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A cultural diversity aspect of parents' ways of coping with their child's Learning Disability.-An outline of a research study

Abstrakt

W społeczeństwach ponowoczesnych jest bardzo ważne by zrozumieć szeroki kontekst społeczny jaki może wpływać na sytuację dzieci cierpiących na trudności w uczeniu się a szczególne znaczenie mają tutaj postawy rodziców wobec diagnozy ich dzieci. Głównym celem tego tekstu jest opisanie postaw rodziców oraz ich sposobów radzenia sobie ze stresem jaki generuje diagnoza dziecka. Te postawy i reakcje są uzależnione od pochodzenia etnicznego rodziców. Rodzice realizując proces socjalizacji kształcą w dziecku zespół norm i przekonań. Bycie rodzicem dziecka z trudnościami w uczeniu się jest dużym wyzwaniem. Kulturowe uwarunkowania tych procesów zostały w tekście podzielone na kategorie: **1.**Kulturowe i religijne; **2.** Socjologiczne i ekonomiczne, **3.** Demograficzne **4.** Charakterystyka pary rodzicielskiej **5**. Charakterystyka choroby dziecka. W podsumowaniu zawieram tezę, że kulturowe uwarunkowania postaw są niezwykle uistotne w procesie leczenia dziecka i pomagania mu w wychodzeniu poza jego ograniczenia wynikające z choroby

Słowa klucze: rodzice, trudności w uczeniu się, zróżnicowanie kulturowe, stres.

Abstract

 Today in the technological age, it is necessary to recognize the sociological motives, including the cultural differences within the parents of LD children that ultimately may affect the quality of the plan care and support. The main aim of the article is to identify and explain the issues of parents' attitudes and ways of coping with their situation as parents to L.D children, in relation to the different ethnic group of parents. This article stems from a deep and extensive dissertation research on parents' attitudes toward their child Learning Disability in Israel and it is presented as an outline of the research study. The family is the source of the child's development, and the parents are responsible for the creation of his values and beliefs. Parenting a child with L.D is a complex process that bring along stress situations. The author analyzed the cultural aspects of the Parents's ways of coping by five main categories: **1.**Cultural and Religious (Ethnicity, Level of Religiosity); **2.** Sociological and Economic (SES, Level of Education, social support), **3.** Demographic (gender, age). **4.** Parents characteristic (interaction inside the family, how they rely on each other, how they work together,) **5**. Child disability Characteristic. Each category has a great influence on the parents' attitudes and coping with their child's Learning Disability, and it is an important area that should be researched in Israel.

In summary, there is an urgent need to explore these parents' varied cultures, their different beliefs, attitudes, and their characteristics. It is important to remember that the family is a supportive framework that protects the child. The best way to help the L.D. child and his family is through understanding the way in which they experience the disability at home, and in the community.

Key words: Parents, Learning Disability, Cultural Diversity, Coping, Stress.

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Background:

Today in the technological age, along with the cultural diversity in Israel and the growing trend of diagnosing more children as having Learning Disability, it is necessary to recognize the sociological motives, including the cultural differences within the parents of these children that ultimately may affect the quality of the plan care and support. The main aim of the article is to identify and explain the issues of parents' attitudes and ways of coping with their situation as parents to L.D children, in relation to the different ethnic group of parents (Israeli natives, former USSR, Muslims and Ethiopia) This article stems from a deep and extensive dissertation research on parents' attitudes toward their child Learning Disability in Israel and it is presented as an outline of the research study.

The former article (Gonen-Avital, 2016), focused on explaining the Learning Disability situation, and the Cultural Characteristic of the four main ethnic families in Israel. This article focus on the Israeli parents' attitudes and the ways of coping with their child who was diagnosed with learning disability, based on Hofstede's cultural dimemtions (Hofstede, 2011). The author beleives that understanding the sociologic factors (of each of the four main ethnic in Israel) that might serve as a basis to the parents's attitudes and ways of coping with, will help the caregiveres and the authorities and give them better tools, how to acheive better outcomes for the benefit of the child, his parents and the whole community.

Intercultural learning: Intercultural learning is an area of research, study and application of knowledge about different cultures. Currently, intercultural learning is a topic which receives much interest. This is mainly due to the rise of cultural studies and globalization, when culture became an instrument for social interpretation and communicative action. Intercultural learning

is primarily important in the context of the culture's effect on the families' approach to education in general and to special education in particular.

The main goal of intercultural learning is seen as the development of intercultural competence, which can be explained by the ability to act and relate appropriately and effectively in various cultural contexts: Appropriateness: Valued rules, norms, and expectations of the relationship that are not violated in a significant way. Effectiveness: Values goals or rewards that are accomplished (Messner, & Schäfer, 2012; Spitzberg, 2000).

Understanding cultural differences in the learning processes is most important for the intercultural learning. Intercultural learning programs could benefit greatly from the analysis of cultural trends in these processes. By doing so, educators can learn how ethnic people are affected by classroom norms. In the process of learning, children are included in the community and have lots of experience collaborating with each other and with adults and their families.

Israel as an immigrant country: The State of Israel consists in 2015, according to Central Bureau of Statistics in Israel, (C.B.S, 2015), 8.345 million people, comparing to 1948 when the state was established the country had a population of 806,000 people. About 74.9% are Jews (approximately 6.251 million), approximately 20.73% are Muslims or Druze (about 1.73 million). From 1989 to 1996 alone, well over 600,000 immigrants arrived from the countries of the former Soviet Union, and some 60,000 continue to arrive every year. In "Operation Moses" of 1984-1986 and "Operation Solomon" of 1991, over 30,000 Jews arrived from Ethiopia and more came the following years (Lifshitz, Noam and Habib, 1998). All of these, in addition to thousands of other immigrants from all over the world, and to the non-Jewish community, mostly Muslims (20.73%), have increased the population of the country by over 12 percent in six years.

Israel is a multi-cultural society that contains many groups that make up Israeli society like a puzzle with many colors sizes and shapes. The idea of multiculturalism is sometimes called "salad bowl approach " or "cultural mosaic". The salad bowl concept suggests that the integration of the many different cultures of United States residents combine like a salad, as opposed to the more traditional notion of a cultural "Melting Pot". The "Cultural mosaic" is the mix of ethnic groups, languages, and cultures that coexist within society (Douglas, 2004 ;Kalman,2010).

Hofstede (2015) researched the Israeli culture dimension according to his theory. He notes that Israel is the only country in the world where the size of the immigrant groups is so large that they influence the dominant values to the extent that new citizens of Israel change the existing values. Hofstede add that the given scores might not reflect the values of the whole population of Israel and he recommends further research that should be done to express the values of all of the current Israelis. Hofstede dimensions' scores about the Israeli people are: **Power Distance**-Respect among the Israelis is earned by proving expertise, and employees expect to be consulted. **Individualism**-The Israeli society is a blend of Individualist and collectivistic cultures. Small families focus on the parent-children relationship and extended families,. **Masculinity-** Israel is neither a clear Masculine nor Feminine society. Status is often shown, especially by cars, watches and technical devices. **Uncertainty Avoidance-** there is an emotional need for rules (even if the rules never seem to work), time is money, people have an inner urge to be busy and work hard, (Hofstede, 2015). **Attitudes and Coping:** Attitudes can be defined as evaluations of ideas, events, objects, or people. Attitudes are generally positive or negative, but they can also be uncertain at times. Chaiklin (2011), who has studied the relationship between attitudes, behavior and social practice, notes that as attitudes are important, and there will be no social justice without addressing greater attention to modify the behavior itself. Every attitude has three components

that are represented in what is called the ABC model of attitudes: Affect, Behavior, and Cognition are three components that have relationship between them (Philipchalk,1995 , Eagly. & Chaiken, 1993) . The connection between these three elements is significant, and a change in one of them, directly affects the others. According to Philipchalk,(1995) , the study of the attitudes is critical, because attitudes' study results show how people feel, think and behave. Figure number 1 demonstrates the ABC Model.

1. **Emotion (Affect)** - an emotional response related attitudes. Attitudes related to how much we like or dislike the subject of the attitudes. In fact, most of the objects evoke an emotional response to negative or positive to a certain extent. For example, I like children with learning disabilities.

2. **Behavior**: behavior is connected to attitudes and it is more likely to act in ways that are consistent with our attitudes. For example, tutoring a child that has a learning disability influence attitudes and intentions associated with these specific activities.

3. **Cognition**: knowledge of the subject attitudes - beliefs, ideas, memories and pictures. Eg, a positive feeling about a sports team may be accompanied by knowledge about the benefits and disadvantages of the group. For example, children with learning disabilities are not smart.

These three ingredients may help in the analysis of attitudes - it seems that there are three inputs that influence the attitudes, so there are three possible sources of change in attitudes. In addition, it demonstrates that in order to make a change in attitudes, it requires a general change in behavior, cognition and emotion.

Figure number 1 the ABC Model.
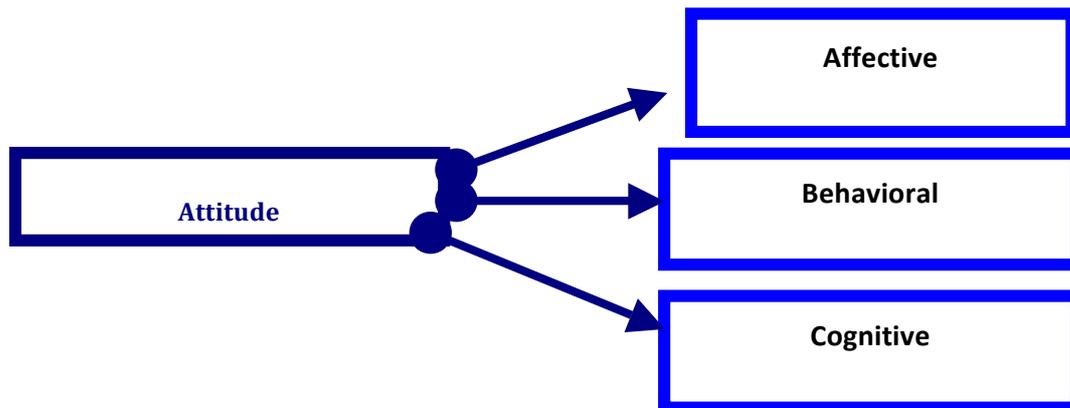
Source: Eagly, A, H. & Chaiken, S (1993): The Psychology of Attitudes . Fort Worth, TX: Harcourt Brace Jovanovich. Page 10.

Attitudes toward Learning Disability: Dyson (2010) argues in her research that the presence of a child with learning disabilities, influence improperly on the family functioning and sibling. Various studies show that children diagnosed with learning disabilities are having few problems like: low self-esteem (Grolnick & Ryan, 1990); anxiety (Grolnick & Ryan, 1990; Margalit & Zak, 1984), and from lower peer acceptance Priel & Leshem, 1990; Stone & la Greca, 1990). The direct consequence of these problems is that they have an impact on parent's and sibling's attitudes and perceptions . Dyson, (1993) adds that the most prominent social problem related to learning disability, is that this problem is often invisible and it is characterized as a benign and simple problem. Dyson (1996) performed a qualitative research among 19 parents and siblings of children with a learning disability related to family functioning. The results demonstrated that the participants suffered from high levels of stress, and there were changes in the family's routine that had an effect on the sibling's functioning. There more are studies that indicate increasing in parental stress, due to the child's learning disability (Dyson, 1996; Fuller & Rankin, 1994; Margalit & Heiman, 1986). A study that was carried out in Israel (Heiman & Berger, 2008), found that families with learning disabilities

children, did not differ from nondisabled families in terms of family relationships, cohesion, personal growth, or social support. Regarding expression of feeling, Margalit & Heiman, (1986) found among families, with a child with L.D, less expression of feeling than in ordinary families.

Therefore, when L.D is diagnosed, the child's parents may react with feelings of disappointment and frustration of the situation. They are angry because of the disappointment, sometimes there is a feeling of helplessness, self-pity, rejection and sense of guilt that may have been created due to a genetic reason. There is also concern for the future of the child and his integration into society and feeling pain because of the child distress (Brillhart,.Jay, and Wyers, 1990; Ntombela, 1991).

It is absolutely clear that positive attitudes towards the child's disability is associated and contribute to the prognosis of these children (Chandramuki & Vranda, 2012).

The problems that the child and their parents may encounter in school might be: poor relationship between siblings, low self-esteem, difficulty in making social connections, and loneliness. Actually, the parents reactions can be affected by several factors such as: the degree of disorder, the degree of disorder visibility, whether this disability can affect negatively the attitudes of others. Nadler, Lewinstein, & Rahav, 1991, note that high levels of the disability acceptance and dealing with the problem, are also dependent on parent self-help and search for help.

Culture diversity and parents attitudes. Emphasizing the cultural aspect, while studying the behavior of parents on coping with their child's learning disability, is an important area that should generate interest among researchers. Actually, the person cultural and religious background, has a significant impact on attitudes toward learning disability. Desforges & Abouchaar (2003) researched parents involvement, they claim that parental involvement is

strongly influenced by family social class, deprivation, psycho-social health, level of education, single parent status and, also, by family ethnicity.

Chandramuki & Vranda., (2012), found significant differences in parents' attitudes with respect to sex child with the disability. Attitudes in parents, who have boys, were more negative when their children had a learning disability. Their explanation is that in India, parents expect their sons to achieve good grades in school and in the future, get senior positions than girls. According to Chandramuki & Vranda, (2012), every parent wants his child to be perfect in every way, and their disappointment with the discovery of disability can develop negative attitudes towards the child. Consequently, some of the parents become overprotected to his child, and does not require him to perform real demands. Chandramuki & Vranda, (2012) claims that in India, they perceive disability in concept of tragedy, therefore, these cultural beliefs play a role in the decision on how parents see their disability . That is why, differences between parents in their level of accepting the disability, is associated with culture diversity that is expressed in parents beliefs, attitudes, social class, poverty, and more.

Stress as cognitive process and coping with it. Coping is an effort to solve personal and interpersonal problems, and a way of working toward, minimizing, or tolerating stress or conflict.(Cummings, Greene, and Karraker, 2014; Lazarus &. Folkman, 1984). The coping process include efforts to reduce perceived stress through a wide range of emotion, actions and thoughts, directed at both external stressors and internal demands and needs. The effectiveness of the coping efforts is according to the stress type, the individual, and the situation. Coping mechanisms are termed as coping strategies and the term coping refers to adaptive or constructive coping strategies, in order to reduce stress levels. Furthermore, the coping response follows the stressor factor. Coping responses are partly controlled by personality (habitual traits), but also partly by the social environment, particularly the nature of the stressful environment. (Carver & Connor-Smith, 2010) as it can be seen in figure no 2.

**Figure no 2: Personality and environmental factors and coping.**
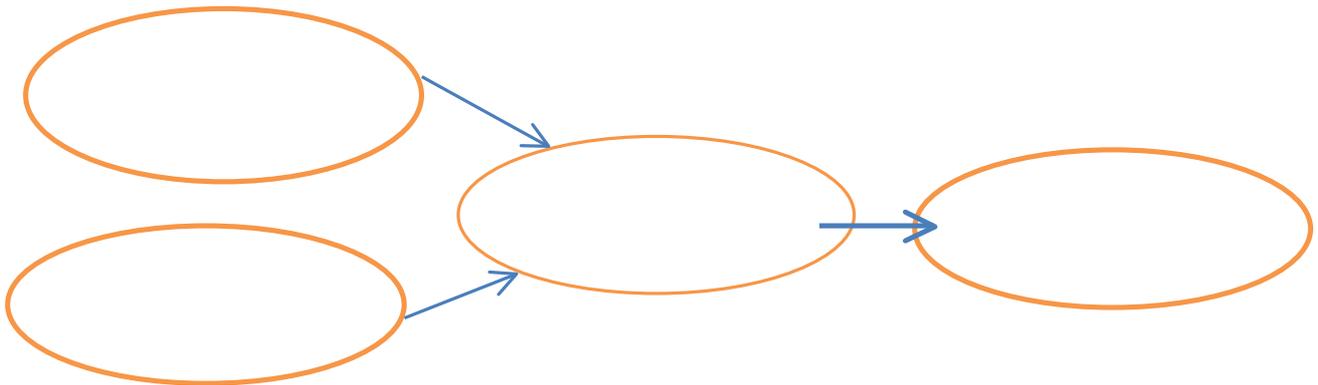
Source: *Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56, 267–283.*

Parents stress and coping: Stress is the body's way of responding to any kind of demand. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). The reasons for the appearance of stress may differ as a result of interaction with people, situations and environment (Romas & Sharma, 2000).

To fully understand how the family adapts to stressful situations, Fiedler, Simpson & Clark (2007) developed a model that examined factors associated with the family's recovery from the disruptive effects of stress and the figure below no 3 shows the ABCX model:

The figure no 3 the ABCX model:
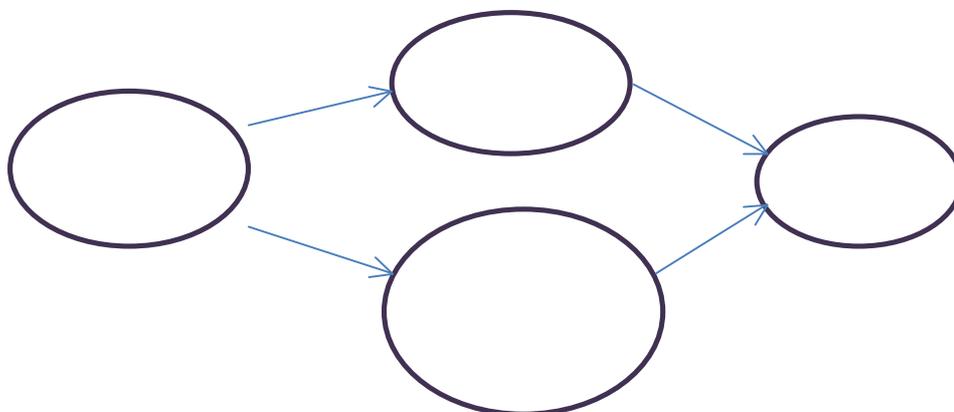
Source *Fiedler, Simpson & Clark (2007)*

According to Fiedler, Simpson & Clark (2007) the family stress' recovery, is associated with: **A**, the stressor event. **B**. The family resources that would include availability of the care**. C**. The definition of stressor event that might be if the situation is unmanageable because the family's resources are not enough to meet the demands of the child. These three factors will produce : **X-** the adaptation of the crisis. In addition, many factors are attributed to stress such as emotional, behavioral and physiological and the symptoms might be, muscle contraction, insomnia, irritability, overeating or lack of eating. It is important to recognize these symptoms and act to reduce the effects of stress in order that the individual can function better and to correct the situation. It is important to note that the parents are also developing chronic sorrow accompanied by sadness, guilt, and pain (Romas & Sharma 2000)..

The family is the source of the child's development, and is responsible for the creation of his values and beliefs. Parenting a child is a very complex process that on one hand has many joyful moments, but there are also stress situations such as when a child in the family is diagnosed as having a learning disability, (Thompsom, 2000) . When the parents receive the diagnosis results confirming the learning disability of their child, they accept it with a sense of great loss. Parents find it difficult to assimilate the fact that their expectations are not going to be realized, sometimes they feel as if the role of parenting that they anticipated too much, was taken from them. After the initial shock of diagnosis, the parents' reaction are emerging in order to process the data and to reorganize themselves. At this stage, they have feeling of anger, guilt, and they might blame the educational system, that is accused for causing the difficulties. There is no doubt that the child learning environment has a great impact on a child's overall functioning learning, but the education system does not have direct responsibility for the existence of L.D. The child arrives to the education system with learning difficulty, and the system is supposed to provide an appropriate program for making learning easier. Some parents deny the L.D diagnosis results and refuse to accept it.

Family stress can be also produced from imbalance between the school's demands from the family, and the family's ability to meet those demands. These demands are commonly referred to as stressors. A stressor is a life event or transition that happens in the family, and it can be either positive or negative and can cause a change in the family's coping pattern as it can be seen in the ABCX model. Durban et al., (2012) researched the issue of parents coping, and they found that 65% of parents had stress when they were announced about the finding of their child disability. This results are reinforced by the study of : Fiedler Simpson & Clark,(2007).

The main burden of family stress can originate from the family itself, or outside of the family as an environmental stress factor . In a state of stress, family stress interferes with family daily activity, the family loses her balance and that disrupts it to function as a complete system. The stress embraces all family members that composite from subunits, and each one affects the other. To sum up the effects of the stress on the family, Dayson (2010) claims that the presence of a child with L.D within a family, bring with it stress that have some positive and negative effects. The positive effect is the fact that as a result of living with a child with L.D, sibling has developed intellectually and socially, they are better educated and have greater tolerance of differences. Negative effects are parental feeling of guilt and family stress.

After the first stress reaction, families of children with special needs have to adapt to the situation, which is not easy at all because it is accompanied by changes in the daily routines, roles, and the family expectations from their child. In addition to all this, the parents feel the negative attitudes in society towards their child with the disability. Despite a positive improvement in the public's attitudes towards disability, yet there are people who feel uncomfortable at the child and try to avoid contact with him, which greatly affects the child and his parents and makes them feel lonely . There are also a growing financial expenses due to the need for medical and health treatments , and they are purchasing special equipment, clothing, in order to matches the child's needs (Thompson, 2000). There is no doubt that the cultural factor

have a great significance impact on the family coping process, and each family has their own character, as well as their child. Therefore, it is important to understand the parents coping mechanisms, and what motivates them and also to explore and focus on how to cope with disability and to adopt a successful way of well-functioning (Judge, 1998, Kwai-sang & Li-Tsang, 1999).

In order to deal more effectively with the specific difficulties of L.D and associated difficulties. The parents first step is to learn more about the essence of the L.D and what the appropriate interventions are. The parents are looking for books and articles and participate in lectures expanding their knowledge and understanding of the LD subject. Pain, (1999) claims that the search for sources of information and advice about the child's L.D can help the parents to receive support in order to improve child care, to help them cope emotionally with the existing situation, and to know what and where they can get help. In the next stage, when the parents are beginning to understand their child disability at this point, there is great importance to the resilience of the parents. Resilience is the ability to withstand crises and distress. It allows families to actively cope with stress, and it shows optimism, boast the condition of the child, getting help support factors, faith and communicate with extended family.

Heiman (2002) indicated three main factors that help parents cope and recover. **A**. Free and open discussion of family members, friends and professionals and flow of information regarding the situation of the child. **B**. A positive relationship between the parents C. Psychological and social support to the family; and positive thinking regarding - coping and trust in the ability of the child.

Another way to deal effectively tested in a study carried out by Taanila et al., (2002). The study sampled eight families of children learning disabilities. The families were divided into two test groups. The first group consisted of four families that competed effectively with the difficulties, while the second group consisted of four families who have not been able to cope

better with difficulties. The main differences between the two groups studied were in the area of how they accepted the disability. The first group was characterized by an optimistic attitude toward the child and toward the situation. In contrast, the second group was full of fears and concerns.

As it can be seen in the literature, the parents response of stress situation, involved handling a child with a learning disability, depends on various factors such as the degree of their perception of the situation (Lazarus & Folkman, 1984); Characteristics of their personality, state of SES, level of education, , social support, and more (Heiman, 2002 **,**dyson, 2010 **,** Kwai-sang & Li-Tsang, 1999).

Parents's ways of coping- a cultural aspect: Cultural diversity bring along situation where the parents are going through bi-cultural socialization process: First, the private (family) system and the second, in the public (school) system. Their children are exposed to different socialization agents that emphasize different goals and ways of socialization. As this study focuses primarily on sociological factors, the researcher chose to divide the parents coping mechanism into five main categories: **1.**Cultural and Religious (Ethnicity, Level of Religiosity); **2.** Sociological and Economic (SES, Level of Education, social support), **3.** Demographic (gender, age). **4.** Parents characteristic (interaction inside the family, how they rely on each other, how they work together,) **5**. Child disability Characteristic.

1. Culture and religious factors:. Culture: Misunderstanding created between schools and the families of immigrant children with learning disabilities due to cultural differences between the parties may harm the child, because parents play a critical role in upbringing of these children. Therefore, legitimization of cultural identity, socialization goals and practices of different cultures, is a crucial factor in child development (Strier,1996).

Parents can be perceived in different cultures and being accused of abuse and neglect in dealing with their child. For example, Israel prohibited by law physical punishment for children, and it

is considered as abuse. Ethiopian and former Soviet Union Parents suffered as they were referred to welfare authorities due to adopting such penalties. It is important to conduct a socio-cultural context of cultural transition families, and highlight the way in which ecological change affects the goals and methods of parental socialization on various levels, particularly in extreme social passageways. Cultural differences may explain misinterpretation of parenting behaviors, and can cause a false diagnosis (such as abuse and neglect in light of cultural differences). So should parents and socialization agents understand and respect the cultural differences, between them and together find ways to bridge differences. The Israeli society, which has a complex fabric of relations between ethnic and religious groups, is a laboratory for research on the effects of the cultural context of child development.

Nakash, Levav & Gal, 2012 conducted a study in Israel examined whether people from different cultures, evoke different attitudes among caregivers that were originally from the culture of the majority of the country. The results showed that these caregivers expected from the patient from other cultures to be less-cooperate with process of care . In summary, education children of another culture are a significant difficulty for professionals and wrong treatment can cause heavy injustice to children and their families. In fact it is clear that the aspect of cultural diversity is reflected in various ways including parents' ways of coping with disability and it is difficult to present the diagnosis and identification of ways to cope parents with regard to the cultural aspect. Katenelson (2014), argues that professionals need to invest resources to develop Culturally Competence, along with the importance to recognize the characteristics of the origin culture of the children and their parents.

Religious: Different religions rise out of different cultures and the community members interpret their role in the universe, with their believes that are based on the local culture. Durban et al., (2012) found the religion factor as one of the ways in which the parents find solace in religion because it gives them strength to continue their lives in spite of the disability.

they also found difference between ages, younger parents (20-29) were more likely to use the Spiritual mechanism comparing to aged 40-49 that gave a lower score. Rivera-Bermudez, (1998) explored the theme of spiritual support among parents in Puerto Rico and it was found that the use of religion as the parents way of coping with the child L.D.

2. Sociological and Economic factors: Parent's level of education- Acquiring education is the key to human welfare, well-being and material. Formal education is important and congenital talent is not enough. An education contributes to human capital, and human capital is the return of the person reward allowing good quality of life. Factors that are related to the acquisition of education are as varied as cultural, environmental, familial, and socioeconomic. Positive relationships were found between ethnic groups and socioeconomic background, which may explain purchasing or not purchasing, a university education increases the need for dismissing the link between cultural origins to acquire an education (C.B.S, 2015**)**

Usually, parents have high expectations for academic achievement of their children and when their child is diagnosed with learning disability in the child, this fact can really upset them, especially if parents are themselves highly educated.

Parents SES- Coping demands the parents to invest a lot of energy for their child welfare, though, with their daily problems and coping with their LD child, as long as the S.E.S is higher, parents face the most difficulty to cope with the stress, due to their expectation from the child (Durban et al., 2012 Schumacher dyke 2010).

Parents social support- Heiman & Berger (2008) studied the family environment and the perceived social support of 33 parents with a child diagnosed with Asperger syndrome and 43 parents with a child with learning disability, which were compared to a control group of 45 parents of children without disabilities. The study highlighted the need for more social support for parents with a child with special needs, and pointed the importance task of the government

to develop awareness and to initiate intervention programs to facilitate parents' coping abilities and their family interactions.

3. Demographic factors: Gender: Usually the mother is the primary caregiver for her child, when the father has the task of the breadwinner. Sometimes, the mother pays great attention to the care of her LD child, when her attitude and care toward her other children and her husband is decreased. It is interesting to note that in many cases the main stress is imposed on the mother, who is more involved in her child care, compared to the father who is more focused on financial issues (Kway-sang Yau & Li-Tsang, 1999; Durban et al., 2012). **Age:** The author did not find relevant literature about the connection between parents age and their coping or attitudes toward their L.D child.

4. Parents personal characteristic. Parents' relationship: Dealing with a disability can affect relationships within the family. The parents feel a sense of guilt, shame, danger and sometimes even denial. The child's learning disability can also confuse and frustrate the parents. Dealing with a child's difficulty involves sometimes in overprotective attitude of one of the parents. Daily coping can also lead to depression and feeling that there is not enough support from the environment and can cause conflicts between caregivers. (Heiman, 2002). Heiman (2002) argues that if the relationship between the parents is normal and appropriate, they can share their feelings, and the achievements between them. Due to this situation, disputes between parents, can be created, especially regarding the way to cope with the disability.

5. Child's level of disability. When the child's disability is detected early, the parents' adaptation will be better. There is also great importance to the nature of the disability symptoms, whether it can be seen, and moreover, the severity of the disability, because the child's self-image is influenced greatly by the way in which parents and others see it. When the children are criticize by the community as stupid, they start to believe it themselves.

In Conclusion: The researcher was drawing the connections between Learning disability, society and culture, attitudes, stress and coping concerning the parents of children diagnosed as having Learning Disability. There is an urgent need to explore these parents' varied cultures, their different beliefs, attitudes, and their characteristics. It is important to remember that the family is a supportive framework that protects the child. The best way to help the L.D. child and his family is through understanding and recognizing the sociological major impact on parental attitudes toward their child's learning disability that can make a difference in the perception of the educational system, and light a new angle of vision that will be offered for training the parents and the educational staff. This issue is not only a national issue, and the author believe that it should be more discussed at international educational conferences, dealing with changing trends in education,

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