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Self-compassion and maternal involvement: an analysis of the relationship in parents of elementary students with special needs

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Article info

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Abstract

Parents of children with special needs often experience emotional and psychological challenges in parenting, making self-compassion an essential internal resource that may influence parental involvement. This study aims to examine the relationship between self-compassion and maternal involvement among parents of children with special needs enrolled in elementary school. A quantitative correlational design was used involving 165 parents in Langkat, selected through purposive sampling. Data were collected using the Self-Compassion Scale (SCS), the Nurturant Mothering Scale (NMS), and the Mother Involvement Scale (MIS), and analyzed using the Pearson Product–Moment correlation test. The findings reveal a significant positive relationship between self-compassion and affective maternal involvement (r = 0.159, p < 0.05) and behavioral maternal involvement (r = 0.179, p < 0.05). However, no significant relationship was found between self-compassion and desired maternal involvement (p > 0.05). Although significant, both correlations were weak. These findings indicate that self-compassion may support emotional warmth and behavioral involvement in parenting children with special needs. This study contributes to the literature by providing empirical evidence on the relationship between self-compassion and maternal involvement among parents of children with special needs in the Indonesian context, particularly in Langkat.

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1. Introduction

Most married couples generally desire a child to form a perfect family. A child born healthy, both physically and mentally, is every parent's dream. Unfortunately, not all children are born healthy. Some have physical and psychological limitations, which lead to unique needs. Children with these needs are called children with special needs.

Children with special needs are those who require specialized treatment due to developmental disorders or abnormalities (Widiastika et al., 2022). Children with special needs are those born with physical, psychological, cognitive, or social impairments that hinder them from achieving their goals or needs optimally (Chan et al., 2019; Nugraha et al., 2023; Patil, 2021). Children with special needs are classified as children with learning disorders, slow learners, children with attention deficit hyperactivity disorder (ADHD), autism, emotional disorders, blindness, deafness, speech disorders, intellectual disability, physical disabilities, and gifted children.

Raising a child with special needs is different from raising a normal child (Nurmalia et al., 2021). This is because caring for a child with special needs is time-consuming and expensive, placing a significant burden on parents (Budiono et al., 2025). Parents of children with special needs feel a heavy burden, both physically and mentally. This heavy burden often leads to negative reactions. The prolonged caregiving burden experienced by parents may influence their emotional regulation (Hidir et al., 2025). Difficulties in managing stress and negative emotions can increase vulnerability to anxiety, self-criticism, and psychological distress (Nadhila et al., 2025). Therefore, parents of children with special needs need psychological resources that help them respond adaptively to caregiving challenges (Pramusti et al., 2024). One internal psychological resource considered crucial in this context is self-compassion.

Previous studies have reported several negative reactions among parents of children with special needs (Fitria et al., 2025; Junaidi & Dewantoro, 2020; Khotimah, 2024). As many as 34.48% of parents felt disappointed, as their child's condition did not meet their expectations, thereby as many as 44.82% of parents felt guilty and less careful during the pregnancy of their child, so that their child had a special needs condition, and as many as 58.62% of parents felt ashamed of the presence of a child with special needs.

Some of the negative reactions experienced by parents of children with special needs tend to be influenced by the previous parenting styles of their parents. Individuals who experience harsh or neglectful parenting develop poor emotional regulation and are more vulnerable to emotional distress in the future (Pramusti et al., 2024). Research has found that past poor parenting is associated with higher levels of negative emotions such as anger, depression, and anxiety. Adults who report having poor relationships with their families tend to have lower self-esteem and emotional well-being (Archana S & Sinha, 2024; Febriani & Iswinarti, 2025; Lindert et al., 2025).

Parents of children with special needs need to reduce negative emotions by developing self-compassion. Self-compassion is an attitude that enables individuals to respond to their own difficulties and shortcomings with care and kindness, while recognizing that suffering, failure, and imperfection are part of the shared human experience (Neff, 2003). Self-compassion is an effort to "embrace" negative emotions and transform them into positive ones.

Self-compassion has three aspects: self-kindness, common humanity, and mindfulness (Allen & Leary, 2010). Self-kindness is being kind to oneself by showing attention and support. Common humanity is the attitude in which a person can consider their mistakes normal, thereby avoiding excessive guilt (Putra, 2022). Mindfulness is the ability to balance oneself in stressful or

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difficult situations. Each aspect has opposing characteristics or attitudes: self-judgment or self-criticism, isolation, and over-identification.

Previous research suggests that maternal involvement is associated with warmth, emotional security, and supportive family relationships. These findings suggest that maternal involvement may also shape how parents respond compassionately to themselves when facing caregiving difficulties. Self-compassion will develop when the mother is directly involved in parenting and provides warmth and care (Risma et al., 2025). The mother-child relationship is significantly associated with the child's emotional well-being (Ain et al., 2025). The mother-child relationship is a key foundation for children's sense of security and emotional well-being. Regardless of the child's gender, a strong, high-quality mother-child relationship is associated with lower stress levels in adulthood, underscoring the importance of maternal involvement for child development (Léniz-Maturana et al., 2025; Mocho et al., 2024; Nomaguchi & Allen, 2023).

Maternal involvement is the extent to which mothers are involved in various aspects of their children's lives, such as playing or sharing activities, paying attention, building a sense of friendship or camaraderie with their children, teaching their children to develop their intellect, and so on. In terms of parenting, mothers and fathers have the same structural parenting function, even though the roles they play are different (Vilaseca et al., 2020; Waningsih et al., 2025).

Maternal involvement in parenting affects children's expectations and prosocial behavior (Pastorelli et al., 2016; van der Storm et al., 2022). Furthermore, maternal involvement tends to focus on relationship-building skills, warmth and support, and empathetic behavior, thus encouraging children to imitate and apply these behaviors to their own relationships (Apriansyah et al., 2024; Diana et al., 2021). Research on self-compassion has found that it develops in children when their mothers and families provide warmth and care (Cherpe et al., 2025; Hapsari et al., 2025; Sirois et al., 2018). Conversely, when their mother and family do not provide warmth, the child develops poor self-compassion and tends to criticize themselves when faced with problems.

Although self-compassion has been widely studied in relation to psychological well-being, research specifically examining factors associated with self-compassion among parents of children with special needs remains limited. Previous studies have primarily focused on parenting stress, caregiver burden, depression, or coping strategies. Few studies have specifically explored interpersonal family factors that may contribute to the development of self-compassion among parents, particularly in the Indonesian context. Based on this background, the present study aims to examine the relationship between maternal involvement and self-compassion among parents of elementary children with special needs in Langkat. This issue becomes particularly relevant in Langkat, where access to psychological support services and family-based intervention for parents of children with special needs remains limited. Parents often rely primarily on family resources to manage caregiving stress. This study is expected to contribute to the literature by addressing the limited research on family relational factors associated with parental self-compassion in the context of caregiving for people with special needs in Indonesia.

2. Method

This study employs a quantitative correlational design to examine the relationship between maternal involvement and self-compassion among parents of children with special needs. The target population consisted of biological parents of children with special needs enrolled in

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elementary schools in Langkat, North Sumatra, Indonesia. In this regard, "parents" refers specifically to biological mothers or fathers who serve as the child's primary caregiver and are directly involved in daily caregiving, supervision, and educational support at home. Both mothers and fathers were eligible to participate as respondents.

The inclusion criteria were (1) being a biological mother or father of a child with special needs enrolled in elementary school, (2) residing in Langkat, (3) being directly involved in the child's daily caregiving, supervision, and educational activities, and (4) agreeing to participate voluntarily by signing informed consent.

The exclusion criteria were (1) parents who did not complete all questionnaire items, (2) parents who were not directly involved in daily caregiving, and (3) parents whose child's special needs status could not be verified.

The status of children with special needs was verified through school administrative records and teacher or school staff confirmation. The school had previously identified children included in this study as having special educational needs, based on professional documentation available at the school or on parent-reported medical/developmental diagnoses confirmed during data collection.

A total of 165 respondents met all inclusion criteria and were included in the final analysis. The sampling technique used was purposive sampling since participants were selected based on characteristics relevant to the research objectives.

The research data collection technique used was a questionnaire. The researcher used a closed-ended questionnaire, meaning the researcher analyzed respondents' preselected answers and drew conclusions from the analysis. The questionnaire consisted of the Self-Compassion Scale (Neff, 2003), the Nurturant Mothering Scale, and the Mother Involvement Scale (Finley & Schwartz, 2004). The questionnaires were distributed directly using a physical booklet.

The questionnaires were distributed directly as printed booklets through schools and parent communities of children with special needs in Langkat. Before completing the questionnaire, respondents were informed about the research purpose, the voluntary nature of participation, and the confidentiality of their responses. Each participant provided informed consent before filling in the questionnaire. The completed questionnaires were collected and checked for completeness before analysis.

The first instrument used in this study was the Self-Compassion Scale (SCS), which measured self-compassion among parents of children with special needs. The aim is to measure three main components of self-compassion on different subscales (self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification). The following is Table 1, the Self-Compassion Scale instrument grid.

Table 1. Dimensions and indicators of the self-compassion scale

Dimensions	Indicators
Self-kindness	Treat yourself with more care when you are in trouble
Self-judgement	Harsh self-criticism and over-responding to difficult situations
Common Humanity	Realizing that problems are common to everyone
Isolation	A person's irrational thinking causes them to withdraw from their environment.
Mindfulness	A person's involvement in awareness of present events is clear and balanced, so that one does not avoid or become absorbed in aspects of oneself or one's life that one dislikes.
Over-identification	The feeling of being swept away too deeply by a painful story experienced by someone in their past

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The total score, obtained by summing the subscale scores, is expected to represent the overall level of self-compassion among respondents. The SCS consists of 26 items. The responses to this questionnaire are on a 5-point rating scale (Table 2).

Table 2. Self-compassion scoring

Categories	Scales	Categories	Scales
	Favourable		Unfavourable
Never	1	Always	5
Rarely	2	Often	4
Sometimes	3	Sometimes	3
Often	4	Rarely	2
Always	5	Never	1

The instruments used to measure maternal involvement are the Nurturant Mothering Scale (NMS) and the Mother Involvement Scale (MIS) (Finley & Schwartz, 2004). The original instrument was developed to measure father involvement retrospectively among adolescents and adults; in this study, it was adapted to assess maternal involvement. The answer choices for each item use a 1-5 Likert scale, with different options for each item. Although different, all answer choices are linear: the higher the number chosen, the higher the perceived quality of affection by the adolescent or adult. Before data analysis, the Self-Compassion Scale was administered. Based on validity testing, 20 items meet the validity criteria and are retained for analysis, while 6 items are excluded for failing to meet the minimum item-total correlation criterion. Therefore, the self-compassion data reported in the results section are based on 20 valid items. The reliability analysis indicates good internal consistency, with Cronbach's alpha = 0.89.

The original framework developed by Finley and Schwartz assessed parental involvement through emotional closeness and caregiving engagement. In the present study, the instrument was adapted to measure maternal involvement, as mothers generally play a central role in caregiving, emotional support, and educational assistance for children with special needs in the Indonesian family context. Maternal involvement was assessed across three dimensions: 1) Nurturant Mothering: warmth, affection, acceptance, and emotional support; 2) Reported Mother Involvement: perceived maternal participation in daily caregiving and child-related activities; and 3) Desired Mother Involvement: level of maternal involvement expected or ideally desired by respondents. Responses were scored using a 5-point Likert scale, with higher scores indicating greater maternal involvement. The following is Table 3, the answer choice scales used in the NMS. Explanations regarding the scoring of the reported mother involvement scale and the desired mother involvement scale are presented in Table 4.

Table 3. Nurturant mothering scale scores

Scales	Indicators	Scale Score
1	Never There for Me	Not At All Close
2	Rarely There for Me	Somewhat Close
3	Sometimes There for Me	Quite Close
4	Often There for Me	Very Close
5	Always There for Me	Extremely Close

Table 4. Mother involvement and desired mother involvement scales

Scales	Mother Involvements	Desired Mother Involvements
1	Never Involved	Less Involved

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Scales	Mother Involvements	Desired Mother Involvements
2	Rarely Involved	Slightly Less Involved
3	Sometimes Involved	About Right
4	Often Involved	Slightly More Involved
5	Always Involved	More Involved

All instruments were translated into Indonesian using a forward-backward translation procedure. After translating, the items were reviewed by experts in psychology and child development to ensure conceptual equivalence, clarity, and cultural appropriateness. Content validity was evaluated through expert judgment by two psychology academics with expertise in parenting and psychological measurement. Construct validity was assessed through item-total correlation analysis. Items that did not meet the validity threshold were excluded from further analysis. Reliability testing was conducted using Cronbach's alpha coefficient. The reliability coefficients were 1) Self-Compassion Scale = 0.89, 2) Nurturant Mothering Scale = 0.87, and 3) Mother Involvement Scale = 0.85. These values indicate acceptable to high internal consistency, implying that the instruments were reliable for use in this study. Example items included 1) Self-Compassion Scale: "I try to be understanding and patient toward myself when I experience difficulties," and "I tend to be hard on myself when things go wrong." (Reverse item). 2) The Maternal Involvement Scale is "My mother is emotionally available when I need support" and "My mother is actively involved in my daily life and personal development."

The questionnaires were distributed directly as printed booklets to special and inclusive elementary schools and to parent communities in Langkat. Participants were first informed about the study's objectives, confidentiality, voluntary participation, and their right to withdraw at any time without consequences. Respondents who agreed to participate signed informed consent before completing the questionnaire. Completed questionnaires were checked for completeness before data entry and analysis. The statistical tests in the present study were conducted using SPSS version 23.0. The statistical tests performed included descriptive analysis, normality tests, linearity tests, and correlation tests. Descriptive analysis is a statistical technique used to describe data without drawing general conclusions. The results of descriptive analysis are presented in tables or graphs that reveal the mean, median, mode, and distribution of data obtained from demographic research (Putri et al., 2025).

Data were analyzed using SPSS version 23.0. The analysis included 1) descriptive statistics to summarize respondent demographics and variable distributions, 2) a normality test using Kolmogorov–Smirnov, as the sample size exceeded 50 (N = 165). Data were considered normally distributed when $p > .05$, 3) linearity test using Test for Linearity to examine whether the relationship between variables was linear, and 4) Pearson Product–Moment correlation to test the relationship between maternal involvement and self-compassion. Pearson correlation was selected since all assumptions of normality and linearity were met. The significance level was set at $p < .05$. Correlation was selected since the data met the assumptions of normality and linearity. This test was used to determine the strength and direction of the relationship between the variables.

3. Results

Researchers recruited parents of children with special needs in Langkat, resulting in 165 subjects who met the predetermined criteria. Table 5 presents the overview of respondents by age.

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Table 5. Parental age-based number of respondents

Ages	Numbers	Percentages
21 – 30	10	6.1 %
31 – 40	75	45.5 %
41 – 50	57	34.5%
> 50	23	13.9%
Total	**165**	**100%**

Based on the data, there are more research subjects in the 30–40-year age range than in other age ranges. This finding, shown in Table 5, indicates that most respondents are in the 31–40 age group, suggesting that the majority are adults in early to middle adulthood. The distribution of respondents by domicile is presented in Table 6.

Table 6. Domicile-based number of respondents

Domiciles	Numbers	Percentages
Secanggang	14	8.5%
Selesai	18	10.9%
Gebang	25	15.2%
Tanjungpura	25	15.2%
Stabat	59	35.8%
Total	**165**	**100%**

By domicile, the largest number of respondents comes from Stabat. This indicates that the largest participation in this study is derived from the Stabat area. The distribution of respondents by gender is presented in Table 7.

Table 7. Parental gender-based number of respondents

Genders	Numbers	Percentages
Male	16	9.7%
Female	149	90.3%
Total	**165**	**100%**

As shown in Table 7, most respondents are mothers. This may indicate that mothers are more available or more willing to complete the questionnaire. The distribution of respondents by marital status is presented in Table 8.

Table 8. Marital status-based number of respondents

Marital Status	Numbers	Percentages
Divorced	4	2.4%
Widowed	5	3%
Married	156	94.5%
Total	**165**	**100%**

This data indicates that the majority of children with special needs, as described in Table 8, are raised in two-parent families. The distribution of respondents by birth order is presented in Table 9.

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Table 9. Parents' birth status-based number of respondents

Birth Status	Numbers	Percentages
Single	7	4.2%
Eldest	40	24.2%
Middle	76	46.1%
Youngest	42	25.5%
Total	**165**	**100%**

This provides insight into the respondents' family backgrounds. Thus, the majority of subjects in this study are middle children. The distribution of respondents by ethnicity is presented in Table 10.

Table 10. Number of respondents by ethnicity

Ethnicities	Numbers	Percentages
Javanese	12	7.3%
Malay	47	28.5%
Batak	13	7.9%
Others	93	56.4%
Total	**165**	**100%**

This data demonstrates the study's diversity of cultural backgrounds. The distribution of respondents by occupation is presented in Table 11.

Table 11. Occupation-based number of respondents

Occupations	Numbers	Percentages
Civil Servant	11	6.7%
Private employee	12	7.3%
Self-Employed	18	10.9%
Others	124	75.2%
Total	**165**	**100%**

This reflects the diversity of their parents' economic and professional backgrounds. The distribution of respondents by work length is presented in Table 12.

Table 12. Length of work-based number of respondents

Lengths of Work	Numbers	Percentages
0 – 5 Hours	6	3.6%
6 – 10 Hours	27	16.4%
11 – 15 Hours	2	1.2%
Others	130	78.8%
Total	**165**	**100%**

Based on Table 12, the majority of respondents in this study have other (uncertain) working hours. The distribution of respondents by income is presented in Table 13.

Table 13. Income-based number of respondents

Incomes	Numbers	Percentages
0 – 5 million	12	7.3%
6 – 10 million	7	4.2%

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Incomes	Numbers	Percentages
11 – 15 million	1	0.6%
16 – 20 million	2	1.2%
No income	143	86.7%
Total	**165**	**100%**

Table 13 demonstrates that the majority of respondents have no income. The distribution of respondents by child age is presented in Table 14.

Table 14. The age of the respondent's children-based total

Ages of Children	Numbers	Percentages
0 – 5 Years	20	12.1%
6 – 10 Years	72	43.6%
11 – 15 Years	43	26.1%
16 – 20 Years	22	13.3%
21 – 25 Years	7	4.2%
26 – 30 Years	-	-
31 -35 Years	1	0.6%
Total	**165**	**100%**

As seen in Table 14, the majority of respondents are parents of children aged 6–10 years, totaling 72 respondents (43.6%). This indicates that most respondents' children are in middle childhood and elementary school. The distribution of respondents by the child's gender is presented in Table 15.

Table 15. The gender of the respondent's children-based amount

Genders	Numbers	Percentages
Male	69	41.8%
Female	96	58.2%
Total	**165**	**100%**

Most respondents have daughters. The distribution of respondents by the birth order of their children is presented in Table 16.

Table 16. The birth status of the respondent's child-based total

Birth Status	Numbers	Percentages
Single	20	21.2%
Eldest	32	19.4%
Middle	42	25.5%
Youngest	71	43%
Total	**165**	**100%**

Most parents have younger children. The distribution of respondents by their children's educational status is presented in Table 17.

Table 17. The educational status of the respondent's children is based on the total

Educational Status	Numbers	Percentages
Not yet enrolled	17	10.3%
Kindergarten	16	9.7%

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Educational Status	Numbers	Percentages
Elementary school	103	62.4%
Junior high school	20	12.1%
Senior high school	9	5.5%
Total	**165**	**100%**

Table 17 displays that the majority of parents have elementary school students, namely 103 people (62.4%). The distribution of respondents by the child's diagnosis is presented in Table 18.

Table 18. The respondent's children's diagnosis-based total

Diagnosis	Numbers	Percentages
Intellectual disability	52	31.5%
Learning disability	4	2.4%
ADHD	8	4.8%
Speech impairment	16	9.7%
Muteness	-	-
Deaf/hard of hearing	34	20.6%
Visual impairment	2	1.2%
Autism spectrum disorder	26	15.7%
Multiple disabilities	6	3.6%
Physical disability	2	1.2%
Gifted	-	-
Others	15	9%
Total	**165**	**100%**

In light of Table 18, the largest group of respondents is parents of children diagnosed with intellectual disability, totaling 52 children (31.5%). This finding indicates that intellectual disability is the most frequently reported diagnosis among children with special needs represented in this study. Data on the self-compassion variable were collected using a 20-item scale administered to 165 participants. The descriptive data are presented in Figure 1.

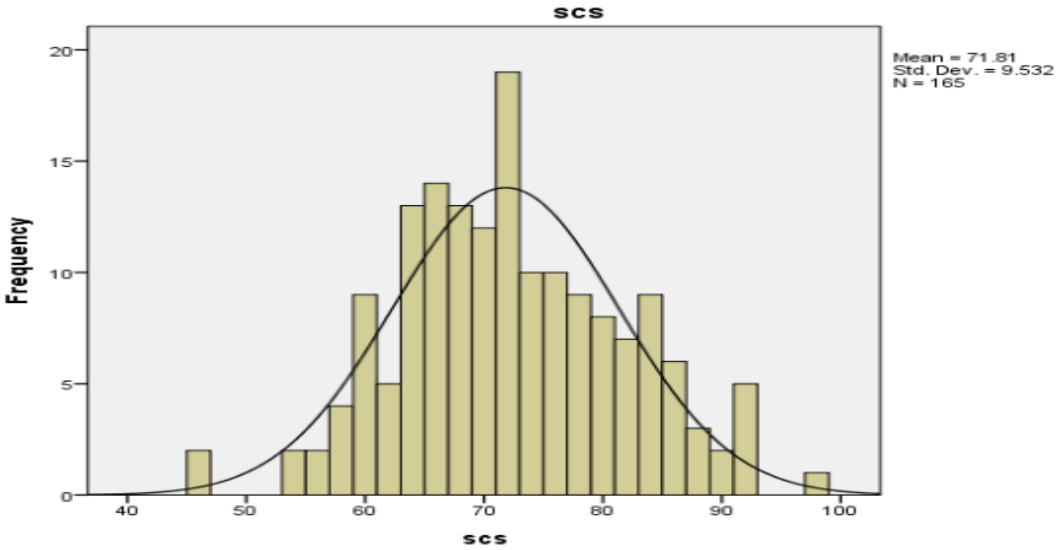


Figure 1. Self-Compassion descriptive data

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As illustrated in Figure 1, the self-compassion variable has a mean of 71.81, a median of 71, a mode of 65, a standard deviation value of 9.532, a variance value of 90.861, a range value of 52, a minimum value of 46, a maximum value of 98, and a sum of 11849. The self-compassion variable is categorized into two categories: low and high, based on the theoretical mean. The low and high categorizations are based on the mean of the frequency distribution. The self-compassion score categories are presented in Table 19.

Table 19. Self-compassion score categorization

Score Categories	Scores	Numbers	Percentages
Low	X < 60	19	11.5%
High	X > 60	146	88.5%
Total		**165**	**100%**

Table 19 presents that 19 respondents have low levels of self-compassion (11.5%), while 146 respondents have high levels (88.5%). These results indicate that most subjects in this study exhibit high levels of self-compassion.

Maternal involvement was measured in this study using the Nurturant Mothering Scale (NMS) and the Mother Involvement Scale (MIS), which include two subscales: Reported Mother Involvement and Desired Mother Involvement (Finley & Schwartz, 2004). The Nurturant Mother Scale, modified by previous researchers, consists of 9 items and was administered to 165 respondents. The descriptive data are presented in Figure 2.

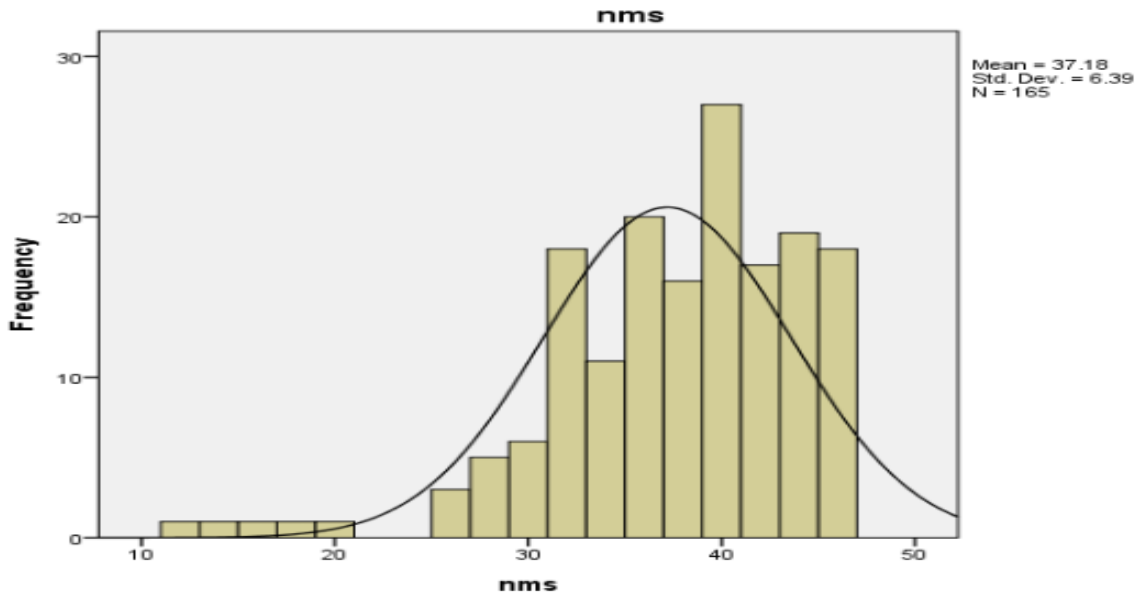


Figure 2. Descriptive data of the nurturant mothering scale

Figure 2 illustrates that the Nurturant Mothering Scale variable has a mean of 37.18, a median of 38, a mode of 45, a standard deviation value of 6.390, a variance value of 40.883, a range value of 33, a minimum value of 12, a maximum value of 45, and a sum of 6135. The Reported Mothering Scale, which previous researchers also modified, has 20 items and is analyzed using data from 165 respondents. The data are shown in Figure 3.

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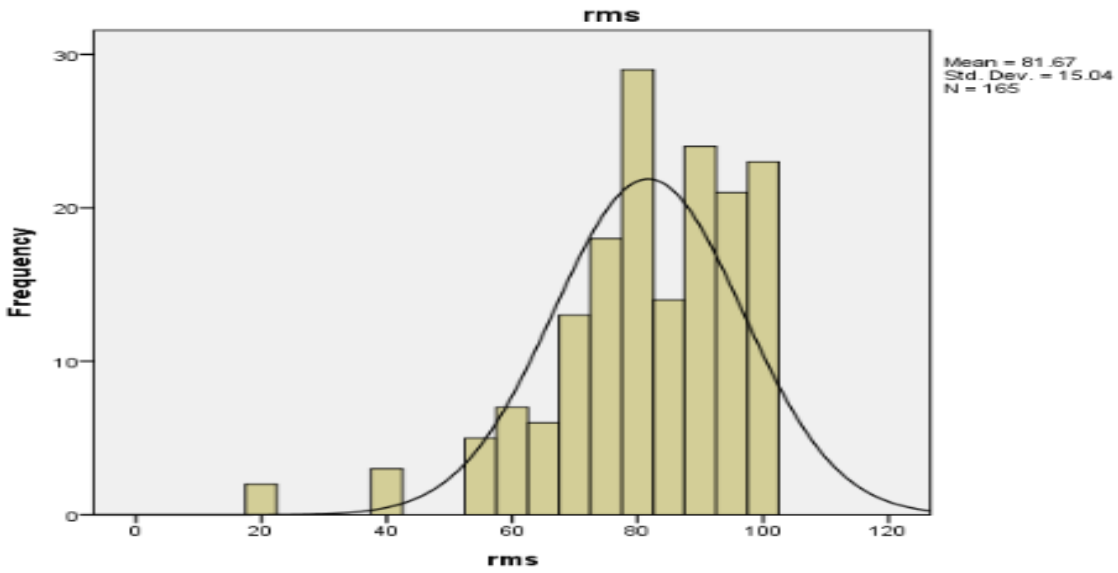


Figure 3. Descriptive data of the reported mothering scale

Figure 3 illustrates that the Reported Mothering Scale variable has a mean of 81.67, a median of 81, a mode of 80, a standard deviation value of 15.040, a variance value of 226.209, a range value of 80, a minimum value of 20, a maximum value of 100, and a sum of 13476. The final scale is the Desired Mothering Scale. This scale has also been modified by previous researchers into a 20-item version and analyzed with 165 respondents. The descriptive data are presented in Figure 4.

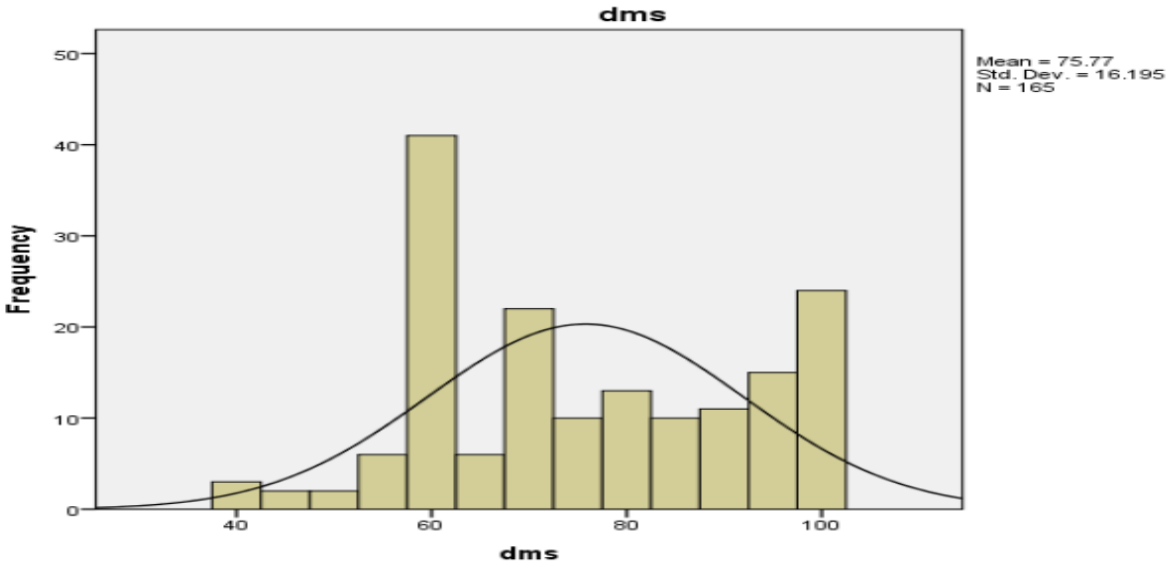


Figure 4. Descriptive data of the desired mothering scale

As displayed in Figure 4, the Desired Mothering Scale variable has a mean of 75.77, a median of 73, a mode of 60, a standard deviation value of 16.195, a variance value of 262.276, a range value of 60, a minimum value of 40, a maximum value of 100, and a sum of 12502. The maternal

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involvement variable is categorized into three categories: low, moderate, and high, based on the theoretical mean. The low, moderate, and high categories are calculated using the mean frequency. The Nurturant Mothering Scale score categories are presented in Table 20.

Table 20. Nurturant mothering scale score category

Score Categories	Scores	Numbers	Percentages
Low	X < 20.61	5	3%
Middle	20.61 < X ≤ 33.39	34	20.6%
High	X > 33.39	126	76.4%
Total		**165**	**100%**

As seen in Table 20, most respondents fall into the high category. The reported mother involvement score categories are presented in Table 21.

Table 21. Reported mother involvement scale score category

Score Categories	Scores	Numbers	Percentages
Low	X < 44.67	5	3%
Middle	44.67 < X ≤ 73.33	42	25.5%
High	X > 73.33	118	71.5%
Total		**165**	**100%**

Table 21 indicates that most respondents fall into the high category. The final score categorization is the desired mothering scale, which uses Finley's established categorization, as presented in Table 22.

Table 22. Desired mother involvement scale score category

Score Categories	Scores	Numbers	Percentages
Want mother to be less involved	1.0 – 2.9	-	-
Feel like mother is quite involved	3	165	100%
Want mother to be more involved	3.1 - 5	-	-
Total		**165**	**100%**

As shown in Table 22, the majority of respondents in the study consider the mother's involvement in the family to be appropriate. The normality test between the variables of self-compassion, Nurturant Mothering, Reported Mother Involvement, and Desired Mother Involvement used asymptotic normal theory. Based on asymptotic normal theory, if N is greater than 30, the sampling distribution of the mean can approach a normal distribution. This occurs because of the special case of the Central Limit Theorem (CLT), a result in advanced probability theory. According to CLT, accuracy improves as N increases. In this study, the sample comprises 165 respondents, which is more than 30; hence, the data can be assumed to be normally distributed. A linearity test was conducted to determine whether the relationship between the independent and dependent variables is linear. The results of the linearity test for self-compassion and maternal involvement are shown in Table 23.

Table 23. Linearity test

Variable	Sig	α	Interpretation
Self-Compassion – Nurturant Mothering Scale	0.041	0.05	Linear
Self-Compassion – Reported Mother Involvement Scale	0.022	0.05	Linear

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Self-Compassion – Desired Mother Involvement Scale	0.375	0.05	Non Linear

Table 23 shows that the self-compassion and Nurturant Mothering Scale variables have a p-value of 0.041. This indicates a linear relationship between self-compassion and the Nurturant Mothering Scale. The linearity of these two variables is presented in Figure 5.

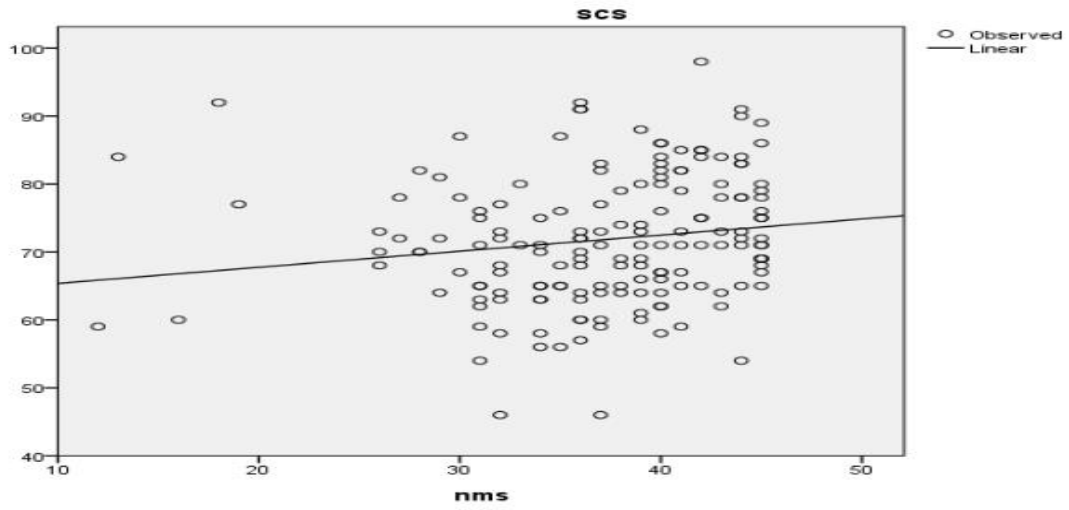


Figure 5. Scatter plot of self-compassion and NMS linearity

The relationship between self-compassion and reported mother involvement was also linear (p = 0.022), as presented in Figure 6.

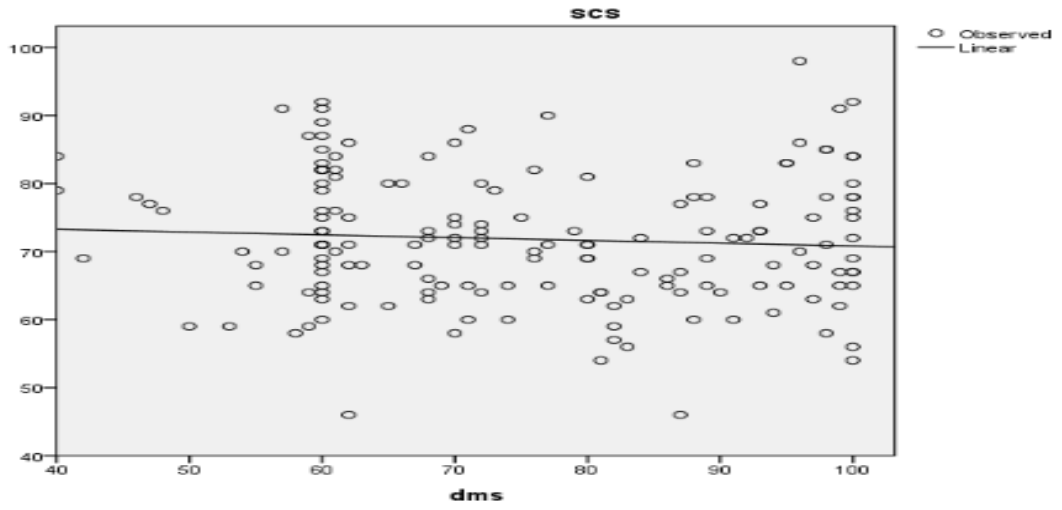


Figure 6. Scatter plot of self-compassion and RMIS linearity

The linearity between the self-compassion variable and the Desired Mothering Scale has a p-value of 0.375, indicating that the two variables do not have a linear relationship, as presented in Figure 7.

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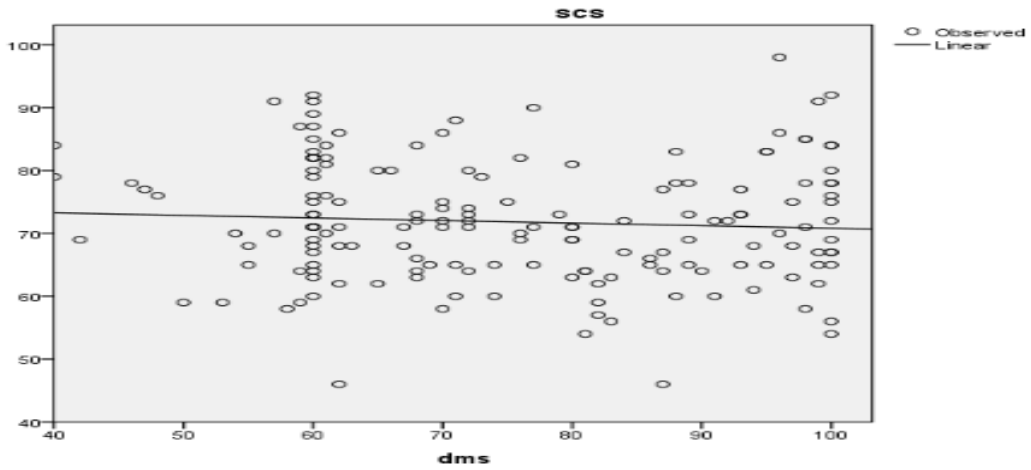


Figure 7. Scatter plot of self-compassion and DMIS linearity

Based on the results of the correlation coefficient analysis, the questionnaire data were processed in SPSS version 23.0. The results are presented in Table 24.

Table 24. Correlation data between variables

Variables	r	p	Interpretations
Self-Compassion - NMS	0.159	0.041	Significant Correlation
Self-Compassion – RMIS	0.179	0.022	Significant Correlation
Self-Compassion – DMIS	-0.069	0.375	Non-Significant Correlation

The correlation analysis points out a statistically significant, albeit weak, positive relationship between self-compassion and maternal involvement. The correlation coefficients (r = .159 and r = .179) indicate that higher self-compassion is associated with higher maternal involvement; however, the association is relatively weak. Therefore, the relationship should be interpreted cautiously and not as a strong substantive association.

The present study hypothesizes that self-compassion is associated with maternal involvement among parents of children with special needs. The results show two significant relationships between self-compassion and maternal involvement. First, self-compassion is significantly related to the Nurturant Mothering Scale (affective maternal involvement), with p = 0.041, which is below the predetermined α value of 0.05. Second, self-compassion is significantly related to the Reported Mother Involvement Scale (behavioral maternal involvement; p = 0.022).

4. Discussion

Findings reveal that the highest nurturant mothering scale (affective maternal involvement) is observed among respondents aged 31-40, female respondents, respondents with a middle child birth order, respondents who are not working, respondents in the "other" ethnicity category, and parents of children with intellectual disability. Based on the hypothesis test results, there is a relationship between maternal affective involvement and self-compassion. The findings indicate a positive relationship between self-compassion and maternal affective involvement. However, since this study used a correlational design, the relationship should be interpreted as an association rather than a causal effect. Self-compassion was positively associated with

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maternal involvement and family relational factors in this study. Children born to warm mothers and into warm families tend to develop high levels of self-compassion. Conversely, children raised in less warm family environments may develop lower self-compassion and tend to criticize themselves when faced with problems or difficulties.

Further results indicate a relationship between reported maternal involvement and self-compassion. In addition, the results indicate a statistically significant positive relationship between self-compassion and reported maternal involvement, although the association was weak (Bord et al., 2025; Cowling & Van Gordon, 2022; Karakasidou et al., 2025). Although statistically significant, the correlation coefficients indicate weak relationships. Therefore, the findings should be interpreted cautiously and not as evidence of a strong substantive association. In other words, higher affective and reported maternal involvement tends to be associated with greater self-compassion, although the association remains weak. Mothers play a crucial role in children's self-compassion development, as they tend to engage in affective behaviors such as providing care, attention, nurturing, and warmth, which can foster this development. This is consistent with findings that mothers tend to be more involved in affective behaviors than fathers (Moreira et al., 2014; Siwalette & Huwae, 2025).

The mother-child relationship is strongly associated with children's emotional well-being. The mother-child relationship is a crucial foundation for a child's sense of security and overall emotional well-being, regardless of gender. The final analysis indicates no significant relationship between desired maternal involvement and self-compassion. One possible explanation is that respondents generally perceived maternal involvement as adequate, which may have reduced differences between expected and experienced involvement. The majority of respondents in this study had high self-compassion. The research data above found that 88.5% of respondents had high self-compassion. Respondents with high self-compassion also had high maternal involvement. This is evidenced by the majority of respondents having high levels of maternal involvement across affective, reported, and desired forms.

The specific research contribution lies in extending previous research by examining the relationship between self-compassion and maternal involvement in families of children with special needs within elementary education settings. This study contributes to educational psychology by providing empirical evidence regarding parental emotional support and family relational factors associated with psychological well-being in this population.

This research demonstrates that parents of children with special needs require self-compassion skills. This is because these parents carry a heavier burden than other parents, making them more likely to experience stress, depression, and even refuse to care for their children. Research by Ni'matuzahroh & Farda (2024) on self-compassion among mothers of children with cognitive disabilities suggests that self-compassion can reduce stress levels among mothers. Furthermore, research on self-compassion in parents of autistic children reveals that parents with high self-compassion are much more resilient than those with low self-compassion. This is because parents with high self-compassion have higher hopes for the future.

Based on these findings, there is a significant relationship between self-compassion and reported affective maternal involvement. Meanwhile, there is no significant relationship between self-compassion and desired maternal involvement. This finding is supported by research indicating that the development of children's self-compassion is influenced by maternal and family involvement (Lathren et al., 2021; Rahayu & Purnamasari, 2022). These findings suggest that self-compassion and maternal involvement are positively related within families of children with special needs, although this relationship should not be interpreted as causal.

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5. Conclusion and implications

Data analysis reveals a significant relationship between self-compassion and maternal involvement in the affective domain (Nurturant Mothering Scale) and in the behavioral domain (Reported Mothering Scale). However, no significant relationship was found between self-compassion and desired maternal involvement, as measured by the Desired Mothering Scale. These findings indicate that mothers with higher levels of self-compassion tend to demonstrate greater emotional warmth and behavioral involvement in parenting their children with special needs. Self-compassion appears to support mothers in responding to parenting challenges with greater understanding, acceptance, and emotional regulation, which may, in turn, lead to more positive parenting behaviors. However, self-compassion was not significantly associated with mothers' expectations or desired level of involvement, suggesting that the ideal standard of maternal involvement may be influenced by other factors beyond self-compassion.

The research findings in this study highlight the importance of self-compassion as an internal psychological resource for mothers of children with special needs. Developing self-compassion may help mothers manage parenting-related stress, reduce self-judgment, and respond to difficult situations with greater emotional balance. This may support their psychological well-being while also enhancing the quality of their involvement with their children. In addition, mothers who practice self-compassion may be more likely to express warmth, care, and responsive behaviors toward their children. This may positively contribute to the parent–child relationship and foster a more supportive emotional environment for children with special needs. Therefore, interventions or parenting support programs aimed at strengthening self-compassion may be beneficial not only for mothers' well-being but also for improving maternal involvement in parenting.

6. Limitation

This study has several limitations that should be considered when interpreting the findings. First, the correlational design used in this study does not permit causal inferences about the relationship between maternal involvement and self-compassion. Second, the respondents were predominantly female, which may limit the generalizability of the findings and may not fully represent fathers' experiences in caring for children with special needs. Third, the use of purposive sampling limits broader generalization to other populations or regions beyond Langkat. Fourth, all data were collected via self-report questionnaires, which may be subject to social desirability bias and subjective interpretation. In addition, maternal involvement was measured based on respondents' perceptions and retrospective recall, which may introduce recall bias. Finally, this study did not control for several potentially essential variables that may influence self-compassion, such as the type and severity of the child's disability, parental education level, social support, and socioeconomic status. Future research is recommended to include these variables, achieve a more balanced representation of respondents, and use broader or longitudinal research designs to understand better the relationship between maternal involvement and self-compassion among parents of children with special needs.

Credit authorship contribution statement

First Author: Conceptualization, Formal analysis, Data curation, **Second Author**: Literature searcher, Data curation, **Third Author**: Methodology, Data curation, and **Last Author**: Funding acquisition, Supervision, Validation, Writing – review & editing.

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Declaration of competing interest
The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

Data Availability Statement
The data that support these research findings are available from the corresponding author upon reasonable request. Since the data include information from human participants, they are not publicly available in order to protect participant privacy and confidentiality.

Ethical Declaration
This study was conducted in accordance with ethical principles for research involving human participants. Before participating in the study, all respondents were informed of the research's purpose, the voluntary nature of participation, and their right to withdraw at any time without penalty. Informed consent was obtained from all participants prior to completing the questionnaire. The confidentiality and anonymity of participants were fully protected throughout the research process. No personally identifying information was collected, and all responses were treated confidentially and used solely for academic research. Data were stored securely and accessed only by the research team. This study was conducted in accordance with institutional research ethics guidelines. The researchers ensured that all procedures complied with ethical standards in data collection, participant protection, and responsible reporting of findings. The authors declare that this manuscript is original, has not been published previously, and is not under review by another journal. The manuscript adheres to publication ethics standards regarding originality, academic honesty, and the appropriate acknowledgment of all cited sources.

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Declaration of AI statement
Portions of this manuscript were edited and enhanced using ChatGPT (OpenAI) to improve grammar, language clarity, sentence structure, and academic writing quality. The AI tool was used solely for language refinement and support for manuscript editing. All AI-assisted outputs were carefully reviewed, revised, and validated by the authors. The authors take full responsibility for the content of this manuscript, including the accuracy, interpretation, and originality of the final submitted version.

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