

# Attitudes of Parents towards Children with Specific Learning Disabilities

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## ABSTRACT

**Purpose:** *This study explored parental attitudes towards children with specific learning disabilities.*

**Method:** *The study sample comprised parents of 60 children (30 boys and 30 girls) with Specific Learning Disability (SLD) who attend the Child and Adolescent Psychiatry Out-Patient Department at National Institute of Mental Health and Neurosciences, Bangalore, India. The attitudes of parents were assessed using the Parental Attitude Scale.*

**Results:** *The results revealed significant differences related to gender of the children on various domains of the scale.*

**Conclusion:** *The study highlights the need to educate parents to lower their expectations for children with specific learning disabilities, and to strengthen the social support network of these children's families.*

**Key words:** *Parental attitude, Learning disability, India.*

## INTRODUCTION

Various studies have focused on stressors associated with caring for children with disabilities, and the deleterious effects on parents' well-being. There is evidence that family attitude contributes to prognosis in these children. Limited financial resources, lack of appropriate services, and insufficient support systems are the family system risk factors that can contribute to poor prognosis (Singer & Powers, 1993). Environmental risk factors such as lack of services and negative

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attitudes can also have an adverse influence on the prognosis for a child with learning disability.

Children are the perfect extension and expression of a couple's love and caring (Gibran, 1986). The emotional preparation for expectant parents is usually shaped by a glamorous image of the baby, a kind of ego ideal. The discrepancy between the perfect child of their fantasy and the real child may be the cause for negative attitudes and parenting stress. Often a range of emotions, such as denial, guilt, blame, frustration, anger and despair, sweep through the parents as they are confronted by their children with disability (Bhan, 1995). Loss of hope for the 'perfect child' causes grief, and over time the feeling is heightened by loneliness, isolation, and exhaustion. Parents frequently over-protect their child and feel guilty that they are responsible for the child's disability.

The parents of children with disabilities develop 'chronic sorrow' characterised by periodic recurrence of sadness, guilt, shock and pain (Wikler et al, 1981). They are plagued by feelings of pessimism, hostility, and shame (Rangaswamy, 1989). Denial, projection of blame, guilt, grief, withdrawal, rejection, and acceptance are some of the usual parental reactions (Drew et al, 1984). Some parents also experience helplessness, feelings of inadequacy, anger, shock and guilt, whereas others go through periods of disbelief, depression, and self-blame. The siblings also experience feelings of guilt, shame, and embarrassment (Frude, 1992).

While existing literature has focused on family impact and stressors involved in taking care of children with learning disabilities, the current study explores parental attitudes towards children with specific learning disabilities.

## **METHOD**

### **Participants**

The sample for the study consisted of 60 parents of 30 boys and 30 girls with Specific Learning Disability (SLD) who attend the Child and Adolescent Psychiatry Out-Patient Department at National Institute for Mental Health and Neurosciences (NIMHANS), Bangalore, India. The mean age of the girls was 11.4 years with SD 3.31, and the boys' mean age was 12.4 years with SD 2.21. The girls ranged in age from 7-15 years, and the boys from 8-15 years. The mean age of fathers of boys was 42.97 years with SD 4.78, and mean age of girls' fathers was 43.13 years with SD 6.64. The mean age of mothers of boys was 35.87 years with SD 4.64, and mean age of girls' mothers was 35.67 years with SD 5.25.

### Measure: Parental Attitude Scale (Rangaswamy, 1989)

Parents' attitudes towards their children was assessed through the administration of a 3-point, 40-item Parental Attitude Scale. The items in the scale spread equally into 8 areas, namely: over-protection, acceptance, rejection, permissiveness, communication, attitudes towards education, home management, and hostility. The scores of the scale ranged from 0-80 with higher score indicating stronger negative attitude. The scale has good content validity. The sensitivity of scale has been established by comparing scores of normal children and those with problems. The scale has high test re-test reliability value of 0.91, and is found to be a highly valid tool in measuring the parental attitude towards children with learning disability.

## RESULTS

**Table 1: The Mean Scores of Attitudes of Parents towards their Children with Specific Learning Disability**

Domains of Attitude	Gender	Mean Attitude		't' Value	Power of the test
		Father	Mother		
Over- Protection	Boys	5.53(2.32)	6.17(2.13)	2.99*	0.80
	Girls	6.23(2.36)	5.93(2.32)	0.994	0.36
Acceptance	Boys	3.27(1.74)	2.67(1.90)	2.555*	0.92
	Girls	2.00(1.17)	2.13(1.59)	0.730	0.27
Permissiveness	Boys	7.20(2.07)	7.47(2.75)	0.868	0.31
	Girls	6.77(2.30)	6.70(2.37)	0.232	0.08
Rejection	Boys	1.60(2.50)	1.10(1.75)	1.824	0.65
	Girls	0.90(1.37)	0.47(5.43)	0.980	0.30
Communication	Boys	7.63(2.37)	6.73(1.89)	3.725 **	0.89
	Girls	5.07(3.35)	5.43(3.11)	0.864	0.31
Home Management	Boys	3.63(2.03)	3.63(2.03)	0.000	-
	Girls	3.87(1.80)	3.87(1.80)	0.000	-
Hostility	Boys	3.80(1.37)	2.57(1.70)	6.210***	0.18
	Girls	4.23(2.33)	4.10(1.71)	0.499	0.99
Education	Boys	3.67(3.37)	3.70(1.26)	0.100	0.03
	Girls	2.68(1.52)	2.90(1.35)	1.188	0.43
Overall	Boys	36.53(8.67)	36.13(7.38)	0.386	0.14
	Girls	29.93(8.69)	29.87(5.75)	0.064	0.00

\*\*\* p < 0.001; \*\* p < 0.01 and \* p < 0.05

Table 1 shows significant negative attitudes of fathers towards boys on the domain of hostility ( $p < 0.001$ ) and communication ( $p < 0.01$ ). Mothers' attitudes towards boys were significant on the domain of over-protection ( $p < 0.05$ ) and acceptance ( $p < 0.05$ ). Power of test was calculated and the power of 80% and above is considered good wherever the means are significant.

### **Inter-relation between Paternal Attitude and Background Variables of Children and Parents**

The inter-relation between parental attitude and duration of SLD was positively correlated with domain of permissiveness ( $p < 0.01$ ), and negatively correlated with hostility ( $p < 0.05$ ), communication ( $p < 0.01$ ), education ( $p < 0.01$ ) and overall scores ( $p < 0.01$ ). Non-significant relationship was found between age, education and number of siblings in the parental attitude scale.

Maternal education ( $p < 0.01$ ) was significantly correlated with home management. Family income of the parents was negatively correlated with domains of acceptance ( $p < 0.001$ ), education ( $p < 0.001$ ) and hostility ( $p < 0.001$ ) in the parental attitude scale.

## **DISCUSSION**

The aim of the current study was to assess parental attitudes towards their children with specific learning disability. The results clearly showed differences in parental perceptions related to the gender of these children. The reason could be that parents expect more, academically, from male children than female children. Boys are expected to achieve higher levels in education, hold better positions and be financially secure in the cultural context in the country. This indicates more academic pressure on boys as compared to girls. The findings of the current study are in concurrence with many other studies. Over-protection (Perosa & Perosa, 1982) and rejection (Minuchin et al, 1978; Nabuzoka & Smith, 1993) are the common parental attitudes towards children with learning disability. These parents were initially ignorant about the nature of the disturbances in their child. Later, they reported feeling anxiety, guilt, insecurity, emotional instability, self-pity and hopelessness. Every parent dreams about his/her child being 'perfect' in all respects. When there is learning disability in spite of above-average intelligence, the disappointed parents develop negative attitudes towards the child. Some of them become over-protective and fail to make realistic demands on the child. The family needs psycho-educational inputs to lower the high academic

expectations and help in identifying the child's strong points. This would reduce high expressed emotion towards the child with learning disability. Many of these children can be high achievers in various creative activities, such as music, dance, drama, sports, drawing, painting, etc., but parents fail to recognise and encourage these strengths unless children show academic achievement. This state of affairs can be detrimental to the mental health of the children.

In this regard, special educators, teachers, and parents should have a better understanding of children's abilities and mental health. Professionals need to sensitise parents and school teachers so that the children's self-esteem and coping strategy could be enhanced. Before they can be actively involved in rehabilitation programmes, professionals need to know how well the parents understand their child's condition. If parents' concerns are carefully assessed and interpreted, mental health professionals can make appropriate decisions as to how each family can be helped, based on their identified needs (Glascoe, 1997).

In India, disability is still viewed in terms of a "tragedy" with a "better dead than disabled" approach; the idea being that it is not possible for people with disability to be happy or enjoy a good quality of life. Cultural beliefs about disability play an important role in determining the way in which the family perceives disability and the kind of measures it takes for prevention, treatment, and rehabilitation (Sen, 1988). Helping families to develop a positive outlook might be the serving point of intervention by mental health professionals. Since research in this field is limited in India, there is a need to develop culturally appropriate intervention strategies to help the families and children to adapt to the situation.

Most often the intervention is done at the level of the child addressing the disability per se. Mental health professionals while working with families should strengthen the social network and support systems, which would help them overcome the stress and negative attitude towards their children with learning disability. Research has found a strong association between supportive social networks and the positive psychological well-being of parents of children with learning disabilities (McGaw et al, 2002; Kroese et al, 2002).

It is found that most parents generally lack opportunities to share their experiences and gain support from friends and even extended family members. Within support groups, they can discuss pertinent emotional issues, such as feelings of frustration and child-rearing problems. It is also an effective forum to help parents develop realistic expectations for the child and to engender feelings of competence

(Wong et al, 2004). Such network support groups have helped families in gaining confidence, improving self-esteem and assertiveness, and enhancing feelings of control. These groups can act as a social support network, which is often missing from the lives of parents of children with learning disabilities. It has been argued that improved confidence and sense of well-being engendered by an increased sense of self-worth among these parents, may positively affect parenting and bring attitudinal changes towards children with learning disabilities (Turnbull & Turnbull, 1990).

In India, this kind of network support system is often lacking. Non-Governmental Organisations can play an important role in forming such social support groups for parents of children with learning disability. Expanding social networks can therefore be an important part of a “family-centered” approach to support such parents (Turnbull & Turnbull, 1990). However, there is currently little direct or indirect evidence to demonstrate that increased self-esteem, confidence or more extensive social networks have a positive effect on the parenting of children with learning disabilities; specific research is yet to be reported in the Indian context. More research needs to be done to learn about the impact of such social support networks on enhancing family confidence, and improving parental relationships with children with learning disabilities.

### **Limitations**

The study was conducted with a small sample and it was a time-bound study. Due to this, the researchers have focused on children with specific learning disability who came for consultation during the study period. Hence, the generalisation of the findings has limited application. However, it has the implication that working with parents can bring about a change in attitude towards their children with specific learning disability.

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