Self-Esteem and Quality of Family Relationships in Children with Learning Disabilities

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Abstract
The paper deals with the differences in the levels of self-esteem between children with learning disabilities and children with no learning disabilities and the differences in the assessment of the quality of relationships with parents between these two groups. The research was conducted on N= (60) pupils of higher school age, the group of children with learning disabilities N = (25) AM = (13.5), children without learning disabilities N = (35) AM = (13.8). The Rosenberg’s Self Esteem Scale constructed by the author was used to determine the levels of self-esteem in participating children while the Miglierini Personal Questionnaire, subscale of family relationships, was used to ascertain the family climate. The results indicate that both subgroups assess their relationships with parents positively, however a significant difference in the quality of relationships with parents can be found in favor of the group of children without learning disabilities. No differences between the groups were found in the levels of self-esteem.

Key words: learning disabilities, self-esteem, family climate, family assessment.
Problem characteristics

According to Zelinková (2009) a child’s evaluating opinion is determined by his/her specific problems accompanying learning disabilities. Dysfunctions like dyslexia, dysorthography, dysgraphia, dyscalculia, dysmusia, dyspraxia affect children with both average and above average intelligence, while grouping of more problems may also occur. According to Zelinková (2009) a dysfunction can manifest itself in the area of attention, motion and visual memory, special orientation, coordination of systems securing the transmission of audio or visual perception into a graphic form as well as in other specific problems. The stated deficits may also contribute to feelings of inferiority, which can become a source of negative self-assessment. High demands connected to excessive expectations can lead to formation of neurotic superstructure, which can result in negative self-assessment. Individual activities of a child connected to learning create emotional experiences. According to Kohoutek (2000) the level of a child’s ability to process and sort information about himself/herself contributes to formation of self-assessment. Genetic factors contribute significantly to formation of learning disabilities. It was proven that children with learning disabilities have close relatives whose school years had been affected by similar problems. Another cause of these problems can be found in hormonal changes. According to Galaburda, Geschwind (1985 in Habib, 2000) increased levels of testosterone represent one of the main reasons for higher frequency of dyslexia among boys. Deficits in the structure of the cerebellum and of its function can be considered another reason for the onset of learning disabilities (Fawcett, Nicholson in Zelinková, 2009).

Consequences of individual dysfunctions affect the way a student learns and influence his/her everyday preparation for school. Therefore, parents as well as teachers must become familiar with the child’s abilities to be able to offer the strongest emotional support possible and to become friends that would help them to overcome the obstacles of school duties (Pokorná, 2001).

In addition to systematic learning, re-education and individual consultations with a psychologist and a special teacher are also important. Early diagnostics of the problem, consulting with and directing the parents, preparing an individualized plan and utilizing efficient programs may all contribute to elimination of learning problems. For the therapy to be successful the reasons for the child’s failures must be eliminated and this requires training utilizing a specific approach to children with learning disabilities. This process may help the formation of corrective experiences and consequently helps the child to experience the feeling of success.
The formation of self-esteem is linked to the forms of assessment (Gavora, 1999). While the analytical assessment draws attention to failed performances, the global assessment helps to see the child as a whole. Global assessment is equally important at school as well as in the family setting while praising the child represents a significant motivating element. The importance of praise, according to Gavora (ibid), lies in its ability to motivate. Positive reception of the child can be marked as another stimulating factor. If positive reception of a child is missing in the educational setting, the child may exhibit secondary symptoms and various neurotic manifestations such as headache, stomachache, sleep disorders, loss of appetite, etc. Fear often becomes an expression of the feeling of hopelessness towards problems connected with learning and this, consequently, deepens the experience of failure. Settle and Milich (1999) state that one of the consequences of experiencing failure is the loss of faith in one’s own abilities.

The way failure is perceived also contributes to formation of negative self-assessment. According to Balková (2012) boys and girls perceive failure differently. The author states that boys link their failure to external factors more often than girls. Research results illustrate that boys manifest higher self-esteem than girls (Blatný, 2001; Medveďová (2000) Ficková (2000), (Marčič Grum in Schraggeová, Časnochová, 2013). However, there are also different findings about gender differences in self-esteem. According According to Erol and Orth (2011) there is no significant difference between the levels of self-assessment between men and women.

Learning disabilities may manifest themselves in the area of forming interactive relationships, too. Comparing oneself to other children, the quality of interactive relationships with peers contributes to formation of self-image. Children with significant learning difficulties may experience, for example, feelings of loneliness among their peers. A survey of Al-Yagona (in Lockaye, Margalit, 2008) shows that as many as 40% of pupils are faced with negative experiences with their peers and they often encounter mockery, lack of understanding and acceptance of their specific needs during school lessons. According to Výrost and Slaměník (2008), it is important what an individual thinks of himself/herself, but also what he/she imagines others, whose opinion he/she cares about, might be thinking of him/her. Various empirical studies suggest that family and its functioning play an important role in the development of a child’s own ego. Bowlby (in Hašto, 2005) states that the quality of relationships significantly influences an individual’s development, and, thus, also his/her personality. Formation of interpersonal contacts stimulates positive emotional experiences,
which happens predominantly during childhood with parents, important persons in the family or other persons performing parental educational functions. A positive parental approach increases the probability of forming a satisfying self-image and vice versa, negative attitudes of parents and their damning influence reduce the child’s self-esteem and his/her self-respect. In this context Röhr (2013) states that the feeling of one’s own worth is determined predominantly by the relationships with parents as well as by particular parental requirements. As Pokorná (2001) states, often unrealistic expectations of parents may become traumatizing experiences for the child. Realistic expectations in connection with the child’s performance, on the other hand, represent an adequate support. According to Bartoňová (2007) it is the parents who are able to prevent the feelings of inferiority. The author states that the children with learning disabilities are influenced mainly by their mothers.

Parental support is one of the strongest predictors of self-esteem (Blatný, Plháková, 2003). A strong tension in mutual relationships may be felt by the child when, for example, the parents have been learning with the child, but with no apparent results, which also the parent may be experiencing as a feeling of intense disappointment. Perception of such reality may lead to the child’s resignation and in the long lasting process of unacceptable performance the parents may succumb to resignation as well. In the early process of socialization a child’s behavior is being formed and programmed along with his/her own self. And it is the child’s family that influences this process (Minuchin, 2013). Many developmental studies document a close link between self-esteem and parental support. According to these studies, parental support up to the period of early adolescence is the strongest predictor of self-esteem (Blatný, Plháková, 2003). According to Langmeier and Krejčířová (1998) a temporary decline of self-esteem occurs in the period of adolescence.

The objective

The objective of this study was to determine the differences in the levels of self-esteem between children with learning disabilities and those without such disabilities. Another aim was to determine the differences in viewing the quality of relationships with parents between the stated groups.

Research sample

Differences in the levels of self-esteem and in the quality of family relation-
ships have been investigated among pupils of the second level of elementary schools (5th to 9th grade). The comparison has been assessed between pupils educated using common educational methods intended for a given grade N= (35) and pupils who had been diagnosed in the first level of elementary schools with one of the following learning disabilities: dyslexia, dysgraphia, dysorthography N= (25). Common criteria for the pupils with learning disabilities were: being diagnosed at the first level of elementary schools as well as their active participation in consultations at a Special Education Consulting Services center.

**Research methods**

To determine the level of self-esteem we used Rosenberg’s Self-Esteem Scale. Halama and Biščad (2006) investigated the constructive validity of the questionnaire and found a strong correlation with other tools for measuring self-esteem. Individual items were assessed on a 4 level scale with 1 meaning strongly disagree, 2 agree, 3 disagree, 4 strongly disagree. This scale became the most widely used method for measuring global self-esteem. A high score suggests a high level of self-esteem. High level of self-esteem is linked to self-respect while at the same time appreciating one’s own strengths as well as understanding one’s own limits. The scale is designed mainly for adolescents, but can be applied in other developmental periods as well. The quality of family relationships was determined by a personality questionnaire (Miglierini, 1987), in particular its family relationships subscale. Respondents answered questions about their relationships to both parents, not separately. The subscale contains 10 questions connected to family relationships with a low score representing a positive assessment of the family relationships.

**The results**

The sample is not characterized by a regular distribution, therefore to determine the differences between groups we used the non-parametric test. In table 1 we can see the average values of the self-esteem levels, 25.46 for children with learning disabilities and 34.10 for children without learning disabilities. The difference between the groups is not significant (p= 0.058; p>0.05). We may conclude that there is no difference in the level of self-esteem between children with learning disabilities and children without these disabilities.
Table 1. Mann Whitney U-test differences between children with and without learning disabilities (LD), (with LD =25, without LD =35)

<table>
<thead>
<tr>
<th></th>
<th>group</th>
<th>N</th>
<th>Average values</th>
<th>Mann Whitney U</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>with LD</td>
<td>25</td>
<td>25.46</td>
<td>311.500</td>
<td>0.058</td>
</tr>
<tr>
<td></td>
<td>without LD</td>
<td>35</td>
<td>34.10</td>
<td></td>
<td></td>
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</tbody>
</table>

Source: Authors’ research

Table 2. Differences in assessing the family relationships by children with LD (N=25) and without LD (N =35)

<table>
<thead>
<tr>
<th></th>
<th>group</th>
<th>N</th>
<th>Average values</th>
<th>Mann Whitney U</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family relationships</td>
<td>with LD</td>
<td>25</td>
<td>36.96</td>
<td>276.000</td>
<td>0.015</td>
</tr>
<tr>
<td></td>
<td>without LD</td>
<td>35</td>
<td>25.89</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Authors’ research

Table 2 shows that there is a significant difference between children with learning disabilities and children without. (p=0.015; p<0.05). The children without learning disabilities assess their family relationships more positively (lower point value indicates better relationships).

**Discussion**

Comparison of the groups of children with diagnosed learning disabilities and those without learning disabilities resulted in interesting findings in the area of pupils’ self-esteem. The research study found no significant difference in the area of self-esteem between children with and without learning disabilities. Balková (2012) describes opposite findings. According to her, children with learning disabilities manifest lower levels of self-esteem than children without these disabilities. We think that one of the reasons for not finding any differences in the level of self-esteem between the groups are: early diagnostics, regular consultations in a center of Special Education Consulting Services, educating children based on methodological instructions as early as the first level of elementary education. We can assume that early intervention may be a strong predictor of eliminating problems with learning. Cooperating with the school and accepting the situation by the parents are important factors for finding solutions in the early stages of the problem when the child experiences first failures. Accepting the child’s problems and focusing on the process of elimination may become motivating factors for the attempts of minimizing the problems with learning. An individualized plan takes into account the diagnosed disability and helps the
child to experience a feeling of success while at the same time accepting his/her limits. Also, the consultations with a psychologist may help in the process of developing the child’s personality. Meeting other children with similar problems in the consulting centers contributes to formation of fellowship. Active participation of parents in the process of education by way of efficient preparation for school and overall support may be considered supporting elements in the child’s education. Consulting the problems with a psychologist probably provides the parents with an overview of the problem as well as with encouragement and support, which the parents subsequently convey to their children. This aspect manifested itself in the second target of our research where we looked at the differences in assessing the quality of family relationships based on children’s views. In both groups average values indicate positive assessment of family relationships, although in the category of children without learning disabilities the levels of positive assessment were higher. It can be assumed that early diagnostics, consultations with specialists and education through integration may be the reasons for not finding discrepancies in the levels of self-esteem. According to Doktorová (2016), Baranovská and Doktorová (2016) a long-term individual approach can affect levels of self-esteem in a positive way.

Rigorous requirements of the educational process make the preparation for school more demanding. And it is here, where children may perceive the family climate less positively taking into consideration the stricter parental control, repetition of the curriculum and the organization of learning, as was manifested in our research. On the other hand, children are conscious of the reasons for this type of parental care, which they view more positively than not. We think that despite the application of such supportive measures, learning disabilities bring higher demands on both the children as well as the parents and these can manifest themselves in increased tiredness during learning, higher parental control, etc. As Bartoňová (2007) states in this context, despite invested effort children with learning disabilities don’t often achieve results that are expected of them. Concentrated attempts of parents to eliminate their child’s learning problems may result in their expectations to gain more positive evaluations by the teacher. However, these expectations are not always fulfilled. A support for our statements can be found at Šatánek (2004) according to whom children with learning disabilities do not often meet their parents’ expectations. These aspects of mutual interactions between children with learning disabilities and their parents may result in a less positive assessment of relationships in family.

The validity of our findings is constricted by the research limitations. It turned out that it was difficult to gain parents’ permission for administration
of the data which resulted in a small number of children participating in the research (N=60, N=25 children without learning disabilities and N=35 children with learning disabilities). On the other hand, thanks to parents of children with learning problems, we were able to form the research sample. Another limitation of the research was that it investigated no other multifactorial forces influencing the formation of self-esteem. Based on these limitations, the results may not be generalized, however they signal the importance of cooperation between teachers, parents, psychologists and special teachers in the process of eliminating the problems with learning.

Conclusion

Early identification of problems and integration play a significant part in the elimination of problems. At the same time it seems that re-education also contributes to development of positive self-assessment and prevents occurrence of negative experiences resulting from school failures. An active involvement of parents in a child’s problems helps to form positive mutual relationships.

References:


