PSYCHOSOCIAL ADVERSITIES EXPERIENCED BY ADOLESCENTS WITH SPECIFIC LEARNING DISORDER: EXPLORATION THROUGH PARENTS' MENISCUS

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ABSTRACT

The present research was an attempt to find out the associated features of specific learning disorders in children qualitatively. Ten mothers of children with specific learning disorders were recruited via purposive sampling technique from mainstream private schools of Islamabad. The study included mothers aged 30 to 50 years (M_{age} = 40, SD= 6.20). Semi-structured in-depth interviews utilizing the intake form were used to collect the data. Thematic analysis of the collected data through five-step procedure proposed by Braun and Clarke (2006) reveals the presence of associated features commonly prevalent in children with specific learning disorders in addition to learning, writing or reading difficulties. Majority of the parents reported that children have difficulties related to social skills, self-esteem, emotional deficits, and confidence related issues leading to performance anxiety along with academic difficulties. Limitations and implications of findings have been discussed in the end.

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INTRODUCTION

Specific Learning Disabilities (SLD) are a diverse range of neurobehavioral characteristics pervade by severe, persistent, and unanticipated challenges in the development and use of effective reading (dyslexia), writing (dysgraphia), and arithmetic (dyscalculia) skills (Ashraf & Najam, 2020). A psychologist named Samuel Kirk coined the phrase "learning disabilities" in 1963, and since then, lots of new scholars have studied various elements of Specific Learning Disabilities, and more research is ongoing, but the underlying reasons have yet to be discovered (Amandeep & Jubilee, 2017). According to American Psychiatric Association (2013), specific learning disabilities (SLDs) emerge depending on the nature of the spoken and written language system and cultural and educational practices; it may present differently among languages, civilizations, races and socioeconomic conditions.

According to criterion A of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), one of the most essential characteristics of SLD is chronic difficulties mastering critical academic skills that are initially encountered during formal schooling. Academic talents, in contrast to innate abilities like walking and talking, require purposeful training and learning. The regular pattern of learning academic skills is disturbed in the case of SLD. Academic progress in other disciplines like science and social studies can be impacted by problems with basic abilities like reading, math, and writing. Additionally, despite additional support, the learning difficulties continue for six months or longer with no indication of "catching up" to classmates in the same grade (American Psychiatric Association, 2013). A review of educational history, including test results from curriculum-based courses, work samples, and school reports, as well as a clinical interview, can be used to gauge the persistence of learning difficulties.

Another important factor as defined by Criterion B of the DSM-5 diagnosis of SLD is "well below average" academic performance for a person's age (American Psychiatric Association, 2013). Clinical indicators included poor performance in school despite exceptional support, avoidance of tasks requiring academic decline, and individually controlled, psychometric-based, norms-related, cultural includes psychometric evidence from appropriate school performance scales Academic achievement spans a continuum, according to the authors of the DSM-5 diagnosis of SLD. Therefore, there is no reasonable cutoff score to distinguish between those with and without SLD. The cutoff is arbitrary, but a value 1.5 standard deviations below the mean is recommended for "best diagnostic certainty". The authors propose

a 'softer threshold' that is 1–2.5 standard deviations below the mean (that is 85–63 of the standard) when learning disabilities are supported by other types of data (American Psychiatric Association, 2013).

The third key feature highlighted in Criterion C of the DSM-5 (American Psychiatric Association, 2013) is that most people's learning impairments become visible during their early school years. However, the authors point out that some people may not fully display signs of the condition until their ability to adapt to "restricted capacities" is exhausted. Finally, Criterion D disqualifies learning challenges brought on by more widespread issues such an intellectual handicap (or intellectual developmental disorder, as it is referred to in the DSM-5). A score of 70 or higher on the IQ test, plus or minus five points to account for measurement error, is considered to be "normal intellectual functioning" in accordance with the DSM-5, and this Cognitive function is used to distinguish SLD from more general learning problems. To be considered SLD, an individual must exhibit "unexpected poor academic performance," identified as a distinguishing feature of SLD. With significant external support, unusual effort, or compensating techniques, adequate academic functioning may be maintained. Cognitively brilliant individuals may also have symptoms that are indicative of SLD. General learning challenges due to economic disadvantage, recurrent absences, or a lack of proper education, as well as neurological, motor, visual, or hearing abnormalities, are also excluded by Criterion D of DSM-5 (American Psychiatric Association, 2013).

Learning challenges can also be "specific" in the sense that they are limited to a certain academic skill or topic. According to DSM-5, a complete assessment by an experienced clinician with SLD and a psychological/cognitive evaluation are required. A diagnosis can be made only after formal schooling begins but evidence of a problem during formal schooling can make a diagnosis at any point in life based on a combination of developmental, educational, family history, history of the academic problem; impact of the problem on academic, professional, or social functioning; previous and/or current school reports e.g., curriculum-based assessments; and previous or current results of individualized standardized proficiency tests (American Psychiatric Association, 2013).

Specific Learning difficulties is one of the most common neurodevelopmental disorder affecting children (Shah et al., 2019). According to an epidemiological study, reading and math impairments have similar incidence rates of 4–9% and 3–7%, respectively (Moll, 2014). Rather than focusing on a single weakness, research has lately begun to investigate the link between deficiencies in

multiple learning domains e.g. literacy disabilities and arithmetic weaknesses to better understand how they combine. Evidences posit that children who have a learning deficiency in one domain usually have impairments in other domains as well (Dirks et al., 2008; Landerl & Moll, 2010). However, research using twin and adoption studies has found significant evidence that family-level non-genetic factors, also known as shared environmental influences, have a significant impact on the development of internalizing and externalizing problems in middle childhood (Burt, 2009). Parenting is often examined as an indicator of shared environmental influences during childhood. Studies have shown that both mothers' and fathers' tendencies towards overreactive and inconsistent parenting are linked to the development of internalizing and externalizing problems throughout childhood, similar to the association found with HPA functioning (Lipscomb et al., 2011; Marchand-Reilly, 2012; McKee et al., 2007).

Employed in the diagnosis of SLD are also data from the family history, developmental history, medical history, educational records, formal and informal evaluations, prior and current manifestations of SLD, and the impact of SLD (Eissa, 2017). Moreover, certain learning disorders are chronic conditions, thought to be neurological in origin, selectively interfering with the growth, fusion, and/or display of verbal and/or nonverbal abilities. To do, it is a unique condition with a range in severity and symptoms. Throughout life, sickness can have an impact on daily activities, socialization, education, job, and/or self-esteem (Elksnin, 1998).

The traditional SLD diagnosis was based on a discrepancy model where a child performs much worse on standardized achievement tests than would be expected for their age, education, and intelligence level (greater than 2 SDs between achievement and IQ or 1 to 2 SDs if comorbid variables are present) (American Psychiatric Association, 2013). Gaps in IQ and achievement are used to denote severe gaps in achievement and intellectual capacity in all of the following domains: oral, listening, written, basic reading, reading comprehension, mathematics, and mathematical reasoning (Vaughn & Fuchs, 2003). The modest measurement error of IQ and achievement tests, as well as other factors that make a single IQ and achievement examination useless for identifying SLD, have caused this model to have some major psychometric issues (Beaujean et al., 2018).

Social-emotional problems frequently accompany SLD, but these challenges do not constitute SLD in and of themselves (Elias, 2004). In 1989, a national group comprising of organizations dedicated to assisting people with SLD came up with the following definition: Learning disabilities are a broad term that

refers to a range of problems marked by significant difficulties in learning and applying skills such as listening, speaking, reading, writing, thinking, and math (Mugnaini et al., 2009). These disorders are one-of-a-kind, assumed to be caused by a central nervous system failure, and can strike people of any age. People with learning difficulties may struggle with self-control and social perception, and social engagement, although these concerns do not always indicate a learning disability. Whereas, learning difficulties are not caused by other disabilities (such as sensory impairment, mental retardation, or severe emotional disturbance), as well as external factors (like cultural differences, inadequate or inappropriate schooling) (Elksnin, 1998). According to each of the SLD classifications studied, social-emotional difficulties are either a main or secondary component of SLD (Hammill, 1990). On the other hand, the present federal definition excludes the social-emotional issues that children and adolescents with SLD face.

The social aspect of SLD has become a well-researched aspect of the LD domain. Since the 1970s, an increasing body of evidence has demonstrated that many people with SLD struggle socially in addition to their scholastic difficulties (Bryan, 2004). Even though the original concept of SLD, which focused on achievement issues and presumed neurological dysfunction, did not consider the possibility of social and emotional correlates. Past research evidence showed that people with SLD were more likely to have social skill deficits than their non-disabled peers (Bryan et al., 1990). Several evaluations have focused on deficiencies in particular social skills, such as self-concept, peer status, interpersonal skills, social adjustment, social competence, behavioral functioning, classroom behavior, and social interactions (Wiener, 1980).

Acceptance from others is important in a child's life, it is more difficult to achieve when adolescents have learning disabilities (Bowe, 2005). It is common to stigmatize and link learning difficulties to failure and low self-esteem in children hence it can be upsetting when a learning disabled youngster experiences academic difficulties. In addition, many children with learning disabilities are bullied by peers and experience social rejection (Westwood, 2004). However, while children with learning disabilities are smart, repeated academic failures erode their self-esteem and self-confidence (Pandy, 2012; Zhao & Zhang, 2008). They may come to hate school and then become delinquents (McShawn & Williams, 2003). Adolescents with learning disabilities, on the other hand, may misinterpret social cues. They are depressed and have experienced a tremendous deal of rejection and shame, all of which hurt their self-esteem (Roffman, 2007).

Children with SLD are more likely to experience behavioral issues, such as difficulty forming and maintaining healthy social bonds as well as verbal and nonverbal antagonism toward classmates (Cullinan, 2002). If these issues are not identified and addressed in the context of the particular learning disability, they may worsen over time as reading difficulties in elementary school increase. Similar to this, a poor diagnosis can cause frustration and a lack of drive, which can have unfavorable effects like school dropout (Fuchs, 2006). Secondly, self-efficacy has been found to influence choices, effort, tenacity, and accomplishment. Students who have strong self-efficacy for learning and performing well are more likely to choose to learn, put out an effort to succeed, persevere when faced with challenges, and attain greater levels than students who have low self-efficacy (Schunk et al., 2021). Students with learning difficulties are more likely than students without disabilities to have low self-efficacy, probably due to an internalized history of recurrent academic failures (Heward et al., 2017).

In a nutshell, review of literature suggest experiences of psychosocial problems in children with specific learning disorders. However, research on this topic is lacking in Pakistan. This may be due to a lack of understanding of the chronicity of the problem and a lack of research, counseling and formal assessment facilities to screen for these disorders. Limited research has increased the demand for structured and well-resourced mental health services to address the need for symptom assessment and management. Although more coordinated and systematic large-scale operations are needed, current research aims to fill some of the gaps. Therefore, the main objective of the study was:

1. To identify the presence of associated features accompanying children's with specific learning disorder.

METHOD

Research Design

The main objective of the current study was to ascertain whether children have characteristics linked to particular learning problems. For this purpose, the methodology of inductive thematic analysis was used.

Participants

Ten mothers of adolescents with Specific Learning Disorder were selected through a purposive sampling technique. The age range of the mothers ranged from 30-50 years (M_{age}= 40; SD= 6.20) whereas adolescents' was from 11 to 16 years (WHO, 2013) (M_{age}= 13.5 ; SD= 1.70) . The sample for this study was drawn from three mainstream private schools in Islamabad. The diagnosis of Specific Learning Disorder was made by a qualified Clinical Psychologist based upon the the criteria for Specific Learning Disorder given in Diagnostic and Statistical Manual of Mental disorders (DSM-5) (American Psychiatric Association, 2013). It included those with one or more of the following specifiers depending on the nature of their difficulties: 315.00 (F81.0) With impairment in reading, 315.2 (F81.81) With impairment in written expression or/and 315.1 (F81.2) With impairment in mathematics.

Measures

Client Intake Form

A client clinical intake form was utilized for semi-structured in-depth interviews to collect data on demographics, presenting complaints, developmental milestones, history of complaints, medical history, school history, family history, and psychosocial adversities experienced by adolescents. The semi-structured interviews consist of questions covering the areas mentioned below:

1. Primary Complaints (problem nature, triggering circumstances)
2. History of complaints (length of current problem, changes in problem's nature, intensity, and/or frequency over time, other psychiatric issues in the past, number of attacks)
3. Medical history (date of last physical examination, results, current medications, health status since childhood, including information on serious illnesses and disorders, and surgeries performed. If eating or sleeping habits are abnormal, its changes, use of stimulants, etc.), alcohol and drugs).
4. Family history (migration, births, marriages, diseases, deaths, employment held by family members, and relationships with family members).
5. Family pathology (the nature, development, and management of mental illnesses in the patient's and family's relatives) etc.
6. Psychosocial Adversities (struggles pertaining to interpersonal skills, social interactions, mood-related changes, behavioural, conduct and mood-related changes along with eating and sleeping habits).

Procedure

In order to meet the study objective, in-depth independent interviews were conducted. Ten mothers of children with SLD were interviewed in a confidential setting. Using the clinical intake form, semi-structured interviews were conducted and the data was collected till the saturation of information was achieved or no new information was available. The interviews were recorded using written notes and audio recordings by taking consent from the participants. The school authorities and parents were informed that information will be kept confidential and will be used for research purposes only. Furthermore, all participants completed a Consent form indicating their written agreement of their involvement in the study. Members of the sample were also asked to sign a debriefing and withdrawal letter at the same time. Both letters are intended to reassure participants that their participation in the study is entirely voluntary and that they are free to leave at any time and for any reason.

However, the collected data was sorted and evaluated using thematic analysis. A five-step thematic analysis technique, as suggested by Braun and Clarke, 2006) was used to create themes. First and foremost, the interviews were transcribed with all of the participants' spoken words written down. The researcher read the verbatim multiple times, completing the data familiarization process. After familiarizing themselves with the data, all of the instances were individually analyzed, and initial codes were generated based on the study's goal, the significance and uniqueness of the responses, and their resemblance.

RESULTS

Table 1 summarizes the demographic characteristics of adolescents with specific learning disorder. The themes and initial classification of associated features that are accompanying specific learning disorder are summarized in Table 2.

Table 1
Demographic Characteristics of the Sample (N = 10)

Characteristics	*f*	*%*
Gender (Adolescents)		
Male	4	40
Female	6	60
Birth Order (Adolescents)		
First Born	2	20
Middle Born	4	40
Last Born	2	20
Only Child	2	20
Milestones (Adolescents)		
Achieved	10	100
Delayed	0	0
School Performance (Adolescents)		
Below Average	3	30
Average	5	50
Above Average	2	20
Interviewing Parent		
Mother	10	100
Family Structure		
Nuclear	6	60
Joint	4	40
	M	*SD*
Age (Mothers)	40	6.20
Age (Adolescents)	13.5	1.70

Table 2
Themes of Associated Features Accompanying Specific Learning Disorder

No.	Theme	Inductive Codes
1.	Self-Esteem	Low Self-assurance
		Lack of Control
		A Fear of Failure
2.	Social Skills Deficits	Communication Difficulties
		Poor Listener
		Withdrawal
		Difficulty Interacting
3.	Emotional Deficits	Mood Changes
		Low Energy
		Excessive Anger
		Frustration
4.	Academic Difficulties	Poor Study Habits
		Poor Concentration
		Difficulty Concentrating
		Difficulty Planning and Grasping

DISCUSSION

The current study was an attempt to figure out the associated features that accompany specific learning disorders in children. Mothers of children with specific learning disorder reported that children often experience deficits in multiple sub-skills. Four themes that emerged from thematic analysis of the data i.e. low self-esteem, social skills difficulties, and emotional problem along with academic difficulties are discussed below:

1. Low Self-Esteem

The most common theme that emerged from the data was "low self-esteem" (Table 2). The participants reported that academic failure to perform is a constant issue in the life of a child with a learning disability and their self-esteem suffers as a result of their struggles in the classroom. Further, they reported that failure and poor performance cause them to question their ability to think which discourages them and makes them fearful about future failure and poor academic results lowering their self-esteem. For instance, P1 & P2 reported that:

> *"……… often find it difficult to do school work, which is why they do not participate in the work on their own…………. Whenever they have to take part in a school activity,......realize that it will always be a failure and they will not be able to perform well……………. Fear of not performing well is causing them to lose their self-esteem"*

Evidences support that low self-esteem is common in almost all children suffering from specific learning disorders as due to learning delays and academic obstacles they are often characterized as sluggish learners and their classmates dismiss them (MacMaster et al., 2002). Such children with certain learning disabilities are stigmatized and less accepted by their peers than pupils who are not learning handicapped and eventually their self-esteem is negatively impacted (Zhao & Zhang, 2008). Peer perception is an important aspect of adolescent self-identity, with significant implications for well-being and self-esteem (La Greca & Harrison, 2005). It has been seen that some people with learning disabilities fall into a vicious cycle that makes them feel ashamed of their learning challenges and makes them avoid social situations. This prevents them from socializing and their self-esteem is undermined, which decreases their motivation to leave their solitude. Because of this, individuals experience excruciating self-doubt, and their self-esteem suffers (Roffman, 2007).

2. Social Skills Deficits

The second theme that emerged was "social skills deficits" (Table 2). Youngsters with learning disability may experience rejection or isolation from classmates, or other barriers to the development of social skills as a result of academic and learning difficulties. Some of the participants (P3, P4, & P6) reported that children have to face difficulties in social communication and as a result, their

needs and desires are unmet, and they are misunderstood by their parents, schools, and society. For instance, they described it as:

> **P3:** *"……… find it very difficult to speak or understand and they can't communicate effectively……."*

> **P4:** *"……….Most of the time, children do not concisely express their views…… and due to all these, they go through it with great difficulty"*

> **P6:** *"……….. It often happens that even we parents do not understand what children are saying which makes it very difficult to defend………"*

Literature shows adolescents with SLD had social skill deficiencies in how they (a) perceived themselves, (b) were perceived as socially competent by others, (c) were perceived as effective in social interactions, and (d) behaved in social circumstances (Bryan, 1991). Many children with SLD appear to struggle with social competence, particularly during puberty, when social interaction is more complicated and diverse (Cosden et al., 2002). The SLD students, for example, have been observed to have poor peer interactions, higher rate of rejection and lower rate of acceptance (Wiener & Schneider, 2002). Some experts believe that these issues with social competence are a result of the social stigma that is often associated with SLD (Chan et al., 2017). As afore-stated, due to their subpar academic performance, students with SLD are typically perceived as being less desirable, less successful, and lazy than their peers and they may believe and absorb this prejudiced perspective about themselves. This can have an impact on how people act in social situations (Livingston et al., 2018).

In a study, participants are required to respond to a series of inquiries regarding different facets of social information, processing using social vignettes written by examiners. That means recognizing problems in vignettes, clarifying goals, making responsible decisions, and evaluating alternative solutions given. Students with SLD show less ability to encode social cues, develop alternative solutions, and select the most capable option (Bauminger & Kimhi-Kind, 2008).

3. Emotional Deficits

The third theme that emerged from the data was "emotional deficits" (Table 2). It was observed that children with SLD often act out, act helpless, or retreat if they are frustrated that they cannot grasp a subject despite their best efforts.

However, failure and frustration regularly can lead to strong sentiments of inferiority, which can exacerbate the learning deficit. For instance, P7 and P8 stated that:

> **P7:** *It happens most of the time that children work very hard but still they do not perform well in the class…… due to which they often get irritated.*

> **P8:** *Children often feel helpless, and often* insist *that they will always fail, even if* work consider *themselves inferior……''*

Evidences posit that emotional issues emerge during adolescence, such as loneliness, low self-esteem, depressed inclinations and aggression (Achterbergh et al., 2020; Masselink et al., 2018), which can be severe in children with learning disabilities (Barkauskiene & Bieliauskaite, 2002; Sahoo et al., 2015). This is the outcome of the pressure to perform well in an educational setting. Attempts to deal with a challenging learning process and the failure, frustration, and feelings of incompetence those attempts lead to, may cause emotional difficulties. As some people associate academic success with personal competence, and when that competency is lost, they experience feelings of inadequacy, sadness, withdrawal, and callousness (Chandler, 1994; Reed, 2005). In addition, it has also been posited that when faced with the stress of social interactions, children with SLD who are unable to build avoidance mechanisms may become agitated or hostile to cope with the stress of social interaction (Hassan, 2015).

4. Academic Difficulties

The last important theme that emerged was academic difficulties (Table 2). It was observed that children with SLD experience trouble memorizing things leading to a lack of enthusiasm in academic tasks. Further, they expressed that children have to face concentration difficulties due to which they often lack behind of their peers and experience performance anxiety. For instance, P9 and P10 stated that:

> *Children often have difficulty memorizing academic tasks. Because of this reason, … don't pay much attention to academic-related tasks…….. Due to not paying attention, whenever the teacher asks him to do something or perform something, …… does not perform properly ….. does not compete with other children……… Due to academic difficulties, …. seem unpassionate about studies''*

Co-occurrence of socio-emotional and behavioral problems with SLD adds to the academic difficulties (Sahoo et al., 2015). Studies document that children with learning disabilities experience repeated academic failure, which lowers their self-esteem (Zastron & Ashman, 2010). When failure is more visible, children with learning impairments frequently lose the will to succeed in school. They don't pick up information as quickly as their peers who are not impaired. Some children accept failure in school therefore; they no longer strive to try anything new. They are likely to believe that failure will always be the result, no matter how hard they try (Pandey, 2012) eventually they experience greater academic difficulties. Further, social skills and perceived support are particularly relevant as they are associated with academic performance and engagement (Welsh et al., 2001).

In summary, children with SLD must acquire a strong sense of self-worth and a positive self-image to protect themselves from non-disabled people's unwanted feedback from classmates. When obstacles arise, educators and parents must maintain an open channel of communication and give social interactional skills to help a learning challenged child deal with challenges and criticism from peers and society. The findings have important implication for researchers as it extends the literature on specific learning disorder. Moreover, it will also help the counselors to provide psychological services that are structured and well-equipped to fulfill the need for symptom assessment and management. Several research limitations could have hampered the findings. One of being that the study was an extract of an intervention study hence the sample size remained small. Moreover, prior research in the area of a specific learning disorder is limited which could have affected the findings. Furthermore, the data was produced using a qualitative approach in which the researcher's personal perceptions could have played a significant role. These discoveries if investigated quantitatively and on a larger sample group could give more credible results.

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