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A Phenomenological Study of Parental Emotional Acceptance of Children with Hearing Disabilities in Indonesia

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Abstract

This study aims to examine how parents of children with hearing disabilities in Indonesia experience and construct emotional acceptance, with particular attention to the subjective meanings and emotional dynamics following their child's diagnosis, as interpreted through an Interpretative Phenomenological Analysis (IPA) framework. This research employed a qualitative design using Interpretative Phenomenological Analysis. Data were collected through in-depth, semi-structured interviews and non-participant observations involving three parents of children with hearing disabilities enrolled at a public special education school (SLBN) in Central Java, Indonesia. The study focused on capturing parents' lived experiences and meaning-making processes. Data analysis followed systematic IPA procedures, including idiographic analysis and cross-case interpretation, supported by triangulation and member checking to enhance credibility. The findings reveal that parents experience emotional acceptance through dynamic and fluctuating processes that resemble the stages of denial, anger, bargaining, depression, and acceptance as proposed by Kübler-Ross. However, these stages do not emerge in a linear sequence. Instead, parents' emotional experiences shift depending on psychological conditions, interpersonal relationships, spiritual beliefs, and access to emotional support. Denial functions as an initial protective mechanism, anger reflects feelings of helplessness and loss of control, bargaining represents attempts to preserve hope, and depression manifests as emotional exhaustion and social withdrawal. Acceptance develops as parents reconstruct meanings of disability and parenthood, demonstrated through adaptive actions such as learning sign language and redefining expectations for their child's development. This study contributes theoretically by demonstrating that emotional acceptance among parents of children with hearing disabilities is an ongoing, interpretative, and non-linear meaning-making process rather than a fixed emotional trajectory.

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Introduction

The diagnosis of hearing disability in children represents not only a medical condition but also a psychologically disruptive life event for parents. Recent studies indicate that parents frequently experience intense emotional distress following diagnosis due to the sudden disruption of expectations regarding their child's development and future (Li et al., 2021; Rantanen et al., 2020). These emotional responses are shaped by uncertainty, loss of perceived control, and limited access to emotionally responsive support systems, particularly in sociocultural contexts where disability is still stigmatized, such as Indonesia (Li et al., 2023).

Within this context, parents' emotional experiences can be understood through the lens of trauma informed care. The trauma informed framework emphasizes that experiences involving shock, ambiguity, and insufficient emotional validation may threaten individuals' sense of safety, trust, and meaning, thereby generating prolonged psychological distress (SAMHSA, 2014). Recent literature has shown that parents of children with hearing disabilities often report persistent feelings of anxiety, guilt, anger, and sadness when professional services focus primarily on medical or technical interventions while overlooking parents' emotional needs (Rantanen et al., 2020; Li et al., 2021). However, trauma informed care is frequently introduced only as a practical recommendation rather than as a foundational theoretical framework for understanding parental emotional acceptance.

Current qualitative research increasingly recognizes that parental emotional adjustment is not a linear or uniform process. Li et al. (2021) reported that parents' emotional responses fluctuate over time and are influenced by interpersonal relationships, spirituality, and perceived social support. Similarly, Rantanen et al. (2020) emphasized that emotional acceptance emerges through ongoing meaning making rather than through fixed stages. Despite these insights, many studies remain descriptive and focus on stress levels or coping strategies, providing limited understanding of how parents interpret and reconstruct the meaning of their emotional experiences following diagnosis.

This limitation is particularly evident in the Indonesian context. Recent studies suggest that parents of children with disabilities in Indonesia often face social stigma, inadequate psychological services, and cultural expectations that intensify emotional burden and hinder adaptive adjustment (Riany et al., 2016; Li et al., 2023). Although previous research has documented parental stress and adjustment outcomes, few studies have examined the subjective and interpretative processes through which parents construct emotional acceptance. Moreover, the integration of trauma informed principles such as emotional safety, empowerment, and cultural sensitivity remains underdeveloped in empirical analyses of parental experiences.

The urgency of this study lies in addressing these theoretical and methodological gaps. Rather than describing emotional reactions as fixed stages or outcomes, this research conceptualizes emotional acceptance as a dynamic, interpretative, and individualized process. By employing Interpretative Phenomenological Analysis, this study is methodologically aligned with its aim to explore parents' lived experiences and meaning making processes in depth. The integration of trauma informed care as a guiding conceptual framework ensures coherence between the research problem, analytical focus, and methodological approach.

Accordingly, this study aims to explore how parents of children with hearing disabilities in Indonesia experience and construct emotional acceptance following diagnosis. By aligning the research problem, objectives, and qualitative IPA methodology, this study seeks to contribute to a theoretically grounded understanding of parental emotional acceptance and to inform the development of psychologically responsive and trauma sensitive support for families of children with hearing disabilities.

Method

This study employed a qualitative research design using Interpretative Phenomenological Analysis (IPA) to explore how parents make sense of their emotional experiences following the diagnosis of hearing disability in their children. IPA was chosen due to its idiographic focus and its suitability for examining meaning-making processes in emotionally significant life experiences (Smith, Flowers, & Larkin, 2009). Conceptually, the study was grounded in trauma-informed care, which informed both data collection and interpretation by emphasizing emotional safety, sensitivity, and meaning making. Participants were three parents of children with hearing disabilities enrolled in a public special education school (SLBN) in Central Java, Indonesia, selected through purposive sampling to ensure direct and substantial engagement with the phenomenon under investigation. Although the sample size was small (n = 3), this aligns with established IPA methodological principles that prioritize depth over breadth and consider small samples appropriate for intensive, idiographic analysis, particularly in emotionally complex contexts (Smith et al., 2009; Smith & Eatough, 2017). Data were collected through in-depth, semi-structured interviews lasting approximately 60–90 minutes and supported by non-participant observations focusing on non-verbal expressions, emotional tone, and interaction patterns, with field notes recorded immediately after each session; all interviews were conducted in a private setting, audio recorded with informed consent, and guided by trauma-informed principles. Data analysis followed the systematic IPA procedures outlined by Smith et al. (2009), beginning with repeated readings and initial noting to identify descriptive, linguistic, and conceptual elements, from which emergent themes were developed. The double hermeneutic process was enacted through participants' own interpretations of their emotional experiences and the researcher's reflexive interpretation of these meaning-making processes, informed by trauma-informed care and contextual factors such as culture, spirituality, and social relationships. Cross-case analysis was conducted after completing idiographic analyses to identify patterns of convergence and divergence while preserving individual experiential nuances. Throughout the analytic process, reflexive memos were maintained to document interpretative decisions and reduce researcher bias, and trustworthiness was enhanced through methodological triangulation, member checking, prolonged engagement, and transparent documentation of analytic procedures (Lincoln & Guba, 1985).

Results and Discussion

Results

Analysis of in-depth interview and observation data shows that the three informants experienced an emotional acceptance process through stages resembling the Kübler-Ross model, namely denial, anger, bargaining, depression, and acceptance. Although each informant showed different characteristics of their experiences, there was a consistent phenomenological pattern related to their emotional dynamics as parents of children with hearing disabilities. The IPA approach was used to interpret how informants interpreted the situation, while also understanding how the researcher interpreted that meaning through a double hermeneutic process.

Denial as an Initial Protective Meaning

When recounting his initial response to the doctor's diagnosis, one informant stated,

> *"Waktu dokter bilang pendengaran anak saya bermasalah, rasanya saya langsung menolak untuk percaya. Saya pikir mungkin alatnya rusak atau cara pemeriksaannya kurang tepat."*

This narrative comes from informant I, who appears to be trying to maintain hope by looking for possible technical errors. Denial serves as a defense mechanism to delay confronting the harsh reality. This reaction demonstrates the strong desire of parents to maintain an idealized image of their child's condition.

In another experience, an informant II said,

> *"Saya sempat bilang ke suami, mungkin ini cuma masalah telinga kotor atau flu. Saya benar-benar yakin waktu itu kalau kondisi anak saya tidak separah itu."*

This statement demonstrates rationalization as a form of denial. By relating the child's condition to trivial matters, the child attempts to reduce anxiety and fear. Denial arises from the need to maintain control and avoid uncertainty about the child's future.

Meanwhile, informant III revealed,

> *"Saya langsung bilang ke keluarga, 'Periksa lagi, pasti hasilnya salah.' Saya yakin waktu itu kalau anak saya sebenarnya baik-baik saja."*

This narrative demonstrates a more active form of denial, characterized by a need to prove the test results incorrect. She appears to be trying to deny the significant changes that will impact her family's life. Denial serves as an emotional shield to delay the greater psychological burden.

During discussions about the denial phase, all three informants exhibited physical signs consistent with anxiety and emotional tension. All three avoided eye contact, looked down, rubbed their faces, or wrung their hands when discussing the moment of receiving the diagnosis. Their voices tended to weaken as they recalled the event. Overall, these observations reinforce the idea that the denial phase is an initial defense when reality has not yet been fully accepted.

Anger as a Response to Loss of Control

The next stage shows a more intense emotional shift. Informant I revealed,

> *"Saya sempat marah sama diri sendiri... saya merasa gagal sebagai ibu. Saya selalu bertanya-tanya, apa saya melakukan kesalahan waktu hamil?"*

The anger was directed at herself and fueled by intense guilt. This narrative demonstrates the inner conflict between the demands of her motherhood and the reality she faced. Anger became a way to vent her frustration over a situation she perceived as beyond her control.

In a different experience, informant II said,

> *"Saya marah sekali sama suami. Saya bilang ini pasti dari keluarganya. Waktu itu saya sampai teriak dan kami bertengkar hebat."*

Anger is directed outward, toward those closest to them, as a way to vent unexpressed emotions. The informant tries to find someone to blame to lessen her emotional burden. This conflict illustrates how psychological stress disrupts the stability of a couple's relationship.

Meanwhile, informant III said,

> *"Saya sempat marah ke dokter. Kenapa sebelumnya tidak ada penjelasan kemungkinan ini? Saya merasa seperti dibiarkan tanpa informasi."*

This anger emerged as a protest against perceived authority. The informant felt inadequate information support and betrayed by the healthcare system. Anger represents an unmet need for control.

All three informants exhibited heightened emotional gestures when discussing the anger phase. They spoke in a louder tone, their faces flushed, their fists clenched, or their hands used more active gestures. Some appeared to sigh rapidly when recalling the conflict. These observations demonstrate how anger becomes an expressive phase, marking the accumulation of emotional burden after denial begins to wane.

Bargaining as a Transitional Search for Hope

Entering the bargaining phase, an informant I said,

> *"Saya bilang dalam hati, kalau Tuhan kasih anak saya sedikit saja perkembangan, saya janji bakal lebih rajin ibadah. Waktu itu saya cuma berharap ada keajaiban."*

This narrative demonstrates spiritually-based bargaining that serves to restore hope. The informant attempts to negotiate the situation through prayer and personal promises. This is a common form of coping found in the transitional stage between denial and acceptance.

An informant II said,

> *"Saya cari semua tempat terapi, dari medis sampai alternatif. Saya pikir, mungkin kalau saya usaha lebih keras, nanti hasilnya bisa berbeda."*

Bargaining manifests as a compulsive attempt to seek various interventions. Informants believe that hard work can change outcomes, even if the child's biological condition remains unchanged. This reflects both defensive optimism and the need to maintain hope.

Meanwhile, informant III said,

> *"Saya terus meyakinkan diri bahwa mungkin anak saya hanya terlambat sedikit. Saya pantau terus tiap bulan, berharap ada perubahan kecil."*

The informant delayed full acceptance by constructing an alternative narrative about the child's condition. Bargaining served as an emotional bridge to lessen the pain of accepting reality. He tried to interpret small developments as signs that the situation might improve.

Observations showed that the three informants appeared calmer and more reflective when discussing the bargaining phase. They spoke more softly, occasionally flashing a faint smile, or displaying hopeful gestures such as slow nods. Their body postures were more relaxed than during the anger phase, indicating an attempt to integrate hope and reality. Overall, this phase reflects the emergence of an unstable emotional balance.

Depression as Emotional Exhaustion and Confrontation

In the most difficult phase, informant I said,

> *"Saya sering menangis diam-diam di kamar. Saya merasa masa depan anak saya gelap dan itu membuat saya sangat takut."*

This statement reveals deep sadness and anxiety about the child's future. The informant experienced emotional exhaustion, marking the collapse of denial and false hopes. This stage marked the lowest point in her emotional adaptation process.

An informant II revealed,

> *"Saya jadi malas keluar rumah. Takut ketemu tetangga dan ditanya-tanya soal kondisi anak. Rasanya seperti ingin menghilang."*

He withdrew from social circles because he felt vulnerable to stigma. Withdrawal is a clear indicator of depression, indicating a loss of energy and social motivation. This behavior serves as a form of protection from external pressures.

Furthermore, informant III said,

> *"Saya sempat merasa tidak berguna. Seolah apa pun yang saya lakukan tidak akan mengubah keadaan."*

This narrative reflects the hopelessness at the heart of the depressive phase. The informant loses self-worth and feels powerless over the situation. This illustrates the profound emotional conflict stemming from helplessness.

Observations revealed a decrease in emotional energy in all three informants. They spoke in softer voices, often fell silent, avoided eye contact, and exhibited slumped postures. Their facial expressions appeared flat or sad, reinforcing the interpretation that the depressive phase was the most psychologically challenging period for them. These behavioral indicators were consistent with the internal descriptions they conveyed.

Acceptance as Reconstruction of Meaning and Identity

in the final stage, an informant I said,

> *"Sekarang saya mulai belajar bahasa isyarat. Saya sadar, kalau saya ingin dia berkembang, saya yang harus menyesuaikan diri."*

This narrative marks a crucial point in emotional integration. Acceptance is manifested through concrete adaptive actions. The informant demonstrates a readiness to play an active role in their child's development.

An informant II said,

> *"Saya sadar anak saya tetap anak saya. Pendengarannya mungkin berbeda, tapi kasih saya ke dia tidak berubah."*

He emphasized acceptance based on the value of unconditional love. The child's condition is no longer viewed as a deficiency, but as an understandable characteristic. This acceptance is more emotionally stable than the previous phase.

An informant III said,

> *"Saya tidak lagi membandingkan dia dengan anak lain. Saya hanya ingin dia bahagia dengan caranya sendiri."*

The informant achieved existential acceptance by abandoning standards of social comparison. She redefined the concept of happiness and child identity in a more inclusive way. This marked a restructuring of her values and expectations as a parent.

Observations revealed a more consistent emotional calm among the three informants. They spoke in a steady tone, smiled sincerely, and displayed more open body gestures, such as upright postures and relaxed hand movements. All three appeared more comfortable discussing their child's condition, reflecting an internalized acceptance.

Denial emerged as an initial interpretative response through which parents attempted to preserve emotional stability following the diagnosis. For Informant 1, denial was constructed as a cognitive effort to attribute the diagnosis to possible technical errors, reflecting an attempt to protect her maternal identity from immediate emotional disruption. Informant 2 interpreted denial through rationalization by framing the child's condition as temporary, which functioned to reduce emotional threat and maintain a sense of control. In contrast, Informant 3 expressed denial as active resistance, characterized by repeated medical examinations aimed at sustaining hope and avoiding stigma-related changes to family identity.

As denial weakened, anger surfaced as a dominant emotional meaning. Informant 1 directed anger inward, interpreting the diagnosis as personal failure and a disruption of her perceived competence as a parent. Informant 2 displaced anger onto his spouse, constructing it as relational frustration that served as an outlet for accumulated emotional pressure. Informant 3 directed anger toward healthcare professionals, interpreting limited information and communication as neglect, which intensified feelings of powerlessness and loss of agency.

Bargaining was interpreted as a transitional effort to restore hope and negotiate meaning amid growing awareness of the child's condition. Informant 1 constructed bargaining through spiritual commitments, using faith-based meaning to regain emotional balance. Informant 2 interpreted bargaining as action-oriented optimism, in which intensive therapeutic efforts symbolized responsibility and perseverance as a parent. Informant 3 engaged in cognitive reframing by redefining the condition as a developmental delay, allowing emotional postponement of full acceptance.

Depression was experienced as a phase of emotional exhaustion and confrontation with perceived loss. Informant 1 interpreted depression primarily through fear regarding the child's future, reflecting anxiety about long-term uncertainty. Informant 2 experienced depression as social withdrawal driven by perceived stigma and shame, while Informant 3 constructed depression as feelings of worthlessness and helplessness, indicating diminished self-efficacy as a parent.

Acceptance emerged as a process of meaning integration and identity reconstruction rather than emotional resolution. Informant 1 expressed acceptance through concrete adaptive actions, particularly by adjusting communication practices to meet the child's needs. Informant 2 framed acceptance as unconditional love, redefining parenthood independently of normative developmental expectations. Informant 3 achieved acceptance by relinquishing social comparison and reconstructing personal definitions of success and happiness for the child. Across cases, acceptance reflected a shift toward emotional stability and adaptive orientation while acknowledging the ongoing nature of parental emotional adjustment.

Discussion

This study provides an in-depth understanding of parental emotional acceptance as a dynamic and meaning-making process following the diagnosis of hearing disability in children. Consistent with previous qualitative findings, parents' emotional experiences resembled the stages of denial, anger, bargaining, depression, and acceptance described by Kübler-Ross. However, as revealed through an Interpretative Phenomenological Analysis, these stages were not experienced linearly but were shaped by individual interpretations, relational contexts, and sociocultural influences. Importantly, integrating trauma-informed care as an analytical lens allows these emotional responses to be understood not as pathological reactions but as adaptive efforts to restore safety, control, and meaning after a psychologically disruptive event.

In the denial phase, parents' initial rejection of the diagnosis functioned as a protective response against emotional overload. From a trauma-informed perspective, denial reflects an attempt to preserve a sense of psychological safety when parents are confronted with sudden and threatening information. The uncertainty surrounding diagnosis and limited emotionally responsive communication from professionals intensified parents' need to temporarily suspend acceptance. This finding aligns with recent studies emphasizing that early parental reactions to childhood disability are closely tied to perceived informational clarity and emotional validation (Li et al., 2021; Rantanen et al., 2020). Trauma-informed care highlights the importance of providing clear, empathetic, and non-judgmental communication at this stage to reduce fear and promote emotional stabilization.

The anger phase emerged as parents began to confront the permanence of their child's condition. Anger was directed inward, toward close relationships, or toward professionals, reflecting disrupted trust and a loss of perceived control. Within a trauma-informed framework, anger represents a response to unmet needs for transparency, empowerment, and relational safety. Rather than viewing anger as maladaptive, trauma-informed care recognizes it as a signal of distress arising from feelings of powerlessness. In the Indonesian context, where hierarchical relationships with medical professionals are common, parents may feel particularly constrained in expressing concerns, which can intensify internalized or displaced anger. This underscores the need for culturally sensitive practices that encourage parental voice and shared decision-making.

Bargaining was strongly influenced by cultural and spiritual factors, making this stage particularly salient in the Indonesian context. Parents' reliance on prayer, spiritual commitments, and faith-based interpretations reflects the central role of religiosity in coping with adversity in Indonesian society. From a trauma-informed perspective, spiritual bargaining can be understood as an effort to regain hope and restore meaning when control over external circumstances is limited. Rather than dismissing such practices as denial, trauma-informed care emphasizes respecting culturally embedded coping strategies while gently supporting parents toward realistic and empowering interpretations. Recent research suggests that spirituality can function as both a protective and transitional resource, helping parents tolerate uncertainty and emotional pain while gradually moving toward acceptance (Li et al., 2021).

Depression represented the most emotionally taxing stage, characterized by exhaustion, withdrawal, and feelings of helplessness. Trauma-informed care interprets this phase as a point where previous coping strategies are no longer sufficient, leaving parents vulnerable to prolonged distress if support is absent. In Indonesia, social stigma surrounding disability may exacerbate depressive experiences by limiting social support and reinforcing feelings of shame or isolation. These findings echo recent evidence that parents of children with disabilities in collectivist cultures often experience heightened emotional burden due to fear of social judgment (Li et al., 2023). Trauma-informed interventions at this stage should prioritize emotional validation, connection, and reassurance, emphasizing that such emotional responses are understandable rather than signs of personal failure.

Acceptance emerged not as emotional closure but as a reconstruction of parental identity and meaning. Cultural values emphasizing family responsibility, unconditional care, and spiritual acceptance played a crucial role in shaping this stage. Parents' acceptance was expressed through adaptive actions, such as learning new communication methods, redefining expectations, and relinquishing social comparison. From a trauma-informed standpoint, acceptance reflects the restoration of empowerment and collaboration, where parents regain agency in supporting their child's development. Importantly, acceptance remained fluid and ongoing, consistent with recent studies that conceptualize parental adjustment as a continuous process rather than a final endpoint (Rantanen et al., 2020).

Overall, integrating trauma-informed care across each emotional stage strengthens both the theoretical and practical implications of this study. The findings suggest that parental emotional acceptance is deeply embedded in cultural and spiritual contexts and unfolds through iterative meaning-making processes. For practitioners, this underscores the importance of trauma-informed, culturally responsive psychological support that attends not only to technical or educational needs but also to parents' emotional and existential experiences. Such an approach has the potential to enhance parental well-being, strengthen parent–child relationships, and support more sustainable engagement in children's developmental interventions.

Conclusion

This study concludes that emotional acceptance among parents of children with hearing disabilities is a dynamic, interpretative, and individualized process rather than a linear progression through fixed emotional stages. Although parents' experiences reflect emotional patterns resembling denial, anger, bargaining, depression, and acceptance, these responses are shaped by ongoing meaning-making processes influenced by personal beliefs, relational dynamics, cultural values, and spiritual orientations. Through an Interpretative Phenomenological Analysis approach, this study demonstrates that parents actively interpret and reconstruct the meaning of their child's diagnosis as they navigate emotional challenges. Denial and anger function as protective and expressive responses to psychological disruption, bargaining serves as a culturally and spiritually embedded effort to preserve hope, and depression reflects emotional exhaustion when prior coping strategies become insufficient. Acceptance emerges not as emotional resolution but as a reconstruction of parental identity, marked by adaptive actions, redefined expectations, and renewed agency in supporting the child's development. Integrating trauma-informed care provides a coherent framework for understanding these emotional responses as adaptive efforts to restore safety, control, and meaning following a potentially traumatic event. The findings highlight the importance of trauma-informed, culturally responsive psychological support that acknowledges parents' subjective experiences alongside medical and educational interventions. Such support is essential for promoting parental well-being, strengthening parent–child relationships, and fostering sustained engagement in interventions for children with hearing disabilities within the Indonesian context.

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Authors' Note

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