“Stigma, underachievement and misunderstanding of LD continue to be stubborn barriers for parents and children to overcome. The data in a 2014 report reveals that left unaddressed as many as 60 million individuals risk being left behind, burdened by low self-esteem, subjected to low expectations and diminished in their ability to pursue their dreams.”

James H. Wendorf,
NCLD Executive Director (2014)

Specific developmental disorders of scholastic skills have been a cause of academic difficulties faced by many children. Through the years an attempt is made to describe them by allotting them different labels like dyslexia, perceptual handicap, neurological impairment, minimal brain dysfunction, congenital word blindness, developmental aphasia, congenital aphasia, education handicap, etc. (Mehta, 2011).

Childhood is perceived to be a very special time in everybody’s life but not every child shares the same experience. For instance, a ten year old child was getting poor grades in school, especially in math said to be due to ‘carelessness’. His teachers insisted that this was merely a sign of his ‘inattention or laziness’, his ‘lack of seriousness’ towards schoolwork or/and his ‘lack of desire’ to succeed. But his parents knew otherwise, as he spent hours on the simplest homework assignment. On analysis it was found that the child had perceptual learning disability that made math particularly demanding. He put in a lot of effort into making his untidy assignments look presentable perhaps in an effort to conceal his learning disability. This also reduced the amount of energy he had left for dealing with other academic consequences of his disability. As a result the child and his parents were both left feeling helpless and frustrated.

A child who is otherwise intelligent but does not meet the expectations of the parents and teachers in academic activities would evidently give rise to curiosity pertaining to this discrepancy. Initially teachers were unable to comprehend as to why certain students were unable to cope with basic classroom tasks whereas others were able to easily comprehend those tasks. The history of Learning Disability (LD) began in
1802 with Franz Joseph Gall, German anatomist and physiologist who studied the localization of mental functions in the brain and is recognized as being involved with the earliest identified case of learning disabilities. However naming of LD, which was earlier considered as mental retardation, began towards the end of 19th century with a German physiologist Adolf Kassmaul who in 1877 first coined the term ‘word blindness’ to describe such a problem. Through the following years learning disability has been called a lot of names, from mental handicap or mental retardation to word blindness, cerebral dominance, brain injured, Strauss syndrome, minimal brain dysfunction, perceptual disorder, etc.

It was in 1963, Dr. Samuel Kirk addressing a conference in Chicago used for the first time the term learning disability to describe children with a learning problem. As Kirk put it:-

"Recently I have used the term "learning disability" to describe a group of children who have a disorder in development, in language, in speech, reading and associated communication skills needed for social interaction. In this group I do now include children who have a sensory handicap such as blindness or deafness, because we have methods of managing and training the deaf and the blind. I also exclude from this group, children who have generalized mental retardation” (Kirk, 1963).

1.1 DEFINING LEARNING DISABILITY

Learning Disability (LD) is a term used to describe a neurological handicap that interferes with a person’s ability to receive process, store and retrieve information. LD creates a gap between a person’s ability and performance. Learning disabilities are often characterized by a general lack of ability to read and write. However, educators for many years had suspected that some of the problems students who have a learning disability face are quite unlike the problem experienced by other low achieving students. Students who have a learning disability are of average intelligence and they do not exhibit sensory impairments, have no significant health problems, emotional disturbance or socio-cultural disadvantage, and have been exposed to appropriate teaching. It has been seen that despite been given the appropriate conditions they still failed to gain normal proficiency in the basic skills of reading, writing and mathematics.
Difficulties for these children may also manifest in expressive and receptive oral language, problem solving, physical skills, self management and social skills development (Block, 2003).

Lack of agreement pertaining to the exact definition of learning disabilities has continued for past many years since Dr. Samuel Kirk first coined the term ‘Learning Disability’. Rotatori and Wahlberg (2004) state that since the term learning disabilities was first conceived, defining it has been a ongoing and controversial process. Owing to lack of agreement upon the exact definition of learning disabilities Skues and Cunningham (2011), concluded that there is a sense of disagreement and little clarity pertaining to the definition of learning disabilities however it is clear that even when they have average intelligence students with learning disabilities show specific problems with learning. Following are some of the popular definition of Learning Disabilities. Hallahan et al. (2005) cited some of the popular definitions of learning disability and made an attempt to analyse the similarities in the definitions.

**KIRK’S DEFINITION OF LEARNING DISABILITY (Kirk, 1962)**

A learning disability refers to retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, writing, arithmetic, or other school subject resulting from a psychological handicap caused by a possible cerebral dysfunction and/or emotional or behavioral disturbances. It is not the result of mental retardation, sensory deprivation, or cultural and instructional factors.

Five components in Kirk’s definition have appeared in many of the definitions that followed it: (Hallahan et al., 2005)

- Sub average achievement (reading, writing, arithmetic) or achievement-related behavior (speech or language)
- Intra-individual differences—the possibility that the sub-average achievement or achievement-related behavior occurs in only one or some areas, with average or above-average achievement in the other areas
- Reference to psychological processing problems as causal factors or at least as correlated factors
- Suggestion of cerebral dysfunction as a possible causal factor.

- Exclusion of other disabling conditions (e.g., mental retardation) and environmental conditions as causal factors.

**BATEMEN’S DEFINITION OF LEARNING DISABILITY (Batemen, 1965)**

Children who have learning disorders are those who manifest an educationally significant discrepancy between their estimated intellectual potential and actual level of performance related to basic disorders in the learning process, which may or may not be accompanied by demonstrable central nervous system dysfunction and which are not secondary to generalized mental retardation, educational or cultural deprivation, severe emotional disturbance, or sensory loss.

**THE NCLD (THE NATIONAL JOINT COMMITTEE FOR LEARNING DISABILITIES, 1981/1988) DEFINITION**

“Learning disabilities” is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (e.g., sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g., cultural differences, insufficient-inappropriate instruction, psychogenic factors), it is not the direct result of those conditions or influences.

**LDA’s DEFINITION OF LEARNING DISABILITY**

(Learning Disabilities Association, 1986)

Specific Learning Disabilities is a chronic condition of presumed neurological origin which selectively interferes with the development, integration, and/or demonstration of verbal and/or nonverbal abilities. Specific Learning Disabilities exists as a distinct handicapping condition and varies in its manifestations and in degree of severity. Throughout life, the condition can affect self-esteem, education, vocation, socialization, and/or daily living activities (Hallahan et al., 2005).
IDEA’S DEFINITION OF LEARNING DISABILITY (INDIVIDUALS WITH DISABILITIES EDUCATION ACT AMENDMENTS OF 1997)

The term “specific learning disability” means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

The above mentioned definitions of LD have certain elements in common. Given below is a tabular representation of these common elements and then their explanation also follows (see Table 1.1).

**Table 1.1: A Table showing the common elements in the various definitions of LD (Hallahan et al., 2005):**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Sub average Achievement</th>
<th>Intra individual differences</th>
<th>Process deficits</th>
<th>CNS dysfunction</th>
<th>Discrepancy</th>
<th>Exclusion of other disabilities</th>
<th>Life-span problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirk</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td></td>
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<td>Bateman</td>
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<td>•</td>
</tr>
<tr>
<td>NJCLD</td>
<td>•</td>
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<tr>
<td>LDA</td>
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<tr>
<td>IDEA</td>
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<td></td>
</tr>
</tbody>
</table>

**Sub Average Achievement**

This is one element that is common to all the above mentioned definitions of learning disabilities. Ever since the research started and work was done in the field of learning disabilities, educators and researchers have emphasized on the lack of achievement. As a primary characteristic of learning disabilities, discrepancy in
achievement is important, as there is a gap between what an LD individual is potentially capable of learning and what he has in fact learned or achieved.

**Intra-Individual Differences**

This is another important element used to identify individual with learning disabilities. Intra-individual differences are differences within a student across academic areas. For instance, a student who has learning disabilities may be good with math and listening comprehension but may display a poor writing ability. Whereas another student with learning disabilities may read and speak well but have difficulty in math comprehension. In other words it can be said that individuals with learning disabilities may have prominent deficits with achievement in one or more areas. This particular characteristic of learning disabilities is what makes it different from mental retardation where one it is seen that the performance is low and hindered overall across the range of academic areas. Hence a child with learning disabilities can be only dysgraphic or only dyscalculic or even both.

**Psychological Processing Deficits**

Researchers who worked in the area of learning disabilities believed that there is a deficiency in way children receive, process, store and retrieve auditory and visual information was closely related to their learning difficulties and may even be the primary reason that causes these problems. But owing to the fact that these processing deficits were hard to assess reliably and despite efforts made in improving children’s performance on them caused an improvement in achievement, the notion of processes deficits was done away with (Hallahan & Cruickshank, 1973). However, of late some educators have come to understand the significance of these precursor skills of the psychological processes discussed in the early days of learning disabilities for some areas of academic achievement. For example, the psychological process of phonemic awareness is considered important in reading and spelling (Torgesen, 2002)

**Central Nervous System Dysfunction**

Ever since the initial work in the field of learning disabilities, researchers have shown interest in the notion that the behavioral problems referred to in Kirk’s definition
maybe the consequence of minor variations in neurological functioning. Such a notion is interesting because it is well understood that some conditions that result from certain identifiable neurological deficits, such as cerebral palsy are very often accompanied by problems and difficulties in learning and behavior. However, no consistent results have been reported regarding the measure of subtle neurological differences. In any case, if these differences were found to be the actual reasons for the presence of learning disabilities, then it would probably leave fewer implications for teaching and intervention.

**Exclusion of other Disabilities**

Researchers wanted to make it clear that learning disability is distinct from other already recognized disabilities. In other words it can be said that the student’s academic issues were not arising due to various other handicapping conditions. These students were not suffering from conditions like mental retardation, emotional disturbance, cerebral palsy, or other problems. These disabilities could not explain their academic underachievement (Kavale, 2002). Therefore while phrasing the definitions of learning excluding other disabilities was considered.

**Life-Span Problems**

Learning disabilities have been identified as being a lifelong issue. Initial endeavors in the field of learning disabilities laid stress upon the prevention of these learning issues amongst the students however it was soon established by researchers that despite best efforts for prevention this goal was not being practiced (Kauffman, 1999). Further, some students’ disabilities did not become obvious until they were older. It has been noted that even with successful remedial instruction; persons with learning disabilities still continue to have these issues as adults (Reiff, Gerber, & Ginsberg, 1997).

The diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) was the first medical diagnostic system to refer to these problems. In DMS-III, the concept of learning disabilities was not used. The focus was on the areas of academic difficulty, and the term used was academic skills disorders. The specific types
of disorders reflected general areas of difficulty: developmental arithmetic disorder. There was no reference to motor disorders.

These disorders were listed, along with language disorders, under the broad category of specific developmental disorders. This focus on developmental disorders reflected the facts that they were found in children and adolescents and that they greatly affected all aspects of development. This term did not reflect the reality that, for most persons, these disabilities will last throughout their lives.

The Diagnostic and statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R) maintained the focus on specific developmental disorders and on the same three general areas of difficulty. However, motor skills disorders were added. In DSM-VI and DSM-VI-TR, the term academic skills disorder was changed to learning disorders. Three subtypes of learning disorders are identified: reading disorder, mathematics disorder, and disorder of written expression. Only developmental coordination disorder is listed under the category motor skills disorder.

1.2 CAUSES OF LEARNING DISABILITY

Learning disabilities have been defined by many researchers and a perusal of those definitions points to the presence of two different approaches that can be said to describe the causes of learning disabilities. Accordingly these two approaches are the cause-oriented and the effect-oriented. The researchers who favor the first viewpoint attempt to identify the source of etiology of observed behaviors whereas the ones who favor the second perspective are basically interested in the behaviour more than the causes that underline that behaviour.

In support of the cause-oriented view Clements (1966), identified children with learning disabilities as manifesting signs of having a “minimal brain dysfunction syndrome.” This may include such children who have average or above-average general intelligence with certain difficulties in learning or behaviour. These difficulties may range from mild to severe and may be associated with a central nervous system dysfunction. These difficulties may range from impairments in perception,
conceptualization, language, memory, and control of attention, impulse, or motor function.

Other researchers that support neurological basis of LD define it as Specific learning disability (SpLD). SpLD refers to a heterogeneous group of neurobehavioral disorders manifested by significant unexpected, specific and persistent difficulties in the acquisition and use of efficient reading (dyslexia), writing (dysgraphia) or mathematical (dyscalculia) abilities despite conventional instruction, intact senses, normal intelligence, proper motivation and adequate sociocultural opportunity (Shapiro and Gallico, 1993). SpLDs are intrinsic to be the individual and are due to central nervous system dysfunction (Demonent, Tylor and Chaix, 2004). Studies have also reported that reading disabilities are associated with a genetic cause (Lim et al., 2011).

The researches who have shown inclination towards the understanding of the involvement of the biological factors have established these four categories that help explain learning disabilities. These are:

- Brain Injury
- Errors in Brain Development
- Neuro-Chemical Imbalances
- Heredity

However, the researchers who believe in the effect-oriented perspective lay emphasis on educationally significant factors. For instance, Bateman’s (1965) definition stressed upon the ‘principle of disparity” and disorders in the basic learning process. According to her, children who had learning disability were characterized by a significant discrepancy between their intellectual ability and their performance. This discrepancy was the result of the basic disorders in the learning process that may or may not be accompanied by demonstrable central nervous system dysfunction and that are not secondary to generalized mental retardation, educational and cultural deprivation, severe emotional, disturbances, and sensory loss. Students with Learning Disabilities are a puzzle to the educators because of the severe discrepancy between their achievement level and their measured intellectual ability or potential (Hallahan and Kauffman, 2003). Fletcher et al. (2003) indicate that SpLD shows itself more clearly as unexpected underachievement in children who seem bright and capable.
1.3 CHARACTERISTICS OF LEARNING DISABILITY

It is noted that there are many children who do not perform well academically. These children may have some sort of difficulty with learning but they all cannot be classified as learning disabled. Even though a large number of behaviors frequently find a mention under the umbrella of the term learning disabilities, however there are certain discriminative characteristic that distinguish between children with learning disabilities and those who are experiencing other types of difficulties with learning. A frequently made error is a presumption that learning disabilities and learning problems encountered in everyday school experiences are synonymous. Learning disability is used to describe a specific type of exceptional child; it is not a generic term for all children who have learning problems (Myers and Hammil, 1969). These characteristics are:

- The LD child has average or above average intelligence, adequate sensory capabilities but is achieving less than a composite of his intelligence, age and educational ability would predict.
- The LD child has specific difficult in acquiring and using information or skills essential to problem solving.
- The LD child displays development discrepancies in ability, has a specific learning deficit that is not a correlate of other primary handicapping conditions, mental retardation or other sensory impairment like blindness, deafness etc.
- An LD child has a failure to develop and mobilize cognitive strategies in other words they lack organization skills, have not developed learning style and cannot direct their own learning.

1.4 KINDS OF LEARNING DISABILITY

Much research efforts have been directed towards identifying different type of learning disability. The most obvious broad categories are those that identify the specific areas in which the individual is having problems:

- Severe reading disability (Dyslexia)
- Severe problem with arithmetic and mathematic (Dyscalculia).
• Severe problem with written expression and handwriting (Dysgraphia).
• Severe spelling difficulties (Dysorthographia)
• Severe problems in recalling names, symbols and vocabulary (Dysnomia)

These various types of SpLD are not mutually exclusive and any individual may have difficulties in more than one of the above areas. Dyslexia for example, usually impairs all aspects of literacy development including reading, writing and spelling. Also many dyslexic students may have problems with mathematics. Following is a tabular representation of different kinds of LD. (see Table 1.2)

**Table 1.2: Tabular Representation of Different kinds of learning disabilities.**

<table>
<thead>
<tr>
<th>Disability</th>
<th>Area of difficulty</th>
<th>Symptoms include problems with</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyslexia</td>
<td>Processing language</td>
<td>Reading, writing and spelling</td>
<td>Letters and words may be written or pronounced backwards</td>
</tr>
<tr>
<td>Dyscalculia</td>
<td>Math skills</td>
<td>Computation, remembering math facts, concepts of time and money</td>
<td>Difficulty learning to count by 2s, 3s, 4s</td>
</tr>
<tr>
<td>Dysgraphia</td>
<td>Writing expression</td>
<td>Handwriting, spelling, composition</td>
<td>Illegible handwriting, difficulty organizing</td>
</tr>
<tr>
<td>Dyspraxia</td>
<td>Fine motor skills</td>
<td>Coordination, manual dexterity</td>
<td>Trouble with scissors, buttons, drawing</td>
</tr>
</tbody>
</table>

**Information Processing Disorders**

<table>
<thead>
<tr>
<th>Auditory processing disorder</th>
<th>Interpreting auditory information</th>
<th>Language development, reading</th>
<th>Difficulty anticipating how a speaker will end the sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Processing Disorder</td>
<td>Interpreting visual information</td>
<td>Reading, writing and math</td>
<td>Difficulty in distinguishing letters like ‘h’ and ‘n’</td>
</tr>
</tbody>
</table>
Other Related Disorders

<table>
<thead>
<tr>
<th>Attention Deficit Hyperactivity Disorder</th>
<th>Concentration &amp; Focus</th>
<th>Over-activity, Distractibility &amp; impulsivity</th>
<th>Can’t sit still, loses interest quickly</th>
</tr>
</thead>
</table>

### 1.5 PREVALENCE OF LEARNING DISABILITY IN INDIA

In the western world, the process to identify and describe the term learning disabilities began in 1950s and 1960s. However in India the movement of learning disability is of recent origin (Karande, Mehta and Kulkarni, 2007). The bulk of research work pertaining to the field of learning disabilities in India has been done in the past two decades.

Despite the recent upsurge in research work pertaining to learning disabilities there is no clear data on the prevalence of this issue in India. Although after the release of a popular film ‘Tarre Zameen Par’ that dealt with the very issues of lack of awareness regarding learning disabilities, this issue became popular in the metropolitan parts of India. There is still a definite need to spread this awareness across the larger parts of India. There are many factors that contribute to unawareness of learning disabilities in our country and are also causes for lack of unavailability of prevalence data. Karande and Kulkarni (2005) state that there is a general lack of information and awareness pertaining to learning disabilities in India causing the learning disabled child to suffer poor academic performance and class detention. In recent years, though, a lot of attention has been given to bring about awareness amongst the parents and teachers regarding learning disabilities.

Arun et al. (2013) in their study quote that, the issues of identification of specific learning disability cases in Indian context is perhaps more complex as compared to western nations. As class room conditions are far from ideal, socio-economic factors, bilinguism, limited proficiency in medium of instruction are all factors that are unique to our subcontinent that play a significant role in the Indian educational system. Other researchers also claim that the class sizes are big and lack of unavailability of screening tool for identification by the teachers is another important
factor that hinders the identifications process of learning disabled children in India (Karanth, 2003).

It has also been noted by researchers that the complete magnitude of the issues and problems concerning learning disabilities and its prevalence has not been truly understood in India (Suresh and Sabastian, 2003). According to NCERT 1998 in New Delhi, there has been no systematic collection of data for learning disabilities and they follow the figures generally quoted by the international agencies. Figures issued by American educators place the number at 10 to 12 percent (Altrac and Saroha, 2007). In schools within Delhi about 3 children out of 40 were found to have specific learning disability (Mehta and Pande, 2001). In consistence with the above view Nair, Paul and Padmamohan (2003) also reported that although no nationwide survey on learning disabilities is done but about 10% children have been identified with learning disability in Indian schools.

More recently, research puts the prevalence rate for learning disabilities at 13 to 14% of all school children (Sadaket, 2009). A prevalence study conducted in a city in southern India that examined school children reported the prevalence of LD to be 15.17% in sampled children. 11.2% of dyslexia, 12.5% of dysgraphia and 10.5% of dyscalucia were also reported from the same study (Mogasale et al. (2011).

The above mentioned studies substantiate our claim that in our country there is a desperate need to increase awareness and to have a system in place where such children may be identified and remediation can take place. Just like their any other child, children with learning disabilities are trying their best to succeed and fit into the larger frame work of society. They grow and learn through their interaction with the social as well as physical environment. Such hindrances in identification and lack of awareness regarding learning disabilities amongst the teachers and parents add to a learning disabled child’s woes. It therefore becomes important to identify such children and also to understand the different and important psychosocial and familial variables that may have an impact upon the lives of a learning disabled child. Following is the description of these variables that may help profile a learning disabled child.
1.6 PSYCHO-SOCIAL CORRELATES OF LEARNING DISABILITY

A medical description of learning disabilities helps us to gain an understanding regarding the abstract nature of the condition but fails to include real world contingencies like schools and families (Agarwal, 2014). Despite the confusion in terminology, one fact remains clear: the child in an educational jeopardy is at an extreme disadvantage in a culture where success and achievement is highly valued. As the child enters the education system he soon becomes conscious of the importance of good grades and over all academic achievement.

School is our first real experience with society away from the comfort of our home and loved ones. It plays a crucial role in our cognitive, emotional, social and moral development as children (Kapur, 1995). Salvin (1994) indicates that almost all children regardless of social class or other factors enter school for the first time full of enthusiasm, motivation and self-confidence expecting to succeed but by the end of the first year some of them lose confidence because they are not experiencing success. Research shows that this inability to succeed reduces mastery orientation; it may weaken a child’s feeling of self-efficacy, lower their self esteem and also reduce their level of motivation (Neal and Kelly, 2002). Such a scenario is all too often experienced by children with learning disabilities.

In other words, the primary characteristic of the learning disabled child is academic underachievement. Academic underachievement occurs when the child’s actual achievement lags behind the achievement levels expected of the child of his/her chronological age. As is generally the case, achievement levels are always measured by standardized tests. As the child is faced with repeated failure and frustrations despite their best efforts they may start to quietly internalize these feelings and start to feel a sense of worthlessness. This inner measure of value and worth is importantly related to their later successes or failures in the educational experience.

Linden 2002 states that just in their first year of school some of the students will have had traumatic experiences of not being able to cope. Such a feeling of loss of competence can create unhappiness and disappointment. These early frustration can
cause various emotional problems for children behind which they tend to hide their true disability.

In typical educational scenario academic skills such as reading, writing and mathematics form the foundations upon which the student’s performance is judged in schools. A learning disability impacts these very areas of a child’s performance. This may therefore generate feelings of anxiety, shame and inadequacy leading to behavioral disturbances in school age children. In India there is not much awareness regarding learning disabilities which is a major cause for learning disabilities to remain undetected as a result the learning disabled child continues to suffer academically (Karande and Kulkarni, 2005). Poor school performance not only results in the child having various psychosocial and emotional problems, but may also causes parents a lot of stress and frustration (Karande and Kulkarni, 2005). Research also indicates that any negative feedback from the school is likely to have a adverse effect on the emotional, social and family functioning of the child (Johnson, 2005).

The controversy has continued across decades regarding the very definition and the basis of diagnosing learning disabilities (Gresham et al., 2003). However, the adverse affects of having a learning disability are not just limited to the academic consequences for a child. This inability to cope with academics, being labeled as lazy or careless may have a profound psychological, social and behavioral consequence as well. Previous research done in the past years has documented the emotional and behavioural difficulties experienced by many students with disability (Bryan, 2005; Rourke, 2005; Johnson, 2005). However not all studies have reported similar findings (Greenham, 1999).

Hence a learning disability can be said to impact a child on various psychosocial and emotional levels like:

- Self concept
- Peer relationships/ loneliness
- Anxiety
- Behavioural problems
1.6.1 Learning Disability and Self Concept

Self esteem can be explained as the extent to which one feels accepted and valued by the significant others. In case of children the significant others can constitute their teachers, parents, peers, etc. The way a sense of self develops is a complex phenomenon. It is said to develop from within an individual and shaped as well by the people around them (Katz, 1996). The ability to manage one’s life, feelings and decisions comes from the foundation of a strong sense of self. Self esteem is developed by how we evaluate our capabilities and reflect upon our feeling of being accepted and valued by others. For children experiencing difficulty with learning, it may become extremely difficult to develop a positive self esteem as they tend to experience failure and negative feedback more often than other children do.

In other words self esteem can be defined as an individual’s judgment of his or her self-worth. Although self-esteem is mostly thought of as trait-like and it has been seen to remain quite stable over time. It is however, possible that a person’s self-esteem might alter in response to a major life event, such as being diagnosed with a learning disability (Campbell and Lavallee, 1993). Literature has shown that self concept is related to academic achievement. Academic experience of success or failure significantly affects the pupil’s self-concept and self image (Tajfel and Turner, 1986). Students who have learning disabilities may experience low self-esteem resulting from their repeated from school failure, from being labeled as having a learning disability or from other characteristics that are inherent in learning disabilities (Lufi, Okasha & Cohen, 2004; Valas, 1999). Similarly, various studies have reported that students with learning disabilities tend to experience a low self-concept (Write and Stimmel, 1984).

Initial years of school for any child are marked by their curiosity and eagerness to learn. When children enter school they usually develop a sense of competition and become aware of how their performance compares with other children. However this sense of competition becomes more prominent as they move into higher grades, as they can now take into perspective how their performance compares with that of their
counterparts. This also makes them more realistic about their own academic capabilities. As this is often the case with children who have learning disabilities too, they may start to doubt themselves as they begin to compare their academic performance with their peers. Research shows that students with learning disabilities often report low self-esteem, which becomes increasingly serious as the student gets older. This clearly indicates that having a learning disability can create psychosocial and emotional problems (Siegel, 2003). This sense of low self-esteem may further give rise to emotional, behavioral, and academic problems in school aged children (King and Daniel, 1996). Due to the constant social comparisons they make with typically developing children while attending special school. Once a child starts to harbor feelings of a low sense of self, it can become increasingly difficult to alter such low self perceptions and the child stands to enter a vicious cycle that further enhances these negative feelings. The same is shown with the help of a diagram (see Fig. 1.1)

![Vicious Circle Diagram]

**Fig. 1.1:** Representation of a vicious circle between low self esteem and poor performance.

However, not all students with learning disabilities have the same experience in terms of self-worth. Self-esteem and self-worth are considered fluid through a children’s development and can be influenced by factors such as awareness on part of
the school, teachers and parents, positive parental involvement, resource rooms, etc. Studies have shown that students who attend inclusive schools have lower self concept than their peers who attend schools for students with special education needs (Moller et al., 2009). Thus with the right support these feelings of worthlessness can be managed.

1.6.2 Learning Disability and Anxiety

An individual is said to experience anxiety when they experiences excessive and uncountable worry about future and past events, excessive concern about performing competently and significant self-consciousness (Cowden, 2010). It is common for all of us to feel anxious at one time or another. A little amount of fear and anxiety is as common in children as in adults. This is considered a very a normal part of developmental process. Most children have some fears or the other, like being scared of monsters, dark spaces, strangers, etc. However the continuation of such irrelevant fears and its severity is certainly a cause of concern (Chansky, 2004).

In a school setting, it is not uncommon foe students to feel anxious when they are being judged or during evaluation, such as when taking a test or giving a public performance. Such an experience is normal to an extent but in case the anxiety becomes severe, it can have a adverse effect on the student’s performance. Huberty (2009) asserts that test anxiety over time, tends to contribute to more pervasive under achievement. He described that these consequences of chronic anxiety include lowered self-esteem, reduced effort and loss of motivation for school tasks. Academic anxiety is also associated with other emotional or behavioral disorders (Smith, 2009).

In case of learning disabled children characteristics that are specific to having a learning disability like academic underachievement, lack of social skills acquisition, inability to follow instructions , etc. may be the cause of anxiety. Empirical evidence shows that anxiety is likely to be a part of the academic lives of learning disabled students (Lufi et al., 2004). Thus it can be said that anxiety has a greater effect on the performance of individuals with learning disabilities than on individuals without a learning disability.
It has been noted that children with learning disabilities are more likely to show problem behaviors that can include aggression, defiance, hyperactivity, sleep disturbance and anxiety (Jewell, Jordan, Hupp and Everett, 2009; Keller and Fox, 2009). Students with learning disabilities often view in a negative light their ability to cope with stressful academic situations. Literature also shows that student with learning disabilities feel that they do not have the skills necessary to cope (Wolfe, 2005). They may develop feelings that they have little or no control over their short comings therefore making them anxious.

Empirical evidence also suggests that anxiety is highly prevalent in children with learning disabilities as compared to their typically developing peers (Gobrial, 2009). Prevalence studies have consistently reported that anxiety is significantly higher in children and young people with learning disabilities compared to the general population (Deb et al., 2001; Emerson, 2003). However not all students with learning disabilities experience chronic anxiety. Research has also shown that with the use of cognitive behavioral treatment the learning disabled participants showed reduced anxiety levels, improvement in study skills and better academic self esteem (Wachelka and Katz, 1999). Other variables like parent child interaction, family environment, awareness among school and teachers and training teachers in anxiety management techniques can also alter the course of the child’s anxiety related issues.

Research also suggests that by educating the parents about the child’s anxiety management and encouraging communication with the school and the child, parents and other family members can help in many ways to effectively manage the child’s anxiety (Chansky, 2007). Thus, it can be concluded that the occurrence of anxiety in learning disabled children has been suggested to occur as a result of the interplay between features which are characteristics of learning disabilities, genetic factors and environmental factors. These are shown below with the help of a diagram (see Fig 1.2). To effectively manage the anxiety faced by children with learning disabilities it is important to consider the factors that are leading or causing the child this anxiety.
1.6.3 Learning Disability and Loneliness

Peer status is defined as the extent to which children are liked or disliked by groups of peers they encounter regularly such as classmates (Schneider, Wiener & Murphy, 1994). Whereas loneliness is considered as an subjective experience that is unpleasant in nature. This aversive subjective experience may involve feelings of sadness and being left out by significant others from the activities and things that a person considers as important. An important experience for a school-going child is in the form of peer relationships which is his/her first experience at social interaction. It has been noted that many children who have a learning disability have certain innate characteristics that make them more likely to experience loneliness and also these very characteristics make it hard for them to deal effectively with the negative emotions that accompany loneliness.

It may be considered significant to study peer status of children with learning disabilities as children who have a low social status may be prone to be developing a host of other psychological disorders as adults (Bagwell, Newcomb and Bukowski,
Research has also shown how peer relationships and popularity may tend to have a positive influence on various areas of development, including the development of prosocial skills (Gest et al., 2001; Ladd, 2005). They also tend to have an impact on the emotional functioning and it lowers the risk of adjustment problems later on in life. (Brendgen, Wanner, Morin, and Vitaro, 2005).

Children with learning disability may be at risk of worsening their academic woes if they are unable to form healthy peer relations. A link between peer relationships and popularity with academic motivation and school performance is well noted (DeRosier, Kupersmidt and Patterson, 1994; Rydell Altermatt and Pomerantz, 2003). Therefore it may be correct to say that positive peer relationships are a key element in learning and successful adaptation to school (Berndt and Keefe, 1995). If a child experiences poor interpersonal interactions with his peers it may have a profound effect upon the various aspects of the child’s psychological, emotional, social and behavioral development.

It has been noted in the existing research that students with learning disabilities have difficulties with peer social functioning. This could also be because they are more likely to have certain academic or social reputation that leads them to be excluded or ridiculed (Ladd et al., 1997). The peer status of children with learning disabilities which may be normal when they initiate school tends to decline as the school year progresses; that is, a lot of children with learning disabilities who experience an average social status at the start of the school year may soon experience feelings of rejection and neglect towards the end of the school year (Vaughan, Elbaum and Schumm, 1996). Most of the studies done on loneliness of children with learning disability found that children with learning disability were more likely to experience loneliness than their average-achieving classmates (Margalit and AL-Yagon, 2002). When one is labeled as having a learning disability it may affect both how peers perceive you and how you feel about the resulting interaction.

In their study Kavale and Forness (1996) report that students with learning disabilities are consistently less socially accomplished than their typically achieving peers. This may also be a major cause for their social exclusion. About 80% of students
with learning disabilities are not well accepted by their typically achieving counterparts and they also tend to view themselves as low in social competence (Kavale and Forness, 1996). Studies have also reported findings where learning disabled children themselves report as being less socially accepted (Al-Yagon and Mikulincer, 2004). Further research suggests that children with learning disabilities report a higher level of loneliness and lower sense of coherence as compared with their normally achieving counterparts (Al-Yagon and Mikulincer, 2004; Asher et al., 1990; Pavri and Monda-Amaya, 2000).

When a child experiences feelings of loneliness or social exclusion, they may adversely affect other areas of the child’s development. Further, Weiner (2004) suggests that peer relationships of children with learning disabilities may also play a significant role in their behavioral adjustment. He proposed two models explaining why learning disabled children might be associated with behavioral problems as a result of lack of social skills acquisition and a low sense of their ability to solve social problems. These models are presented below. Fig. 1.3 shows the probable pathways for social relationship and social and behavioral problems in children with learning disability. The pathway depicted in Fig. 1.3 shows a direct link between learning disabilities and relationship problems suggests that the presence of social skills deficits that are innate or characteristic to having learning disabilities may in itself be enough to cause relationship and internalizing behavior problems in such children (Weiner, 2004).

![Figure 1.3: Single risk model (Weiner, 2004)](image)
The second model proposed by him was the multi-risk model. In it he suggested pathways that show how the relationship difficulties and internalizing and externalizing behaviour problems are much more likely to occur if additional risk factors compound the problems of children with learning disabilities (shown in Fig. 1.4).

![Multiple-risk model](image)

**Fig. 1.4: Multiple risk model (Weiner, 2004)**

Weiner (2004) also states that there a dearth of research work to develop a resilience model that may be able to clearly point a link between how positive social relationship foster social and emotional adjustment in children with learning disabilities. Agarwal (2014) also suggested the need to develop social skills in learning disabled children.

Thus the above mentioned literature helps us to conclude that loneliness in children with learning disabilities is often the result of their difficulties with peers due to low social skill acquisition, low self concept and the ridicule they face due to academic failure. This may lead to rejection, problematic perceptions of self and the environment and also may cause behavioral problems in such children. However with the development of adequate social skills, social problem solving ability and positive interactions with significant others a learning disabled child can be aided in their social adjustment.

### 1.6.4 Learning Disability and Behavioral Problems

Research mentioned above highlights various psychological distresses faced by the learning disabled child. Anxiety, low self-concept, lower social acceptance and other psychological co-morbidities mentioned above, also have a profound effect on the
behavior of the child with learning disabilities. Behavior problems in children have been popularly classified into two major domains of dysfunction, namely externalizing and internalizing behaviour. Bhola and Kapoor (2002) mentioned that the popular category labels usually described as externalizing and internalizing conditions can be viewed as being synonymous to behavioural disorders and emotional disorders.

In other words, students with learning problems are likely to develop behavioural issues due to various psychological, emotional and social problems that accompany having a learning disability (Weiner, 2004). The ones who internalize these issues show behaviours that mostly affect themselves and are sometimes overlooked by adults around them. Whereas the children who display these problems by ways of externalizing behaviours have a more obvious effect around them and tend to be noticed easily as the ones having issues. Whether the children exhibit internalized behaviour problem or externalized behaviour problem, it is mostly the children itself who are seen as ‘being a problem’ rather than as ‘having a problem’.

**Table 1.3: Shows the externalizing and internalizing behaviours in students with learning disabilities.**

<table>
<thead>
<tr>
<th>Internalizing behaviours</th>
<th>Externalizing behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>・ Boredom and carelessness</td>
<td>・ Impulsive blurting of incorrect answers</td>
</tr>
<tr>
<td>・ Disinterest in school</td>
<td>・ Breaking school rules</td>
</tr>
<tr>
<td>・ Withdrawal in class</td>
<td>・ Behavioural problems at home</td>
</tr>
<tr>
<td>・ Disorganization or inattention</td>
<td>・ Being Aggressive towards others</td>
</tr>
<tr>
<td>・ Sloppy work presentation</td>
<td>・ Inappropriately joking about</td>
</tr>
<tr>
<td>・ Slow response to questions</td>
<td>・ Attraction towards other underachievers</td>
</tr>
<tr>
<td>・ Physical manifestations of stress</td>
<td>・ Delinquent behaviour</td>
</tr>
<tr>
<td>like headache or stomachache</td>
<td></td>
</tr>
</tbody>
</table>

A student with learning disabilities may exhibit a host of inappropriate behaviors due to characteristics specific to having a learning problem, such a deficit in their ability to initiate and maintain positive social relationships (Gresham et al., 1997). Studies also show such children are more likely to show acts of aggression, and also exhibit more adverse verbal and nonverbal behaviours as compared to typically
developing children (McConaughy, Mattison, Peterson, 1994). Further it has been noted that some of the students who internalize their issues related to learning disabilities may show withdrawn behaviours however for some the manifestation of these issues take the form of disruptive behaviour (Clare and Leach, 1991; McIntosh, Vaughn and Zaragoza, 1991).

Teachers have often reported learning disabled children to exhibit disruptive behaviours, as showing little cooperation with peers, as being insensitive towards classmates and displaying less tact (Pearl, Donahue, and Bryan, 1985). Some teachers also report them of displaying more attention-seeking behavior than their peers (Perlmutter, 1983). Bryan et al. (2004) cited similar reports of behaviours problems as reported by the parents of learning disabled children. They said that parents tend to view their learning disabled children as showing inattention, being more active or hyper and following or completing tasks (Gresham and Reschly, 1986). Peers have also been found to rate them as more aggressive or disruptive (Perlmutter, 1983).

It has been reported that a certain population of children with learning disabilities may also have associated attention-deficit/hyperactivity disorder (ADHD) which is characterized by persistent hyperactivity, impulsivity and inattention. This comorbidity further impairs their learning. Studies also state that learning disabled children are particularly prone to co morbid disorders often with a behavioral or emotional component (Bagner and Eyebrg, 2007).

It has been established that children with developmental disability like learning disability often display a greater number of behavior problems than their peers (Baker, McIntyre, Blacher, Crnic, Edelbrock and Low, 2003; Lach et al., 2009). Research has shown that children with learning disabilities demonstrate more behavioural problems, somatic problems, and withdrawn behaviours than their non disabled peers (Dyson, 2003).

Thus, it can be stated that when a learning disability is accompanied by co-morbid behavioral problem, this dual diagnosis presents a greater challenge to the individual and the family as a whole. In other words, when learning disabilities is coupled with behavioral problems it would be correct to assume that it causes even
more stress to the parents and the family of such a child. The added stress of dealing with the behavior related problems of the child stands to disrupt family functioning and lead to parent-child dysfunctional interaction. This could create more problems with their learning and academics.

The emotional, psychological, social and behavioral affects of having a learning disability not only impact the child but also the family. However, to understand the true profile of a learning disabled child it may also be important to note that certain familial variables also have a vital role and affect on the psychosocial and behavioral adjustment of the learning disabled child. An attempt has been made to explain these familial variables thereof.

1.7 FAMILIAL CORRELATES OF LEARNING DISABILITY

The true essence of a child’s emotional, psycho-social and behavioral profile cannot be viewed independent of the effects the familial variables have on it. Research on child development and their socio-emotional adjustment has emphasized the significance and the contribution of protective factors at the individual, family, and community levels (Campbell, 2003)

Empirical evidence suggests that family members may feel stressed in terms of their social relationships, financial resources or even the physical stress of having a child with an intellectual disability (Mak and Ho, 2007). It is noted that families who care for children with developmental delays experience greater stress than families of children without disabilities. (Hassall, Rose and McDonald, 2005). When a learning disability is accompanied with a behavioral problem it further adds to the strain felt by such families (Briegel, Schneider and Schwab, 2008; Strahm, 2008). Overall, research helps us to conclude that families of children newly diagnosed with learning disabilities may feel particularly vulnerable (Dyson, 2010; Valle, 2011). However, not all families become dysfunctional when their child is diagnosed with learning disabilities.

Certain familial variables have a profound effect on the psychological and emotional profile of a child with learning disability and that of his family. These familial correlates of learning disabilities are: -
Parental Stress
Coping Strategies
Family Environment

1.7.1 Learning Disability and Parental Stress

Parenting is one of the most demanding responsibilities of adult life. Parenting stress is said to be the affective response to the, sometimes, overwhelming demands of parenting. Parents stress when the balance between the parents perception of the demands of parenting outweighs their perception of their resources for meeting those demands (Deater and Dectard, 2004). It is not only difficult being a child with a learning disability but being a parent of a child with learning disabilities can be equally challenging and frustrating. Dyson (1996) noted that learning disability, a hidden and unexpected handicap in children with normal intelligence, presents a great parental stress. Researchers have also established that having a learning disability may create difficulties in the relationship between parents and the child (Amerongers and Mishna, 2004).

Rogers (2007) points out the immense pressure that parents feel nowadays to have perfect babies and also then the added pressures to fulfill all their demands and needs. In such a scenario that exists due to societal pressures and the internalization of those norms the parents are likely to experience great disappointment, shock and a sense of loss when their child is diagnosed as having a learning disability. These feelings may lead in turn to denial, anxiety and conflict. She suggests that without the right level of support having a child with learning disabilities can disable the whole family.

A child who has learning disabilities can add to a family’s stress in several ways. Inadequate information processing skills that are characteristic of children with learning disabilities may cause a difference in the way a parent may interact with a child with learning disabilities or a typically developing child (Kalsow and Cooper, 1978). The increase in the interaction with school authorities that the parents of learning disabled experience may also prove stressful (Waggoner and Wilgosh, 1990.) Research has also shown the affects of having a child with learning disabilities and their impact on the family (Falik, 1995; Fish and Jain, 1985; Margalit and Almougy, 1991).
A tense parent child relationship may develop as the parents try and manage the added care giving demands of their learning disabled child. It has been noted that many parents of learning disabled children report feelings of being frustrated on a daily basis as they try and aid their children with everyday tasks like home work, repeating instructions, helping their child with making decisions and other such everyday chores (Donowa, 1995).

Empirical evidence suggests that raising a child is full of responsibilities and stressors for the parent but raising a child with developmental disabilities like learning disabilities can prove to be even more challenging. In other words, stress levels of parents whose children have developmental disabilities are significantly higher than parents of typically developing children (Solomon, Ono, Timmer’s Goodling - Jones, 2008). The added stress could be due to parental expectations and disappointment with the child’s performance as compared to their peers (Kaslow and Cooper, 1978).

Studies help us to conclude that parents of children with learning disabilities have higher levels of anxiety as compared to parents of typically developing children, (Margalit and Heiman, 1986). Parents of learning disabled children are also known to report more chaos and perceive a higher level of conflict in the family environment as compared to normally achieving children (Margalit and Almongly, 1991).

There is no doubt that both parents feel the pressures of having a child with learning disabilities but the mothers who are more closely involved in the day to day activities of the child are more privy to the psycho-social and emotional deregulations. It may be very difficult for any mother to fully come to terms with the news that their child may be different. Mothers of children with disabilities have all the responsibilities on their shoulders that other mothers have however due to the added demands made by the increased care giving responsibilities upon their resources; mothers may experience higher levels of stress. This sense of stress may be associated with a child’s characteristics, greater financial and care giving demands, feelings of being unprepared for the task of parenting, and a sense of loneliness and isolation (Oruche et al., 2012).

The importance of maternal resources is profound in the Indian context as they deal more with the day to day functioning of the child. Many mothers may think of their
child’s inability to perform as a lack of effort on their part. They may feel that they are not trying hard enough. Research also suggests that many mothers of children with learning disabilities may tend to internalize their child’s deficits as a personal failure (Jacobs, 1996) which may cause them to feel more stress as compared to their partners. Research has also reported that as compared to their spouses mothers of children with learning disabilities also experience higher stress levels, poorer coping ability, and greater depression (Little, 2002). Another study, however, revealed that mothers are more stressed by the children’s demands and needs, whereas fathers are more concerned about a child’s social acceptance (Keller and Honing, 2004).

Hence it can be said that the presence of learning disability in their child may be a source of stress for the parents, especially the mothers. This stress if not managed may further worsen the already existing problems of the learning disabled child. The amount of stress felt depends greatly on the coping processes that are employed to deal with the stressor. Coping strategies play an important role in reducing or enhancing stress and therefore they can possibly impact upon the parent-child interaction. Some of the coping strategies are discussed further.

1.7.2 Learning Disability and Parental Coping Strategies

The amount of stress that is experienced or felt by a person is related to how one perceives that stress causing event and also if the various coping strategies when employed may be effective in managing stress (Mak and Ho, 2007). Coping strategies comprises of both cognitive and behavioral efforts that may be used to manage specific external and internal demands that tax an individual’s resources (Folkman and Moskowitz, 2004; Lazarus, 1999). Two major types of coping strategies have been highlighted; (a) active coping methods (e.g., information seeking, problem solving) and (b) avoidant coping strategies (e.g., efforts to deny or escape the stressful situation). Literature has shown a link between the stressful impact of the child’s learning disabilities and parental coping resources (Donowa, 1995; Margalit, Al-Yagon and Kleitman, 2006)

A lot of research has been done that establishes the significance of the psychological resources of the parents and its direct affect on the quality of child rearing
and child development have also been highlighted (Belsky, 1984; Belsky and Barends, 2002). Moreover, Belsky (1984) states that the parents psychological resources constitutes the most significant determinant-more important than, even the child’ personal characteristics or the other contextual sources in the process to manage stress. According to this model, it was also suggested that to be able to provide adequate care for their child, parents must possess sufficient psychological resources manifested in abilities to take others perspectives, regulate impulses, feel secure in their own lives, and find ways to meet their own needs. Al-Yagon (2007) states that researchers who have studied a link between the parents’ personal resources and child development have considered parental well-being, psychopathology, personality of the parent and parental ego-resiliency as very crucial (Campbell, 2003; Goodman and Gotlib, 2002; Luthar and Cicchetti, 2000; Werner, 1993; Belsky and Barends, 2002; van Bakel and Riksen-Walraven, 2002).

Further, it is seen that the use of positive coping may lower the stress levels in the parents of children with disabilities (Jones and Passey, 2004). Another study has also shown to link the absence of positive coping employed by the parents to have a negative affect on the child (Hadadian and Merbler, 1996).

Further research shows that the stress experienced and the coping strategies employed while raising a child with learning disabilities may be associated to the type and the severity of the child’s disability (Tomanik et al., 2004). For example, a study that assessed parenting stress in children with attention-deficit/hyperactivity disorder (ADHD), children with learning disabilities and typically developing children revealed that compared to children with learning disabilities the mothers of children with ADHD reported more stress than the mothers of children with learning disabilities. However, the mothers of children with learning disabilities in turn reported more stress than the mothers of the control participants (Baker and McCal, 1995).

Research stated above is conclusive of the importance the coping strategies have in dealing with parental stress in children with learning disabilities. It shows the need to comprehend and identify the various coping strategies employed by the parents of children with learning disabilities so that the parents are better able to handle their stress.
and also aid the child more effectively with the problems that accompany learning disabilities. The ability of the parents to cope well with their issues may have an impact on the psychological, social, emotional and behavioural adjustment of the child with learning disabilities.

1.7.3 Learning Disability and Family Environment

A family unit is considered extremely significant in the field of social sciences. Families form the foundation for the initial years upon which the child’s development, socialization and formation of their values and beliefs is based. They could be a source of extreme happiness or they can also be a source of great distress to the individual.

The news that a child has received a learning disability diagnoses can disable the whole family. Previous studies have pointed out that learning disabilities are accompanied by various psychological, social and emotional issues. Such issues may be of great concern to the family and may affect adequate family functioning as children are an extremely vital and precious part of a family. Literature shows the effects of having a child with learning disabilities within the family (Reid, 2004).

Further studies have shown to link learning disabilities and behavioral problems in children. When learning disabilities is accompanied with behaviour problems it may disrupt the family functioning; however research also helps us to conclude that behaviour problems in children may be worsened by parents engaging in negative caregiving and coping behaviour. Such a scenario may lead to non conducive exchanges between parent and child. Empirical evidence that supports a causal association between disrupted parent-child bonding and the resulting problems with relationship within the family exists in abundance (Fite, Greening and Stoppelbein, 2008; Vacca, 2008). Therefore due to the various psychosocial, emotional and behaviour problems that accompany learning disabilities, parenting a child with learning disabilities maybe a source of anxiety for the families. Studies show that this may lead to lower levels of coherence, less importance maybe given to family member’s personal growth and a greater need for control within the family may be felt (Torro, Weissberg, Guare and Liebenstein, 1990; Margalit, Raviv and Ankonia, 1992).
Despite the reciprocal adversities felt by the children with learning disabilities and their families; healthy atmosphere within the family and secure attachments through childhood may lead to healthy personal development and stable relationship amongst the child and the family. Research has shown to link a suitable home environment and parent’s positive outlook on education to academic achievement of students (Bodovski and Youn, 2010). Such a positive family influence is more relevant for students with learning disabilities as they face immense challenges with their ability to learn.

A learning disabled child may disrupt the family on numerous levels but research has shown that family also impacts the child on various levels of his psycho-social development. In other words when a child perceives intense conflict amongst the parents or within the family it may be associated with difficulties in social and personal development for children. Collins and Laursen (1992) state that when one is exposed to high levels of conflict within the family it may lead to psychosocial problems during adolescence and later in ones life.

Family cohesion (i.e. emotional bonding among family members and the feeling of closeness) is expressed by feelings of belonging and acceptance within the family (McKeown et al., 1997). Studies have also reported that when low cohesion is perceived by children within the family it may lead to increase in the feelings of depression and reduced social acceptances in children (Wentzel and Feldman, 1996). A learning disabled child who is anyway suffering from frustration and confusion in school is likely to feel at a complete loss if faced with high conflict or low cohesion within his family.

Researchers who examined the role of a family in the lives of children who require special attention employ an ecological perspective, which views the environment within the family in terms of its effect on one another (Bristor and Gallagher, 1986). The parent’s feeling towards the child will influence their ability to cope and also have an affect on how the child and other family members react to the child’s disability (Callanan, 1990; Kwai-Sang Yau and Li Tsang, 1999).

Thus the literature mentioned above suggests the importance of a healthy family environment in the life of a learning disabled child. It is also suggestive of the need to
identify and understand the various familial variables that may aid learning disabled children in better psychosocial and behavioral adjustment in order to lessen their woes. These familial and psychosocial correlates are significant in understanding the true essence and the challenges that are faced by a child with learning disability.

1.8 THE PRESENT STUDY

Literature mentioned above sheds light on the various psychosocial, behavioural and familial variables that may be used to describe learning disabilities. The focus of research work done in the field of learning disabilities has been on the areas of definition, diagnosis and treatment. Whereas, very little emphasis has been given to understanding the role of learning disabilities in the personality structure (Lufi et al., 2004). The focus of the federal definition of learning disability has also been on its medical and cognitive aspects but research has shown that cognitive variable alone are not enough to predict learning disabilities. Sideridis et al. 2006 cited (Francis et al., 2005; Vaughn and Fuchs, 2003) who state that many researchers have raised their doubts about the discrepancy criteria based on which children with learning disabilities are identified and classified. Literature also suggests that there is a need to enrich our understanding of the attributes and core characteristics of students with learning disability by the use of more classification and identification studies (Greenway and Milne 1999).

It is noted that along with low scores on achievement and intellectual measures, students with learning disability also had high scores on psychopathology indices (Lufi et al., 2004). These psychopathology and emotional variables were more significant predictors of learning disabilities than various cognitive and meta cognitive measures (Sideridis et al., 2006). Hence there is a need to identify the psychosocial variables that contribute to the problems faced by learning disabled children.

It is clear that although the presence of learning disabilities is associated with psycho-social and behavioral difficulties in children, however, all children who have learning disabilities do not exhibit the same magnitude of the problem in terms of
anxiety, self esteem, interpersonal relationships and other range of behavior problems. There are other factors which are better able to explain the variation in the child’s outcome. These can be the family environment, parental stress and parental personal resources that help one learning disabled child adjust or cope better with his disability than the others.

The rationale for including parental stress, their coping resources and family environment to help profile a learning disabled child was based on a model proposed by Mash and Johnston (1990) see Fig 1.5. This model includes three categories of variables conceptualized as child characteristics, parent characteristics and environmental characteristics. The model holds that the child characteristics primarily contribute to parent-child stress, but also the environmental factors have a straight link to the stress. Further this theory maintains that parent child stress affects child, parent and environmental characteristics. The authors go on to describe parent child interactive stress which manifests itself in parent-child conflict (Mash and Johnston, 1990). In this model the effects of child and environmental characteristics are mediated by parental characteristics which include parental cognitions (more specifically, attributions for child behaviours), affective states, personality, behavioural repertories and health. Cognitions in this theory were considered as affect generating and motivational properties perception of severity of child behaviour and parenting efficacy (one’s sense of one’s ability to manage the elements of parenting) are highlighted as parenting cognitions mediating parent-child stress. Therefore to truly understand the difficulties faced by the learning disabled children and their parents the role of the child characteristics, parental stress, parental resources and the family environment need to be considered as a whole.

Further, studies that have examined families that are likely to experience a poor developmental outcome also state that when parents are under high level of stress they show less effective parenting skill (Secco et al., 2006) which in turn could further enhance the psychological, emotional and behavioural deregulations in the learning disabled child.
Hence overall the literature helps us to conclude that the psychosocial and behavioral difficulties that accompany learning disabilities in children should not be viewed as just arising from their academic constraints but should be viewed in consideration with a child’s environment to get a clear picture. To our knowledge in India few studies that examine the collective role of the psychosocial, behavioural and familial variables in the life of a learning disabled child have been conducted. To bridge this gap and keeping in view the literature, the present study is an endeavor to investigate the psychosocial, behavioral and familial profile of children with learning disability. It will also attempt to study the difference in the stress levels, coping strategies used and perception of the family environment of the mothers of the learning disabled children with behaviour problems in comparison to learning disabled children without behaviour problems. An attempt will also be made to compare the learning disabled children and their non learning disabled counterparts on various psychosocial, behavioural and familial variables under the study. Keeping this in focus, the following objectives were framed:
1.8.1 Objectives

1. To study the self concept in children with learning disabilities and typically developing children.

2. To study anxiety in children with learning disabilities and typically developing children.

3. To study loneliness in children with learning disabilities and typically developing children.

4. To study stress in mothers of children with learning disabilities and typically developing children.

5. To study the coping strategies used by mothers of children with learning disabilities and typically developing children.

6. To study the family environment of children with learning disabilities and typically developing children.

7. To study the stress in mothers of learning disabled children with behaviour problems and mothers of learning disabled children without behaviour problems.

8. To study the coping strategies used by mothers of learning disabled children with behaviour problems and mothers of learning disabled children without behaviour problems.

9. To study the family environment of mothers of learning disabled children with behaviour problems and mothers of learning disabled children without behaviour problems.

1.8.2 Hypotheses

On the basis of theoretical considerations and research studies reviewed, following hypotheses were framed:

Hypothesis 1: Children with learning disabilities will have lower self concept than typically developing children.
**Hypothesis 2:** Children with learning disabilities will have higher anxiety than typically developing children.

**Hypothesis 3:** Children with learning disabilities will have higher loneliness than typically developing children.

**Hypothesis 4:** Mothers of children with learning disabilities will report more behaviour problems in their children than mothers of typically developing children.

**Hypothesis 5:** Mothers of children with learning disabilities will have higher stress than mothers of typically developing children.

**Hypothesis 6:** Mothers of children with learning disabilities will have high conflict and less cohesion in their families than mothers of typically developing children.

**Hypothesis 7:** Mothers of children with learning disabilities will use more emotion focused coping as compared to mothers of typically developing children.

**Hypothesis 8:** Mothers of children with learning disabilities and behaviour problems will have more stress than mothers of children with learning disabilities without behaviour problems.

**Hypothesis 9:** Mothers of children with learning disabilities and behaviour problems will have higher conflict and less cohesion in their families than mothers of children with learning disabilities without behaviour problems.

**Hypothesis 10:** Mothers of children with learning disabilities and behaviour problems will use more emotion focused coping than mothers of children with learning disabilities without behaviour problems.