

Family environment and loneliness among adolescents with learning disability

Ajitha V. A¹, Dr. Soumya Starlet C. T^{2*}

ABSTRACT

Learning Disability is an “umbrella” term that describes a number of other, specific learning disabilities, like dyslexia and dysgraphia. Children and adolescents with learning disability have average or above average intelligence but still show difficulty in forming relationships at family and at school. Family plays its own specific effect on child development by providing day to day experiences and in their behaviour formation. The purpose of the present research was to examine and compare the family environment and loneliness among male and female adolescents who are been diagnosed with and without learning disability. The samples selected were 60 adolescents with learning disability (30) and without learning disability (30) aged between 10 and 14 years studying in normal schools and special institutions. Family Interaction Scale by Dr. Asha (1987) and UCLA Loneliness Scale by Russell. D, Peplau. L. A., Ferguson, M. L. (1978) were used to determine family relationship and experience of loneliness among them. Student t-test and Pearson correlation were used as statistical tools for analysis of result. The result indicated a significant difference in family relationships and experience of loneliness among adolescents with and without learning disability. Significant negative correlation existed between family relationship and experience of loneliness.

Keywords: Learning disability, Adolescents, Family Environment, Loneliness

Learning Disability (LD) is a neurological handicap that interferes with a person's ability to receive, process, store and retrieve information. School is a place that provides the first real experience with society away from home and parents, plays a crucial role in cognitive, emotional, social and moral development of children (Kapur, 2008). All children regardless of social class when they enter into school for the first time, experience enthusiasm, motivation and self-confidence. Research indicates that the child's inability to succeed reduces and weakens their self-efficacy, self-esteem and reduced level of motivation (Neal and Kelly, 2002). When they are faced with academic underachievement, repeated failure and frustrations despite their best efforts, they internalize a feeling of sense of worthlessness. Gresham et al., (1996), the adverse effects of having a learning disability are not just limited to the academic consequences rather labeled as lazy or careless may have a profound psychological, social and behavioral consequence as well. Previous research documented the

¹Research Scholar, Department of Psychology, Prajyoti Niketan College, Pudukkad, Thrissur, Kerala, India

²Assistant Professor, Department of Psychology, Prajyoti Niketan College, Pudukkad, Thrissur, Kerala, India

*Responding Author

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emotional and behavioural difficulties experienced by many students with disability (Bryan, 2005). Reid, (2004), 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. Empirical evidence 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. John Henderson.N.A, Counts.C.J (2019) investigated on associations between risk in family environments and health-relevant outcomes in college and the role of loneliness. Results showed that risk in family environments was associated with loneliness. Findings provided initial evidence that risk in childhood family environments may negatively affect health by increasing loneliness in college students. 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 (Margalit, Raviv and Ankonina, 1992). 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 psychosocial development. 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. Dyson(2010), 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. 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. 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. This sense of low self-esteem may further give rise to emotional, behavioral, and academic problems in school aged children, (King and Daniel, 1997).

Loneliness is a subjective experience which is unpleasant in nature and has aversive subjective experience, that involve feelings of sadness and being left out by significant others from the activities and considering them as not important. 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). Students with learning disabilities often view that they do not have 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, 2006). Evidence also suggests that anxiety is highly prevalent in children with learning disabilities as compared to their typically developing peers. 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

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experience chronic anxiety. 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, 2004). 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. Thus, a poor family relationship at home and inadequate peer relations at school will lead to experience of loneliness.

Scope and significance of the study

In the present scenario identification of children and adolescents with learning disability, often is occurring at very early years of development. This could be due to increased awareness of the condition by educated parents and teachers. So identification of family relationships and its correlation with experience of loneliness among adolescents with learning disability will help to identifying strategies to maintain better relationships at home with family members and at school with teachers and peer group members. Thereby new awareness on improving the relationship can be made available to parents and peers who work with these adolescents and to reduce or even inhibit the experience of loneliness among them.

Objectives

The present study is based on following objectives

1. To find the significant difference in family relationship and experience of loneliness among adolescents with respect to gender
2. To find the significant difference in family relationship and experience of loneliness among adolescents with respect to their disability that is, among adolescents with and without learning disability.
3. To find the significant relationship between family relationship and Loneliness among adolescents with and without Learning disability.

Hypotheses

1. There exists no significant difference in family interaction among Adolescents with and without learning disabilities.
2. There exists no significant difference in dimensions of family interaction among Adolescents with and without learning disabilities.
3. There exists no significant difference in family interaction among Adolescent girls and boys
4. There exists no significant difference in dimensions of family interaction among Adolescent girls and boys
5. There exists no significant difference in loneliness among Adolescents with and without learning disabilities.
6. There exists no significant difference in loneliness among Adolescent girls and boys
7. There exists no significant correlation between Family interaction and Loneliness among Adolescents with and without learning disabilities.

METHODOLOGY

Sample

Cor-relational research with non-experimental survey design was used to assess 60 students with equal number of adolescents with and without learning disability aged between 10 to 15 years were randomly selected from various schools. Proper rapport was established and

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an informed consent from parents and head of the institutions were collected prior to data collection.

Instruments

1. **Family Interaction Scale** developed by **Dr. Asha (1987)** is a measure used to assess patterns of family interaction in conjugal and nuclear family. It comprises of 56 items, covering 8 dimensions: Independence, Cohesion, Achievement orientation, Intellectual orientation, Conflict, Social Orientation, Ethical emphasis, Discipline with five alternatives from “Most acceptable” to “Least acceptable”. Both positive and negative scoring items are present in all subscales. Positive items are scored from 4 to 0 whereas negative items from 0 to 4. High score indicates healthy family and low scores distressed family.
2. **The UCLA Loneliness Scale** developed by **Russell. D and colleagues** in 1978 developed at University of California has 20-items designed to measure one’s subjective feelings of loneliness as well as feelings of social isolation. It was, by the measure has high internal consistency (coefficient alpha = .96) and a test-retest correlation over a two-month period of .73.

Procedures

A sample size of 60 students with equal number of adolescents with learning disability and 30 without any disability were considered for the study. The samples were drawn from selected schools of Thrissur district. Rapport was established and informed Consent was collected from parents and school authorities prior to collection of data. The collected raw data were scored as per the scoring key provided.

Statistical analysis

The data was analysed as per the objectives mentioned above using appropriate inferential statistics to test the hypothesis. The descriptive statistics students t test and Pearson’s Product Moment correlation Coefficient were used.

RESULTS & DISCUSSIONS

The aim of the study was to determine the significant difference in family relationships and loneliness among adolescents with and without learning disability and to attribute relationship between family relationship and loneliness. Students t test was used to determine the significant difference in family relationship and loneliness whereas Pearson’s correlation was used to determine the relation between Family relationships and loneliness.

Table I Mean, SD and t value obtained for adolescents with and without Learning disability on Family Interaction scale.

Variables	Sample Group	N	Mean	SD	df	t-value
FIS	LD	30	121.53	28.1	58	7.749**
	NLD	30	166.3	14.55		

** Significant at 0.01 level

From Table I Mean, S.D and t scores obtained for adolescents with and without learning disability was presented. The t-value obtained reveals a significant difference in Family interaction (t = 7.749) among adolescents with and without learning disability. From the mean scores family interaction (Mean = 121.53) for adolescents with learning disability and

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(Mean= 166.3) for adolescents without learning disability, indicates a better family interaction among adolescents without learning disability than with learning disabled ones.

Table II Mean, SD and t value obtained for dimensions of family interaction among Adolescents with and without learning disabilities.

Variables	Sample group	N	Mean	SD	df	t-value
Independence	LD	30	13	4.36	58	2.843**
	NLD	30	15.93	3.59		
Cohesion	LD	30	18.3	4.97	58	4.677**
	NLD	30	23.73	3.97		
Achievement	LD	30	15.8	6.2	58	5.181**
	NLD	30	22.33	3.03		
Intellectual	LD	30	15.4	7.3	58	2.488**
	NLD	30	19.83	6.48		
Conflict	LD	30	16.17	4.67	58	5.897**
	NLD	30	22.6	3.79		
Social	LD	30	12.23	5.37	58	4.945**
	NLD	30	18	3.46		
Ethical	LD	30	17.5	4.52	58	5.862**
	NLD	30	24.77	5.06		
Discipline	LD	30	13.33	4.08	58	3.579**
	NLD	30	17.47	4.83		

** Significant at 0.01 level

From Table II Mean, S.D and t scores obtained for adolescents with and without learning disability on various family interaction dimensions was presented. The t-value obtained reveals a significant difference in all dimensions of Family interaction like Independence (t=2.843), Cohesion (t=4.677), Achievement (t=5.181) Intellectual (t=2.488), Conflict (t=5.897), Social (t=4.945), Ethical (t=5.862), Discipline (t=3.579) among adolescents with and without learning disability. From the mean scores we can find a higher mean score in all dimensions among adolescents without learning disability than among adolescents with learning disability. Higher score in independence means that each individual has their own responsibilities and purposes which they are allowed to face it by themselves. Higher mean scores on cohesion among adolescents without learning disability implies an increased emotional bonding and family support. Increased bonding and cohesion could have helped these adolescents to show high achievement too. Other dimensions represent Intellectual means an intelligent decision are taking by members of the family, social relationships are maintained well by the family members. Even though highly assertive they maintained belief of morality and did every activity on the basis of what is right and wrong? Family tries to maintain high discipline but have good family relationships which helped adolescents to be independent and highly assertive.

Table III Mean, SD and t value obtained on Loneliness scale for adolescents with and without Learning disability

Variables	Sample Group	N	Mean	SD	df	t-value
Loneliness	LD	30	39.23	11.31	58	7.453**
	NLD	30	16.37	12.43		

* Significant at 0.01 level

Adolescents with learning disability are more likely to experience loneliness than one without learning disability. Present study also reveals a higher mean value in loneliness

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scale for adolescents with learning disability (39.23). Loneliness is considered as an affective experience of being isolated from social contacts and lack of emotional support from others due to poor family and social relationships. The t-value reveals a significant difference in experience of loneliness ($t = 7.453$) among adolescents with and without learning disability.

Table IV correlation between FIS, its dimensions and loneliness

Variables	Independence	Cohesion	Achievement	Intellectual	Conflict	Social	Ethical	Discipline	FIS score	Loneliness Score
Independence	1									
Cohesion	0.477	1								
Achievement	0.308	.670**	1							
Intellectual	0.551	.516**	.557**	1						
Conflict	0.138	.414**	.506**	.352**	1					
Social	0.404	.597**	.660**	.548**	.520*	1				
Ethical	0.262	.314*	.520**	.155	.541**	.430*	1			
Discipline	0.330	.166	.336**	.323*	.337	.347**	.320*	1		
FIS score	0.577	.742**	.833**	.700**	.701**	.785**	.642**	.523	1	
Loneliness Score	-.389**	-.461**	-.530**	-.320**	-.588**	-	-.676*	-.306**	-	1
						.542**			.699**	

* correlation is Significant at 0.05 level, ** Significant at 0.01 level (2- tailed)

From Table IV, the strength of the correlation of the family interaction, its dimensions and loneliness was established. Correlation between FIS and Loneliness was estimated to be ($r = -0.699$), there is a moderately strong negative correlation between family interaction and loneliness. This indicates as family interaction worsens adolescents experience of loneliness increases.

A study conducted by Harald (1999) among students with learning disabilities and low achieving students on peer acceptance, loneliness, self-esteem and depression revealed that students with learning disabilities when compared with non-learning disabled students they were less accepted by peers had lower self-esteem and had higher level of loneliness feeling this supports. This supports our findings where loneliness was experienced more among adolescents with learning disability than without learning disabilities.

CONCLUSION

The research concluded that there exists a significant difference in family relationships in families of adolescents with and without learning disability. Having a child with learning disability affects family dynamics and this in turn affects the growth and development of the adolescents. Maintaining a strong relationship and providing maximum support will help the child to be resilient, assertive and to manage their stress independently. Experience of loneliness is high among adolescents with learning disability than without learning disability. Lack of ability in maintaining interpersonal relationships, misinterpretation of social cues and behaviour, poor communication skills, rejection from family and friends all contribute to feeling of isolation and loneliness. A moderately strong negative relation is observed between family relationships and loneliness. This indicates a primary role for family in developing positive attitude, personality, relationships, self-esteem.

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Conflict of Interest

The author declared no conflict of interest.

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