



Exploring the Lived Experiences of Mothers of Children with Specific Learning Disability (SLD): A Phenomenological Study

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Abstract

Introduction: The presence of a child with a specific learning disability in the family who needs care and has special educational problems is a source of stress for mothers, affecting their mental health and adjustment. This study aimed to explore the lived experiences of mothers of children with specific learning disability (SLD).

Methods: This qualitative study was conducted using a phenomenological approach. The participants were 14 mothers of children with specific learning disability (SLD) whose data were collected through semi-structured interviews. The participants were selected using purposive sampling and the collected data were analyzed via Colaizzi's method of data analysis.

Results: Analysis of the data revealed 4 main themes including "impact on family", "the mother's life", "the student's problems", "concerns", and "needs", and 14 subthemes.

Conclusion: The present study showed that specific learning disability has diverse effects on the child, mother, and family, and recognizing these effects can pave the way for taking supportive and therapeutic measures.

Keywords: Specific Learning Disability (SLD), Lived experiences, Phenomenology, Mothers

Introduction

Specific Learning Disability (SLD), according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), is a type of neurodevelopmental disorder that impedes the ability to learn or use specific academic skills (e.g., reading, writing, or arithmetic) (1). The prevalence of this disorder varies from community to community and according to the criteria used to measure it. The SLD prevalence in Iran is reported to be about 2.7 to 30%,

which on average covers 10 to 20% of the student population and is higher in boys than girls (2). There are various theories about the causes of this disorder. SLD, generally, can be attributed to a combination of biological, psychological, and social factors (3,4).

Specialists believe that following the learning difficulties that the student experiences in school, there are academic failures that have adverse psychological consequences for the student (5). A wide

range of studies in the literature have suggested that SLD causes a variety of social, emotional, educational, and behavioral problems for victims, and these problems, which are mainly due to neurological issues, increase frustration, anger, sadness, or shame, and consequently severely affect the student's mental health (6-8), and thus affected people may even show a maladaptive attributional style, learned helplessness, and serious emotional problems in adulthood (9).

The problems of children with specific learning disability do not end on their own, and the presence of such children can have a significant impact on the family climate and even affect the daily issues of its members, especially mothers (10-12). Researchers have shown that parents of children with SLD have higher stress and lower levels of marital satisfaction (13), mental health (14), psychological well-being (15), and quality of life (16) compared to parents of children with normal development and other children with special needs. Researchers also argue that in the families of students with SLD, parenting stress is a term that characterizes the perception of stress in the parent-child system and includes both the child's stressful characteristics and mothers' response to these characteristics, leading to a decrease in maternal mental health (17).

The high levels of stress in mothers of children with SLD make them more inclined to use inflexible, threatening, and aggressive parenting strategies and to benefit less from the effective treatment programs and services provided for these children. This adversely affects the child's development and leads to more destructive behaviors (18).

Therefore, it seems that SLD has lifelong effects on students and families that can affect areas such as health, mental health, interpersonal relationships, continuing education, employment opportunities, and other life issues. However, it appears that quantitative studies cannot fully capture this area of research. Therefore, conducting a qualitative study using a phenomenological approach in this field can fill the research and information gaps and lead to a real understanding of the experiences, concerns, and problems of mothers of children with SLD. Accordingly, the present study aimed to explore the lived experiences of mothers of children with specific learning disability (SLD).

Methods

This study examined the lived experiences of mothers of children with specific learning disability (SLD) using a qualitative phenomenological approach. Phenomenology is a systematic and subjective technique that is used to describe life experiences and understand their meanings (19). In this approach, the researcher believes that there are essences in the phenomena and experiences of life that can be understood and studied, and therefore, examines the subjective phenomena underlying the basic essence of reality (20). The participants in this study were mothers of children with SLD who were selected using purposive sampling from among the mothers referring to centers of learning disabilities in Isfahan. The data collected from the participants continued until the data were theoretically saturated. To identify mothers of children with SLD, after obtaining the necessary permits from the Education Department of Isfahan Province, the researcher referred to

special centers for learning disabilities and then interviewed the people who met the inclusion criteria in the counseling room in a quiet environment. The inclusion criteria for the parents were to give full informed consent to participate in the study, not suffering from severe and chronic diseases, having a minimum literacy, and willingness to cooperate until the completion of the research project. The exclusion criterion was having a child who suffered from a neurodevelopmental disorder diagnosed by a Ph.D. candidate in Psychology and Teaching Children with Special Needs based on the child's medical records.

The data were collected using in-depth interviews since the main source of data in qualitative studies is the in-depth conversation between the researcher and the participants. The interviewer tries to get to the real world and life experiences without trying to give a specific direction to the conversation. The interviews were also conducted by reassuring the participants that their data would be used only for scientific purposes and that their statements, information, and identity would be kept confidential. As qualitative research focuses more on the data about the situation or event in question than the sample size, the data in the present study were saturated after in-depth interviews with 14 participants.

Each interview lasted 30 to 45 minutes. After each interview, the content was transcribed word by word after listening to it several times. The data collected from the interviews were analyzed using Colaizzi's seven-step method: (1) read all the contents of the interview and the participants' statements, (2) extract significant statements related to the phenomenon in question, (3) formulate meanings from the significant statements, (4) organize the collection of

meanings into clusters of themes, (5) integrate the clusters of themes into an exhaustion description, (6) return to the interviewees for further information, and (7) establish the fundamental structure of the phenomenon identified by an unequivocal statement.

It should be noted that the four criteria for the trustworthiness of qualitative research were used in this study: Credibility, dependability, confirmability, and transferability (21). To ensure the credibility of the data, the content of the interviews was returned to the participant to verify the accuracy of the results and make the necessary modifications. The dependability of the data was confirmed through peer checking of the extracted codes. To ensure the confirmability of the data, the researchers tried not to involve their assumptions as much as possible in the process of data collection and analysis. Finally, to ensure the transferability of the findings, the researchers tried to increase the possibility of judging the transferability of the findings to another setting by providing detailed explanations of the research setting and the participants, clarifying the extracted themes, and linking them to the participants' statements.

Results

The analysis of the data revealed 4 main themes including "impact on family", "the mother's life", "the student's problems", "concerns", and "needs", and 14 subthemes as shown in Table 1.

Impact on family

This main theme covered three subthemes: family climate, discrimination between children, and high treatment costs as discussed below:

Table 1. The themes and subthemes extracted in the study

Subthemes	Main themes
The family climate	Impact on family
Discrimination between children	
High treatment costs	
Difficulties in caring for the child	The mother's life
Strictness and constant conflict with the child	
Withdrawal from others	
Feeling guilty	
Lifestyle and parenting styles	The student's problems
Poor academic performance	
Behavioral problems	
Emotional and social problems	
Concerns about the lack of continuing and special education	
Concerns about the future	Concerns
Concerns about lack of information	

A. *The family climate:* The first subtheme was the family climate. The mothers stated that their child was strongly influenced by their family climate: *“There is no single night when there is no fighting in the house so that we could sleep without fighting”* (Participant 3). *“My husband is constantly fighting with me. I cannot help it. I’m always worried”* (Participant 5).

B. *Discrimination between children:* Mothers participating in the study stated that due to the special circumstances of their child, they inevitably discriminate between their children: *“My children are always dissatisfied and complaining. They say I’m concerned only about him, his school assignments and medicines, and that I do not think about them at all”* (Participant 1). *“Whenever something happens, his sisters say I’m always in his side and he is always right. They do not understand his condition”* (Participant 7).

C. *High treatment costs:* This was the third subtheme identified in this study: *“His costs are very high. We have to spend my husband’s income for his tutor’s pay, clinic expenses, and the costs of his medicine and pills, and they are of no use”* (Participant 6). *“The costs are so high that I can’t afford them”* (Participant 7).

The mother's life

This theme was divided into five subthemes: Difficulties in caring for the child, strictness and constant conflict with the child, withdrawal from others, feeling guilty, and lifestyle and parenting styles.

A. *Difficulties in caring for the child:* *“All his miseries are to be borne by me. His father does not care, and tells me he would be grown up and would be ok”* (Participant 7). *“His father does not take care. I have to care for him from the morning to the night and I’m spending my whole life on him”* (Participant 9).

B. *Strictness and constant conflict with the child:* *“At the very beginning, I could not believe at all that he is a poor student in the class. You may not believe it, but I was all in tears so that I saw everything blurred, I bothered him a lot. He could not do it. I expected a lot from him”* (Participant 11). *“Every night we fight over his school assignments, he writes a word this way and then runs away, I used to be very strict on him in the beginning, but now I leave him free to do anything he wishes”* (Participant 8).

C. *Withdrawal from others:* The participating mothers stated that they were

trying to keep away from others because of their child's problem: *"I am afraid to go to a party. He does naughty things and bothers everybody in the party. So I decided to stay at home"* (Participant 8) *"When they are talking about school and studying, I feel upset at the party. I get unhappy even when my mother is talking about it. I do not like to go anywhere and they talk about my child. Everything is up to me"* (Participant 7).

D. Feeling guilty: The participants stated that they felt guilty for the way they treated their child: *"I used to hit her hard on the back when he/she was not studying, and I was bothering both him/her and myself. Now, I'm feeling guilty about the way I treated him/her. I was treated him/her unfairly"* (Participant #11). *"I feel very sorry for him/her. His/her father does not care at all about him/her. I am illiterate. Maybe that is why he/she does not learn anything in school"* (Participant #5).

E. Lifestyle and parenting styles: The participants stated that because of their child's condition, their lifestyle was severely affected: *"I really do not know how to treat him/her, I fight him/her, and then I feel sorry. When I'm not strict on him/her, he/she messes around with the house and school"* (Participant #2). *"My husband and I are constantly arguing about this child, we don't love each other as we did at the beginning. We can't talk to each other at all, I'm very confused, I do not know how to treat him like we used to be in the past"* (Participant #14).

The student's problems

This main theme was categorized into three subthemes: Poor academic performance, behavioral problems, and emotional and social problems.

A. Poor academic performance: The mothers acknowledged that the child's disorder had a profound effect on his/her educational performance: *"He doesn't have a good performance in school. I dictate some words for a thousand times but he misspells the same words every time"* (Participant 7). *"He can't read a question to answer it"* (Participant 1). *"He cannot concentrate. The doctor gave him a lot of medicines, he got a little better, but he got worse again. Whether he takes the medicines or not, he cannot concentrate at all and solve some textbook problems"* (Participant 13).

B. Behavioral problems: Behavioral problems were also one of the issues highlighted by parents: *"He made many troubles in school. He used to bite other kids, and I had to always argue with other kids' parents"* (Participant 2). *"He does not listen to me. We are constantly arguing with each other. He is really playful"* (Participant 9).

C. Emotional and social problems: *"He has a very low self-esteem, I am very worried. If you let him, he would constantly like to watch TV"* (Participant 14). *"He has no friends at all. The other kids play so much with their friends, but he does not do so at all. He goes to the doorstep if he is forced to do so"* (Participant 9). *"My child is not happy at all"* (Participant 10).

Concerns

The other main theme identified in this study was categorized into three subthemes: concerns about the lack of continuing and special education, concerns about the future, and concerns about lack of information.

A. Concerns about the lack of continuing and special education: *"I'm really worried about my child. I'm going to work and*

spend for him. What should others do? Why is there no place to instruct him, why is there no one to help him in his studies? Children cannot learn in a crowded classroom and fall behind in their studies” (Participant 1). *“I realized that my child has a problem, but there is no place in school to support him. There should be a place like a clinic to work with him. The clinic cost is high and we cannot afford it”* (Participant 14).

B. Concerns about the future: *“I wished my child could do his studies and not be like me and his father. From now on, I am worried about the future of this child, I do not think he can have an important position or a good job in the future and make money”* (Participant 10). *“He is so playful that I do not think he can even get his diploma. There is not a job even for people with a bachelor's degree. Woe betides my child. I'm scared what he should do if his father and I are not with him”* (Participant 13).

C. Concerns about lack of information: *“There is nobody to tell me why my child cannot read”* (Participant 13). *“I used to cry a lot during my pregnancy, I don't know if my child got ill because of my crying. I wish there was someone to explain it to me”* (Participant 2).

Discussion

This study aimed to explain the lived experiences of mothers of children with specific learning disability (SLD). The analysis of the participants' interviews revealed four main themes and 14 subthemes as discussed below:

One of the themes that emerged from the in-depth interviews with mothers of children with specific learning disability (SLD) was the impact on the family.

Researchers argue that families with special needs children may assess their quality of life very differently from other families (16). Other researchers have concluded that having a student with SLD has a severe effect on the family environment and makes the family face demands beyond their ability (10). Consistent with these findings, Mitchell argues that SLD exposes families to severe stress that poses a threat to the family's emotional security and results in marital conflict and reduced marital satisfaction (21).

Another theme identified in this study was the effect of SLD on the mother's life. A review of the literature shows that mothers of children with SLD suffer from stress and mental crises, and the presence of this child threatens their adaptation and physical and mental health and often negatively affects them. Mothers of these children, due to their traditional role of caregiver, take on more responsibilities for the child, which in turn leads to more stress and psychological problems (22). Following these findings, some researchers believe that mothers are more affected by problems and difficulties because they are more involved in the child's upbringing than fathers, give birth to the child, and often feel more responsible for the child's disability and also since mothers provide for their needs (16-17).

Another theme that emerged in this study was the student's problems. Consistent with the findings of the study, Plata et al believe that students with SLD show a kind of reluctance toward their peers, especially in academic activities (23). Furthermore, Sideridis showed that students with SLD report more emotional problems such as anxiety and depression (24). The

results showed that there was a significant difference between students with and without specific learning disabilities in terms of motivation, anxiety, and frustration (24). Following these results, Freilich and Shechtman showed that many students with SLD have social, emotional, and academic problems that are often overlooked in school (5).

The other main theme that emerged in this study was related to the mothers' concerns. Parents of students with SLD often worry about the lack of continuing and special education for their child. They consider their child's future is unclear, and they show concerns about their child's problems as well as their parenting and lifestyle concerning the spouse and children. Some researchers believe that mothers who expect their children to achieve goals that they have not been able to achieve in life are anxious about the future when faced with a child with SLD (4). It seems due to unawareness of self-soothing and mindfulness techniques, mothers cannot accept their thoughts and feelings and fail to enrich their life based on this acceptance and mindfulness. Therefore, they become captive to their mental traps. As a result, actions taken by them will increase their negative thoughts and feelings, and they will have many problems in dealing with their thoughts and with the child with learning disabilities. Accordingly, they will experience failure, and by repeating this chain of failure, they develop a deep sense of despair and helplessness. Therefore, there is a need for extensive maternal education to help them improve their children's mental health.

Conclusion

Overall, the present study showed that mothers of children with learning disabilities

experience many pressures, worries, and some joys related to psychosocial and family aspects of living with their child. Many of these worries and frustrations are due to a lack of awareness and understanding of how to communicate and educate a person with a specific learning disability (SLD) and cope with their thoughts and feelings, personality traits and attitudes of the mother, pressures, maladaptive behaviors of the mentally disabled child, and the lack of social support and government education services. In the meantime, one should not simply ignore the public culture and the society in which these people live. Imaginations, attitudes, and feedback that members of society, family, and even the exceptional education system impose on mothers of children with SLD can also be very influential in the experience of living with a person with SLD. As a result, recognizing the mental state of mothers, paying attention to their needs and problems, more cooperation and assistance of specialists and mothers and trying to understand the world of mothers of people with learning disabilities, and providing support and educational resources for these people to improve their mental health seem essential.

One the limitations of the present study was the lack of studies in Iran on the experiences of mothers of students with SLD, which could be useful in comparing and evaluating the consistency of the findings of this study with other related studies. In conclusion, researchers in the field of SLD are suggested to pay more attention to qualitative research in this field and explore the lived experience of fathers and other family members.

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