

Acceptance, Emotional Competence and Coping among Parents of Children with Learning Disability

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Abstract: A child with learning disability has a major impact on the family functioning. Parents might experience difficulty in accepting that their child has a learning disability and various emotional problems might arise. The purpose of the study was to find the acceptance, emotional competence and the coping strategies among the parents of children with learning disabilities. The sample consisted of 60 parents having children with learning disability out of which 30 fathers and 30 mothers were selected using purposive sampling method. Parental acceptance-rejection scale (PARQ), parent version, The Scale of Emotional Competencies and Coping Health Inventory was administered to the participants. Differential and inferential statistical analysis was carried out. The study found that emotional competence and coping strategies are related to acceptance. Results also revealed a relationship between emotional competence and coping. Significant difference was found between acceptance, emotional competence and coping strategies.

Keywords: Acceptance, Emotional Competence, Coping, Parents, Learning Disability

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I. INTRODUCTION

The term learning disabilities refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, and mathematical abilities (Heiman & Berger, 2008). It is reported that 8-10% American children aged below 18 have learning disability (Firth, Greaves, & Frydenberg, 2010). To have a learning disabled child is a different scenario in developing countries. Having a child with learning disability make women suffer alone even without a job as they believe that it is caused by some evil spirit. Taderera et.al (2017) studied the various challenges faced by parents of children with learning disability. It was found that parents face various challenges including difficulty in accessing information, services, and programs. Parents themselves had a stereotypic and prejudicial approach towards children with learning disability (Taderera, 2015).

Birth of a child with learning disability cause both imbalance and existential difficulty to the equilibrium of the family which is the dynamic functional unit of a society. A child with learning disability will bring out various emotional problems to the parents in the case of parental acceptance with the situation (Kandel & Merrick, 2007). Having a child with learning disability was a stressor for parent's well-being (Chandramuki, Venkatakrishnashastry, & Vranda, 2012). The discrepancy about the expectation of the child may arise due to lack of emotional preparation will lead to many negative emotions resulting in a state known as chronic sorrow. Chandramukhi et.al (2012) explored parental attitudes towards children with specific learning disabilities. The difference in parental perception was different for both genders. This may be because of the fact that the expectation with the boys will be higher than the girls in terms of education, financial security etc. which causes high academic pressure in boys. The common parental attitude towards a child with learning disability was over-protection and rejection (Chandramuki et al., 2012). Acceptance of the disability of the children occurs when the parents succeed in resolving the challenges that they have encountered with. So as to achieve the phase of acceptance and to encourage the child's progression and recovery, the child's real circumstance must be acknowledged and the issue must be recognized (Kandel & Merrick, 2007).

There has been a change in the way the families having a child with learning disability perceive their child. Studies were conducted to find the negative aspects of coping but the positive aspects of coping were not looked upon. Recently there has been a revolutionary change in the perception of families of children with learning disabilities (Kandel & Merrick, 2007). The family members have to care for the child and they take on the role of 'carer' (Kenny & McGilloway, 2007). The way the families cope depends on many factors such as personality, support system, education, financial situation, spousal relations, family cohesion, and the level of

the child's handicap (Kandel & Merrick, 2007). In order to cope more effectively with the children the parent hired a range of strategies. Parents hired emotion and problem focused strategies to cope with their difficulties which helped them to satisfy with their lives and they feel the caring role act as a rewarding experience (Kenny & McGilloway, 2007). Coping of parents with the disability have implications to the parent child relationship. Studies state that the parents who are getting involved in parenting provide good personal relationship and disciplinary warmth to their children (Karande & Kuril, 2011). It has been found that women experience more stress when they care for a child with learning disability. Also, it was found that mothers who accept that their child has a learning disability and positively adjust to it had lower stress (Quine & Pahl, 1991).

The role of expression of positive emotion exhibited by parents was found to be linked with child's social development. There was a gender difference in the expression of emotion. Mothers were more expressive than fathers (Wideman, Zautra, & Edwards, 2014). The child with disability who faces difficulty with core emotional processes has an increased risk for poor social outcomes. The role of parents is vital in this situation and the studies in this area reveals that by making reasonable adjustments in their parenting styles they could efficiently encounter any crisis (Baker & Crnic, 2009). Studies also found that there was a difference in the perception of family environment and relationships, and family social support of parents of child with and without children with disability. The finding from the study suggests that all parents tried to have a routine life environment irrespective of the frequent problems that they have in raising a child with a disability (Heiman & Berger, 2008).

There tends to be a negative impact in the family if the parents have to look after a child with a learning disability over a long time. A study by Cairns et al. (2013) was aimed at finding whether caring for a long time has a negative experience in the family (Cairns, Brown, Tolson, & Darbyshire, 2014). The results indicate caring for the child over a prolonged time has a negative impact on the parents. Even though the parents perceived that there was a negative impact, parents also conveyed that giving care for the children was a rewarding process by itself. Prolonged caregiving is a positive experience for the parents and the also gives them a purpose (Cairns et al., 2014).

The studies conducted on the families with a child with learning disability were to look at the coping of dysfunctional families while the families coping with crises were not necessarily investigated. A revolutionary change has been noted in the way the families of having a child with learning disability perceive their child (Kandel & Merrick, 2007). The study is very much important as a child with learning disability in the family is difficult for the parents. There are parents who still see their child as a burden for them. Some of the parents think that the child has this disability is due to the fact that they were not given proper care and were not present when the child needed them. The study can be helpful for the parents to accept the fact that their child has a learning disability and by positively coping with it will give them a sense of purpose.

II. MATERIALS AND METHODS

2.1 Aim and Objectives of the study

The aim of the current study is to find if there is an association between acceptance, emotional competence and coping among the parents of children with learning disabilities. Also, to find out whether there is a gender difference in acceptance, emotional competence and coping among the parents of children with learning disabilities thus to foster healthy living by promoting mental health of the parents.

2.2 Hypotheses

1. There will be a significant relationship between acceptance and coping among parents of children with learning disability
2. There will be a significant relationship between acceptance and emotional competence among parents of children with learning disability
3. There will be a significant relationship between emotional competence and coping among parents of children with learning disability
4. There will be a significant difference in the acceptance level of fathers and mothers
5. There will be a significant difference in the coping strategies of fathers and mothers
6. There will be a significant difference in the emotional competence of fathers and mothers

2.3 Methods and Materials

The present study includes the 60 parents having a child with a learning disability. Out of 60 parents 30 were fathers and 30 were mothers. The participants for the study were selected using purposive sampling. The data was collected from various learning disability centers in Kerala and Karnataka. Socio demographic details were collected from the parents. After getting informed consent from the parents, The Parental Acceptance-Rejection Questionnaire (PARQ), Coping Health Inventory, The Scale of Emotional Competencies was

administered to the participants. Quantitative methodology was used in the study to find the relationship between the variables and the gender difference among the variables.

Inclusion criteria:

1. Parents having a child diagnosed with a learning disability only will be included.
2. Age of the child with a learning disability should be within 7-13.

Exclusion criteria:

1. A single parent caring for the child with Learning disability.
2. Parents who have the history of any psychological disturbances.

Tools Used

1. The Parental Acceptance-Rejection Questionnaire (PARQ) is a self-report questionnaire developed by Rohner & Ali, 2016 designed to assess children's current perceptions and adults' retrospective remembrances of the degree to which they experienced parental (maternal and paternal) acceptance or rejection in childhood. The measure consists of four scales: (1) warmth and affection (or coldness and lack of affection, when reverse scored), (2) hostility and aggression, (3) indifference and neglect, and (4) undifferentiated rejection. The mean weighted alpha coefficient for the Parent PARQ was .84 (Rohner & Ali, 2016)
2. Coping Health Inventory (CHIP) for Parents developed by McCubbin et al., 1983 be used to understand coping among parents. The CHIP comprises three subscales (dimensions) measuring three different coping patterns: (a) maintaining family integration, co-operation, and an optimistic definition of the situation; (b) maintaining social support, self-esteem, and psychological stability; and (c) understanding the healthcare situation through communication with other parents and consultation with the healthcare team. Using CTT, each of the subscales has been shown to possess adequate internal reliability (Cronbach alpha = 0.79, 0.79, and 0.71 respectively) and validity (McCubbin et al., 1983).
3. The Scale of Emotional Competencies developed by Sharma & Bharadwaj (2007) was used to measure the emotional competence among parents. There are 30 items in the scale and 5 subscales measuring five competencies namely- Adequate depth of feeling (ADF), Adequate expression and control of emotions (AEC), Ability to function with emotions (AFC), Ability to cope with problem emotions (ACPE), Enhancement of positive emotions (EPE).

Validity: validity of the scale has been determined with factor A and C of 16 personality questionnaire.

Reliability: the reliability of the scale has been derived by employing two methods via test-retest and split half method. The obtained co-efficient of reliability may be enumerated as

By test re-test: 0.78(ADF), 0.85(AECE), 0.87(AFE), 0.75(ACPE), 0.9(EPE), 0.74(Total EC)

By split half: 0.71(ADF), 0.79(AECE), 0.82(AFE), 0.77(ACPE), 0.81(EPE), 0.76(Total EC) (Sharma & Bharadwaj 2007).

2.4 Data Analysis

Data were analyzed using SPSS version 20. The test of normality was done to see whether the data were normally distributed. The data was found to be normally distributed for acceptance and coping. The data was not normally distributed for emotional competence. Karl Pearson correlation test was done to see the correlation of Acceptance with coping strategies of the parents and Spearman Rank Correlation was done to see the correlation of Acceptance with Emotional Competence. Independent sample *t*-test was used to ascertain the significance of gender difference of Acceptance and Coping Strategies and Mann-Whitney *U* test was used to ascertain the significance of gender difference of Acceptance and Emotional Competence. $P < 0.05$ was considered as the significance level for the test.

III. RESULT

The study was carried out on parents who had a child with a learning disability. The parents having children with Learning disability belonged to the age group of 7-13. More than 50% of the participants were educated up to college and more than 70 % of the participants were working. Majority of the participants (80%) are from urban area and majority of the participants were from a middle class (80%) background. The mean age of the fathers was found to be 42 and that of mothers were found to be 39.

Table no 1: Mean, Standard deviation, Pearson Coefficient and Significance in scores of correlation of coping strategies with acceptance

Variables	Mean	Standard deviation	Pearson coefficient	Significance
Acceptance	112.38	20.9366	1	0.000
Coping Strategies	90.63	13.0552	-.356**	0.005

* $p < 0.05$

The result states that there is a significant relationship between acceptance and coping strategies.

Table no 2: shows the Mean, Standard deviation, Correlation coefficient and Significance in scores of correlation of Emotional Competence with acceptance

Variables	Mean	Standard deviation	Correlation coefficient	Significance
Acceptance	112.38	20.9366	1	0.000
Emotional Competence	98.26	14.9970	-.399**	0.002

* $p < 0.05$

The result states that there is a significant relationship between acceptance and emotional competence.

Table no 3: shows the Mean, Standard deviation, Correlation coefficient and Significance in scores of correlation of Emotional Competence with acceptance

Variables	Mean	Standard deviation	Correlation coefficient	Significance
Coping	90.63	13.0552	1	0.000
Emotional Competence	98.26	14.9970	0.408**	0.001

* $p < 0.05$

The result states that there is a significant relationship between coping and emotional competence.

Table no 4: shows the mean, standard deviation, t value and significant difference in Acceptance and Coping strategies between male and female.

Variables	Sample	Mean	Standard deviation	t value	Significant difference
Acceptance	Male (30)	108.47	23.151	1.463	0.080
	Female (30)	116.30	18.002		
Coping strategies	Male (30)	97.43	8.807	-4.701	0.124
	Female (30)	83.83	13.173		

* $p < 0.05$

Results indicate that there was a significant difference between fathers and mothers in acceptance and coping strategies. Fathers were found to have a greater score in coping strategies and mothers were found to have a higher score in acceptance.

Table no 5: shows the mean, standard deviation, u value and significant difference in Acceptance and Emotional competence between male and female.

Variables	Sample	Mean	Standard deviation	u value	Significant difference
Emotional competence	Male (30)	100.53	8.807	363.500	0.200
	Female (30)	96	13.173		

* $p < 0.05$

Results indicate that there is a significant difference between fathers and mothers in emotional competence. Fathers were found to have a higher mean score in emotional competence than mothers.

IV. DISCUSSION

The aim of the current study was to find if there was an association between acceptance, emotional competence and coping among the parents of children with learning disabilities. Also, to find out whether there was a gender difference in acceptance, emotional competence and coping among the parents of children with learning disabilities. The participants for the study included 60 parents out of which 30 fathers and 30 mothers having children with learning disabilities. The participants were administered The Scale of Emotional Competencies, Parental Acceptance-Rejection Scale and Coping Health Inventory. The relationship among acceptance and coping strategies and the relationship among acceptance and emotional competence were measured. The gender difference in the acceptance, emotional competence, and coping strategies were also measured.

The study found that there was a significant relationship between acceptance and coping strategies. The results on relationship among acceptance and coping from the study were consistent with the previous studies on coping. Studies show that caring for a child with learning disabilities is a stressful experience and when the parents accept that their child is having a learning disability and then they positively cope with it (Quine & Pahl, 1991). Acceptance that the child is having a learning disability is needed to have positive coping strategies. The literature states that even if families face a transition by having a child with special needs, with external support they are able to accept the child in the condition and the sense of resilience was positively compromised with better coping (Heiman, 2002).

The result of the study also found that there was a significant relationship between acceptance and emotional competence among parents of children with learning disabilities. A significant relationship was also found between emotional competence and coping among parents of children with learning disabilities which is also consistent with the other studies. A child with disability created dissatisfaction and frustration to parents, but they are themselves changed to be emotionally competent to face the challenge and are coping to it by having belief in the child and by having a positive outlook to the situation (Wiener & Tardif, 2004).

The gender difference in acceptance, emotional competence, and coping strategies was also found. Gender differences were found in coping strategies between fathers and mothers of children with Learning disability. It has been found that there was also a significant difference in the acceptance of fathers and mothers of children with Learning disability. Studies state that there are differences in the way of coping adopted by fathers and mothers (Beresford, 1994). It has been found in the current study that the fathers positively cope up with the fact that their child is having a learning disability. Contradicting to the studies from the west which states that, mothers experience more stress in caring for the child with a learning disability, mothers are better coping with the child's condition (Quine & Pahl, 1991). Also researches indicate that fathers were found to have a higher score in social support. It might be because fathers engage in social activities more and this helps them to cope more (Upadhyaya & Havalappanavar, 2008).

The gender difference in the acceptance was also explored. The mean score was found to be more in mothers than in fathers. Mothers were found to be more accepting the child's disability than the fathers (Riaz & Qasmi, 2012). The gender difference in emotional competence was also assessed. It has been found that there was a significant difference in fathers and mothers in terms of their emotional competence. Fathers had a higher mean score in the emotional competence. From the study it was found that the fathers are more emotionally competent than mothers. Another study also provides similar findings related to this (Khaleque & Rohner, 2002). This indicates that this finding is consistent with the west.

V. CONCLUSION

The study was conducted to find whether acceptance had any relationship between emotional competence and coping strategies and also to find out the gender differences among the variables. It was found from the study that there was a significant relationship between the variable acceptance with that of emotional competence and coping and also there is a correlation between emotional competence and coping. Significant difference was found among fathers and mothers in acceptance, emotional competence and coping.

The current study has great implication in the Indian context. Acceptance of the fact that the child is having a learning disability is difficult for the parents as in the Indian scenario most of them are seeing their child with disability as a burden. Self-blaming of parents was seen among the parents in most cases as they are blaming themselves for the child's condition. This study can be helpful for the parents to accept the fact that the child's disability in a more positive manner and by positively coping to the condition, thus, giving a sense of purpose for their life.

The several limitations to the current research can be taken into consideration. One of the major limitations was the sample size was restricted only to 60 participants. More participants could be included for further studies. Also, participants were mainly from Kerala and Karnataka (South India). More participants from different states in India could be included to rule out cultural differences moderating the study.

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