

Psychological Well-Being Analysis of Children with Special Needs: A Case Study of Intellectual Disabilities, Autism, and Down Syndrome Based on Ryff's Model

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Abstract. This study aims to analyze the psychological well-being of three children with special needs intellectual disabilities, autism, and Down syndrome based on Ryff's six dimensions of psychological well-being: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. A qualitative case study approach was employed. Data were collected through observation, in-depth interviews, and documentation of subjects enrolled at the State Special Education School (SLB Negeri Pembina) in North Sumatra, Indonesia. The findings reveal that each subject experienced varying challenges across all dimensions of psychological well-being, yet also demonstrated developmental potential when supported by an inclusive family and school environment. These results underscore the critical importance of social support and inclusive education in enhancing the psychological well-being of children with special needs.

Keywords: Psychological Well-Being, Children with Special Needs, Ryff, Intellectual Disabilities, Autism, Down Syndrome

1. Introduction

Psychological well-being is a key indicator in assessing an individual's quality of life, including that of children with special needs. According to Carol Ryff, psychological well-being consists of six core dimensions: self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth [1]. In the context of children with special needs such as those with intellectual disabilities, autism, and Down syndrome the fulfillment of these aspects is influenced not only by internal individual factors but also by environmental support, including family and educational institutions [2].

Children with special needs often face significant barriers in the process of self-actualization and social integration, which in turn affects their psychological well-being [3]. Studies have shown that children with autism tend to experience difficulties in building interpersonal relationships and understanding both their own emotions and those of others [4], while children with intellectual disabilities face challenges in mastering their environment and achieving autonomy [5]. On the other hand, children with Down syndrome generally demonstrate positive affect and the ability to form relationships, although they still experience cognitive limitations [6].

These conditions highlight the need for a more holistic and contextual approach in understanding the psychological well-being of children with special needs [7]. This study aims

to analyze the dimensions of psychological well-being in three children with distinct types of special needs, in order to provide a deeper empirical understanding of the interaction between individual characteristics and environmental support.

2. Research Method

This study employed a qualitative approach using a case study method to gain an in-depth understanding of the psychological well-being experiences of three children with special needs: one with an intellectual disability, one with autism, and one with Down syndrome. This approach was chosen to obtain a contextualized and holistic understanding of the subjects' psychological conditions in a naturalistic setting [8].

The subjects were three students from the State Special Education School (SLB Negeri Pembina) in North Sumatra, aged between 13 and 15 years, each with a distinct type of special need namely, one child with an intellectual disability, one with autism, and one with Down syndrome. The subjects were selected purposively based on the diversity of their special needs, which was considered representative of the dynamics of psychological well-being. Data were collected through in-depth interviews with classroom assistants and parents, direct observation of the subjects' daily behavior in the school environment, and documentation such as learning outcomes and developmental records. The data were analyzed using the Miles and Huberman interactive model, which includes data reduction, data display, and conclusion drawing [9]. All data were categorized according to Ryff's six dimensions of psychological well-being in order to assess each subject's condition. Data validity was ensured through source triangulation (involving both parents and teachers), method triangulation (through observation and interviews), and member checking to confirm the accuracy of the information obtained [10].

3. Results and Discussion

3.1 Psychological Well-Being of the Subject with Intellectual Disability

In terms of self-acceptance, the subject with an intellectual disability demonstrates confidence within familiar environments, despite being aware of physical and cognitive limitations. For positive relations with others, the subject tends to be reserved and selective in social interactions, forming close relationships primarily with their homeroom teacher and family. In the autonomy dimension, the subject is able to complete simple tasks independently but still requires emotional guidance. Regarding environmental mastery, the subject feels comfortable in familiar settings but experiences anxiety when faced with new situations. In the purpose in life aspect, the subject displays simple life goals modeled after their father, yet lacks a comprehensive awareness of future aspirations. For personal growth, there is potential for development in self-awareness and independence, particularly with consistent guidance.

3.2 Psychological Well-Being of the Subject with Autism

For the subject with autism, the self-acceptance aspect is marked by limited ability to understand or express emotions, accompanied by a tendency to withdraw. Regarding positive relationships, interactions are limited to close family members and teachers, with difficulty forming attachments and expressing deep empathy. In terms of autonomy, the subject performs certain routines independently, but remains vulnerable to disruptions or changes. For environmental mastery, the subject displays comfort within structured settings but responds poorly to changes. In the purpose in life dimension, the subject is unable to articulate or

conceptualize life goals verbally, relying instead on habitual behaviors. Personal growth for this subject tends to be slow and repetitive, though relatively stable when supported by consistent routines.

3.3 Psychological Well-Being of the Subject with Down Syndrome

In the dimension of self-acceptance, the subject with Down syndrome appears expressive and accepting of themselves. Regarding positive relations with others, the subject easily interacts with those around them and is generally warm and pleasant in communication. In the autonomy dimension, the subject is able to perform daily tasks with minimal assistance and shows a willingness to learn. For environmental mastery, the subject adapts well to social environments and is fairly capable of following classroom routines. In terms of purpose in life, the subject begins to understand simple aspirations, such as wanting to become a teacher, although this is largely based on imitation. Regarding personal growth, the subject shows increasing motivation and responds positively to praise or reinforcement.

A summary of the research findings is presented in the following table, outlining the psychological well-being of the three subjects—children with intellectual disabilities, autism, and Down syndrome based on Ryff’s six dimensions. Please refer to the table above for a structured presentation.

Table 1. Summary Research Psychological Well-Being

Aspect of Psychological Well-Being	Subject A (Intellectual Disability)	Subject B (Autism)	Subject C (Down Syndrome)
Self-Acceptance	Confident in familiar environments; aware of limitations	Difficulty understanding/expressing emotions; withdrawn	Expressive and self-accepting
Positive Relations with Others	Reserved, selective; close to homeroom teacher and family	Limited relationships; struggles with empathy	Easily interacts; warm and pleasant
Autonomy	Independent in simple tasks; needs emotional support	Performs routines independently; inflexible to change	Carries out daily activities with minimal help; eager to learn
Environmental Mastery	Comfortable in familiar settings; anxious in new situations	Comfortable with fixed structure; limited response to change	Adaptive and follows social routines
Purpose in Life	Models father figure; lacks future awareness	Unable to verbally express life goals	Begins to understand simple aspirations
Personal Growth	Potential to develop with guidance	Slow development; stable with consistent routines	Motivated to grow; enjoys praise

According to Ryff’s model[1], psychological well-being comprises six core dimensions: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others. This concept emphasizes meaningful engagement in life and the

actualization of personal potential. In children with special needs including those with intellectual disabilities, autism, and Down syndrome each of these dimensions is shaped by their unique developmental challenges.

3.4 Well-Being Challenges among Children with Special Needs Children with Intellectual Disabilities:

Cognitive limitations in children with intellectual disabilities often hinder environmental mastery and autonomy. For example, the ability to follow school routines and make independent decisions may be significantly restricted. Globally, it is estimated that 2–3% of children are affected by intellectual disabilities, with the majority residing in developing countries. Approximately 40% of these children are also diagnosed with co-occurring mental health disorders. This high rate of comorbidity reflects an added psychosocial burden: children with intellectual disabilities are more vulnerable to stress and tend to have lower emotional well-being in the absence of adequate support [11].

3.5 Children with Autism

Difficulties in communication and social interaction among children with autism negatively impact the dimension of positive relations [12]. International data indicate that autistic children consistently report significantly lower overall quality of life scores compared to their neurotypical peers. Severe autism and comorbid conditions such as ADHD further predict poorer quality of life. In this study, the autistic subject reported feelings of isolation and difficulty adapting to the school environment. These findings are in line with global research showing that children with autism are at a higher risk of mental health issues estimated to be twice as likely to experience psychiatric disorders than the general population [13].

3.6 Children with Down Syndrome:

Children with Down syndrome experience moderate intellectual impairments and physical health challenges that affect their environmental mastery. However, research shows that their emotional quality of life is often rated relatively high by parents. Fucà et al., [14] reported that children with Down syndrome aged 5–12 years generally have a high emotional quality of life, even though low adaptive functioning or challenging behaviors may negatively affect parental perceptions. Findings from this study suggest that children with Down syndrome tend to be cheerful and resilient (with strong self-acceptance), yet they also express concerns about physical and learning limitations findings that are consistent with prior research linking cognitive and behavioral factors to variations in quality of life [5]. However, they expressed concerns about their physical and learning limitations, which aligns with research linking cognitive and behavioral factors to variations in quality of life [14].

Overall, the three children with special needs in this study exhibited lower quality in certain dimensions of psychological well-being such as impaired autonomy and environmental mastery, as well as difficulties in forming social relationships [15]. These findings are consistent with global literature emphasizing that socioeconomic barriers and lack of adequate support significantly impact the well-being of children with special needs.

3.7 Environmental and Family Support

A supportive environment plays a vital role in enhancing the well-being of children with special needs. Positive relationships between families, teachers, and peers can improve dimensions such as self-acceptance and social connectedness. Several studies [16] have shown

that high-quality parent-teacher relationships and inclusive accommodations in schools significantly promote well-being and social inclusion among children with special needs. Similarly, Bjornson et al., [16] found that satisfaction with the school environment was a strong predictor of quality of life for children with severe disabilities. This suggests that an inclusive and responsive school system strengthens children's sense of environmental mastery and creates opportunities for personal growth.

Concrete support from families is also essential. Gunarhadi [17] reported that many families of children with special needs feel underserved by specialized services fewer than 50% of respondents were satisfied with disability-specific support. Interestingly, items such as access to medical services received high satisfaction scores ($\geq 70\%$), indicating a disparity in support types. The lack of access to therapy, continued education, or inclusive facilities directly affects the quality of children's autonomy and environmental mastery [18]. Our interview findings echo this concern: all three subjects expressed greater psychological well-being when appropriate facilities and school adaptations were available, and when they were accompanied closely by teachers and family members.

In other words, family and community support including peers, inclusive schools, and government policies facilitates the development of positive relationships and purpose in life among children with special needs, as highlighted in Ryff's theory and supported by previous studies.

3.8 Opportunities for Development

Opportunities to enhance the psychological well-being of children with special needs lie in integrated interventions and inclusive global policies. For instance, psychosocial and special education interventions such as speech therapy, socio-emotional skills training, and behavioral therapy have been proven to improve communication and social interaction in children with autism, positively influencing the dimensions of positive relations and self-acceptance [19]. Although more specific research is needed, the World Health Organization emphasizes that improving community accessibility and inclusive mentorship leads to better well-being outcomes for individuals with autism.

In the field of education, inclusive movements (including UNESCO's SDG 4) present significant opportunities: mainstream education with specialized adaptations offers both learning stimulation and social integration. For example, surveys of parents with children who have Down syndrome reveal high expectations for mainstream schooling; many view inclusive education as the primary pathway for their children's academic and social development [14].

Globally, the advocacy of disability rights such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and advancements in assistive technologies (e.g., alternative communication devices, interactive therapy apps, and inclusive e-learning platforms) provide tools to strengthen all six dimensions of psychological well-being for children with special needs. These holistic efforts aim to build children's resilience their ability to sustain and restore well-being in the face of challenges. Educating society to embrace differences, ensuring access to mental health services for children with disabilities, and training educators in special needs pedagogy can open new avenues from enhancing environmental mastery and autonomy to fostering a sense of life purpose and broader positive relationships [20].

3.9 Integration of Qualitative Findings and Literature

Our research findings are consistent with the broader literature. For example, the autistic subject in our study frequently experienced stress and anxiety during social interactions reflecting low scores in the positive relations dimension consistent with existing evidence that children with autism carry a high mental health burden. The subject with intellectual disabilities showed a strong reliance on home structure, indicating low autonomy, which aligns with global findings on the high prevalence of mental disorders in this population [21]. All three subjects reported improved psychological well-being when teachers and family members demonstrated acceptance, supporting both the self-acceptance and positive relations dimensions. These findings are in line with studies by Guillemot and Bjornson, which emphasize the crucial role of school and parental support in the quality of life of children with special needs [13].

Overall, the analysis based on Ryff's theory reveals that the primary challenges faced by children with special needs involve achieving autonomy, social integration, and environmental mastery. Environmental support through families, inclusive schools, and public policy plays a critical role in compensating for these limitations [16]. Opportunities to enhance well-being can be pursued through social-skills interventions, inclusive education, and the cultivation of inclusive attitudes within society. By integrating empirical qualitative findings with international literature, this discussion highlights that increasing access to support and reducing stigma are essential to optimizing the six dimensions of psychological well-being for children with intellectual disabilities, autism, and Down syndrome globally.

4. Conclusion

This study highlights the complexity of psychological well-being among children with special needs specifically those with intellectual disabilities, autism, and Down syndrome through the lens of Ryff's six-dimensional model. The findings reveal that these children face distinct challenges across key dimensions, particularly in autonomy, environmental mastery, and social relationships. These limitations are not solely rooted in individual characteristics, but are also shaped by the availability and quality of environmental support, including family engagement, inclusive education, and social policy.

While each group exhibits unique developmental barriers, the study also uncovers significant potential for growth, especially when supported by structured interventions and responsive ecosystems. The positive impact of family acceptance, adaptive schooling, and consistent therapeutic support affirms the critical role of holistic, community-based approaches.

Integrating qualitative insights with international literature underscores a global imperative: improving access to inclusive systems and dismantling societal stigma are essential steps toward optimizing psychological well-being in children with special needs. Future efforts should prioritize interdisciplinary collaboration between educators, health professionals, and policymakers to ensure that every child, regardless of their condition, can experience a meaningful, autonomous, and emotionally fulfilling life.

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