

CASE STUDY OF RESILIENCE IN MOTHERS WHO HAVE BLIND CHILDREN AT THE CAHAYA BATHIN SOCIAL INSTITUTION FOR THE BLIND, JAKARTA

Amelia Ulfah¹, Siti Mariam², & Muhari³

email : ameliaulfahja@gmail.com¹, mariammariamsiti92@gmail.com² & ariiaprii@hotmail.com³

Faculty of Psychology

Program Study Masters of Psychology Profession

Persada Indonesia University Y.A.I. Street Jakarta INDONESIA

ABSTRACT

A mother who is pregnant certainly hopes that the child will be born healthy and perfect. In reality, not all children are born according to their parents' hopes and dreams. If a child is born blind, it is not uncommon for this condition to make the mother disappointed, sad and feel guilty. Resilience is needed in mothers who have blind children so that mothers are able to survive when faced with stressful situations (adversity). Resilience is an individual's ability to bounce back from situations that make him emotionally stressed and find and do positive things to help him adapt even in difficult and stressful situations. The aim of this research is to look at the resilience of a mother who has a blind child. This research uses a qualitative method with a case study type approach. Data collection uses interviews, observation and documentation. The respondents in this study were three mothers aged 20 to 40 years who had blind children. From the research results, it can be concluded that the first and third subjects have the resilience sources I have, I am and I can with the resilience characteristics of insight, independence, relationships, initiative, creativity, humor and morality. Meanwhile, the second subject has the resilience sources I have, I am and I can with characteristics of resilience without independence.

Keywords: Resilience, Blind.

INTRODUCTION

The birth of a child is a gift from God that is eagerly awaited in every family. In fact, children are said to be one of the factors that influence marriage stability (Hurlock in Melati, 2013). His presence not only strengthens the love bond between husband and wife, but also acts as the next generation that the family really hopes for (Mangunsong, 2011). In reality, not all children are born according to their parents' hopes and dreams. Not all children are born with healthy and perfect conditions, some of them are born with limitations or disabilities, both physically and psychologically. Society often refers to them as children with disabilities. According to Mangunsong (Yulianita, 2013) another term for children with disabilities is children with special needs. Children with special needs may experience disorders or impairments, such as physical impairment (impaired), vision (blind), communication (speech impaired), hearing (deaf impaired), learning difficulties (impaired), or mentally retarded (impaired). grahita.

According to Somantri (2006), children who experience visual impairment or are referred to as blind children are not only those who are blind, but also include those who are able to see but are very limited and cannot be used for the purposes of daily life, especially in learning. So, children with vision conditions including "half-sighted", "low vision" or nearsighted are part of the blind group.

In BPS data for DKI Jakarta province (2013), the number of blind people in DKI Jakarta in 2013 reached 1,071 people. In Jakarta there are the best services for the blind. One of them is the Cahaya Bathin Bina Netra Social Home under the auspices of the DKI Jakarta Social Service. At the Cahaya Bathin Social Home for the Blind, it was recorded that from 2013 to April 2015 the number of blind people was 222 people. The male gender is recorded to be the most visually impaired compared to women, the number of men who are blind is 125 people and 97 women.

The role of the eyes as one of the most important senses is so great, if a person's sense of sight is disturbed, it means that he will lose the function of his visual ability to record physical objects and events in his environment (Efendi, 2006). Various obstacles in development experienced by blind children can be overcome if they get help from the adults around them (Hallahan & Kauffman, 2009). Therefore, it requires an active role from the people around children to help them in these various difficulties, by providing educational services, direction, guidance, training and extensive opportunities for blind children (Somantri, 2006).

Parents are the main and permanent figures in a child's life. For children, there is no more important source of strength than parents. However, the reactions of parents, especially mothers, to their children's visual impairment vary. According to Somantri (2006), there are parents who provide reasonable love and provide the same treatment as other children, there are those who deny their child's visual impairment by not believing that their child needs special educational services, providing excessive protection to children as a result of feelings of guilt and guilt, some even hide their children from society by isolating their children from the family environment. However, there are still parents who are aware of their child's blindness and usually put up with it and never feel guilty and are willing to accept this fact and also tend to want to find out the causes of their child's blindness from other people or experts. From the various reactions above, most parents will experience feelings of sadness, anxiety, worry, fear and anger when they first hear the diagnosis of their child's disorder (Safaria, 2005). Feelings of guilt and disbelief that her child cannot see the colors of the world also make a mother very devastated.

Limited interview results of mothers who have blind children and attend the Cahaya Bathin Social Institution for the Blind. Currently, child X is 7 years old with vision loss and is classified as totally blind. The cause was that X was not feeling well and took a strong dose of medication. At that time the mother did not know that she was pregnant. And according to the doctor's diagnosis, the drug has an effect on the mother's fetus. Dr. However, Allah SWT's fate served as a reminder for

However, the birth of a child who is blind is a reality that the mother must bear. The ability to grow again and be able to adapt to the fact that her child cannot see is important for mothers to have when difficult realities approach. This difficult reality can come externally, namely pressure that comes from the family or society which finds it difficult to accept the existence of a child who is blind and internally, namely pressure that comes from within the mother such as anxiety, fear, lack of self-confidence so that the mother feels increasingly depressed. (Komalasari, 2007).

According to Henderson & Milstein (Greef, 2006) resilience is a person's ability to bounce back from life's stresses, learn to look for positive elements from their environment, to help them successfully adapt to all circumstances and develop all their abilities, even in stressful life conditions, both externally and internally. When someone is faced with difficult conditions

and feels under pressure, he can adapt to difficulties, so that person is a resilient person. Likewise with mothers if they are able to adapt to the condition of a child who is blind.

Resilience is also considered a basic strength that is the foundation of all positive character factors in building a person's emotional and psychological strength. Without resilience, there will be no courage, perseverance, no rationality, and no insight (Desmita, 2008).

The potential to become a resilient individual exists within every human being, including mothers who have blind children. The ability to continue life after being struck by misfortune or after experiencing severe stress illustrates the existence of certain abilities in individuals known as resilience (Tugade & Fredrickson, 2004). By increasing resilience, mothers will be better able to face, minimize and overcome difficulties in dealing with their blind children in order to realize their resilience potential.

Resilience is an ability that is really needed in everyone's life (Desmita, 2008). This ability is really needed by mothers who have blind children to be able to support the child's life in dealing with the child's conditions and to be ready to accompany him until the child grows up. So it can motivate mothers to guide their blind children.

Based on the description above, the researcher raised this phenomenon into a research entitled Case Study of Resilience in Mothers of Blind Children at the Cahaya Bathin Jakarta Social Institution for the Blind.

FORMULATION OF THE PROBLEM

Based on the background above, the problem formulation in this research is:

1. What factors cause a child to become blind?
2. What are the sources of resilience in mothers who have blind children?
3. What kind of resilience characteristics do mothers of blind children have?

RESEARCH PURPOSES

The aim of this research is to explore the following matters:

1. Know the factors that cause visual impairment in children.
2. Knowing the sources of resilience in mothers who have blind children.
3. Find out the resilience characteristics of mothers who have blind children.

RESILIENCE

Etymologically, the word "resilience" comes from the Latin "salire" which means to rise and "resilere" which means to rise again. Resilience can be interpreted as an individual's capacity to recover or bounce back Davidson et. al., (Connor, 2006). Meanwhile, according to Connor (2006), resilience is defined as a way to measure an individual's ability to overcome pressure.

Resilience is defined as the ability and competence of an individual or family to show positive consequences originating from stress and difficulties related to bad and sad situations (McCubbin, in Orbuch et al., 2005). Resilience is characterized by the ability to bounce back from negative emotional experiences and by flexible adaptation to the changing demands of stressful experiences (Block & Block et al., in Tugade & Fredrickson, 2004).

According to Wollin & Wollin (Dell, 2005), resilient individuals are individuals who have the ability to manage or overcome significant difficulties between stress in an effective way.

Based on several expert opinions, it can be concluded that resilience is an individual's ability to bounce back from situations that make him emotionally stressed and find and do positive things to help him adapt even in difficult and stressful situations.

RESILIENCE SOURCES

In an effort to overcome adversity conditions (unpleasant conditions that require struggle to overcome them) and develop resilience, it is very dependent on empowering three sources of resilience (Grotberg, 1995), namely:

1. I have : external support and sources that can increase resilience.
2. I am : personal power.
3. I can : human social and interpersonal abilities.

CHARACTERISTICS OF RESILIENCE

Resilience has several characteristics, this was explained by Wolin and Wolin (Hurtes & Allen, 2001) who explained that there are seven main characteristics possessed by resilient individuals, namely:

- a. Insights
Insight is the ability to understand and give meaning to situations, the people around them, and verbal and nonverbal nuances in communication. Individuals who have insight are able to ask challenging questions and answer them honestly.
- b. Independence
Independence is the ability to distance emotionally and physically from the source of problems in one's life.
- c. Connection
A person who is resilient can develop honest, mutually supportive and quality relationships for life, or have a healthy role model.
- d. Initiative
Initiative is a strong desire to take responsibility for life.
- e. Creativity
Creativity involves the ability to think about various options, consequences and alternatives in facing life's challenges.
- f. Humor
Humor is the ability to see the bright side of life, laugh at oneself, and find happiness in any situation.
- g. Morality
Morality or orientation to values is characterized by the desire to live well and productively.

BLIND

A person is declared blind if after making various efforts to improve his visual abilities, it turns out that his visual acuity does not exceed 20/200 or after making various efforts to improve his visual abilities it turns out that his vision does not exceed 20 degrees (Mangunsong, 2009).

Blind children are individuals whose sense of sight (both) does not function as a channel for receiving information in daily activities like sighted people (Somantri, 2006).

It can be concluded that blind children are children whose vision does not function optimally, thus hindering them in carrying out daily activities, especially when studying.

CLASSIFICATION OF BLIND CHILDREN

A child is said to be blind if based on the test, the child is only able to read letters at a distance of 6 meters which a sighted person can read at a distance of 21 meters (Somantri, 2006). Based on these references, blind children can be grouped into two types, namely:

1. Blind

He is said to be blind if the child is completely unable to receive external light stimuli (vision = 0).

2. Low Vision

If the child is still able to receive external light stimuli, but the acuity is more than 6/21, or if the child is only able to read the headlines in the newspaper.

RESEARCH METHODS

The method used in this research is a qualitative research method, with a case study approach. Data collection methods in this research used interviews, observation and documentation. The data collection tools used were interview guidelines, observation guidelines, and recording equipment.

RESEARCH SUBJECT

The research subjects in this study were determined to be three people. The three research subjects were taken from social institutions that house blind children. This was intended not to be subjective so that samples were found that truly met the criteria as mothers who have blind children with the following characteristics:

- a. The research subject was a mother who had a blind child.
- b. Subjects are early adults.
- c. According to Papalia, et al., (2008), we define early adulthood as an average of 20 to 40 years of age.
- d. The subject child is under the auspices of the Cahaya Bathin Social Development Institution, Cahaya Bathin, Jakarta.

DATA COLLECTION TECHNIQUE

Data from observations and interviews were selected, categorized based on theory and guidelines. The analysis technique used is pattern matching which uses concepts and theories in research design.

DATA ANALYSIS AND DISCUSSION

Table 1: Factors Causing Blindness

No.	Theoretical Component	Subject		
		I	II	III
1.	Factors causing a child to become blind (Somantri, 2006:66)			
	a. Internal Factors	√	-	√
	b. External Factors	-	√	-

Based on the pattern matching above, it can be seen that subjects I and III experienced the same causal factors, namely internal factors, where these factors are factors that are closely related to the condition of the baby while it is still in the womb, while subject II experienced causal factors. External factors are factors that occur during or after the baby is born.

Table 2: Resources of Resilience

No.	Theoretical Component	Subject		
		I	II	III
1.	Description of sources of resilience in mothers who have blind children (Grotberg, in Desmita, 2008)			
	a. (I have, external support)	√	√	√
	b. (I am, there is strength from within the individual himself)	√	√	√
	c. (I can, the ability to solve problems, and the individual's social and interpersonal skills)	√	√	√

The three subjects above have been able to be resilient, which can be seen through the sources of resilience and resilience characteristics that have all been fulfilled. The sources of resilience that the three subjects have are I have, namely having external support, then I am, namely having strength from within the individual, and the last is I can, namely the ability to solve problems, and the individual's social and interpersonal abilities, the third source. This has been owned by the three subjects above.

Table 3: Individual Characteristics of Resilience

No.	Theoretical Component	Subject		
		I	II	III
1.	Description of the resilience characteristics of mothers who have blind children (Wollin & Wollin, 1999 in www.projectresilience.com)			
	a. Insights	√	√	√
	b. Independence	√	-	√
	c. Connection	√	√	√
	d. Initiative	√	√	√
	e. Creativity	√	√	√
	f. Humor	√	√	√
	g. Morality	√	√	√

For the characteristics of resilient individuals, subjects I and III have insight, independence, relationships, initiative, creativity, humor and morality. Even though subject II does not yet have independence, subject II has insight, independence, relationships, initiative, creativity, humor and morality in the characteristics of a resilient individual.

CONCLUSION

Based on the three cases studied as a whole, general conclusions are then drawn as follows:

1. The causes of blind children are various factors, the first subject is caused by internal factors, which occurs when the mother is pregnant due to drug poisoning, while the second subject is caused by external factors, namely occurs after the child is born due to a tumor, and the third subject is caused by internal factors which occurs when the mother is pregnant due to a virus.

2. The three subjects have sources of resilience, namely the existence of external support which is the strength for the mother to be able to bounce back from difficult conditions so that the three subjects can return to carrying out daily activities with enthusiasm (I have), the existence of personal strength which makes the mother strong (I am), as well as social skills and interpersonal skills in sharing thoughts and feelings with those closest to the mother regarding the child's condition. (I can).
3. The resilience characteristics that researchers obtained from the three subjects were that the first and third subjects had seven characteristics based on Wollin & Wollin's theory, namely insight, independence, relationships, initiative, creativity, humor and morality. Meanwhile, the second subject has six characteristics but does not yet have independence. The three subjects accepted the child's condition by thinking that this was all a destiny from God that must be carried out with patience and enthusiasm. The three subjects also had honest and mutually supportive relationships between their families and neighbors regarding their respective children's conditions. For the three mothers, children are the goal and source of enthusiasm for the mothers to remain strong and recover from difficult conditions. The three subjects also carried out evaluations with psychologists available at PSBN Cahaya Bathin Jakarta to determine the development of their respective mothers' children. And mothers feel happy to be able to help others even though mothers have experienced difficult and stressful conditions.

REFERENCES

- BPS DKI Jakarta Province. (2013). *Jakarta in Figures in Figures*. Jakarta : Figures in Jakarta.
- Connor, K.M., (2006). *Assessment of Resilience in the Aftermath of Trauma*. Journal of Clinical Psychiatry. Vol. 67(2).
- Dell, C.A., Dell, D.E., & Hopkins, C., (2005). *Resiliency and Holistic Inhalant Abuse Treatment*. Journal of Aboriginal Health. Vol. 60(2).
- Desmita. (2008). *Developmental Psychology*. Bandung: PT. Teen Rosdakarya Offset.
- Efendi, Muhammad. (2006). *Psychopedagogy of Children with Disabilities*. Jakarta: Bumi Literacy.
- Grotberg, E. (1995). *A Guide to Promoting Resilience in Children*. The Hague: Bernard Van Leer Foundation.
- Hallahan, D.P., Kauffman, J.M., Pullen, P.C., (2009). *Exceptional Learners: An Introduction to Special Education (11th ed.)*. Boston: Allyn & Bacon.
- Hurlock, Elizabeth B., (1980). *Developmental Psychology: An Approach Across the Life Span. Fifth Edition* . Jakarta: Erlangga Publishers.
- Hurtes, Karen.P., and Lawrence R. Allen. (2001). *Measuring Resiliency in Youth The Resiliency Attitudes and Skills Profile*. Therapeutic Recreation Journal. Vol. 34, no. 4. 333-347.
- Komalasari, Dwi. (2007). *The Relationship between Social Support and Resilience in Mothers of Autistic Children*. Unpublished thesis, University of Indonesia, Depok.
- Mangunsong, Frieda. (2009). *Psychology & Education of Children with Special Needs, Volume 1*. Jakarta: Institute for the Development of Measurement Means and Psychological Education (LPSP3) UI.
- Mangunsong, Frieda. (2011). *Psychology & Education of Children with Special Needs, Volume 2*. Jakarta: Institute for the Development of Measurement Means and Psychological Education (LPSP3) UI.
- Jasmine, Levianti. (2013). *Self-Acceptance of Mothers Who Have Blind Children*. Journal Vol. 11, 39-48. Jakarta. Esa Unggul University.

- Orbuch, et.al., (2005). *Parent-Child Relationships and Quality of Life: Resilience Among Childhood Cancer*. National Council Family Relations Journal. Vol. 54(2) 171-184.
- Papalia, D.E., Olds, S.W., & Fieldman, R.D., (2008). *Human Development (10th ed.)*. New York: McGraw-Hill.
- Safaria, T., (2005). *Autism: New Understanding for a Meaningful Life in Older People*. Yogyakarta: Graha Ilmu.
- Somantri, Sutjihati. (2006). *Psychology of Exceptional Children*. Bandung: PT. Refika Aditama.
- Tugade, M.M., & Fredrickson, B.L., (2004). *Resilient Individuals Use Positive Emotions to Bounce Back from Negative Emotional Experiences*. Journal of Personality and Social Psychology. Vol. 24(2), 320-333.
- Yulianita. (2013). *Psychology & Education of Exceptional Children*. Jakarta: Limited only to UPI Y.A.I Psychology Students.
- <http://rehsos.kemsos.go.id>, accessed on 05 March 2015.