provide a unique context for this study and it is one of the large areas with an uneven distribution of population, so that access to special education services, psychological assistance, and supporting facilities for children with special needs is still relatively limited. In these conditions, the role of the family, especially parents, becomes very central in the process of parenting and assisting children. Limited formal resources and services require parents to rely on internal abilities, such as resilience, in the face of parenting pressures.

In the context of such limited external support, resilience theory explains that individuals tend to rely on internal resources to adapt and maintain their psychological well-being (Reivich & Shatté, 2002; Connor & Davidson, 2003). Until now, research that specifically examines the relationship between resilience and psychological well-being of parents of children with special needs in regional social contexts such as Berau Regency is still very limited. Therefore, this study makes an important contribution by enriching the study of resilience and psychological well-being in areas with distinctive social characteristics.

CONCLUSION

The findings of this study indicate that resilience had a significant positive effect on the psychological well-being of parents of children with special needs in Berau Regency, as higher resilience enabled parents to better manage parenting stress, regulate emotions, accept their child's condition, and maintain healthy psychological functioning. In contexts characterized by limited psychological services, unequal access to therapy, and persistent social stigma, resilience functioned as a crucial internal resource that supported parents in adapting and deriving positive meaning from their experiences. These results reinforced the theoretical role of resilience as a key determinant of psychological well-being under stressful conditions and provided practical implications for developing intervention programs, such as emotional regulation training, stress management, and strengthening social support systems to enhance parental resilience and promote sustainable parenting. Future research is recommended to explore additional factors influencing psychological well-being, including social support, coping strategies, religiosity, and self-acceptance, as well as to employ qualitative or mixed-method approaches to gain a deeper understanding of parents' subjective experiences within their socio-cultural context.

REFERENCE

- Ariq, H. N. (2023). Pengaruh Parenting Self-Efficacy dan Resiliensi Terhadap Kesejahteraan Psikologis Orang Tua yang Memiliki Anak Berkebutuhan Khusus (ABK) di SLB ABCD Muhammadiyah Susukan (Skripsi, UIN Salatiga)
- Azmi, M. (2017). Resiliensi Pada Orang Tua yang Memiliki Anak Down Syndrome. *Psikoborneo: Jurnal Ilmiah Psikologi*, 5(2), 266–272. <https://doi.org/10.30872/psikoborneo.v5i2.4373>
- Azwar, S. (2022). *Metodologi Penelitian Psikologi (Edisi ke-2)*. Pustaka Pelajar. Azwar, S. (2024). *Penyusunan Skala Psikologi (Edisi ke-3)*. Pustaka Pelajar.
- Bawalsah, J. A. (2016). Stress and coping strategies in parents of children with physical, mental, and hearing disabilities in Jordan. *International Journal of Education*, 8(1), 1. <https://doi.org/10.5296/ije.v8i1.8811>
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new Resilience scale: The Connor-Davidson Resilience scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
- Dewi, C. P. D. C., & Widiasavitri, P. N. (2019). Resiliensi ibu dengan anak autisme. *Jurnal Psikologi Udayana*, 6(01), 193. <https://doi.org/10.24843/jpu.2019.v06.i01.p19>
- DP2KBP3A. (2021). Data anak berkebutuhan khusus di Kabupaten Berau. Dinas Pengendalian Penduduk, Keluarga Berencana, Pemberdayaan Perempuan, dan Perlindungan Anak Kabupaten Berau..
- Faradina, N. (2016). Penerimaan diri pada orang tua yang memiliki anak berkebutuhan khusus. *Psikoborneo*, 4(1), 18–23.
- Fredella, N., & Sundari, A. R. (2023). Resiliensi Sebagai Mediator Pengaruh Bersyukur terhadap Kesejahteraan Psikologis Ibu dengan Anak Autisme. *Psikologi Kreatif Inovatif*, 3(2), 14–24.
- Ghaisani, R. A. M., & Hendriani, W. (2022). Dampak stress pada orangtua yang mengasuh anak berkebutuhan khusus. *Jurnal Education and Development Institut Pendidikan Tapanuli Selatan*, 10(2), 182–190.
- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, 26(1), 1–26.
- Ghozali, I. (2018). *Aplikasi analisis multivariate dengan program IBM SPSS 25 (Edisi 9)*. Badan Penerbit Universitas Diponegoro.
- Hayat, I., & Zafar, M. (2015). Relationship between psychological well-being and coping strategies among parents with down syndrome children. *International Journal of Humanities and Social Science*, 5(71), 109–117.
- Hermawati, N. (2018). Resiliensi orang tua Sunda yang memiliki anak berkebutuhan khusus. *Jurnal Psikologi Islam dan Budaya*, 1(1), 67–74. <https://doi.org/10.15575/jpib.v1i1.2345>
- Hidayah, N., Suyadi, Akbar, S. A., Yudana, A., Dewi, I., Puspitasari, I., Rohmadheny, P. S., Fakhruddiana, F., Wahyudi, & Wati, D. E. (2019). Pendidikan inklusi dan anak berkebutuhan khusus (Edisi ke-1). Samudra Biru.
- Iqbal, M., Sukristyanto, A., & Darmawan, A. (2021). Implementation of inclusive education for children with special needs in regular schools in North Sumatera Province. *Journal of Public Policy and Administration*, 5(1), 1.
- Khasanah, N. (2018). Peran Dukungan Sosial Terhadap Resiliensi Pada. *Forum Ilmiah*, 15(02), 260–266.
- Liani, H., Mardiana, J., Hermaliza, S., Ananda, S. D. F., & Andriani, O. (2023). Teacher Problems on Children with Special Needs, Special Intelligence/Special Talents in Learning Process. *Assyfa Journal of Multidisciplinary Education*, 1(1), 1–4.

- Listyandini, R. A., & Akmal, S. A. (2015). Hubungan antara kekuatan karakter dan resiliensi pada mahasiswa. *Prosiding Temu Ilmiah Nasional Psikologi*, Fakultas Psikologi Universitas Pancasila, Jakarta.
- Mahmud, H., Djaafar, L., & Hamim, U. (2025). Implementation of child-friendly inclusive and healthy education policy for children with special needs. *Indonesian Journal of Innovation Studies*, 26(3), 10–21070.
- Nida, F. L. K. (2021). Kontribusi Muhasabah dalam Mengembangkan Resiliensi Pada Orang Tua Anak Berkebutuhan Khusus. *Journal An-Nafs: Kajian Penelitian Psikologi*, 6(2), 244–262. <https://doi.org/10.33367/psi.v6i2.1715>
- Putra, P., H., Herningrum, I. (2021). Tanggung Jawab Pendidikan Islam Terhadap Anak Berkebutuhan Khusus dan Strategi Implementasinya. *Journal of Islamic Education*, 2(1), 80–95.
- Rachmayani, D., & Ramdhani, N. (2014). Adaptasi Bahasa dan Budaya Skala Psychological Well-Being Fakultas Psikologi Universitas Muhammadiyah Surakarta. *PROCEEDING: Seminar Nasional Psikometri*, February, 253–254.
- Reivich, K., & Shatté, A. (2002). *The resilience factor: 7 keys to finding your inner strength and overcoming life's hurdles*. Broadway Books.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081.
- Ryff, C. D., & Keyes, C. L. M. (1995). The Structure of Psychological Well-Being Revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727. <https://doi.org/10.1037/0022-3514.69.4.719>
- Saputra, W. (2021). Pendidikan Anak Dalam Keluarga. *Tarbawy : Jurnal Pendidikan Islam*, 8(1), 1–6. <https://doi.org/10.32923/tarbawy.v8i1.1609>
- Sesillia, L. (2020). Kesejahteraan Psikologis (Psychological Well-Being) pada Masyarakat Miskin. *Skripsi*, Universitas Islam Negeri Sultan Syarif Kasim Riau.
- Sugiyono. (2023). *Metode Penelitian pendidikan: Pendekatan Kuantitatif, Kualitatif, dan R&D*. Alfabeta.
- Taormina, R. J. (2015). Adult Personal Resilience: A New Theory, New Measure, and Practical Implications. *Psychological Thought*, 8(1), 35–46. <https://doi.org/10.5964/psyct.v8i1.126>
- Yani, A. R. A., & Laili, N. (2025) The Role Of Resilience And Psychological Well-Being Towards Parenting Stress Of Mothers Of Children With Special Needs In Special Schools In Sidoarjo. *Journal of Social Science*, 2 (4). ISSN 3047-4647
- Yuliani, W. R. (2023). Pengaruh religiusitas terhadap kesejahteraan psikologis orangtua anak berkebutuhan khusus di SLB Muhammadiyah Gamping (Skripsi, Universitas