

A Study on Self-Concept and Parenting Styles in Adolescents with Learning Disabilities

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ABSTRACT

Child rearing practices play an important role in developing personality characteristics in the child. Various studies have shown correlation between self- concept and parenting styles. The purpose of our study was to identify the relationships between perceived maternal parenting styles and self-concept among the adolescents with learning disabilities (LD). The study consisted of 60 adolescent - mother dyads of adolescents between ages 12 to 17 years who had a certified LD, and their mothers. The scales employed were the Parental Authority Questionnaire (PAQ), which measured the perceptions of the adolescent participants about their mothers' parenting styles, the Parenting Styles and Dimensions Questionnaire (PSDQ -Short Version), which measured the maternal parenting styles of the adolescents as reported by the mothers themselves, and the Self-Concept Questionnaire (SCQ), which measured the self-concept of the participating adolescents. Results indicated a negative significant relationship between the adolescents' self-concept and authoritative maternal parenting style, as perceived by the adolescents with LD. However, no significant relationship was found between the adolescents' self-concept and authoritarian maternal parenting style and permissive maternal parenting style, as perceived by the adolescents with LD. Results also indicated no significant relationship between the self-concept of the adolescents with LD and the three dimensions i.e. authoritative, authoritarian, and permissive, of perceived maternal parenting style, as reported by their mothers.

Key words: learning disability, parenting, self concept, adolescents.

INTRODUCTION

Most parents around the world have distinct beliefs about the characteristics they would like to see in their children and the childrearing practices they should use to attain them. However, childrearing practices adopted by parents must be adapted to the demands of a culture, and also to the needs and personal characteristics of the individual child [1]. Darling and Steinberg define parenting style as a constellation of attitudes toward the child that are communicated to the child and that, taken together, create an emotional climate in which the parent's behaviours are expressed [2]. Diana Baumrind, in her seminal work, first identified three distinct parenting styles based on her observations of mother-child interactions, namely: authoritative,

authoritarian, and permissive [3]. Later, she revised the styles, creating a typology which was based on dimensions of parental control and warmth [4]. These dimensions are also known as demandingness and responsiveness respectively. Parental control refers to the behavioural control over the actions of the child, often exercised through authority and disciplinary measures. In contrast, parental warmth refers to nurturance of the child's emotional and psychological needs [5].

Baumrind had showed that the children of the authoritative parents are more self-reliant, more goal-oriented, more responsible, and more global-oriented than are children of the authoritarian or permissive parents [4]. Research suggests that a particular parenting style which may be optimal in one situation may be deterring in another situation. For e.g., Indian college students considered the parent demonstrating permissive parenting to be more effective and helpful than did US college students. On the contrary, US college students considered the parents demonstrating authoritative and authoritarian parenting to be more caring, helpful, and effective as compared to Indian college students. Additionally, females considered the parent demonstrating authoritative parenting to be more effective and helpful than males [5]. In a study conducted in an urban city in India, the participating mothers' involvement scores were higher than the participating fathers in all domains, except in terms of planning and providing for children [6]. In a study examining sex differences in educational encouragement and their predictiveness of academic achievement, educational encouragement from the mothers found to be the highest in comparison with the fathers, peers, and teachers [7]. Thus it can be concluded that since mothers are more involved with their children, their parenting styles will have a larger influence on the children. Focusing on maternal parenting styles is hence more vital in the investigation of adolescent outcomes.

Self-concept is a key psychological wellbeing construct in and of itself. It has been demonstrated to have an impact on a wide range of critical wellbeing outcomes and serve as an influential platform for enabling full human potential [8]. Paderson refers to self-concept as an organized configuration, of perceptions, beliefs, feelings, attitudes, and values, which the individual views as a part of characteristics of him [9]. Studies have shown that children with learning disabilities have a more negative self-concept than other children [10-11]. Studies have indicated that low ratings on self-concept measures are associated with poor school achievement, social deviance, depression, delinquency and suicidal ideation [12]. Past research in the non-LD population has shown that self-concept scores of adolescents were significantly higher for the authoritative parenting group than for the permissive or authoritarian parenting groups in several areas [12]. So we carried out this study with the aim to identify the optimal parenting styles that mothers of adolescents with LD in an urban city in India can adopt to enhance the self-concept of their children. Also the objectives of our study were to study perceived maternal parenting style, as reported by the adolescent, perceived maternal parenting style, as reported by the mother, and adolescents' self-concept.

METHODOLOGY

The study comprised of sixty adolescent - mother dyads from Mumbai, India. The participating adolescents were students between the age group of 12 to 17 years, with a certified learning disability (LD). The consent was taken from the participants before taking them in the study. The demographic details were collected by a semi-structured questionnaire. The three variables that were studied in this research include: 1) perceived maternal parenting style, as reported by the adolescent, 2)

perceived maternal parenting style, as reported by the mother, and 3) self-concept of the adolescents.

The scales used in the study were –

Parental Authority Questionnaire (PAQ) – This study employed the PAQ to measure the perceived maternal parenting style, as reported by the adolescent. The total number of items in PAQ are 30, with 10 items each assessing the three different parenting styles. It consists of two forms, with one pertaining to mothers and the other pertaining to fathers. Only the questionnaire pertaining to mothers was employed for the measurement of this variable [13].

Self-Concept Questionnaire (SCQ) – This study employed the SCQ to measure the variable self-concept. The SCQ, developed by Dr. R.K Saraswat provides six separate dimensions of self concept, which are - physical, social, intellectual, moral, educational and temperamental. This inventory consisted of 48 items, with each dimension containing eight items [14].

Parenting Styles and Dimensions Questionnaire (PSDQ - Short Version) – This study employed the PSDQ - Short Version to measure the variable perceived maternal parenting style, as reported by the mother. The PSDQ is a 32- item self-report measure of parenting practices that are characteristic of each of Diana Baumrind's (1971) parenting styles. The items are rated by the parent on a 5- point Likert Scale ranging from 1 (never) to 5 (always) [15].

After completing the data collection, the questionnaires were scored as per the standardized scoring key and subjected to appropriate statistical analysis with help of computerised software.

RESULTS

A total of sixty mother- adolescent dyads participated in this study, out of which 29 adolescent participants were male and the remaining 31 were female. The participating adolescents were between the ages of 12 to 17 years with the mean age being 14.3 ± 1.33 years. Table 1 shows the means and standard deviations of the scores of the participating adolescents on the Self-Concept Questionnaire (SCQ) and the three dimensions of the Parental Authority Questionnaire (PAQ): authoritative (Au), authoritarian (An), and permissive (P). Also it shows the means and standard deviations of the scores of the participating mothers on the three dimensions of the Parenting Styles & Dimensions Questionnaire - Short Version(PSDQ - Short Version): authoritative (Au), authoritarian (An), and permissive (P). A Pearson Correlation demonstrated statistically significant negative relationship between the adolescents' self-concept and the authoritative (Au) mothers' parenting style but not statistically significant on authoritarian (An) and permissive (P) dimensions [Table 2]. Correlation between adolescents' self-concept and their mothers' perceived parenting style did not show any statistically significant relationship with all the three dimensions [Table 2].

DISCUSSION

The purpose of this study was to identify the optimal parenting styles that mothers of adolescents with LD in urban cities in India could adopt to enhance the self-concept of their children. Contrary to past studies, the results of this study revealed that authoritative maternal parenting does not have a positive impact on the self-concept of adolescents with LD. The reasons for this pattern of result could be the cultural aspects [16]. Family relationships and parent-child interactions are

each influenced by cultural context [17]. Thus, depending on the culture, there are differences in childrearing practices. Indian culture is largely a collectivist culture. In a collectivist culture i.e. Indian culture, members are expected to learn ways of inhibiting the expression of their personal needs and want in order to attend to the needs and wants of other members. These values are reinforced in the course of childhood and adolescence through parenting practices. An authoritarian parenting style promotes the development of these qualities [18]. Deference to authority is also valued by more collectivist cultures [19]. In individualist contexts, authoritative parenting, with its emphasis on negotiation and responsiveness to children's input, is seen to be more appropriate. In these settings, authoritarian parenting would have a different motivation than the instilling of values of respect for the group. Therefore, it can be inferred that in the Indian i.e. collectivist context, authoritarian parenting may be more appropriate for the outcomes valued by a majority members of the Indian community. From the results of the current study, it can also be concluded that presence of LD does not negate the collectivist expectations of the self.

Studies have revealed that maternal authoritativeness was the only direct predictor of happiness when paternal and maternal rearing styles were examined together. This suggested that a reasonable amount of discipline exercised by mothers towards their children was particularly beneficial in enhancing the self-esteem of their offspring [20]. A study conducted by Bennett suggested that participants with a learning disability had lower self-esteem as compared to the non-learning disabled participants. In addition, participants who had two authoritarian parents scored lower on self-esteem than participants who did not have two authoritarian parents. The review by Zeleke indicated that the academic self-concept of LD students is more negative than that of their normally achieving peers [21]. Thus the study did not reveal the maternal parenting style most favourable for the enhancement of the self-concept of adolescents with LD but it was found that the authoritative parenting style was the least favourable among the three types of maternal parenting styles under consideration. Our study had limitations in form that sample size was small, LD children having difficulty in comprehending the questions was not taken into consideration and also the comorbid factors like attention deficit disorder, with or without hyperactivity was ignored.

Table 1 – Scores on all the subscales of measures used in the study

N = 60	Mean	S.D.		Mean	SD
SCQ	161.05	25.943	PSDQ (Au)	4.032	0.586
PAQ (Au)	35.68	6.563	PSDQ (An)	2.046	0.590
PAQ (An)	33.25	5.990	PSDQ (P)	2.670	0.776
PAQ (P)	31.95	5.485			

Table 2 : Correlation between the subscales and Self Concept

N = 60	PAQ (Au)	PAQ (An)	PAQ (P)	PSDQ (Au)	PSDQ (An)	PSDQ (P)
SCQ	r = -0.349 p = 0.006*	r = 0.121 p = 0.355	r = 0.036 p = 0.786	r = 0.193 p = 0.140	r = -0.03 p = 0.820	r = 0.090 p = 0.496

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