

Shame over Having a Child with a Learning Disorder and Academic Performance of Affected Students: Mediating Role of Parental Involvement

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Home-based parental involvement is essential for accommodating the learning process for children with learning disorders. The present study was thus aimed at investigating the mediating role of parental involvement in the relationship between shame over having a child with a learning disorder and the performance of students with learning disabilities. To this end, a sample of 140 students with learning disorders was selected from the elementary school students in Tehran, using a random sampling method. In this study, Olson Barnes' Parental Involvement Scale and the Parent's Attitude Scale were applied. The results revealed that both the feeling of shame over having a child with a learning disorder and parental involvement had direct and significant effects on the performance of students with learning disorders. That is, the more positive the parents' attitudes toward their children, the more involved they are in both home and school activities. Furthermore, shame over having a child with a learning disorder has a significant effect on the student's performance through parental involvement. The model was a good fit and 17% of the variance in the academic performance of these students was explained by parents' shame and parental involvement.

Keywords: Parental Involvement, Parental Shame, Academic Performance

There are many children who, despite their immunity to physical or emotional problems, are afflicted with severe learning difficulties. Sometimes such children are said to suffer from hyperactivity, learning/brain dysfunction, minimal brain damage, dyslexia, or perceptual disability (Faramarzi et al., 2013). The National Advisory Committee used the term "children with learning disabilities" to refer to children who are impaired in one or more of the basic psychological processes such as comprehension and understanding, and the use of spoken or written language. This definition excludes children with learning problems caused by visual, hearing, or motor disabilities, mental retardation, emotional issues, or environmental, cultural, or economic disadvantages.

In general, it can be said that a student with a learning disability a) has an average IQ or higher, b) is healthy in terms of different senses (sight, hearing, etc.), c) benefits from relatively suitable environmental and educational facilities, d) has no acute behavioral problem, e) lags behind his peers in terms of academic progress with regard to age and intelligence, f) experiences language disorders such as disorders in the internal language, received language, inversion of words, etc., g) is distracted and forgets the important details of the lessons, h) lacks eye-hand coordination in movements and suffers from irregular eye movements, and i) has low self-confidence, procrastinates and lacks the motivation to finish tasks. In addition to academic difficulties, children with learning disabilities also face challenges in social, emotional, and behavioral areas (Kafi et al., 2013). These students have lower social skills and more behavioral and emotional problems compared to their peers.

The main characteristics of students with learning disabilities in terms of their academic performance are as follows: Academic

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underperformance, slow-paced learning and progress, retaking of academic levels, a gap between the levels of learning in different courses, inflexibility in the use of educational strategies, a significant difference between abilities and skills, and the shortness of attention span. Students with learning disorders experience continuous and repeated academic failure (Archer et al., 2003).

One of the most important determining factors in the early stages of child development is the family. By creating an emotionally safe environment for children, the family provides them with cognitive and emotional stimuli and plays a significant role in children's cognitive development (Thompson, 2016). In a study, Liva et al. (2019) examined the mediating role of parents' self-efficacy and involvement in the relationship between parents' socioeconomic status and children's cognitive skills. The results revealed that children in families with higher socioeconomic status (SES) had greater cognitive skills. Parental self-efficacy (PSE) and parental involvement also play a mediating role in this respect. In children with learning disorders, the behavior of parents and teachers is very important because most of these children suffer from different problems despite possessing normal intelligence (Gillath & Shaver, 2007). Ranging from despair and denial to logically dealing with the problem and deciding to assist their child in the continuation of the path of life and achievement of success, the reaction of parents of exceptional children when noticing their children's disability differs (Keshavarz, 2012).

Participation or involvement plays a crucial role in the relationship between the family as a microsystem and other microsystems influencing the child's development and thus positively contributing the educational development and motivation of students (Bronfenbrenner, 1994).

Numerous studies have indicated that parental involvement at home (e.g., helping the child with homework and preparing him for the test and learning) is essential in the performance of children with learning disorders (Desforges & Abouchar, 2003; Emerson et al., 2012). However, it should be noted that most of the existing studies have focused on the investigation of parental involvement in children without learning disorders, and children with learning disorders have received less attention (Yotyodying & Wild, 2016).

Several studies on families of children without learning disorders have shown that parents of these children may not be motivated enough to help their children at home (Grolnick et al., 1997). In a study conducted by Dumont et al. (2014) the quality of parental involvement in doing homework (e.g., structure, control and response) was a predictor of students' reading progress. Children with learning disorders, compared to their peers without disorders, may require more help from their parents (Farrell, 2012). Parents who have a child with a learning disorder are less involved in his school activities than other parents because (a) they feel that they are less effective, (b) they consider their time and knowledge to be limited, and (c) they feel less supported by the school (Rogers et al., 2009).

These conflicting results solely concern the status of children without learning disorders, who are probably different from the children with learning disorders; Nevertheless, the authors included the parents' shame over having a child with a learning disability in their model. Parental shame is another factor that affects students' performance and parental involvement in students with learning disorders. Shame is one of the emotions associated with personal and interpersonal injuries. Human beings experience a sense of shame in a range of daily situations, regardless of whether they are aware of the experience of this painful feeling or experience it unconsciously. When terms such as embarrassment, low self-esteem, shyness, feeling ridiculous, humiliation, contempt, disgrace, infamy, disrespect, scandal, and dishonor are used, in fact, we are expressing our feelings of shame (Poor-Shahriari, 2009).

Some parents tend to hide their child's learning problems, which in fact seems to be an indicator of shame or guilt. The literature on special education has revealed that parents of children with disabilities may experience some special problems peculiar to them that other parents may not. For instance, shame is one of the emotions parents of children with disabilities may have to deal with (Yotyodying & Wild, 2016). As such, Griffith et al. (2011) reported that the parents of these children have been recipients of much criticism for the way they raise their children. Moreover, they feel rejected by or embarrassed in front of other parents. Consequently, when involved with their

children at home, it can be expected that these parents try to overcome their negative experiences (i.e., the feeling of shame) by using control strategies in order to support their children and to help them do their homework better and thus avoid being criticized by others. In this regard, Mills et al. have suggested that parental shame increases the likelihood of parents' attempts to psychologically control their children (Mills et al., 2007). Therefore, it is assumed that parents who feel ashamed of having a child with a learning disorder may be more likely to have controlled training at home. On the contrary, parents who feel less ashamed are more liable to provide structured training. In addition, given the limited practical support, it is expected to witness a correlation between parents' shame and their level of involvement. Based on the foregoing discussion, the aim of the present study was to investigate the shame of having a child with a learning disorder, the academic performance of students with learning disorders, and the mediating role of parental involvement in particular.

Method

Study Design and Participants

This study is a non-experimental research, employing a path analysis model. The research population consists of all the elementary school students in Tehran who had been referred to the Centers for Learning Disabilities due to their learning difficulties. By examining the students based on the Wechsler Scale, those with learning disabilities were identified, 140 of whom were selected as the sample via the random sampling method.

Measurement Instruments

Parental Involvement Scale. this scale evaluates students' perception of parental involvement in their educational affairs and contains 18 questions. It was developed in 1992 by Olson and Barnes and is rated on a 6-point Likert scale, ranging from 0 (I totally disagree) to 6 (I totally agree). Loiser et al. (1993) obtained the validity and reliability of this scale to be 0.81 and 0.87 respectively. In their study, Olson and Barnes (1992) reported reliability

coefficients of 0.77 and 0.80 using Cronbach's alpha method. In the current study, the reliability coefficients of the questionnaire were estimated to be 0.78 and 0.82.

Attitude Scale of Parents. This scale (ASP) was first developed by Govender (2002). The items of this scale were obtained from the expansion of the items in the Schaefer and Bell Parental Attitude Scale. Govender (2002) first translated the scale into Zulu Language and after the initial preparation of the tool, he standardized it in a rural population. The items of this questionnaire were prepared to collect information on parents' behavior, perception, interaction, values, and feelings in relation to their children with special needs, which have been defined as attitude in the research by Govender (2002) as in this study. This tool is comprised of 5 subscales of love and acceptance (8 items), embarrassment (3 items), frustration (3 items), disappointment (3 items), and overprotection (7 items). This questionnaire was developed for mentally retarded children, but since the content and format of the items are generic enough to be used for different groups of children with special needs, in this study, it was implemented for the parents of different groups of children with special needs, with a slight change and formal edition of the items. The items are rated on a 5-point Likert scale, ranging from "totally disagree" (1) to "totally agree" (5). The items that are negatively scored include 2, 3, 4, 5, 7, 8, 9, 10, 19, and 20. A higher score represents a more positive attitude.

The research criterion variable is the academic performance which was examined by collecting the data related to the end-of-semester grade point average of the students.

Results

In Table (1), descriptive characteristics of the variables under study, including mean and standard deviation, have been provided along with the correlation matrix of the research variables.

Table 1
Mean, standard deviation and correlation Matrix

	Mean (SD)	1	2	3
1. Performance	14.61 (.76)	1		
2. Maternal Inv ¹	3.49 (.871)	**0.570	1	
3. Paternal Inv	2.57 (.79)	**0.598	**0.556	1
4. Shame	4.75 (2.24)	** -0.587	** -0.472	** -0.404

Note: Inv = Involvement; **: Significant at .01 level.

As can be observed in the table above, the relationship between parental shame with maternal involvement, paternal involvement and student performance is negative and significant at the 0.01 level. Maternal involvement and paternal involvement also have a positive and significant relationship with student performance at the level of 0.01. With regard to the normality of the data, the maximum likelihood (ML) method was

employed in the implementation of the model. Fit indices $\chi^2 = 4.92$ ($df = 1$; $p < 0.05$), $\chi^2/df = 4.92$ (< 5), RMSEA = 0.05 (< 0.08), GFI = 0.95 (> 0.9), AGFI = 0.93 (> 0.9), CFI = 0.94 (> 0.9) indicated that the model fits the data well.

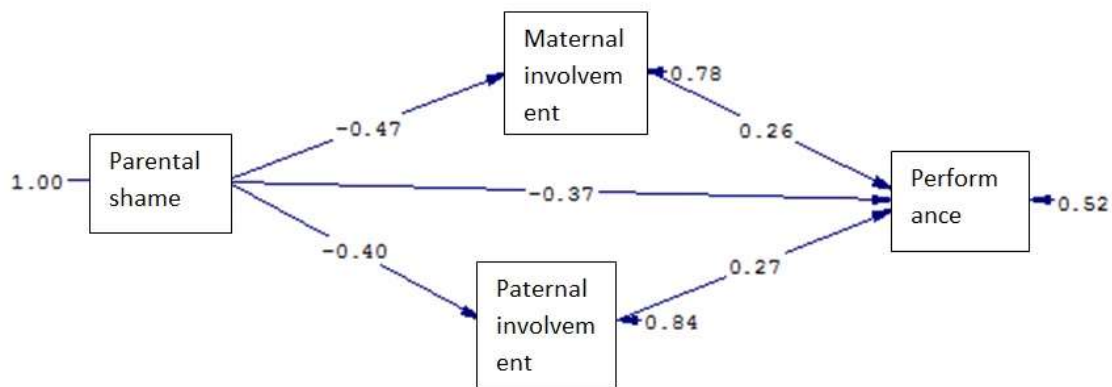


Figure 1. Standardized Path Coefficients

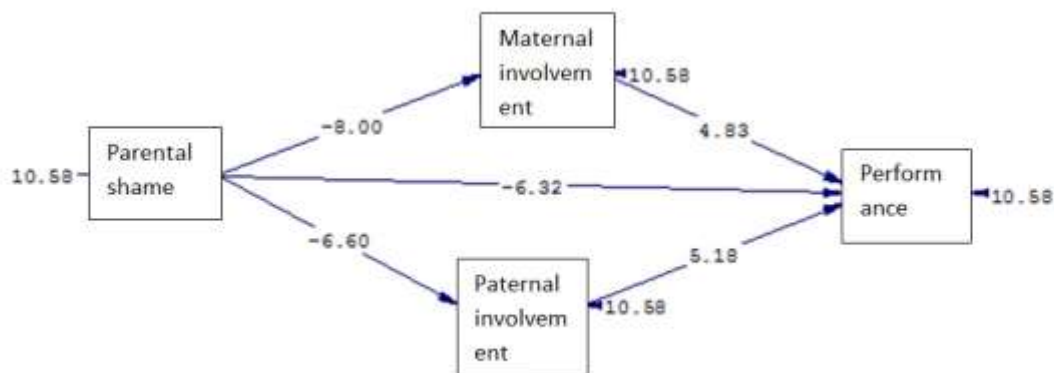


Figure 2. t-values for the Model

Figure (2) shows the standard path coefficients and Figure (3) displays t-values in model implementation with the mediating role of maternal and paternal involvement in the relationship between parental shame and student performance. In this model, student performance is 37%, maternal involvement is 22% and paternal involvement is 16%. The results of Sobel test illustrated that the indirect effect of parental shame on student performance with the mediating role of maternal involvement (-0.12) and paternal involvement (-0.11) is significant and maternal involvement and paternal involvement mediate the relationship between shame and student performance.

Discussion

The present study was conducted to investigate the relationship between shame over having a child with a learning disorder and the academic performance of students with learning disorders, mediated by parental involvement. According to Dyson's research, children with learning disabilities trigger a wide range of negative effects, including family stress, parental conflict, negative reactions from family members, and difficulties in communicating with school (Dyson, 2010). Based on the research results, shame over having a child with a learning disorder not only reduces the involvement of parents of students with learning disabilities but also decreases the academic performance of these students. With respect to the results obtained in the present study, it was demonstrated that the relationship between shame over having a child with a learning disorder and the academic performance of students with learning disorders is direct and significant. The above finding is consistent with the results of the previously conducted studies (Gray, 2002) (Keegan et al., 2005; Glaher et al., 1995; Gary, 2002).

Keegan and his colleagues indicated in their research that the attitude of the parents of a child with specific learning disabilities is very different from that of parents of other children. This attitude may be displayed in three ways. First, some parents reject the child or cannot accept that their child has difficulty. These children will have difficulty not only adapting to themselves and their disabilities but also establishing family relationships and

emotional security. Second, some parents try to overcompensate for their child's disability with excessive care, continuous education, and parenting methods with the hope of boosting their children's learning ability. Third, there are parents who accept the child and his disability as they are while continuing to live a normal family life and trying to deal with the basic needs of these children better. For example, it has been displayed that parents who support children have a significant effect on eliminating the problems of children with learning disorders (Keegan et al., 2005). Moreover, parents of a child with learning disorders sometimes need help to be able to accept their child and his/her problems. Sometimes parents need to be helped to accept that the child's recovery from his disability is a slow and gradual process requiring a lot of time. Parental support helps these children enter society with fewer academic, social, and emotional problems (Gallagher, 1995).

Additionally, according to other results obtained in the present study, it was demonstrated that there is a direct and significant relationship between parental involvement and the performance of students with learning disorders. Parental involvement refers to a wide range of behaviors that parents show about their child's educational experiences and learning (Hoover-Dempsey & Sandler, 1997) so that parental involvement designates common behaviors such as parental stricture on the child's eating breakfast before going to school to special activities like parents' actions and comments about how the school is run. The results of this study on the importance of parental involvement in the performance of children with learning disabilities are in line with the findings Wittler (2009), Izzo et al. (1999) Desforges and Abouchaar (2003), Emerson et al. (2012), Hattie (2009), Sacher (2008), Rogers et al. (2009), Gonzalez-DeHass et al. (2005), Grolnick et al. (1991) and Bandura (1977). Furthermore, Behboodi (2008) conducted a study, in which he examined parental involvement in school activities. This research, in line with other studies, suggested that the greater the parental involvement in children's school affairs is, the higher their academic achievement will be. Therefore, strengthening the participation of family and school must be taken into consideration as one of the prerequisites for an effective program. Other

researchers have reported that parent-child interactions, especially stimulating and responsive methods of parents, have significant effects on the child's academic achievements (Christian et al., 1998). William and Chawkin (1989) also concluded that if parents engage in different levels of participation, such as decision-making, voluntary work, working with the child at home, etc., their child's progress will be greater (Behboodi, 2008; Hill & Craft, 2003).

The results also disclosed that there is a direct and significant relationship between shame over having a child with a learning disorder and parental involvement. This finding is congruent with the result obtained by Mills et al. (2007) and Gray (2002). Parents' involvement in school affairs causes the parents to have a positive attitude toward themselves, the school, and the role of educational staff in the education of their children (Alborzi, 2003). Thus, creating a healthy and productive attitude in parents and increasing the willingness to cooperate with the child's teacher is one of the fundamental goals of educating children. Among the obstacles to establishing effective communication between family and school, one can mention the negative attitude (embarrassment, frustration, and isolationism) of parents of children with special needs. Here, through family training sessions and the parents' being assembled who are dealing with a similar problem, we can overcome their feelings of isolation and provide an opportunity for them to benefit from social support. If family education classes and the sessions for consultation and assistance are effective and efficient, a positive attitude toward education and school is formed in parents when they will be encouraged to learn the proper educational skills (Behboudi, 2008). Moreover, it should be borne in mind that parents need practical materials to use when problems arise. In explaining the results obtained in this research, it can be stated that it is likely that parents who are more ashamed of having a child with a learning disorder will be less involved in their child's educational affairs, which in turn leads to the academic underperformance of their children. Additionally, parents with negative attitudes toward having children with learning disabilities cannot find appropriate solutions to support, encourage, and assist their children. Hence, it is recommended that society and those

working in education provide such parents with these attitudes, solutions, support, and assistance by presenting relevant training. Family counseling helps parents accept their child's problem, empathize with him, and create a suitable and helpful environment. Family group counseling has many benefits that help parents accept the child's problem, thus boosting their emotional strength. As such, some very anxious parents reach the conclusion that they are not the only parents struggling with such problems and there are others who are similarly facing the same problems and have been able to find solutions. Thus, participation in these groups helps parents understand their children differently and treat them effectively. Group discussions on disciplinary problems, communication skills, behavioral change, social skill development, help in making friends, academic and job opportunities, and so on provide the parents with practical solutions. The needs of each parent may differ from those of other parents. Being together provides an opportunity to recognize different needs and interests. The teacher's conversations and negotiations with parents are considered a bridge connecting home and school. Because parents are interested in understanding the true nature of their children and their problems, these negotiations should be held in a calm and appropriate manner so that the mutual respect of both the teacher and the parents is fully maintained.

Author Note:

All the authors actively participated in conceptualization, methodology, editing and review.

Statements:

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