Available online at ijci.wcci-international.org

International Journal of Curriculum and Instruction 14(3) (2022) 2761- 2789

IJCI
International Journal of Curriculum and Instruction

Description of educational experiences and challenges faced by parents of children diagnosed with learning disability

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Abstract

Learning disability (LD) is a developmental and neurobiological disorder frequently witnessed in childhood, resulting from the impairment of one or more academic skills such as reading, writing, speaking, and mathematical reasoning. Although the most common group among individuals with special needs is individuals with a diagnosis of LD, the national literature includes a limited number of studies conducted with the families of the students in this group. The present study aims to explore the difficulties experienced by students diagnosed with LD in their education lives based on their parents' views. The study is a descriptive study employing the qualitative research design. The study group consisted of parents (six mothers, two fathers) selected using the criterion sampling method, one of the purposive sampling methods. As a data collection tool, a semi-structured interview form was developed by the authors and administered to the families of children with LD to explore their children's education and their problems. The interviews were conducted face-to-face by the first author. The analysis of the generated data was conducted using the inductive approach. Based on the study results, four main themes, 10 sub-themes related to main themes, and 32 categories related to the sub-themes were formed. The findings revealed that parents faced problems regarding their children's school life and teachers, and this negatively affected their family life. Among the parents' views on the diagnosis process, who made the first diagnosis and the effects of this process on family life came to the fore. In addition, it was revealed that after the diagnosis, the educational life of the children was adversely affected and there were different situations regarding the educational life of the children with LD compared to the children with normal development. Furthermore, the participants emphasized their expectations regarding their family life and the educational life of their children. The study findings were discussed based on the literature and recommendations were made for future studies.

Keywords: Learning disability, educational experience, parent, inclusion.

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1. Introduction

Learning disability (LD) is defined as an individual's academic skills being significantly lower than expected compared to his/her peers, and this negatively affecting his/her daily life activities, and school or work life (American Psychiatric Association (APA), 2013). According to another definition, LD is a developmental and neurobiological disorder frequently encountered in childhood, resulting from the impairment of one or more academic skills such as reading, writing, speaking, and mathematical reasoning (Silver et al., 2008). Although the factors causing LD are not clear in the literature, according to the generally accepted view in the studies conducted, LD is a genetic and biologically based functional disorder. This functional disorder may cause a delay in the development of cognitive functions required for academic skills such as reading, writing, and mathematics and social skills such as speaking and listening (Karaman et al., 2012).

Learning difficulties in reading, mathematics, and writing are classified as dyslexia, dyscalculia, and dysgraphia respectively (APA, 2013) and difficulties in social interaction and skills are classified as nonverbal LD (Kronenberger & Dunn, 2003). Among these, dyslexia is the most common type of LD (Kronenberger & Dunn, 2003; Lerner, 2000). Students with dyslexia may have problems in reading fluently and reading words (such as skipping words, reading by adding words, misreading words, changing the places of the words) (Piarangelo & Giuliani, 2006; Pikulski & Chard, 2005). Children with LD who have difficulties in mathematics, on the other hand, have problems in numbers, basic and arithmetic concepts, and more in reasoning skills in the following years (Montague, 1995; Piarengelo & Giuliani, 2006). Children with LD who have difficulties in writing skills write more slowly and incorrectly compared to their peers. For example, they have problems in writing on the lines and writing letters and numbers in appropriate sizes (Kelly, 1995; Vygotsky, 1978; Wong et al., 1997). These students make writing mistakes such as letter-syllable skipping, displacement, and reverse writing more than their peers (Reigstad, 1980). Students in this group may have difficulties in different areas, and some of these students may have difficulties in only one academic skill area, while others may have difficulties in more than one academic skill area (Robinson et al., 2002). Individuals with LD who have problems in social skills and are called non-verbal LD in the literature have difficulties in interacting and speaking when they need to communicate with other people. These problems also cause them problems in establishing and maintaining friendships (Lerner, 2000). These aforementioned difficulties affect children negatively in terms of their sense of self, establishing friendships, communication, and participation in school activities (Bryan et al., 2004). In the studies conducted with teachers on the subject, the teachers stated that social and emotional characteristics such as poor sense of self, poor social skills and social relationships, low motivation, and negative attitudes towards school are even bigger problems than academic difficulties (Bender, 1999; Gans et al., 2003; Tur-Kaspa, 2002).

Researchers also found that externalizing symptoms (anger, impulsivity, etc.) are frequently observed in children with LD diagnosis as well as internalizing symptoms (depression, anxiety, etc.) (Carroll et al., 2005; Dahle et al., 2011; Willcutt & Penington, 2000) and reported that they are more common in children with LD diagnosis compared to children with normal development (Michaels & Lewandowski, 1990; Nelson & Harwood, 2011; Newcomer et al., 1995; Willcutt & Penington, 2000).

In the international literature, various studies on family relationships, stress, and expectation of academic achievement were carried out with parents who have a child with LD. Briefly, the findings of these studies revealed that both mothers and fathers experience similar levels of stress when dealing with their children with LD and that parents with higher education and socioeconomic status are likely to encounter more distress when caring for their children (Anuar et al., 2021). Mothers with children with LD experience more stress in family relationships compared to fathers (Kamaruddin, Abdullah, & Idris, 2016). Another study conducted by Isa et al. (2017) reported a negative relationship between the number of children in the family and the perceived stress score. It is stated that having a child diagnosed with LD negatively affects the relationship of families with their other children and even the relationship of the parents with each other, and as a result, parental stress levels increase (Dyson, 1996). In an interview with eight parents who had children with DD, it was concluded that the lives of the families were quite stressful (Waggoner & Wilgosh, 1990). In addition, the families have lower academic expectations for their children with LD compared to their other children with normal development and are in a more directive position (Bryan & Bryan, 1983). Furthermore, Green (1990) expressed that having a child with a diagnosis of LD causes a very disconnected intra-family communication style due to low behavioral expectations of other family members.

The examination of the national literature showed that there are only a limited number of studies conducted with the families of students diagnosed with LD (Angın, 2015; Atalay, 2013; Başar, Göncü, & Baran, 2021; Büyükçakmak, 2015; Emirdağı, 2018; Kılıç, 2018; Koçkar, 2006; Kurtbeyoğlu, 2018; Özyürek, 2019; Sakız & Baş, 2019; Tarhan, 2014; Tekin, 2017). These studies were conducted on family relationships, parent and child acceptance-rejection levels, social support levels, attitudes, and stress coping and life quality levels. The findings of a study conducted with the normally developing siblings of children with autism and LD put forth that girls perceived their mothers as more rejecting and boys had more conflicting relationships with their siblings (Angın, 2015). There was no significant difference in terms of secure attachment and parental attitude perceptions of children with LD and their normally developing peers, but a significant difference was found in terms of being LD and emotional intelligence (Kılıç, 2018). A significant difference was determined between the depression levels of parents with a child with LD according to their income levels and educational status. In addition, there was a negative significant relationship between parents' social support and depression levels, and social support levels predicted their depression by 11% (Kurtbeyoğlu, 2018). It was determined that there was a weak positive relationship between parents' acceptance-rejection and social support levels. Furthermore, it was concluded that sex, the number of siblings, the duration of receiving special education, whether the pregnancy was planned or not, and whether parents attended the Individualized Education Program (IEP) meetings were not effective on parents' acceptance-rejection perceptions (Emirdağı, 2018).

The level of perceived social support and attitudes of coping with stress of mothers with LD differed significantly from mothers of normally developing children. The mothers of children with LD used more emotion-focused coping and dysfunctional coping methods than other mothers (Atalay, 2013). A study examining the self-concept of children with and without LD according to parental attitudes and various variables (educational status, being employed or not, having siblings, sex, age, school type) determined that the presence or absence of LD was effective on self-concept (Tarhan, 2014). Also, mothers of children with LD used emotion-focused styles more while coping with stress, had lower parenting competencies, experienced more conflict with their children when they did their homework, and were perceived by their children as more comparator, rejecting, overprotective, and less emotionally warm (Özyürek, 2019). In addition, another study exploring the life quality of children with LD and their parents revealed that there were significant relationships between the life quality of the child and the parents and that the life quality of the child significantly predicted the life quality of the parents (Sakız & Baş, 2019). Finally, in a case study examining the family involvement during the first literacy learning process of children with LD, it was determined that the participation of the parents of the students in the learning process was effective in the education of children with LD (Başar, Göncü, & Baran, 2021).

The only similar study to the present study was carried out by Tekin (2017), who examined the views of the families of children with LD. Examining the problems faced by the parents of elementary school children diagnosed with LD, the study determined that the diagnosis process of the students began after the classroom teachers noticed the symptoms, that children could only be diagnosed in the upper grades due to the difficulties in the legislation and the diagnosis process, that these children mostly had problems in reading and writing, that their teachers did not prepare IEPs, and that school administration and counseling services did not work outside the practices in the legislation. It was also determined that some students were diagnosed with a mild intellectual disability instead of LD, and they were socially accepted by their peers and teachers, but they faced social isolation from their peers' families. It is stated that studies that would be carried out with the families of students with LD and that would determine the problems they experience with their children will be beneficial in terms of the solutions to be produced (Özkardeş, 2013). From this point of view, the purpose of the present study is to determine the views of students with LD on their general educational life, their educational life during and after the diagnosis, the effects of being diagnosed on the family life, and the support and opportunities provided by the state for them from the perspective of their families. It is believed that the study results will contribute to the literature by presenting the experiences of the parents of children with LD, and will also benefit researchers and teachers in the field and even families. In addition, it is believed that the criteria for the sample selection (the parents having two children, the child with LD going to middle school, the younger of the children having LD, and the older one having normal development) would provide originality to the study. In line with the aforementioned reasons, examining parents' views on the education-related difficulties experienced by their children diagnosed with LD constitutes the study problem.

2. Method

2.1. Study Design

The present study employed phenomenology, one of the qualitative research designs. Phenomenology is defined as reaching a universal explanation as a result of interpreting and understanding the meanings created by the participants regarding the phenomena that we are aware of but do not have a detailed understanding of through individual experiences (Annells, 2006; Bloor & Wood, 2006; Creswell, 2013; Cropley, 2002). Phenomenology was preferred in the present study in order to reach in-depth information based on the real experiences of the individuals participating in the study. The phenomenon explored in the study is the difficulties experienced by students with a diagnosis of LD in their educational life.

2.2. Data Collection Tool

During the data collection process, first, a detailed national and international literature review was conducted and the topics planned to be included in the study (educational life of the student before the diagnosis, the diagnosis process, the educational life after the diagnosis, the different circumstances compared to the normally developing child, the support and opportunities received by the family in the process. etc.) were determined. For data collection, the semi-structured interview technique (Bailey, 1982; Berg, 1998; Karasar, 2007) since the technique allows the participant's views to be revealed clearly in order to obtain comprehensive information on the subjects determined by the researchers. In this context, supporting questions and a demographic information form were developed by the researchers to get comprehensive answers to the questions posed to the participants by the researchers.

In order to develop a qualified interview form before the study was carried out, a pilot interview was conducted with a parent, lasting 23 minutes and 56 seconds, using the semi-structured interview form developed as a result of the literature review. In the determination of the preliminary interview participant, the criteria of residing in the city of Ankara and having a child with both LD and normal development were determined. The preliminary interview was held on November 19th, 2018 in a private special education and rehabilitation center located in the Çankaya district of Ankara. In order to ensure the intercoder reliability in the analysis of the data obtained through the pilot interview, the transcribed texts were read independently by the first author and the second author, and the themes were independently determined. Afterwards, an agreement was reached on the determined themes and common themes were formed. The first author formed 10 sub-themes and six main themes, whereas the second author formed nine sub-themes and seven main themes. As a result of the agreement reached by the researchers in the interviews, 11 sub-themes and five main themes were reached at the end. In order to effectively organize the raw data obtained after transcription and get an opinion on the adequacy of the themes formed, the common themes formed were presented to a different expert by the researchers. Then, the questions in the form were revised according to the expert's view. One interview question and two supporting questions in the first form were removed from the form since it was believed that they included repetition and not measured the study problem. Also, one supporting question was revised since it was believed that it had a weak relationship with the interview question. Finally, in order to assess whether the questions would be understood by the parents and whether they are within the scope of the researched subject, the opinions of three special education experts who had conducted studies using qualitative research methods were asked, and the semi-structured interview form was finalized. The following questions were developed:

1. Can you talk about your child's educational life in general?

a) At what age did your child start school and what grade is he/she in now?

b) Did you change your school or teacher?

c) Can you tell us about the school your child attends and his/her teachers?

2. Can you tell us about your child's diagnosis process?

a) By whom (teacher/school administration/family) and when was your child's disability initially noticed?

3. Can you tell us about your child's educational life after his/her diagnosis?

a) Can you tell us about the attitudes and behaviors of the teachers or the school administration in the period after your child's diagnosis?

b) As a parent, can you talk about the relationship between the classroom teacher, the school management, and the counseling service in your child's education?

4. By taking into account the educational life of your normally developing child, can you tell us about your experiences in the educational life of your child with LD?

a) Can you tell us about the impact of your child's diagnosis on your family life?

b) Can you tell us about your financial expenses during the education of your child with LD?

5. Can you tell us about the support and opportunities provided by the state to your child from the first day of his/her education?

a) Can you tell us about the services offered?

b) Compared to the current situation, can you tell us about your dream school where your child would go?

2.3. Participants

The study group was selected using the criterion sampling method, one of the purposive sampling methods. The criterion sampling method is used when any situation that is the subject of the study can be determined as a criterion (Grix, 2010), the criteria are created by the researcher (Marshall & Rossman, 2014), working with individuals who meet the specified criteria is aimed (Büyüköztürk, Çakmak, Akgün, Karadeniz & Demirel, 2016), and all situations that meet the determined criteria are examined (Yıldırım & Şimşek, 2016). The researchers' main criteria in the selection of participants were i) having a child diagnosed with LD and going to middle school in the 2018-2019 academic year, ii) having another child with normal development and older than the child diagnosed with LD, iii) living in Altındağ, Çankaya and Mamak districts of Ankara and volunteering to participate in the study.

The situation that should be considered in the criterion sample is that the situations that will be accepted as the criterion must be a rich source of information (Marshall, 1996). From this point of view, by selecting parents with a child diagnosed with LD and another child with normal development, the researchers aimed to obtain in-depth information about the situation, and parents were asked to make a comparison of their experiences with their previous experiences. By selecting parents with a middle school child diagnosed with LD, the researchers aimed to have participants whose children have been going to school for years with a diagnosed LD. The study was limited to three central districts of Ankara taking into account the time and economic costs. In line with the determined criteria, interviews were conducted with eight participants who were residing in Altındağ, Çankaya, and Mamak districts of Ankara, who were the primary caregivers of their children, whose verbal consent was obtained, who stated that they would take part in the research voluntarily, and who met the specified criteria. Demographic information about the participants is given in Table 1.

Table 1

Demographic Information on Participants

Participants	Relationship	Age	Education level	District the participants lived in
P1	Father	49	University	Mamak
P2	Father	41	University	Çankaya
P3	Mother	45	University	Çankaya
P4	Mother	48	Elementary School	Mamak

P5	Mother	46	High School	Mamak
P6	Mother	36	Middle School	Altındağ
P7	Mother	44	Middle School	Altındağ
P8	Mother	42	High School	Mamak

2.4. Data Collection

In order to collect the data, the administrators of the private special education and rehabilitation centers in the three determined districts were contacted and information was given about the study purpose. They were asked whether they would give consent for the present study. The criteria were explained to the administrators of the institutions that gave consent. Then, they were asked if they had parents who met these criteria. After the parents were determined by the administrators, the first researcher made the first interviews via telephone, and the parents were informed about the study. In order to be able to conduct the interview with the parents who agreed to volunteer, an appointment was requested in the phone interview and common days and hours were determined. Before starting the interviews, the participating parents were verbally informed about the study again. The researchers explained that the information about the participants would only be used within the scope of the study, and the participants' verbal permission was obtained for voice recording. The interviews were conducted by the first researcher in a quiet environment face to face with only the parent until data saturation was achieved.

The duration of the interviews ranged from 18 minutes 9 seconds to 34 minutes and 23 seconds. Each participant was assigned a participant number and the interviews were recorded using a voice recorder. The information on the interview durations, interview place, and interview dates are presented in Table 2.

Table 2

Information on Interview Duration, Interview Place, and Interview Dates

Participants	Interview Duration	Interview Place	Interview Date
P1	27:10	Institution Administrator's Office	January 20th, 2019
P2	32:36	Institution Administrator's Office	January 26th, 2019
P3	34:23	Institution Administrator's Office	January 27th, 2019
P4	18:09	Institution Secretary's Office	January 25th, 2019
P5	22:50	Institution Teacher's Room	January 29th, 2019
P6	20:11	Institution Secretary's Office	February 2nd, 2019
P7	22:06	Institution Administrator's Office	February 3rd, 2019
P8	21:31	Institution Administrator's Office	February 23rd,2019

2.5. Data Analysis

In the study, the generated data collected using the semi-structured interview form developed by the researchers were analyzed based on the inductive analysis method, one of the content analysis methods. The inductive technique refers to the categorization of the data using coding and formation of themes and sub-themes based on mutual relationships in order for the reader to understand the produced data (Patton, 1990; Yıldırım & Şimşek, 2016). As the first step of the inductive analysis carried out, the audio files of the recorded interviews were transcribed in a computer environment using the Microsoft Word Program without making any changes to them. Considering the size of the data produced, in order to organize and report the data, the views of the participants on each question were listed one after the other, page and line numbers were given, and a single 61-page text file was generated by adding a descriptive index and note sections. In the second step, the possible categories that were formed with reference to the interview questions during the analysis process were noted in each reading repetition, and this process was repeated three times by the first and second researchers. In the last step, after the categories were formed by the researchers, an agreement was reached on the categories and the categories were reorganized based on the agreement.

2.6. Validity and Reliability

In addition to getting expert opinions for the development of the interview questions and the demographic form and conducting the pilot study, expert opinions were also taken by the researchers for the internal validity/credibility to ensure validity and reliability and data breakouts were examined in detail and participant views were presented for external validity/transferability. For the reliability/consistency, the selection of the participants and the data generation process were described in detail in the study, as well as the audio recordings and data transcriptions of two randomly selected interviews were presented to a different expert who had conducted studies using qualitative research methods in the field of special education. Furthermore, after the codes were formed by the researchers, a different field expert was asked to code. Miles and Huberman's (1994) formula of "Reliability = Agreement / (Agreement + Disagreement)" was used to determine agreement and disagreements. After the reliability work, the agreement values were calculated as 91%, 83%, 87%, 93%, and 92%, according to the order of the questions.

3. Results

The present study was carried out to describe the difficulties experienced by students diagnosed with LD in their educational life, from the perspective of their parents. The analysis of the generated data was analyzed through the inductive approach. The study findings consist of four main themes, 10 sub-themes related to the main themes, and 31 categories related to sub-themes. The participants were assigned the code names of P1, P2, P3, P4, P5, P6, P7, and P8, and the code names were used in the direct quotations given while presenting the findings. Information on the themes and sub-themes is given in Figure 1.

Figure 1. Distribution of the Themes

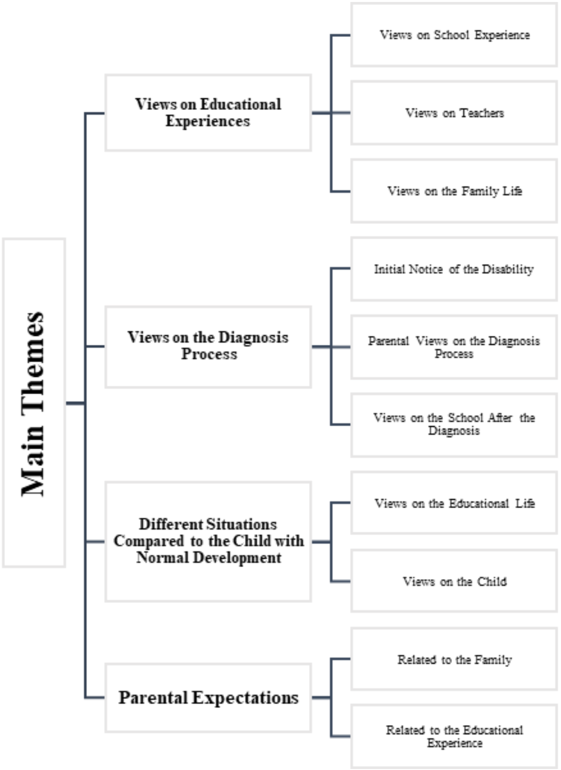

Table 3

Statements Regarding Educational Experiences

Main Theme	Sub-Theme	Category	Frequency
Views on Educational Experiences	Views on School Experiences	Change in school-classroom	7
		Peer rejection	7
		Low expectation regarding the school	2
	Views on Teachers	Negative teacher attitude	6
		Teacher lacking knowledge	4
		Unconcerned teacher	4
		Teacher violence	2
	Views on Family	Tension with the child	4

	Experiences	Low expectation from the child	4
		Rejection of the disability	3
		Remorse	2
		Acceptance	2

Views on School Experiences

Regarding the school experiences of their child with LD, parents stated that their child's school or classroom changed, he/she was exposed to peer rejection, and they had low expectations regarding the school. **Change in School–Class.** In the interviews, seven participants stated that their child with a diagnosis of LD experienced school or class changes. On this subject, P1 said, *"We changed two schools, she went to her first school for 15 days … Then, we changed her classroom in the second school again."* **Peer Rejection.** In the interviews, seven of the eight participants stated that their child with LD was exposed to peer rejection. P6 told, *"Because she was an inclusion student, some of her friends said, you are an idiot, you don't understand anything, et cetera. I went and talked with the students one-on-one when the teacher was at school. The teacher said, look you said this to Deniz, she said there is no such thing."*

Views on Teachers

Regarding their child's teachers, the participating parents stated that their children were exposed to negative teacher attitudes and teacher violence, and their teachers lacked knowledge and were unconcerned. **Negative Teacher Attitude.** In the interviews, six participants expressed that their child with LD was exposed to negative teacher attitudes. Related to this issue, P6 said, *"The teacher said to me, there is no such thing like every child should go to school, she doesn't have to go to school, if Ceylin goes to school, then who will be a garbage man, who will be a baker, who will be a cleaner. I was at school in the hallway. It was like my world fell apart. I wouldn't have expected this from any teacher, from an educator. I mean I came to you to learn what I can do and you are telling me these things."* **Teacher Lacking Knowledge.** In the interviews, four of the eight participants mentioned that the teachers involved in the education of their child with LD lacked knowledge. P8 said, *"… we thought he might have a learning disability, we shared this with our teacher. Our teacher could not comprehend the learning disability. He couldn't our child much in this process."* **Unconcerned Teacher.** In the interviews, four participants mentioned that the teachers involved in the education of their child with LD were unconcerned. On this subject, P4 told, *"I used to say to her, okay she has a learning disability, but you also need to pay some attention. They didn't pay attention, she was just by herself like that in a corner of the classroom."* **Teacher Violence.** Two participants expressed that their child was exposed to teacher violence. Explaining this, P8 said, *"… he was very insistent for him to read in the class,* *and forced him to read by hitting him on the head with a book. After that, he became very afraid of reading, of reading in the classroom, and he couldn't read at all in the classroom after that."*

Views on Family Experiences

Regarding their family experiences, participating parents with a child diagnosed with LD stated that they had tension with their child, lowered their expectations for their children, rejected his/her disability, and went through remorse and acceptance. **Tension with the Child.** In the interviews, four participants stated that they experienced tension with their child with LD during their education. Stating his thoughts on the subject, P3 said, *"Beray and I are studying together, he writes 'take' and Beray reads this as 'make'. I am saying, 'Baby, please read, please read.' I mean, we started to have tension between us now. So, we have such big problems. I mean about not paying attention, not reading. So, I mean I started to treat him roughly. My child was being treated roughly, and I was being treated roughly, too."* **Low Expectation for the Child.** In the interviews, four of the eight participants expressed that they had low expectations for their child. On this issue, P1 told, *"… his brother sometimes says, 'When I was in elementary school, you used to come so hard on me, dad, why don't you show the same behavior to my brother?' I learned gradually as we couldn't do it over and over. The process also shows this. It shows him in the process. We can't limit the knowledge to time, as much as we can. I try to have the mentality of she will learn when she will."* **Rejection of the Disability**. In the interviews, three participants emphasized that they rejected the disability of their child with an LD diagnosis. On this subject, P2 said, *"My child, my son, was diagnosed with this when he was in elementary school. Of course, we didn't want to accept this at first. Well, of course, I went to a lot of hospitals. Of course, as a parent, I couldn't accept it because, I mean, I told the teacher that there was no such thing."* **Acceptance**. In the interviews conducted, two of the eight participants stated that they experienced helplessness in their children's educational life. Explaining his thoughts on the subject, P7 said, *"I mean, Atilla is very difficult, well, as a child because we actually have no knowledge, we don't know anything, but you have to accept certain things, you keep silent. You don't make a sound, you say okay."* **Remorse.** Furthermore, two participants talked about having remorse regarding their children's educational experiences. P3 expressed her thoughts on the subject and said, "… I am a very disciplined mother, in fact, I think that I treat my child very badly in many places. I felt a lot of remorse, there were times when I cried a lot. I mean, there were times when I kissed the bottom of his feet while he slept at night."

Views on the Diagnosis Process

Under the theme of "Views on the Diagnosis Process", there are three sub-themes and seven categories related to these sub-themes. Table 4 presents the distribution of sub-themes and categories related to the aforementioned theme.

Table 4

Statements Regarding the Diagnosis Process

Main Theme	Sub-Theme	Category	Frequency
Views on the Diagnosis Process	Initial Notice of the Disability	Teacher's notice	5
		Family's notice	3
	Parental Views on the Diagnosis Process	The family being alone in the process	6
		Afraid of being labeled	3
	Views on the School After Diagnosis	Teacher prejudice	7
		Nonfunctional counseling service	3
		Nonfunctional support education	3

Initial Notice of the Disability

Participants stated that their child's disability was initially noticed by the teacher or the family. **Teacher's Notice.** In the interviews conducted, five of the eight participants stated that their child's disability was initially noticed by their teachers. On this subject, P5 said, *"… a new teacher came. This was like a month ago. This teacher, Serap said, 'Let's go to the counselor.' So, we went to see the school counselor. I mean, it's special education, I mean what comes to my mind when I think of them is disabled children getting an education. Atakan never crossed my mind."* **Family's Notice**. In the interviews, three participants stated that the family initially noticed their child's disability. Explaining this subject, P6 told, *"… I noticed, it was the second semester of the first grade. I went to the … Hospital of my own free will. There, they administered tests to Ceylin, I especially went to a private hospital and get the IQ test done."*

Parental Views on the Diagnosis Process

The participants stated that they were alone in their child's diagnosis process and they were afraid of being labeled. **Being Alone in the Process.** Six participants stated that they were alone as a family during the diagnosis process. K4 said, *"… there was no one who showed me any kind of way. We asked but we couldn't find a way. So, there was no one who understood. Neither the Counseling and Research Center nor the school counselor had anything to do with the process."* **Afraid of being labeled.** In the interviews, three participants expressed their fears about their child with LD being labeled. Explaining his thoughts on the subject, K3 said, *"My wife said, 'If this gets into the record, for example, Beray graduated from a very good university and had a job interview and got an interview. My kid will be eliminated in that interview when the report writes he had* *dyslexia in the past.' That's why we hide such a thing, I mean, with the current conditions in Turkey, frankly."*

Views on the School After Diagnosis

Regarding their child's educational experiences after diagnosis, the participants expressed their views on the schools their child. **Teacher Prejudice.** Seven participants stated that their teachers acted prejudiced against their child. P7 said his thoughts on the subject, *"… Our teacher said he read words backwards, he couldn't understand what he was reading. Our teacher had already given up on my child. Our problem started there, our teacher kicked him to the curb. He said, 'Even a student who went to kindergarten can write his name and last name, I don't want to continue with this student.' He told us to take him to a psychologist."* **Nonfunctional Counseling Service.** In the interviews, three participants expressed that the counseling services of the schools where their child attended were nonfunctional. P1 said, *"The counselor couldn't establish healthy communication with us in any way. I mean, just for the sake of formality, they did everything right on the paper but when it came to the practice, we didn't see anything. Well, we were seeing that it wasn't just our child who experienced this."* **Nonfunctional Support Education.** Three participants emphasized that the support education services provided to their child are nonfunctional. P2 said, *"He was in the inclusive class once. I've seen the damage of this… the school isn't good at this. For all I know, there's no point in taking these children, for example, out of math class and separating them from their friends and making them fall behind math and taking them out of the class. This is not inclusion. It's the opposite. This'll stonewall them."*

Different Situations Compared to the Child with Normal Development

Under the theme of "Different Situations Compared to the Child with Normal Development", there are two sub-themes and five categories related to these sub-themes. Table 5 presents the distribution of sub-themes and categories related to the aforementioned theme.

Table 5

Statements Regarding Different Situations Compared to the Child with Normal Development

Main Theme	Sub-Theme	Category	Frequency
Different Situations Compared to the Child with Normal Development	Views on the Educational Life	Academic unwillingness	6
		More financial burden	5
		Uncomfortable with being confused with other disability types	3
	Views on the Child	Low self-confidence	5
		Developmental difference	2

Views on Educational Life

The participants stated that compared to the educational life of their child with normal development, their child with LD experienced academic unwillingness, the situation bought more financial burden and they are uncomfortable with LD being confused with other disability types. **Academic Unwillingness**. In the interviews, six participants emphasized that their child with LD experienced academic unwillingness compared to their child with normal development. Expressing his thoughts on the subject, P6 told, *"Deniz wouldn't study. How can I explain, Deniz was very interested in games, for example, games on the phone but when we asked her to study, she wouldn't do it. She would play on the phone. She wouldn't study. I mean, she didn't want to."* **More Financial Burden.** In the interviews, five participants stated that their child with LD brought more financial burden compared to their child with normal development. On this issue, P2 said, *"… well, I'm looking after my older son and younger son now. Of course, it's different between the two. The normal school was enough for one of them … I mean, he certainly has different talents, but I, as a parent, don't have the financial means to discover that different talent of my child. He never took private lessons. You try your best, but only up to a point. I mean, all of these are costs, costs in Turkey's conditions."* **Uncomfortable with Confusion with Other Disability Types**. In the interviews, three participants emphasized that they were uncomfortable when their child's disability was confused with other disability types. Explaining her thoughts, P5 told, "…if you look at the paper, it writes disability, for example, the word disability is written on the paper. When you say special education, everyone looks. Everyone sees it differently because they don't know anything about it. How can I explain this? They see him same with intellectually disabled children."

Views on the Child

The participants stated that compared to the educational life of their child with normal development, their child lacked self-confidence and had developmental differences. **Low self-confidence.** In the interviews, five participants stated that their children lacked self-confidence. On this issue, P5 said, *"My child doesn't talk much. Well, He's not a child that shows and expresses himself. For example, he is better friends with children younger than him. He's afraid, he can't say anything.*" **Developmental Difference.** In addition, three participants talked about the developmental difference in their child with a diagnosis of LD compared to their child with normal development. P3 expressed his thoughts on the subject and said, *"…look, they are siblings, but they are very different. We later realized that Buğlem was actually a normal kid because she was holding a pencil, writing, cutting with scissors, painting, reading, and asking. But this never happened with Beray. There is an important difference."*

Parental Expectations

Under the theme of "Parental Expectations", there are two sub-themes and seven categories related to these sub-themes. Table 6 presents the distribution of sub-themes and categories related to the aforementioned theme.

Table 6

Statements Regarding Parental Expectations

Main Theme	Sub-Theme	Category	Frequency
Parental Expectations	Related to the Family	Lack of counseling services to the family	4
		Financial support	3
	Related to the Educational Experience	More support education	5
		Cooperation	5
		Qualified teacher	3
		Peer acceptance	3
		Being included in the education system	2

Related to the Family

The participants expressed their expectations for financial support and the lack of counseling services for their child's educational life. **Lack of Counseling Services to the Family.** In the interviews, four participants expressed their expectations for counseling services for the educational life of their child with LD. Expressing his thoughts on the subject, P8 said, *"Because while we were going through this process at home, we were also very psychologically worn out and tired. I went to the psychologist. You get choked up after a while with everything and you can't be any help for your child anymore. Maybe it'd be better if we had a little dialogue with the counselors in our own school about what we could do and how we could do it… if there was external support, if there was support from the state."* **Financial support.** In the interviews, three participants expressed their expectations of financial support for the educational life of their child with a diagnosis of LD. P4 said, *"… our teachers told us that we could do this and that. They told us about private lessons, but it was a lot of money. They said it would be great, they said she had to go but we couldn't get private lessons. The state gave nothing to us. It would be better if there was financial support. I mean, it'd be good for the children, it would be good for us."*

Related to the Educational Experience

In terms of parental expectations regarding the educational experience of their child with LD, participants emphasized receiving more support, having cooperation, getting qualified teachers, their child being accepted by their peers, and being included in the education system. **More Support Education.** In the interviews, five participants expressed their expectations for more support education services regarding the educational life of their child with an LD diagnosis. On this İssue, P8 told, *"…these children need support, this kind of education is needed. I mean, what are these children given? So, there must be more. The state gives us tw2 hours a week. One hour math and one hour Turkish per week. An hour of Turkish is too little for a child with a disability. An hour of math feels very little, very inadequate. More opportunities can be provided."* Cooperation. In the interviews, five of the eight participants talked about their expectations of cooperation regarding their child's educational experiences. Explaining her views on this subject, P1 said, *"Well, we always say that the main stakeholders of this process are students, parents, and teachers. This is so difficult under Turkey's conditions. There is no such thing. I wish there is mutual communication in this regard. Not just a formality, if this is developed, the achievement of students who are viewed as normal will also increase."* **Qualified Teacher.** In the interviews, three participants expressed their expectations of qualified teachers regarding the educational life of their child with LD. On this subject, P2 said, "I am a university graduate, the teacher is a university graduate, but no teacher in the school has anything to give to the child in the school because they weren't trained for it. Teachers who give something to the children had different training, that is, they had their own departments. If you expect a person who wasn't trained to give this education to our kids, of course, such education won't happen." **Peer Acceptance.** Three participants emphasized the expectations of peer acceptance regarding the educational experiences of their child with LD. P6 said, *"…I'd like to raise awareness of our children… their friends said, what is wrong with you, are you stupid? I'd like to raise awareness. For example, my 9th grader daughter knows Ceylin has dyslexia and she knows what to do, but other friends of hers don't know. They should learn. I'd really like them to live a little bit according to us, not us according to them."* **Being in The Education System.** Two participants emphasized their expectations for their child to be a part of the education system. Explaining her thoughts on this matter, P2 stated, "I mean, first of all, I'd like everyone to accept the student and see that any problem can be overcome with love. I mean, there should be institutions that will give different education to small children, and they should have teachers who won't be excluded, that is, they won't look at them differently: On the contrary, they should accept them. I think they can be used much better."

4. Discussion

In this study, the experiences of parents who had a child with a diagnosis of LD regarding their children's educational life and the difficulties they encountered in the process were described. The study findings include the main themes of Views of Educational Experiences, Views on the Diagnosis Process, Different Situations Compared to the Child with Normal Development, and Parental Expectations. Based on the study findings, it can be said that students diagnosed with LD encounter negative life experiences in schools. Regarding the finding of students changing schools frequently, although the reason behind this is unknown in the present study, studies in the literature examining the reasons for school changes put forth that this is due to teacher and peer rejection (Bryan et al., 2004; Tekin, 2017). It is believed that not asking such questions in this study caused a similar finding not to be reached. Parents also expressed their negative experiences with teachers. The parents talked about how most of the teachers working with students with LD do not have sufficient knowledge and concern (Bryan et al., 2004; Gans et al., 2003; Tur-Kaspa, 2002; Özyürek, 2019). In addition, Ergül et al. (2013) argued in their study based on teacher views that teachers who work with individuals with special needs see their undergraduate education as inadequate and that more practice should be given during their training. Considering that both parents and teachers consider their undergraduate education insufficient, it is seen that there is a need for in-service training for teachers on the education of individuals with LD.

Many studies in which the participants were parents expressed that families do not know how to deal with their children and have difficulties in accepting that their child has special needs (Angın, 2015; Emirdağı, 2018; Heiman & Berger, 2008; Humphries & Bauman, 1980; Margalit, 1982). In his study determining the social support needs of families with a child with a diagnosis of LD, Kurtbeyoğlu (2018) argued that the depression thresholds of families are low and the reason behind this is their need for financial and moral support. Therefore, according to the findings of the present study and the findings of the studies in the literature, it is possible to state that families with children with special needs need support in many areas, from diagnosis to education.

The diagnosis of LD is first given during the elementary school years when academic life starts (Soysal et al., 2001). Undoubtedly, teachers have important responsibilities in identifying students with LD and taking necessary precautions (Altun & Uzuner, 2016). Teachers should be able to notice these students and contribute to taking timely measures that will facilitate the academic life of students (in-class adaptations, arrangement of course content, support education, etc.) by collaborating with families on the subject and increasing their social acceptance level (awareness activities, formation of social groups, etc.) (Uçgun, 2003). Some of the participating parents stated that their child's LD was noticed first by their classroom teachers. Similarly, many studies suggested the diagnosis of LD is mostly given by teachers since it includes academic skills (Demir, 2005; Deniz et al., 2009; Soysal et al., 2001; Uçgun, 2003). Developing the necessary diagnostic tools for early diagnosis, increasing pre-school education, and providing in-service training to teachers will ensure that individuals with special needs are noticed early and that necessary arrangements are made.

Another study finding is that families are left alone during the education life of their child with LD. Along the same lines, the studies in the literature determined that families are left alone during the diagnosis process and can receive the necessary support neither in the hospital nor in the schools (Davis et al., 2009; Diken, 2007; Friend & Bursuck, 2006; Garrote, 2017). It is believed that having personnel who can work in this area in hospitals and making the counseling services in schools more active during the diagnosis of individuals with special needs will ensure that both students and families do not feel lonely in the process.

The present study revealed that after being diagnosed, the students who were diagnosed with LD generally encountered their teachers' ignorance, unconcern, and prejudice. Studies in the literature also support this finding (Davis et al., 2009; Diken, 2007). In the literature, there are many studies showing that teachers who work with students with LD are hesitant to work with them and that not getting adequate undergraduate courses and in-service training on this subject is considered the reason behind this (Birol & Aksoy-Zor, 2018; Bryan et al., 2004; Ergül et al., 2013). It can be said that this situation stems from the inadequacy of the number of teachers who work with students with special needs graduating from related departments, the teachers who graduated from the related departments not getting adequate practice during their undergraduate education, and teachers not receiving the in-service training necessary to update their knowledge.

The present study also put forth that students with LD diagnosis did not benefit from the necessary services in schools and were exposed to peer rejection. This finding is parallel to the studies in the literature (Bender, 2008; Emirdağı, 2018; Tekin, 2017). In his study, Akın (2019) argued that students with a diagnosis of LD are less accepted by their peers with normal development, less loved, neglected more, and families are anxious about their child being diagnosed due to these circumstances. Examining the views and expectations of parents with special needs children regarding the services they received, Ciğerli et al. (2014) found that parents could only meet the partial needs of their child and they needed social, academic, and psychological support. Furthermore, Morrison and Cosden (1997) stated that it is beneficial for students with a diagnosis of LD to go through an adaptation process after being diagnosed with the disability. In this respect, it can be stated that the research findings under the main theme of family expectations are supported by the literature and there are findings in the literature on how to overcome this.

Parents emphasized that their child with LD experienced academic unwillingness when compared to their child with normal development and having a child with LD placed an extra financial burden on their families. Similar to these study findings, Altun and Uzuner (2016) stated that elementary school children with LD are more unwilling than their peers. In addition, in parallel with the study findings, studies comparing the educational status of students with LD and with normal development determined that students with LD diagnosis cost parents more time and money and lack self-confidence (Angın, 2015; Saraç & Çolak, 2012; Yıldız, 2004; Yigit, 2005). Based on all these findings, it is possible to argue that the education of individuals with special needs brings a financial obligation and that families have difficulties in this regard. Regarding how to overcome this situation, increasing the academic support hours that individuals with special needs receive both at school and rehabilitation centers and increasing peer support programs can reduce the financial burden on families to some extent.

Another issue emphasized by parents is that their child with LD had different development and lacked self-confidence compared to their child with normal development. Considering that the norm values of parents for their child with LD diagnosis are their first child with normal development, it can be stated that it is natural for the parents to perceive the behaviors that arise from the nature of LD and differ from the individuals with normal development as a developmental difference. The studies conducted in the literature revealed that children in this group experience self-confidence jolts, their self-esteem is damaged and they experience depression due to low academic achievement (Heiman, 2004; Sharma, 2004). In this respect, the findings of the present study are parallel with the literature. Considering that lack of self-confidence leads to personality traits such as finding oneself inadequate, worthless, unsuccessful, unimportant, and not having the necessary power (Başar et al., 2021), it is believed that the lack of self-confidence experienced by students with LD due to academic failure leads to learned helplessness creating a vicious circle and increases how parents see their child with LD having a developmental difference.

Another study finding is about the demands of parents for counseling and financial support. The studies in the literature examining the expectations of parents who have a child with a diagnosis of LD put forth that the support provided is mostly aimed at students and that this support is not fully provided and is insufficient. In related studies, both teachers and parents recommended that rehabilitation services for families, training on how parents can support their child, financial support, and some privileges should be provided (Atalay, 2013; Ciğerli et al., 2018; Kurtbeyoğlu, 2018). Making the family environment appropriate for students with special needs will contribute to the development of positive life experiences for these students. For this reason, it is extremely important for families to learn the methods they will use in communicating with their children and improving their academic skills. It is believed that one of the most effective methods for realizing this will be the dissemination of family education programs and their inclusion in the national education system as much as possible.

Participants also emphasized their demands for qualified teachers, cooperation, and more support education for students and their educational life. In the study conducted by Birol and Aksoy-Zor (2018), in order for classroom teachers to overcome the problems they encounter with students with LD, they suggested that support classrooms should be opened, attending rehabilitation centers should be made compulsory, support education hours should be increased, the state should provide financial support to families, and families should be provided with training on LD. Based on the relevant study findings, it can be stated that both parents and teachers offer similar suggestions in order for students with LD to benefit more in their educational lives.

Although this study is not directly similar to, the studies in the literature put forth that classroom teachers have misconceptions about LD, and do not have enough information about it and do not receive enough support, and that there are problems with the quality of the support provided, limitations in the support education services and systematic problems. (Altun & Uzuner, 2016; Babaoğlan & Yılmaz 2010; Başar & Göncü, 2018; Dapudong, 2013; Esen & Çitçi, 1998; Kargın, 2006; Sadioğlu et al., 2013; Saraç & Çolak, 2012; Vural & Yıkmış , 2008; Yigit, 2005). It seems significant that similar findings from different studies were also revealed in the present study. However, it can be stated that families with negative thoughts are not satisfied with the process carried out regarding special education and inclusion practices. Considering that an increase in the knowledge level of teachers about inclusion will result in a positive attitude towards inclusion practices (Blazar & Kraft, 2017), it can be said that the importance of classroom teachers, elementary school teacher training programs, and in-service training of current teachers, the important stakeholders of inclusion practices, once again comes to the fore. Informing the students with normal development and their families on the characteristics of individuals with LD, providing peer support for the students with LD, creating a positive and fun learning environment in the classroom, and especially having a positive attitude towards the students with special needs are effective in students with LD having access to appropriate educational environment (Chan et al., 2009; Garrote, 2017).

5. Conclusions

The present study is significant because it was carried out with parents who had a child with a diagnosis of LD and another child with normal development and revealed the difference between both their children from their own perspectives. It is also significant because it is among the few studies conducted in this area in our country. However, the small number of participants and the fact that the study was conducted in Ankara are two of the study limitations. Conducting the study in different regions with more participants from different socio-economic levels can diversify the findings and put forth different findings regarding the educational experiences of children with LD. Therefore, in future studies, including other family members as participants, as well as parents, using more participants, and employing different methods and data collection tools are recommended. Despite these study limitations, the study emphasized the experiences of students with LD diagnosis regarding school, their hospital-home life and their parent, sibling, teacher, and peer relationships. Although it is considered quite significant that the negative circumstances frequently expressed by parents regarding school, classroom, teacher, and cooperation are also encountered in the literature, it is believed that this is due to the inadequacies in practice stemming from limited discussion of special education in teacher training programs. Another important issue that surfaced in the study findings is parents' financial expectations and expectations for counseling services being provided for them. Forming family support groups for parents who receive service from the public and private education institutions, providing information and counseling support to parents in an organized and planned manner through institutional practices, and developing legal regulations and policies not only for parents with children with LD, but also for all parents with children with special needs, and replanning of the state financial aids (tax reductions, increase in the hours of support education, salaries of individuals with disabilities, etc.) are recommended. Finally, especially in the national literature, there is a need for more academic studies exploring the experiences and problems of parents of children with different disabilities and from different age groups in-depth and the factors affecting their thoughts.

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