

**ASSESSING THE EFFECTIVENESS OF PSYCHOSOCIAL AND  
EDUCATIONAL INTERVENTIONS IN ENHANCING SELF-  
CONCEPT AND SELF-ESTEEM OF THE STUDENTS WITH  
LEARNING DISABILITIES**

**A THESIS SUBMITTED TO**



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**PSYCHOLOGY**

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## CANDIDATE'S DECLARATION

I hereby certify that the work which is being presented in the thesis, entitled **'Assessing the Effectiveness of Psychosocial and Educational Interventions in Enhancing Self-Concept and Self-Esteem of Students with Learning Disabilities'** in fulfillment of the requirements for the award of the degree of Doctor of Philosophy in faculty and submitted in Galgotias University, Greater Noida is an authentic record of my own work carried out during the period from August 2017 to March 2022 under the supervision of Dr. Ambrien Ahmed.

The matter embodied in the study has not been submitted by me for the award of any other degree of this or any other university/ Institute.

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Sign of External Examiner

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# TABLE OF CONTENTS

TABLE OF CONTENTS	iv
List of Tables	vii
CHAPTER 1: INTRODUCTION	1
1.1 Meaning and Definition of Self Concept	1
1.1.1 R.K Saraswat (1984) suggested six major subtypes (dimensions) of self-concepts.	3
1.1.2 The Development of Self-Concept in Adolescence	4
1.1.3 Factors in the Development of Self-Concept	5
1.2 Self-Esteem	8
1.2.1 Meaning and Definition of Self-Esteem	8
1.2.2 Difference between Self-esteem and Self-concept	9
1.3. Specific Learning Disability (SLD)	10
1.3.1 Definition of Specific Learning Disability	10
1.3.2 Types of Learning Disabilities	13
1.3.3 Self-Concept of Students with Specific Learning Disabilities	15
1.3.4 Self-Esteem of Students with Learning Disabilities	21
1.4 Self-Concept in Relation to Other Variables	23
1.4.1 Parent Child Relationship	23
1.4.2 Gender and Age Differences	25
1.5 Role of Intervention	26
1.5.1 In Raising the Self-Concept and Self-Esteem of the Students with Learning Disability	26
1.5.2 Intervention with Parents of Students with Learning Disabilities	30
CHAPTER 2: REVIEW OF LITERATURE	37
2.1 Effects of Learning Disabilities	37
2.1.1 Self- concept and Self-esteem of Students with Learning Disabilities	38

2.1.2 Peer Pressure among Students with Learning Disabilities	41
2.2 Role of Intervention in Raising the Self-Concept and Self-Esteem of Students with Learning Disabilities	43
2.2.1 Academic Challenges and Intervention	43
2.2.2 Social Challenges and Interventions	47
2.2.3 Emotional Challenges and Interventions	51
2.4 Impact of COVID 19 on the Students with Learning Disabilities	56
CHAPTER 3: METHODOLOGY	60
3.1 Problem Statement:	60
3.2 Objectives of the Study:	60
3.4 Hypotheses of the Study:	61
3.4 Variables:	61
3.4.1 Types of Variables	61
3.5 Research Design	63
3.6 Participants	63
3.6.1 Selection of Locale:	63
3.6.2 Sample	64
3.6.3 Inclusion Criteria:	64
3.6.4 Exclusion Criteria:	65
3.7 Tools of data Collection:	65
3.7.1 General Information Schedule:	65
3.7.2 Self Concept Questionnaire (SCQ):	65
3.7.3 Self Esteem Scale by Coppersmith (SEI) :	66
3.8 Procedure of Data Collection	67
3.9 Statistical Analysis	69
CHAPTER 4: RESULTS	70
CHAPTER 5: DISCUSSION	84

5.1 Discussion on the results of self-concept and self-esteem on the basis of gender:	84
5.2 Discussion on the results of self-concept and self-esteem on the basis of age	87
5.3 Discussion on the basis of interaction between age and gender in relation to self-esteem and self-concept of the students with learning disabilities	88
5.4 Discussion on the impact of intervention on self-concept and self-esteem of the students with learning disabilities	88
CHAPTER 6: SUMMARY AND CONCLUSIONS	100
6.1 SUMMARY	100
6.2 Findings of the Study	102
6.3 Implications of the Findings	103
6.4 Limitations of the Present Study	104
6.5 Suggestions for Future Research	106
REFERENCES	108
GENERAL INFORMATION AND INSTRUCTION	130

## LIST OF TABLES

<i>Table No.</i>	<i>Title</i>	<i>Page No.</i>
1	The Pre-Intervention Means and Standard Deviations Scores of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem	70
2	Pre-Intervention t-test of Self Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self -Esteem of the Students with Learning Disability on the Basis of Gender	72
3	Pre-Intervention t-test of Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem of the Students with Learning Disability on the basis of Age (Middle adolescent & Late adolescent)	74
4	The Post-Intervention Means and Standard Deviation Scores of the Self Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self Esteem	77
5	Post-Intervention t-test of Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem of the Students with Learning Disability on the basis of Gender	78
6	Post-Intervention t-test of Self Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem of the Students with Learning Disability on the basis of Age	81
7	Paired t-test for Comparing Pre and Post Intervention Effect on Self-Concept (Physical, Social, Temperamental, Educat	82



<i>Table No.</i>	<i>Title</i>	<i>Page No.</i>
	Moral and Intellectual) and Self-Esteem of the Students Learning Disability	
8	Two-way ANOVA of the Self-Concept and Self-Esteem to s interaction effect between Age and Gender	83

## LIST OF FIGURES

<i>Figure No.</i>	<i>Title</i>	<i>Page No.</i>
1.1	A perception view of self and its environment (Combs & Snygg 1959)	5
1.2	The impact of environmental influences on the developing Self-Concept of child (Cattell & Drager 1974)	6
4.1	Graphical Representation of the Pre-Intervention Mean differences of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem on the basis of Gender	71
4.2	Graphical Representation of the Pre-Intervention Mean Differences of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem on the basis of Age	71
4.3	Graphical Representation of the Post-Intervention Mean Differences of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem on the basis of Age	77
4.4	Graphical Representation of the Post-Intervention Mean Differences of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem on the basis of Age	78

# CHAPTER 1: INTRODUCTION

Learning disability has become the common terminology used by most people including teachers, parents and students. The incidence of learning disabilities in India is at least 10 to 12 percent of the school going population that shows the probability of having minimum four students with learning disabilities in every class. Presence of students with learning disabilities in class demands for high sensitivity and understanding towards them. Often inadequate attention towards these students leads to frustration and hopelessness among parents. Childhood experiences often make strong impressions in the later life of any person. Self-perception during childhood can also affect the emotional and psychological wellbeing. Moreover, Change can be exceedingly difficult for one's self-perception if it is negative. Students with learning disabilities represent groups for whom there has been a particular concern in this regard. Building positive self-concept and self-esteem in students with learning disabilities is very important to make them self-reliant and responsible members of the society.

## 1.1 Meaning and Definition of Self Concept

Self-concept is an overall perception of an individual about himself which has been traditionally linked with educational position. It is often expected that the students with learning disabilities have lower self-concepts in comparison to academically gifted ones because of the challenges they face in understanding the concepts in school. Self-concept of children with learning disabilities is majorly influenced by the academic competence as compared to non-special education children. (Prout, Marcal, & Marcal, 1992). Self-concept is multidimensional which can be understood properly with the help of its dimensions. It has Six Dimensions such as physical, social, moral, educational, intellectual and temperamental. Self-concept can be determined by the various internal and external factors around us. Self-concept can be understood as the way someone thinks about himself in relation to the people and environment. It depends upon the experiences of an individual in his or her everyday life.

Different authors have defined self-concept in different ways. William James (1890) explained self-concept as everything which a person refers to as 'me and mine'. Murphy (1947) defines it as the way individual is known to himself. According to Symonds (1951), it includes the as the way individual reacts to himself. Symonds had given four ways to understand the self: how a person perceives himself, thinks of himself, values himself and defend himself and this all can be easily understood by his actions and perceptions about the self and others.

Carl Rogers (1951) views the self as an important entity to understand the behaviors of the person. Notion of self was related to series of conscious perceptions and values of the "I" or "me". He also gave some characteristics of self: the self is the product of individual's interaction with his environment, it may influenced by the values of other people, it strives for consistency, most of the time organism behaves in accordance with the self, experiences that are not according with the self-structure are perceived as threatening and the self can also be the result of maturation and learning.

According to Baumeister (1999) self-concept was related to the beliefs an individual forms about himself or herself which included the person's attributes and who and what the self is". Self-concept is subjective to an individual and dynamic also keeps on changing over time as per the experiences. Self-concept is multidirectional as it can form in positive as well as negative directions. It has a strong influence on an individual's life and brings emotional and intellectual changes in behavior.

Human beings get involved in a variety of experiences that help in development and maintenance of their self-concept. In the process of action and reflection related to self and others various perceptions along with further course of actions are formed. On the basis of his reflection, he decides what he should do to meet with the expectations of himself and others (Brigham, 1986; James, 1890). Self-concept is not inherited in nature rather it is formed by the person himself according to his interaction with the world. Its dynamic nature helps the person to sustain his motivation to deal with the challenges of his life effectively. In brief, self-concept can be seen as multidimensional, systematic and evolving system of beliefs, attitudes and opinions that everyone holds which further provides the ground work to understand his or her personal existence.

According to Wieman (2007), self-concept is made up of three basic components: self-image, self-esteem, and a behavioural component. A person's self-image is their impression of themselves in relation to cognitive factors. Self-esteem, on the other hand, relates to the values that an individual attaches to the way they regard themselves. The behavioural component is concerned with how a person's self-concept influences their conduct, particularly in relation to their immediate surroundings. The self, according to Brewer and Gardner (1996), is both independent and social. The autonomous self sees itself as distinct from others. The independent self is primarily concerned with self-interest when interacting, whereas self-worth is determined by how one relates to others. The social self, on the other hand, sees itself in relation to others. The social self is divided into two categories: relational and communal. At the relationship level, people are more concerned with their own attachments to others. An underlying incentive for behaviours is the advantage of a certain other. Attachment to a group, rather than specific others, is more universal at the collective level. Self-worth is based on intergroup comparison, and the self is evaluated in terms of the group.

### **1.1.1 R.K Saraswat (1984) suggested six major subtypes (dimensions) of self-concepts.**

1. **Physical Self-** It is related to the physical aspects of human beings just like perception about physical appearance including weight, height, skin color, height, etc, health & body, stamina or strength. It is about how a person looks and accepts himself.
2. **Intellectual Self -** It is related to the ability of the person related to solving problems, making decisions and judgements. It is the ability of a person to do the right things at the right time.
3. **Moral Self-** It is related to the awareness of the moral values and practice of the same in the regular life of the person which includes the ability to recognize right from wrong. Ethics and concerts to be followed in life.

4. **Social Self** - It is related to the awareness about the social aspects of the person's self that includes interpersonal relations and communication skills. How one responds in social situations and deals with the relationships around.
5. **Temperamental Self** - It is related to the understanding and management of emotions. How a person is responding to different life situations and dealing with emotional changes.
6. **Educational Self**- It is related to the opinion of a person about academics, school, teachers and extracurricular activities. Achievements and struggles of the person in relation to school performance are evaluated by the person himself.

### **1.1.2 The Development of Self-Concept in Adolescence**

Adolescence is the stage of stress and storm where students face challenges like identity formation and peer pressures, etc. This is the stage in which individuals start forming their opinion about themselves and the other people around. Exploration and experimentation are two major characteristics of this stage. Adolescents often compare themselves in relation to their peer group and try to match the expectations of themselves and parents. Formation of self-concept at this stage has a strong influence on the later part of life. Due to physical and psychological changes at this period, adolescents become self-conscious and often feel peer pressure (Sebastian, Burnett, & Blakemore, 2008). Ability to understand the perspectives of others makes them interactive and responsible. Freedom and independence are more often enjoyed by adolescents that help in engagement of competitive activities (Manning, 2007).

Self-concept of adolescents can be influenced by two important factors, fulfillment of the wishes and desires at this stage and support of the significant people around helps in the formation of positive self-worth (Manning, 2007). Healthy sense of self-worth and self-esteem, contribute to a greater self-concept in an adolescent.

### **1.1.3 Factors in the Development of Self-Concept**

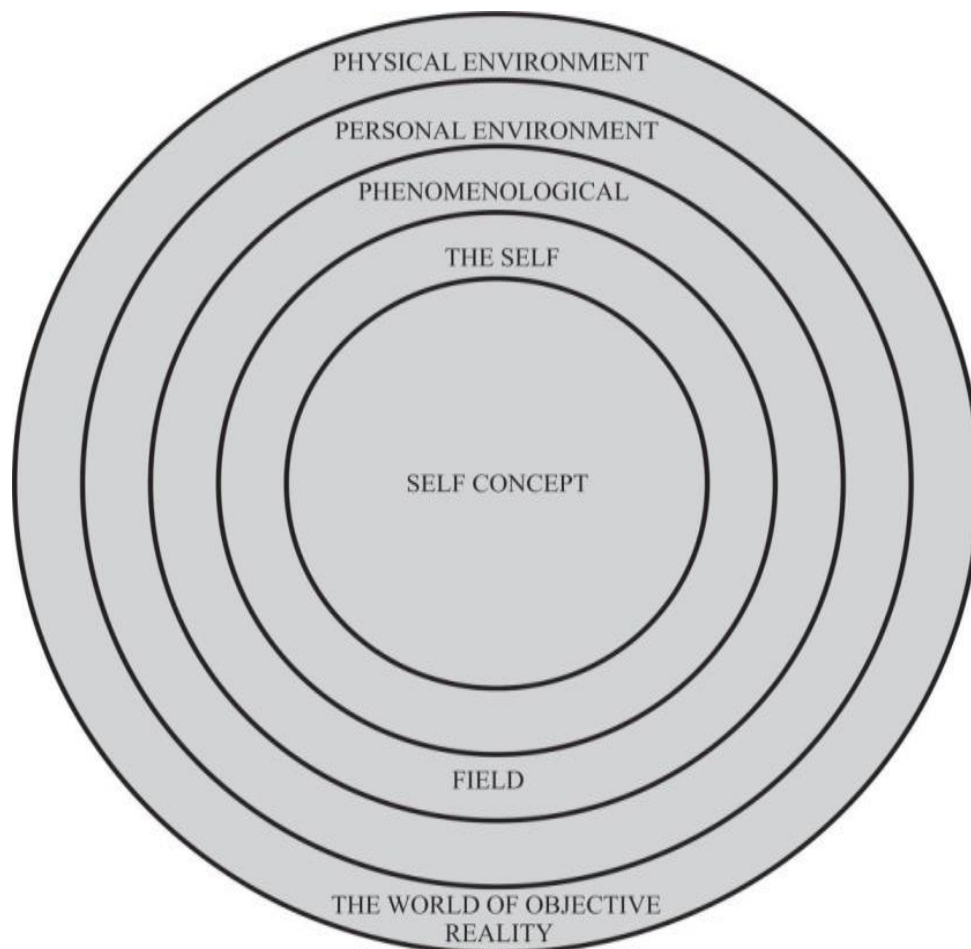
Self-Concept first emerges in the context of family as the growing child learns to view himself or herself as his or her parents view him or her. Moreover, there is evidence that the importance of a parent's self-concept continues through adolescence rather than delineating markedly as has been commonly believed (Purkey 1970). Other kinds of family relationships such as family status and roles are also important for the development of self. Healthy parenting and formation of positive emotional connection with children during their developmental stages promote healthy self-concept. Different experiences with the immediate family that includes parents, grandparents and siblings lead to formation of self-concept. Healthy interactions with the people around help him to understand the expectations of others and develop confidence. Self-esteem of the children is also nurtured at this point of time as they start valuing themselves with the help of love and support given to them. Children look forward to the approval in every task they perform and guidance towards their strengths in the form of appreciation. Constructive feedback and spending quality time with kids make them more confident and expressive.

Friends are also important in self-concepts. In the main study, changes in self-concept were much more likely to be influenced by friends than by non-friends. In a later study by Kipnis (1961) the importance of friends is again stressed. Kipnis tested 87 students living in a dormitory and found that those who perceived their best friends to be relatively unlike themselves, tended to change their self-evaluations during the six weeks of the study so that the differences between themselves and their friends were smaller.

Various Experiences in school comprise a third important influence on self-concepts. Teacher-Student interaction, of course, is of prime importance. A significant perception of their teacher's feelings towards them is also important. A correlation does not tell us about the reason for causation (the students could have perceived positive feelings because of their positive self-concept rather than vice-versa). But it is reasonable to argue that the teacher's feelings and the student's self-concepts mutually support each other. Furthermore, other studies indicate that even if a child comes to school with a positive self-concept, he or she may change it in a negative

direction if his or her teacher reacts negatively to him or her (Davidson and Lang 1960).

According to some humanistic psychologists (Combs & Snygg 1959) every individual creates two worlds for himself to live in. One is the public world that works on objective reality or related to the physical environment and the other one is the private world which is more subjective and psychological.

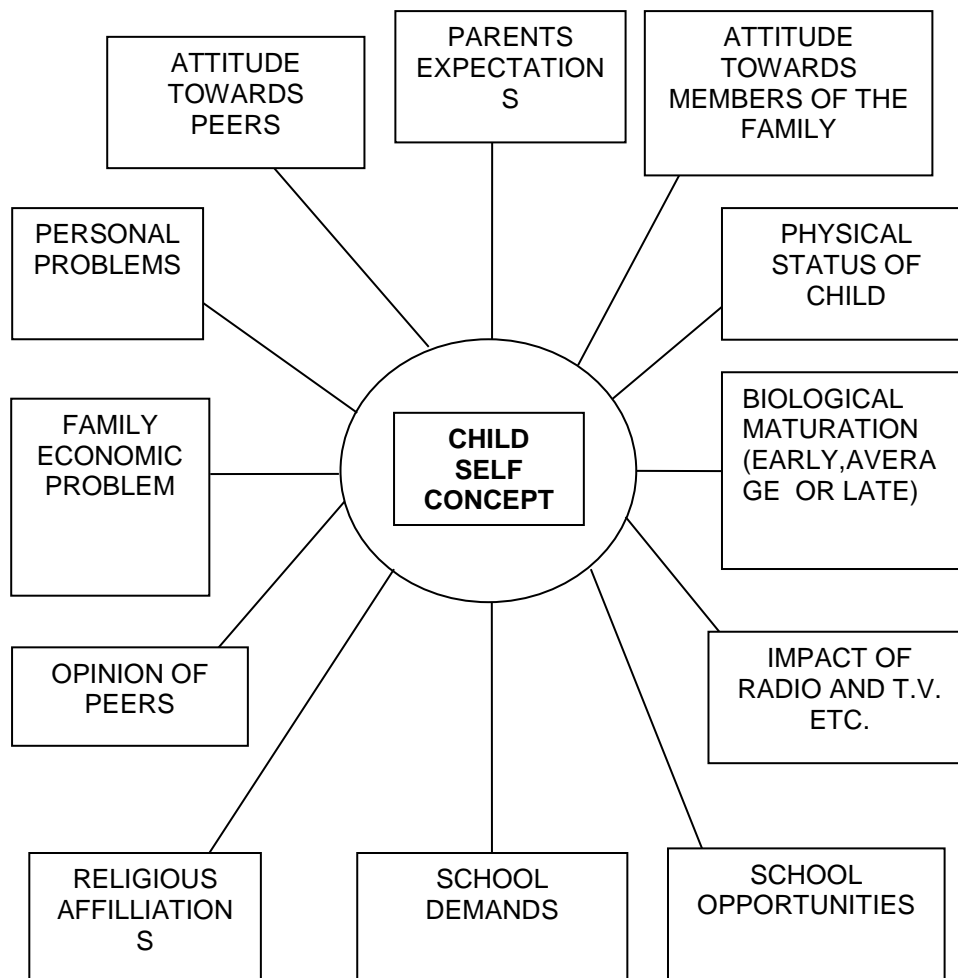


**Figure 1.10: The Self-concept is the result of the interaction between individual and the two worlds**

Different components of the physical as well as psychological worlds in which the self-concept develops have been given by Cattell & Drager (1974) (Fig 1.2). This concept has major significance in education and also applicable in understanding the personal aspects of motivation, attitudes, character formation and adaptation on which



in the final analysis are the foundation upon which school and out of school success must ultimately rest.



**Figure 1.2: The impact of environmental influences on developing Self-Concept of child (Cattell & Drager 1974)**

The Self Concept is best understood as an organization of attitudes and beliefs towards one self. According to the experience of a person, different attitudes are formed, which he organizes into a self-consistent system and defends against attack even to the point of disregarding or falsifying the evidence, so the person also as a result of his experience forms attitudes towards himself.

The self-concept not only varies as a result of developmental process in one individual from one developmental stage to another but it also varies from individual to

individual as a result of differential social learning. Hence one's self concept owing to varied social backgrounds. It's a product of growth which results from bio-social interaction and in turn influences the course of interaction. Culture provides a ready-made set of values, norms and code of conduct for its development.

Different cultures inculcate in their inhabitants' different beliefs, rituals and norms related to their conducts and behaviours. The different sets of values and codes of conduct of different cultures are transmitted to the individuals by primary relationships. Because of these differences, the child rearing practices may be different showing thereby differences in socialization process as means of social learning in different cultures. The socialization process as means of social learning in different cultures may therefore induce differences in the development of self-concept of their members. This implies that the difference in self-concept is due to the changing status of working of the parents also.

## **1.2 Self-Esteem**

### **1.2.1 Meaning and Definition of Self-Esteem**

Self-esteem is defined as a person's total sense of self-worth or personal value, and it is commonly expressed as a person's judgement of himself or herself. To put it another way, how much you cherish and appreciate yourself. Self-esteem is one of the growing needs of an individual which helps him to motivate and grow towards the ultimate goal of life that is self-actualization. It has a strong influence on the personality of an individual that makes him stable and enduring. It includes different types of beliefs and thoughts about the person about himself or herself related to the physical appearance, emotions, strengths and weaknesses.

Self- esteem was the popular term understood and explained by many psychologists. The explanation of self- esteem was divided in three major types of definitions, each of which has generated its own tradition of research, findings, and practical applications:

1. In the beginning self-esteem was defined by making the count of success and failures experienced by the person in his or her life or evaluating the numbers

of positive and negative experiences. The problem with this method was that it tied self-esteem to achievement, which indicates an inherent instability because failure can happen at any time.

2. Self-esteem was described by Rosenberg and social-learning theorists in the mid-1960s as a solid sense of personal value or worthiness. It was related to the self-judgement given by the person and valuing himself accordingly. This became the most commonly used scientific term, however it has boundary-defining issues, making self-esteem indistinguishable from narcissism or simply bragging.
3. In 1969, Nathaniel Branden described self-esteem as "the sensation of being competent to cope with life's basic obstacles and of being deserving of enjoyment." This two-factor approach, as it has been dubbed by some, gives a balanced definition capable of coping with the limitations of defining self-esteem solely in terms of competence or value. Self-esteem has the following fundamental features, according to Branden (1969): As a basic human need, self-esteem "contributes significantly to the life process," "is necessary for good and healthy self-development," and "has a survival value". It is result of choices and experiences made by the individual consciously or unconsciously and can be easily depicted in the actions and thoughts of him and her.

### **1.2.2 Difference between Self-Esteem and Self-Concept**

Self-esteem and self-concept are two different terminologies which are often associated with each other. The self-concept is a collection of thoughts or perceptions about the person which involves description of behavior rather than judgements. Self-esteem, on the other hand, is one step ahead of self-concept where an individual evaluates his or her own qualities and forms judgment about himself on that basis. This example will help in understanding the difference between the two terms clearly. Class fourth boy might have a concept of himself as someone who fights a lot. Now how he is valuing his ability to build his self-esteem. If he values it positively, that quality of fighting might add to his self-esteem. If he is unhappy about himself and values it negatively then it might have a negative effect on his self-esteem. Negative self-esteem during adolescence may result in poor academic performance or school failure for some children (Paul & Conger, 1984). Understanding the distinction

between self-concept and self-esteem is critical, but it's equally critical to recognize that self-esteem is created through self-concept. High self-esteem is much easier to relate with the optimistic self-perception of the child. (Trautwein, Ludtke, Koller & Baumert, 2006). They also discovered that self-esteem isn't a good predictor of academic success on its own. They emphasised on the self-concept of the children in academics as an important influencer for the future academic achievement and good self-esteem. Further research should look into the relationship between self-concept and its effect on the self-esteem.

According to Hughes and Baker (1990), children who have been rejected, humiliated, or failed develop sentiments of poor self-worth and vulnerability. These feelings are more common in youngsters with learning disabilities than in pupils without learning disabilities. Attending classes in tough subjects becomes difficult for them because it exposes them to humiliation and rejection from both peers and teachers. This can have a significant impact on their academic self-esteem and overall self-esteem.

### **1.3. Specific Learning Disability (SLD)**

#### **1.3.1 Definition of Specific Learning Disability**

A learning disability is not a mental disorder rather it is neurologic disarrangement. In simple terms, it results from inaccurate processing of information in the brain. Children with learning disabilities do not have below average intelligence level. Most of them have average or above average level of intelligence. They are as smart as their peers are or smarter than them. Academic challenges are strongly reported by children with learning disabilities as they may have difficulty reading the content, writing the words and phrases, spelling of the words, and remembering or organizing the information. They need special attention and unconventional ways of teaching to understand the concepts.

Samuel A Kirk, a well-known educator, was the first to coin the term "learning disability." He had extensive experience in special education as well as working with children of all ages. Kirk's observation helped Congress pass the Early Education Assistance Act for learning disabled children in 1968. In Chicago, a symposium

provided knowledge and emotional assistance to the parents whose children had or were struggling with the common mentality of the society of being misinterpreted as academically challenged in the classroom. Academically challenged students were frequently labeled as slow learners or incompetent by school administrators. The youngsters did not have low functioning or low intelligence, but they did have learning and writing issues and their deficits are only restricted to studies. Learning disability became legally recognized as a disability in 1975 and also included in person with disability act later on. (Kirk, Gallagher, Coleman & Anastasiow, 2012). Individuals with learning disabilities encounter particular problems that might last a lifetime. Interventions and modern technological assistance can be provided to this group of children to learn different skill that will support their future success, depending on the type and severity of the disorder. Some interventions are straightforward, while others are sophisticated and difficult. To be effective classroom supports, current technologies may necessitate student training. Teachers, classmates parents can collaborate together to develop intervention plans according to the needs of special needs students to support them to be effective independent learners. A multidisciplinary team frequently assists in the design of the intervention as well as the coordination of its implementation with teachers and parents. School counselor, special educators, speech therapists (pathologists), occupational therapists and psychologists are typically included on this team (Stahl,2016).

The results of early detection and intervention for children with learning difficulties are positive. Practice of reading, includes word identification, fluency, and meaning; maths practice of includes numerical reasoning and problem solving; and written practice includes words, sentences their spelling, and composition, can all be evaluated using a variety of standardized psychological test for the formal diagnosis of learning disability among children. Response to intervention is a treatment-oriented diagnostic technique that has gotten a lot of attention recently (RTI). Early screening for all kids and placement of the children facing challenges in research-based early intervention programes, rather than waiting until they fulfil diagnostic criteria, are among the recommendations made by researchers for implementing such a strategy (Marcia, 2007). Their progress can be closely examined to see if increasing the intensity of intervention leads to adequate results. Those who respond will not require

any additional assistance. Non-responders are those who do not respond effectively to both conventional classroom instruction (commonly referred to as "Tier 1 instruction") and a more intense intervention (typically referred to as "Tier 2" intervention). " These pupils can then be transferred to special education for more help, and they are frequently diagnosed with a learning disability." Before a kid is diagnosed with a learning problem, some RTI models include a third stage of intervention.

A learning disability cannot be cured totally but, with the help of special education and support, we can motivate these children to attempt their best. Though it is a lifelong issue, it can be worked on with the appropriate intervention and practice. However, these students can do better in school and make a bright future with the help of appropriate guidance and support. According to the estimate claimed by APA learning disabilities can be found between 2% and 10% of the population especially in schools (LD; American Psychiatric Association, 1994; Silver, 1991).

Learning disabilities are different from learning problems as the first one is inherent by nature and the second one may have psychological and environmental reasons too. In simple words learning disabilities are related to problems in processing information in the brain.

These processing issues can have a long-term impact on learning basic abilities like reading, writing, and math. Higher-level thinking skills or metacognitive processes including organisation, time planning, abstract reasoning, long or short-term memory, and concentration can all be hampered by improper processing. Children with learning disabilities misinterpret the information during interactions. It may affect their social as well as emotional functioning. Early identification may bring effective results with the help of individualized education plans and other interventional techniques. Learning disabilities are often diagnosed during primary classes when the time pattern of reading, writing and calculation can be observed. However, some individuals are not even identified or diagnosed until they are in post-secondary education or adults in the workforce. Learning difficulties can have an impact on a person's life outside of school. Several of them may never have an evaluation or remain unidentified throughout their lives or may never know why they struggled in

school and why they may be having troubles at work or in relationships with family and friends. However, learning disabilities are commonly found in the population but still people are reluctant to understand the severity of the issue and at times deny the fact that their children have genuine concerns related to academics and other spheres of life.

The reasons of learning difficulties are not well known, and there are situations when there is no obvious cause. However, the following are some of the reasons of neurological impairments:

### **Genetics and heredity**

Learning difficulties are frequently genetically connected and run in families. Parents of children with learning difficulties frequently struggle as well. Children with parents who did not attend school for more than 12 years are more vulnerable to develop difficulties in reading. Some of the children have unplanned mutations (i.e., mutations which occur without any family history) that can lead to problems in development such as learning difficulties (Beena, 2017). According to another study by Macre (2017), spontaneous mutations occur in one out of 300 children often, such as a defect in the CDK13 gene, which is linked to learning and memory.

### **Obstacles during pregnancy and delivery**

A learning disability can be caused by birth defects, disease, or injury to the growing brain. If the fetal is exposed to substance abuse such as alcohol or drugs, as well as birth weight is low, are risk factors (3 pounds or less). These youngsters are more vulnerable to face difficulty in mathematics or reading. Babies who are delivered prematurely or late, with a longer or shorter labor than the full term, or babies who face oxygen problems during birth are more likely to suffer a learning disability.

### **Accidents that occur after birth**

Head injuries, starvation, and chemical exposure can all cause learning impairments (such as heavy metals or pesticides)

### 1.3.2 Types of Learning Disabilities

“Learning Disabilities” include wide variety of challenges and can be divided in to various types on the basis of their nature of difficulties. They are as follows:

**Auditory Processing Disorder:** The other name of this disorder is Central Auditory Processing Disorder. In this problem people have difficulty in listening to words, differentiating between sounds in words as the information is not processed properly in the brain. They have problems with understanding the location or the direction of the sound coming from.

**Dyscalculia:** It is another type of learning disability relating to understanding and practice of mathematical calculations. A person may struggle in learning the mathematical facts, inability to comprehend the symbols related to math, forgetting formulas or theorems and organizing numbers. They face issues in telling the time and counting series of objects or may skip the counting in between.

**Dysgraphia:** In this form of learning disability children have poor handwriting, poor space concentration because of an inadequate development of fine motor skills. Spelling mistakes, a lot of cutting between the written content, poor spatial planning on the paper, etc. are the common issues faced by children under this category. They generally face difficulty in simultaneous use of different cognitive processes selection of words while writing any content, organizing them into sequence and writing at the same time.

**Dyslexia:** It is one of the most common and popular types of learning disability in which children find difficulty in reading and recalling of the information. It has different levels depending upon the severity of the problems such as reading of words and sentences; decoding, reading comprehension, writing, spelling, and sometimes speech and it has co-morbidity with other related disorders. Dyslexia is also a Language-Based Learning Disability.

**Dyspraxia:** In this particular type of learning disability children find difficulty in controlling their muscles because of which muscle movement and coordination is restricted. It also affects the writing and learning pattern. Dyspraxia often exists along



with dyslexia, dyscalculia or ADHD because of that it comes under learning disability.

**Non-Verbal Learning Disabilities:** In this category of disorder children often represent significant differences between the higher verbal skills and weaker motor, visual-spatial and social skills. An individual diagnosed with non-verbal learning disability finds difficulty in understanding or interpreting nonverbal cues and lack in communication skills. Misinterpretation of various types of nonverbal cues is faced by these people such as peculiarities of facial expressions or body language, and may have poor coordination.

### **1.3.3 Self-Concept of Students with Specific Learning Disabilities**

Children with learning disabilities may have negative self-perception because of not being able to meet the expectations of the people around. From childhood days, kids start thinking about themselves and also compare themselves with others in areas like sports, academics, friends, etc. They prefer to observe their elders and copy them to receive their approval or support as it helps them to think and feel good. They form self-judgments about their competency and attributes while growing and they like to be secretive about them. The children's self-concept can be observed by the way they are participating in the different activities of daily life and from their preferences or choices.

According to the research conducted by Johnson (1995) the children with learning disabilities not only have academic concerns rather emotional difficulties also add to their struggle. Learning disabilities can affect the mental health of the children because of the frustrations and conflicts they undergo while understanding themselves and the people on all sides. It influences their self-esteem and social inclusion. Most of the time they are identified as depressed, indifferent and alone (Wright-Strawderman & Watson, 1992) and due to lack of social skills they face problems in conversation (Vaughn, Zaragoza, Hogan & Walker, 1993). The children with learning disabilities face continuous failure, rejection and humiliation due to which their self-worth decreases and vulnerability towards the involvement of wrong activities increases (Hughes & Baker, 1990).

Study on the self-concept of the students with learning disabilities became the interest area for many psychologists which also gave the understanding that because of the academic struggle faced by these students their overall self-concept is also affected (Cooley & Ayres, 1988). However, the research literature in the same field showed mixed findings which are contradictory to each other. Many studies have shown that despite different challenges faced by these students in academics, they maintain positive self-concept related to their academic competence. Meltzer, Roditi, Houser & Perlman (1998) used the Self report system for assessing the self-perception of the students with learning disabilities from third to ninth grade. In the study it was found that with the help of appropriate strategies during regular or special education classes, these students showed confidence in dealing with their information processing issues in the areas of content reading, paragraph or word writing, spelling and analyzing. They rated themselves in average or above average category in their academics and management skills. Students with learning disabilities perceived themselves as capable enough in managing their school work and intelligent enough to deal with all situations.

In order to conceive self-concept in simple way, a variety of models are used. Some academicians, for example, believe that the various parts of self-concept are rather independent of each other (Harter, 1985; Tesser & Campbell, 1983). Others group offers a hierarchical structure (e.g., Shavelson, Hubner, & Stanton, 1976) or a inter relationship (Winne & Marx, 1981), in which one compensates for adversely seen features of itself by observing the others more positively.

Harter proposed the model employed in this investigation (1985). This multidimensional model assesses the person's feeling of competence or adequacy in different dimensions, including general intellectual capacity, academic competence (reading comprehension, written practice, mathematical calculations, and spelling mistakes), athletic(sports) competence, social relations acceptance, physical or natural appearance, and behavioural handling. Harter did not believe that one's overall self-evaluation or worth is merely an additive function of one's self-concept in other domains. As a result, several sets of items are utilised in her scales to assess self-concept in the above-mentioned areas and also the overall self-concept. Person's perceptions of their capacity in different dimensions including their sense of overall

self- evaluation or worth, could be used to investigate the relationship between the two.

The theories of James and Cooley have inspired Harter's paradigm. Harter emphasised that in order to understand the self-judgement or worth of the person it is important to understand the perceived capacity as well as the performance of the person in that particular area. an individual's self-worth, citing James' belief that our self-value or worth is decided by what we actually accomplish in relation to our inclination. As a result, scales invented by her also produce measures of perceived capacity or competence as well as perceived importance in each dimension (Harter, 1985).

Cooley, on the other hand, emphasises the influence which was made by the people around on the overall self- value or worth of the person in particular. Taking this into account, Harter's scales incorporate measures of perceived social support, allowing researchers to investigate the relationship between perceived social support and reported global self-worth.

This multidimensional model was based on the notion that overall self- concept of an individual or children was most of the time different from their domain-specific self-concepts. Children's judgments of competence can differ across domains, according to the model. These criteria allow for the prediction that value or judgements of overall self-concept for children with learning difficulties may differ from the value or judgments of competence in cognizant or academic domains.

Researchers, on the other hand, reported that children with learning difficulties experience a variety of challenges that lead to a low self-esteem, particularly in regards to their academic achievements. In their study, Harter, Whitesell and Junkin (1998) employed the Self Perception Profile for teenagers in 9th to 12th grades and discovered that students with learning impairments felt poorer about their general intellectual competence than kids who were usually achieving. Low performance in academics influences the social and emotional wellbeing of these children. Boetsch, Green and Pennington (1996) employed a series of four studies on a variety of measures in another study (including an adaptive version of the Adult Self Perception Profile and the Self-Perception Profile for Learning Disabled Students). According to them, children aged 7 to 18 who were diagnosed with dyslexia reported lower self-worth and negative self-concept in scholastic domain in comparison to students without learning disabilities.

Bryan's first studies (Bryan, 1974a; 1974b; 1976) described that socio economic background of the children with learning disabilities has an impact on their social situations like isolation or social rejection at different times. The above findings are supported by other studies that suggests if the children with learning disabilities have stronger socio-economic resources than appropriate guidance and support can be provided, the perception of the people around them also changes (Kavale & Forness, 1996; Magalit & Al-Yagon; 2002; Ochoa & Olivarez, 1995; Swanson & Malone, 1992; Tur-Kaspa, 1999).

Due to their poor impression on teachers in the class, students with learning disabilities are less chosen by their classmates. They are not welcomed in class groups because fewer opportunities to make good interactions and build friendships arise. They often feel lonely and depressed (Mugnaini, Lassi, La Malfa & Albertini, 2009; Pearl et al., 1998). These students have shown poor pro-social behaviour and poor management of emotions (Wentzel, Barry, & Caldwell, 2004). On the contrary, a supportive school environment can help the students with learning disabilities to develop good relationships with their peer group and better psychosocial adjustments (Bagwell, Newcomb, & Bukowski, 1998; Schneider, Wiener, & Murphy, 1994).

Valas (1999) found that the students with learning disabilities feel left out as most of their peers neglect them while participating in different activities and report lower self-esteem. Fears of rejection and unhappiness were the common feelings reported by them. Role of parents has been found quite influential here as generally parents suggest their kids to be with those students who are achievement oriented and are in the teachers' good books. The students with learning disabilities are often neglected by their peers as they don't possess these qualities and that leads to self-doubt and loneliness among them. As a result, they lose their confidence. Harter et al. (1998) found that the students without learning disabilities show more positive global self-worth as compared to the students with learning disabilities. Rather the latter category of students communicated more of self-doubt and dependency on others.

Some studies reported that in spite of having poor academic performance students with learning disabilities try to manage their positive self-worth. Several explanations were given to support the findings. When students with learning disabilities receive

adequate emotional and psychosocial support by the people around including parents, mentors and peer group, they try to put more efforts to meet with the expectation of self and society. Positive feedback helps them to sustain their motivation and self-belief (Bear et al., 1991; Forman, 1988; Kloomok & Cosden, 1994; Rothman & Cosden, 1995). Apart from academics, the students with learning disabilities have shown better performance in sports and other curricular activities, due to which the overall self- concept of these students has elevated (Hagborg, 1996; Harter, 1987). In some of the research inconsistency was found between the self-evaluation made by the students and the judgments made by their teachers. It was seen that the students with learning disabilities repeatedly try to show/do their best and evaluate themselves as capable of meeting academic challenges irrespective of the judgments made by their teachers about them (Meltzer et al., 1998).

Renick and Harter (1989) stated that the comparison group with which students with learning disabilities were compared also influenced their self-concept. It was found that when children with learning disabilities made their self-evaluation in comparison to the other students with learning disabilities better results were obtained and when these students evaluated themselves in comparison with non-learning disabilities students, poor results came. Beltempo and Achille (1990) found that when the children with learning disabilities were supported by the inclusive classrooms where special emphasis was given on their education while maintaining the general classroom scenario, they communicated significant rise in their self-esteem and on the other hand if these students are placed in special schools with other special needs students, fear of uncertainty increases.

**Inclusive Education:** A system of education that welcomes and helps all students to learn, regardless of who they are, their abilities, or their needs. This entails ensuring that instruction and the curriculum, as well as school buildings, classrooms, play areas, transportation, and restrooms, are suitable for all children at all levels. All children learn together in the same schools in inclusive education.

**Why Inclusive education is important?**

- It promotes understanding, decreases prejudice, and strengthens social integration for all children, including those with impairments.

- It guarantees that children with disabilities are equipped to work and contribute economically and socially to their communities.

### **Requirements to Promote Inclusive education happen**

- It will be an end to Discrimination,
- Children with impairments must no longer be excluded from the regular streams.
- Primary and secondary education – with enough accessible and inclusive schools, including for children with disabilities caught up in crises and emergencies.
- Students receive practical assistance or adaptations to help them learn - this is referred to as "reasonable accommodation."
- Individual education plans for disabled children specify the accommodations and support they require.
- Learning braille or sign language, classroom restructuring, and accessible learning resources are examples of services for specific impairments.
- Teachers who have received proper training to operate in inclusive schools.

Children with learning disabilities can increase their academic and social competence if they have enough access to high-quality instruction that is based on research findings, takes into account the individuals with special needs and includes continuous inspection and assessment of the child's development, allowing educators to adjust the teaching methodologies and plan of intervention for children with learning disabilities appropriately (NRCLD, 2007; RRCNA, 2010). Successful implementation of inclusive education program in schools for students with learning disabilities is achievable and rational only if the professionals have adequate information about its formation and application.

The discovery that adolescents with learning difficulties have a lower self-concept in terms of their intellectual aptitude than their classmates without learning problems can provide instructors with guidance. According to several experts, educators should be mindful of the possible stigmatizing consequences of the special education selection process on children with learning difficulties (Stone, 2004). Individuals who work with students with learning difficulties should understand how to prevent poor self-

esteem in these pupils and what solutions are assessable to support them. These results may aid professionals in developing programmes and ways to help adolescents with learning difficulties achieve personal success.

### **1.3.4 Self-Esteem of Students with Learning Disabilities**

After the formation of self-concept, an individual starts constructing some value judgment about himself in relation to his or her surroundings. Children with learning disabilities often form negative judgments that lead to lower self-esteem among them. The basis of the formation of these judgments was the continuous remarks made by their parents, teachers and peer group. In school they are labelled in the slow learners category as most of the teachers don't understand the difference between learning disabled and slow learners. It gives a rise to avoidance, rejection and humiliation in the class for students with learning disabilities. During adolescence, students attempt to modify their self-perception as they are able to understand the perceptions of other people. Most of the time, students with learning disabilities were found to have low self-esteem which was further associated with inconsistent emotional, behavioural and academic issues with school going children. Investment of appropriate time and positive feedback with learning disabled students can increase their self-esteem. According to some psychologists, when students are labeled as having learning disabilities, the actual challenge starts from there because of the potential stigma attached with it. (Mac Master, Donovan & Macintyre, 2002).

There have been numerous researches conducted to determine the relationship between learning disabilities and self-esteem. These researches have revealed that a person's self-esteem is influenced by their awareness of their learning handicap. Regardless of their actual academic accomplishment, students who have a good opinion of their academic talents have higher self-esteem than those who do not. Self-esteem can, however, be influenced by a variety of other circumstances, according to research. Self-esteem is improved by skills in non-academic areas such as athletics and the arts. It's also been proven that having a positive view of one's physical appearance has a positive effect on self-esteem. Another significant conclusion is that individuals with learning impairments can differentiate between academic ability and

intellectual potential. This shows that students who recognize their scholastic limits but also recognize their ability to perform in other intellectual tasks perceive themselves as intellectually capable individuals, which boosts their self-esteem (Cisden, 1999).

Sometimes schools are not able to provide a safe environment to the students with learning disabilities, especially when teachers and peer groups are not sensitized about the needs of such students. (Zhao & Zhang, 2008) also confirmed in their study that the students with learning disabilities face prejudice and discrimination because of the insensitive environment. These students never like to disclose their academic and social challenges in front of anyone and make efforts to avoid the physical and verbal agony they experience while confronting peer groups. Accumulation of unwanted experiences affects the self-esteem or self-worth of the students which may further affect the attitude formation and coping strategies of these individuals.

Academic failures and obstacles reduce sentiments of self-worth, leading to subservient and passive behavior. Because kids with learning difficulties internalize their problems, they become prone to peer hostility. They are frequently bullied or become bullies in order to cope with their subjective anxiousness. Students with learning disabilities getting inclusive classrooms have more opportunities for socializing, which encourages friendship, lowers accusation, and promotes self-sufficiency. On the other hand, when children with learning disabilities are included in regular classes, they are more likely to be humiliated, teased, and deaminized (Savage, 2007).

Communication can have an important impact on a person's self-perception, including their self-esteem. Human language is a vital tool for encoding and decoding of the information. Communication refers to the manner in which we communicate with one another in order to gain a better knowledge of each other (Gaseesai & Cha, 2012). Nonverbal communication is crucial in boosting a child's self-esteem who has a learning problem. Acceptance and security are demonstrated by positive nonverbal expressions such as genial smile, a gentle touch, or soft voice. Negative communication, such as teasing, shouting or having angry voice or showing pity facial expressions, can make a child feel helpless, worthless, unwanted, and vulnerable, lowering their self-worth (Colwell and O'Conner, 2003).



Due to a strong family structure that helps in setting the achievable goals, some youngsters opt not to deny their limitations. Their parents assist them in remaining focused and maintaining a good outlook despite their learning issues, which boosts the child's self-confidence and self-esteem. The parental and congenial support system enables a child with a learning challenge to embrace their limitations and deny others' opinions that make them feel unworthy. As a result, child with a learning disability is able to focus on the tactics that are similar to those used by children without learning disabilities. This eliminates the feeling of inferiority that comes through social correlation to persons who are academically challenged. Social and environmental support is critical for achieving, sustaining, and growing a healthy sense of self-worth. For children who struggle with a learning disability, interpersonal relationships are critical to their well-being (Abraham, Gregory, Wolf, & Pemberton, 2002).

Positive self-esteem and self-concept can help the students with learning disabilities to protect themselves from all the adversities of life. It will also help them to be confident about their self-worth and to develop self-belief to fight against all the challenges. Educators and parents play a significant role in the development of strong self-concept and self-esteem of these students. They should teach self-help skills and social skills to the students with learning disabilities to deal with the insensitivity of the people around them.

## **1.4 Self-Concept in Relation to Other Variables**

### **1.4.1 Parent Child Relationship**

Parents are the primary caregivers for a child and have a great influence on the development of their self-concept in different areas of life whether it is in academics, social, emotional, moral and intellectual. The reduction of parental participation in adolescence has been thoroughly documented in the literature. Learning difficulties put a strain on the adolescent–parent relationship at a time when it is already difficult. Parents of teenagers with learning difficulties should be aware of the volatility that comes with adolescence and be especially supportive of their children as they navigate this tough period. Extra attention in setting aside time to talk with adolescent children, planning family dinners or outings, and keeping up with adolescents' schooling experiences are all examples of possible support. Parents with lower levels

of education have a reputation for being ineffective parents. Parents with poor education are less receptive to their children's emotional needs, involve them less, provide a less cognitively challenging environment, and do not explain their actions to their children. If the sibling has a disability or a persistent condition, the parents will be more stressed and their parenting will be less successful. There is a well-established link between parental poor health (both physical and psychological) and parenting. Parental illness has been linked to increased family stress and parental sadness, as well as less effective parenting. We don't know why parents who have a child who has all three categories of learning disabilities at the same time have considerably higher "inconsistent discipline" parenting methods. This aspect necessitates in-depth research.

The majority of parents expressed their fear and hesitations while asking for assistance from "outsiders" who were strangers or unknown because they would be insulted. It is all because of the insensitive attitude of the society towards the group of people facing learning challenges due to disability. They also felt that doing so would cause their families to "lose face" (i.e., become less respectable). Waggoner and Wilgosh (1990) investigated the physical and affective needs of parents taking care for a child with a learning disability at home and at school also. The parents stated that there were times when physical and emotional exhaustion was felt by them because of the academic pressure and challenges. Especially when loads of work with restricted time limits were imposed to their children and they were also encountering the discriminatory practices from school personnel who were prejudiced towards students with special needs. School authorities were perceived to be uncooperative and insensitive towards their child's problems. According to Keller and Honig (2004), parenting children with learning disabilities takes up more investment of time and efforts than parenting children without behavioural or learning issues. Furthermore, the parents' troubles accepting the illness's diagnosis, as well as their child's struggle for the acceptance as the way they are without manipulating or hiding the challenges creates a conflicting environment in the family. Both children and family should accept the reality and work towards the upliftment of the child's achievements in life.

They can stimulate the real potential of the child by providing a warm and conducive environment especially when they have special needs like the learning disabilities

kids have. Practice of unconditional positive regard and non-judgmental attitude by the parents can motivate the children with learning disabilities to explore their strengths and limitations and form value judgment about themselves. Involvement of parents in the intervention programs for the students with learning disabilities can be really beneficial. But before that it is all the more important to sensitize the parents about the needs and challenges of their children to develop an acceptance towards them. Including parents in the remedial program for students with learning disabilities can bring drastic positive changes. Involvement of parents requires detailed understanding about the issues and concerns their children face and positive outlook to deal with these challenges. A plan of holistic management based on the needs of both the children with specific learning disabilities and their parents will be beneficial for both. However, in the Indian context, there are few studies that have focused on the experiences of parents of children with learning difficulties.

#### **1.4.2 Gender and Age Differences**

Self-concept is a significant part of an individual's personality irrespective of any gender. The boys and girls have shown significant differences in the evaluation of their self-concept on different dimensions. Narender Kumar Singh and Nishant Goyal from the Department of Psychiatric Social Work, NIMHANS, Bangalore, studied the role of gender differences on the self-concept of adolescents in India. Their findings reported a significant difference in the physical and temperamental self-concept on the basis of gender. The boys have shown higher physical self-concept than the girls and the girls have shown higher temperamental self-concept than the boys during adolescence. While calculating educational self-concept, no significant differences were found among the boys and girls. There are also gender disparities in self-esteem among children with learning disabilities. For example, Alexander-Passe (2006) discovered that girls scored lower on academic and general self-esteem assessments than males. Females were also more prone than males to engage in emotional and avoidance-based coping, resulting in higher depression ratings. Adolescents' self-evaluations will surely be influenced by the stressors and changes they confront in their lives. It's hardly surprising, then, to find evidence of a rapid drop in one's self-esteem from childhood to adolescence, with females experiencing a higher decline than boys (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002).

Different conflicting results were found in the research based on gender differences and their evaluation of self-concept. Kling, Hyde, Showers and Buswell (1999) conducted a meta-analysis involving thousands of participants from different schools and concluded that the global self-esteem of the boys is slightly higher than the girls, although the difference was small. Harter et al. (1998) concluded in his studies that the girls have lower physical self-concept than the boys as girls are more conscious about their physical appearance. Using the Harter Self-Perception Assessment for Adolescents Global Self-Worth scale, Knox, Funk, Elliot and Bush (1998) found no significant differences in high school general education pupils based on gender. Despite these findings, studies on the association between gender and self-concept in children with LD are lacking in the literature. The overrepresentation of boys in samples of children with LD may be one reason for the paucity of information in this area (Meltzer et al., 1998).

## **1.5 Role of Intervention**

### **1.5.1 In Raising the Self-Concept and Self-Esteem of the Students with Learning Disability**

Human Beings have the tendency to focus on the weaknesses than the strengths, students with learning disabilities are not aside from these experiences. The students with learning disabilities construct lower self-esteem and self-concept by focusing on the challenges and negative experiences of their life instead of their abilities (Brooks, 2002).

Dyslexia is the most common form of learning disability which is related to reading and writing problems. The majority of the students with learning disabilities face challenges while reading the content and making associations between the words they are reading. Different intervention plans can be organized with the help of special educators for helping these students while reading. These plans may include Phonemic awareness, fluency, vocabulary and text comprehension. Mastropieri, Scruggs & Thomas (1997) revealed best practices in promoting reading comprehension for students with learning disabilities. According to them, starting with basic skills enhancement and reinforcement, students can be motivated to sustain their attention and make efforts. Along with this, if the teacher facilitates certain questions related to the content and self-questioning strategies are practiced on a

regular basis, major outcomes can be seen in the enhancement of reading skills among the students with learning disabilities.

Students with learning disabilities have difficulty in following long or multiple instructions. While dealing with these students, the teachers are suggested to repeat systematic and explicit instructions for providing directions as it brings clarity towards the completion of the task and also sustains the interest of the children. This technique could be applied while doing various activities like writing, making calculations and reading as it will help them to understand the demands of the task or situations, they are involved in. Various researches have reported that explicit instructions given to the students with learning disabilities while writing has improved their performance (Gersten & Baker, 2001). These students were also motivated to use self-instructional techniques to check their writing skills. Use of the total time principle is also effective in which an adequate time limit must be given to the students with learning disabilities to complete their task as it maintains concentration and increases the speed of the task. Use of different teaching strategies including the audio-visual aids proved quite helpful in meeting the demands of the students with learning disabilities.

Another effective technique for improving the understanding level of kids with learning difficulties is the Reciprocal Teaching (Palinscar & Brown, 1984) strategy. Summarizing, questioning, forecasting, and clarifying are four crucial abilities to teach with this strategy. It is a fun and educational exercise that may be done in small groups of children. Teachers model the tactics (summarising, questioning, predicting, and clarifying) and once students have made observations and practised the strategies, they take turns acting as teachers in small group discussions about what they have read.

Direct strategy instruction and questioning with the students with learning disabilities, where students are given repeated instructions and then different questions are asked by the teachers, proved to be an effective intervention as positive results were obtained by the use of this strategy. Different experimental groups were formed for the students identified with learning disabilities. During the sessions they were taught to underline important words or concepts and interesting text within a passage, after that they were asked to develop different questions from the content they were

reading. This activity also brought enhancement in the reading skills of the participants (Chan & Cole, 1986). In Effective reading fluency interventions for students with learning disabilities, fluent reading skills are displayed by the teacher and the peers with specific instructions. Later on, the students were asked to observe and follow the reading skills and they were also given feedback for the improvement on a regular basis (Chard, Vaughn & Tyler, 2002). These students can be motivated for fast calculation practices while dealing with mathematical challenges. Self-instructional techniques are also helpful in motivating the students for better performance.

Self-monitoring procedures were proved quite effective as a result it was included in intervention plan timely. Under this student with learning disabilities were motivated to make a plan for the task, pay attention and gather the required things, utilize various sources of information to finish the task within the limited time span or solve a math problem in a specific order while monitoring and assessing the performance (Naglieri & Johnson, 2000). For improving the writing capacity of the students different teaching methodologies including different writing styles and positive feedback was shared with them on the regular basis. This feedback was given to them by their own teachers and peer groups to increase their desire to work more on their limitations (Gersten & Baker, 2001). Students with learning difficulties have proved to make considerable improvements after the instructions are explicit and the students are trained to self-monitor their writing (Shimabukuro et al., 1999). For example, these children were motivated to implement self-monitor skills while writing or copying the content, gradually less number of mistakes were made and accuracy also increased simultaneously.

Generally, it has been found that the children with learning disabilities face difficulties while communicating due to which they avoid interactions or don't like to share their thoughts with others. They often struggle to make good relationships. Deficits in social skills among these students are because of their inability to learn these skills properly in the developmental stage. It may be due to lack of exposure or the absence of the skills inhibits the performance. It may be because of the anxiety which is felt by these students due to the absence of the skills in further interactions. In order to improve the social skills of students with learning disabilities, structured

training programs can be planned and implemented on a regular basis. Under social skill training different areas of communication like speaking, listening, problem solving and friendship are taken into consideration. Weekly interactions were made with these students on assertiveness skills like How to start a conversation, Self-Introduction, asking for help, learning to listen, Apologizing, Negotiating, etc. Team building exercises and cooperative plays were introduced in the sessions to facilitate them to talk and take turns. Kaliva & Agaliotis, 2009; Wiener & Harris, 1997, in their studies highlighted the significance of social intervention programs for students with learning disabilities as they reported remarkable improvement in the social interactions. They took different variables under the study such as how to negotiate, provide positive feedback, provide negative feedback, take negative feedback without getting affected by it, enhance pro-social behavior and inculcate conflict resolution strategies, resist peer pressure or demands, etc. After the successful completion of the intervention programme the participants reported more confidence while dealing with social situations as having improved social skills and better management of emotions. The similar feedback was given about them by their teachers and classmates. Even cognitive interventions are proved to be quite useful in developing problem-solving skills and reasoning skills in the students with learning disabilities. Adolescents with learning disabilities have shown major improvement by more than 100% in problem-solving performance especially when the problems are new to them. These changes were found after the few training sessions which they received on organization and problem-solving skills. (Hazel, Schumaker, Sherman & Sheldon, 1982). The students with learning disabilities are labeled as poor goal setters because of their inability to form realistic goals or complete the task on time. Fortunately, the study by Vetter, (1983) has shown that adolescents with learning disabilities can be trained to set realistic goals and make realistic plans for goal implementation. Self-instruction techniques could be taught to these students to inspect and assess their behaviour. Research has emphasized on the effective use of the above-mentioned skills with regular feedback in students with learning disabilities brought outstanding improvement in the academics and other areas (Seabaugh & Schumaker, 1981; Tollefson, Tracy, Johnsen, & Chatman, 1983). To reduce the anxiety level of students with learning disabilities, Jason and Burrows (1983) in his study taught high school students the breathing procedures to relax, meditation, cognitive restructuring of

irrational thoughts and techniques for using problem-solving for six weeks. Regular sessions of 45 minutes each were followed by discussions on challenges and skills to work on including the practice of what was taught (including role playing procedures) to train the skills. As per the feedback taken by the participants, significant gains were reported on several measures including reframing of rational thoughts, strategies to cope with stressful situations, self-competence and logical beliefs.

Another example of a comprehensive intervention plan on the learning disabilities students was reported by Schumaker et al. (1983). In this study a strategic intervention model was implemented on students with learning disabilities as per their needs for a year. Students in this program showed significantly better performance on tasks requiring the use of strategy than students in other programs. In fact, performance of students with learning disabilities was equal or better on some tasks in comparison to the students without learning disabilities. In addition, the students gained almost twice as much in basic skills areas.

According to both qualitative and quantitative literature evaluations, there are various concepts that can help social skills training programmes be more effective (Kavale & Mostert, 2004; Maag, 2005; McIntosh, Vaughn, & Zaragoza, 1991). The teaching of social skills must be integrated into the classroom's daily activities. Before students participate in group activities, teachers should clearly teach cooperative behaviour, negotiation, leadership, dispute resolution, emotion management, and social communication skills, and verbally praise students who demonstrate these skills when working in groups.

The abilities to be taught should be those that are useful at home, at school, and in leisure activities, as well as those that are appreciated by family and peers. During social skills training sessions, the following tactics should be utilised to teach specific social skills:

- Videos or live role play can be used to model skilled social behaviour.
- Discussing and demonstrating a variety of instances of skilled social behaviour in diverse situations.
- Students are asked to role play and are given comments on their performance.
- Overlearning is when you practise a skill after you've mastered it.



- Using things that are both fascinating and relevant to the pupils, like as games or situations

During social skills training sessions, the following tactics should be employed to teach social problem-solving abilities:

- By asking children questions like: What do you think would be an issue with doing/saying that? You can help them identify the nature of the social problem and choose a social objective. When do you think you'll need to...?
- By asking students questions like: Yes, that's one way you could accomplish it, have them come up with various different solutions to fix the highlighted social problem. Is there anything else you can do? Can you think of anything else that other children would do in similar situation?
- Ask students to rate the options and choose a course of action by asking them questions like: "Is this way better than..." Why do you believe that? How did you know it was the right decision?
- By asking kids questions like: What is your aim if you do this?, you can help them build a plan of action. I get that your goal is to..., but what are the actions required to get there? What difficulties might you encounter along the way? How long do you believe it will take you to achieve your objective?
- Label the skill that the student utilised and explain why it is a good skill in that setting to reinforce unprompted generalisation of abilities taught in social skills training.
- When social problems arise in the classroom or on the playground, use the social problem-solving questions (see number 4 above). Discuss circumstances outside of the classroom when the abilities learned in sessions can be applied, and assign students homework to record when they employed these skills. This method may also help with self-awareness.

### **1.5.2 Intervention with Parents of Students with Learning Disabilities**

Unfortunately, parents do not have adequate understanding about learning disabilities because of which they often misunderstand the problems of their children. According to the parents, the children with learning disabilities just make excuses because they don't want to study. They just don't perceive how their children are good at all the other things. They do not realize that there is a need for some immediate action for the satisfactory development of the child. Most of the time parents misinterpret learning disabilities with intellectual deficiency and deny the presence of learning problems in their children when told by teachers. Even after a child is diagnosed with learning difficulties, parents often have a negative attitude toward the issue and employ defence strategies such as denial, rejection, and self-blame to avoid reality. Educated parents often show confusing attitude as they want the benefits for the child but do not want to be categorized as a parent with special needs. They may be overly concerned about the child's situation and neglect to make reasonable requests of the child. As a result, repeated failure or poor performance despite ongoing attempts and practice can have a detrimental impact on parents, predisposing them to increased levels of stress, irritation, and unhappiness. It can manifest itself in a variety of ways, including personal discomfort, financial difficulties, and a decreased quality of life. Positive change in attitude and sensitivity towards the needs of these students by the parents are vital aspects for increasing the affectivity of the remedial training program. A holistic or comprehensive management program can be planned on the basis of the needs of both the children with specific learning disabilities and their parents.

It is very important to include the parents of special needs students in the intervention program. Generally, the students with special needs get training or learn from their experiences in different areas of life for the improvement of self-concept but when they do not get the support from parents and family the development of positive self-concept is affected. Overall support from the school and family together brings the best results in the lives of the students with learning disabilities.

Family systems programmes were organized for the parents having children with learning disabilities. It was emphasizing on the systematic approach focusing on variables which are internal such as stress, frustration, hopelessness, and coping

ability in parents, with the belief that working on these internal variables will improve the parenting quality. A meta-analysis by Singer and colleagues (2007) looked at the impacts of parenting and stress management therapies for parents of children with developmental impairments at primary and secondary. The authors identified three types of interventions among the 17 studies conducted on the variety of parents handling special needs children: At first parents were taught about the behavior management skills after that coping skills development was taught in which interventions based on cognitive-behavioural therapy principles. Interventions in all three groups reported significant change on reducing the emotional and psychological stress among the parents of children with special needs. After several weeks of participation in the programme, it was discovered that interventions lasting longer and containing multiple components (e.g., those addressing parents' well-being as well as parenting skills) actually made the significant difference in management of parental stress by using short term simple techniques.

Instructional programs were also implemented for parents. The usefulness of programmes meant to teach parents how to implement ways that increase their children's capabilities (e.g., developmental, language, social, play) has been well documented, Green and colleagues (2010). In a meta-analysis of 18 studies of parents of special needs students' effective language training programmes were organized with a comparison group, Roberts and Kaiser (2011) revealed considerable beneficial impacts on the listening and expression of language of young children with intellectual and other difficulties. When compared to non-treatment or professional-delivered treatment, parent-implemented treatment produced better results. These findings revealed that children who get the support of accepting parents and professionals such as speech pathologists made similar level of progress. These findings proved that when parents get right guidance they can also become good facilitators of the development of language and thoughts of children with different forms of difficulties.

While communicating with the parents of students with learning disabilities the following goals need to be worked on: (1) Guiding them with general parenting skills, (2) Motivating them to implement these skills with their children on regular basis (3) suggesting ways on how parents can work on or improve their child's social and daily

living skills, (4) Providing them opportunities to share their experiences about the changes and challenges they faced during the implementation and progress of remedial program. The parents of the students with learning disabilities have been given training on motivation to lead, developing better understanding of learning disabilities, teaching skills, and knowledge of basic parenting techniques.

## **1.6 Rationale of the Study**

Till date there are many studies on the self-concept and self-esteem of adolescents with special needs. The changing environment of the homes and schools are influencing the way these students perceive themselves and these changing perceptions and needs should be studied on a regular basis so that better strategies can be developed on a regular basis to deal with their ever-changing issues and concerns. Comprehensive approach has to be developed for bringing the overall change in the lives of students with learning disabilities.

Most of the time students with learning disabilities are struggling with their limitations such as inadequate information processing at educational as well socio-emotional areas. Because of these regular challenges they are not able to focus on the positive aspects or areas within themselves. Too much comparison with the siblings and other peer group leads to negative attitude and dissatisfaction towards themselves. The present study has an objective to create self-awareness among these students, which will in turn help them to understand their strengths and weaknesses. This study will also help them to channelize their potential in overcoming their limitations with the help of improved self-concept and self-esteem.

In this study, we have implemented intervention strategies for the students and training sessions for the parents to educate them and guide them so that they should be able to help their children in enhancing their overall self-concept and self-esteem. Inclusion of parents along with students for the intervention has made this study more effective and comprehensive. Help of the peer groups and teachers was also to be included during the course of intervention.

Role of parents has been taken in to consideration during the study by providing them adequate knowledge about specific learning disabilities. It will help the parents to understand their children in right way and be realistic about their strengths and limitations. When parents start guiding and supporting these children in right direction with the help of professionals, the spark can be generated in these special needs students to confront their weaknesses and channelize their potential in right direction.

In spite of the difference between the terms like Self-concept and Self-esteem, the people in different contexts use both interchangeably. In the present study, we have studied the relationship between the self-concept and self-esteem in the context of students with specific learning disabilities.

As discussed earlier about the stigma attached with learning disabilities just like other mental health issues, there is a constant need for spreading awareness and sensitivity among the general population about the actual understanding of the problem with applicable strategies to work on it. Through this study attitudinal change can be brought among parents, teachers and students itself that learning disabilities can also be worked on just like any other issue and it is totally different from intellectual disability.

Today the idea of inclusive education is well accepted by society but the meaning of inclusive education is still not clear in different educational institutions whether it is a government or private one. Inclusive education is not restricted to giving admission to special needs students only but it also includes providing all the facilities to them as per their demands of disabilities. There are so many schools within Delhi, suggesting special needs students to take admission in special schools because they don't know how to support them in a regular or inclusive system. This study can be an eye opener to the services of different schools about what kind of accommodation and exemptions to be given to the students with learning disabilities and how to set up the system for it. Real meaning of inclusive education has been delivered to the schools who have participated in the study.

Despite an overall rise in special education services for adolescents (Wagner, Cameto and Newman, 2003), data shows that they are less likely to receive intervention services (Wagner et al., 2006). As a result, the current study intends to work with

students with learning disabilities based on their unique requirements and problems, in order to offer them with the appropriate support and guidance to improve their self-perception and belief.

There are many variables that may affect the perception of an individual in developing years, especially during adolescence. This study would make a comprehensive analysis on different dimensions of self between students with specific learning disabilities. The present study comprises the different variables such as role of gender and age as determinants of self-concept during adolescence along with the different dimensions of it such as social, emotional, physical, intellectual, moral and temperamental self, etc. After the pre-test analysis, to enhance the self-concept and self-esteem of the students with special needs intervention strategies have been introduced along with training sessions for the parents so that further changes could be observed.

## **CHAPTER 2: REVIEW OF LITERATURE**

A review of the literature is important in any investigation since it helps to comprehend and carry out the current research in light of previous research. It not only aids the investigator in seeing the significance of his or her study, but it also aids in understanding the constraints of the research she or he is conducting, which aids future research.

The purpose of this study is to see how effective psychosocial and educational interventions are at improving students' self-concept and self-esteem when they have learning impairments.

### **2.1 Effects of Learning Disabilities**

Learning Disabilities are a group of conditions that impact the acquisition, retention, comprehension, organization, and application of verbal and nonverbal information. It's a disorder covering wide range of challenges faced by the children such as reading comprehension, writing challenges, and math-related issues. Learning disabilities are sometimes misconstrued as mental retardation or slow learners, despite the fact that science has proven that they are completely distinct. Learning difficulties, according to Pirani and Sasikumar (2012), are usually hidden or unknown disabilities that have nothing to do with intellectual deficiency. It has a long-term impact on many people of normal or above-average intelligence. Even the terms learning disability and learning difficulties have various connotations. According to Carlson (2005), learning difficulty and a learning disability are two different terms to understand; a person who faces difficulty in learning the concepts and material can use traditional teaching techniques to understand whereas a person with a learning disability requires specialized interventions that vary depending on the type of learning disability. It is estimated that around 20 million pupils in India suffer from various sorts of learning difficulties. It is not just about academics; it also encompasses social and psychological issues in children. Cohen (1986) summarized the findings of two clinical-psychological studies involving a group of learning-disabled and non-learning-disabled children mentioned that the emotional and psychosocial challenges which are confronted by the students with learning disabilities are frequent. These

experiences are more problematic than the disability as it produces regular challenges. As a result, learning disability is a complicated issue that necessitates a multidisciplinary approach to address the problems that children confront during their developmental years.

The current research focuses on the cognitive components of self, such as self-concept and self-esteem, as significant domains in the lives of teenagers. The way youngsters feel about themselves during their school years has a significant impact on their future development and psychological well-being. Furthermore, poor self-perception, once created, can be extremely difficult to reverse. Students with learning difficulties are among the categories for whom this has been a source of particular concern. Several studies have been undertaken to date to assess the effectiveness of various sorts of interventions in improving schoolchildren's self-concept and self-esteem.

With the support of psychosocial and educational interventions, this study is a modest attempt to promote positive self-perception among teenagers with specific cognitive difficulties.

### **2.1.1 Self-Concept and Self-Esteem of Students with Learning Disabilities**

Educators sometimes presume that children with learning impairments (LD) have a lower self-esteem than those without LD. In order to test this hypothesis, Bear et al. (2002) conducted a meta-analysis of 61 self-concept studies. The findings revealed that the children with learning problems had a lower opinion of their academic competence than the children without learning disabilities. However, group disparities were less apparent in other aspects of self-concept.

Kenny and Gans (2003) contrasted the self-concept of 50 middle school students with learning impairments (LD) and 70 counterparts without LD. The Piers-Harris Children's Self-Concept Scale was completed by the students, who were mostly Hispanic, and each received a score in six sub-domains. On the Intellectual and School Status and Behaviour subscales, there were differences between the groups, with students without learning disabilities scoring higher on both scales.



Self-esteem is a crucial component in everyone's life, and research shows that the children with learning difficulties have much lower overall self-esteem than their peers. In comparison to their contemporaries, their self-esteem in relation to social peers is particularly and significantly poor. Lyon (1997) also quoted in his studies that difficulties faced by the learning-disabled students are quite embarrassing for them resulting in decrease of self-esteem. The impact of teachers' feedback on students with learning disabilities was investigated, and it was discovered that the pattern of teachers' attitude and response in the class towards these students can easily deliver negative messages. Teachers' reactions are often misinterpreted as a low-ability cue which raises doubts on the abilities and in turn students' self-esteem, sense of competence as learners, and motivation to achieve.

Students with learning difficulties face discrimination, which decreases their self-esteem. Gates & Edwards (2007), on the basis of their work on students with special needs, mentioned in their book "Learning Disabilities-Towards Inclusion" that the stigma or labeling is often attached with these students because of that they restrict themselves to open up or share their challenges with others and do not even ask for help. They face discrimination because of the misinterpretation or lack of understanding about learning disability in society. Their peer groups consider them as different and try to neglect their social and emotional needs. Educators can help in reducing the stigma associated with learning disabilities by creating awareness and generating sensitivity towards the needs of the students with learning disabilities.

Other research, on the other hand, has indicated that the children with learning difficulties have a poorer sense of self-worth, particularly in terms of academic accomplishment. Inability to process the information accurately in the academic areas is often misunderstood by deficits in general intellectual competence. It leads to low self-esteem of students with learning disabilities than the students without learning problems, according to Harter et al. (1998). According to Boetech et al. (1996), children with developmental dyslexia aged 7 to 18 years exhibited poorer self-worth and perceived ability in scholastic domains than students without impairments.

In research comparing students with and without learning difficulties, Valles (1999) discovered that students with learning disabilities who were avoided or not much

accepted by their peer group lead to lower self-esteem, and felt lonelier in the masses. The role of parents was shown to be extremely crucial in this case, since most parents advise their children to associate with the students who are goal-oriented and in good standing with their teachers. As a result, kids with learning difficulties are frequently overlooked by their peers because they lack these skills, leading to self-doubt and loneliness.

Al Zyoudi & Mohammed (2010) investigated the disparities in self-concept between Jordanian students with and without learning difficulties in a study. In this study, there were 124 pupils with learning problems and 74 classmates without learning disabilities. To achieve the study's purpose, the Jordanian adaptation of the Piers-Harris Children's Self-Concept Scale (PHCSCS) was used. There were substantial differences between the groups on the intellectual, school status, and behavioral subscales, with students without learning impairments scoring higher on both scales. There was also a clear difference between the guys and the girls.

Youngsters with learning difficulties have been observed to have lower self-esteem and engage in less social activities; these children are frequently regarded as unhappy or reclusive (Bong & Skaalvik, 2003; Al Far, 2003; Shaffer, 2005). The following questions were the focus of their research: (a) When adjusting for age and gender, are students with learning impairments (LD) and low-achieving students (LA) less welcomed by their peers? Do they seem to be lonelier now? Do they have a lower self-esteem and are they more depressed than pupils who are not learning challenged or poor achievers? (b) Does low accomplishment affect kids with LD's psychological adjustment, or does selection into special education programs or special class placement affect these students' psychological adjustment? To answer these questions, two analyses were carried out. The study used a sample of 1,434 4th, 7th, and 9th-grade kids from regular school courses to answer the first question. It was discovered that kids with LD were less accepted by classmates, had poorer self-esteem, and felt lonelier than their non-learning-disabled and non-low-achieving peers. Low-achieving pupils were less accepted by classmates, had poorer self-esteem, and were more depressed than non-learning-disabled and non-low-achieving children. The analysis of the second question was based on a subsample of 276 low-achieving and learning-disabled kids. When adjusting for age and gender and holding achievement in reading,

writing, arithmetic, and IQ constant, it was discovered that learning impaired kids were less sad than low-achieving students, but they were less accepted by classmates and felt lonelier. As a result, in addition to the negative effects of low academic accomplishment, being branded "a student with learning impairments" may have detrimental effects on peer acceptance as well as feelings of loneliness, both directly and indirectly, especially in primary school.

Many studies have found that, despite having a weaker self-concept in the intellectual domain, students with learning impairments had good views of overall self-value. Bear and Minke (2006), for example, discovered no significant differences in overall self-value between students with and without learning difficulties. However, research on overall self-value among students with learning difficulties has been insufficient. According to Harter et al (1998) study, usually successful students had higher self-value and a positive self-judgement appraisal than students with learning difficulties.

### **2.1.2 Peer Pressure among Students with Learning Disabilities**

According to Bergman's research, 'behavioural imperfection may set the learning-disabled adolescent apart from his peers, with social ramifications including rejection, a strained social life, and a loss of self-confidence and self-worth.' 'Aberrant language may cause increasingly negative societal implications if communication problems persist until adolescence,' according to Donahue and Bryan (1984). Because of his or her incapacity to keep up with linguistic interchange, the language disordered adolescent feels alone and misunderstood in social situations. These youngsters are unable to pick up on in-group jargon, are prone to misinterpreting metaphors, jokes, nonverbal expressions, and sarcastic remarks, may find it difficult to follow verbal dialogues, and are typically inadequate at rapid humorous verbal exchanges.' These pupils may not be aware of how their behaviour and speech elicits unfavourable responses from others since they are rarely able to adapt to their listeners, complement, offer support, or acknowledge the sentiments of others. However, they are typically acutely aware of their academic and social shortcomings, as well as their differences, leading to emotional reactions such as "anxiety, compulsiveness, irritability, rigidity, forms of violence, lack of desire, and retreat." Students with

learning difficulties often have trouble presenting themselves and rely on their peers for feedback on their social and language performance (Powers and Zuroff, 1988). Self-critical persons, according to GoHman's research (1955), would seek for overt support and reassurance from others in their environment.

The management decisions made by school officials in response to students with learning disabilities can have an impact on peer acceptance or rejection, as well as the types of peer connections that are available. Separating Learning Disabilities students from their peers for instructional objectives, and to what extent, may limit peer group possibilities. In a similar vein, Gasparani's (1980) study of Italian adolescents found that 17.5 percent of students cited peer pressure as a cause for dropping out. And while peer behaviour is a predictive variable in a lot of research on drug usage and other topics, it's unclear whether it acts as an initial inducement to the behaviour or as a maintenance of its acceptability. Children with learning difficulties have been reported to be less assertive conversational partners, as well as to be less confident in their abilities.

Students with learning difficulties frequently become indifferent and backbenchers as a result of the intellectual, social, and emotional challenges they experience. They engage in improper behaviours at times merely to stay in the good graces of their peers. Many children with learning difficulties face social rejection from their peers and are bullied by their peers (Westwood, 2004).

Individuals with learning disabilities have a negative self-perception of themselves, according to research, when compared to their peers who do not have a learning disability (LaBarbera, 2008). There is research that links learning difficulties to depressed tendencies, negative self-perceptions, low self-esteem, emotional and behavioural disorders, anxiety, and suicidal behaviour.

Adolescents with learning difficulties sometimes feel alone and embarrassed as a result of their peers' repeated rejection. There could be a variety of reasons for the rejection, such as educational shortcomings, interpersonal issues, inability to have suitable talks, and so on. They will be subjected to self-rule, isolation, and bullying from their classmates if they continue to fail. Isolation and failure will stifle their ability to build a healthy sense of self and social skills (Baumeister, 2008).

Some people with learning disabilities get into a negative loop in which they feel ashamed of their learning challenges and avoid social activities. This stops them from meeting new people and erodes their confidence, making them less motivated to come out of their shell. As a result, they struggle with crippling self-doubt and low self-esteem (Roffman, 2007).

## **2.2 Role of Intervention in Raising the Self-Concept and Self-Esteem of Students with Learning Disabilities**

When it comes to identifying the optimum intervention for a student with a learning problem, age plays a big role. While academic interventions were the most consistently helpful for primary children, counseling interventions for middle and high school students were the most successful (Elbaum & Vaughn, 2003). These findings have an impact on a student's academic self-concept, but they do not always apply to other aspects of self-concept. Counseling and mediated interventions were the only therapies that had a substantial influence on general self-concept, according to Elbaum & Vaughn (2003). These findings support prior assertions about the significance of developing an intervention approach that is tailored to the specific needs of each student who goes through the intervention process. It may be beneficial for a school to employ several techniques to identify areas of difficulty and match them to the age of the kids in order to design a specific intervention strategy. In other cases, school-based intervention efforts for students with learning difficulties yielded disappointing results. Schools may benefit from incorporating parents in their intervention initiatives to improve their odds of success.

### **2.2.1 Academic Challenges and Intervention**

Flexible interventions that harness strengths (Van Swet et al., 2011) and build on areas of weakness work as the most effective support techniques for adolescents with specific learning difficulties (Fry, 2015; Taylor et al., 2010). (Rath & Royer, 2002). These pupils usually acquire problems as a result of their studies only when they are unable to meet the demands of conventional schooling. Students with learning disabilities are more likely to have a good self-identity and have better life outcomes

when they receive appropriate inclusive support (Goldberg, Higgins, Raskind & Herman, 2003; Leveroy, 2013; Raskind et al., 2002; Webber, 2016).

Identifying these individuals is generally possible or begins in primary school with the detection of simple symptoms such as letter reversal, following directions, spelling problems, and reading challenges. It begins in the classroom, but it quickly spreads to other aspects of life, influencing students' self-concept and self-esteem on social, emotional, and psychological levels. In the study made by Heyem (1990) eighty-seven students with learning disabilities were studied to understand the role of self-evaluation, in relation to the difficulties they face while learning. Positive correlation was found in both academic self-concept and self-esteem of these students, and the relationships remained significant while getting involve in different types of academic and non-academic activities. Different activities were taken under observation during the studies such as reading comprehension and math achievement, writing phases, in self-contained versus mainstreamed classroom setting.

Since listening to negative words used by parents and instructors is a daily occurrence for these youngsters, they are unable to achieve good grades and compete with other pupils in their age group. These mocking, nasty words can lead to feelings of self-guilt, further resulting in bad attitudes and beliefs. It has been proved by the research where it was stated that the students with learning disabilities usually carry negative self-perceptions (De Santos, 2006) where they feel that they are not competent enough, can't make their parents happy, they are good for nothing, etc. They question their self-worth or devalue themselves.

Students with learning difficulties develop a negative academic self-concept, according to Chapman, Tunmer & Prochnow (2004)'s longitudinal study. Even if kids are given academic support, these negative self-concepts impede students' learning potential in the long run. Unwanted experiences during the developmental years of a child's life may make significant impressions for the rest of his life. Accumulation of negative experiences can affect the self- esteem of the students too.

Crossen (2001) looked at the differences in reading self-concept, perception of general intellectual ability, and self-worth among three groups of learning disabled students from different grades or classes, and found that these students have a lower

perception of general intellectual ability than their peers. They begin to believe that their talents are not the same as others', and that it may be difficult for them to absorb and acquire things at a typical rate as a result of repeated bad experiences.

Long periods of failure lead to a low sense of self-esteem (Seeratan, 2003). Unsatisfactory results contribute to demotivation, even when a lot of effort is put into routine chores like studying, building social connections, or fitting in with a peer group.

Another study found that the children with learning impairments are extremely brilliant, but that recurrent failure in studies undermines their self-esteem and confidence. It can develop a dislike for studies and school and become delinquents (McShawn & Williams, 2003). As a result of their acceptance of failure in school, some of them become indifferent and feel no curiosity to try new things. They start thinking that they are good for nothing and will receive a failure always even if they try hard. The possibility of them taking a fresh risk or taking a move towards a better future has been stifled.

Ndombo et al. (2013) worked with 170 dyslexic children in various grades and concluded that educating people with learning difficulties (dyslexia in particular) takes time because these pupils struggle to absorb several concepts. It necessitates extra effort and attention from educators. These children benefit from the use of integrated assistive systems and technology to better understand subjects. Making an IEP, or Individual Educational Program, for them to build stronger learning skills is all the more successful.

Other strategies to assist adolescents with learning difficulties were highlighted by Nicolson and Fawcett (2008). He noted that appropriate dyslexic teaching approaches include breaking down complex abilities into sub-skills so that individuals can master the sub-skills with repeated attempts on a daily basis before moving on to the next skill. Because individuals with learning disabilities have difficulty writing and understanding the long content, here splitting the writing or learning material into smaller chunks or writing or highlighting the pointers might be beneficial and time-saving.

Working with learning challenged pupils, in their academic areas, can help them improve their self-perception. Padakannaya & Venugopal conducted a study on schoolchildren with learning difficulties in 2003 and found that remedial instruction was the most effective way to enhance their academic grades and concentration. Individual educational programs and repetitive instructions for students with learning problems in small groups where additional attention can be given to them are included in remedial teaching. The children with learning difficulties, according to another study by Therrien (2008) on comparable steps, require straightforward and repetitive instructions. As a result, teachers can use multimedia resources such as movies, power point presentations, online quizzes, and other forms of multimedia to help these students master various learning skills by reinforcing and motivating them without losing patience.

Special education programs in schools, such as accommodations and special educational programs can assist kids in realizing their full potential and developing a positive self-concept (Grant, 2001). These children can greatly benefit from early detection and treatment. Self-perception and self-esteem can be improved with prompt intervention. The findings emphasize the need of boosting these children's self-esteem by making them feel good about themselves. Non-learning-disability peers can also participate in collaborative activities with the learning-disabled children, aiding them with challenging tasks. Teachers must also teach pupils how to create effective traits and how to use academic tactics to improve their academic talents.

Teachers' helpful and compassionate attitudes may help children with learning impairments develop self-esteem. Krueger's famous study (2001) focuses on the teacher's attitude and behaviour and its impact on at-risk children. Students in grades 9–12 were chosen for the study and interviewed, and the teachers were found to have five characteristics that made them more acceptable to kids with learning difficulties (helpful, taking time to explain, talking to students about life, caring, and polite).

Inclusive and alternative education systems each have their own set of benefits and cons for learning-disabled children. When students are taken out of the regular classroom and placed in a special education setting, it is obvious that they are not



developing normally. Separating children from the rest of the class may be detrimental to their self-esteem. As a result, their self-esteem, self-concept, and academic performance may suffer (Troutwein et al., 2006).

When students with learning impairments compared themselves to other students with learning disabilities in a previous study (Renick & Harter, 1989), they reported feeling better about their performance than when they compared themselves to their counterparts without learning disabilities. This provides contradictory data. When kids with learning challenges are separated from their peers, it can have a negative impact on their self-esteem and self-concept. On the plus side, students with learning impairments may compare themselves to their classmates with learning disabilities while they are in class with other students with learning disabilities. The students with learning difficulties have a more positive self-concept and self-esteem as a result of this.

Each school's approach to the students with learning disabilities is different, so these studies should be taken into account when choosing whether or not the students with learning disabilities should be integrated in the main classroom or placed in a distinct learning environment. When children's knowledge of academic topics is improved, whether through special education, remedial instruction, or various teaching aids, it boosts their self-confidence, raising their self-concept and self-esteem.

### **2.2.2 Social Challenges and Interventions**

In various sectors, adaptation and assimilation are two important elements of human progress. Sometimes due to the lack of social skills and trouble assimilating abstract concepts such as relationships, comprehension, and so on, the learning-disabled pupils have difficulty adapting to the demands of situations.

Acceptance by others is a crucial element of a child's existence, but it is more difficult if the youngster has a learning problem. Children with learning difficulties are more commonly rejected by their peers, less frequently regarded as popular, infrequently selected as playmates, and disliked by their teachers, according to numerous studies (Pearl, 1987; Pearl, Donahue, & Bryan, 1986).

Kavale & Forness (1996) found that more than 75 percent of kids with learning disabilities have social, emotional, or behavioural challenges, including specific difficulties with social skills, based on a meta-analysis of 152 researches. As a result, they are frequently implicated in misinterpretations of social and emotional cues in their environment, which leads to negative perceptions of them, such as being disrespectful or indifferent to society.

Jarvis & Justice (1992) studied 30 students from primary and senior secondary schools and community colleges, including both the students with and without learning disabilities. During the research it was found that the students with learning disabilities face significant difficulties in understanding social cues or situations than the other peer group of same age. The students with learning difficulties also exhibited much lower self-esteem. This link made them realize how crucial it is to properly grasp social conditions when it comes to forming one's self-concept during puberty. When a youngster is unable to connect with others or meet peer group norms, his or her self-concept and self-esteem decrease. They may engage in harmful activities such as stealing, bullying, and substance misuse in order to gain approval from their peers.

People with learning disabilities are more likely to be abused (emotionally and socially) than the general population, according to the mounting data. It can be the result of poor communication skills, less control over the self and environmental aspects and lack of social support among this group of population (Davies & Jenkins, 2004). So many times, learning disabled people misinterpret the visual and vocal cues of the people around and become subject to physical and emotional abuse. Inability to express their thoughts properly and lack of assertiveness often put them into a victim situation. Although Cartledge & Stupay (1986) were not able to find any significant difference between the above two groups. These results supported the need of planning social intervention for this group of population.

Due to negative experiences like stigma or discrimination faced by the people around and low self-worth, a youngster with a learning disability are three times more vulnerable to show delinquent behavior or join a street gang. These street groups or gangs accept these people as they way they are without making any judgement about them. They provide individuals with a fleeting sense of belonging to a group (Clinton,

Clark & Straub, 2010). Positive correlation is found between delinquent behavior and learning disabilities. Repeated scolding and humiliations by professors and classmates in the classroom frequently render students indifferent to societal demands. As a result, they prefer to engage in activities that allow them to express their feelings of powerlessness, rage, and other negative emotions. Students with learning difficulties frequently engage in vandalism, absenteeism, and fighting as a result of their unpleasant experiences.

Marsh (2005) discovered that a student's self-concept is influenced by his or her surroundings to some extent. He refers to this as the "large fish, little pond" effect (BFLPE). Pupils with learning difficulties who are surrounded by high-ability students are more prone to develop a negative academic and social self-concept as a result of the comparison. If they are around pupils of the same level, they are more likely to have a good self-concept. Since so much of a child's daily interaction is tied to education during the middle school years, having a positive self-concept is quite crucial. In a child's life, self-concept is dynamic but relatively solid, and it is difficult to modify. These children can improve their positive self-concept and self-esteem by educating their peers about their needs and challenges and building a support structure around them.

For students with learning difficulties, social skills interventions have become an important aspect of their treatment. These abilities aid students in improving their social competency and problem-solving abilities, which increases their ability to perceive social signs and respond appropriately. For the age group of 9 to 13-year-old children, the Social-Life program for students with learning difficulties was planned. It was a classroom-based social skills training program. Griffiths and her colleagues created the technique for individuals with developmental difficulties in the first place (Griffiths, 1995; Griffiths, Feldman & Tough, 1997). The curriculum was conducted twice in a week in schools for students with learning disabilities in 35-to-40-minute sessions. The program's centerpiece was a board game that could be played by two to four pupils. A facilitator's manual and a database of cards containing social problems that youngsters commonly face were among the other materials (e.g., dealing with bullying, negotiating a compromise, resisting peer pressure). Students with learning difficulties attempted to comprehend what was expected of them. Educators judged

children with learning difficulties receiving the programme as having increased social skills on a baseline social skills assessment, and classmates rated them as being less aggressive following therapy, compared to kids in no-treatment control classrooms. At a one-year follow-up, these gains were still there. As the academic year progressed, students in the control courses were more shunned by their classmates, whereas peer acceptance of individuals receiving treatment remained consistent.

Assertiveness training, role modelling, problem-solving strategies, negotiation skills, and other techniques can help these students improve their social skills. Wiener & Harris (1997) compared children with learning difficulties who received social intervention to those who did not. Teachers graded them, and the results showed that kids who received the instruction had improved social skills on a standardized social skills assessment, and that classmates perceived them to be less aggressive after treatment. These increases were maintained at a one-year follow-up, indicating that social skills training aided students in gaining confidence and acceptance from their peers. The importance of social support in achieving, maintaining, and growing good self-esteem cannot be overstated. Interpersonal relationships are critical to the well-being of those who have learning difficulties (Abraham, Gregory, Wolf & Pemberton, 2002).

Students with learning disabilities have difficulty processing or understanding vocal or visual information, making it difficult for them to remember and/or follow directions at home, in class, or while engaging in sports. Kids with learning disabilities commonly face interpersonal problems in a number of situations where cooperative play and group work are necessary due to spontaneous processing of visual and verbal information. As a result, individuals are more likely to be harassed and mocked as a result (Smith & Strick, 1997).

Various sorts of social challenges, such as a lack of communication skills, interpersonal disputes, and team building, were identified as prevalent concerns among people with learning disabilities, according to the research. Individuals with learning difficulties are more likely to have social problems from preschool to adulthood, according to studies. Children with learning difficulties are more likely to be mocked and tormented by their classmates (Singer, 2005).

### **2.2.3 Emotional Challenges and Interventions**

In research by Wig & Harris (1974), 17 learning impaired adolescents were monitored in various scenarios and these adolescents misread the emotions substantially more frequently than achieving controls.

Emotional issues such as loneliness, low self-esteem, and depressed tendencies are prevalent in adolescence, but they can be especially severe in children with learning impairments. This could be due to the pressures of performing well in school and forming healthy social interactions. Because of their involvement with special education programs, many students are stigmatized by their peers at school. They generally lack trustworthy companions as a result of their loneliness, and they are more prone to become sad and have low self-esteem as a result. This could lead to dropout, mental health issues, and juvenile and adult crime in the future (Reed, 2005).

Failure to satisfy one's own and others' standards leads to low self-esteem and a lack of confidence, which only serves to obstruct learning and academic progress, reinforcing a cycle of failure and negativity. Strong sentiments of irritation, wrath, grief, or shame can lead to psychological issues including anxiety and stress for many people. Adolescents with learning problems are unsure of their future prospects and personal objectives. When people's prospects seem limited while striving to achieve their personal and educational goals, depression can set in. They are frequently plagued by the shame associated with having a learning handicap. These kids frequently struggle with emotion control and frequently find themselves in extreme circumstances such as fighting, hostility, sobbing, yelling, and so on.

Learning disabled people are more likely to suffer from mental health problems. Learning impairments and depression have been connected in studies. This is due to the daily stress of their lives as students and members of society. Boys with learning difficulties experience higher levels of anxiety, as do post-secondary students. Daydreaming is a common coping method for these youngsters, but when they return to reality, their learning problems and despair resurface (Silver, 2006).

Because of neglect, communication challenges, comprehension issues, and dependency issues, children with learning disabilities are five times more likely to be

sexually abused. A child with a learning problem may lose out on social cues as a result of daydreaming (Peckham, 2007). In most cases, these children choose to engage in daydreaming since it allows them to escape from reality. They like to daydream about a future where they can make their own decisions and everyone accepts them for who they are, or they want to see themselves as the perfect child who is adored by everyone.

Social-emotional learning programs have gained popularity in terms of producing positive changes and it has been proved by various of researches at universal level. These programs focus on improving the interpersonal skills, affective skills, and scholastic skills and related concerns, including anger management, anti-social, and delinquent behaviours (Wilson & Lipsey, 2007), as well as emotional blunting, withdrawal symptoms (Horowitz & Garber, 2007), and risk or dangerous-behaviours (Wilson & Lipsey, 2007; Tobler et al., 2000).

Elias (2004) identified three valuable skill areas in working on the social-emotional learning as the primary sources of these difficulties in a study on the social and emotional problems of students with learning disabilities: identifying emotions in oneself and others, control and management of strong emotions (both positive and negative), and understanding the strengths and areas of need to utilize them for overcoming the weaknesses. He believes that students with learning difficulties will benefit most from comprehensive SEL therapies that mix academic and social-emotional learning. These therapies may include the identification and regulation of different emotions; understanding the strengths and needs of self and others; developing listening and expressing themselves clearly and confidently; understanding the perspective and respecting others; problem-solving, decision-making, knowing ethical and social responsibility, making good interpersonal relations, resisting negative peer pressure, team building and seeking and giving help.

Effective SEL (Social Emotional Learning Programs) programs for students with learning disabilities, according to Milligan, Phillips, and Morgan (2016), should include activities that focus on communication skills like managing a conversation, asking questions, and listening skills, as well as social and emotional skills like self-regulation, anger management, cooperation, and perspective-taking.

### **2.3 Role of Teachers and Parents in Developing Self-Concept and Self-Esteem of Students with Learning Disabilities**

Teachers and parents can help a child with a learning disability gain confidence by keeping upbeat and encouraging them to succeed just like any other youngster. Meltzer, Roditi, Houser and Perlman (1998) found this when they investigated the impact of instructors' judgment on children's self-perception. When there was a gap between kids' self-assessments and their teachers' judgments, it caused self-doubt in children. They discovered that pupils thought they were more capable than their teachers thought. Teachers' negative criticism frequently causes students to doubt their own talents, whilst good input from teachers boosts their self-esteem and self-worth.

Furthermore, it was stated that most professors are unaware of their pupils' assessments of their ability. It would be beneficial to both teachers and students if improved communication between them could be formed. Teachers can quickly recognize their strengths and flaws by spending time with students, and students will understand the teachers' expectations.

Every student, including students with learning disabilities, aspires to be like a good teacher in both words and deeds. Students with learning disabilities are on par with regular students in terms of intelligence (Kemp, Smith, & Segal, 2017). Students with learning disabilities, on the other hand, may obtain below-average results if they are not supported by appropriate learning that addresses their limitations. As a facilitator, the teacher must be aware of the challenges that children with learning disabilities face. As a result, the learning process can be tailored to meet the needs of these pupils, with the expectation of achieving the learning goal. Understanding the characteristics of individuals with learning disabilities can help teachers and other school members improve their empathy, knowledge, attitude, and behaviour, allowing them to better serve students with special needs (Kusumastuti & Choiri, 2016). In order to cultivate relationships in the classroom, teachers' attitudes and familiarity are important. Furthermore, having a sense of humour and warmth can help pupils feel at ease and make it easier for them to absorb any lesson delivered by the teacher. According to study, the majority of teachers already have and demonstrate a tolerant

attitude toward pupils, particularly those with learning disabilities who have a poor academic performance.

Parents, on the other hand, have a significant impact on their children's growth. It is further corroborated by Elbaum & Vaughn's (2001) study, which indicated that when parents were positively active in their children's life, their children's self-concept was favorably changed. The children with learning difficulties have a strong academic self-concept and high self-esteem when they receive positive feedback from instructors and parents, according to Dyson's (2003) findings.

The impact of parent-child conversation on the child's self-concept was researched by Reese, Bird, and Tripp (2007). Parent-child dialogues about positive previous events were found to contain the most emotional talk about the child's developing positive self-concept among children. Additionally, a moderate quantity of positive talk was detected during contentious dialogues. There was also a significant correlation between dialogues about prior happy events and children's self-esteem. When parents interacted with their children and kept a positive attitude, their children developed a more positive self-concept and had higher self-esteem (Dusek & McIntyre, 2003).

The parents in this study stated that they were unaware of Specific learning disabilities and its information related to health, and because of that they were not sure about the way of taking care of their sick child and support his or her physical and mental health. Most of them were not completely aware of the signs and behavioural concerns depicted by their children at home and at school due to their restricted knowledge of Specific learning disabilities, and they were unable to distinguish them from typical developmental traits. Initially they thought their children had more psychophysical development impairments than other children. As they didn't comprehend the actual reasons of Specific learning disabilities, they had unreasonable expectations for their children's scholastic and career related achievements. According to the latest studies (Hill & Rose, 2009; Karande & Kulkarni, 2009), parents who struggle to notice disease and its symptoms and related problems waste lots of time and because of that early identification or assessment process delayed. Due to those necessary interventions for Specific learning disabilities children are frequently delayed. Majority of the parents would not like to accept the



fact which creates lot of stress in their life. Little (2002) discovered that parental stress was strongly correlated with the presence of socio-emotional support among parents of children with Specific learning disabilities; the greater the presence of perceived social support from family environment, the better the parents' sense of satisfaction with their experiences of taking care of the child. and the lower their levels of distress. These parents require informational support, socio-emotional support as well as active or instrumental support too which involves the expertise who can work as a mediator between the care giver and family. They need practical assistance with family affairs, are important mediators in reducing the caregivers' tensions and anxiety (Karande et al., 2007). As a result, psychologists or other professionals should emphasize on providing adequate family education for the parents and other members of the family. It includes knowledge of the disability and caregiving skills along with an increase in the social support available in the family, schools, and the society.

Positive parental involvement in the lives of a student with a learning disability assists them in understanding the demands of the social environment and enables improvement in this area, thereby favorably influencing the student's self-concept. If the parents of a child with a learning disability are stressed about their child's handicap, that youngster is more likely to struggle with social competence and exhibit more behavioural issues since he is not receiving any social support (Dyson, 2003). This shows a direct link between parental stress about a child's impairment and the child's self-concept and behaviour. Parents must be educated on the nature of the problem and the problems that their children encounter. It helps to reinforce a feeling of positive self-concept and high self-esteem when parents provide a good atmosphere for their child with learning disabilities.

Healthy communication is a key to unburden the thoughts and worries of any person facing challenges in his or her life. According to the above study, positive communication can overcome a pessimistic view, provide support, and steer one away from a disastrous path (Kyle, Melville & Jones, 2010). Mealtime communication or communication during relaxing time encourages a child with learning disability to express himself and talk about his fear and concerns. It is helpful in building interactive skills or interpersonal relations with his or her family. This allows parents

to understand thoughts or direction of thoughts and have effective discourse with their children. Asking questions offers the youngster a sense of importance and acknowledgment, as well as independence and reassurance (Wilkinson & Watchman, 2010).

Learning disability students who are able to receive positive and encouraging support from educators and family members which help them to gain the confidence to explore /try new things and not be scared to fail or try again if they are unsuccessful (Fisher, 2008).

## **2.4 Impact of COVID 19 on the Students with Learning Disabilities**

As a result of the epidemic, the popularity of distant learning may exacerbate existing imbalances (Onyema et al., 2020; World Bank, 2020b). School closures during the outbreak, in this context, have had a severe impact on education quality around the world. When the effects of the pandemic are paired with the fact that not every student has equal access to distant education, educational equality and equity become a problem (Andrew et al., 2020; Doyle, 2020; Mustafa, 2020). In addition, the pandemic severely limited the support services provided to pupils with special needs by professionals such as special education teachers, speech and language therapists, and psychologists (Petretto et al., 2020).

Children with learning disabilities weren't being stubborn during pandemic; they simply required assistance. Their routine was disrupted by the Coronavirus. It altered their learning environment, required them to learn new skills without being taught them, and removed their ability to communicate with their teacher and peers. Consider children who received treatment for their fine motor skills, written expression skills, or direction following skills while attending school. These students were faced with remote learning, which demands children to navigate a computer, communicate themselves via the computer, and follow instructions, often without the assistance of an adult. Earlier these children were accustomed to the teacher assisting them, standing by their side, and assisting them as soon as they have a difficulty. During online education, structure and routine that they used to have been missed.

Parents had other responsibilities at home and lacked the time or competence to assist their children with all of the abilities that they were now expected to master on their own. Because of the learning disabilities, the snowball was grown.

Assume children having learning disability in the area of auditory processing and were expected to obey speech instructions supplied via remote learning. It was expected to concentrate, listen, and then attempt to perform by them. They're figuring out how to use the technology while also listening to what's expected of them. The teacher may be moving on or trying to explain something to another student while they were trying to figure out what to do. The parent may be frustrated because he or she was unsure how to assist their child. They may believe they comprehend the instructions, but they were unsure how to convey them to their child. The child was having trouble concentrating. Children with learning disabilities may want to ask a question but couldn't figure out how to use the button to raise their hand, or they may not even know how to do so. Their degree of anxiousness must be raised. Use of computer in a setting where other things were present easily created distractions. It became simple for them to flee.

Students with learning disabilities have expressed a lack of attention, loneliness, antagonism, and trouble participating in online classes. As a result of these issues, absenteeism in these students' online classes has increased. The findings of Kritzer & Smith 2020's research revealed that throughout the pandemic, support education services, which are important to the success of students with special needs, were not provided at all by school teachers. Similarly, it was claimed that under COVID-19, only a small number of children with special needs received assistance, or that the vast majority did not receive any assistance at all. Given that the children in question continue their distance education at home without parental engagement, instructor oversight and follow-up, or support education programs, it is reasonable to assume that their education has been neglected.

For youngsters with even minor learning difficulties or attention deficit disorders, finding the drive to work independently in front of a computer is a big problem. Learning aside, for learners with disabilities who are sensitive to change, the loss of the daily routine provided by school adds a significant amount of stress. To combat

this, parents were urged to take their children on short car excursions, engage in offline engagement, and so on to keep their children's excitement alive (Wharton, 2020).

Social isolation was plainly bad for many children with learning disabilities, since they required the polar opposite: a strong, close-knit network of individuals who can support their frequently varied and complex needs, as well as understand the emotional release. These requirements must be recognized as critical requirements that should not be overlooked during times of crisis, when their continued existence is most needed (Giroux, 2021). During a pandemic, when most resources such as schools, special educational facilities, and recreation centers were closed, these children were forced to stay at home and face the challenges. It became even more important to engage with these children and provide them with a safe environment in which they could express themselves and explore the options accessible to them in order to increase their self-awareness, which would lead to a good self-concept and self-esteem. The research cited above shows the progress made in the field of learning impairments and how various factors such as age, gender, society, and stigma can affect students with learning difficulties. A few phrases in this category, such as "learning difficulty" and "slow learner," are sometimes misunderstood, hence research is cited here to clarify these terms. To date, numerous research studies have been undertaken to indicate how learning disabilities affect students' self-concept and self-esteem, with a few of them being included here. Because of their incapacity to understand complex emotions and values, the students with learning impairments frequently confront a variety of obstacles in their life, whether academic, social, emotional, or moral. As a result, individuals frequently achieve low academic outcomes, have contradictory interpersonal connections, and struggle with emotional regulation. Studies on various issues such as peer pressure and sexual abuse are also conducted here in order to better understand these students' mental states as well as the impact of self-concept and self-esteem on their behavior and thinking. Finally, research on the role of intervention has been added to better understand the various sorts of interventions, which include the use of technology as well as parental, teacher, and peer group support.

Regular counseling sessions for improving social and emotional abilities, as well as life skills, have been found to be quite beneficial in prior and current studies. The advantages of inclusive education in the classroom for learning-challenged pupils have also been considered with the help of many studies. In the current study, the successful implementation of the intervention plan for six months with learning disability students improved their understanding of themselves. When examining the many dimensions of self-concept, boys have a better self-concept in both physical and intellectual dimensions. Girls on the other hand, have a more positive emotional, social, and moral self-concept. Despite the fact that, both genders have nearly identical educated self-concepts. Similar discrepancies have been seen and reported in prior investigations. According to earlier studies, age is also a significant component in understanding pupils' self-concept and self-esteem.

The findings show that students with learning difficulties have different self-concepts and self-esteem depending on their age, gender, and intervention impact. Although the previous research concentrated on different characteristics of students with learning difficulties, the current study aims to address as many factors as possible in order to generate a holistic picture. However, a review of the literature indicated that studies concentrating on students from underprivileged backgrounds were scarce. Some international studies looked into how the pandemic's psychological effects on kids with special needs and their families could be addressed (Asbury et al., 2020).

Others looked at what kind of assistance families with special needs children needed for their children's schooling and mental health. Given the concerns of many families, the current study will undoubtedly assist students with learning difficulties in dealing with the regular as well as additional obstacles of pandemic in the current scenario. With the shifting landscape of society and education, where a pandemic has shifted from offline to online mode, there is an increased need to comprehend the needs of these pupils. And the current study has made serious efforts to help kids with learning challenges enhance their self-concept and self-esteem during the pandemic.



## **CHAPTER 3: METHODOLOGY**

Before commencing with the research, it is important to form a framework of the research. This predetermined framework ensures that the researcher is on the right track and the research is well planned and is scientific in nature. Research methods are the various procedures, tools, schemes and algorithms used in the research. It includes a set of procedures for collecting and analyzing the data. Research methodology is the systematic application of the research methods.

In this chapter, description of the sample and design along with variables and details of the tools used in the study have been presented. A brief description of the procedure used for the data collection has also been mentioned.

### **3.1 Problem Statement:**

To assess the effectiveness of psychosocial and educational interventions in enhancing self- concept and self – esteem of students with learning disabilities.

### **3.2 Objectives of the Study:**

The present research has been carried out to investigate the effectiveness of psychosocial and educational interventions in enhancing the self-concept and self-esteem of the students with learning disabilities. The study aimed to raise the positive self-concept and self-esteem of the students with learning disabilities by understanding their needs and providing them opportunities to become better individuals. To address the above-mentioned aim, some specific objectives were set forth so that empirically verifiable hypotheses may be formulated. Following are the research objectives:

1. To study the differences in self-concept and self-esteem among adolescents with Specific Learning Disability in different age groups (between 13 to 15 years & 16 to 19 years).
2. To study the differences in the self-concept and self-esteem among the boys and girls with Specific Learning Disability.

3. To examine gender and age differences in the various dimensions of self-concept in adolescents with Specific Learning Disability.
4. To enhance the self-concept and self-esteem of adolescents with Specific Learning Disability with the help of intervention.

### **3.3 Hypotheses of the Study:**

1. There would be significant differences between the two age groups of adolescents with learning disabilities in terms of self-concept and self-esteem.
2. There would be significant differences between the self-concept and self-esteem among the boys and girls in adolescence with Specific Learning Disability.
3. There would be significant age and gender differences between dimensions of the self-concept and self-esteem of the students with Specific Learning Disability.
4. There would be significant improvement in the self-concept and self-esteem of adolescents with Specific Learning Disability after training and intervention.

### **3.4 Variables:**

A research attempts to establish causal relationships between two variables. Any stimulus or event which varies, that is, it takes on different values and can be measured is a variable.

#### **3.4.1 Types of Variables**

Dependent variables are the variables on which the effect of independent variables is seen. It is being measured or tested in the research.

Independent variables are those variables which are being manipulated to see its effect on dependent variables.

Control variables are those variables which can be kept constant to prevent it from influencing the outcome of the study.



**For the present study, following variables were selected:**

**Dependent Variables**

1. Self-Concept (emotional self-concept, social self-concept and academic self-concept)
2. Self - Esteem

**Independent Variables**

1. Intervention strategies
2. Age of the students
3. Gender

**Control Variables:**

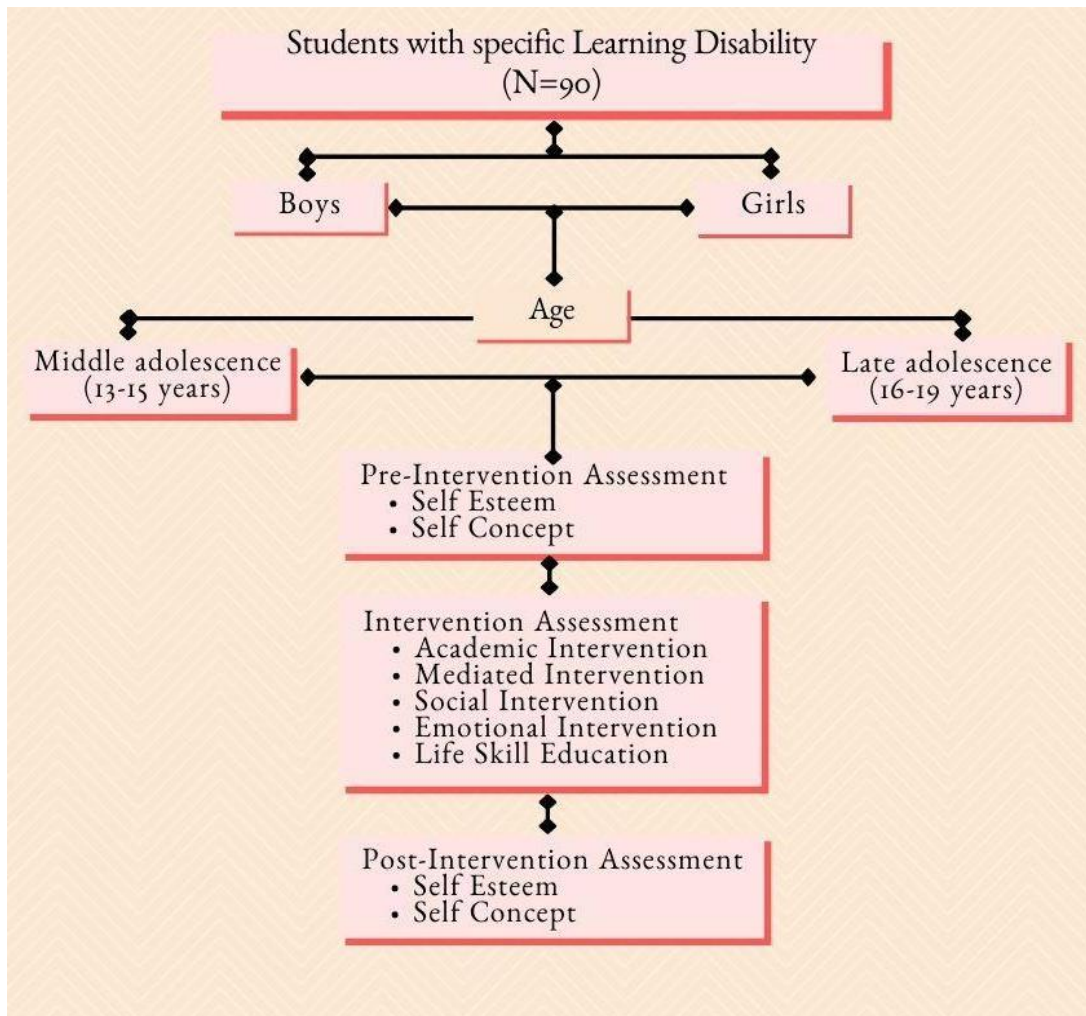
- The participants in the study were from the age group of 13 to 19 year only.
- The sample size was limited to 90 participants.
- The study was restricted to private schools of Delhi.
- Researcher was trained before the actual study was conducted.
- Rapport formation was done with every participant to make them feel comfortable and motivate them to give honest responses during the study.
- Confidentiality was ensured to all the participants for keeping their identity safe and not disclosing the results in general.

**Operational Definitions**

**Self-Concept:** It refers to way someone perceives about himself or herself and the ideas hold about his/her competencies and attributes. Self- concept of the person can be positive and negative depending upon his or her experiences with in the environment.

**Self- Esteem:** It is the important aspect of the self. Persons make some judgment about their own value or worth. This value judgment of a person about himself or herself is called self -esteem.

### 3.5 Research Design



### 3.6 Participants

#### 3.6.1 Selection of Locale:

The data collection for present study was carried out in private schools of North Delhi. This location was purposely selected as a locale as it was convenient to the researcher and need of the study.

### **3.6.2 Sample**

The sample of the present study was taken from one of the renowned public schools of North Delhi. This school has an inclusive education system and also has all the facilities for the students with special needs as per the norms of persons with disability act and CBSE. All the students with learning disabilities were formally diagnosed by the RCI certified clinical psychologist of different government and private hospitals of Delhi.

A total of 100 students having learning disabilities studying in 7<sup>th</sup> to 12<sup>th</sup> classes were approached for the study. A formal consent from all the participants and their parents was taken to be a part of the study. They all have provided the demographic information, on the basis of their grades or classes and age they were divided into two group middle adolescents and late adolescents.

From amongst a total of 100 students with learning disabilities, 90 students gave consent for active participation. Out of 90 students two groups of adolescents were formed. There were 42 students (between 13 to 15 years) in the middle adolescent group and 48 students (between 16 to 19 years) in the late adolescents group. All these students were clinically diagnosed. Most of these students have mixed types of learning disabilities including dyslexia, dysgraphia and dyscalculia. In total participants, 24 were girls and 66 were boys from different socio-economic backgrounds.

### **3.6.3 Inclusion Criteria:**

1. All the participants under the study were clinically diagnosed with learning disabilities.
2. Participants who gave consent for the active participation in the study were included.
3. The participants' age group was between 13 to 19 yrs.
4. Both male and female participants were included in the study.
5. Geographical boundary was limited to North Delhi.
6. All the participants resided with their parents.

#### **3.6.4 Exclusion Criteria:**

1. Adolescents who did not give consent were not included in the study.
2. Adolescents who were not clinically diagnosed were not included in the study.
3. Adolescents who were not falling under the range of 13 to 19 years were not taken for the study.

### **3.7 Tools of data Collection:**

In the present study to collect background information, a general information schedule has been used for the adolescents and their parents. To study the variables of the research two psychological tests such as Self-concept Questionnaire by Dr. R.K. Saraswat and Self-Esteem scale by Coppersmith were used. Description of the General Information schedule and the two standardized tools is as follows:

#### **3.7.1 General Information Schedule:**

This schedule was developed to elicit the detail information of the participants such as their name, date of birth, age at the time of testing, sex, class phone number, address, type of disability, name of the school, etc. It also includes parents' names and occupation along with their consents to allow their wards to participate in the study. This information schedule was required to be filled by the students before the pre intervention phase of the study.

#### **3.7.2 Self Concept Questionnaire (SCQ):**

Dr. R.K. Saraswat developed the self-concept questionnaire (SCQ) (1984). In the process of making the self- concept questionnaire standardized, survey was administered to 1000 students (male and female) from 20 Delhi secondary schools. There are 48 things in the inventory. It has six distinct self-concept dimensions: physical, social, temperamental, educational, moral, and intellectual. It also provides a total score for self-concept. The instrument is a great screening tool that can be utilized with a full school and can be administered individually or in groups. There was no time constraint, however 30 minutes was often found to be sufficient for collecting responses to all of the items. There were five options for each item, ranging from the most acceptable to the least acceptable self-concept description. The

respondent had to choose one of the options available to him or her according to the belief system.

**Reliability and Validity:** The test's reliability was determined using the test-retest method, with a score of .91 for the total self-concept measure. Its various dimensions have reliability coefficients ranging from .67 to .88. The test's reliability was calculated after it was modified, and it was found to be .83. To determine the veracity of the inventory, experts were consulted. A total of 100 items or questions were presented to 25 psychologists who were tasked with categorizing the items into the appropriate categories. The items with the highest agreement (item 81) and at least 80% agreement were chosen. As a result, the content and construct validity of the study were determined.

**Scoring:** The questionnaire's options were constructed in such a way that the scoring system for all of the questions remained the same, namely 5,4,3,2,1 whether the items were positive or negative. An individual's total self-concept score is calculated by adding all of the components' scores together. A high score on the questionnaire suggests a positive self-perception, whilst a low score indicates a negative self-perception.

### **3.7.3 Self Esteem Scale by Coppersmith (SEI) :**

The Coppersmith Self-Esteem Inventory (SEI) for children is a fifty-item questionnaire designed to assess how children from the ages of eight to seventeen evaluate themselves and how they do so on a regular basis. The results of these subscales are added together to get a total self-esteem score. To examine defensiveness, the scale is supported by an eight-item lying scale.

Coppersmith created the scale with the help of numerous "self-esteem experts," and five psychologists agreed on all of the elements in the final scale, ensuring the scale's face validity. Coppersmith, like many other self-esteem researchers, considers that a person's overall self-esteem score is the total of scores in the five categories listed above. Because no item studies or internal factor analyses have been undertaken, it is unknown whether or not this assumption is correct. Wylie (1974) reports low to

moderate convergence between the Coppersmith SEI and other measures of self-esteem, ranging from .17 to .40, as well as similarly moderate correlations with measures with which self-esteem is theoretically expected to be associated (e.g., the Iowa Achievement Tests,  $r = .36$ ; and a sociometric measure of self-esteem,  $r = .40$ ). Test-retest reliability is high .88 over a five-week interval for fifth graders (Coppersmith 1967)

### **3.8 Procedure of Data Collection**

An ABA design has been used in the present study; it is also called a reversal design. During the first phase, A, a baseline is established for the dependent variable. The study has three phases i.e., Pre-Intervention phase, Intervention Phase and Post Intervention Phase. In the Pre-intervention Phase, informed consent was obtained from the participants by using the forms along with the information describing the nature of the study from the selected children of specific learning disability for the study. Consent forms were also explained to the parents about the content because many parents were Hindi speaking. However, all students were fluent in English; thus, the tests were administered only in this language. After the collection of the consent forms the first test i.e., Self-Concept questionnaire by R.K. Saraswat (1984) was given to the subject with prior orientation about the instructions and after the break of 10 minutes another test i.e., self-esteem scale by Coppersmith was given to the children. These tests were administered in groups according to their classes. Clear instructions were given and proper precautions were taken at the time of test administration. Demographic variables such as age, gender, and ethnicity were also obtained as well. Finally, responses of 90 students were taken with careful invigilation so that all questions were attempted properly. After collecting the relevant data, researchers extended thanks to all the respondents and their parents also for their cooperation and being a part of the study.

In the middle phase i.e., intervention, different intervention strategies for improving the academic as well as social and emotional self-concept of the students with Specific Learning Disability were introduced and practiced for 6 months. Parents' counseling was also done for which small focused groups were formed where interactive sessions were conducted to educate and guide them about their children's

issues and concerns with special focus on learning disabilities along with enhancement of social and emotional skills.

Considering the failures experienced by the children with learning disabilities, they become more prone to have low self-concept as they place importance and direct their attention towards their weaknesses instead of their abilities (Brooks, 2002). Although different dimensions of self-concept like educational, physical, moral, temperamental, intellectual and social and self-esteem were studied in the research. Major focus was made on the educational, social and temperamental domains and activities were to be included accordingly. Six months were devoted for the successful implementation of the intervention plan. The following areas of intervention were covered with the help of different strategies:

**1) Academic intervention:** Following academic support was given to the students

- Special Education
- Teachers' Support
- Buddy System
- Career Counseling
- Effective study skills
- Cognitive/metacognitive and behavioural strategies

**2) Social Skills Intervention Strategies:** Following topics were covered with the help of different activities such as role plays, discussions, etc.

- Assertiveness
- Team building
- Cooperative learning
- Problem solving
- How to start a conversation
- Self-Introduction
- Asking for help
- Learning to listen
- Apologizing
- Negotiating

3) **Emotional Intervention strategies:** Following activities were practiced with the help of interactive sessions:

- Identify the emotions
- Reason the consequences
- Appropriate sharing of emotions
- How to change mood
- Maintain Journal
- Think before speak
- Time out
- Relaxation Exercises

After the end of the middle phase, a post intervention phase was started under which verbal feedback was taken by the participants about the changes they have observed with in themselves during the course of intervention with the help of online interactive sessions. After that, both the psychological test i.e., Self-concept questionnaire and Self-esteem inventory were administered again to evaluate the effect of intervention on the self-concept and self-esteem of the students with learning disabilities. All the participants were thanked for their active participation during the research and were encouraged to make regular follow ups to share their achievements and concerns time to time. Comparative analysis was made between the pre-intervention and post intervention values to understand the significant and non-significant changes among the students with learning disabilities after intervention.

### **3.9 Statistical Analysis**

The data has been tabulated and analyzed using the Statistical Package of Social Sciences (SPSS 21). Simple statistical techniques like mean and standard deviation are used for the descriptive analysis. Independent t-tests and paired t-tests have been employed to compare the difference in means of outcome variables before and after intervention. ANOVA has been calculated to understand the level of interaction between the variables studied under the study. Moderation analysis has been useful to find out the variations in different dimensions of self-concept between different age groups and gender.

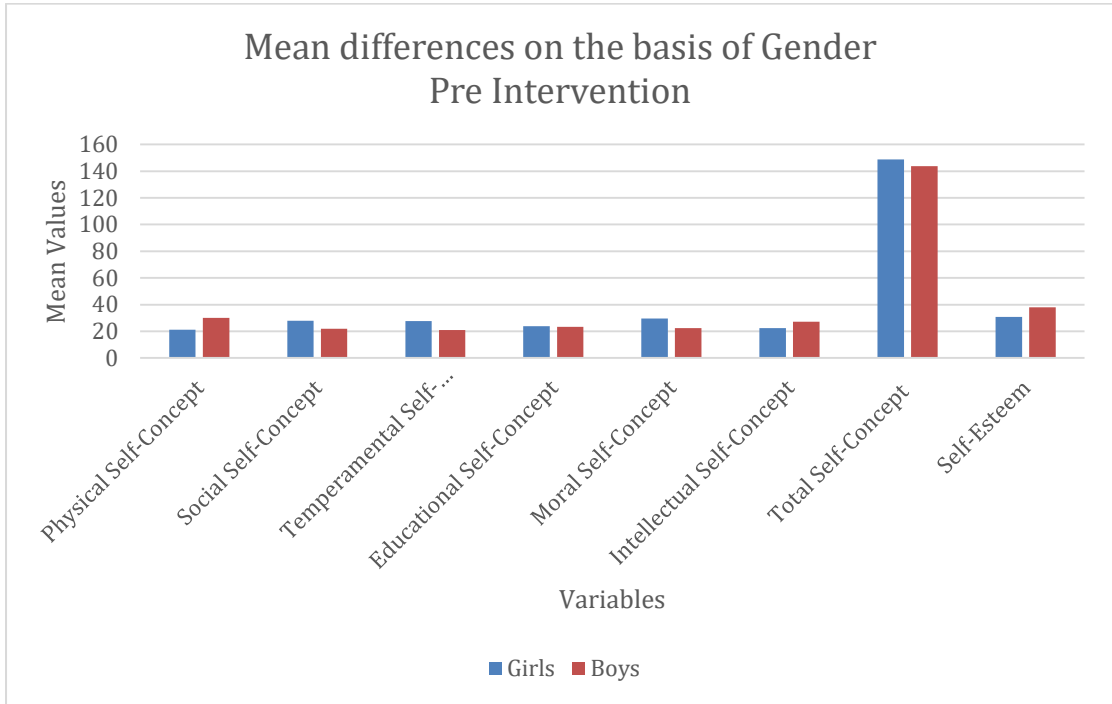


## CHAPTER 4: RESULTS

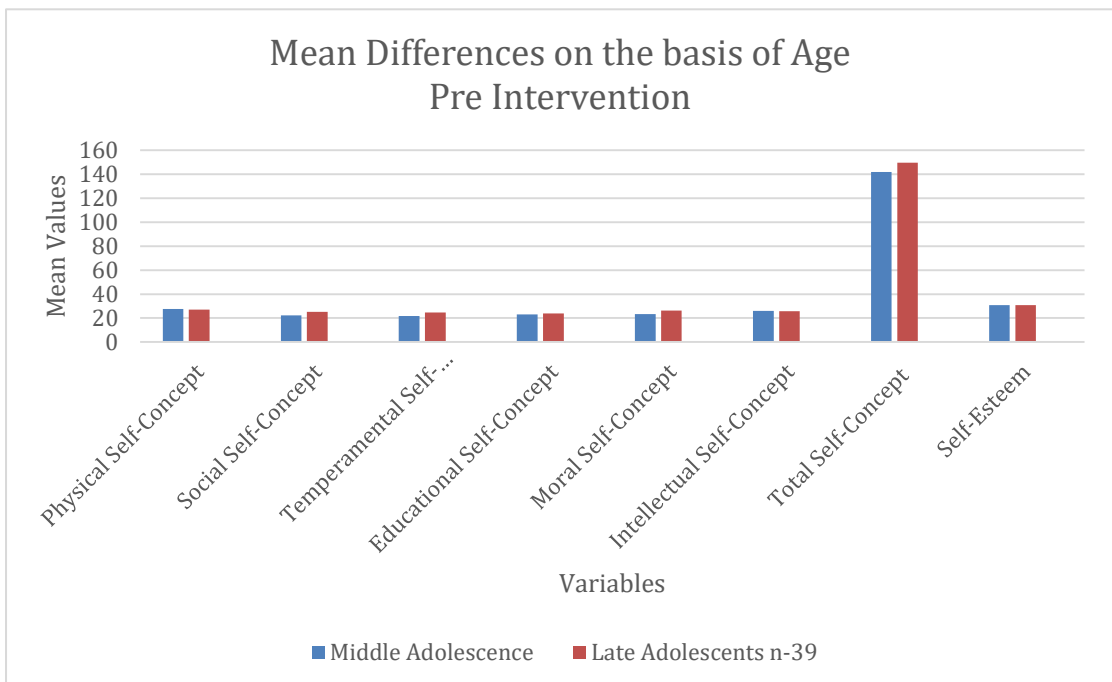
In this chapter, results of the study are presented. In the first section, the results of the descriptive statistics included pre and post intervention means and standard deviation of self-concept and self-esteem of learning disability students on the basis of age and gender are presented. In the second part, t test was performed (pre and post intervention) to examine the difference between the self-concept and self-esteem of the students with learning disability on the basis of gender and age. The impact of intervention on the self-concept and self-esteem of the students with learning disability was examined with the help of paired t tests. ANOVA was used to see the pre and post-interaction effect between age and gender on the self-concept and self-esteem on the sample. The statistical analysis was performed with the help of SPSS 21.

**Table 1: The Pre-Intervention Means and Standard Deviations Scores of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem**

VARIABLES	Girls n-26		Boys n-64		Middle Adolescents n-51		Late Adolescents n-39	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Physical Self-Concept	21.15	5.34	29.96	2.85	27.7	4.54	27.05	6.52
Social Self-Concept	27.79	3.47	21.81	4.64	22.27	4.87	25.12	4.95
Temperamental Self-Concept	27.61	4.04	21.01	4.11	21.6	4.63	24.64	5.13
Educational Self-Concept	23.76	4.05	23.26	4.36	23.07	4.36	23.84	4.13
Moral Self-Concept	29.61	3.18	22.45	4.49	23.21	5.14	26.23	4.99
Intellectual Self-Concept	22.42	3.51	27.26	3.68	26	4.31	25.71	4.18
Total Self-Concept	148.69	12.73	143.84	15.46	141.9	12.58	149.61	16.48
Self-Esteem	30.81	4.21	37.9	4.83	30.93	5.76	30.84	5.85



**Figure 4.1 :** Graphical Representation of the Pre-Intervention Mean Differences of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem on the basis of Gender



**Figure 4.2:** Graphical Representation of the Pre-Intervention Mean Differences of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem on the basis of Age

**Table 2: Pre-Intervention t-test of Self Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self -Esteem of the Students with Learning Disability on the Basis of Gender**

<b>Variables</b>	<b>F</b>	<b>Sig.</b>	<b>t</b>	<b>df</b>	<b>P Value</b>	<b>Mean Difference</b>	<b>Effect Size (d)</b>
<b>Physical Self-Concept</b>	9.70	0.002	-10.14	88	0	-8.81	0.53
<b>Social Self-Concept</b>	0.598	0.441	5.82	88	0	5.87	0.27
<b>Temperamental Self- Concept</b>	0.745	0.39	6.93	88	0	6.59	0.35
<b>Educational Self-Concept</b>	0.163	0.687	0.5	88	0.614	0.5	-
<b>Moral Self-Concept</b>	5.572	0.02	7.39	88	0	7.16	0.38
<b>Intellectual Self-Concept</b>	0.019	0.891	-5.74	88	0	-4.85	0.27
<b>Total Self-Concept</b>	0.586	0.446	1.41	88	0.161	4.84	-
<b>Self-Esteem</b>	0.145	0.705	-7.09	88	0	-7.69	0.36

\* $p < 0.05$  level of significance

The data of the above table, showed the significant differences in the values of self-concept and self-esteem of the students with learning disability on the basis of gender before intervention. In physical self-concept, the result showed that there was a significant difference in physical self-concept of boys and girls as F value (9.70) was found significant at 0.05 level of significance. Mean values obtained in pre physical self-concept among boys was 29.96 and standard deviation was 2.85, whereas girls mean value was 21.15 and standard deviation was 5.34 (table 1), that indicated boys have better self- reflection about their health and appearance than girls. In social self-concept there was a significant difference found between boys and girls, the F value (.44) was significant at 0.05 level of significance. As shown in table 1, the mean value of boys was 21.81 with the standard deviation of 4.64 and girls mean value was 27.79 with the standard deviation of 2.19. It indicated that girls have a better self-concept as they are more interactive and understanding about people and relationships than boys. In the Temperamental self-concept there was a significant difference found between boys and girls, the F value (.74) was significant at 0.05 level of significance. As

shown in table 1, boys have shown the mean value of 21.01 with standard deviation 4.11 and girls have mean 27.61 with standard deviation 4.04. It indicated clearly that girls with learning disabilities have better self-control and understanding of emotions than boys with learning disabilities. Another dimension of self-concept that is educational, have not found any significant difference between boys and girls with learning disability as F value (.163) was not significant at 0.05 level of significance. As shown in table 1, boys have a mean value of 23.26 with standard deviation 4.36 and girls have 23.76 mean with standard deviation of 4.05. That showed both the genders with learning disabilities have almost the same reflection towards studies and their capability to compete with it. Moral self-concept of the students with learning disability has shown significant difference in boys and girls with learning disabilities, the F value (5.57), was significant at the 0.05 level of significance. The students with learning disabilities have shown the mean values of 22.45 with standard deviation 4.49 in boys and 29.61 with standard deviation 3.18 in girls (Table 1). Results indicated prevalence of stronger values and ethics among girls than boys before intervention. In the intellectual self-concept of boys and girls with learning disabilities, a significant difference was found with F value (.019) being significant at 0.05 level of significance. As shown in table 1, means of intellectual self-concept has shown better values among boys i.e., 27.26 with standard deviation 3.68 than girls with the mean value of 22.42 with standard deviation 3.51. It has depicted more self confidence in boys with learning disability when it comes to think purposefully and deal effectively with situations than girls with learning disability. In the overall self-concept of the students with learning disabilities no significant difference has been found on the basis of gender, the F value (.58) was not significant at 0.05 level of significance. As shown in table 1, boys have shown the mean value of 143.84 with standard deviation 15.46 and girls have shown the mean value 148.69 with standard deviation 12.73, which indicated that environment and society has not created much difference on the overall self-concept of these students on the basis of gender. The results of self-esteem among boys and girls have also manifested the significant difference between boys and girls with learning disabilities, the F value (.14) was found significant at 0.05 level of significance. Students with learning disabilities have depicted the mean values of 37.90 with standard deviation 4.83 in boys and mean value of 30.81 with standard deviation 4.21 in girls. It indicated that gender

differences have been found when it comes to valuing oneself in terms of abilities and limitations and also led to disparity in terms of self-respect or self-worth of the students with learning disabilities. The effect size has also been calculated to understand the strength of the differences found in the study. Results indicated that physical, social, temperamental, intellectual and moral dimensions of self-concept along with self-esteem have shown large effect sizes that represent huge differences in the self-perceptions of the students with learning disabilities on the basis of gender. In figure 4.1 difference in pre intervention mean values on the basis of gender were shown with the help of bar diagram. In figure 4.2 difference in pre intervention mean values on the basis of age were shown with the help of bar diagram.

**Table 3: Pre-Intervention t-test of Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem of the Students with Learning Disability on the basis of Age (Middle adolescent & Late adolescent)**

<b>Variables</b>	<b>F</b>	<b>Sig.</b>	<b>t</b>	<b>df</b>	<b>P Value</b>	<b>Mean Difference</b>	<b>Effect Size (d)</b>
<b>Physical Self-Concept</b>	8.933	0.004	0.56	88	0.577	0.654	-
<b>Social Self-Concept</b>	0.267	0.607	-2.73	88	0.008	-2.85	0.07
<b>Temperamental Self-Concept</b>	1.99	0.162	-2.93	88	0.004	-3.03	0.08
<b>Educational Self-Concept</b>	0.001	0.981	-0.84	88	0.4	-0.76	-
<b>Moral Self-Concept</b>	0.36	0.55	-2.78	88	0.006	-3.01	0.06
<b>Intellectual Self-Concept</b>	0.009	0.923	0.31	88	0.756	0.28	-
<b>Total Self-Concept</b>	3.951	0.05	-2.51	88	0.014	-7.71	0.06
<b>Self-Esteem</b>	0.398	0.53	1.17	88	0.244	1.44	-

\*p<0.05 level of significance

Table 3 further reveals the values of t-test of middle adolescent and late adolescent with learning disabilities on self-concept and self-esteem before intervention. As

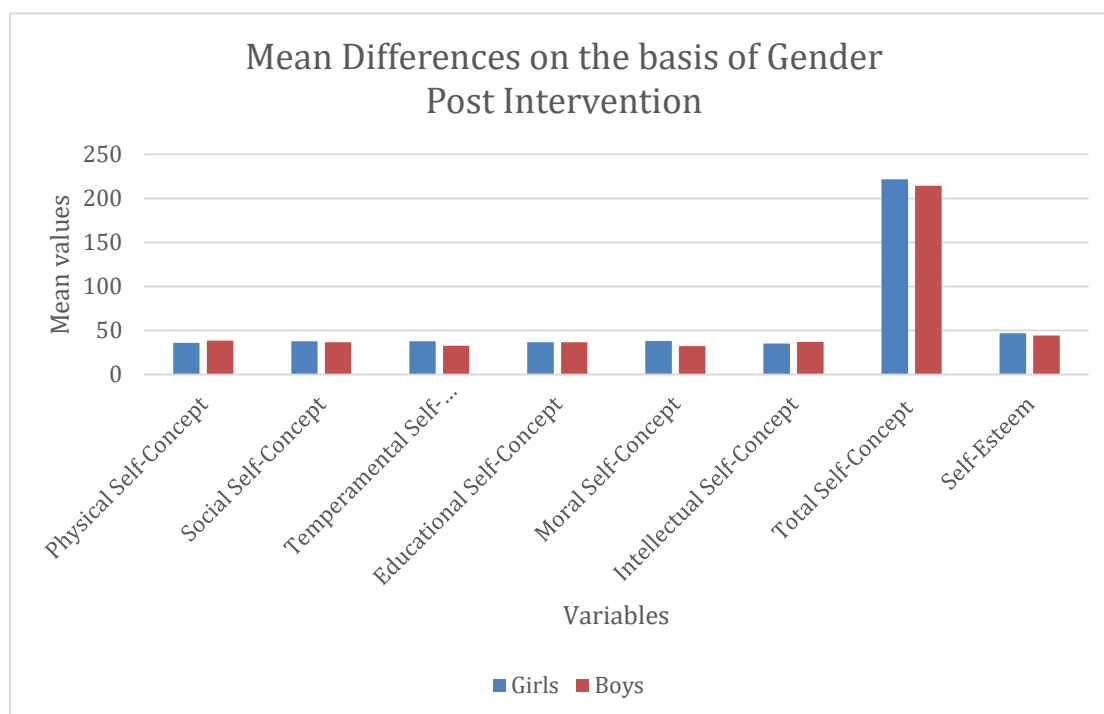
self-concept comprises various dimensions, each dimension is individually calculated to find out the difference between the two age groups. In physical self-concept, both the age groups have not shown any significant difference, the F value (8.93) was not significant at 0.05 level of significance. As shown in table 1, the middle adolescent students with learning disabilities have the mean value of 27.70 with standard deviation 4.54 and the late adolescent students with learning disabilities have shown the mean value of 27.05 with standard deviation 6.52. It meant that both the age groups have the same way of thinking when it comes to health and physical appearance. In social self-concept significant differences have been found in middle adolescents and late adolescents, the F value (0.26) was significant at 0.05 level of significance. As shown in table 1, the middle adolescent students have shown the mean value of 22.27 with standard deviation of 4.87 and the late adolescent students have the mean value of 25.12 with standard deviation of 4.95. It depicted that the late adolescent group of students with learning disabilities have better understanding towards others than the middle adolescent group with learning disabilities before intervention. Temperamental self-concept has shown significant difference in both the age groups of learning disabilities students, the F value (1.99) was significant at 0.05 level of significance. As shown in table 1, the middle adolescent group has the mean value of 21.60 with standard deviation 4.63 and the late adolescent group has mean 24.64 with standard deviation 5.13. This difference has shown that the late adolescent group has a better understanding of emotions and could manage them well than the other group. In educational self-concept there was no significant difference found in the middle adolescent age group and late adolescent age group of students with learning disabilities, the F value (0.00) for this dimension was not significant at 0.05 level of significance. The mean value was 23.07 with standard deviation 4.36 for middle group and 23.84 with standard deviation 4.13 for late adolescent groups (table 1). It showed that reflection of self towards the concept understanding and educational competence is same in both the age groups of students with learning disabilities. Moral self-concept of the students with learning disability has shown significant difference in both age groups, the F value (0.36) was significant at 0.05 level of significance. As shown in table 1, the middle adolescent group has the mean values of 23.21 with standard deviation 5.14 and the late adolescent group has the mean value 26.23 with standard

deviation 4.99. It showed stronger values and ethics among late adolescents than middle ones before intervention. In intellectual self-concept students with learning disabilities have not shown significant differences in both the age groups. The middle adolescent group has the mean values of 26.00 with standard deviation 4.31 and the late adolescent group has the mean value 25.71 with standard deviation 4.18 (table 1). It showed almost the same confidence and belief in both the age groups when it comes to think purposefully and deal effectively with situations. Overall self-concept of the students with learning disabilities includes all the dimensions of self-concept together, significant difference has been found on the basis of age, the F value (3.95) was significant at 0.05 level of significance. The middle group has shown the mean value of 141.90 with standard deviation 12.58 which is stronger than the late adolescent group i.e. 149.61 with standard deviation 16.48 (table 1). It indicated that the late adolescent group has shown better understanding of the relationships, communication, moral & ethical issues and management of their emotions as compared to the middle adolescent group with learning disability. Thus, overall or total self-concept of the late adolescent group has also been seen better in the study. Therefore, the research hypothesis is accepted, when it comes to the comparison in middle adolescent and late adolescent groups of students with learning disabilities significant differences were found on the basis of age.

Self-esteem among the two age groups of students with learning disabilities has not manifested the significant difference, the F value (.39) was not significant at 0.05 level of significance. As shown in table 1, self-esteem scores among the two age groups with learning disability have depicted the mean values of 30.93 with standard deviation 5.76 in the middle adolescent group and 30.84 with standard deviation 5.85 in girls. That showed no age difference was found when it comes to valuing oneself in terms of abilities and limitations and also disparity in terms of self-respect or self-worth of the students with learning disability. Further, the findings on effect size showed that the different dimensions such as social, temperamental, moral and total self-concept have shown moderate levels of effect size. This stated that during pre-intervention, the late adolescent group and middle adolescent group have shown moderate levels of differences in self-concept and self-esteem.

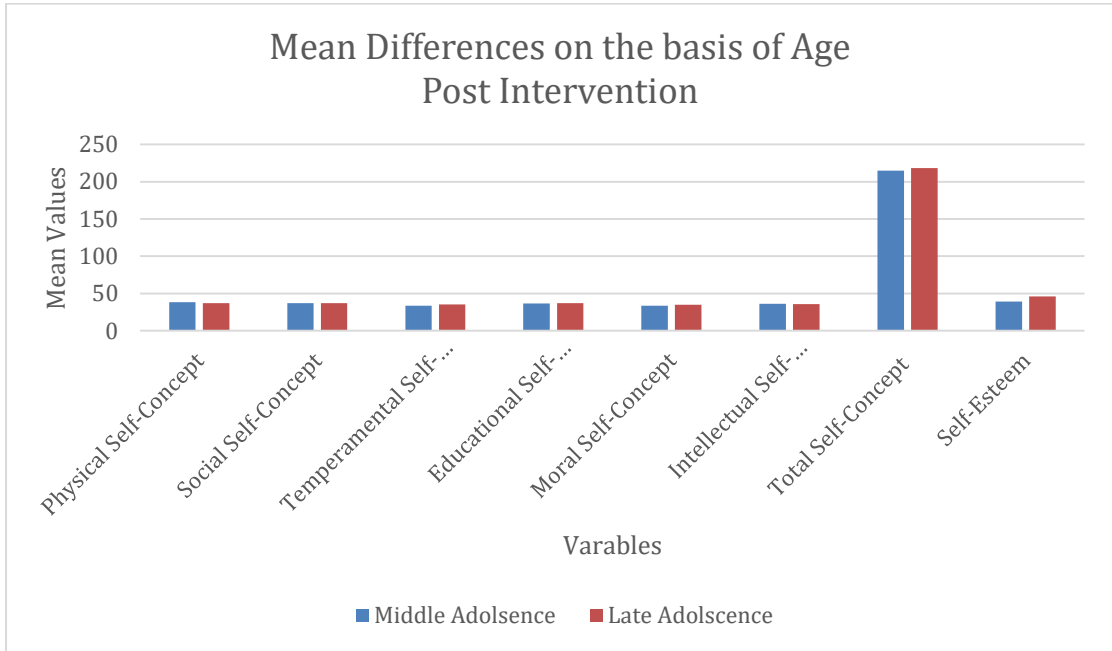
**Table 4: The Post-Intervention Means and Standard Deviation Scores of the Self Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self Esteem**

VARIABLES	Girls n-26		Boys n-64		Middle Adolescents n-51		Late Adolescents n-39	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Physical Self-Concept	35.73	3.15	38.6	1.69	38.21	1.89	37.2	3.17
Social Self-Concept	37.61	2.19	36.75	2.41	37.05	2.5	36.92	2.21
Temperamental Self-Concept	37.69	2.36	32.64	3.98	33.35	4.24	35.07	4.11
Educational Self-Concept	36.69	2.78	36.76	2.62	36.7	2.58	36.79	2.77
Moral Self-Concept	38.07	2.69	32.38	4.48	33.38	4.69	34.89	4.84
Intellectual Self-Concept	35.15	2.94	37.03	2.21	36.15	2.66	35.92	2.43
Total Self-Concept	221.73	7.56	214.4	10.53	215.03	10.15	218.46	10.25
Self-Esteem	46.84	3.68	44.30	2.66	38.96	3.20	46.2	2.85



**Figure 4.3 :** Graphical Representation of the Post-Intervention Mean Differences of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem on the basis of Age





**Figure 4.4:** Graphical Representation of the Post-Intervention Mean Differences of the Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem on the basis of Age

**Table 5: Post-Intervention T-test of Self-Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem of the Students with Learning Disability on the basis of Gender**

Variables	F	Sig.	t	Df	P Value	Mean Difference	Effect Size (d)
Physical Self-Concept	18.05	.000	-5.59	88	.000	-2.87	0.26
Social Self-Concept	.034	.854	1.58	88	.118	.865	-
Temperamental Self-Concept	7.15	.009	6.04	88	.000	5.05	0.29
Educational Self-Concept	.443	.508	-.118	88	.906	-.073	-
Moral Self-Concept	8.91	.004	6.03	87	.000	5.69	0.29
Intellectual Self-Concept	3.51	.064	-3.29	88	.001	-1.87	0.10
Total Self-Concept	4.65	.034	3.22	88	.002	7.32	0.10
Self-Esteem	7.09	.009	-3.84	88	.000	-2.65	0.14

\*p<0.05 level of significance

Table 5 showed the significant differences in the self-concept and self-esteem of the students with learning disability on the basis of gender after intervention. Physical self-concept of the boys and girls has shown significant difference after intervention, the F value (18.01) was significant at 0.05 level of significance. Students with learning disabilities have shown a rise in physical self-concept after intervention with significant gender differences. Boys have obtained the mean value of 38.60 and standard deviation 1.69 whereas girls have mean value of 35.73 and standard deviation 3.15 (table 4). It has been shown that boy's physical self-concept was better than girls in the study. In the social self-concept dimension, boys and girls have not shown any significant difference, the F value (0.18), was not significant at 0.05 level of significance. As shown in table 4, mean value of social self-concept in boys was 36.75 with standard deviation of 2.41 whereas in girls 37.61 and 2.19 which showed both were having similar social self-concept. It has clearly stated that no difference was found on gender basis, when it came to social understanding and relationships of the students with learning disability. In temperamental self-concept significant difference was seen in both the genders, the F value (7.15) was significant at 0.05 level of significance. Post intervention mean value of this dimension was 32.64 with standard deviation 3.98 in boys and 37.69 with standard deviation 2.36 in girls with learning disabilities (table 4). It reflected that the girls have better understanding and control over their mood and temperament than the boys. In educational self-concept no significant difference was seen on the basis of gender in students with learning disabilities, F value (.44) was not significant at 0.05 level of significance. As shown in table 4, the mean value with standard deviation has increased in the same proportion after intervention i.e., 36.69 and 2.62 in boys and 36.76 and 2.78 in girls and showing similar educational self-concept. It has shown that boys and girls have almost similar self-perception towards academics. In moral self-concept, a significant difference was found in boys and girls with learning disability, the F value (8.91) was significant at 0.05 level of significance. The mean value for moral self-concept in boys was 32.38 with standard deviation 4.48 and in girls 38.70 with standard deviation 2.69 (table 4). It indicated that girls have depicted higher growth in moral self-concept and practiced more ethical and moral values than the boys. In the intellectual self-concept of boys and girls with learning disabilities after intervention, a significant difference was found the F value (3.51) was significant at 0.05 level of significance. As shown in

table 4, the mean value of boys was 37.03 with standard deviation 2.21 and for girls it was 35.15 with standard deviation 2.94. It depicted more self confidence in boys when it comes to think purposefully and deal effectively with situations than girls. In the overall self-concept of the students with learning disabilities after intervention significant difference has been seen on the basis of gender, the F value (4.65) was significant at 0.05 level of significance. The mean value of 214.40 with standard deviation 10.53 was found in boys and 221.40 with standard deviation 7.56 in girls (table 4). It could be stated that the girls have depicted better self-perception and confidence towards their potential. Self-esteem among boys and girls with learning disability has manifested positive results after intervention and significant difference has been seen on the basis of gender, the F value of (7.09), was quite significant at 0.05 level of significance. Boys have obtained the mean value of 44.30 with standard deviation 2.66 and girls have obtained the mean value of 46.84 with standard deviation 3.60 (table 4). It indicated that girls have shown stronger self-esteem in terms of self- respect and confidence in one's own worth. Further, the findings on effect size showed that the physical, social and moral dimensions of self-concept and self-esteem have shown large effect sizes that represent remarkable differences in the self- perceptions of the students with learning disabilities on the basis of gender. On the other hand, moderate effect sizes have been shown in intellectual self-concept and total self-concept. In figure 4.3 difference in post intervention mean values on the basis of gender were shown with the help of bar diagram. In figure 4.4 difference in post intervention mean values on the basis of age were shown with the help of bar diagram.

**Table 6: Post-Intervention t-test of Self Concept Dimensions (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem of the Students with Learning Disability on the basis of Age**

Variables	F	Sig.	t	Df	P Value	Mean Difference	Effect Size (d)
Physical Self-Concept	9.33	.003	1.88	88	.063	1.01	-
Social Self-Concept	.057	.812	.26	88	.790	.135	-
Temperamental Self-Concept	.050	.823	-1.93	88	.056	-1.72	-
Educational Self-Concept	1.32	.253	-.15	88	.876	-.08	-
Moral Self-Concept	.481	.490	-1.49	87	.140	-1.51	-
Intellectual Self-Concept	.141	.709	-1.40	88	.164	-.76	-
Total Self-Concept	.167	.684	-1.57	88	.118	-3.42	-
Self-Esteem	6.03	.964	-.89	88	.024	-7.24	0.08

\* $p < 0.05$  level of significance

Table 6 represents the post intervention values of t-test for self-concept and self-esteem of the students with learning disability on the basis of the middle adolescent and late adolescent groups. The results indicated that no significant differences were found in the self-concept and its dimension between the middle and late adolescent group. In the post intervention phase, the self-esteem of the students with learning disability showed significant difference in the middle adolescent group and late adolescent group, the F value (6.03) was significant at 0.05 level of significance. As shown in table 4, the middle adolescents group showed the mean value of 38.96 with standard deviation 3.20 and the late adolescent group showed the mean value of 46.20 with standard deviation 2.85. It showed that intervention has depicted more positive results on the late adolescent group of students with learning disability. The result on effect size depicted that the moderate effect size has been evaluated in self-esteem of the students with learning disabilities on the basis of different age groups.

**Table 7: Paired t-test for Comparing Pre and Post Intervention Effect on the Self-Concept (Physical, Social, Temperamental, Educational, Moral and Intellectual) and Self-Esteem of the Students with Learning Disability**

Variables	Mean	Std. Deviation	Std. Error mean	95% confidence interval of the difference		T	df	Sig (p)
				lower	upper			
<b>Pre &amp; Post Physical self-concept</b>	-10.35	4.48	0.473	-11.29	-9.41	-21.89	89	<.001
<b>Pre &amp; Post Social self-concept</b>	-13.48	5.17	0.545	-14.57	-12.4	-24.74	89	<.001
<b>Pre &amp; Post Temperamental self-concept</b>	-11.17	4.03	0.426	-12.02	-10.33	-26.26	89	<.001
<b>Pre &amp; Post Educational self-concept</b>	-13.33	3.97	0.419	-14.16	-12.5	-31.84	89	<.001
<b>Pre &amp; Post Moral</b>	-9.47	4.34	0.46	-10.38	-8.55	-20.57	88	<.001
<b>Pre &amp; Post Intellectual self-concept</b>	-10.61	4.37	0.461	-11.52	-9.69	-23.01	89	<.001
<b>Pre &amp; Post total Self -concept</b>	-71.27	13.9	1.466	-74.19	-68.36	-48.62	89	<.001
<b>Pre &amp; Post Self-esteem</b>	-16.11	5.13	0.542	-17.18	-15.03	-29.75	89	<.001

Table 7 showed the results of paired t-tests for all the dimensions (physical, social, temperamental, educational, moral and intellectual) of self-concept and the self-esteem of students with learning disability at 0.05 level of significance. Thus, it can be said that there has been statistically significant difference between the mean values of the pre and post-tests for each dimension of self-concept and self-esteem of the students. Hence, it is strongly evident that the intervention has been able to enhance the self-concept and self-esteem of the students with learning disabilities.

**Table 8: Two-way ANOVA of the Self-Concept and Self-Esteem to see the interaction effect between Age and Gender**

Dependent Variable	Sum of Squares	df	Mean Square	F	Sig. (p)
<b>Pre Intervention</b>					
Physical Self-Concept	8.63	1	8.63	0.627	0.431
Social Self-Concept	22	1	22	1.19	0.278
Temperamental Self-Concept	1.05	1	1.05	0.064	0.802
Educational Self-Concept	0.169	1	0.169	0.009	0.924
Moral Self-Concept	34.85	1	34.85	2.06	0.155
Intellectual Self-Concept	0.674	1	0.674	0.05	0.824
Self-Esteem	2.81	1	2.81	0.125	0.724
<b>Post Intervention</b>					
Physical Self-Concept	18.44	1	18.44	3.87	0.052
Social Self-Concept	2.91	1	2.91	0.517	0.474
Temperamental Self-Concept	1.13	1	1.13	0.085	0.771
Educational Self-Concept	5.29	1	5.29	0.724	0.397
Moral Self-Concept	1.23	1	1.23	0.073	0.787
Intellectual Self-Concept	17.36	1	17.36	3.12	0.081
Total Self-Concept	6.63	1	6.63	0.068	0.795
Self-Esteem	34.71	1	34.71	6.61	0.012

**\*p<0.05 level of significance**

The above table showed interaction of gender and age on the self-concept and self-esteem variables. Gender and age interaction is significantly evident only in the post intervention self-esteem of the students with learning disability, having F value (6.61) significant at 0.05 level of significance. However, in the other variables no interaction effect has been found significant. It indicated that both gender and age play a significant role in enhancing the self-esteem of the students with learning disabilities.

## **CHAPTER 5: DISCUSSION**

The present study was aimed to enhance the self-concept and self-esteem of the learning-disabled students with the help of different intervention techniques. The results on different variables of the study have been systematically presented in the previous chapter. In the present chapter, discussions and interpretation have been done on the basis of obtained results on different variables. The discussion is divided into four sections. In the first section, different dimensions of self-concept and self-esteem of the students with learning disabilities are interpreted on the basis of gender for both pre and post intervention. In the second section different dimensions of self-concept and self-esteem are explained on the basis of different age groups both pre and post intervention. In the third section, interaction between age and gender are discussed in relation to self-esteem and self-concept of the students with learning disabilities. And in the last section, impact of intervention has been elucidated by comparing the pre and post intervention results.

### **5.1 Discussion on the results of self-concept and self-esteem on the basis of gender:**

The results of students with learning disabilities on the basis of gender pre and post intervention, boys and girls showed significant differences in all the dimensions (Physical, social, temperamental, moral and intellectual) of self-concept except educational self-concept. It has depicted that when it comes to self-perception about studies or educational concepts both the genders have shared the same level of performance. It may be interpreted that whether it is about understanding the classroom lectures or writing the assignments or facing examinations, all create the same level of challenges for both boys and girls students with learning disabilities. Same findings were supported in the study by Manjari (2017) and Ayesha Khan (2015), according to these studies there were no significant gender differences in educational self-concept. In physical self-concept the results showed that boys have better self-perception than their counterparts. It may be because boys seem to be more confident towards their physical appearance as compared to the girls. Girls feel timider and shy about their physical appearance and health. Smolak (2012) in his study on perception of negative body image reported that significant gender

differences as girl adolescents experience more body dissatisfaction than boy adolescents. Approximately 70% of girl adolescents and 45% of boy adolescents are dissatisfied with their weight and shape. Results on social self-concept depicted that girls have better social self-concept and have better interpersonal and communication skills whereas boys seem not very expressive in communicating their thoughts and ideas and often unable to understand the expectations of others around them. Ayesha Khan & Shah Alam (2015) in their study on adolescents found that there were significant gender differences that existed on social self-concept. An opposite finding was found Manjari (2017) in her study found that there is no significant difference between social self-concept among the male and female college students. In temperamental self-concept, results indicated that girls have more positive self-perception. It states that along with interpersonal skills, intrapersonal skills are also stronger in them. Boys are more impulsive and reactive in their regular interactions and girls have more self-control. Although the study conducted by Ayesha Khan & Shah Alam (2015) claimed that no significant gender differences existed on temperamental self-concept. Further, results on moral self-concept that is related to the understanding and practice of values and ethics in day-to-day life showed that girls have indicated a stronger moral self-concept than boys. Generally during adolescence, students have their own mental set towards right and wrong as they make their own justification towards the act they choose to do. Girls are more cautious about moral principles, for them society and family generally overpower their own preferences. Girls are found to be high in the following characteristics: caring, compassionate, helpful, hard-working, fair, generous, honest, and kind in comparison to boys. Silberman (1993) in his study, which included 190 early adolescent boys and girls stated that the moral development or self-concept among girls was significantly higher than their counterparts. Boys have shown better intellectual self-concept as they are able to reason and solve problems and their capacity to learn and create is good enough to deal with challenges of life. On the other hand, girls may be due to unequal opportunities and exposure may not take a stand about their decisions. Waghmare (2018) in his study also found similar results where boys showed significantly better intellectual self-concept than the girls. According to his study, boys showed more confidence in applying their knowledge in problem related situations and making prompt decisions.



Gender differences exist in our society at every stage of life from childhood to old age. A child forms his or her identity on the basis of gender roles provided to him according to cultures. Gender differences can be seen from a very early age in children's and adolescents' perceptions related to self and others, expression of emotions, selection of toys and behaviour (Seiffg & Nurmi, 2009). Adolescents face various developmental challenges because of the physical, social, emotional changes in their lives. It includes coping with sudden changes in their bodies, managing their sexual interests, forming new kinds of relationships, and planning their academic and occupational futures. Gender differences also influence the way adolescents deal with the different challenges and manage them. According to Perry & Pauleti (2011), girls have shown more responsible attitude and behaviour towards their own self, education, family. Gender differences can be ascribed to the roles and expectations of the society, which are learnt by adolescents through their family and culture. For example, Men are strong and they are not supposed to cry. On the other hand, women are soft and can easily cry in front of anyone. Crain (1996) got interested in studying the self-concept of students with learning disabilities on the basis of gender. Significant differences were reported in the self-concept of boys and girls with learning disabilities. His study established that females had better perception of self-concept in most of the dimensions than boys. Thus, the present study has been supported by the previous studies and accepts the hypothesis that states significant differences among boys and girls in terms of evaluation of self-concept. Although some of the studies have also shown no differences in the self-concept on the basis of gender. Khirade & Santosh (2012) made an attempt to evaluate the self-concept of boys and girls with the help of a self-concept questionnaire given by Dr. Raj Kumar Saraswat. Total 160 participants were selected for the study including 80 boys and 80 girls. Results showed that boys and girls were having the same level of self-concept as significant differences were not found between them. In the present study also, significant differences were not found in a few dimensions among boys and girls such as social and educational self-concept.

While interpreting the self-esteem, the results of the study showed that boys indicated that they have greater and positive subjective evaluation of their own worth as compared to their counterparts with learning disabilities. The findings of the study have been supported by the study conducted by Kling et al., (1999). He conducted a

meta-analysis for understanding the self-esteem of the students with learning disabilities on the basis of gender. It involved thousands of participants and concluded that boys had shown a better level of self-esteem than the girls. The results indicated that boys have more positive value judgment about themselves in comparison to the girls. The above findings suggest that gender may play a vital role in the development of self-concept and self-esteem in children with learning disabilities. This confirms the findings made by previous research (Reschly & Christenson, 2006; Stone, 2004; Nowicki, 2003; Frederickson & Jacobs, 2001).

## **5.2 Discussion on the results of self-concept and self-esteem on the basis of age**

Concepts like self-concept and self-esteem are dynamic in nature and keep on changing with different age groups. Analysis of the self-concept and self-esteem among students with learning disabilities on the basis of age has shown significant differences in middle and late adolescent groups. Already this stage has been marked with lots of challenges for the students and struggle due to learning disabilities creates all the more hurdles for them. As children grow, they try to find out different ways to deal with challenges in their life and also develop more positive self-concepts. During adolescence a variety of emotions are experienced by teenagers as they become moody. Sometimes they are not able to understand themselves because of the poor management of emotions. Young teens may see themselves as outgoing but also withdrawn, happy yet often moody, and both smart and completely clueless as compared to late teens (Harter, 2012). Before intervention, the late adolescent group has shown higher levels of physical, social, temperamental and moral self-concepts than the middle adolescent group. Findings regarding the change in self-concepts are mixed as some studies found no change in self-concept on the basis of age and some studies quote improvement in social and temperamental self-concept in different age groups (Zelege, 2004). Educational and intellectual self-concepts are almost at the same levels in this study and no significant difference has been found on the basis of age. According to the famous study made by Chapman (1988), age was not systematically associated with the self-concept difference among children with learning disabilities although he also stated that the educational self-concept has an inverse relationship with age as increased educational challenges because of higher

grades decrease the self-concept among students with learning disabilities. Carson (2006) also quoted in his articles that self-acceptance increases with the age as an adolescent reaches the beginning of adulthood, adolescents become more independent and confident about their abilities and beliefs. In the present study, age differences have decreased after intervention as both the age groups have not shown any significant differences on different levels of self-concept and self-esteem. This can be due to the positive impact of intervention on both the age groups in the study. Especially the middle adolescent group, when this group was supported academically, emotionally and socially there was significant improvement found in them.

### **5.3 Discussion on the basis of interaction between age and gender in relation to self-esteem and self-concept of the students with learning disabilities**

The results indicated that the interaction between age and gender had statistically significant effects on self-esteem of the students with learning disabilities. These findings suggested that when it comes to self-esteem of the students with learning disabilities the effects of age and gender on the development of self-esteem cannot be separated. On the other hand, interaction between age and gender had no significant effect on the overall as well as different dimensions of self-concept. It revealed that while studying the development of self-concept and its dimensions among students with learning disabilities, the effects of age and gender are independent and can be analyzed separately.

### **5.4 Discussion on the impact of intervention on self-concept and self-esteem of the students with learning disabilities**

Intervention strategies for supporting the special needs students are always helpful in raising their self-concept and self-esteem. Different types of interventions can be planned for different age groups. Although different dimensions of self-concept like educational, physical, moral, temperamental, intellectual and social and self-esteem are studied in the research. Major focus has been made on the educational, social and temperamental domains and activities are included accordingly. Six months were

devoted for the successful implementation of the intervention plan. Initially all the participants and their parents were introduced with the objective of the study and their consent was taken for regular and active participation. Self-concept and self-esteem are two key components to a fulfilling childhood and if taken care properly then children can utilize their potential to their maximum. The intervention plan under this study was implemented during pandemic when all schools were teaching online so all the support and activities were conducted majorly online. Sometimes students were also called in school for some sessions when they were allowed by the government. Though it was quite challenging to work with these students online but with consistent efforts effective strategies were applied and positive changes were found in the pre and post intervention results and behaviour of the students.

Support from teachers and parents were also taken for these students in customizing the intervention strategies. Counseling and therapeutic sessions were made for these students with regular follow up to raise their morale and self-concept. Because of the use of holistic intervention, significant improvement has been established in this group of students in all the dimensions of self-concept and self-esteem. Present studies have proved that intervention has brought positive changes in these students not only in academics rather in all the spheres of life.

**Academic Intervention:** Students with learning disabilities face problems in different areas of academics like reading, writing, speech and calculating problems depending upon the nature of disabilities. Different types of academic support were provided to them during the intervention phase. For example:

- a) **Special education:** Initially online special education sessions were conducted for the students with learning disability to understand the basic issues and to design academic intervention plans they need. Most of them shared that they were unable to understand the concepts taught in class and also could not complete their work and assignments on time. Some of them were having difficulty in writing also. With the help of a special educator, reading and writing practices were made with these students to improve the speed and quality of work done by them, including the reading practice also. Dividing

the task into smaller parts also helps these students to complete the tasks in bits.

- b) **Teachers Support:** These students were studying in different classes from 7 to 12 classes so as per their grades their concerned teachers were instructed to take special care of them in online classes and motivate them for maximum participation. Extra time was given to the students for completing the assignments along with extra worksheets prepared for them to make their task simpler and understandable. Remedial classes were also arranged on a time-to-time basis for clearing the doubts of these students in case they were not comfortable asking them in the regular classes. Explicit instructions were provided to them during online teaching classes to make them clear about the expectations of the teachers. Different teaching methodologies were implemented to reach out to the demands of the students with learning disabilities.
- c) **Buddy System (Mediated Intervention):** In order to keep them motivated towards regular online classes a buddy system had been created where students of their own classes, were assigned responsibilities to keep a check on them. Their work was to have regular conversations with learning disabilities students to know about their academic and personal issues and also to assist them in completing their work. This system actually showed gradual improvement in the students as they were now more comfortable in sharing their doubts with peers and also got motivated to complete their task on time.
- d) **Career counseling:** All the students with learning disabilities were made to participate in career counseling sessions where they were encouraged to express their preferences about what they would like to be in future and their aptitude and interests. According to their aptitude and interests they were directed for the subjects and career options. This approach helped them to understand the various career options around them and further motivated them to increase their efforts to chase their dreams.
- e) **Regular Feedback and counseling sessions on effective study skills:** These students were encouraged to attend interactive sessions at least once in

fortnight about how to study, time management, learn or memorize, concentration exercises, healthy eating habits in regular study time, etc. General discussions were made with the students and their parents so that together they could work for better academic performance. Division of the assignments or tasks into smaller parts to attain short term goals and use of real-life examples while studying were also practiced to build interest among the students. During online education various audio-visual aids were used for developing better understanding towards various concepts during studies. Regular feedback was taken and given to the students and their parents to sustain the level of motivation.

- f) **Use of cognitive/meta cognitive and behavioural strategies:** While learning a task or content, few effective strategies can be included in regular practice at two levels. First one is at cognitive and meta-cognitive level that suggest in what direction to think, organize or plan and another one is at the behavioral level i.e., what one can do. Taking notes, asking questions, or filling out a chart are examples of cognitive methods that assist a person understand and manage information. Note taking, constructing a chart, asking the teacher questions, asking oneself questions, re-reading, using mnemonics, web diagrams, and other simple learning tactics have been employed by many students, particularly in school settings. Executive methods are meta-cognitive in nature. They are the techniques that a student employs to plan, monitor, and evaluate learning or strategy performance, such as paraphrasing, questioning, story mapping, and so on. As a result, they're frequently referred to as "self-regulatory techniques." Goal setting, self-instruction, self-monitoring, and self-reinforcement are examples of self-regulation strategies (Graham, Harris, & Reid, 1992).

During the course of intervention, it was found that students carry negative beliefs about self and others so it became necessary to use Cognitive behavioural techniques for restructuring of the thoughts and beliefs which were affecting their behaviour. Bender and Wall (1994) stated that a combination of counseling along with rational emotive behaviour therapy found to be very effective on secondary students with learning disabilities to

raise their self-concept. Another study focusing on the role of intervention and cognitive behaviour therapy stated that the combination of the above two helped the students to realize the prevalence of negative thoughts and beliefs they carry in mind and its impact on their behaviour. Effective use of cognitive behaviour therapy also helped them to change their belief system or irrational thinking patterns (Dobson, 2010). CBT-based counseling is the most effective at improving self-esteem and self-concept of the students with learning disabilities (Bender & Wall, 1994). Furthermore, when it comes to self-concept in the classroom, teenagers with learning disabilities prefer counseling over academic interventions, whereas primary school children with learning disabilities prefer academic interventions that target self-concept (Elbaum & Vaughn, 2001).

- g) **CBSE Exemptions:** Under Persons with Disability Act, learning disability students get different exemptions like replacement of subjects, extra time and provision of scribe during examination. These students have the liberty to exempt a third language like Sanskrit and replace difficult subjects like math or science with painting and music. This exemption reduces their burden of difficult subjects and also improves their confidence in other subjects. Vocational subjects like Information Technology and Fashion Designing, etc. are also offered to them after class X so that more of application-oriented studies can be encouraged to develop better self-concept and self-esteem. During the study students were given all the above-mentioned exemptions as per their needs and grades they are studying.

It can be well understood by now that students with learning disabilities need multidimensional intervention plans to address the complex nature of challenges faced by them and also cater to the needs of a variety of learners. Fisher (2008) in his studies highlighted the importance of parents and educators in developing the self-concept and self-esteem of the students with learning disabilities. According to the study, conducive environment and positive feedback given by the family and educators are perceived as motivating forces for the students with learning disabilities. It helps them to explore their potential and develop confidence to try something new without any fear of failing. After observing the impact of academic intervention, it

can be asserted that it has reinforced the self-concept of these students with learning disabilities. After intervention they were able to manage the academic challenges on their own and also started sharing their needs with others to get appropriate help. In support of the present findings of the study, Piers and Harris (1964) also reported that there is a positive correlation between self-concept and achievement. While receiving the intervention, when these students were able to complete their work in class and received positive feedback from peers and teachers, a sense of achievement could be felt in their expressions. That further motivated them to sustain their efforts towards betterment. Another research reported that development of positive self-concept further enhances the achievement level of the students with learning disabilities (Marsh, 1990).

**Social Intervention:** As students with learning disabilities are generally identified with challenges in academics and these academic issues create a vicious circle of different other challenges in their lives. Due to lack of self-esteem and self-concept, these students often face difficulties in social interactions and interpersonal relations. Famous educators like Sherman & Sheldon (1982) also emphasized that students with learning disabilities must be compensated for their academic deficiencies through the use of adequate social skills if they are to be competitive to their other age mates and productive members of the society. Students with learning disabilities face difficulties while communicating due to which they don't like to share and make good relationships around. To promote more effective social functioning, a number of structured social skill training sessions have been taken with these students on a regular basis. Under social skill training different areas of communication like speaking, listening, problem solving and friendship are taken into consideration. Weekly interactions were made with these students on assertiveness skills like how to start a conversation, self-introduction, asking for help, learning to listen, apologizing, negotiating, etc. Team building exercises and cooperative plays were introduced in the sessions to facilitate them to talk and take turns. These students were encouraged to make specific observations and practice role reversals/plays during online classes and at home also. After 3 to 4 weeks positive changes were found in these students while expressing themselves and interacting with others. Kavale & Forness (1996) conducted a meta-analysis by comparing the students with and without learning disabilities. According to the findings, almost 75% of children with learning



difficulties had weaker social skills than their general education counterparts. Less engagement with peers, peer rejection, and reduced social standing with lack of forming congenial relationships were all prevalent social deficiencies, according to their self-reports. Several researches have been carried out to determine the source and impact of social skills deficits in students with learning difficulties. Social skills deficits impede an individual's social development since they affect interpersonal connections and peer acceptance throughout their lives, particularly for individuals with learning disabilities because their other aspects of self-concept are also impacted (Bender and Wall, 1994). Adults who had previously served as students with learning disabilities reported having greater social challenges, having more relationship issues, and feeling most depressed after leaving secondary school. They would like to be with the smaller age group as feel more comfortable with them or spend time with the students having similar issues and concerns around.

Corrective feedback, incentives, and controlled practice are examples of "refinement tactics." which were used with learning disabilities' students. Bryan et.al (1982) also emphasized the role of social skills training and demonstrated that a sequence consisting of awareness, modeling, and practice was helpful in facilitating cooperative behaviors among adolescents with learning disabilities. During the course of intervention students were also suggested to get involved in extracurricular activities of their choice as it helps in ventilation of unwanted emotions. Brook (2013) studies the role of sports and other activities in building the social skills of the students. In results, it was indicated that participation in extracurricular activities creates more opportunities for the students to meet with new people beyond classrooms. It also enables the students with learning disabilities to communicate with others and develop confidence in building positive relationships.

Social intervention programs for students with learning disabilities assist them to understand their weak areas and develop communication and interpersonal skills. Kaliva & Agaliotis (2009); Wiener & Harris (1997), in their studies reported the importance of social intervention programs for students with special needs. These students have shown remarkable improvement in different areas of communication such as being assertive, negotiating, providing feedback by expressing their point of views, taking healthy criticism, developing helping behavior and problem-solving

strategies, resisting peer pressure, and being perceived as having improved social skills and as less aggressive by teachers and classmates.

**Emotional Intervention:** Students with learning disabilities are often referred to as “inactive learners” which in turn creates feelings of learned helplessness among them. Along with academic and social challenges the students with learning disabilities face emotional distress too. Inability to meet the expectations of the people around creates agitation and aggression among them. Imagine a student in a class who wants to be in the good books of teachers and peers, faces criticism and neglect frequently. It becomes difficult to handle the emotions for these students. Depression, loneliness and low self-esteem are some of the important concerns among these students when compared with their other peers without learning disabilities. They often get into rude conversations and fight with other students or at times suppress their emotions. Regular sessions on understanding emotions, anger management and responding to failures were conducted in which they were motivated to practice different techniques to control and manage their emotions in front of others. These students were initially reluctant to open up in front of others. Gradually they felt comfortable to open up and learnt the right ways to respond rather than react.

Practice of positive affirmations for building positive thoughts and positive changes in the home environment were also made with the help of their family to build their self-esteem. Some of these students were getting negative effects on their behaviour due to pandemic and online teaching. Offline counseling support was also provided to them to ventilate their emotions or channelize them in the right direction. Livingston (1985) in his studies instigated the reasons for the existence of depression among students with learning disabilities. According to him, it is difficult to perceive whether depression causes or worsens learning difficulties. Challenges due to learning disabilities put the children at risk for depression or make them more vulnerable towards developing symptoms of depression. So, it was suggested to break the chain of negative thoughts and attitudes of students that leads to low self-concept and self-esteem. Hiebert et al., (1982) also highlighted the prevalence of frequent negative thoughts and irrational beliefs in the students with learning disabilities. Due to repeated failures in academics, they develop negative statements like “I’m good for nothing” or “I can’t do this' ' before they begin any task. These thoughts further

reduce the efforts and influence the concentration and interest level of the students in any activity. Use of cognitive behavior therapy may be influential for changing the mindset or irrational thinking of these students and it can help them in improving their interpersonal relations and academic performance.

The following steps/ strategies were followed during the sessions with them:

1. Identify the emotions: With the help of different real life situations, students were facilitated to identify the kind of emotions they usually go through in those situations and understand the reason behind them. This exercise helped them to understand the emotions of self as well as others.
2. Reason the consequences after the outburst of emotions: Here adolescents are encouraged to enact or role play on the common conflicting situations they experience in their lives. With the help of these role plays they can confront the aftereffects which are produced by them because of their inappropriate behaviors. This exercise helps them to understand the by-products of their behavior and also motivates them to do something better to deal with conflicting situations.
3. Appropriate sharing of emotions and feelings: often due to impulsivity and rage adolescents become reactive to the situation and forget the appropriate conduct. With the help of role plays and discussions right ways of responding to the situations are enacted.
4. how to change mood: Here students are motivated to get involved in certain tasks that give them happiness and can change their mood even if they don't feel like doing them. It helps them to build positive emotion and remove the negativity around them. Noticing the good things even if we are feeling bad can help in shifting the emotional balance from negative to positive.
5. Maintain a journal on a regular basis: In this exercise, adolescents were encouraged to write their emotions and feelings whenever they felt bad and not able to share it. It helps them in ventilation of negative thoughts out of their mind.

6. Practice of thinking before speaking: This exercise can actually bring positive changes in the expressions of emotions, where the students are stimulated to think twice before they speak especially during stressful situations.
7. Time Out technique: Anger is the most common emotion shared by the students on a regular basis according to their parents and it needs to be channelized in the right direction. Here these students are persuaded to take some time out from their regular schedule for extracurricular activities like exercising, dancing, sports, painting of their interest. This can help them in avoiding stressful situations for a while and also develops the ability to deal with the challenges.
8. Practice of relaxation exercises/Meditation: During online classes, different exercises like PMRT (Progressive Muscular Relaxation Techniques), creative visualization and guided imagery were practiced with the students and also by sharing audio and visual links on a regular basis to develop control over their behaviors and emotions.

All the above strategies were used with the students with learning disabilities on a regular basis during the study. Milligan, Phillips and Morgan (2016) suggested the inclusion of different activities in social emotional intervention programs. According to them, interactive activities focusing on communication skills such as managing a conversation, asking questions and listening skills should be included for the enhancement of social skills and for emotional skills, self-regulation activities, anger management exercises, should be focused. Mindfulness meditation was another important practice which was done with these students with regular follow ups to increase their inner strength. Mindfulness meditation refers to a conscious effort to reach to the unconscious level of mind. It is a process of bringing one's attention to thoughts, feelings, and sensations as they arise in the present moment. It involves lots of practice and has strong positive effects on the mind of the individual. One should have openness and curiosity towards these experiences (Segal et al., 2002; Williams et al., 2007). Mindfulness meditation helps in making connections with inner self and fosters self-awareness, self-monitoring and self-regulation (Bishop et al., 2004; Black

et al., 2011), which are critical components of social and emotional learning and help students with learning disabilities to understand their inner self.

**Life Skills Training Sessions:** Life skills for students with learning disabilities are very important and valuable for them to get in education. This skills education program is a part of life skills. With this provision it is expected they will be able to live independently by not / less dependent on others. Under life skills different types are taught like personal skills (thinking), vocational skills and social skills. Self-awareness decision making, empathy and critical thinking are some of the important life skills, which were focused during the intervention plan with the help of online sessions. These skills were introduced and induced in students with the help of different activities given by CBSE in the life skills curriculum.

As per the hypotheses of the study, implementation of intervention programs should bring significant changes in the self-esteem of the students with learning disabilities. While evaluating the pre and post scores of the self-esteem of the students with learning disabilities significant improvement was found as they were able to value their self-worth by their own performance as well as the support they were getting from teachers, friends and family. Change in the attitude of the society towards the students with learning disabilities during the course of intervention actually helped these students accept themselves as the way they are and also developed self-belief in them. There are numerous studies supporting the positive role of intervention and support. Buckley et al. (2004) found that consistent self-acceptance leads to higher levels of self-esteem and acceptance, but consistent self-rejection leads to lower levels of self-esteem when compared to increasing rejection. Social anxiety, jealousy, loneliness, and depression are all linked to low self-esteem.

During the intervention, constant approval, positive self-talk and changing of thoughts about self might be proved as powerful tools to overcome fear and self-acceptance, which is a great indicator of good self-esteem. A positive dialogue with self as indicated in the intervention program and positive word suggestion are great enhancers of self-esteem.

By working continuously for six months on the academic, social, cognitive and emotional domains of the students with learning disabilities, significant positive

changes were brought in their self-concept (physical, social, temperamental, moral, intellectual and educational) and self-esteem. Hence, it is strongly evident that the intervention has been able to enhance the self-concept and self-esteem of the students with learning disabilities. These students with learning disabilities used to share many self-doubts related to their looks, communication abilities, academic performance, intelligence and management of emotions during the interactions. Getting support in all the concerned areas actually encouraged them to face their doubts with confidence. Setting routines and focusing on the positives of these children with the help of their parents, teachers and friends actually help them to realize their potential and self-worth.

Apart from academics, these students have shown much better performance in other areas like extracurricular activities, psychomotor activities and continuous involvement in these activities lead to the enhancement of overall positive self-concept of children with special needs. Social skills training may further help them to understand and improve their interpersonal relations and demand of the environment.

## **CHAPTER 6: SUMMARY AND CONCLUSIONS**

### **6.1 SUMMARY**

Specific Learning Disability is a neurological disorder that affects the brain's ability to receive, process, store and respond to information. Specific Learning Disability usually manifests in early school years, though later manifestations are not uncommon when the academic demands and capabilities are in excess. Scholastic performance falls below the individual's chronological age, and the impairment rolls out across the domains like reading, reading comprehension, written expression, spelling and mathematics. Often this disorder is misunderstood by the people due to lack of awareness as intellectual disability. On one hand, parents and teachers are most of the time under the impression that a child is in the slow learner category or he/she is not scoring or completing work wishfully. Because of these reasons, either parent's are not ready to accept that their kids are suffering from this disability or they do not want their kids to be identified with this issue. Students with learning difficulties, on the other hand, face numerous academic and emotional challenges, which have an impact on their self-concept and self-esteem. According to studies, the term Learning Disability is used to describe the apparent unexplainable difficulties that a person of average intellect has in learning basic academic abilities. Learning disabilities are getting increasingly widespread among children every day. According to data published in the Times of India in March 2021, the prevalence of particular learning disabilities in India ranges from 5% to 15% in diverse contexts. The government established a target of 21,665 students in 2018-19, with 19,685 identified as having learning difficulties. In 2019-20, however, 37,312 students with learning difficulties were diagnosed and compared to a target of 30,000.

With this scenario, it becomes all the more important to work with learning disability students to raise their self-concept and also to fight against the stigma related to them in society. The present research and the previous researches in this field have shown positive outcomes of supporting these students in different spheres of lives. This study has made an attempt to develop the positive self-perception among adolescents with learning disabilities.

Cognitive aspects of self i.e., self-concept and self-esteem are important domains of adolescents' lives. The kind of experiences faced by these students during the school years, create a strong influence in the later years of their life including their psychological wellbeing. At times these impressions are too strong that develop resistance to change and make these children either too sensitive or indifferent towards the society. Students with learning disabilities represent groups for whom there has been a particular concern in this regard. Every parent wants his/her ward to sit with an achiever who can exert positive influence on the child but rarely do they teach their children to support or help those children who are not able to cope up with academic pressure. Sensitivity towards special needs students is an important concern in the competitive world where traits like humanity and patience are replaced with marks and performance.

However, some of the students try to take advantage of their disability as they get a certificate that saves them from hard work. For example, these students are not forced to write long answers or extra time is given to them for completing work. Sometimes students easily give up when they get to know about their disability and also try to take undue benefits for the same. On the other hand, many times the regular students who are not having any type of learning disability may also request for the exemptions given by CBSE to the students with learning disability such as extra time, replacement of difficult subjects or exemption of third language etc.

Boys account for almost two-thirds of school-age students with learning difficulties. According to study on learning difficulties, the ratio of boys to girls with learning disabilities in the school-identified group was between 5:1 and 9:1. Many explanations have been offered in order to explain why this is so. Some experts believe that the difference is due to biological vulnerability, implying that males are more likely to be born with or develop a learning handicap early in life. Another explanation is that the identification disparity is related to referral bias. When boys have problems with their grades or other obvious challenges, they are more likely to be sent for special education. In the present study also out of the total number of participants (90) there are 26 girls and 64 boys that shows boys are identified more with learning disability than girls.



In fact, age wise also different results were found in the participants like middle adolescent age group i.e. (13 to 16 years) facing more challenges in academics and social self-concept as compared to late adolescent group i.e. (17 to 19 years).

Academic challenges in adolescents with specific learning disabilities include reading slowly and poorly, skipping lines while reading aloud, making frequent spelling mistakes and untidy/illegible handwriting with a lack of sequencing and the inability to execute even basic additions and subtraction. If a specific learning problem goes undiagnosed, it can lead to poor academic performance, class detention, and even dropping out of school. These children's self-esteem is damaged, and they exhibit withdrawn or angry behaviour, anxiety, depression, and even antisocial behavior. Role of intervention is quite supportive and encouraging for students with learning disabilities as they get the assistance and motivation to positively challenge the adversities and bring change in their self-concept and self-esteem. The intervention plan under this study was implemented during pandemic when all schools were teaching online so all the support and activities were conducted majorly online. Though it was quite challenging to work with these students online but with consistent efforts, effective strategies were applied and positive changes were found in the pre and post intervention results and behaviour of the students. Intervention plan included different areas such as academic intervention, social intervention and cognitive/emotional intervention.

## **6.2 Findings of the Study**

Results were analyzed by comparing pre and post intervention scores of the participants on the basis of gender and age. Major findings of the present study can be given as follows:

- Before intervention, Girls have shown better self-concept as significant differences have been found in different dimensions such as social, temperamental, and moral. On the other hand, boys have shown better self-concept in physical and intellectual dimensions. Although educational self-concept is similar in both the genders as no significant difference was found. The students with learning disability have shown. Even self-esteem was also similar in boys and girls.

- After Intervention, girls have shown better self-concept in temperamental and moral dimensions as significant differences have been found in them. On the other hand, boys have shown better self-concept in physical and intellectual dimensions. Although educational and social self-concepts are similar in both the genders as no significant difference was found in students with learning disability. Self-esteem was raised among all students post intervention, here girls have shown more improvement as compared to boys.
- Late adolescents have shown better self-concept in social, temperamental and moral dimensions. In other dimensions of self-concept such as physical, educational and intellectual both age groups were having similar perceptions. Self-esteem was also similar in middle as well as late adolescents' groups before intervention.
- Post intervention analysis showed that late adolescents are having much better temperamental self-concept than middle adolescents' group. Rest all dimensions were more or less similar in both age groups along with self-esteem.
- Intervention has shown significant improvement in self-concept (including all dimensions) and self-esteem of the students with learning disabilities.
- Gender and age interaction is significantly evident only in the self-esteem of the students with learning disabilities. Other dependent variables such as pre and post physical, Pre and post social, pre and post educational, pre and post moral, pre and post intellectual, overall pre and post self-concept, pre and post temperamental, pre and post educational and pre-self-esteem have not shown any significant difference.

### **6.3 Implications of the Findings**

- Findings of the study create an understanding that adolescents with learning disabilities experience different types of self-perceptions that may also depend upon their gender and age and accordingly different strategies can be planned to help them.

- Challenges faced by learning disability students form vicious circles in their lives where academic issues lead to poor social support, then negative self-perception, then behavioural issues and again more academic failures etc.
- Overall intervention plans including academic, social, cognitive or emotional areas and different strategies accordingly can actually bring positive changes in the students with learning disabilities.
- Use of audio-visual devices and activities are effective in developing better understanding among students with learning disabilities even during online teachings.
- Children with learning difficulties can benefit from ongoing assistance and support in the form of appropriate interventions in schools and at home. Planned intervention or effective treatment plan is helpful in building resilience and positive self-concept and self-esteem among these students which can further work as examples raising hopes among parents and students with learning disabilities for their better future.
- Teachers, school counselors and parents should participate in awareness-raising initiatives about psychological aspects affecting these children, such as self-concept and self-esteem. If properly trained, these agents are in the best position to deal effectively with students having learning disabilities and assist them in developing a positive self-concept and self-esteem in several dimensions.

#### **6.4 Limitations of the Present Study**

Though the present research was designed and carried out with utmost care and rigor, but as other studies suffer from certain limitations, this study also suffers from some of the following limitations:

- The first limitation was, due to Covid 19, intervention phase was managed online and less physical interaction was made with the children. Although best possible efforts were made to work with the students for regular

interaction, availability of the students was affected due to online mode. Somewhere it has affected the results of the studies also. Already these students were not very interactive and participative due to self-doubts and lack of self-concept, the pandemic made their situation worse than before. So many students were not willing to attend online classes due to lack of concentration and interest in the studies, irregularity in submitting the assignments was increased, grades decreased, etc. Raising these students from that situation where they had lost their identity in the online classes was the big challenge in this research.

- Small sample size for such a crucial topic, which puts a restriction in the generalization of the findings.
- Attitude of the parents towards their children having learning disabilities was another challenge to this study. In Spite of knowing the challenges of their children, parents were not ready to accept the facts and keep on blaming their kids for not fulfilling their expectations. This creates demotivation and indifferent attitude in the children with learning disabilities towards the school and society. Getting diagnosed with the cases for studying and taking their consent became a task as parents felt that their children would be labeled as special category students.
- This study is limited to Delhi only which has its specific spirit of the time and cultural background. Such studies can be conducted in other parts of India, so that a clear picture of the challenges can be made and understood to the rest of the population to create sensitivity.
- The number of independent variables was not exhaustive as only limited psychological variables were considered. Various other demographic and psychological variables like type of family (nuclear/joint), number of siblings, social economic status, confidence, self-esteem, extrovert/introvert could have also been included for a broader picture of the concept under study.

- Studies on the relationship between self-concept, self-esteem and intervention for adolescents seem to be few, which limited the researcher in developing a theoretical edifice.

Despite these limitations the present study was planned and carried out with utmost care by using appropriate samples selected by using suitable sampling techniques and scales that capture reliably and validly the aspects of all the variables under study. The study has been successful in identifying the age and gender differences and improving the self-concept and self-esteem of the students with learning disabilities.

## **6.5 Suggestions for Future Research**

Based on the above limitations, certain suggestions for the further research can be recommended which are mentioned below:

- A more rigorous approach employing Emic cultural constructs that are descriptive of specific cultural experiences can be used.
- A clear distinction on the basis of different types of learning disabilities can be included in the study.
- Sample from different states of India can be drawn to widen the scope of the study so that higher precision in generalization of findings can be achieved.
- The results of this study suggest that future research can be warranted for children as well as adolescents age groups, for a better understanding of the correlates of self-concept, self-esteem and role of intervention.
- Research work on bigger samples with different types of age groups and different types of schools such as government as well as private can be carried out to create more sensitivity towards this group of population.
- Other psychological variables like self-confidence, self-efficacy and extroversion/introversion can be conducted to bring important dynamics of self-concept, self-esteem of children.

- Qualitative methods can be used along with quantitative methods of using questionnaires and scales to have in depth study related to the constructs under study.
- The relations of demographic characteristics such as type of parents, type of family (nuclear/joint), number of siblings/friends with self-concept and self-esteem must be further researched.

There may be many suggestions but ones given above seem to be more pertinent to the researcher. It may be stated that despite the limitations of the present research, the findings of the research work may have far reaching importance and implications for the students with learning disabilities for enhancing the self-concept and self-esteem so that they can deal effectively with all types of situations.

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# APPENDIX I

## GENERAL INFORMATION AND INSTRUCTION

**Name** :  
**Age** :  
**Date of Birth** :  
**Sex** :  
**Class** :  
**Contact Number** :  
**Address** :  
**Name of the School** :  
**Type of Learning Disability** :  
**Father's Occupation** :  
**Whether Mother is employed** : Yes / No  
**If yes, what is her occupation** :

### Important Points

The purpose of the study is to know and enhance the self-concept and self-esteem of the students with learning disabilities. After understanding the level of self-concept and self-esteem of these students with the help of psychological test, a six months intervention plan would be implemented on them with the help of online as well as offline interactive sessions and counselling follow up. After six months again psychological testing would be administered to evaluate the dimensions and to see the change. There are two tests, each containing some general statements about your self-concept and self-esteem. Respondents are requested to read each set of instructions carefully. Try to avoid thinking too much over any of the statements. Try to be honest with your answers and try not to omit any question unanswered. All the information will be kept confidential and it has nothing to do with any legal purpose. Good Luck!

Signature of the Participant

Signature of the Parent