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Research Paper

DEPRESSION, ANXIETY AT SCHOOL AND SELF-ESTEEM IN CHILDREN WITH LEARNING DISABILITIES

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ABSTRACT

Educational research places emphasis on the fact that pupils with Learning Disabilities may develop depressive and anxiety symptoms characterized by lower levels of self-esteem. The aim of this research is to compare the levels of depression, anxiety at school and self-esteem in children with learning disabilities, mathematical disabilities and a control group who showed typical learning. The participants were 132 children (52 girls and 80 boys), with an average age of 9 years, attending the fourth grade of primary school. These pupils were selected by scores on a battery of tests commonly used in Italy for the assessment of learning disabilities. On the whole, analyses revealed that children with Learning Disabilities and Mathematical Disabilities showed higher level of depression and school anxiety as well as lower rated self-esteem at school than children with typical learning. Moreover our findings highlight the co-occurrence of depressive and anxiety symptoms in pupils with Learning Disabilities. One of the issues that emerges from this study is the need to implement prevention programs aimed at identifying at an early age high-risk children showing increased levels of depression and anxiety. Moreover, these findings highlight the importance to find which are the most appropriate educational and clinical interventions to reduce cognitive maladaptive strategies in school aged children.

KEYWORDS: -Depression; School anxiety; Self-esteem; Learning disabilities; Childhood.

INTRODUCTION:-

Recent developments in the field of mental health have led to an increasing interest in the early identification of anxiety and depression symptoms in school-aged population. Longitudinal and epidemiological studies are at the heart of this interest; the first ones documented how depressive symptoms increase in a linear way by creating a continuity from the early depressive episodes to the major depression in adults. Similarly, in the long term, anxious children and adolescents showed an increased risk for enlarged rates of unemployment, welfare assistance, lost productivity, use of medical services, all resulting in extremely high economic health costs .Second, epidemiological studies reveal rates of anxiety disorders in pre-school age children and adolescents ranging between 2.1% and 25% depending on methodological differences in the assessment plans. About the 75% of all anxiety disorders starts at a median age between 11 and 21 years.

It is worth noting the elevated co-occurrence between the above-mentioned mental complaints. So far, anxiety disorders are frequently associated to depressive symptoms with rates ranging from 16 to 50% increasing in chronicity and severity. A common core of high negative affects is the leading cause this comorbidity. The consequence is the interference with daily functioning for a sizeable population of children.

In spite of this occurrence, childhood mental disorders such as depression and anxiety are undertreated and often misinterpreted. Most studies have only been carried out on adult samples and only recently the focus has been moved to children and adolescents.The term “Children with Special Needs (CWSN)” is a broader concept including children with disabilities. The concept of CWSN is explained in two different perspectives-functional development perspective and perspective of

diagnosis. According to the development perspective, development most often occurs in rather predictable stages.Although every child develops in a unique way, all children are expected to interact with their environment at an age appropriate level.

DEPRESSION IN CHILDREN

Although scarce literature has been produced on this issue, studies carried out on children samples have identified biomarkers similar to those observed in adults depression . These concern the altered functioning at level of neuroendocrine and metabolic systems as well as enhanced inflammatory markers and decreased neurotropic factors. The most typical symptoms, therefore, include: sleep and eating complaints, lack of energy and interest in activities previously enjoying, problems in concentrating, pessimism, hopeless, sadness, irritability, low self-esteem, suicidal thinking. Moreover, preschool depression is characterized by motor problems including poor gross motor and coordinative skills.

The nature of above-mentioned symptoms confirms the multidimensional etiology of children depression. It's widely accepted how complex interactions between genetic and environmental factors affect the onset and the maintenance of depressive symptoms. Nevertheless, this symptomatology would differently manifest depending on the gender and the age. Specifically, girls appear to be more likely to manifest depressive symptoms than boys; in turn, gender differences increase by age thorough adolescence when the occurrence of depressive symptoms is rated to be twice that of males. These gender differences are influenced by factors of psychosocial risk such as lower levels of school self-esteem and self-efficacy. To date, ample evidence has been found associating self-reported depressive symptoms with school under-achievement. In their review, Cuijpers, Van Straten, Smits and Smit analyzed in deep this issue and identified direct and mediated links between the level of mood and the school outcomes. First, typical symptoms such as cognitive biases, lack of interest and loss of energy negatively affect performance at school. More specifically, cognitive biases effect on functioning of executive control and cause inadequate inhibition processes and scarce concentration, as well as dysfunctional updating in working memory and forgetting . Second, the relationship between depressive symptoms and school achievement is mediated by variables such as a maladaptive motivational profile including lower self-esteem, lower perceived academic competence and entity personal conceptions of intelligence

ANXIETY IN CHILDREN:-

A variety of authors recognized anxiety disorders as the most prevalent child mental impairments .Anxiety appears to be a multidimensional construct composed by physiological, cognitive, affective and behavioral components. There is high agreement among scholars and practitioners that typical fears clearly characterize developmental patterns. In other words, it's a typical reaction to stress, an unpleasant emotional response evocated by imagined or real threat and danger. Only when the level of anxiety becomes excessive and creates interferences with daily functioning, it evolves into anxiety disorder both in adults and in children. Childhood and adolescence are identified as the main risk developmental phases for the beginning of anxiety disorders. Consequently, there is an increasing emphasis on the analysis of sub-threshold anxiety characterized by subclinical symptoms of anxiety in children and adolescents. Fears concerning separation anxiety decrease during first childhood whereas fears about school and school anxiety increase during medium childhood because of the central role of learning activities during school age. School anxiety describes a discomfort reaction associated with unpleasant emotions and a state of distress occurring in response to situations involving school learning tasks that are perceived as threatening to self-worth. A variety of studies documented the antecedents and the reinforcing factors of school anxiety and subdivided it into three main categories: environmental, personal and cognitive causes. The first ones embrace negative experiences in class or with classmates or with teachers.

MATERIALS:-

Raven's Progressive Matrices (2008): The Raven's Progressive Matrices were administered to measure general intelligence. This test is particularly suitable for children with language and reading disabilities because it evaluates the development of logical thinking and seems to limit the influence of cultural and linguistic factors. Given a matrix of geometric shapes, children were required to select the correct missing shape among a set of items. For each item, evaluation was binary, with a score of 1 being attributed to each correct item, and 0 to incorrect items.

READING COMPREHENSION ABILITIES :-

The Reading Comprehension was given to evaluate the reading comprehension abilities. The test is a story suited to and standardized for the children's school grade, followed by 10 multiple choice questions relating to the characters and events mentioned in the story. Participants were asked to read the story to themselves and choose the correct answer from a list of 3 written alternatives answers, according to their understanding of the story. Pupils employed, on average, 20 minutes to read and respond to the questions. The scoring parameters of the evaluation were 1 point for each correct answer. Average performance was 6 or more correct choices. This test was administered to select students with average reading comprehension abilities. Internal consistency reliability was a coefficient responding a .60 in non-clinical samples .

READING DECODING ABILITIES

The Reading Decoding Test was given to evaluate the reading decoding abilities. This test required the subjects to read a text out loud. The number and kind of errors made were evaluated. Separate scores were calculated for speed and accuracy. With regard to accuracy, a score of 1 was attributed for each long pause, or addition or omission of syllables, words, or lines. A score of 0.5 was attributed for each error of accent shift, hesitation, or self-correction. Average performance is 6 or less errors. With regard to speed, the total score was obtained by calculating the seconds per number of syllables of text read. Average performance was score of 1.83 syllables/seconds or more. This test was administered to identify the participants with reading decoding difficulties. The reliability coefficient of test for accuracy was a = .75 in a non-clinical sample of standardization.

MATHEMATICAL ABILITIES

The Test for evaluation of calculation abilities - AC-MT was administered to evaluate the mathematical abilities in children with an age from 6 to 11. This test allows to estimate the various aspects of mathematical learning: written and oral computation ability, symbolic arithmetical reasoning ability, computational speed.

SCHOOL SELF-ESTEEM LEVEL

The subscale "School Self-Esteem" was derived from the Multidimensional Self-Concept Test - TMA aimed at assessing the global self-worth by means of different scales. It includes 6 subscales: Social, Competence, Affect, School, Family and Physical, which contribute to an overall construct of self-concept. Each subscale can be administered and interpreted separately [65]. The administration can be both individual and collective. In particular, for our research, we have chosen the scale to evaluate the school self-esteem.

The "School Self-Esteem" scale consists of 25 items, positive and negative, related to the way pupils feel about themselves in the school domain. Participants were asked to express their level of agreement with statements such as I am proud of my school work or I do not understand much what I read. Each item was presented on a 4-point Likert scale from Absolutely true to Absolutely false. The test-retest reliability of the battery was from r=.90 in a non-clinical sample of standardization.

PROCEDURE

At the beginning of the research, a screening was done on all the fourth graders from two public schools located in quarters of medium socioeconomic level. The screening was carried out over 3 months. Children were tested on a whole battery of reading comprehension and mathematical tests which are commonly used in the assessment of LD in Italy. All children were assessed with the Raven's Progressive Matrices Reading Comprehension and Decoding test and AC-MT test After the screening were selected 132 children subdivided into three groups: group 1 (LD) characterized by typical intelligence, comprehension disabilities, decoding reading disabilities and mathematical disabilities; group 2 (MD) characterized by typical intelligence, typical reading decoding and comprehension, and mathematical disabilities (dyscalculia); group 3 (TL) characterized by typical learning .

These children were administered with Depressed Mood, School Anxiety and Self-Esteem tests. The order of presentation of the three tests was balanced. The administration modality was collective. All tests were administered in groups inside the classroom and the procedure did not last than 25 minutes.

DATA ANALYSIS

This study had four goals. First, to investigate whether pupils with LD (group with reading and mathematical disabilities), or MD (group with specific mathematical disabilities) would present an higher level of depressed mood and school anxiety than pupils with typical learning skills (TL); second, to investigate whether pupils with LD or MD would present a lower level of school self-esteem than pupils with TL; third, to investigate whether girls would have higher scores on depressed mood and school anxiety and lower scores on self-esteem at school than males; fourth, to study to what extent are correlated depressed mood, school anxiety and school self-esteem level.

First three goals were analyzed by the MANOVA, using school profiles and gender as independent variable, whilst the dependent ones were depressed mood, school anxiety and school self-esteem. Analysis of variance was performed to investigate the relationship between the aforementioned variables. Fisher F was calculated. The fourth goal was analyzed by bivariate correlations for each group. Pearson's correlation test was performed to assess the associations between investigated variables. The level of significance was set at $p < 0.05$. The SPSS Software (Version 20 for Windows) was used.

CHILDREN WITH LEARNING DISABILITIES:-

Some individuals, despite having an average or above average level of intelligence, have real difficulty acquiring basic academic skills. These skills include those needed for successful reading, writing, listening, speaking and/or math. These difficulties might be the result of a learning disability. A learning disability is a neurological disorder. In simple terms, a learning disability results from a difference in the way a person's brain is "wired." Children with learning disabilities are as smart or smarter than their peers. But they may have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by them or if taught in conventional ways. A learning disability can't be cured or fixed; it is a lifelong issue. With the right support and intervention, however, children with learning disabilities can succeed in school and go on to successful, often distinguished careers later in life.

METHODOLOGY:-

First, we found significant differences in the level of depression and school anxiety as a function of learning profiles. Specifically, pupils with LD and MD self-reported more depressive symptoms and higher school anxiety than their peers with typical level of learning. This finding confirms previous research which have generally demonstrated the occurrence of a maladaptive emotional profile since childhood in critical conditions such as learning disabilities. On the whole, learning disabilities enhance the pupil perception of negative self-competence and increase negative effects such as depressed

mood, reduced pleasure and interest, irritability, fatigue, weakened concentration. Moreover, failure at school favors the introduction of task-irrelevant thoughts, creates distraction and lower concentration on the task by interfering with the information processing system.

CONCLUSION:-

Learning Disabilities refer to a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency.

REFERENCES:-

1.Abela Z, Hankin BL (2008) Handbook of depression in children and adolescence, Guilford Press, New York, USA

2.Ahlen J, Breitholtz E, Barrett PM, Gallegos J (2012) School-based prevention of anxiety and depression: a pilot study in Sweden. Advances in School Mental Health Promotion 5: 246-257.

3.Alesi M, Rappo G, Pepi A (2010) Strategie di autosabotaggio e autostima in bambini condifferentiprofili di apprendimento. Ricerche di Psicologia 4: 505-519.

4.Alesi M, Rappo G, Pepi A (2012) Self-esteem at school and self-handicapping in childhood: comparison of groups with learning disabilities. Psychol Rep 111: 952-962.