The present work is an attempt to explore the psychosocial and behavioural affects of having a learning disability in relation to maternal stress, coping styles and family environment. The conception of this study resulted with an idea that the true essence of a learning disabled child’s psychosocial and behavioural profile cannot be viewed independent of the effect the familial variables have on it. Though much research work has been conducted in the field of learning disabilities and parental stress but few attempts have been made to study the psychological recourses of the parents, their coping styles, the family environment and its reciprocal causal relationship with the learning disabled child. So the present study has been designed to review the role of these variables individually as well as in conjunction with each other in order to shed more light on the psychosocial, behavioral and familial profile of a child with learning disabilities. This being the main objective of the present research, the available literature concerning these variables and their correlation with learning disabilities has been reviewed.

A comprehensive review of literature is a vital part of any good research endeavor. It provides valuable background information that helps the investigator in designing and analyzing research work. The literature collected is presented under the following headings.

2.1 LEARNING DISABILITY AND PSYCHO-SOCIAL CORRELATES

1. Learning disability and self concept.
2. Learning disability and Loneliness.
3. Learning disability and anxiety.
4. Learning disability and behaviour problems.

2.2 LEARNING DISABILITY AND FAMILIAL CORRELATES

1. Learning disability and parental stress.
2. Learning disability and parental coping strategies.
3. Learning disability and family environment.
2.1 LEARNING DISABILITY AND PSYCHO-SOCIAL CORRELATES

Individual differences that are seen amongst students have an affect on their performance in every sphere of life. Some students are academically inclined, whereas others are keen on sporting activities. However all students are usually judged based on the same parameters which have become obsolete over the years. This leaves a special category of students who face learning problems in a dilemma. 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. These disorders are intrinsic to the individual presented to be due to central nervous system dysfunction and not due to mental retardation, sensory problems and emotional illness (National Joint committee on LD, 1981/1988).

The idea that learning disabilities leads to various psychological and behaviour problems in children, has given rise to much discussion. Lenka & Kant (2012), state that learning disabled children do not have the necessary sensitivity that helps children to adjust. This may cause many of them to exhibit behaviours that may cause them to be viewed as problematic children. Due to constant ridicule from society they also run the risk of becoming dull and developing feelings of inferiority. They also stated that most exceptional children suffer from emotional problems.

Research suggests that learning disabled children manifest various psycho-social and emotional problems like low self concept, anxiety, difficulty in peer interactions, etc, which predisposes them to various behaviour problems like conduct disorders and oppositional defiant disorders.

A review of related literature has suggested that children with learning disabilities experience many psycho-social challenges and they also demonstrate emotional and behaviour problems (Sorensen et al., 2003). Another study states that there is an existence of higher levels of emotional problems as well as behaviors difficulties and attention problems, among children with dyslexia (Heiervang, Stevenson, Lund & Hugdahl, 2001). Although not all studies support this pattern. Greenham (1999) in a review of related research research is reviewed that assessed the extent to which difficulties in psychosocial adjustment are characteristic of broadly
defining learning disabilities and of specific patterns of academic and neuropsychological assets and deficits. They reported that most of children and adolescents with learning disabilities were in the normal range of peer acceptance and socially competent behaviour. Some measure of difficulty in these social assessments is observed in approximately one third of children and adolescents with learning disabilities, compared with 10 to 15% of non-learning disabled controls. Similarly, internalized emotional symptoms of depression and anxiety are assessed as somewhat higher for individuals with learning disabilities than for non learning disabled controls but are within the normal range of scores. Externalized emotional behaviours, specifically aggression, delinquency, and hyperactivity, are problematic but these too are at subclinical levels. In the few studies that examine psychosocial adjustment for subtypes of learning disabilities, there is some evidence that individuals with nonverbal learning disabilities are at much greater risk for personality disturbance and behaviour problems. That the psychosocial adjustment of individuals with reading disabilities is within the range of non-learning disabled controls remains to be convincingly demonstrated. Following is the review of various psycho-social factors and behavioral components and their relationship with learning disability.

2.1.1 Learning Disability and Self Concept

Self concept is a general view about oneself across various sets of specific domains and perceptions based on self-knowledge and evaluation of values formed through experience in relations to one's environment (Eccles, 2005). Whereas academic self concept is referred to a person's self evaluation regarding specific academic domains or abilities (Trautwein et al., 2006). It has been seen that the need to attend to self esteem issues in children with a learning disability is felt across all cultures. Shawitz (2003) has identified self esteem as being a dyslexic child's area of greatest vulnerability.

Self concept has been recognized by researchers in psychology to play a crucial role in the individual’s personal adjustment. As students with a learning disability are faced with academic failure on a daily basis, educators are becoming increasingly conscious of the fact that a student’s perception of himself may have a significant
influence on their academic performance (Elbaum & Vaughn, 2001). Studies that stress upon the importance of positive perceptions of self have also suggested that self determination that begins with knowing oneself and valuing yourself has been postulated as a key skill set for students with learning disabilities (White-Hector, 2012). A similar study reported that significant differences were found between the learning disabled group and non learning disabled group on self-determination and they consider self determination as an important skill set for children with learning disabilities (Yailagh et al., 2014).

Smith (1979) also wrote about the damaging effect of repeated school failure on the learning disabled children. It has been clearly established that academic failure is the distinct consequence of having a learning disability. Learning disabled children find it hard to cope with the academic demands placed upon them by our schooling system hence they start to think of themselves as being incapable or lazy or they start to show disinterest in various academic tasks. A study by Baumeister, Boden and Smart (1996) found that achievement comes first and self-esteem follows so when achievement is low so is the self esteem. In their research work Klassen and Lynch (2007) used quantitative methodology to explore the self efficacy belief of early adolescents with learning disabilities. The analysis of the results revealed that the students tended to view themselves as being low in self efficacy and performance. Students attributed their failure to lack of effort whereas the teachers attributed their failure to uncontrollable deficits. Another empirical evidence of the relationship between academic achievement and self esteem was given by a Meta analysis of 34 studies published between 1966 & 1999. In this review Thompson et al. (1999) compared self reported personality characteristics of children and adolescents aged 6-20 years with and without learning disabilities. The results revealed a generalized tendency for students to report lower levels of self esteem and academic achievement than their non disabled peers.

Empirical evidence suggests that self concept of students with learning disabilities is an area of great concern. Chapman's (1988) meta-analysis concluded that children with learning disabilities reported far less general and academic self concept than did students without a learning disability. Karande & Kulkarni (2009) examining the relationship between learning disabilities and self esteem issues in the Indian
context reported that “In our country due to a generalized lack of awareness, learning disabilities remains undetected resulting in the afflicted child experiencing chronic poor school performance and class detainment. Poor School performance not only results is the child having a low self esteem but also causes significant stress to the parents”.

Research stated previously shows how children with learning disabilities tend to report a lower academic self concept due to repeated poor academic performance. In contrast to the previous view Bear, Minke and Manning (2002) in an extensive review of relevant literature concluded that differences between learning disabled and non learning disabled students in global self concept and in domain specific self perception in regard to behavioral and social competence were so small as to be of no practical importance but substantially higher academic self concepts were found for non learning disabled students. Gans, Kenny and Ghany (2003), in a similar study of mostly Hispanic middle school students found-that students tended to report lower self concept in academic and behaviour areas than did typically developing students, but they reported no difference in their global self concept. A qualitative study aimed to add to the existing research on self concept of the learning disabled revealed that the participants described themselves with mostly positive and some negative attributes in different self concept domains (Pestana, 2014).

In a longitudinal study Strien and Signor (2005) analysed data from 5284 non LD and 382 LD high school students. Similar to previous studies when achievement was not controlled for, LD students posted low scores in English, Math and general academic self concept. However when achievement was controlled these differences disappeared.

It becomes quite evident from the literature stated previously that students with learning disabilities struggle with self-concept and self-esteem issues, which may further cause adjustment difficulties, problems with substance abuse, depression and ideas about suicide (Saghatoleslami, 2005). However, not all students with learning disabilities have the same experience in terms of self worth. Self-esteem and self-concept are fluid through a child’s development and can be influenced by positive parental involvement, awareness on the part of the school authorities, resource rooms, etc.
Research evidence shows a link between learning disabled child’s self esteem and special education classes. In other words when they attend resource rooms or classes that cater to their special education needs a positive difference is seen in their self esteem. Studies have shown that students with learning disabilities who attend inclusive classes have lower self concepts than their peers who attend schools for students with special educational needs (Moller et al., 2009). A reason for this could be cited as the constant social comparisons that they make with typically developed children while attending inclusive schools.

Further research shows that it was reported by students with learning disabilities that when they compared themselves to other students who had a learning disability, they felt better about their performance than when children with learning disability compared themselves to typically developing children (Renick & Harter, 1989).

Another important variable that may affect a learning disabled child’s self esteem may be, parental feedback or encouragement from significant others. Studies have also established a link between positive parental involvement and better self esteem in children. Ochoa, Lopez and Emler (2007) in their study found an association between parent’s and adolescent’s positive family self concepts, which in turn was linked to a positive academic self concept.

Further, studies show the profound importance of positive parental involvement and its effects on the child’s self esteem. Hammett, Omizo and Loffredo (1981) used the systematic training for effective parenting (STEP) program to train parents on how to respond more affirmatively to their children and the results revealed that the parents had a very strong effect on the children’s self esteem. Dyson (2008) also in his study on learning disabled children established that when parents showed positive parental involvement in the life of a student with learning disabilities it helped to improvement the student’s self-concept. Thus empirical evidence states that poor parent-child interactions or lack of positive communications may lead to low self concept in learning disabled children.

Further it has been seen in case of children with learning disabilities that the characteristics specific to having a learning disability can cause poor communication
Lack of adequate communication skills can hinder the parent-child communications. As the gap in the parent-child communication widens and compounds over time, it may further adversely affect the child’s disability. Such a scenario may lead to stress in both the child as well as the parent. Empirical evidence that supports this has also shown that when a parent of a learning disabled child exhibits’ stress regarding his child’s disability, it tends to excavate problems in the child’s social competence and behaviour (Dyson, 2003). This study points at a co-variance between parents stress and self concept and behaviour problems in the LD child.

Literature mentioned above is conclusive of the fact that a child with learning disabilities who is suffering from repeated academic failure may develop a low self esteem but other factor like a positive feedback and encouragement from parents and significant others in areas of his interest like sports or other vocations could help the child in building a positive sense of self. Also the use of resource rooms in educational setting had limited although significant effects on the self concept of children with learning disabilities (Bear et al., 2002).

2.1.2 Learning Disability and Anxiety

Anxiety tends to inflict the lives of many children and young people causing them undue distress. As many as one in every five primary school children suffer from a low sense of well-being as reported by Morison-Gutman et al. (2008). In case of children with learning disabilities anxiety is one of the most frequent emotional symptoms that accompany a learning problem. Children with learning disabilities become fearful and distressed owing to their constant frustration and confusion in school. As a general rule anxiety causes us to avoid whatever frightens us and students with learning disabilities is no exception. However, due to general lack of awareness parents, teachers, peers interpret this avoidance as laziness. Margalit and Zak (1984) found that children with learning disabilities have higher levels of anxiety than do their peers without learning disabilities. Zetlin and Hosseini (1998) used their case studies to establish that learning disabled children tend to be anxious and frustrated by the uncertainty of their future.
Empirical evidence further suggests that these frustrations and anxieties faced by learning disabled children play an important role in the academic lives of students with learning disabilities (Lufi et al., 2004; Mazzocco & Myers, 2003). Studies show that students with learning disabilities are likely to be more seriously affected by anxiety than their non-learning disabled counterparts. A reason for this anxiety could be explained by the tendency shown by children with learning disabilities to become more disorganized than children without such disabilities when under the pressure of testing (Connelly, 1969). Another study also showed that test anxiety has been seen to be a slightly strong predictor of academic test scores for children with learning disabilities than children without learning disabilities (Bryan & Bryan, 1983). Lenka and Kant (2012) in their study conducted on 60 special needs children comprising of 30 learning disabled and 30 learning improved reported findings contrary to the above mentioned research. They concluded in their findings that learning disabled and learning improved showed no difference in the level of academic anxiety they experienced. The study also revealed that gender has no role in developing academic anxiety among the learning disabled.

In case of children stress is often experienced pertaining to events that are related to school activities. Research tends to point in the direction that perceived academic competence in children may lead to psychological and emotional impairment in children. Blechman et al. (1986) suggested that less academically component children may exhibit depressive symptoms. In a similar more recent study Jason and Hannah (2011) found that students with a learning disability had higher mean scores on measures of anxiety as compared to students who did not have a learning disability.

Anxieties faced by students with learning disabilities are a universal phenomenon. In a study done on the Arab children by Wadlington et al. (2009) found that overall the students who had a learning disability reported as having higher levels of test anxiety and lower levels of self-esteem than their non-disabled counterparts. Such kinds of intense distress that is experienced by learning disabled children may be expected to impair their academic performance even further.
Research studies have shown that anxiety tends to be a psychological issue of great relevance and is ranked among the most prevalent problem faced by children with intellectual disabilities (Hill & Furniss, 2006; Emerson and Hatton 2007; Kim et al., 2000): A literature review has shown that the rate of prevalence of an anxiety disorder is quite similar if not higher in people with learning disabilities (Cooray & Bakala 2005). In a research conducted by Gobrial (2009) 150 children and young people with learning disabilities and autism were screened for anxiety and the results indicated that children and young people with learning disabilities and autism had high rates of anxiety.

Empirical studies also indicate that despite attending special educational classes the fear of repeated failure is still a concern for children with learning disabilities. In a study done by Rodriguez & Routh (1984) it was reported that children new to resource rooms were no more depressed, anxious or had maladaptive attribution than students who had been accustomed to the special education settings. In another study examining anxiety and learning disabilities Rodriguez and Routh (1989) investigated depression, anxiety and attributional styles in learning disabled (LD) and non-LD children subjects included 11 children who were new to LD class, 20 who had been in LD classes for more than one year, and a control group of 31 non-special education children matched to the first two groups with respect to age and sex. Contrary to predictions, children who were recently assigned to a LD program did not score higher in anxiety depression, anxiety or maladaptive attributional style than those children accustomed to the special education setting. There were, however, significant differences between the combined LD group and the control group in both anxiety and per nominated depression.

Anxiety may not only affect the LD child in his academic setting i.e. school, etc. but it may have a profound effect on his overall psychological and behavioural adjustment. Anxiety in children has been linked to the child’s interpersonal functioning as well as family functioning. It may not only cause serious impairment to the child’s life but may also cause distress to the parents (Teehe et al., 2009; White and Hastig, 2004). Research has shown the adverse effects of anxiety on the relationship with their peers as well (Rapee et al., 2008).
Empirical evidence above points to how anxiety felt by children may affect their interpersonal and family functioning. Further, research has suggested at how the parental/familial and environmental factors play a role in the development of increased anxiety levels in children. Grover et al. (2005) found that children, who experienced a more negative family environment, had significantly higher levels of anxiety. Another study showed how parental stress which is shown to be related to negative parent-child interactions and emotional adjustment in children in another variable that could be associated with childhood anxiety (Pianta et al., 1990).

In other words the academic woes of a child with learning disabilities may be further enhanced by familial issues and challenges, caused by the added pressures and responsibilities of having a child with learning disabilities. This in turn may give rise to more anxiety in such children. Learning disabled children who lack the social skills to express freely, may express their feelings of stress and confusion at home through anxious behaviours. It is also known that stress is not just experienced by the children but felt by their parents and parents tend to frequently pass on such anxieties that they experience on to their children (Westen and McCann, 2007). Literature suggests that academic anxiety faced by learning disabled children and anxious parental behaviour can enhance anxious and avoidant behaviour in children (Albano, 2004).

Herren et al. (2012) in their study reported that parents of anxious children had significantly higher levels of dysfunctional beliefs than the parents of the control group (children without mental disorder). They also demonstrated low parenting self-efficacy and satisfaction compared to mothers of healthy children. Parental dysfunctional beliefs about child anxiety and parental parenting self-efficacy were significantly positively associated with child anxiety. The effects remained significant after controlling for parental anxiety and depression. Overall the study suggested that children’s anxiety and parent’s beliefs about their child anxiety, coping skills and parenting are strongly associated. In consistence with this research other researchers have also concluded that the parents of anxious children tend to have lower expectations in their child’s ability to cope (Micco and Ehrenreich, 2008). Another similar study reported parents of anxious children to exhibit more avoidant behaviour (Barrett, Rapee, Dadds and Ryan, 1996). Research has also shown to link parental and child anxious cognitions and that child
cognitions might be influenced by parental cognitions (Creswell, O’connor and Brewin, 2006; Barrett, Rapee and Dadds, 1996).

Research mentioned above helps us to understand a relationship between learning disabilities and anxiety in children. Learning disabled children have low levels of academic achievement, difficulty in reading, completing homework task, poor social skills acquisition, etc. Having to do this every single day and compete academically with other children who have no or little problems with such tasks can be frustrating and a source of anxiety. Parents and significant others by understanding this dilemma can aid a learning disabled child to deal with this sense of anxiousness. By educating the parents about the child’s anxiety management and encouraging communication with the school and the child, parents and other family members can help in may ways to effectively manage the child’s anxiety (Chansky, 2004).

2.1.3 Learning Disability and Loneliness

Loneliness as a generic term is often described as feelings of sadness and distress experienced when a desire for social relationships is not met as desired. Such feelings may include feeling badly about not having close friends, not belonging to a social group or emotional discomfort when alone. Loneliness is not the same as aloneness and the two terms should not be used synonymously (Buchholz & Catton, 1999). Aloneness may be considered a positive experience and a developmental necessity (Buchholz & Catton, 1999), whereas loneliness is the affective reaction to a discrepancy between desired and actual social relationship (Qualter & Humm, 2002). Due to characteristics specific to having learning disabilities, researchers support the contention that children with learning disabilities experience school differently from their non learning disabled counterparts. Most of the studies done on loneliness of children with a learning disability found that children with learning disability were most likely to experience loneliness than their average achieving classmates. (Margalit & Al-Yagon, 2002).

In a descriptive study that examined the “LD experience” as expressed by the messages of learning disabled children written online on a pre-existing public website sparktop.org developed by shwablearning (2009) designed for children with learning
and attention problems. The children's complaints about the cruelty of their peers are vivid and emotional. For example—a post reads “My friends sometimes say that I'm stupid. I don't know if they mean it as a little joke or they really mean it. They never sit with me at lunch or play with me at recess”. Wainman (2010) using a multiple case study design in the research revealed that subjects who had a learning disability experienced problems in their social networks. Subjects reported as feeling rejected or were missing a valued other. They had little cognitive energy left for learning and they did not want to attend school. The study also reported high rates of absenteeism among the group.

Learning disabled children are characterized by having language and communication deficits. Literature suggests that language and communication impairment are associated with loneliness. Black and Logan (1995) in their study reported that peer rejected children were less contingently responsible, they happened to take longer conversational turns, made more irrelevant comments and interventions, and were also seen to be engaging in more simultaneous talking during interactions. Studies also show a link between specific language and speech impairments and peer relationships. In other words children with language deficits may have more difficulties than their peers in joining interactions and in trying to engage in social behaviours like play. On the other hand, these children seem to be more readily socially rejected and thus isolated from social interactions with their peers (Gertner, Rice and Hadley, 1994).

Many students with learning disabilities experience more difficulties with interpersonal relationships and exhibit lower levels of social competence than students without learning disabilities (Kavale & Forness, 1996). Studies show that children with learning disabilities are known to have poorer social skills and to be less well accepted by their peers than normally achieving student (Haager & Vaughn, 1995).

Kavale & Forness (1996) in a meta-analysis of 152 studies revealed that an average of approximately 75% of children with learning disabilities exhibited deficits in social skills. They also revealed that many of the learning disabled were conscious of their adverse social situation. They reported 7 out of 10 students rated themselves as having social skills deficits, despite still viewing their academic difficulties as their
most crucial and central issue. Overall the study reported that students with learning disabilities manifested deficits social competence, expressed through peer rejection and social isolation. Other studies that have reported similar findings have also shown that children with learning disabilities feel more loneliness as compared to their non learning disabled counterparts (Margalit, Tur-Kaspa and Most, 1999; Valas, 1999).

Research evidence shows that the association between learning disabilities and loneliness may be the result of alienation faced by students with learning disabilities, lack of social status and low peer acceptance (Reddy, Ramer and Kusuma, 2000). Studies further link low social status with negative outcomes such as emotional adjustment (Coveen et al., 2000; Roff, 2001). Studies also suggest that children with learning disabilities have a negative social status, such as neglected or rejected by their classmates (Stone & La Grece, 1990; Vaughn et al., 1990).

Socio metric studies suggest that children with learning disabilities are more likely to be rejected and are less likely to be accepted or popular (Vaughn, Elbaum, & Schumm, 1996). Peer status ranking in the literature indicate that as many as 30% of children with learning disabilities experience peer rejections, approximately twice as frequently as non learning disabled peers (Greenham, 1999; Ochoa & Palmer, 1991).

Children with learning disabilities due to loneliness tend to face added challenges in their academic tasks making going to school an unpleasant experience. Research studies have shown an association between loneliness and academic achievement (Galanaki & Kalantzi-Azizi, 1999). More specifically, researches have found that loneliness affects cognitive function (Pauri & Monda-Amaya, 2000).

The relationship between loneliness, academic achievement and social skills has been found across age and cultural groups. A study of students in Greece revealed that rejected students are more likely to have learning problems and exhibit fewer pro social behaviours. This relationships between social functions and other domains of psychosocial functions in children with LD has emerged, such research also suggests.

Loneliness is one of the social and emotional consequences of having a learning disability. There is evidence to suggest that these feelings of loneliness may be related to social and academic difficulties that are linked to having a learning disability. These
negative feelings of loneliness and social isolation can further impair a learning disabled child's adjustment. Investigating peer status in children with learning disabilities is important because children who are rejected by peers are at a risk for variety of disorders in childhood and adulthood (Bagwell, Newcomb and Bukowski, 1998).

Despite these findings, it is important to note that there are many LD students who are well accepted by their peers (Donhaue et al., 2002). Research also shows that children with learning disabilities who show considerable social skills tend to be well accepted by their peers (Fox, 2003). Further, contrary to the previous research empirical evidence also suggests that children who have learning disabilities and children who do not have learning disabilities do not show much difference in the number of friends that they report as having (Wenz-Gross and Siperstein, 1997; Wiener and Schneider, 2002).

Margalit and Al-Yagon (1994) as cited by Weiner (2004) identified two subtypes of 9 to 15 years old children with learning disability who were lonely. The highly externalizing group comprising approximately 29% of the sample had severe problems with self control, aggression and peer rejections. Children in the highly internalizing group, on the other hand, comprising of 31% of the sample, were described by their teachers as withdrawn and displayed no signs of problems with self control and peer rejections.

Thus the research evidence above is conclusive of the fact that many children with learning disabilities may experience feeling of being socially isolated. However not all learning disabled children report such experiences. They may report feelings of loneliness and low peer acceptance but with the right set of social skills, learning and instructions learning disabled children can enhance their social and emotional adjustment. Agarwal (2014) emphasized the need to develop social competence to avoid loneliness in LD children.

2.1.4 Learning Disability and Behaviour Problems

Hall & Elliman (2003) define psychological, emotional and behaviour problems as “behaviours or distressed emotions which are normal in children at some stage of
development, but become abnormal by virtue of their frequency or severity, or their inappropriateness for a particular child's age compared to the majority of ordinary children”.

Behaviour problems seen in children are often a manifestation of a deeper emotional or psychological issues. Commonly reported behaviour problems in children are emotional disorders like depression, anxiety and obsessions, hyperactivity involving attention and over activity and conduct disorder involving awkward, troublesome, aggressive and antisocial behaviour.

There is strong empirical evidence that supports a relationship between literacy achievement and behavioral problems. Rutter et al. (2004) state that learning disabled children-specifically children with reading disabilities were at an increased risk of a range of psychiatric disorders including (Attention deficit hyperactivity disorder (ADHD) and conduct disorder (ED). In another study that explored the relationship between literacy skills and behaviour problems it was reported that there was a strong link between poor literacy achievement and aggressive behaviour in children, and that this association tends to strengthen over time as children become more and more frustrated with their performance (Margalit and Arieli, 1984).

In another such study Janssen et al. (2002) reviewed that 30 to 60 percent of children with intellectual disabilities demonstrate challenging behaviors, such as low frustration tolerance and aggression at a rate higher than the normative population. Other researchers have also shown that conduct behaviour problems have a link to difficulties in school learning or academics (Wilgosh and Paitich,1982; Pasternack and Lyon, 1982; Rutter, 1974).

The co-occurrence of learning disabilities and behaviour problems may also be the result of other co-morbidities. Literature reveals that learning disabled children are particularly prone to co-morbid disorders, often with behavioral or emotional components (Bagner & Eyeberg, 2007). Both externalizing and internalizing behaviour problems are often associated with learning disabilities. The existence of a high percentage of association between learning disabilities and behaviour problems like ADHD etc is well documented (DuPual et al., 2004). Such an association may add to
the learning disabled child’s woes as studies show that, around 70% of children with ADHD present some type of a learning difficulty (Mayes, Calhoun & Crowell, 2000). Such a scenario would increase the likelihood of such children to receive special education services, be expelled or suspended from school or repeat a grade (Le Fever, Villers & Morrow, 2002).

ADHD very often is highly disruptive and adversely affects many areas of a child's psychosocial functioning (Barkley 1990). It was also noted that majority of the children with ADHD display significant academic under achievement. Empirical evidence suggests that behavior problems and learning disability together can result in low self-esteem, anxiety, depression and other emotional problems (Guevremont, 1990; Dyson, 2003). As Al-yagon (2007) stated, “research has shown that children with LD demonstrate more behavioral problems, somatic problems and withdrawn behaviour than do typically developing children”. Thus based on research we can form an assumption that behavioral and psychosocial co-morbidities may be assured to be part of a diagnosis of learning disabilities.

When behaviour problems accompany learning problems it may give rise to other social and emotional issues. Research evidence clearly points to behaviour problems as a significant cause of social exclusion for people with learning disabilities. Outwardly directed behaviour is a significant part of problem behaviour presented by people with learning disabilities. Such behaviours are there to stay for the long run and are considered important contributors of social exclusion of such children (Hassiotis & Hall, 2007).

Research studies in children with learning disabilities have found high rates of behaviour problems. Behaviour problems in learning disabled children have been noted to be a universal phenomenon. Einfield and Tonge (1996) in their survey examined 454 families who had a child with learning disabilities aged between 4 to 14 years in Australia. They reported 41% of the sample studied had emotional and behavioral problems. In another similar study in south Africa Moloteno et al. (2001) reported that children aged between 6 and 18 years were tested and 31% of the sample met the criteria for emotional and behaviour disorder.
In a similar study in India, Khurana (1980) reported that in a sample of 100 learning disabled children that were studied, behaviour problems were reported in 84% of the cases. Kumar (2013) quoted in his research that significant associations have been obtained consistently between learning disabilities and behaviour problems. Ritter (1989) examined a sample of girls for problem behaviours. It was reported that elevated problem behaviour was found in the group of girls with learning disabilities as compared to their non learning disabled counterparts.

Thus, it can be stated that when a learning disability is accompanied by co-morbid behavioural problems, this dual diagnosis presents a greater challenge to the individual and the family as a whole. A combination of learning disabilities coupled with behaviour problems in a child can pose a great challenge to any parents parenting capabilities. Baker *et al.* (2003) studied preschool children with and without development delays and their findings were that such children reported higher on behaviour problems than their non-delayed peers. Parenting stress was also found to be higher in the delayed group but was related to the extent of behaviour problems rather than the child's developmental delays.

Gupta (2007) reported that behavioral and developmental disability was associated with high parenting stress. Breevaart & Bakker (2011) is their study examined how behavioral problems in children were related to parental well being of working parents, and how raising a child with behavioral problems is stressful. Empirical research also suggests that behavioral problems seem to add to parental stress (Hastings, 2002).

A study by Anthony *et al.* (2005) examined whether parenting stress in the home context is related to the children’s behaviour while in preschool. The findings revealed that parenting stress was directly related to teacher ratings of social competence, internalizing behaviours and externalizing behaviours and the effect of parenting behaviour do not appear to mediate this relationship. Parenting stress was mostly strongly related to children’s social competence. Parents reports of expectations for their child’s behaviour appear to weakly moderate the relationship between externalizing behaviour and parenting stress. Previous research has suggested that
children with learning disabilities have lack of social skill acquisition which in turn affects their social competence and gives rise to parental stress leading to unproductive parenting behaviour.

Research also shows how parenting stress is linked to parenting behaviours (Briggs - Gowan et al., 2001; Rodgers, 1998). Studies have also shown to link parental behaviour to child adjustment (Deater-Deckard, 1998). In other words where parenting behaviors may act as risk factors and lead to an increase in problem behaviours, whereas certain parenting behaviours may also function as a protective factor for the development of these behaviours (Patterson et al., 1992). Studies have shown the existence of a reciprocal relationship where the child’s behaviour is shaped by the parents behaviour and vice-versa, and negative reinforcement may result in sustenance of such unwanted behaviour in both the parent and the child (Reid et al., 2002; Burke et al., 2008).

Thus a learning disabled child frustrated by repeated school failures may eventually manifest those frustrations through disruptive behaviors. The above mentioned research clearly establishes a relationship between learning disability and behavioral problems in children and its effect on the parents. The inability on part of the parents to appropriately manage the added strain caused by the child’s behaviour problems can further enhance such problem behaviours. It is to be noted that all learning disabled children do not exhibit behavioral problems. Therefore, one can conclude based on the empirical evidence that it is important to understand the variables that cause these behavioural manifestations in learning disabled children. This can help in planning intervention strategies for both the child and the parents.

**2.2 LEARNING DISABILITY AND FAMILIAL CORRELATES**

Families are considered to be a crucial part that forms any society and immense consideration is given to the family in the sector of social sciences, therefore it is important to consider the familial variables and their effect on psychosocial, emotional & behavioral profile of a child with a learning disability.
There are many different ideas about what constitutes a family. A family is globally considered to be a father, mother, and their children. However, India being a traditional society with joint family system families can consist of grandparents and extended family. If family is to be viewed as a system, it can be defined as an “independent group of individuals who have a shared sense of history, who experiences some degree of emotional bonding and who desire strategies of meeting the needs of individual family members and the group as a whole” (Anderson & Sabatelli, 2003).

Research stated previously clearly points at a relationship between learning disabilities and anxiety, loneliness, self-esteem, and behavioral problems in children, but the true essence of these psycho-social and behavioral issues cannot be understood independent of the effects the familial variables have on them. Research has laid emphasis on the contribution of vulnerability and protective factors at the individual, family, and community levels (Campbell, 2003).

Research that focused on children with disabilities and their families has been evolving over the years. However, it has been consistently reported that families who have children with disabilities deal with unique stressors compared to families of children without disabilities (Hanson & Hanline, 1990).

Following is the research work that is documented in the fields of parenting stress, coping strategies, and the family environment of a child with a learning disability.

2.2.1 Learning Disability and Parental Stress

Parents are subject to inherit chronic stressors of parenting. The responsibilities that accompany being a parent generally adds to an individual’s stress levels (Koeske and Koeske, 1990). Parenting is not an easy task but parenting a child with learning disabilities and behavioral problems can be extremely taxing on the parent’s resources and that of the entire family. A sense of vulnerability is often felt by families on discovering that their child has been diagnosed with learning disabilities (Dyson, 2010; Valle, 2011). It has been seen that parents of children with a disability often face additional care giving demands than faced by parents of typically developing children.
Dyson (1997) in his research work compared parents of children with developmental disabilities to parents of typically developing children. All parents were asked to individually complete several questionnaires that were designed to assess parent’s perception of stress in relation to a family member with disabilities, social environment characteristics of the family and sources of family support. The results revealed that both mothers and fathers of children with disabilities reported more stress as compared to mothers and fathers of children without disabilities. The experience of stress for both the mothers and the fathers was based upon their appraisal of their psychological resources such as family functioning, social support and personal growth.

Just as the above view shows that stress is felt by parents of children with disabilities, parents of children specifically with learning disabilities may be no exceptions. Studies have documented that parents of children with learning disabilities experience chronic stress. Latson (1995) stated in his review that parents of children with learning disability had higher scores on the parenting stress index, which implied that they perceived far more stress in their parenting role than did parents of children without learning problems. It has been noted that having a child with disabilities affects not only the parents but also affect other members of the family such as the siblings (Harris, 2004; Tunali & Power, 1993).

In their research work Chandramukhi, Shastry and Vranda (2012) explored parental attitudes towards children with learning disabilities. It was seen that over protection and rejection were the two common parental attitudes reported, towards children with learning disabilities. They further reported that parents were initially ignorant towards the nature of disturbance in their child and later they reported feeling anxiety, guilt, insecurity, emotional instability, self pity and hopelessness.

Barkauskiene (2009) in his research used a person-oriented approach to examine the role of parenting in the associations between single learning disabilities and multiple learning disabilities and adjustment difficulties in 8-11 year olds. The results revealed that multiple and not single learning disabilities were associated with greater difficulties in the emotional and behavioural domains. Children with multiple learning disabilities were over represented in the negative parenting group characterized by mother’s high control and negative affection. Finally the results further revealed that whereas, in the
negative parenting group, multiple learning disabilities were associated with high internalizing and externalizing problem behaviour, in the positive parenting group characterized by mother’s support and positive affection, no significant associations between multiple or single learning disabilities and adjustment problems were found.

In another study Vinayak & Sekhon (2012) in their investigation of stress perceived by the parents in the parenting of a child with learning disabilities and siblings without learning disabilities in their analysis revealed that fathers perceived more positive stress while the mothers perceived more negative stress. They also reported that learning disabled children perceived more warmth-affections in their mother’s attitudes towards them.

Review of literature also showed that another reason for parental distress in parents of learning disabled children could be lack of support systems that they require to deal effectively with having a learning disabled child. Studies also show that parents may also have a problem in finding the right form of care, health services and leisure opportunities for their child (Kenny and McGilloway, 2007). Kenny and McGilloway (2007) described and analyzed the consequence of care and coping among parents of children with learning disabilities. The results revealed that the parents perceived high levels of objective and subjective care giving strain and they also reported as receiving inadequate support. It was seen that subjective strain was most widely perceived by the existing sample. In other words carers of children with learning disabilities tend to experience less strain from actual (behavioural) problems and more from what they feel about the circumstances. The most frequent comments from the parents were regarding their need for effective support provisions.

Additionally, many parents are reported as being stressed out about the future prospects of their learning disabled child. (Kenny and McGilloway, 2007; Tehee et al., 2009). Research has shown that young people with learning disabilities leave school without a clear idea about their future goal, this may prevent them from leading a fulfilling and productive adult life (Williams and Heslop, 2005). Such a scenario may be a cause of substantial parental concern. Barkauskiene (2005) has also stated that parents of children with learning disabilities have stressed upon success as the most significant expectation that they have from their children.
As children with learning disabilities are primarily characterized by their academic underachievement this may cause strain to the parents who wish to see their children compete at par with other children. A study by Gurland and Grolnick (2005) on perceived threat, controlling parenting and children’s achievement orientation stated that controlling parenting may stem from parent’s perception of environmental threat like high demands of the competitiveness, lack of future possibilities and inability of the child to master standards could give rise to sensitive parenting thus making the anxious and at the same time they may also feel embarrassed of their feeling of harassment.

Similar results were reported by Pomerantz and Eaton (2001). They found that an increase in children achievement deficit leads to worrying in mother’s and their intrusive support. Like support for homework when not asked for, higher controlling behaviour, feelings of embarrassment, anxiety and disappointment due to the child’s learning difficulty.

Lack of social skills deficits is another characteristic of learning disabilities that could be a source of stress for the parents of such children. Neece and Baker (2008) examined the contribution of child’s social skills to parenting stress. They claimed that the child’s social skills accounted for variance in maternal stress above and beyond the child’s intellectual status and behaviour problems. They stated that the social skills of the child should be considered as a significant variable while examining parenting stress.

Research done on the psychological resources of parents who have children with disabilities explains that such parents are faced with daily hassles that are far more taxing than those faced by parents of typically developing children (Achilles et al., 2007; Kenny and McGilloway, 2007). This added burden of care giving and meeting the daily needs of learning disabled children may increase the parent’s responsibilities and parenting burden (Plant and Sanders, 2007). The challenge faced by parents increases more especially when a child has two or more diagnostic conditions, or co-morbidly of disorders (Janssen et al., 2002; Antshell & Joseph, 2006). Such a scenario may be true for parents of learning disabled children as well.
Bagner and Eyeberg (2007) claimed that learning disabled children have a tendency to develop co-morbidities of emotional or behavioural nature. These added pressures could also be the result of the psychological, social and emotional challenges that are faced by the children or may be resulting from the societal and cultural pressures to produce perfect babies. Moreover, empirical evidence points out that majority of children and young people with learning disabilities are at a high risk of developing additional mental health problems like anxiety, depression, attention deficits, etc. (Hill and Furniss, 2006). These added co-morbid psychological and behavioural problems can further add to the stress experienced by the parents of such children (Neece and Baker, 2008).

Parenting stress is an evident outcome of knowing that your child has a learning disability but when this learning disability is coupled with a behaviour problem the stress experienced is far worse. Several reports in the literature indicate that mother of children with learning disabilities and behavioral co-morbidities are at a greater risk of distress than mothers of children with learning disabilities and without behavioral problems. Mash and Johnson (1983a) reported that mothers of children with ADHD (Attention deficit and hyperactivity disorders) were more depressed, socially isolated and restricted in their parental roles than mothers of children with normal behaviour. Gupta (2007) revealed that behavioral and development disability was associated with higher parenting stress than even a medical disability.

Further, cultural beliefs may also be relevant in understanding parental stress. Cultural beliefs that surround disability often affect how disability is perceived by the family members and society as a whole. They also play a significant part in determining whether intervention is sought or not. (Sen, 1988). For instance, Gupta & Singhal (2004) in their review reported that in India disability is still viewed in terms of a tragedy with a better dead than disabled approach. Such a view may stem from the belief that it is not possible for disabled peoples to be happy or enjoy a good quality of life. Further, Dalal (2002) states that in India having a disability is often associated as resulting due to ones Karma. It is also seen that full filling ones Karma becomes ones duty hence very often parents tend to view their caretaking responsibility as a test (Navalkar, 2010). Similar reports were obtained when parents of cerebral palsy were
tested (Navalkar, 2001). However similar studies have not been replicated on a population of children with learning disabilities in particular.

Stress faced by parents of learning disabled children is a global phenomenon. Studies suggest that these negative feelings of parents towards disabled children affect them adversely. The adverse or negative feelings may extend beyond the parents to other family members. It has been noted that family members of children with disabilities experience harmful psychological effects (McCormack, 1992). Kermanshahi et al. (2008) in their study of Iranian mother of children with learning disabilities reported that overall a majority of mothers experienced a stressful life. The study concluded that the Iranian mothers’ experience of having a child with learning disabilities can be pendulum between two polarities of positive and negative feelings.

Above mentioned research clearly points to the stressful demands made on the resources of the parents of a learning disabled child. In the Indian context fathers being the breadwinners are not as involved in the daily care of the child as mothers. Mothers are more closely a witness to the psychological, emotional and behavioral aspects of a learning disabled child. Hence they are more anxious than the fathers. It is acknowledged that parents of children with a disability vary considerably in the levels of stress they experience (Hassall et al., 2005). Differences can be found between levels of stress of fathers and levels of stress of mothers, this may be related to differences in coping strategies of mothers and fathers.

Many studies in literature explore and point towards the varied roles and stressors experienced by the mothers and fathers of children with disabilities. Fathers were reported as being more concerned than their spouses with the concerned with the financial demands that were placed upon them and were also seen concerned with the traditional role of a provider, whereas the mothers were seen as playing the part of a primary caregiver (Yau & Li-Tsang, 1999). Research states that mothers are generally seen as more affected by the psychological deregulations that accompany a learning disability than fathers as they are more involved in the daily care giving tasks. Empirical data has shown how a child’s emotional and behavioural problems may contribute significantly to a mothers stress (Herring et al., 2006).
Mothers of children with learning disabilities tend to report problems in their social networks as compared to mother of non-learning disabled children. This may add to their stress and affect their ability to cope with the added demands of parenting a learning disabled child. It has also been reported that this kind of social disconnection may be linked to high levels of stress and poor mental health in mothers (Crnic et al., 1983). Such a scenario is further shown to be associated with adverse parenting and child outcomes (McConnell et al., 2008; Feldman et al., 2002). Studies have shown that maternal stress is associated with social and emotional maladjustments in children (Pianta and Egeland, 1990).

When stress is experienced by the parents it may lead to further psychological, emotional and behavioral deregulations in the child. In a study Deater-Deckard (1998) has claimed that parenting stress is associated with children’s functioning. It was shown that parenting stress acts to negatively affect parenting behaviours. Another claim to associate parenting behaviour and children’s functioning is that poor parenting behaviour is responsible for maladjustment in children. They also identified that parenting behaviour may mediate the relationship between stress and child adjustment. Abidin (1995) also revealed similar findings that parenting stress had a negative association with parenting behaviour. A study by Jackson, (2000) also supported the above view by claiming a link between negative parenting behaviours and high levels of parental stress and behaviour problems in children.

Empirical data suggested the significance of parental psychological well being for effective parenting behaviour. It has long been noted that parental depression increases the risk for difficult parent child interaction (Patterson, 1982, Seagull, 1987). This could add to the existing difficulties for both the learning disabled children and their parents.

Parental stress is often described as a complex construct that constitutes behavioral, cognitive and affective components that tend to develop into a tense parent-child interaction (Kadesjo et al., 2002). For example, having one’s child diagnosed with a learning disability, having to deal with the everyday consequences of this disability, their behaviour problems that accompany this disability, and the parent’s own reaction
to such behaviour may cause negative thoughts and emotional stress. Unsuccessful management of the child’s learning and behavioural problems by the parents further leads to increase in poor parent child interactions. Thus the research mentioned above is conclusive of the significance of the role of parents for the optimal development of the learning disabled child. Also effective parent-school partnerships which include mutual trust, interdependence, shared commitment and vision etc. (Powell & McCauley, 2012) are important to help in the psychological, social and emotional adjustment of the learning disabled child and that of his parents.

In other words research clearly shows a link between parental stress and learning disabilities. A child with learning disabilities poses multiples parenting challenges however studies have shown that some families are able to develop positive ways of coping with the stress and they also show a great deal of resilience (Turnball et al., 1993).

### 2.2.2 Learning Disability and Parental Coping Strategies

Coping involves psychological resources and coping strategies that help to eliminate modify or manage a stressful event or crises situation. Coping strategies refers to both cognitive and behavioral efforts used to manage specific external and internal demands that tax an individual’s resources (Folkman and Moskowitz, 2004). Previous research clearly suggests that having a child diagnosed with a learning disability may be a source of stress for the parents (Margalit, Al-Yagon and Kleitman, 2006). How such a stressful situation is handled by the parents, may depend upon a wide variety of factors that influence their ability to cope. These factors may include ones’ interpretation of the crisis event, the severity of the learning disability, co-morbidities of behavioral problems, family's sources of support, community resources etc.

Literature suggests the important of coping strategies in dealing with parental stress. Previous studies have clearly shown the parents of children with learning disabilities experience increased levels of parental stress (Hassal, Rose & McDonald, 2005; White and Hasting, 2004). Stress that is felt by the parents of such children is often associated with the severity of the behaviour problems in these children (Hassal,
Rose and McDonald 2005; Baker, Blacher and Olsson, 2005; Nachshen, Garcin & Minies, 2005; Baker et al., 2003). However, the experience of stress is dependent on how individuals perceive their situation and if coping strategies are effectively used to deal with stress. Fazil, Wallace and Singh (2004) and Emerson (2003) stressed upon the existence of strong martial relationship and other forms of social support as effective tools that help determine a mother’s adjustment.

Empirical data reveals that the primary goal of coping is to manage the stressor and reduce the negative emotions that accompany stress. For this purpose one employs various coping strategies like active coping methods (e.g., information seeking, problem solving) and avoidant coping strategies (e.g., efforts to deny or escape the stressful situation) these may be synonyms with problem focused coping and emotion focused coping that have been put forward by Folkman and Lazarus (1985). Research has shown that strategies that were primarily aimed at coping with the source of stress, such as problem solving or seeking information were found to be more adaptive strategies than those efforts whose focus was to deny or avoid the problem (Bailey and Smith, 2000).

Moawad (2012) undertook in his research work to identify existing coping strategies used by mothers of children with special needs. It was reported in the findings that the most used coping strategy was acquiring social support. This was followed by use of reframing as a coping strategy. He also reported that out of the total sample 43.2% mothers used more than one way in coping with the child's disability, seeking spiritual support was used by 14.4% and the least way was seeking help from the friends (0.7%). King et al. (2009) as cited by Moawad (2012) state the need for professionals to focus their attention on what is helping the mothers cope with the added stressor of having a child who requires special attention and also they stress upon the significance of talking into consideration the family’s’ values, their cultural beliefs, their day to day priorities, etc. to effective help in the adaptation of children who have special needs.

In another similar study done to determine the coping strategies used by parents of children with learning disability. Durban et al., 2012 reported that parents considered personal involvement with their child with developmental delay as the most important
coping mechanism. They also gave importance to family relationship and spiritual mechanism. The interpersonal coping mechanism was the last resort used by parents. This shows that such parents were seen as not being keen to engage with groups that campaign to help children with disabilities. Such an attitude sheds clear light on the mindset of certain parents who are embarrassed to speak openly of their child's disability.

Lopez, Clifford, Minnes and Quellette-Kuntz (2008) studied 46 parents of pre-school children with and without development delays. They reported that parents of children with developmental delays experienced greater level of stress and had children with higher maladaptive behaviour. In their findings of parental stress and coping they reported that parents of children with the intellectual difficulty and parents of children without the intellectual delays did not differ in coping strategies they were using. Both sets of families were using problem focused and perception focused coping more than emotional focus coping.

Bayrakli & Kaner (2012) in their study of quality and quantity of social support and problem focused coping styles on mother’s resilience examined 257 mothers of children with intellectual disability and 234 mothers of typically developing children. The results of their study revealed that both groups of mothers confirmed the model showing that quantity and quality of the social support affected the problem focused coping in a positive and moderate way and affects the resiliency in a low but positive direction. Also, problem-focused coping style influence resiliency in a high and positive way. The study concluded that problem focused coping, social support and resiliency are closely linked. They further claimed that though having a child with intellectual disabilities is a source of stress however social support and problem focused coping act as a protective function and aid in successful adaptation.

Further light was shed on this topic by Jones & Passey (2004) who used a double ABCX model to explore parental stress in 48 British families who had children with development disabilities like learning disabilities and behaviour problems in relation to certain child characteristics and coping styles. Results indicated that the strongest predictors of parental stress were family coping styles and parental internal
locus of control. Parents who believed their lives were not controlled by their child with a disability and who coped by focusing on family integration, co-operation and were optimistic tended to show lower overall stress. Overall the study emphasized the use of active coping to help deal effectively with the stress caused by having a child with disabilities. Similar findings have also been reported specifically for the group of children with learning difficulties (Grant and Whittell, 2000; Quine and Pahl, 1991). Researchers have also reported that when parents are not able to employ positive coping, the stress experienced by the parents may also have an effect on the child (Hadadian & Merbler, 1996).

Review of literature above is conclusive in determining the fact that the kind of coping strategies used by parents in dealing with the child’s learning disability and the other psycho-social and emotional aspects that follow will be a great determinant in the level of stress they experience. In other words we can assume that a positive coping approach will lead to lower levels of stress whereas a negative coping approach will enhance the parental stress and also have a negative effect on the child’s psychosocial and behavioural profile.

2.2.3 Learning Disability and Family Environment

It has been well established that the presence of learning disabilities in a child can tax the child on various psychological, emotional and social levels. It may not be unrealistic to assume that the adverse affects of learning disabilities may be buffered by the parents and significant others in the family as such persons are the most influential and important people in a child's life. The family and the home environment have been shown to have a direct influence on enhancing cognitive, behavioral and effective learning in children. Research states that families of students with learning disabilities can play a significant role in creating a solid foundation that connects the child and his school performance (Obiakor and McCollin, 2010). Not only for the child but also for the parents, families have been reported as most relied upon source of support (Scorgie et al., 1998).

Silver (1992) addresses the importance of a family in the life of a child with developmental disabilities. He stressed upon the need to understand the child in his total
environment. It was deemed crucial that the family should develop skills to enhance the learning disabled child's environment. This may require the family to be in tune with the psychological, emotional and social effects of having learning disabilities that are experienced by the child. Researchers also state that due to the special education needs of learning disabled children specific attention is considered vital in all possible environments in which learning takes place, including, the family (Snowling et al., 2007).

In order to effectively aid the child it is important for the family to comprehend the strengths and weakness of the learning disabled child as well as the type of education the child is receiving. Empirical evidence that shows to link the family influence and the school development of children has grown. Xia (2010) as cited by Robeldo and Gracia (2012) has stated that such trends that analyze the role of household structure and family dynamics on students’ learning have now emerged. Researchers also indicated how a parents positive outlook and their active involvement in their child’s academics, may be factors influencing the academic development of a vast majority of students (Bodvoski and Youn, 2010; Mo and Singh, 2008; Campbell and Verna, 2007).

Research suggests that family environment has been shown to influence a student’s psychosocial and emotional adjustment. Literature clearly indicates the significance of a favorable home environment for the learning disabled child (Barkanuskiene, 2009; Bodouski and Youn, 2010). This influence is even more relevant for students who experience complex problems that can affect their ability to learn such as specific learning disabilities and Attention deficit hyperactivity disorder.

Previously learning disabilities was studied as a biological disorder intrinsic to the individual but now for better understanding of the psycho-social and emotional affect of learning disability on the child and to plan better interaction strategies, focus is shifting toward environmental factors such as family, parental resources, etc. Empirical evidence has shown that family is one such environmental factor that may increase or decrease the adverse effect of these psychological difficulties that accompany learning disabilities. (Snowling et al., 2007).
Literature points to the significance of having a favorable family environment in the life of a learning disabled child. Gorman-Smith & Tolan (1998) state that despite the presence of other stressors present in a child’s life (e.g. Low academic achievement, peer isolation, etc.), having more cohesion in the family may serve as a protective function and reduce depressive and anxious symptoms in children whereas having negative family interactions may increase or enhance these symptoms. Other studies have also shown that family cohesion is associated with less internalizing symptoms in children (Verela et al., 2009).

Further, research has suggested that family cohesion to be negatively linked with internalizing behaviour problems (Wentzel, 1998). However there appear to be mixed reviews regarding gender differences. A Caucasian study reported that girls tend to experience a greater sense of anxiety and depression than boys when lower levels of family cohesion were reported (Barber & Buehler, 1996). Whereas Weist et al., 1995 in their research work on African Americans reported that family cohesion is inversely related to boys’ total behaviour but not girls. These studies suggest that higher level of cohesion may have more benefits for boys. Though, overall it has been claimed that family cohesion is linked with less psychological distress (Rivera et al., 2008).

Research mentioned above claims that the family influences the learning disabled child’s psychosocial and emotional adjustment however studies have also shown that on the other hand having a child with learning disabilities may distort family interactions and family roles. Such interactions with the learning disabled child are taxing on the family resources and can lead to parental stress (Dyson, 1996).

Research that supports the significance of familial factors in the life of a learning disabled child also suggests that families differ in their reactions to the news that their child has a learning disability (Thomas, 2014). The response of one family may vary from another family’s response due to various factors. Some of the families tend to seek support guidance in trying to understand the child’s learning disability (Valle, 2011). For some families having a learning disability may not fit into their cultural views of what constitutes a disability (Harry, 2011). Yet still for some families the knowledge that their child has a learning disability may be a source of stress (Dyson, 2003).
Burr et al. (1994) revealed the existence of developmental patterns exhibited by families experiencing different kind of stressors. The stress experienced was due to bankruptcy, infertility, a child with muscular dystrophy, a child with a handicap and a teenage child who requires some sort of psychiatric help. The results revealed that 51% of the families examined reported a roller coaster pattern, 18% of the families showed an increase in family functioning, 15% experienced a change in family functioning, 5% indicated a decrease in family functioning and 11% experienced a mixed pattern. The results of the study help us to conclude that when faced with a stressor families tend to respond differently and that not all families may experience a decrease in family functioning.

Although it is clear from the above literature that every family may handle the stress differently however researchers also claim that there are certain common features in families that have to deal with having a learning disabled child. As cited by Strnadova (2006) such families report greater levels of stress (Al Yagon & Margalit, 2003) and they experience frequent occurrence of anxiety (Al Yagon & Margalit, 2002). They also report experiencing feelings of guilt (Brock & Shute, 2001). Individual members of the family also express lower levels of life satisfaction (Al Yagon & Margalit, 2002). They show over protectiveness towards the LD child (Al-Yagon & Margalit, 2002), they tend to become fearful of the future (Brock & Shute, 2001) and start to lay higher emphasis on structure and control of family system (Al-Yagon & Margalit, 2002). Such families do exhibit conflicts within the frame of family systems and insufficient mutual support between members of the family. There is also seen lower encouragement of free expressions of emotionally (Margalit and Al-Yagon, 2002).

Researchers have also stressed upon the significance of dynamics within the family for handling stress caused by having a child with developmental disabilities. Families of such children participated less in recreational activities and reported ad having less family interactions as compared to families of children who did not have a member with a developmental delay (Phelps, McCammon, Wuensch and Golden, 2009). In order to effectively improve academic prospects of the learning child, there is a need to understand the complexity of factors like the child’s psycho-social factors and
that of his family. Although research has shown families differ in their ways of handling stress caused by having a learning disabled child, nonetheless studies also point to certain common factor, values and expectations that all such families seem to share (Thomas, Mallet & Dykes, 2013).

Raskind, Goldberg, Higgins & Herman (1999) concluded in a longitudinal study that they had conducted to establish predictors of success among individuals with learning disabilities that self awareness, pro-activity, emotional stability, goal setting and use of support systems were some of the important attributes that distinguished between successful and unsuccessful learning disabled adults.

Thus, the research literature helps us to conclude that family environment has a pivotal role to play in healthy psychological adjustment of both the learning disabled child and that of his parents. Positive interactions and support from family member can lead to reduced stress in the parents, resulting in better care and attention for the learning disabled child. On the other hand conflicts within the family can distress the parents further and inflict upon the psycho-social and behavioral development of a child with learning disabilities. Obiakor & McCollin, 2010 state when families of children with learning disabilities are more interested and involved in their schooling, potential learning and behavioural problems can be better managed and the interventions are more responsive to the child and families. Overall the literature presented above leads us to believe that in order to establish an apt profile of a learning disabled child, the child’s psychosocial and familial variables need to be considered as a whole.