

# The Experiences of Families of Children with Learning Disabilities: Parental Stress, Family Functioning, and Sibling Self-Concept

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## Abstract

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Quantitative and qualitative measures of 19 parents and 19 siblings of school-age children with learning disabilities (a parent-sibling pair for each child) showed that the functioning of the families and the self-concept of the siblings were comparable to that in families of nondisabled children, but the parents in the former group experienced greater stress than did parents of nondisabled children. Furthermore, despite few problems in sibling relationships, the families experienced adaptational difficulties, especially with regard to the school. Family intervention and future research are suggested.

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A learning disability denotes a range of primary difficulties in the academic subjects and secondary problems in social and emotional domains (Mercer, 1986; Winzer, 1990). Children with learning disabilities have been found to have lower self-concept (e.g., Chapman, 1988; Grolnick & Ryan, 1990; Rogers & Saklofske, 1985), more anxiety (Grolnick & Ryan, 1990; Margalit & Zak, 1984), and lower peer acceptance (Priel & Leshem, 1990; Stone & La Greca, 1990) than normally achieving children. If one subscribes to the family systems theory that family members interact in a transactional manner (Munichin, 1985), it follows that a child's learning disabilities would have ramifications on the parents, family system, and siblings (Pfeiffer, Gerber, & Reiff, 1985). The experiences of families of children with learning disabilities (LD), however, are not well understood because of sparse and equivocal information.

Perhaps the most socially significant feature of a learning disability is its invisible and seemingly benign nature (Dyson, 1993). Typically present in a

child with normal intelligence (Reid, 1988), learning disabilities constitute an intellectual handicap that is hidden (Faerstein, 1981). Delayed and conflicting diagnoses are common, leading to belated intervention (O'Hara & Levy, 1984). Meanwhile, the invisible disability may create intolerance toward the child by the family and the general public (O'Hara & Levy, 1984). Learning disabilities may also generate false hope in the parents (Berman, 1979), who may initially respond to the diagnosis with denial of, and ambivalence about, the child's disability and unrealistic expectations for his or her academic performance (Abrams & Kaslow, 1976; Berman, 1979; Kaslow & Cooper, 1978). These conditions would heighten parental stress (Abrams & Kaslow, 1976; O'Hara & Levy, 1984) and cultivate negative family functioning (Abrams & Kaslow, 1976; O'Hara & Levy, 1984).

In homes with a child with disabilities, siblings may establish rigidly defined roles. Roles frequently adopted by the siblings of children with LD are the "super achiever" and the "mediator" (Atkins, 1991, p. 528).

No matter what role these siblings assume, they feel in no way special or important and thus develop a low self-concept (Atkins, 1991). Moreover, because siblings influence each other (Sutton-Smith & Rosenberg, 1970), they may also develop low self-concept through identification with their brother or sister with learning disabilities. Furthermore, siblings may encounter an unfavorable school environment. Teachers of children with learning disabilities expect these children's younger siblings not only to do less well on academic, perceptual, and memory tasks, but also to make less progress during the school year than younger siblings of nondisabled students (Richey & Ysseldyke, 1983). Sheaver (1973) predicted that the siblings of low-achieving children, if taught by the same teacher, would see lower academic achievement than siblings of higher achieving children. As self-concept is also affected by external factors, such as school (Purkey, 1970), siblings of children with learning disabilities may develop low self-concept through their school experiences.

However, the research has produced conflicting findings on parental stress and family functioning. Some studies have confirmed that mothers of boys with learning disabilities are more anxious than mothers of normally achieving boys, and that families with a child with learning disabilities emphasize more control, orderliness, and personal achievement but allow less free expression of feelings than families of normally achieving children (Margalit & Heiman, 1986). A greater amount of parenting stress has been found in mothers of children with learning disabilities than in mothers of children in general education classes (Fuller & Rankin, 1994). In addition, family malfunctioning (Kronick, 1976) and deviation from the normal range of family cohesion and adaptability have been reported (Michaels & Lewandowski, 1990).

There is contrasting research, however, suggesting that families with children with learning disabilities are not different from families of nondisabled children on such educationally related home conditions as family organization, parental stress, parental support, and parental expectations for education (Christenson, 1990). The family structural patterns of children with learning disabilities have also been found to fall primarily within the normal range (Parker, Hill, & Goodnow, 1989). The inconsistency in research findings is exemplified by the contradictory report from one study that families of adolescents with learning handicaps were predominantly similar to families of nondisabled adolescents in patterns of family adaptability and cohesion but not in family functioning and adjustment (Morrison & Zetlin, 1992). Likewise, it has been reported that although families experience emotional strain and isolation related to having a child with learning disabilities, they also have positive family experiences (Waggoner & Wilgosh, 1990).

There is especially a lack of data on sibling development in homes with a child with learning disabilities. The

only reported study of siblings of children with learning disabilities suggested that these siblings may experience emotional difficulty (Waggoner & Wilgosh, 1990); however, because that study provided no quantitative data or extensive information, a picture of sibling development and experiences in the presence of a child with learning disabilities remains unclear.

The present study examined parental stress, family functioning, and sibling self-concept in families with children with learning disabilities. The study was designed to answer the following questions:

1. Do parents of children with learning disabilities experience higher degrees of stress than parents of normally achieving children?
2. Is the family functioning of children with learning disabilities different from that of normally achieving children?
3. Is the self-concept of siblings of children with learning disabilities lower than normally expected?
4. How does a child with learning disabilities affect his or her family, siblings, and school?

## Method

### Participants

Thirty families responded to the invitation to participate in the study. Eligibility for participation (one child with and one without learning disabilities, ages 7 to 14) resulted in the final sample of 19. Sixteen (84%) of the questionnaires and interviews were completed by the mother, one (5%) by the father, and two (10%) by both parents together. This constituted 19 sibling and parent pairs of children with learning disabilities, totaling 38 siblings and parents. The children with learning disabilities had been diagnosed as having severe learning difficulties, resulting in their placement in a special program in either a segregated or a mainstream general education class. The major diagnostic criteria

included: severe difficulties in basic academic skills with persistent difficulties in the primary years, a 2-year lag by the later primary years and a 3-year lag in the intermediate years, a significant weakness in one or more cognitive processes relative to overall intellectual functioning that directly affected learning and school performance, or a significant discrepancy (2 standard deviations) between learning potential and actual performance as measured by norm-referenced instruments in Grades 3 through 12 (Ministry of Education and Multiculturalism, Province of British Columbia, Canada, 1995). The children with disabilities consisted of 16 males and 3 females, ages 8 to 15 ( $M = 10.6$ ,  $SD = 1.7$ ). Eleven children were in full-time special education classes and 8 were in general education classes (7 received learning assistance in the resource room and 1 received additional private tutoring). At the time of the study, 5 had been in the special education classes for 4 years and 6 for between 1 to 3 years; 4 had been in the general classes for 1 year and 4 for between 2 and 3 years.

Scores on the Wechsler Intelligence Scale for Children-Revised (Wechsler, 1974) were available for half of the children with learning disabilities. The average Verbal IQ was 99.3 ( $SD = 16.6$ , range = 60 to 120) and Performance IQ, 98.0 ( $SD = 16.2$ , range = 60 to 115). Based on the most recent school report card, parents rated the children with learning disabilities on the academic items (reading/English, writing, arithmetic, and spelling) of the Social Competence scale of the Child Behavior Checklist (Achenbach, 1981). Five children were rated to be average and 2 above average in all but one area, which garnered a rating of either significantly below average or failing. Six children were below average in all subjects and 5 had a wide spread along all subject areas, from failing to above average. One was not rated, for lack of the latest report card.

The average age of the fathers was 42 years ( $n = 15$ , range = 31 to 51) and

of the mothers, 38 ( $n = 19$ , range = 31 to 47). Among the siblings, there were 11 males and 8 females, ages 7 to 14 years ( $M = 9.8$ ,  $SD = 2.7$ ). The sibling pairs consisted of 6 male–female, 10 male–male, and 3 female–female pairs. None of the siblings had identified disabilities, and all were attending general education classes. The families were all Caucasian and of middle socioeconomic status (68% middle and 31% lower middle), and resided in a medium-sized metropolitan city. The majority (79%) of the families had two parents; 21% had one parent, due to divorce or separation.

The comparison sample was drawn from Dyson (1989, 1991) and consisted of 55 normally achieving children, ages 7½ to 14½ ( $M = 9.8$ ,  $SD = 2.0$ ), 30 of them being Canadian and 25 American, of primarily middle SES (81%). The average age of fathers was 36.5 ( $SD = 3.7$ ) and of the mothers, 34.9 ( $SD = 3.9$ ).

### Procedure

The families were recruited from a school district and the local association for learning disabilities. Letters explaining the nature of the study were distributed through the district and the association. After gaining families' informed consent, a research assistant interviewed the parents and children in their homes and administered children and family assessment scales individually.

### Instruments

*The Questionnaire on Resources and Stress–Short Form* (QRS-F; Friedrich, Greenberg, & Crnic, 1983) is a short form of the Questionnaire on Resources and Stress (Holroyd, 1974), which assesses the impact of a family member with chronic illness or disabilities on other family members. Completed by the parents, the QRS-F comprises 52 items requiring a "yes" or "no" answer. It produces a total scale score, which was used in the

present analysis. The higher the total scale score, the higher the parental stress.

*The Family Environment Scale–Form R* (FES; Moos & Moos, 1981), completed by parents, is a 90-item true–false scale that assesses family structure, functioning, and communication style (Crnic & Greenberg, 1987). A total of 10 subscales can be clustered into three underlying domains. The Relationship domain consists of the Cohesion, Expressiveness, and Conflict subscales; the Personal Growth domain includes the subscales of Independence, Achievement Orientation, Intellectual–Cultural Orientation, Active–Recreational Orientation, and Moral–Religious Emphasis; and the System Maintenance domain contains Organization and Control subscales.

*The Piers-Harris Children's Self-Concept Scale: The Way I Feel About Myself* (CSCS; Piers, 1984) is a self-report instrument measuring the self-concept of children between ages 8 and 18. When individually administered, the scale can be applied to younger children and has been shown to have adequate test–retest reliability with such a population (Piers, 1984). The scale contains 80 self-declarative statements, such as, "I have many friends." The children are required to respond with "yes" or "no." Standardized on a population of 1,183 school children, the scale has been tested on a variety of samples (Piers, 1984). The test–retest reliability with general populations ranged from .71 to .77, which is considered to be satisfactory (Piers, 1984). The CSCS yields a total scale score and factor scores. Only the total scale score was used in the present analysis. Although the scale was administered to the main participants—nondisabled siblings—it was also completed by the children with learning disabilities for the purpose of comparison.

In addition, the parents answered the following two questions: Has learning disability in your child caused any problems in terms of family, siblings and school? and, What has been your

experience with regard to family, siblings, and school that is related to your child's learning disability? Responses were recorded verbatim, at times with the aid of a tape recorder, if the family permitted.

## Results

Quantitative data were analyzed using the SPSS-X (second edition; SPSS, Inc., 1986); qualitative data were analyzed using the constant comparison method (Glaser & Strauss, 1967). Two independent coders naive to the study summarized major themes for experiences regarding family, siblings, and school. Reliability of categorization was examined by comparing category by category between the two coders. Average coder agreements for each of the areas (family, siblings, school) were 80%, 88%, and 83%, respectively, with an average of 84%.

### Parental Stress and Family Functioning

Table 1 presents *t* tests of the parental stress and family functioning of families of children with learning disabilities and the comparison sample of families of normally achieving children (Dyson, 1991). A significant group difference ( $p < .05$ ) was found on parental stress (QRS-F). No differences appeared on Family Relationship and System Maintenance of the FES, but the families of children with learning disabilities scored significantly higher on Personal Growth.

### Sibling Self-Concept

The siblings of children with learning disabilities obtained an average self-concept score of 63.6, which was higher than the normative score of the Children's Self-Concept Scale ( $M = 51.8$ ,  $SD = 13.8$ ,  $N = 1,183$ ) (Piers, 1984). Table 1 shows no statistical differences ( $p > .10$ ) in the average self-concept score between the studied siblings and the comparison sample of siblings of

**TABLE 1**  
*T* tests of Parental Stress, Family Functioning, and Sibling Self-Concept of Group with Learning Disabilities (LD) and Comparison Group

Measure	LD group			Comparison group			<i>t</i>	<i>df</i>
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>		
Parental stress (QRS-F)	9.0	8.7	17	3.5	4.5 <sup>b</sup>	55	2.5*	72
Family functioning (FES)								
Relationship	9.5	5.0	19	10.7	3.4 <sup>b</sup>	55	.97	72
Personal growth	30.4	5.1	19	27.3	5.0 <sup>b</sup>	55	2.3*	72
System maintenance	1.0	2.3	19	1.1	2.6	55	.16	72
Self-concept (CSCS)	63.6	10.0	19	64.4	11.0 <sup>a</sup>	55	.29	70

Note. QRS-F = Questionnaire on Resources and Stress; FES = Family Environment Scale; CSCS = Children's Self-Concept Scale.

<sup>a</sup>See Dyson, 1989. <sup>b</sup>See Dyson, 1991.

\**p* < .05.

normally achieving school-age children (Dyson, 1989).

### Family Experiences

Almost half of the families (47.4%) reported having no problems with the siblings at home. However, more families (63.2%) reported problems for the family, and a greater number (89.5%) reported problems with the school. These are discussed below.

**Family.** Table 2 presents categories of problems for the family and the frequency of reporting. Topping the list are the excessive amount of time and energy expended on the child with learning disabilities and the parents' continuing difficulty with accepting their child's disability, especially in light of their own professional achievements. One parent remarked, "It's still a shock. I still don't like to admit that B. has a disability." Another parent commented, "I can accept my child has an LD but I don't like to use those terms around my child."

Parents were also concerned about the behavioral deficits of the child with learning disabilities. Social, behavioral, and physical deficits often resulted in negative social and psychological con-

sequences. For example, physical incoordination often led to exclusion from group sports; minor behavior problems, such as disruptive mealtime behavior and untidiness, upset the family life; and teenage developmental difficulties were followed by drug experimentation and minor juvenile delinquency. Various other sources put a strain on the family, for example, disrupted daily functioning and routines, single parenthood, and financial hardship due to such matters as private assessment, tutoring for the child, and counseling for the family. Although reported by only one family, severe emotional and behavior difficulties had caused great disruption in the family.

**Siblings.** Relationships between siblings with and without learning disabilities were reported to be generally positive. Nearly half of the parents (46%) reported that nondisabled siblings were "understanding" and "patient" with the sibling with learning disabilities. However, some problems concerning the siblings were also reported, a leading one being the parents' feelings of guilt for investing more time in the child with learning disabilities than in the other children. A typical parental remark was, "I feel

guilty to have to spend more time with my child with disabilities. I feel I have neglected other children." Nineteen percent of the parents reported various negative experiences among the siblings. These included being teased by the child with learning disabilities, running away from home, severe fears of the child with learning disabilities, and copying of inappropriate behaviors of the child with learning disabilities. Parents were also concerned about the higher level of achievement by younger siblings and the resulting embarrassment for the child with learning disabilities. One parent reported sibling resentment over the parents' excessive devotion to the child with learning disabilities; another parent expressed needs for a group support program for the siblings.

**School.** Table 3 presents experiences with school as reported by parents of children with learning disabilities. The most notable problems were learning and social difficulties experienced by the child, and parental dissatisfaction with initial delayed diagnosis. One parent recounted, "It took so long for an assessment to be done and to find out what the problem was." Another parent resented having to pay for private assessment to avoid the long wait. Concern over their children's academic conditions was exemplified by a parent's remark that their "child's report cards are difficult to read. There are always complaints about his short attention span and disruptive behaviors. Is there anything he is good at? I know he can do better than that." Some parents showed their frustration with the prolonged process of finding appropriate programs for their children or of having their children "mainstreamed." One parent reported, "It took school so long to recognize the problems and then longer still to deal with it." Moreover, although some parents were satisfied with the stability and quality of their children's current educational placement, they began to be concerned over future educational programs in

**TABLE 2**  
Family Experiences Associated with a Child with Learning Disabilities  
and Frequency of Reporting

Type of experience	Frequency (n <sup>a</sup> )
More time and energy spent on child with learning disabilities	6
Child's deficiencies (deficient social skills, low self-image, social isolation, poorer coordination, minor behavior problems)	6
Initial shock at the identification, and prolonged difficulty in accepting the child's disability	6
Family strains, reduced family time together, and family needs to establish the routine	2
Added difficulty in parenting due to single parenthood	2
Child's developmental problems associated with the teenage years	1
Disruption of family life due to severe emotional and behavior difficulties of the child with learning disabilities	1
No problems	7

<sup>a</sup>Families could report more than one category.

**TABLE 3**  
Parents' School Experiences Related to a Child with Learning Disabilities

Types of experience	Frequency (n <sup>a</sup> )
Lengthy time taken for recognition, identification and assessment, and additional costs for the family (e.g., for assessment and tutoring)	6
Child's own problems (skipping classes, suspension from school, not getting along with peers, low self-esteem, difficulty coping with mainstreaming, minor behavior problems)	7
Concerns over their children's academic experiences (e.g., negative report cards, absence of appropriate reading materials for children with learning disabilities, inflexible policy, reduced teacher attention due to workload, absence of after-school tutoring)	5
Delay in receiving programs and placement following the identification	2
Parental frustration in seeking appropriate placement for their children with learning disabilities	2
Parental concern over the child's future educational programs	2
Parental concern over the label of "gifted learning disabled"	1
Parents' satisfaction with the school	5
No problems	3

<sup>a</sup>Families could report more than one category of problems.

junior and senior high school. Parents from still another family expressed concern over the identification and labeling of their child as "gifted learning disabled." They feared that such a paradoxical label might belie the child's disability and hence his need for instructional attention.

Despite parental concerns about their children's school experiences, a

substantial number of parents were pleased with their children's school. Parental satisfaction with school derived from such sources as the mainstreaming of their children, "terrific teachers," early recognition of the child's learning difficulty by the school, and how the school handled the child. A stronger reason for parental satisfaction with the school was

that their child with learning disabilities was "doing well" in school.

## Discussion

The results of the study show that in the presence of a child with a learning disability, families may experience increased parental stress and place

greater emphasis on personal growth. There are also suggestions that family routines may be altered and sibling interactions disrupted to some extent. Unexpectedly, these disadvantages did not cause family dysfunctioning or affect siblings' self-concept. The result corroborates clinical experiences (Abrams & Kaslow, 1976; O'Hara & Levy, 1984) and research findings (Fuller & Rankin, 1994; Margalit & Heiman, 1986) that families of children with disabilities experience greater stress than other families. However, contrary to the finding by Margalit and Heiman (1986) and Kronick (1976), the present study found that families of children with learning disabilities are similar to families of normally achieving children in that they have a positive and cohesive family relationship and use rules for operating the family routine. This result is consistent with the findings of Christenson (1990) and Parker et al. (1989). Nonetheless, the present study supports Margalit and Heiman's finding that families of children with learning disabilities strive for personal growth and are active in cultural and recreational activities more than families of normally achieving children. These results suggest that the presence of a child with learning disabilities may lead to increased family emphasis upon personal growth of the family members.

The positive self-concept of the studied siblings may be related to their brothers or sisters with learning disabilities. Conflicting with reports of a lower self-concept in children with learning disabilities (e.g., Grolnick & Ryan, 1990; Rogers & Saklofske, 1985), this study found the children with learning disabilities to have a self-concept score that, though lower than their siblings', was within the range of the normative group ( $M = 60.7$ ,  $SD = 11.8$ ,  $N = 19$ , vs.  $M = 51.8$ ,  $SD = 13.8$ ,  $N = 1,183$ ). With this level of self-concept, these children with learning disabilities represented a relatively well-functioning group and, therefore, had a positive influence on the self-

concept of their normally developing siblings.

Parents' accounts of family experiences lend support to the quantitative results showing a high level of parental stress. Although the family experiences of the nondisabled siblings in the presence of a child's learning disability were more positive, the parental experiences were generally more negative. Parental difficulty was chiefly associated with the child's skill and behavior deficits, and, especially, with school experiences that were unsatisfactory to the parents. Some of these family experiences are consistent with those reported by Waggoner and Wilgosh (1990). It should be noted that insufficient funding may well have contributed to school-related problems, such as delay in identification of learning disabilities and program placement.

The results suggest the need to support families who have a child with a learning disability. It is advisable that school programs and procedures for identification and placement of these children be reexamined. Earlier and speedier identification of a child's difficulty, to be followed by appropriate educational placement, would be needed to satisfy parents and reduce their stress. These, however, may not be possible without adequate funding. Educational programs must develop social and behavioral competence in children with learning disabilities.

The paucity of research warrants further study of the family and, especially, the siblings of children with learning disabilities. A research agenda would include delineation of sources of stress associated with parenting a child with learning disabilities and investigation of the effect of family adaptation on the child's adjustment. Also to be examined would be factors that may prevent families and siblings from becoming dysfunctional in the face of the disruption created by a child's learning disabilities. Future research must also improve on the present study's limitations of small

sample size and lack of a comparison with families of normally achieving children in the qualitative data.

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