
STRESS AND COPING AMONG PARENTS OF CHILDREN WITH LEARNING DISABILITIES

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Abstract

The present study was taken up to know the stress and coping methods of parents of children with Learning Disabilities. Ex-post facto research design was adopted for the study. 60 parents of LD children (30 LD children with associative disorder + 30 children with specific LD) were selected by purposive random sampling from twin cities (Hyderabad and Secenderabad) of A.P. Results revealed that majority of parents experienced greater financial burdens, reduced social and recreational participation and mental worries about child's future. They also experienced moderate level of physical care burdens, strained relationships with family members and teachers, reduced family support and self-esteem due to presence of LD children. Majority of the parents adopted medium followed by high-level approach and avoidance coping strategies to cope with stress. Positive reappraisal, logical analysis, emotional discharge, and resigned acceptance were frequently used strategies.

Introduction

Children with learning disabilities constitute a major part of the disabled population. These children may have an intellectual handicap that is hidden. It is a diverse, heterogeneous disorder that can affect different aspects of an individual's life like academic

success, motor perceptual functioning, social adaptation and so on. These problems are further compounded with associative disorders like attention deficit and hyperactivity (Bruck, 1986). The socio-ecological systems theory revealed that a child's specific characteristics affect the family

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interactions and create stress and specific needs to the immediate environment i.e. parents. This area of research has received less attention in India. So an attempt was made to know the stress and coping methods of parents of children with LD with the following objectives.

Objectives

- To study the areas of stress in the parents of LD children
- To study the coping methods adopted by the parents
- To study the differences if any between the parents of children with specific learning disabilities and learning disabled children with associative disorders in their stress and coping methods.

Methodology

Ex-post facto research design was used for the study. The sample consisted of 60 parents of LD children (30 parents of LD children with associative disorders and 30 parents of children with specific learning disabilities) from twin cities of Hyderabad and Secunderabad.

Criteria for the sample

- The child should be identified by a registered and well-recognized institution
- Parents experiencing stressful

life since one year caused by attending to a child with LD

- The parent must be the primary caretaker of their LD child

Tools

- NIMH Disability Impact Scale by Reta Peshwaria (2000). Required changes were made as it was used for LD children.
- Self-esteem Scale by Rogenberg (1967)
- Coping Response Inventory (Moos, 1993)

The collected data was analyzed and interpreted by using frequencies, percentages, and Z test.

Results and Discussion

Parental Stress

Presence of an LD child caused more psychological followed by physical stress to their parents. 75% of the parents reported little attendance at social and recreational gatherings, being ridiculed within the family and community and experiencing strained relationships with school personnel for having an LD child. This might be because parents spent greater amount of time and energy attending to their child's academic work (Dyson L.L. 1996). In spite of their hard work the child

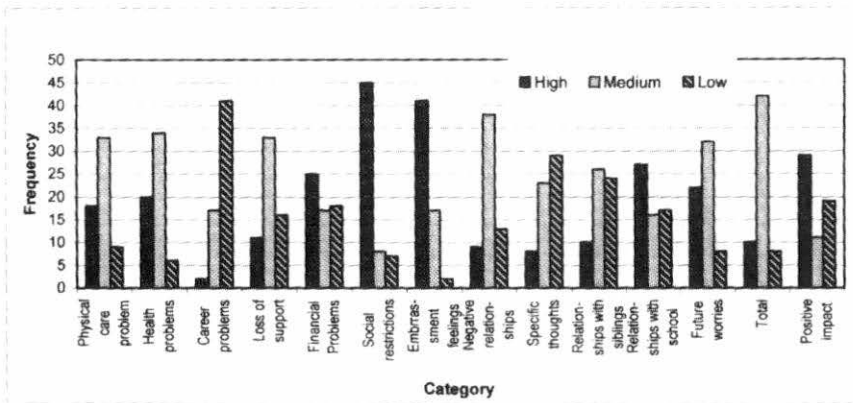


Fig. 1. Areas of Stress among Parents of LD children

was unable to meet the expectations of the teachers. Teachers often blame the parents due to lack of proper understanding about the LD child. Hence the parents may suffer poor self-esteem and often feel guilty within the family and community (Turnbull and Ruief, 1997).

40% of the parents felt worried about their child’s future, burdened with financial difficulties (43%), and experienced psychosomatic problems (56%) such as headaches and extra physical care burdens due to presence of LD child. They also experienced loss of support (54%) and strained relationships with siblings and other family members (63%). This might be due to the difficult behaviors present among the LD children, which are mostly invisible or due to lack of proper awareness in family members about

special needs of the child. The present finding was in line with the study of Sherry *et al.*(1995) and Reta Peshwaria *et al* (1995).

Self-esteem levels were reduced for twenty percent of the parents. Very few (6%) parents experienced career problems such as inability to take up promotions or taking up part-time jobs. However physical health and self-esteem were average in range in 30% of the parents. This finding was on par with that of Seltzer *et al.* (2001) who revealed that parents of specific LD children were similar in their physical and psychological well being as parents of normal children.

- There were significant differences between the Mean values of physical care, health problems, future worries, and negative relationships with family and overall impact

Table-1: Differences between Parents of Children with Specific LD and LD with Associative Disorders in Areas of Stress

Sl. No.	Impact category	Specific LD Mean	SD	LD with associative conditions Mean	SD	Z value
1	Physical care burdens	7.43	3.36	10.87	2.96	4.20**
2	Health problems	8.07	2.89	10.40	3.14	1.96*
3	Career problems	1.27	1.7	1.93	1.96	1.40 NS
4	Loss of support	5.87	2.65	6.77	4.04	1.02 NS
5	Financial difficulties	5.43	3.42	5.97	3.53	0.59 NS
6	Social restrictions	4.63	1.97	5.03	1.43	0.80 NS
7	Embarrassment feelings	9.50	3.06	10.50	2.53	1.37 NS
8	Negative relationships	6.63	3.41	9.83	3.49	3.59**
9	Specific thoughts	2.13	2.06	3.07	1.87	1.83 NS
10	Relationships with siblings	6.53	4.51	6.80	4.56	0.22 NS
11	Relationships with school	6.13	4.44	7.90	4.71	1.43 NS
12	Future worries	6.33	1.97	8.43	1.7	4.42**
13	Positive effect	3.27	8.31	1.13	8.16	1.00 NS
	Total impact	70.87	20.19	87.50	17.82	3.38**
14	Self-esteem	19.40	2.7	19.07	3.71	0.39 NS

among the parents of children with Specific LD and LD children with associative disorders.

- Parents of LD children with associative disorders experienced more burden of physical care, psychosomatic problems, future worry, and strained relationships within and outside the family than the parents of SLD group (Dyson. L. L, 1991).
- Both the parents experienced similar stress related to loss of financial and emotional support from the family, lack of social participation and recreational gatherings and feelings of guilt.
- Majority of the parents used both approach and avoidance coping strategies.
- Majority of the parents accepted their child's learning disabilities with helplessness or denial to accept their child's

Table-2: Coping Strategies Adopted by Parents of Children with LD

(N=60)

Sl. No.	Type of Coping	Category	Frequency (F)	Percentage (%)
1	Approach coping	High	12	20
		Medium	39	65
		Low	9	15
	a Local analysis	High	17	28
		Medium	41	69
		Low	2	3
	b Positive reappraisal	High	13	22
		Medium	32	53
		Low	15	25
	c Seeking guidance	High	25	42
		Medium	26	43
		Low	9	15
d Problem solving	High	20	33	
	Medium	36	60	
	Low	4	7	
2	Avoidance coping	High	17	28
		Medium	28	47
		Low	15	25
	a Cognitive avoidance	High	25	42
		Medium	31	31
		Low	4	7
	b Acceptance of situations	High	12	20
		Medium	27	45
		Low	21	35
	c Seeking alternative rewards	High	24	40
		Medium	30	50
		Low	6	10
d Emotional discharge	High	11	18	
	Medium	47	79	
	Low	2	3	
Total	High	20	33	
	Medium	36	60	
	Low	4	7	

learning disabilities. These parents were less in seeking alternative methods and frequently shouted at other family members to give vent to their emotions. This might be due to physical and mental exhaustion among the parents due to presence of difficult behavior among children

- Majority of the parents were positive towards their child's problems. These parents think logically about their child's problem but they rarely sought guidance and support from

others (Sequeria *et al.* (1990). Similarly Turnbull & Turnbull (1990) found that passive appraisal, reframing and spiritual support were common internal coping strategies among parents of children with mental retardation.

- There were significant differences between the Mean values of coping with reference to positive appraisal, cognitive avoidance, acceptance of situation, seeking alternative rewards and emotional discharge.

Table-3: Differences between Parents of Children with Specific LD and LD with Associative Disorders on Coping Strategies Adopted

Sl. No.	Type of Coping Strategy	Specific LD Mean	SD	LD with associative conditions Mean	SD	Z value
1	Approach coping					
	Logical analysis	9.20	2.78	10.63	3.31	1.81NS
	Positive reappraisal	10.40	2.53	12.00	3.13	2.17*
	Seeking guidance	9.73	3.46	9.67	3.89	0.063NS
	Problem solving	11.37	3.94	11.03	4.85	0.298NS
	Total	40.70	11.11	43.33	12.19	0.873NS
2	Avoidance coping					
	Cognitive avoidance	11.30	3.53	8.90	4.23	2.385*
	Accepting the situation	10.17	2.96	12.10	3.54	2.29*
	Seeking alternative rewards	9.27	4.01	6.50	4.98	2.37*
	Emotional discharge	10.13	4.10	11.93	3.21	1.89*
	Total	40.87	8.88	39.43	7.99	0.66NS

- Parents of LD children with associative disorders were more positive towards the issues related to their disabled child than their counterparts. These parents accepted their child's condition as they felt no control over it and kept themselves away from people, and indulged in emotional outbursts more often than the parents of specific LD children.
- On the other hand, parents of specific LD children were more into daydreaming about the LD by denying the seriousness of the condition and sought more alternative methods than the parents of LD children with associative disorders.

Conclusion

Presence of child with learning disabilities can affect physical, financial, emotional and psychological well-being of the parents. This stress is compounded further if the LD child has associative disorder. Policymakers should plan individualized family intervention programmes for the

parents of LD children like other disabilities. It is also essential to provide counseling for the parents to adopt approach coping strategies to cope with their stress.

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