

Stress, Coping and Family Functioning in Parents of Children with Specific Learning Disability and Borderline Intellectual Functioning

Nisha Bhanker¹, Manoj Kumar Bajaj² and Nidhi Chauhan³

ABSTRACT

Background: Specific Learning Disability (SLD) and Borderline Intellectual Functioning (BIF) are disorders of neuro-developmental arrest and dysfunctions. Due to the interaction between heredity and environment that affect the brain's ability to accurately perceive verbal and non-verbal information, both conditions impose significant challenges on parents in the form of increased stress to care, family functioning and coping. **Aim:** The aim of the present study was to explore and compare stress, coping and family functioning between parents of children with SLD and BIF. **Methods:** A total of 80 parents, 40 of whom had children (8-16 years) diagnosed with specific learning disability and 40 of whom had children with borderline intellectual functioning of similar age, were recruited for the study. The Perceived Stress Scale, COPE Inventory, and Family Functioning tools were administered on parents. **Result:** The results of the study have found significant differences between the groups in terms of mental disengagement ($p < 0.01$), denial ($p < 0.01$), intimacy (family functioning) ($p < 0.05$), and parenting style (family functioning) ($p < 0.01$). There were no significant differences found in the levels of perceived stress between parents of children with SLD and BIF. **Conclusion:** Parents of children with BIF use mental disengagement coping style, while parents of children with SLD use denial coping style to deal with stress. Parents of children with SLD showed intimacy, closeness, expressiveness and openness in communication. Their parenting style was inclusive, involving others members to voice their preferences and opinion in the decision making process. Despite the difference in the family functioning and coping styles, they have perceived similar levels of stress.

Keywords: Specific Learning Disability, Borderline Intellectual Functioning, Stress, Coping, Parents, Family Functioning.

INTRODUCTION

Specific learning disability (SLD) is a neuro-development disorder and occurs due to atypical development of the brain. It is caused by heredity and environmental factors and affects the brain's ability to accurately perceive verbal and non-verbal information (APA, 2013). According to International Classification of Diseases tenth edition "SLD are defined as disorders in which normal pattern of skill acquisition are disturbed from the early stages of development. They are not simply consequences of a lack of opportunity to learn, nor are due to any form of acquired brain trauma or disease (WHO, 1993). On the other hand borderline intellectual functioning is a categorization of intellectual functioning wherein person have below average cognitive ability which is not a condition of benchmark disability of 40% nor it is a condition of typical development of a child. According to Rights of Persons with Disability Act, 2016 an IQ range of 70-84 is indicative of borderline intellectual functioning (Balakrishnan et al., 2019). Children with BIF are subjected to poor educational and social performance due to their low levels of cognitive capacities. Their life imposes the greater levels of distress when the expectations and ambitions of the parents are not met as the typically developed children do. When a child is unable to perform at a level considered developmentally appropriate for his/her age and as per the expectations of

the parents despite extra efforts, it leads to dissatisfaction, frustration and increased level of stress in parents. Parents of child with disabilities are prone to chronic sorrow which is described by periodic recurrence of guilt, shock, sadness and pain (Wikler et al., 1981). Parents of children with developmental and behavioral disabilities experience higher parenting stress than parents of children with medical disability (Gupta, 2007). A child with disability may affect the family dynamics adversely. Additionally, mothers often experience higher level of stress as they undertake a larger share of the responsibility in rearing the child, compared to fathers; however, there are inconsistencies in the findings of these studies (Dervishalijaj, 2013). In rearing children with disabilities, mothers go through a wide range of emotions such as sadness, anger, crying and grief. Parental stress of children with learning disability is associated with family cohesion. It has been observed that higher levels of stress predict a lower level of family cohesion. Studies show that healthy family functioning is important for the well being of the family and practitioner should also assist the needs of the entire family rather than just the needs of the child with disability (Hidangmayum & Khadi, 2012). Therefore, present study was conducted to explore stress, coping and family functioning in parents of children with specific learning and borderline intellectual functioning in the Indian context. This exploration may improve our understanding of mental health and well-being and help

¹ M.Phil, Clinical Psychologist, Government Medical College and Hospital, Sector -32, Chandigarh,

² Associate Professor of Clinical Psychology, Government Medical College and Hospital, Sector-32 Chandigarh

³ Assistant Professor, Department of Psychiatry, Post Graduate Institute of Medical Education and Research, Chandigarh

design better intervention programs and therapies for parents and caregivers.

Materials and Methods:

Sample consisted of 80 parents, 40 of whom had children (8-16 years) diagnosed with specific learning disability on NIMHANS SLD Index (Kapur et al., 1991) and 40 of whom had children of similar age and diagnosed with borderline intellectual functioning as per RPWD Act 2016, were recruited using a convenient sampling method from the outpatient tertiary care institute in Chandigarh. Written consent was obtained from the participants in the study. Parents having any significant medical and psychiatric illness, on treatment, undergoing psychotherapy, single parent, having another child with a disability were excluded from the study. Socio-demographic details of the eligible parents and children were recorded in the socio-demographic data sheet prepared for the study. Both parents, were administered the Perceived Stress Scale (Cohen & Gordon, 1997), Coping Inventory (Carver et al., 1989), and Family Functioning Scale (Noller et al. 1992). The obtained scores were analyzed statistically using SPSS version 16. Frequencies, percentages, mean, and standard deviation and independent sample t-test were used to describe and compare the stress, coping, and family functioning of the parents of Children with BIF and SLD.

RESULTS

Table 1: Demographic characteristic of parents of children with SLD and BIF.

Variables	Categories	Parents of children with SLD n=40, Frequency (%)	Parents of children with BIF n=40 Frequency (%)	Chi-square value
Education	10 th	26(65.00)	25(62.50)	4.924
	12 th	05(12.50)	05(12.50)	
	Graduation	08(20.00)	04(10.00)	
	Post Graduation	01(2.50)	06(15.00)	
Occupation	Skilled	04(10.00)	06(15.00)	7.481
	Semi-Skilled	12(30.00)	08(20.00)	
	Others	22(55.00)	16(40.00)	
	Non-skilled	02(05.00)	10(25.00)	
Monthly Income	0-3500	00(00.00)	01(02.50)	8.109*
	3501-7000	00(00.00)	02(05.00)	
	7000 & above	07(17.50)	15(37.50)	
	Others	33(82.50)	22(55.00)	
Religion	Hindu	24(60.00)	26(65.00)	0.223
	Sikh	15(37.50)	13(32.50)	
	Muslim	01(2.50)	01(02.50)	
Family type	Nuclear	31(77.50)	32(80.00)	1.266
	Joint	09(22.50)	07(17.50)	
	Extended	00(00.00)	01(02.50)	
Domicile	Urban	35(87.50)	24(60.00)	7.813**
	Rural	05(12.50)	16(40.00)	
Language	Hindi	24(60.00)	26(65.00)	0.213
	Punjabi	16(40.00)	14(35.00)	
Age in years	Mean±SD	40.45±4.42	38.12±4.74	t value 2.267*

*Significant at 0.05 level **Significant at 0.01 level

Table 2: Mean, SD and t tests findings between parents of children with SLD and BIF on Perceived Stress Scale

Variable	Parents of children with SLD n=40 Mean±SD	Parents of children with BIF n=40 Mean±SD	t test	p value
Perceived Stress Scale	18.17±3.06	18.90±3.54	-0.97	0.33
Coping				
Positive Reinterpretation	8.65±.86	8.52±.90	0.63	0.52
Mental Disengagement	5.37±1.00	6.35±1.33	-3.69	0.000**
Focus On & Venting Of Emotions	7.80±1.06	8.07±1.40	-0.98	0.32
Use Of Instrumental Social Support	8.35±1.68	8.30±2.44	0.10	0.91
Active Coping	8.60±1.21	8.62±1.00	-1.00	0.92
Denial	5.62±1.44	4.88±.939	3.02	0.003**
Religious Coping	6.62±1.53	5.70±2.68	1.89	0.06
Humor	4.10±.303	4.05±.220	0.84	0.40
Behavioral Disengagement	5.97±1.57	5.45±1.39	1.57	0.11
Restraint	7.90±.900	7.90±.496	0.00	1.000
Use Of Emotional Social Support	8.07±1.80	8.37±2.26	-0.65	0.51
Substance Use	4.30±.790	4.32±.971	-0.12	0.90
Acceptance	8.00±.640	7.92±.572	0.55	0.58
Suppression Of Combating Activities	7.77±.973	7.90±.871	-0.60	0.54
Planning	8.70±1.41	8.52±1.21	0.59	0.55
Family Functioning:				
Intimacy	48.5±2.02	47.5±2.06	2.18	0.032*
Parenting Style	31.3±1.42	30.07±1.83	3.47	0.001**
Conflict	35.2±1.99	34.3±2.43	1.85	0.06

*Significant at 0.05 level **Significant at 0.01 level

DISCUSSION

The study compared perceived stress, coping strategies and family functioning between parents of children with SLD and parents of children with BIF. No significant difference was found between the two groups on level of education, occupation, religion, family type and language. There was significant difference between the two groups on level of income (Chi Square =8.10, P< 0.05), and domicile (Chi Square =7.81, P< 0.01) and age (t= 2.2, P<0.05).

No significant difference was observed in domain of perceived stress between the parents of children with SLD and BIF (t=-.97, P< 0.33) (Table 2) suggests that similar levels of stress is perceived by the parents of children with SLD and BIF. It may be due to the fact that both conditions are neuro-developmental and parents of both groups experience similar challenges in caring and rearing of their children. The studies conducted on other neuro-developmental disorder comparing perceived stress between parents of children with intellectual disability and typically developing children found more stress in the former when compared to latter (Fenning et al., 2007). But, present

study has taken SLD where children display problems in educational spares with average intellectual functioning and BIF where children are perceived nearly normal and sometimes attributed to have behavioral disorders rather low cognitive functions until assessed. Both conditions are imposing a similar level of difficulties and issues faced by their children, hence may have similar perception of expectations among parents which are unmet. However, the authors could not find studies comparing the level of “perceived stress” between parents of children with SLD and BIF. These findings may have clinical implications and help therapists in planning treatment and developing intervention strategies to help parents cope with stress irrespective of condition of their children.

Further, to cope up with stress, parents of children with SLD and BIF used different coping strategies such as positive reinterpretation, focus on venting emotions, use of instrumental social support, active coping, religious coping, humor, behavioral disengagement, restraint, emotional social support, substance use, acceptance, suppression of combating activities and planning. On comparison between the parents of children SLD and BIF, significant differences were found in using mental disengagement ($p < 0.01$) ($t = -3.69$) and denial ($p < 0.01$) ($t = 3.02$) coping strategies. There were no significant differences were found between the two groups on using other coping strategies. This suggests that parents of children with BIF use more mental disengagement coping style compared to parents of children with SLD (Table 2). Parents of children with SLD use denial coping style more compared to parents of children with BIF. How parents cope up with stress depends on way they process the information, level of education as well as occupation. In present study 90% parents of children with SLD belonged to the urban area (Table 1), may be more knowledgeable about the condition of the child and had better resources to educate themselves about SLD, compared to parents of children with BIF. Nearly, 60 % parents of children with BIF belonged to the urban area, while the rest came from rural background with fewer resources to obtain information about the BIF. Therefore, it can be inferred that parents of children with BIF used mental disengagement coping strategies more compared to parents of children with SLD. No research studies are available which suggests the type of coping strategies used by parents of children with BIF. Research to determine how parents of children with learning disabilities cope, show that parents high on hope and optimism, they tend to cope better since they process the information cognitively as opposed to disengagement. These parents use problem focused coping strategies. Additionally, studies show that people who hold strong religious beliefs benefit using spiritual coping strategies. Religious practices

such as prayer and belief in a higher power help to cope with the stress and encourage a positive outlook towards the child and the daily challenges of rearing. Taking help of spiritual or religious community also helps. How parents cope with the challenges depends also on their level of knowledge about the condition of their child as well as other proposed protective factors such as social status, biological sex, gender, and educational level (Chukwu et al., 2019).

In regards to the family functioning, findings suggest a significant difference in family functioning of parents of children with SLD and BIF. There was significant differences between the groups on intimacy ($p < 0.05$) ($t = 2.18$) and parenting style ($p < 0.01$) ($t = 3.47$) (Table 2) on the family functioning scale, however no significant difference in conflicts sub domain were found. This suggests that parents of children with SLD show intimacy in sharing, closeness, expressiveness and openness in communication. Use of parenting styles by the mothers is significantly different to the extent that family members have a say in the rules and decision of the family. Members are encouraged to be autonomous and think independently. Some studies have compared the family functioning in parents of children with SLD and parents of typically developing children. Findings of these studies suggest that families with a child with learning disabilities emphasize on control, orderliness, and personal achievement but allow less free expression of feelings than families of typically developing children (Hidangmayum & Khadi, 2012). Present study, however, suggest that the parents of children with SLD allow their child to have a say in rules and decisions and are encouraged to think independently. Parents of children with SLD allow their child to think and make up their mind. This may be due to intact cognitive ability to take decisions. Some studies, however, suggest that families of children with learning disabilities are similar to families of typically developing children. There is no difference between families in home conditions, family organization, parental support and parental expectations for education (Hidangmayum & Khadi, 2012). These findings support the finding of our study that parents of children with SLD encourage their children to think independently. Previous studies to access family functioning of parents of children with BIF showed that mothers and fathers of children with BIF displayed negative controlling parenting behavior in comparison to typically developing children (Fenning et al., 2007). This finding is consistent with the findings of our study. Current study also shows that parents of children with BIF show less intimacy, openness and closeness in communication. This may be due to fact that children with BIF showed more problematic behaviors compared to children with SLD.

CONCLUSION

On the basis of the present study it can be concluded that parents of children with SLD and BIF perceived similar level of stress. Parents of children with BIF use mental disengagement coping in times of stress compared to parents of children with SLD uses denial coping style more often. Parents of children with SLD show intimacy in terms of sharing, closeness, expressiveness and openness in communication whereas parents of BIF do not allow level of freedom in the decision making process in context to the family.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

Balkrishnan, A., Kulkarni, K., Moirangthem, S., Kumar, C. N., Math, S. B., & Murthy, P. (2019). The rights of persons with disabilities Act 2016: Mental health implications. *Indian Journal of Psychological Medicine*, 41, 119-120.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56(2), 267-283.

Chukwu, N. E., Okoye, U. O., Onyeneho, N. G., & Okeibunor, J. C. (2019). Coping strategies of families of persons with learning disability in Imo state of Nigeria. *Journal of Health, Population, and Nutrition*, 38(1), 9.

Cohen, S., & Gordon, L. U. (1997). Measuring stress: A

guide for health and social scientists. Oxford University Press.

Dervishaliaj, E. (2013). Parental Stress in Families of Children with Disabilities: A Literature Review. *Journal of Educational and Social Research*, 3(7), 579.

Fenning, R. M., Baker, J. K., Baker, B. L., & Crnic, K. A. (2007). Parenting children with borderline intellectual functioning: a unique risk population. *American Journal of Mental Retardation*, 112(2), 107-121.

Gupta, V. B. (2007). Comparison of parenting stress in different developmental disabilities. *Journal of Developmental and Physical Disabilities*, 19(4), 417-425.

Hidangmayum, N., & Khadi, P. B. (2012). Parenting stress of normal and mentally challenged children. *Karnataka Journal of Agriculture Sciences*, 25(2), 256-259.

Kapur, M., John A., Rozario J., et al. (1991). *NIMHANS index of specific learning disabilities*, Department of Clinical Psychology. NIMHANS Publication.

Noller, P., Seth-Smith, M., Bouma, R., & Schweitzer, R. (1992). Parent and adolescent perceptions of family functioning: a comparison of clinic and non-clinic families. *Journal of Adolescence*, 15(2), 101-114.

Wikler, L., Wasow, M., & Hatfield, E. (1981). Chronic sorrow revisited: Attitudes of parents and professionals about adjustment to mental retardation. *American Journal of Orthopsychiatry*, 51, 63-70.

World Health Organization (WHO). (1993). *The ICD-10 classification of mental and behavioural disorders: Diagnostic and research criteria*. World Health Organization.

Research Scholars, Faculty and Psychology Lovers interested in adding IJCP's hard copy to their Library can purchase previous issues of IJCP

IJCP-2020 issues of March and September are available at a 40% Discount.

For Net and JRF Qualified, Research Scholars available at a 50% Discount.

Discount is available up to 31st January 2024.

*Kindly Contact:
Dr. Manoj Bajaj
drmkbajajgmch@gmail.com
Publication Co-Ordinator*