

Parenting of Children with Learning Disabilities and their Siblings

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The study investigated the stress perceived by the parents in the parenting of a child with learning disabilities (LD) and the siblings without LD. Ways of coping questionnaire, perceived stressful life events scale and parental acceptance-rejection questionnaire were used. Analysis revealed that the fathers perceived more positive stress while the mothers perceived more negative stress. The fathers reported a greater use of confrontive coping and painful problem solving as their coping styles while mothers were found to be using more of self controlling, seeking social support and escape-avoidance coping strategies. Also, it was found that children with LD as compared to their siblings without LD perceived more warmth-affection in their mothers' attitude towards them. Co relational analysis revealed interesting relationships between perceived stress and coping strategies used by the parents; and of stress perceived and coping strategies used by mothers with perception of maternal attitude by their children. Also, a semi-structured interview with the parents gave valuable insight into the difficulties of parenting a child with LD.

Keywords: Coping styles; Learning Disabilities; Maternal attitude; Parenting; Perceived stress; Siblings

The presence of a child with a 'hidden handicap' such as learning disabilities (LD) in a family, poses special demands and may impact the family in a more complex and complicated way putting the parents at increased risk for emotional, physical and/or social stress (Margalit, Raviv & Ankonina, 1992) and frustration as they have to assist their children with completing homework, making decisions etc. (Donawa, 1995). The Diagnostic and Statistical Manual of Mental Disorders-IV (Revised) (American Psychological Association, 2000) states that LD is diagnosed when an individual's achievement on individually administered, standardized tests in reading, mathematics or written expression is substantially below than that expected for his/her age, schooling, and level of intelligence. Out of all the subtypes of LD such as dyslexia (reading disorder), dyscalculia (math disorder),

dysgraphia (disorder of written expression) etc., dyslexia is the most common sub-type (Mayo Clinic, 2009).

The presence of a child with disability has been cited as a source of anxiety and over protection in families (Vinayak, 2004). Reddon, McDonald and Kysela (1992) found mothers to be experiencing significantly more difficulties in their own functioning within the parenting role than did fathers. Parents of children with LD make efforts to deal with the situation and use various coping strategies to manage their stress. Researchers have found gender differences in coping, with mothers using more of avoidant coping (Margalit, Raviv, & Ankonina, 1992) and seeking social support (Shulman, Ford, Levian, & Hed, 1995) while fathers engage more in problem solving coping strategies (Vinayak, 2008). On the other hand, Gentry, Chung, Aung and others (2007) found women

to be using more of adaptive coping strategies, whereas men took resort to maladaptive and avoidant coping strategies.

Having a child with LD in the family affects the siblings as well. The parental expectations from the siblings of children with LD, may invoke some positive reactions like learning to be patient and empathetic, or may lead to negative reactions like anger, over perceived or actual differential parental treatment, embarrassment due to sibling's maladaptive behaviour, high parental demands for achievement, and guilt over harboring resentment or negative thoughts about the sibling (Lobato, 1990). Even if parents make every effort to treat their children equally, differences in their competencies lead to differential treatment of individual children (Crnic & Lyons, 1993). Presence of differential parental treatment either favouring the disabled child (e.g., Waggoner & Wilgosh, 1990) or the non-disabled sibling (e.g., Findler & Vardi, 2009) has been found in most families having a child with disabilities.

Research on LD in India has significantly lagged behind, as compared to researches in the West (Karnath, 2001). Also, not many studies have been done on children with LD within their family context, especially in the Indian context. Though some studies have explored the role of parents in child care (Marshall, 2004), the psychosocial impact on the parents of children with disabilities is still an under explored area in India (Gupta & Singhal, 2005; Vinayak, 2008).

A need was felt to investigate stress and coping in parents, in the families having a child with learning disability and a sibling without learning disability and parental acceptance-rejection as perceived by their children. Keeping this in view, a study was designed, wherein, the following hypotheses were proposed:

- It was expected that mothers as compared to fathers would report higher

negative stress.

- It was expected that fathers as compared to mothers would report higher positive stress.

- It was expected that mothers and fathers would differ on the coping strategies used.

- It was expected that children with LD and their non-LD siblings would differ on the perception of maternal attitude towards them.

- It was expected that positive and negative perceived stress would be differentially related with different coping strategies, and it would be different for mothers and fathers.

Method

Sample:

Initial sample comprised of 70 families, meeting the inclusion criteria of having a child with LD and another child without LD. Out of these, only 30 families agreed to participate in the research. The final sample comprised of 120 participants from 30 families each comprising of a child with LD, his/her close aged sibling without LD and their parents. The gap in age of the siblings was in the range of 1-4 years. All the children with LD were attending full-time special educational schools in Chennai and were diagnosed as having moderate level of dyslexia. None of the siblings had any identifiable disabilities, and all were attending regular classes. The children with LD consisted of 17 males and 13 females, aged 9-14 years. Among the sibling participants without LD, there were 19 males and 11 females, aged 8-14 years. The families who participated in the study were single earning, nuclear families, where mothers were the primary caregivers. The families were from the middle socio-economic strata, living in Chennai. The average time period since the diagnosis was 4 years. The average time since the children had been attending the special school was 3 years.

Tools:

The Parental Acceptance Rejection Questionnaire (Prakash & Bhargava, 1980): This is a 60-item scale, evaluating the attitude of the mother towards the child, as perceived by the child himself/herself. The child is asked to respond to every item on a 4-point Likert scale. The scale provides scores on four sub-scales viz. warmth–affection, aggression–hostility, neglect–indifference and rejection, and also a total score. The scale has a reliability of 0.81 (with a range of 0.72–0.90 for the sub-scales) and has validity of 0.69, ranging from 0.55–0.83 for the sub-scales.

The Ways of Coping questionnaire (Folkman & Lazarus, 1988): The scale has 66 statements to which the individual has to respond on a 4-point Likert scale. The scale provides scores on 8 types of coping strategies viz. confrontive coping, distancing, self controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving and positive reappraisal. The reported reliability is 0.70, with a range of 0.61–0.79 for the sub-scales and high construct validity.

The Presumptive Stressful Life Events scale (Singh, Kaur & Kaur, 1991): This is a 51-item scale used to assess the level of stress experienced by an individual. Weightage to each response was given, ranging from -3 to +3, depending on the degree of stress. This was based on work by Vinayak (1999). Presumptive stress was measured on 8 dimensions viz. positive stress-last year, positive stress-anytime, total positive stress, negative stress-last year, negative stress-anytime, total negative stress, total stress-last year and total stress-anytime. A high content validity has been reported for this scale.

In addition, a semi structured interview schedule was also administered to the parents to gain an insight into the different

aspects of living and parenting a child with LD.

Procedure:

The participant families were recruited for the research study with the help of some special schools in Chennai. Letters inviting parents to take part in the study were distributed to seventy families which matched the inclusion criteria. The parents who filled the initial consent form were contacted so as to arrange for the home visits. The parents were interviewed which helped in rapport building and gaining information on different aspects of parenting a child with LD. The presumptive stressful life events scale and ways of coping questionnaire were filled by the parents while the parental acceptance – rejection questionnaire was filled by the children with LD and their siblings without LD. All the participants were administered the scales individually.

Results

Means, SD and t-ratios (Table 1) revealed that the children with LD as compared to their siblings without LD perceived more warmth-affection in their mothers' attitude towards them ($t=2.74$, $p<0.01$). As for perceived stress, fathers were found to be scoring higher on positive stress-last year ($t=4.13$, $p<0.01$) and total positive stress ($t=2.91$, $p<0.01$) where as mothers scored higher on negative stress any time ($t=4.46$, $p<0.01$) and total negative stress ($t=3.91$, $p<0.01$). The analysis also revealed that fathers scored higher on confrontive coping ($t=7.46$, $p<0.01$) and planful problem solving ($t=4.86$, $p<0.01$), while mothers scored higher on seeking social support ($t=4.9$, $p<0.01$), escape-avoidance ($t=3.51$, $p<0.01$) and self controlling ($t=4.91$, $p<0.01$).

Correlational analysis of Presumptive stressful life events and Ways of coping (Table 2) divulged some significant correlations, like a negative correlation was found between

Table 1. Means, SD and t-ratios for Parental Acceptance – Rejection, Presumptive Stressful Life Events & Ways of Coping

Variables	Mean (SD)	Mean (SD)	t-value
Parental Acceptance-Rejection Questionnaire			
	LD Child	Non-LD Sibling	
Warmth-Affection	30.6	34.43	2.74**
	-5.062	-5.746	
Aggression-Hostility	25.27	28.2	1.75
	-5.801	-7.117	
Neglect-Indifference	24.87	24	0.62
	-5.277	-5.509	
Rejection	23.23	23.5	0.34
	-3.202	-2.957	
Total	103.97	110.13	1.29
	-17.347	-19.497	
Presumptive Stressful Life Events			
	Fathers	Mothers	
Total Stress	8.23	8.43	0.25
Last Year	-3.002	-3.137	
Total Stress	23.2	24.07	0.81
Any Time	-3.809	-4.464	
Positive Stress	9.93	5.23	4.13**
Last Year	-5.349	-3.191	
Positive Stress Any Time	14.07	13.87	0.24
	-3.676	-2.738	
Total Positive Stress	24	19.1	2.91**
	-8.229	-4.147	
Negative Stress	7.73	8.87	1.08
Last Year	-3.741	-4.4	
Negative Stress Any Time	20.13	25.97	4.46**
	-5.164	-4.958	
Total Negative Stress	27.87	34.83	3.91**
	-7.128	-6.665	
Ways of Coping			
	Fathers	Mothers	
Confrontive Coping	12.1	7.7	7.46**
	-1.989	-2.548	
Distancing	5.63	6.13	0.49
	-4.181	-3.598	
Self Controlling	10.5	14.1	4.91**
	-2.688	-2.987	
Seeking Social Support	8.7	11.9	4.90**
	-1.784	-3.1	
Accepting Responsibility	6	6.23	0.46
	-2.051	-1.906	
Escape-Avoidance	7.67	10.03	3.51**
	-2.279	-2.906	
Planful Problem Solving	11.87	9.67	4.86**
	-1.613	-1.882	
Positive Reappraisal	13.27	12.47	0.73
	-3.787	-4.644	
Total	75.73	78.23	1.27
	-7.629	-7.629	

* $p \leq 0.05$ ** $p \leq 0.01$

confrontive coping with both positive stress and total stress. Also, it was noted that mothers' scores on negative stress and seeking social support had a positive correlation with perceived aggression-hostility in the mothers' behaviour by their children without LD while painful problem solving by mothers was negatively correlated to perceived rejection in the mothers' behaviour by their children with LD (Table 3).

Discussion

The aim of the present study was to examine gender differences in stress and the coping strategies used by the parents having a child with LD and another child without any disability, and also to compare the children having LD and their siblings without LD on their perception of maternal attitude.

Results revealed significant differences between fathers and mothers on stress. Whereas fathers reported higher positive stress—last year and total positive stress, mothers reported more of negative stress—any time and total negative stress. This finding supports the hypothesis which expected mothers to perceive more negative stress and fathers to perceive more positive stress.

These results are supported by the findings of Barbee, Cunningham, Winstead & others (1993). This difference can be attributed to the difference in perception of stressors by men and women (Roxburgh, 1996; Misra & others, 2000). McDonough & Walters (2001) explained this difference in perception of stress with the help of two hypotheses viz. the 'differential vulnerability' hypothesis which posits that when faced with identical stressors, women tend to perceive them as more stressful than men; and the 'differential exposure' hypothesis which proposes that women are exposed to higher levels of stressors than are men and therefore, they experience more stress.

In the families that comprised the sample for the present study, mothers were the

Table 2. Inter-correlation for Perceived Stressful Life Events and Ways of Coping for parents

	PSLE (Fathers)		WOC (Fathers)						
	CC	D	SC	SSS	AR	E-A	PPS	PR	Total
TSLY	-0.310	-0.062	-0.032	-0.089	0.224	-0.114	-0.008	-0.354	-0.298
TSAT	-.381(*)	-0.101	-0.074	-0.128	0.225	-0.135	0.004	-0.231	-0.304
PSLY	-.430(*)	-0.108	-0.077	0.034	-0.138	-0.033	-0.093	-.380(*)	-.446(*)
PSAT	-.444(*)	-0.182	-0.143	-0.197	0.078	-0.104	-0.155	-0.308	-.508(**)
TPS	-.478(**)	-0.151	-0.114	-0.066	-0.055	-0.068	-0.130	-.385(*)	-.517(**)
NSLY	0.055	-0.150	0.151	-0.085	.494(**)	-0.031	0.000	-0.117	0.031
NSAT	-0.072	0.130	0.072	0.244	0.137	-0.066	0.151	-0.032	0.168
TNS	-0.023	0.016	0.131	0.132	0.359	-0.064	0.109	-0.084	0.138
	PSLE (Mothers)		WOC (Mothers)						
TSLY	-.445(*)	0.080	0.168	-0.297	0.265	0.157	0.189	-0.062	-0.030
TSAT	-.368(*)	-0.282	0.074	0.005	0.168	0.335	.434(*)	-0.027	0.036
PSLY	-.462(*)	-0.159	.403(*)	-0.109	.433(*)	-0.001	0.123	0.106	0.086
PSAT	0.197	-0.208	-.441(*)	0.051	0.171	0.014	0.225	-.388(*)	-0.315
TPS	-0.225	-0.260	0.019	-0.050	.446(*)	0.008	0.243	-0.174	-0.142
NSLY	-0.222	-0.021	-0.002	-0.287	0.283	0.294	.373(*)	-0.046	0.046
NSAT	-0.099	-0.150	.408(*)	0.143	0.161	0.335	0.036	0.037	0.311
TNS	-0.220	-0.126	0.302	-0.083	0.307	.444(*)	0.273	-0.003	0.262
	PSLE (Over all)		WOC (Over all)						
TSLY	-.298(*)	0.008	0.081	-0.164	0.245	0.051	0.067	-0.192	-0.153
TSAT	-.339(**)	-0.181	0.066	0.026	0.199	0.176	0.155	-0.119	-0.100
PSLY	0.074	-0.139	-0.178	-.283(*)	0.028	-0.214	0.253	-0.098	-.285(*)
PSAT	-0.068	-0.193	-0.246	-0.061	0.113	-0.054	0.035	-.331(**)	-.420(**)
TPS	0.021	-0.190	-0.242	-0.232	0.072	-0.179	0.198	-0.224	-.400(**)
NSLY	-0.177	-0.074	0.129	-0.105	.385(**)	0.206	0.105	-0.087	0.061
NSAT	-.407(**)	0.036	.451(**)	.400(**)	0.158	.332(**)	-0.207	-0.044	.286(*)
TNS	-.402(**)	-0.012	.410(**)	0.247	.324(*)	.360(**)	-0.101	-0.079	0.249

* p ≤ 0.05 ** p ≤ 0.01

Table 3. Inter correlations for Presumptive Stressful Life Events and Ways of Coping (in mothers) with Parental Acceptance – Rejection (in children with LD & their non-LD siblings)

Variables	PARQ (LD)					PARQ (NLD)				
	Warmth-Affection	Aggression-Hostility	Neglect-Indifference	Rejection	Total	Warmth-Affection	Aggression-Hostility	Neglect-Indifference	Rejection	Total
PSLE (Mothers)										
Total Stress Last Year	-0.002	-0.052	0.031	-0.062	-0.02	0.272	0.297	0.21	0.106	0.264
Total Stress Any Time	-0.057	-0.223	-0.054	0.148	-0.08	0.174	0.147	0.059	0.076	0.133
Positive Stress Last Year	-0.073	-0.227	-0.105	-0.043	-0.137	0.041	0.128	-0.053	-0.097	0.029
Positive Stress Any Time	0.051	0.146	-0.059	-0.118	0.024	-0.016	0.01	0.059	0.013	0.018
Total Positive Stress	-0.023	-0.079	-0.119	-0.111	-0.09	0.021	0.106	-0.002	-0.066	0.034
Negative Stress Last Year	-0.117	0.019	-0.091	-0.196	-0.092	0.334	0.302	0.273	0.082	0.298
Negative Stress Any Time	-0.149	-0.137	0.002	0.137	-0.123	0.147	0.304	0.032	0.034	0.168
Total Negative Stress	-0.188	-0.224	-0.059	-0.027	-0.152	0.33	0.425(*)	0.204	0.08	0.322
WOC (Mothers)										
Confrontive Coping	-0.21	-0.09	-0.124	-0.126	-0.152	-0.262	-0.314	-0.324	-0.245	-0.321
Distancing	-0.035	0.031	-0.09	-0.108	-0.047	0.099	-0.083	-0.19	-0.143	-0.076
Self Controlling	-0.05	-0.294	-0.004	0.073	-0.1	-0.023	-0.014	-0.052	-0.158	-0.051
Seeking Social Support	0.294	0.117	0.311	0.329	0.28	0.221	.362(*)	0.323	0.303	0.335
Accepting Responsibility	-0.158	-0.177	-0.213	-0.066	-0.182	-0.054	0.019	0.079	-0.034	0.008
Escape-Avoidance	-0.081	-0.033	-0.038	0.021	-0.042	0.299	0.218	0.088	0.102	0.208
Planful Problem Solving	-.413(*)	-0.244	-.421(*)	-.364(*)	-.398(*)	-0.056	-0.27	-0.223	-0.118	-0.196
Positive Reappraisal	-0.081	-0.262	-0.21	-0.04	-0.183	-0.065	-0.18	-0.183	-0.331	-0.187
Total (Coping)	-0.207	-0.358	-0.256	-0.053	-0.268	0.087	-0.091	-0.199	-0.286	-0.107

* p ≤ 0.05 ** p ≤ 0.01

primary caregivers and hence spent maximum time with the children and thus experienced more care giving difficulties (Roach, Orsmond & Barrett, 1999). Helping the children, especially the child with LD, with their academics; trying to strike a balance in giving time and attention to both the children etc. can be some of the stressors to which the mothers were more exposed and which led to their reporting higher negative stress as compared to their male counterparts.

The coping strategies used by parents were also examined in the present study. It was found that whereas fathers used significantly more of confrontive coping and planful problem solving, mothers scored significantly higher on self controlling, seeking social support and escape-avoidance coping strategies. These findings support the hypothesis, and are consistent with the results of other studies which found women to be more inclined towards emotion-focused coping and seeking emotional support in comparison with men, who instead favour problem-focused coping strategies (Vingerhoets & Vanheck, 1990; Ptacek, Smith & Dodge, 1994; Sullivan, 2002; Vinayak, 2008).

The gender difference in coping can be elucidated by the 'socialization' hypothesis (Ptacek, Smith & Zanas, 1992) which explained gender differences in coping as a result of the differential socialization of men and women. Because of gender role expectations, men learn to deal with stressors in an active and instrumental way, whereas girls are encouraged to express their emotions and to seek social support (Hoffner, 1995).

The 'structural' hypothesis, in contrast, holds that gender differences in coping can be attributed to differences in the type of stressful situations that men and women typically encounter (Vingerhoets & Scheirs, 2000). In this study also, mothers and fathers were experiencing different kinds of stressors

as fathers were employed while mothers were housewives and were the primary caregivers for the children.

The other research question to which an answer was sought in the present research was the difference in the perception of maternal attitude by children with LD and their siblings without LD. It was found that the children with LD as compared to their non-LD siblings perceived significantly more warmth-affection in their mothers' attitude towards them.

Researchers have noted that siblings of children with LD may feel ignored by their parents (Waggoner & Wilgosh, 1990), receive less parental attention and have to do more chores and responsibilities etc. (Wolf, Fisman, Ellison & Freeman, 1998). Also, the high expectations of the parents from the children without LD may raise negative reactions in the child such as anger for perceived or actual differential parental treatment (Lobato, 1990).

In the correlational analysis of scores of mothers on stress and coping and scores of their children (without LD) on perceived maternal attitude, it was found that both total negative stress and seeking social support had a positive correlation with aggression-hostility. This indicates that the more negative stress the mother faces, more aggression-hostility is perceived by the child without LD in the maternal attitude. Also, while seeking social support, mothers may compare their children with other children which may also result in perception of more aggression-hostility in the mother's attitude. Correlation of scores of mothers on coping and scores of their children (with LD) on perceived maternal attitude showed that painful problem solving by mothers was negatively correlated to neglect-indifference and rejection. This means that more the mothers use painful problem solving as a coping strategy, lesser is the neglect-indifference and rejection perceived by the children in their mothers'

attitude and more is the warmth-affection perceived by them.

The semi-structured interview schedule gave valuable insight into various aspects involved in parenting a child with LD as compared to their siblings without LD. When asked about the problems in parenting a child with LD, more mothers as compared to fathers, reported academic assistance and handling the child's temper tantrums as the major problems. In most of the questions related to the behavioural problems of a child with LD, more number of mothers, as compared to fathers, reported the child with LD to be showing defiance, impulsiveness, hyperactivity, inattention and aggressiveness. A similar pattern was seen in the responses of the parents on most of the questions related to the child with LD's social competence, relationship with others and the effect of the diagnosis on the child with LD and his parents.

On the whole, it can be said that the findings of the present investigation are in tune with the cultural scenario of the Indian society, in regard to parenting. The parents in this study were involved in gender-typical roles, with fathers acting as bread-winners and mothers working as housewives and taking care of the family. The findings showing gender differences in stress and coping in parents of children with LD were also in accordance with the socialization related stereotypes, where in, women are considered emotional and dependent while males are portrayed as rational problem solvers and women as (Prakash, 2003). The difference in the perception of children with LD and their siblings on their mother's attitude towards them reflects differential parenting.

All these findings are of immense importance to the professionals working with families of children with LD. The results of the study indicate that not only the children but also the parents and siblings of children with LD need help to cope effectively with the

presence of a child with LD in the family. A need is felt to make supportive intervention programs for the families having children with LD. Parents need to be given guidance in terms of understanding the meaning of the diagnosis, looking out for remedial intervention for their child with LD as well as to balance the parenting of two children, with one having LD. Also, counselling sessions have to be arranged for the parents and siblings of children with LD so that they may accept the diagnosis without any stigma and cope effectively with the stress being experienced by them.

The need of guidance and counselling varies with the degree of severity of LD (dyslexia, in this case) and the presence of co-morbid ADHD. In such situations, the parents have to deal with learning difficulties as well as behavior problems. Further, the study suggests that the intervention programs should give due attention to the fathers of children with LD.

The present study being a pilot study had some limitations. The sample taken for the study included non-working mothers who were the primary caregivers for their LD children, and hence the results may vary if the same study is carried on working mothers. As an exploratory study, the present results are based on a small sample which is another limitation. Also further analysis on the basis of siblings' pair's gender could not be done because of the small sample size and associated sibling – gender composition.

To conclude, it can be said that the research done in the home settings can provide complimentary information and allows gaining better and expansive understanding of psychological variables related to children with LD and their families.

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