

# Coping and Perceived Social Support of Adolescents With Specific Learning Disabilities in South India

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*Adolescents with specific learning disabilities face more challenges due to their poor academic performance, affecting the development of social skills and struggles in identity formation. This study examined the coping and perceived social support of adolescents with and without learning disabilities. This study also investigated the relationship between coping and perceived social support of adolescents with specific learning disabilities. For this purpose, 50 adolescents with learning disabilities and 50 adolescents without learning disabilities in the age group of 13-20 years in different regular and open schools located in South India were approached. Participants were asked to complete a Demographic data sheet followed by COPE inventory and Multidimensional Scale of Perceived Social Support. Results revealed that adolescents with specific learning disabilities used more coping responses like denial, humor, mental and behavioral disengagement and religious coping, more than their peers without learning disabilities. Substance use showed a significant negative correlation with perceived social support. The results of this research can aid in understanding the psychological and social resources that help in the unique developmental process of adolescents with specific learning disabilities.*

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**Keywords:** Adolescents, Learning Disability, Coping, Perceived Social Support

## INTRODUCTION

Adolescence, 'the period of storm and stress', is one of the crucial stages of development in an individual's life. Adolescence is a time period where an individual goes through tremendous, rapid growth and change in the physical, cognitive, emotional and social domains. The rate of development varies for each individual during this period and growth in each domain need not match each other. However, one can identify developmental patterns which are common among adolescents. The adolescent years are a time when significant demands are being placed on young people. Demands can include academic, personal, and social dilemmas (Giota & Gustafsson, 2017). It is furthermore, a time of major physical changes which can also influence psychological variables such as self-confidence, shyness and anxiety (Özdemir, Utkualp, & Pallos 2016). These demands can generate high levels of stress for some individuals. Maturity, one of the most obvious pathways of development brings the individual from the parasitic dependence of the fetus to the relative independence of adult. In the present scenario, youth, as well as children, are facing a lot of stressors in life.

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The ability to cope with these challenging situations is demanding. Pubertal development is one of the most obvious markers of adolescent growth, which occurs in a sequential manner. The variability in hormones is purported to be a prime factor for emotional fluctuations seen in adolescence. However, environmental factors such as parenting relationships, social relationships, eating patterns, may contribute to emotional changes. Each task at hand and ensuing behavior in the adolescent are viewed from the perspective of integrating one's own identity.

Coping is the attempt from an individual to reduce the psychological pain that is associated with negative life events and ongoing stressors. It involves purposeful thoughts and actions which are used to manage or overcome stress. Coping with a learning disability can be challenging. However, being diagnosed with a learning disability does not mean a student cannot learn, graduate, receive postsecondary education, and lead a normal adult life. With the right interventions and academic support, students with these disorders can succeed in life. It is important to understand the coping strategies used by adolescents with learning disabilities in tackling stressors, as it gives a better comprehension of their unique developmental processes.

Perceived social support is the subjective judgment of the functions performed for the individual by their significant others, such as family, friends and others. It is also conceptualized that the match between the strength of one's interpersonal needs and the social resources provided to fulfil those needs (Chao, 2011). Previous research has mostly looked at coping and perceived social support as a process that parents go through upon the knowledge of having a child with intellectual disabilities (Cantwell, Muldoon, & Gallagher, 2015). However, adolescents with learning disabilities have to develop coping strategies in the competitive world to protect their self-esteem (Rosetti & Henderson, 2013). They need to counter the stress they face in a world that poses academic challenges and, at times, prejudice and discrimination. Therefore, it is also important to recognize the social support perceived by adolescents with learning disabilities who are along the course of their development. Differences in their perceived social support and that of other adolescents can show the amount of social resources adolescents with learning disabilities have at hand to fulfil their intrapersonal and interpersonal needs. Studying the existence of a relationship between coping strategies and perceived social support among adolescents with learning disabilities is important, for their career and developmental processes which are highly influenced by their academic challenges.

In a developing country, like India, there is a need to address the gap knowledge regarding coping and perceived social support among adolescents with learning disabilities. Moreover, there is a great need to work on the life of children with cognitive decline and efforts should be put on giving them a proper environment by giving psychological and emotional support to their parents and families.

### ***Research Questions and Hypotheses***

RQ1- Is there a significant difference in coping responses used by adolescents with and without learning disabilities?

RQ2- Is there a significant difference in perceived social support used by adolescents with and without learning disabilities?

RQ3- Is there a significant correlation between coping responses and perceived social support in adolescents with learning disabilities?

H<sub>a</sub> 1- There will be a significant difference in coping responses used by adolescents with and without learning disabilities?

H<sub>a</sub> 2- There will be a significant difference in perceived social support used by adolescents with and without learning disabilities.

H<sub>a</sub> 3- There will be a significant correlation between coping responses and perceived social support in adolescents with learning disabilities.

## METHOD

### *Participants*

A sample of 100 adolescents, 50 with learning disabilities and 50 without learning disabilities in the age group of 13-20 years, were selected to participate in the study. Participation was voluntary. Participants were selected from regular schools in two different school districts of a South Indian state, through convenience sampling.

### *Instruments*

The following three instruments were used in the study to collect data from the participants. The independent variable being presence or absence of learning disability and the dependent variables are Coping responses and Perceived Social Support.

**Demographic sheet.** Demographic Sheet was developed by the researcher. It included information regarding participant's age, sex, grade, religion, type of school attending, areas of difficulty and locality of residence. An English, as well as Malayalam (native language) data sheet, was provided.

**Cope inventory (Carver, Scheier, & Weintraub, 1989).** Cope Inventory was developed in 1989 by Carver, Scheier, & Weintraub to measure coping. It consists of 15 subscales, with 4 items each, giving a total of 60 items. It is a 4-point Likert-scale with 1 being "I usually don't do this at all" and 4 being "I usually do this a lot". The possible score on each subscale range from 0-16. The subscales are independent of each other. The test manual provides evidences of the test's reliability and validity. Cope inventory was translated into the regional language (Malayalam) by a language expert. The inventory was developed to assess four dimensions of coping - Problem focused, Emotion focused, "Less useful" and Recently developed. Problem focused coping involves dealing with the source of stress, and includes Active Coping, Planning, Suppression of Competing Activities, Restraint Coping and Seeking of Instrumental Social Support. On the other hand, Emotion focused coping reflects attempts to handle thoughts and feelings associated with the stressor and includes Positive Reinterpretation, Acceptance, Denial, Turning to Religion and Emotional Social Support. The "less useful" coping was assessed using Focus on and venting emotions, Behavioral disengagement and mental disengagement. The fourth dimension which were the recently developed coping and included scales for Substance and Humor.

**Multidimensional scale of perceived social support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988).** Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem, Zimet and Farley in 1988. The scale

consists of 12 items (arranged in three subscales, with four items for each subscale) which explores the perceived level of social support experienced from 3 sources: Family, Friends, and a Significant Other. It is a 7-point Likert scale, with 1 being “Very strongly disagree” and 7 being “Very strongly agree”, with a highest possible score of 84 and lowest possible score of 12. Multidimensional Scale of Perceived Social Support (MSPSS) demonstrates good to excellent internal consistency and test-retest reliability, with a Cronbach’s Alpha of 0.81 to 0.98 in nonclinical samples and 0.92 to 0.94 in clinical samples (Wongpakaran, Wongpakaran, & Ruktrakul, 2011). MSPSS was also translated into the regional language (Malayalam) by a language expert.

### ***Procedures***

The present study was conducted in different regular and open schools in South India which catered to adolescents with learning disabilities. After obtaining permission, convenience sampling was used to acquire the sample of adolescents with specific learning disabilities (who were certified with specific learning disability by a registered clinical psychologist). The schools had a government appointed resource teacher who helped in identifying the students. Screening was done to ensure fulfillment of inclusion and exclusion criteria. Those who fit the criteria were identified as potential participants. Participants were briefed on the details of research, like, topic, purpose of study, and tools. Informed consent was sought from the schools and the students. The parents of the adolescents were not required to be contacted, as they had given their consent to the school to allow their wards to participate in any research which the school agreed to. Confidentiality of responses and anonymity of the subject was ensured to the schools and students. The freedom to withdraw at any time was assured to the participants. After informed consent was obtained, the socio-demographic details of the adolescents were collected by the researcher from the students and teachers, as many of the students did not know about the details of their disability. The tools used in this research, the COPE Inventory (Carver, Scheier, & Weintraub, 1989) and the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988) were administered. The administration of the tools was carried out with the assistance of the teacher in the class. Any doubts regarding the meaning of items was clarified by the researcher.

For the sample of adolescents without learning disabilities, a mainstream school similar in syllabus and socio-economic status was contacted to maintain homogeneity. Similar procedures were repeated.

The data obtained on the COPE Inventory for adolescents with learning disabilities was scored to assess the coping responses used by them. The total score on the Multidimensional Scale of Perceived Social Support for adolescents with learning disabilities was assessed to find the acuity of support. Similarly, the results on the COPE Inventory and the Multidimensional Scale of Perceived Social Support for adolescents without learning disabilities was scored. The scores on the COPE Inventory and the Multidimensional Scale of Perceived Social Support for adolescents with learning disabilities was compared with that of adolescents without learning disabilities to find any significant differences between the two groups. The scores on both the scales for adolescents with learning disabilities was studied to look for any correlation between the two.

### **Statistical Procedures Used and Data Analysis**

The data obtained was classified according to demographic variables, edited, coded and entered against the identification number of each student. Data was analyzed using SPSS 24.

The statistical procedures used include computation of 't' value to test the significance of difference between the means of two groups. Karl Pearson's product moment coefficient of correlation ('r') was computed to study the nature and intensity of relationship between the two variables coping and perceived social support. Arithmetic mean, standard deviation and percentages were also calculated to study the amount of variation of the data.

## **RESULTS**

**Table 1. Significant differences in coping responses among adolescents with learning disabilities and adolescents without learning disabilities**

Coping responses	Learning Status	Mean	SD	t	Df	Sig. (2-tailed)
Positive reinterpretation and growth	LD	11.42	1.214	-2.754	98	.007*
	Non-LD	12.34	2.026			
Mental disengagement	LD	10.74	1.827	2.125	98	.036*
	Non-LD	9.78	2.621			
Denial	LD	9.60	1.714	3.269	98	.002**
	Non-LD	8.20	2.466			
Religious coping	LD	13.50	2.234	1.934	98	.055*
	Non-LD	12.44	3.144			
Humor	LD	10.64	1.562	2.438	98	.017*
	Non-LD	9.46	3.045			
Behavioral disengagement	LD	10.14	1.714	2.296	98	.024*
	Non-LD	9.00	3.045			
Use of emotional social support	LD	12.06	1.834	4.152	98	.000***
	Non-LD	10.18	2.264			

Note: \* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$  LD- with Learning disabilities, Non-LD – without Learning Disabilities

From the above table, it is suggested that coping responses among adolescents with learning disabilities were significantly different from coping responses used by peers without learning disabilities.

**Table 2. Showing group differences on perceived social support among adolescents with learning disabilities and adolescents without learning disabilities**

Variable	Learning Status	Mean	SD	t	Df	Sig. (2-tailed)
Perceived social support	LD	60.64	10.107	-0.261	98	0.795
	Non-LD	60.10	10.605			

The results of group differences on perceived social support as shown in Table-2 suggests that there was no significant difference found between the two groups adolescents with learning disabilities and without learning disabilities.

**Table 3. Showing correlation between coping responses and perceived social support in adolescents with learning disabilities**

Coping responses	Perceived Social Support	
	Pearson’s Correlation	Sig.(2-tailed)
Positive reinterpretation and growth	.039	.787
Mental disengagement	.215	.134
Focus on and venting of emotions	.295*	.038
Use of instrumental social support	.049	.737
Active coping	.373**	.008
Denial	.366**	.009
Religious coping	.341**	.015
Humor	-.132	.359
Behavioral disengagement	-.174	.228
Restraint	.366**	.009
Use of emotional social support	.330*	.015
Substance use	-.290*	.020
Acceptance	-.109	.482
Suppression of competing activities	-.060	.692
Planning	.185	.088

Note: \* $p < .05$  \*\* $p < .01$

The results of correlation between coping responses and perceived social support as shown in Table 3, suggest that, there were significant correlations between the two variables. There was a significant positive correlation between active coping, denial, restraint, and religious coping with perceived social support. But these correlations were comparatively weak. A negative correlation was found between substance use and perceived social support, which was significant but weak.

## DISCUSSION

This study attempted to understand the processes of coping in adolescents with learning disabilities in comparison with their peers who did not have a learning disability, and the availability of social resources that could aid them in the course of development.

### *Main Findings*

Coping responses in adolescents with and without specific learning disabilities were different. Religious coping was found as one of the most important resources for dealing with stressful situations. Religious coping could be used for many reasons; to serve as emotional support, to aid in positive reinterpretation and growth or acceptance, in short, to benefit in times when one faces a stressor that cannot be changed, but has to be endured. This is in contradiction to previous research done on adolescents, where religious coping was found to be among the least used strategies in adolescents (Phelps & Jarvis, 1994). Cultural differences could account for this finding. Earlier studies have shown that Indians usually use indigenous forms of healing, which includes religion in response to stress (Behere, Das, Yadav, & Behere, 2013). Thus, it could be concluded that family, community and culture also influence the coping responses of adolescents with learning disabilities.

On the other hand, but it is interesting that adolescents with and without specific learning disabilities had the same needs and perceived social support. Familial and cultural factors determining the social support provided to children in India might have influenced this finding.

Seeking emotional social support can function as adaptive or maladaptive depending on the frequency of utilization, and also on other coping strategies that are used along with it. The use of responses of religious coping, positive reinterpretation and growth, active coping, planning and acceptance indicates a functional tendency for the use of emotional social support. In line with previous research (Panicker & Chelliah, 2016) adolescents with learning disabilities often relied on emotional support from peers and their own family. Positive reinterpretation and growth could be used as a coping strategy to deal with distressing emotions. Coupled with coping responses of religious coping, active coping and planning, this strategy could be used to redefine the meaning the stressor holds or to view it as a challenge which could lead to taking direct action to change the stressor. The use of positive reinterpretation and growth is particularly interesting as emotional development is sometimes found to be delayed in children with disabilities (Rieffe, 2012). The coping strategies which are used more by adolescents with learning disabilities are seen to be those, which are likely to be the most helpful to them. The results lean towards the tendency for adolescents with learning disabilities to use strategies which define the stressor being faced, and then apply more of problem-focused coping strategies.

### *Limitations*

The limitations of the study were unavailability of Indian norms for the selected instruments. Standardizations have been done on Asian samples for both the instruments, and they have been used with Indian samples in previous studies. Adolescents who participated in this study had different learning status, and differences

in their socio-economic status, due to difficulty in accessing a homogenous sample. Convenience sampling was used and this could have reduced the viability of t-tests, hence the study could be considered as a pilot study.

### ***Practical Implications***

Impairments and inadequacies in academic performance can lay the ground for risky behaviors in children and adolescents with specific learning disabilities, which in turn may lead to conduct disorders. The findings can be used to increase parental awareness on the personality development process among children with specific learning disabilities. Counseling and psychotherapeutic interventions need to look at the developmental demands in the social, emotional and cognitive domains of adolescents with specific learning challenges in the course of their growth and development and dealing with one's academic pressure. This can help practitioners sensitive to their inherent processes than expecting it to fall exactly along the continuum of mainstream adolescent development. Programs which focus on validating the feelings of adolescents with specific learning disabilities can be planned. This will in turn help them to have better ways to counter stressors in daily life, and enhance the use of more solution-focused coping strategies which can increase coping effectiveness.

**Psychosocial implications.** A need for proper psychosocial management during adolescent period is stressed through the results of the study. Coping and perceived social support are integral entities in the development of an individual. Adolescents with learning difficulties are found to have difficulties with coping responses, hence an adequate social support system needs to be provided to individuals with specific learning disabilities especially during their adolescent years. Parents, remedial trainers and significant others should take necessary measures in this regard. This study also implies a significant relationship between coping and perceived social support. Therefore, measures can be adopted to increase the use of these in adolescents.

**Theoretical implications.** This study brings out a new addition in the literature on coping and perceived social support of adolescents with specific learning disabilities. This could be used as a source of information in training and education of counselors, remedial trainers, special educators, clinical psychologists and other behavioral health professionals who work with adolescents. This study implies the importance of psycho-social intervention programs for adolescents with learning disabilities and provides a background for further research in the field of learning disabilities and its psychological implications.

### ***Future Research***

Future line of research can use an increased sample size, to be able to validate the findings further. Differences in gender could be explored, as gender differences have played a role in coping strategies adopted by adolescents. It will also be of value to explore the coping efficacy and perceived social support among adolescents with specific learning disabilities. Future research can also explore the coping responses and perceived social support in children with other sensory impairments. This could bring out interesting findings considering the multicultural and multilingual context in India. Although the study does not pinpoint on an effective technique to enhance

coping responses in adolescents with learning disabilities, it provides some guidelines that might be helpful for the immediate social support system of adolescents with learning disabilities which could help them in developing better coping to their academic and life stressors.

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