

**How to Cite:**

Ahmad, S. M., & Ansari, S. A. (2022). Effect of parent-child relationships on the self esteem of the children with learning disabilities. *International Journal of Health Sciences*, 6(S1), 9795–9805. <https://doi.org/10.53730/ijhs.v6nS1.7290>

# Effect of parent-child relationships on the self esteem of the children with learning disabilities

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**Abstract---**Learning disabilities often run in families. There might be a learning disorder if a particular area of learning consistently produces trouble. Children with learning disabilities are often stigmatized due to learning delays and challenges with their academics and associated with failure, which lowers their self-esteem. In India, approximately 13 to 14 per cent of all school children suffer from learning disorders and 12.5%, 11.2% and 10.5% have dysgraphia, dyslexia and dyscalculia respectively. Individuals with learning disabilities experience social, emotional and motivational hardships more severely than someone who does not have a learning disability. When a child has a learning disability, social cues can be misinterpreted. Children with learning disabilities need special attention due to their educational needs. A child with a learning disability will experience negative emotions towards their lack of control of their external environment. Specialists and parents can help children with learning disabilities achieve success by encouraging their strengths, knowing their weaknesses, understanding the educational system, working with professionals and learning about strategies for dealing with specific difficulties.

**Keywords---**Learning Disability, Children, Self-esteem, Relationship.

**Introduction**

Social acceptance is important in a child's life but it is harder to obtain if one has a learning disability (LD). Individuals with learning disabilities experience being ridiculed, ostracized and labelled as dumb, subnormal and slow learners by their peers. "Learning disabilities" is a term that is used to describe different types of learning problems. A learning disability is not a disease. It is common for learning

disabled children to be stigmatized and associated with failure, which lowers their self-esteem. Academic problems for a child with a learning disability may experience can be a constant source of frustration, especially in the areas of reading, math, reasoning, memory and or self-control. Many children with a learning disability struggle with social acceptance among their peers and are bullied by their classmates (Westwood, 2004).

### **Learning Disability**

Learning disability (LD) is a neurological disorder that affects the brain's ability to receive, process, store, and respond to information (Clauss-Ehlers, 2010). Generally, children see, hear and understand things differently when they suffer from learning disabilities. It can be hard to learn new information or skills and use them effectively as a result. Among the most common types of learning disabilities are those that affect reading, writing, math, reasoning, listening, and speaking skills. A child with a learning disability has extreme learning challenges, academic difficulties and is given special educational support. The gap between potential and achievement is wide. Children with learning disabilities generally have average or above-average intelligence but often have difficulty achieving the same academic level as their classmates (Brown, 2008).

The hardships experienced by individuals with learning disabilities are more severe than those who do not have learning disabilities. Failure and poor performance lead one to self-doubt their intelligence, which discourages and causes one to fear further failure and poor academic outcomes in the future. Children with learning disabilities are associated with poor academic achievements. Having a learning disability does not prevent one from learning but requires a different method of teaching. This may include modifications in the classroom to accommodate developmental delays, which help to make schoolwork challenging but less difficult (Brown, 2008). Detecting a learning disability at birth can be extremely difficult. Since there is not an obvious physical indicator, a parent must wait for a delay in development to determine whether a child has a learning disability or not (Gates & Edwards, 2007). Children with a learning disability are very intelligent but repeated academic failure weakens their self-confidence and esteem. They may acquire a disliking for school and later become delinquent (McShawn & Williams, 2003). Failure is a constant theme in the life of a child with a disability through no fault of their own (Zastron & Ashman, 2010). Children with learning disabilities often lose motivation to thrive in school when failure becomes more prominent. They are unable to grasp things as quickly as their classmates who are not disabled. Some children accept failure in school therefore; they no longer attempt to try anything new. The assumption becomes that no matter how hard they try, they will fail. The potential of them taking a new risk or a step towards a brighter future is halted. Students with learning disabilities learn to internalize their problems due to repeated academic failures, which lead to low educational self-perception and learned helplessness. Academic failures and challenges diminish feelings of self-worth and result in submissive and passive behaviours. This allows students with learning disabilities to become vulnerable to peer aggression since they internalize their problems. It is not uncommon for them to become bullies as a way to deal with their internal turmoil after being bullied. Students with learning disabilities who are in a self-contained

classroom (inclusion) provide a greater chance of socialization opportunities, which promotes friendship, reduces stigmatization and promotes self-determination. Students with a learning disability are integrated with regular education students are more likely to be bullied, teased and ridiculed (Savage, 2007).

Children with learning disabilities need special attention due to their educational needs. A child with a learning disability will experience negative emotions towards their lack of control of their external environment. Failure is a common thread among those with mild to severe learning disabilities. Children with a learning disability experience limitations in an academic environment and have been known to show a "learned helplessness" or a lack of perseverance when failure persists. Children with a learning disability do not have strong self-perception due to the endless series of failures. They often compare themselves to their non-learning disabled peers (Abar, Taj, & Malik, 2010). There are many facets of learning disabilities, which is the governing component of failure in a child with a learning disability life. Academic difficulties affect children with learning disabilities self-esteem makes them prone to accept failure. They internalize their lack of comprehension and/or strategies used to successfully acquire a skill.

### **Self-Esteem**

Schwalbe and Staples (1991) properly defined self-esteem as the feelings an individual has about himself/herself that affect the way he/she views himself/herself. These views include self-observation, perceived feelings of himself/herself: and self-knowledge. High self-esteem is dependent on attitudinal factors. It is different from the self-concept as self-esteem addresses feelings and emotions. Additionally, while self-concept tends to be a construct that varies little over time, self-esteem can flow throughout an individual's lifetime. This change can be affected by various circumstances and life events.

Self-esteem is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioural aspects as well as evaluative or affective ones (Blascovich & Tomaka, 1991). Typically, the construct is used to refer to a sense of self-worth in general, while narrower concepts like self-confidence or body-esteem refer to senses of self-worth in particular. Generally, it is accepted that self-esteem functions as a trait, which means it is stable across time within individuals. Self-esteem is a popular construct within psychology and is virtually related to every other psychological concept or domain, including personality (e.g., shyness), behavioural (e.g., task performance), cognitive (e.g., attribution bias), and clinical concepts (e.g., anxiety and depression). The environment of acceptance and success raises self-esteem, while the environment of failures lower it.

This study is an attempt to understand the effect of parent-child relationships on the self-esteem of children with learning disabilities. The study is based on various researches, articles, journal papers, thesis was conducted on the parent-child relationships on the self-esteem of children with disabilities. The information was further analyzed to understand the effect of self-esteem of

children with learning disabilities, various social stigmas with learning disabilities and the parent-children relationship between children with learning disabilities.

### **Self – Esteem and Children with Learning Disability**

Self-esteem can be defined as valuing one's self-worth. A child's self-esteem can be altered when a major life event takes place, such as being diagnosed with a learning disability. Low self-esteem is associated with children with learning disabilities due to academic challenges, labelled as slow learners and experiencing rejection from their peers. Low self-esteem is associated with disruptive emotional, behavioural and academic problems with school-aged children. Given a period of time, positive self-esteem will emerge with gains in numerous academic achievements. Being labelled as learning disabled can be potentially stigmatizing (MacMaster, Donovan, & Macintyre, 2002). Children with learning disabilities are often stigmatized due to learning delays and challenges with their academics, which has a profound impact on their self-esteem. Research has shown that children with learning disabilities experience lower level acceptance from their classmates than non-learning disabled students (Zhao & Zhang, 2008). School is not always a haven for learning disabled students due to constant discrimination, ridicule and rejection. Students with learning disabilities find ways of escaping verbal and physical torment from their peers by using strategies to conceal their learning challenges in social and academic interactions. A child suffering from a learning disability may misinterpret the social cues. They struggle with depression and deal with an enormous level of rejection and shame, which takes a negative toll on their self-esteem. Some individuals with a learning disability lapse into a negative cycle, which leaves them feeling ashamed of their learning difficulties and choosing to stay away from social activities. This prevents one from meeting others and help erode their self-confidence, which makes them less motivated to surface from isolation. As a result, they suffer from torturous self-doubt and their self-esteem plummets (Roffman, 2007). There is discrimination against children with learning disabilities, which lowers their self-esteem.

### **Social Stigmas associated with Learning Disability**

Research shows students with a learning disability viewed their disability as a stigma and are less likely to ask or seek help (Gates & Edwards, 2007). Students with a learning disability are stigmatized because their peers view them with flawed learning characteristics and are not considered normal. There will be countless experiences with failure at home and school with a learning disabled child. They may be excluded from examinations and tests, attend special classes or find themselves in a self-contained classroom for additional assistance with school work (Healy, 2007). Students with a learning disability are more likely to become depressed and have lower self-esteem due to not being accepted by their non-disabled classmates. This may later lead to dropping out of school, mental health problems and juvenile and adult crime (Reed, 2005). A learning disability child is three times more likely to join street gangs due to low self-esteem, lack of identity and low self-worth. Gangs give them a momentary feeling of belonging to a group that does not discriminate but accepts them (Clinton, Clark, & Straub, 2010). There is a great relationship linking juvenile delinquency and learning

disabilities. A child with a learning disability poses a greater risk to the increase of offenders in the penitentiary. This is due to seeking social acceptance among their peers and having low self-esteem. Students with learning disabilities who struggle with low self-esteem may have parents and teachers who display rejection and hostility towards them because they misinterpret failures as a lack of motivation. A study taken of 240 fathers of learning disability children expressed they were depressed and lack gratification in the child-rearing process (Florian-Lacy, Jefferson, & Fleming 2002). Non-verbal communication plays a major role in boosting a child with a learning disability self-esteem. Positive non-verbal communication such as smiling, a soft touch or a voice shows acceptance and security. Negative communication such as scowling, shouting or having angry facial expressions can make a child feel worthless, unloved and fragile, which can have negative effects on their self-esteem (Colwell and O'Conner, 2003). Some children choose not to deny their disabilities due to having a strong parental support system that set attainable goals. Their parents help them to stay focused and give a positive outlook despite the learning difficulties, which boost the self-confidence and self-esteem of the child. The parental and family support system allows a child with a learning disability to accept their learning difficulties and reject the opinions of others that made them feel less worthy. Such practices allow a learning disabled child to analyse the strategies that use similarities between them and those without learning disabilities. This avoids upward social comparisons to those who struggle academically. Social support is an essential part of obtaining, maintaining and building healthy self-esteem. Interpersonal relationships are important to the well-being of those who struggle with a learning disability (Abraham, Gregory, Wolf, & Pemberton, 2002). Children with learning disabilities need to develop strong self-esteem and a positive self-concept to safeguard themselves from the negative feedback they receive from non-disabled peers. Educators and parents need to have an open line of communication when challenges may surface and provide social interactional skills to deal with harsh and critical comments which a learning disabled child might face from their peers and society.

Learning disabilities come with great learning and social limitations, which could lead to teasing and humiliation by their peers. Some children with learning disabilities learn to protect themselves against teasing, ostracizing and feelings of worthlessness by concealing their academic failures and emotions. Others with learning disabilities focus on their academic progress, which strengthens their self-esteem. A study found someone who struggles with a learning disability displays a wide range of psychosocial problems in educational settings. There is a lack of motivation for schoolwork, dropping out of school, anxiety, low self-esteem, depression, loneliness, fear of failure, and poor social skills. Children with a learning disability are prone to a greater risk of being bullied and teased by their classmates (Singer, 2005). The reoccurring rejection adolescents with learning disabilities receive from their peers leaves them feeling isolated and embarrassed about their educational failures. The continuous cycle of failures will expose them to self-ridicule, isolation and being teased by their classmates. Isolation and failure will stunt their growth to healthy self-esteem and social skills (Baumeister 7 2008).

### **Children with Learning Disability and relationships with their parents**

With additional challenges to face by both the parent and the child, the health of the family relationship can be even more impactful in families of children with disabilities. Though there have been conflicting research findings regarding the impact that a child's disability can have on the family in general and the parent-child relationship, researchers consistently determine that family functioning is affected greater in families of children with disabilities than those who only have typically developing children. In contrast, Beurkens, Hobson, and Hobson (2013) conducted a study on children with autism and found that the severity of autism harmed children's interactions with their parents, and on the quality of the parent-child relationship, it had no significance. Further research has been conducted on children with ADHD exploring the parent-child relationship quality. Deault (2010) found that there was a relationship between ADHD symptoms in children and conflictual parent-child relationships. This negative impact was increased when the child also had a diagnosis of a comorbid disorder, such as conduct disorder or oppositional defiant disorder (Deault, 2010). The impact of parenting behaviours on children with ADHD can even be identified when the parent is not the birth or biological parent. Research on adoptive mothers and their children with ADHD found that hostile parenting by mothers was associated with ADHD symptoms. Additional research on parents of children with ADHD continues to substantiate the impact of parent behaviours on child development. Mikami, Jack, Emeh, and Stephens (2010) examined peer relationships in children with ADHD and found that the parent's level of socialization with other parents, in addition to providing opportunities and encouragement for child peer interactions, impacted the peer relationships that were developed. In addition, parents of ADHD children were more critical of their peer interaction behaviours, provided fewer peer interaction opportunities for play, and reported lower levels of social skills themselves when compared to parents of non-ADHD children (Mikami et al., 2010).

Children with a learning disability have a low level of self-esteem and have adjustment problems thus affecting the interpersonal relationship (Patil, G.Sarswathi and Padakannaya (2009). Studies reveal that L.D children are rejected more often (Raskind & Higgins 1995). For children with a learning disability, social relations may have an effect on academic self-concept and self-esteem, which in turn may influence achievement. Some individuals with learning disabilities overrate their social status, their ability. They are quite motivated and persistent in striving for their goals, yet they don't display positive attitudes regarding competence (Swanson & Hoskyn, 1998). The Quality of the parent-student relationship has positively and significantly related to self-esteem and academic achievement. Students with a good quality relationship with their parents are evaluated themselves positively compared with others. Children need a positive environment to mould their self-esteem and here parent and teachers play a major role in building and shaping their confidence. For most children with L.D, the parents and teachers are the most important resources (Singer 2005). But some studies reveal that for some parents accepting a child with a learning disability is quite a difficult task. There is a sense of stigmatization and guilt that might last throughout the parent's life (Wong, Thomas and Wong S 2003) and this feeling of parents would reflect upon the self-confidence of children. The

awareness of alternative schooling among the parents is gradually increasing as, the teaching methodology of most alternative schools give importance to the development of psychosocial skills, to deal with the demands and challenges of everyday life (Bryan 1999). Circumscribed perceptions of learning disabilities can foster self-esteem among children with learning disabilities (Hayman 2000). Children in alternative schools are mostly diagnosed with learning disabilities. Children with learning disabilities report higher levels of self-esteem following diagnosis than before diagnosis (Mac master, Donovan, Mac Intyie 2002). Mac Master, Donovan and Mac Intyie (2002) study on the effect of being diagnosed with a learning disability on elementary school children's self-esteem was examined using a quasi-experimental design. Diagnosis, particularly when it is communicated and explained to the child and his/ her parents appear to be associated with higher self-esteem in the L.D children.

Parents of children with disabilities may have concerns about the content of the information being presented to their child's peers about disabilities or about how it is presented. The accuracy of the information presented, potential violations of the child's privacy, whether or not the focus is on what a child cannot do rather than what the child can do, and whether or not emotions such as pity are likely to be evoked are some of these concerns.

Children with disabilities often face very different and additional challenges than their non-disabled or typically developing peers. Dyson (2010) found that children with learning disabilities are often not accepted by extended family members and often compared to their non-disabled relatives. Regarding education, it was found that they were often rejected, labelled, and burdened with unrealistic expectations by the school. Parents also reported that their children with learning disabilities often came home distressed due to a lack of satisfactory experiences at school (Dyson, 2010). There are additional concerns for disabled children regarding whether they will graduate with a standard diploma from high school, be able to go to college or obtain paid employment. Even the type of disability that the child has can have an effect on their parent's expectations for their level of success, which can negatively impact a child whose parents have lower expectations for them based upon their impairment (Doren, Gau, & Lindstrom, 2012). The level of special attention required can often negatively impact the parent-child relationship (Algood, Hong, Gourdine, & Williams, 2011). Research has indicated that children with disabilities are 3.4 times more likely to be victims of sexual abuse than non-disabled children. This abuse is often perpetrated by someone they know and trust, such as a coach or teacher (Skarbek et al., 2009). Findings such as this confirm that children with disabilities are at an increased risk of negative interactions with those who are expected to care for them.

## **Methodology**

This study is an attempt to understand the effect of parent-child relationships on the self-esteem of children with learning disabilities. The study is based on various researches, articles, journal papers, thesis was conducted on the parent-child relationships on the self-esteem of children with disabilities. The information was further analyzed to understand the effect of self-esteem of

children with learning disabilities, various social stigmas with learning disabilities and the parent-children relationship between children with learning disabilities.

## **Suggestions**

### **Parental Competence**

Though not a new concept, parental competence is a topic that has not been widely studied in its application to raising children with disabilities (Dempsey, Keen, Pennell, O'Reilly, & Neilands, 2009). Previous research on parental competence and children with disabilities has often been related to intervention-based research to determine effectiveness outcomes, but little attention has been given to the concept to compare it to families with typically developing children. For example, Keen, Couzens, Muspratt, and Roger (2010) examined the impact of parent-focused interventions on parenting competence and stress in families of children with an autism spectrum disorder. Parents who received the intervention that included professional face-to-face visits reported less stress and higher levels of parenting competence (Keen et al., 2010). Giallo, Wood, Jellett, and Porter (2011) conducted a study of mothers with children of autism spectrum disorder ages 2 to 5. When compared to mothers of children who did not have autism, these mothers reported significantly higher levels of fatigue mostly in the moderate range. High levels of fatigue were associated with lower levels of parenting satisfaction and parenting competency, as well as higher levels of stress and anxiety (Giallo, Wood, Jellett, & Porter, 2011). A similar study conducted on Australian parents yielded the same results. Cooklin, Giallo, and Rose (2012) examined fatigue and parenting in the general population. Findings confirmed that higher levels of fatigue were linked to lower levels of perceived parenting competence, higher levels of parenting stress, and strained parent-child interactions (Cooklin, Giallo, & Rose, 2012). Parenting competence has also been found to be related to parenting stress. A study conducted on mothers of children with intellectual disabilities (ID) found that mothers who reported higher levels of parenting competence also had a greater internal versus external locus of control for their parenting behaviours, which resulted in lower parenting stress levels (Hassall, Rose, & McDonald, 2005). Meirsschaut, Roeyers, and Warreyn (2010) found that mothers reported greater levels of stress regarding their parental competence in raising their child with autism compared to stress levels related to raising their nondisabled child. In addition, the higher the level of parenting competence regarding their autistic child, the higher the level of parenting competence was regarding their nondisabled child (Meirsschaut et al., 2010). A study done on a rare disorder found in children did provide comparisons for children with disabilities with typically developing children.

## **Conclusion**

Our study of 41 different studies concluded that learning disabilities are difficult to cure; they are a lifelong problem. Nevertheless, children with learning disabilities are still capable of leading a successful and distinguished life with the right support and intervention. Children with learning disabilities can be encouraged to succeed by encouraging their strengths, understanding their weaknesses, working with professionals, and learning specific strategies. A child might have difficulty with homework occasionally, but if one area of learning is

consistently problematic, it might be an indicator of a learning disorder. It can be difficult for parents to accept that their children suffer from learning disabilities. Parenting a child with a learning disorder is always difficult. Parents don't want their children to suffer. They may worry about how their child will complete school. Many parents fear that bringing their child's problems to attention might cause them to be labelled "slow" or reassigned to a less challenging class. The important thing to remember is that most kids with learning disabilities are just as smart as everyone else; you just have to find ways to teach them in ways that are customized to their needs. Parental education on learning disabilities in general and a child's learning difficulties, in particular, can assist their child in achieving success at school and beyond.

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