

Learning Disabilities and its Behavioural Consequences: An Analytical Review

Sufia Khatoon^{1*}, Dr. Sushma Pandey²

ABSTRACT

This article analyzes the role of learning disabilities in behavioural functioning of children. Learning Disabilities are conditions that cause significant difficulties in one or more of the basic processes used in understanding or using spoken or written language. It includes disorders that impair functions such as reading (Dyslexia), writing (Dysgraphia), and mathematical calculations (Dyscalculia). Children with learning disabilities often display difficulties in recognizing emotions like anger, fear, joy and they also exhibit difficulties in interpreting social situations in a correct manner and predicting the behavioural consequences of specific actions. Furthermore, these children are less accurate in using good strategies for conflict resolutions and problem solving in comparison to Non-LD children. Such children also display a higher level of behavioural problems. For instance; due to constant experience of failure the child may give up; withdraw or try to overcompensate which manifest in their behaviour. They find it hard to maintain a positive social interaction and experience a great deal of social and emotional problems in addition to their learning difficulties. Such problems increase with the growing age and exert harmful impact on overall development of a child, if they are not diagnosed timely. Researches related to learning disabilities have mainly focused on academic underachievement, perceptual and cognitive deficits; but only a few researches have been done on social, emotional, and behavioural problems of LD children. Therefore, a critical review of literatures related to learning disabilities and its behavioural consequences is the focus of this article. Present review would also be helpful to aware parents, teachers, and counselors about the detrimental impacts of learning disabilities on proper development of behavioural functioning in children.

Keywords: *Learning Disabilities, Dyslexia, Dysgraphia, Dyscalculia, Behavioural problems*

Learning disabilities refers to a disorder that interferes with one's ability to store, process and produce information. It affects one or more learning areas, such as reading, writing or social skills. Such disabilities create a gap between the true potential and day to day to productivity and performance of a child. Despite this, due to learning disabilities, a sizable number of children dropout from the school at an early age. According to the most conservative estimates, in general population, between 5-15% of

¹Research Scholar, Psychology Department, D.D.U. Gorakhpur University Gorakhpur, U.P., India

²Professor and ICSSR Senior Fellow, Department of Psychology, D.D.U. Gorakhpur University Gorakhpur, U.P., India

*Corresponding Author

Received: May 07, 2022; Revision Received: August 22, 2022; Accepted: September 08, 2022

school aged children have learning disabilities. The incidence also varies with socio-demographic factors and cultural and familial factors (Rutter, 1987). Parents and teachers, who are unaware about learning disabilities, may label such children as lazy and disinterested. Even in cities, schools are hostile towards learning disabilities and ignorant about characteristic features and specific academic difficulties. This leads to a vicious cycle of academic, emotional and behavioural problem in LD children. Behavioural problems are one of the most common forms of psychopathology among children and are most frequently cited reason for referral to mental health services. The WHO in 2008 pointed out that 14% Indian children have behavioural problems and they need counseling (Mugnaini and colleagues, 2009).

Learning disability affects the learning processes of a child viz.; ability to receive, process and analyze or store information. Such learning problems significantly interfere with academic achievement and activities of daily life as well as with the behavioural functioning of a child with learning disabilities. They experience a great deal of social, emotional and behavioural problems in addition to their learning difficulties. A child's behaviour may be a problem if it does not match the expectations of the family or if it is disruptive. There are many things that can cause a child to have temper tantrums, emotional outbursts, and general bad or unexpected behaviour. These can include biological reasons for example, hunger or overtiredness. There may be emotional reasons, like not being able to cope with or describe their feelings. Their environment can also influence behaviour. Learning disabilities are also one of the main reasons for a child in displaying behavioural problems. The rates of behavioural problems among learning disabled children are three to four times higher than among non-disabled children (Baker et al., 2002, 2003, Volkmar & Klin, 2004). As the child develops and increases in size, strength and speed these problems become more severe and continue to persist in later childhood and adolescence (Emerson, 2003). The conception of learning disabilities and its behavioural consequences on children have been analyzed and reported in the following section:

Conceptualization of Learning Disability (LD)

The National Joint Committee on Learning Disabilities (NJCLD) used the term *Learning Disability* to indicate a discrepancy between a child's apparent capacity to learn and his/her level of achievement. Children with LD shows different characteristics such as hyperactivity, impulsivity, perceptual-motor impairments, disorders of memory and thinking, emotional liability, academic difficulties, co-ordination problems, language deficits, disorders of attention, and equivocal neurological signs (IDEA, 1995).

According to DSM-5 Specific Learning Disability (SLD) is a form of Neurodevelopmental Disorder that inhibits the ability to learn or apply specific academic abilities like; reading, writing or arithmetic, which are the foundations for all other academic learning. The learning difficulties are 'unexpected' in that other aspects of development seem to be fine. Early signs of learning difficulties may appear in the preschool years (e.g., difficulty learning names of letters or counting objects), but they can only be diagnosed reliably after starting formal education. SLD is understood to be a cross-cultural and chronic condition that typically persists into adulthood, albeit with cultural differences and developmental changes in the way the learning difficulties manifest (Tannock R, 2013).

Learning Disability refers to significant learning problems in one or more academic area. It is defined as heterogeneous group of neuro-behavioural disorders manifested by significant unexpected, specific and persistent difficulties in the acquisition and use of efficient reading

(dyslexia), writing (dysgraphia), and mathematical (dyscalculia) abilities despite conventional instructions, intact senses, normal intelligence, proper motivation and adequate socio-cultural opportunities (Shaywitz, 1998). The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening and speaking. However, there are mainly three most common types of learning disabilities,

- **Dyslexia:** A reading and language disability; in which a child may not understand letters, sentences, or paragraphs. A dyslexic child can read slowly and often reverse letters, word or numbers and may exhibit difficulty decoding words or phonetic awareness, identifying individual sounds within words. It is a most common learning disability accounting for at least 80% of all learning disabilities.
- **Dysgraphia:** refers to a learning disability that affects writing. It can appear as difficulties with writing grammatically correct spelling, sentences, or organized paragraphs. Individuals with dysgraphia may exhibit difficulty with letter spacing, poor motor planning and spatial awareness, and trouble thinking and writing simultaneously.
- **Dyscalculia:** A learning disability involving mathematical calculations. Individuals with dyscalculia struggle with math concepts, numbers and reasoning. They also have poor comprehension of math symbols, may struggle with memorizing and organizing numbers, have difficulty telling time, or have trouble with counting.

It is possible for an individual to have more than one of these difficulties. This is referred to as *comorbidity* of learning disabilities. Simply, children and adults with learning disabilities see, hear, and understand things differently. This can lead to trouble with learning new information and skills, and putting them to use. Learning disabilities look very different from one child to another. One child may struggle with reading and spelling, while another loves books but can't understand math. Still another child may have difficulty in understanding what others are saying or communicating. Thus, the problems are very different, but they are all learning disorders.

According to the studies, the lifetime prevalence of specific learning disorders in the age group 3-17 years of age is 9.7%. Similarly, the prevalence among the children with special health care needs is 28% compared to 5.4% in typically developing children. Reading disorders accounts to 80-90% among all learning disorders (Altarac et al, 2007). In the Indian context the prevalence of specific learning disorder in primary school going children was found to be 15% among which dysgraphia is 12.5%, dyslexia 11.2%, dyscalculia 10.5% and 7 % had SLD with all the three disabilities (Mogasale et al, 2012). SLD frequently co-occurs with Attention Deficit Hyperactivity Disorder (ADHD), anxiety and motor disorders. ADHD is most common and estimates around 33% whereas anxiety disorder around 28.8%, Mood disorder around 9.4% and language disorder around 11% (Margari et al, 2013).

Research in the area of learning disability had primarily focused on assessment and remedial education. Factors related to causes are considered of secondary importance. Although the causes of learning disabilities are not well understood, yet a leading theory is that LD stems from subtle disturbance in brain structure and functions that may begin before birth. Other possibilities include: genetic predispositions; tobacco, alcohol, or substance abuse by the mother prior to, during or after birth of the child; problems during pregnancy or delivery (viz. low birth weight, prematurity, birth trauma, or distress); environmental toxins, CNS infections, severe head trauma etc. Despite this, child maltreatment may have link with learning disabilities (Pandey, 2007).

Learning Disabilities and its Behavioural Consequences

The consequences of learning disabilities are not only limited to school or work. In fact, it affects many areas of life, including the role of the LD children in their family, relationships with friends, non-academic functioning such as sports or dancing, self-esteem and self-confidence to handle daily situations. Children with learning disabilities may be less attentive to their social environment. Sometimes they misinterpret the social behaviour of others, and may not learn as easily from experiences or from social cues as their friends. Some children may display immaturity and social ineptness because of their learning disabilities. While seeking acceptance their eagerness may lead them to try too hard in inappropriate ways. Children with learning disabilities may also exhibit behaviour problems or have co-occurring behaviour disorders. In some cases, learning disabilities can lead to behaviour problems such as acting out, avoidance, and emotional outbursts.

Broadly, behavioural problems in children and adolescents can be classified into two broad categories of dysfunction, namely ***externalizing behaviours*** and ***internalizing behaviours***. The externalizing behaviours are marked by *defiance, impulsivity, hyperactivity, aggression and antisocial behaviours* whereas, the internalizing behaviours are characterized by *withdrawal, dysphoria* (a state of worry and general unhappiness), and *anxiety*. According to Achenbach and Edelbrock (1978), ***internalizing behavior problems are characterized by inward-directed feelings and include symptoms of depression, anxiety, withdrawal, and somatic complaints, whereas externalizing behavior problems refer to acting-out behaviors directed toward others, such as aggressive and rule-breaking behaviors.*** Researchers have consistently proved the significant association between learning disabilities and both externalizing and internalizing behavioural problems (Bender & Smith, 1990; Eliason & Richman, 1988; Richards Samuels, Turnure & Ysseldyke, 1990). Internalizing and externalizing behavior problems in early childhood are of serious concern as early behavior problems tend to persist throughout childhood and adolescence. Furthermore, children exhibiting continuous co-occurring internalizing and externalizing behavior problems are at heightened risk for experiencing subsequent negative outcomes, including peer rejection, association with deviant peers, engagement in risky behaviors, and substance use during adolescence (Colder et al., 2013; Fanti & Henrich, 2010).

A sound review of studies indicates that the cases of learning disabilities are increasing day by day and reported as a serious issue not only in India but also throughout the world. The adverse consequences of learning disabilities on behavioural functioning of children are quite natural and its impact on children's behaviour can create a complex problem in which a child's learning disability and behaviour problems make learning difficult. Learning disabilities and behavioural problems can have a significant impact on a child's life, especially if these issues are not diagnosed and treated. **Hyperactive behaviour, poor self-concept, impulsivity, withdrawal, and dependency** are some common behavioural problems. Some of the major behavioural characteristics are displayed in Figure-1:



Figure 1 Some Common Behavioural Characteristics of LD children

It is very much clear from the above figure that children with learning disabilities have tendency to exhibit numerous externalizing and internalizing behavioural problems such as; low frustration tolerance in disruptive behaviour, inability to interpret environment and social cues, poor judgment and little thought about logical consequences, poor impulse control, need for immediate gratification, inability to set realistic priorities and goals, inappropriate conclusions due to deficient reasoning ability, illogical reasons for actions, and inability to develop meaningful relationships with others.

Undoubtedly, the causes of learning disabilities are multiple and its consequences are damaging on overall development of children (Bender Wall, 1994). Although learning disability is a consequence of fears, lack of recognition, and wrong ambition of parents, which causes the child fears or discouragement yet, it has its damaging impact on children's development. Children with learning disabilities experience shame, anxiety, frustration, social isolation, melancholy and lack of self-confidence. A sizable number of studies evinced that learning disabled children displayed distorted cognitive (Kauffman & Hallahan, 2018, Pandey et al., 2020) and behavioural functioning (Maughan et al, 1985). About 30% of learning-disabled children may have behavioural and emotional problems, which range from most common ADHD to depression, anxiety, suicide and so on to least common substance abuse. Co-occurrence of such problems with SLD further adds to the academic difficulties. Hyperactive behaviour, Poor self-concept, impulsivity, withdrawal, dependency

are some of the behavioural problems manifested by the LD children (Annette et al, 2015). The impact of these problems in children increases with the growing difficulties in reading during the first year of primary school, and may exacerbate across time if they are not recognized and understood in the light of specific learning disability.

Several studies have found that the children with LD exceed normative measures of impulsivity and exhibit lower attentional skills (Eliason & Richman, 1988; Glosser & Koppell, 1987; Richards et al, 1990). Maughan et al (1985) reported that children with reading disability were vulnerable to various behavioural problems such as; anxiety, low self-esteem, dysfunctional attributions, depression, inattentiveness, disruptive behaviours, aggression, delinquency etc. Children with learning disabilities exhibit significant behavioural problems than children without learning disabilities in the form of hyperactivity and aggression (Sridevi et al, 2015). In a clinical analysis Larry et al (1981), found that there is a frequent clinical association between children with specific learning disability (SLD) and children with hyperactivity and distractibility. They further, documented that many such children having these clinical associations may develop secondary emotional problems as a consequence of frustrations and failures they experience. Bender et al (2015) conducted a Meta Analysis to examine the classroom behaviour of children and adolescents with learning disabilities. They reviewed the results of 25 studies that compared the classroom behaviour of children and adolescents with LD children to without LD children. They concluded that both methodologically strong and weak studies demonstrated significant behavioural deficits of children with LD compared to their non-LD peers in each of five overall areas: on task behaviours, off task behaviours, conduct disorder, distractibility, shy and withdrawn behaviour.

Most of the researches on the behaviour of LD children have relied on teacher ratings and classroom observations. Ratings of school behaviours, such as attention and social interaction, have been found to correlate with school achievement in general (Hoge & Luce, 1979; McKinney, Mason, Perkinson, & Clifford, 1975), and teacher ratings of behavioural problems have been among the best indicators of learning disabilities (Myklebust, Boshes, Olson & Cole, 1969; Bryan & McGrady, 1972). In general, teachers' ratings have shown that LD children to be less socially adept, fewer tasks oriented, less verbally facile, less organized and less responsible than non-LD children. McKinney and Feagans (1984) have also attempted to identify subtypes of LD behaviour disorders. Four subtypes were derived through hierarchical cluster analyses. The first, group (33%) showed behavioural deficits in independence and task orientation but were strong in social adjustment, had average verbal skills, and were mildly deficient in achievement. The second group, (10%) showed deficits in all behavioural areas, had uneven cognitive abilities, and were severely deficient in achievement. The third group, (47%) showed deficits on task orientation, were high on extroversion and hostility, had average cognitive ability, and were mildly deficient in achievement. The fourth group, (10%) showed no behavioural problems, had average intelligence, and were only deficient in academic achievement. McKinney was thus, able to identify groups of LD children who differed in some global cognitive and behavioural patterns. Chamberlain, Cheung-Chung, and Jenner (1993) estimated that between 30% and 50% of students with LDs exhibited varying degrees of challenging behaviours. Similar findings were documented by Male (1996) in a national survey of maintained schools for children and young people with severe LDs in England. The researcher found that 80% of schools that serve students with LDs estimated that up to a quarter of their students' population displayed challenging behaviour, whilst just over 15% of schools estimated that up to a half of their students displayed challenging behaviour. The main forms of

challenging behaviour identified are attention problems and hyperactivity, aggressive or destructive behaviour, self-injurious behaviour, stereotypy, and other socially or sexually unacceptable behaviours (Hastings & Remington, 1994; Qureshi & Alborz, 1992). Lack of comfort and ability in social situations may lead to frustration and disruptive behaviour patterns in students with LDs. These behaviour deficits are well documented (Hallahan, Kauffman, & Pullen, 2009) and generally lead to the interruption or interference in the learning of other students in the classroom. Due to repeated academic failure and a focus on low academic achievement, many students with LDs develop a poor self-concept and low self-esteem. Likewise, repeated academic failure also leads to low levels of motivation in many students with LDs. It is difficult for these students to maintain intrinsic motivation when faced with academic circumstances that appear out of their control. However, the environments of the home, the school, the social group, and the culture influence a student's desire and ability to learn.

Implications of the study

Present Review was done to identify the role learning disabilities in behavioural functioning of children with LD. The analysis of the reviewed studies evinced interesting facts. This study has significant implications for identification and remediation of children at risk of behavioural problems, particularly those affected by learning disabilities. As we already know that learning disability in children consist of functional inability to receive and process specific types of information in the brain. The disability makes it difficult for the affected children to learn as fast as other normal children do. LD is detected mainly in different language processing areas such as; reading, writing, listening, speaking, and application symbols and numbers for arithmetical operations, which may be found in combination or in isolation. It is well established that these children are intellectually average or above average, but their highly specific processing difficulty can become detrimental for their personal growth and achievements, if they do not learn to overcome the disadvantages. They are found to have difficulty in learning alphabets, writing alphabets, rhyming words or connecting letters to their sounds. These may further manifest as difficulty in following verbal and non-verbal directions or manifest as incompetency in social skills required for discussions and team efforts.

Learning disabled children may also have difficulty in focusing attention, motor coordination, time management, organizational skills and emotional maturity. They experience as well as express fear of failure, criticism and judgment, being rejected and isolated, as well as fear of being identified as one with these problems. Learning disability is also one of the major reason due to which a large number of children dropout from schools at an early age and out of them, many remain deprived of basic education for rest of their lives. These children are more at risk of developing psychosocial problems which may include poor self-esteem, depression, anxiety, social skill deficits (Dane, 1990; Osman, 2000; Palombo, 2001a), substance abuse (Cosden, 2001) and delinquency (Winter, 1997). Moreover, children with LD described as impulsive, non-compliant, explosive and argumentative (Michaels & Lewandowski, 1990). These behavioural problems along with learning disorder can lead to abundant major problems in all aspects of a child's personal and social life, family and friends and the society, where the child lives, and this can increase probability of mental and behavioural disease in adulthood (American Psychiatric Association, 2013).

This review article has also pointed out that because of behavioural problems children with learning disabilities are at risk of psychological difficulties; therefore, it is very important to

introduce psychological support to protect them from behavioural problems. Diagnosing learning disabilities in children, and helping them to overcome the problems is very important. It is well known that most of these children can be trained to either overcome or manage to handle their problems successfully. Because of the inadequate scientific knowledge among parents and teachers can increase possibility that they misidentify an LD child as mentally retarded. Earlier diagnosis can be very helpful to avoid secondary socio-emotional and behavioural difficulties in the child as well as for parents. Therefore, it is very important for parents as well as teachers, to learn strategies to manage them, have adequate knowledge of specific pitfalls, and must know the rationale of efforts to apply for overcoming them with many difficulties. They must learn to work with the afflicted children with a positive attitude and apply techniques to overcome the disabilities and their effects in life successfully.

CONCLUSION AND RECOMMENDATIONS

Learning disability is not a single disorder in fact; it includes disabilities in any of different areas related to reading, writing, language, and mathematics. These separate types of learning disabilities frequently co-occur with one another and with socio-emotional and behavioural difficulties. On the basis of the review of pertinent literature as discussed earlier, it is concluded that understanding of behavioural problems of children in context to their learning disabilities are much essential for the proper development of a child. This paper has briefly focused on the salient factors and nature of learning disabilities and its behavioural consequences in children with LD. The overlap between learning disabilities and behavioural problems varies between 5 and 6 percent. However, the exact nature of this relationship is very complex. For LD children behavioural problems can lead to poor academic achievement and learning disability may give rise to behavioural problems. Therefore, a multidisciplinary approach is essential for early recognition of learning disabilities in children. Despite this, children with learning disabilities should need proper guidance. Parents and teachers should be aware of symptoms, causes and impact of learning disabilities. They should learn how to handle disabled children with proper love, protection and care so that children with learning disabilities can learn the proper way to correct their behaviour and thus, gain the self-confidence to overcome all the obstacles that hinder their progress and development in educational and social fields. A cursory glance at analyses of the reviewed literature revealed that although learning disabilities are present in children at high level in many forms, but unfortunately, it is unnoticed and unreported. Therefore, we should develop systematic understanding of the root causes of learning disabilities and its academic and behavioural consequences in children. Certain recommendations were made on the basis of this study:

- It is recommended to aware parents, teachers, and significant others about symptoms, root causes and detrimental consequences of learning disabilities through awareness programs like; workshop, seminar, group discussions, role-play etc.
- School based intervention programs and academic enhancement programs should be implemented to help these students.
- Further, it is assumed that this review article can help the professionals who are working in designing programs and intervention strategies for LD children to provide appropriate aids and appliances to overcome the adverse effects of learning disabilities on children.

REFERENCES

- Achenbach, T. M., & Edelbrock, C. S. (1978). The classification of child psychopathology: a review and analysis of empirical efforts. *Psychological bulletin*, 85(6), 1275.
- Altarac, M., & Saroha, E. (2007). Lifetime prevalence of learning disability among US children. *Pediatrics*, 119(Supplement 1), S77-S83.
- American Psychiatric Association, & American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5. Arlington, VA.
- Annette, X. Y., AuCoin-Power, M., Taylor, M. J., & Doesburg, S. M. (2015). Disconnected neuromagnetic networks in children born very preterm: Disconnected MEG networks in preterm children. *NeuroImage: Clinical*, 9, 376-384.
- Baker, B. L., Blacher, J., Crnic, K. A., & Edelbrock, C. (2002). Behavior problems and parenting stress in families of three-year-old children with and without developmental delays. *American journal on mental retardation*, 107(6), 433-444.
- Baker, B. L., McIntyre, L. L., Blacher, J., Crnic, K., Edelbrock, C., & Low, C. (2003). Pre-school children with and without developmental delay: behaviour problems and parenting stress over time. *Journal of intellectual disability research*, 47(4-5), 217-230.
- Bender, A., Beller, S., & Nersessian, N. J. (2015). Diversity as asset. *Topics in cognitive science*, 7(4), 677-688.
- Bender, W. N., & Smith, J. K. (1990). Classroom behavior of children and adolescents with learning disabilities: A meta-analysis. *Journal of learning disabilities*, 23(5), 298-305.
- Bender, W. N., & Wall, M. E. (1994). Social-emotional development of students with learning disabilities. *Learning Disability Quarterly*, 17(4), 323-341.
- Bryan, T. S., & McGrady, H. J. (1972). Use of a teacher rating scale. *Journal of Learning Disabilities*, 5(4), 199-206.
- Chamberlain, L., Cheung Chung, M., & Jenner, L. (1993). Preliminary findings on communication and challenging behaviour in learning difficulty. *The British Journal of Development Disabilities*, 39(77), 118-125.
- Colder, C. R., Scalco, M., Trucco, E. M., Read, J. P., Lengua, L. J., Wieczorek, W. F., & Hawk, L. W. (2013). Prospective associations of internalizing and externalizing problems and their co-occurrence with early adolescent substance use. *Journal of abnormal child psychology*, 41(4), 667-677.
- Cosden, M. (2001). Risk and resilience for substance abuse among adolescents and adults with LD. *Journal of Learning Disabilities*, 34(4), 352-358.
- Dane, E. (1990). *Painful passages: Working with children with learning disabilities*. NASW Press.
- DOE (U.S. Department of Education). Individuals with Disabilities Education Act Amendments of 1995: Reauthorization of the individuals with Disabilities Education Act (IDEA). Washington, DC: DOE; 1995.
- Eliason, M. J., & Richman, L. C. (1988). Behavior and attention in LD children. *Learning Disability Quarterly*, 11(4), 360-369.
- Emerson, E. (2003). Mothers of children and adolescents with intellectual disability: social and economic situation, mental health status, and the self-assessed social and psychological impact of the child's difficulties. *Journal of Intellectual Disability Research*, 47(4-5), 385-399.
- Fanti, K. A., & Henrich, C. C. (2010). Trajectories of pure and co-occurring internalizing and externalizing problems from age 2 to age 12: findings from the National Institute of Child Health and Human Development Study of Early Child Care. *Developmental psychology*, 46(5), 1159.

Learning Disabilities and its Behavioural Consequences: An Analytical Review

- Glosser, G., & Koppell, S. (1987). Emotional-behavioral patterns in children with learning disabilities: Lateralized hemispheric differences. *Journal of learning disabilities*, 20(6), 365-368.
- Hallahan, D. J., Kauffman, J. M., & Pullen, P. C. (2009). *Exceptional Learners* Boston.
- Hallahan, D. P., Keller, C. E., Martinez, E. A., Byrd, E. S., Gelman, J. A., & Fan, X. (2007). How variable are interstate prevalence rates of learning disabilities and other special education categories? A longitudinal comparison. *Exceptional Children*, 73(2), 136-146.
- Hastings, R. P., & Remington, B. (1994). Staff behaviour and its implications for people with learning disabilities and challenging behaviours. *British Journal of Clinical Psychology*, 33(4), 423-438.
- Hoge, R. D., & Luce, S. (1979). Predicting academic achievement from classroom behavior. *Review of Educational Research*, 49(3), 479-496.
- Kauffman, J. M., Hallahan, D. P., Pullen, P. C., & Badar, J. (2018). *Special education: What it is and why we need it*. Routledge.
- Larry B. & Silver M. (1981) the Relationship between Learning Disabilities, Hyperactivity, Distractibility, and Behavioral Problems: A Clinical Analysis. *Journal of the American of child psychiatry*. Volume 20, Issue2.385-397.
- Male, D. B. (1996). Metamemorial functioning of children with moderate learning difficulties. *British Journal of Educational Psychology*, 66(2), 145-157.
- Margari, L., Buttiglione, M., Craig, F., Cristella, A., de Giambattista, C., Matera, E., ... & Simone, M. (2013). Neuropsychopathological comorbidities in learning disorders. *BMC neurology*, 13(1), 1-6.
- Maughan, G. Gray, M., (1985). Reading retardation and antisocial behaviour: a follow-up into employment. *J Child Psychol Psc.* 25, 741 –758.
- McKinney, J. D. (1984). The search for subtypes of specific learning disability. *Journal of Learning Disabilities*, 17(1), 43-50.
- McKinney, J. D., & Feagans, L. (1984). Academic and behavioral characteristics of learning disabled children and average achievers: Longitudinal studies. *Learning Disability Quarterly*, 7(3), 251-265.
- McKinney, J. D., Mason, J., Perkerson, K., & Clifford, M. (1975). Relationship between classroom behavior and academic achievement. *Journal of Educational Psychology*, 67(2), 198.
- Michaels, C. R., & Lewandowski, L. J. (1990). Psychological adjustment and family functioning of boys with learning disabilities. *Journal of learning disabilities*, 23(7), 446-450.
- Mogasale, V. V., Patil, V. D., Patil, N. M., & Mogasale, V. (2012). Prevalence of specific learning disabilities among primary school children in a South Indian city. *The Indian Journal of Pediatrics*, 79(3), 342-347.
- Mugnaini, D., Lassi, S., La Malfa, G., & Albertini, G. (2009). Internalizing correlates of dyslexia. *World Journal of Pediatrics*, 5(4), 255-264.
- Myklebust, H.R., Boshes, B., Olsen, D., Cole, C. (1969). Minimal brain damage in children. Evanston, IL: *Northwestern University Publications*. Final Report. U.S.P.H.S. Contract 108-65-142.
- Osman, B. B. (2000). Learning disabilities and the risk of psychiatric disorders in children and adolescents. *Learning disabilities: Implications for psychiatric treatment*, 33-57.
- Palombo, J. 2001a. *Learning disorders & disorders of the self in children and adolescents*, New York, NY, US: W. W. Norton & Co, Inc.
- Pandey, S. (2007). *Psychological Consequences of Child Abuse*. New Delhi: Concept Publishing Company.

Learning Disabilities and its Behavioural Consequences: An Analytical Review

- Pandey, S., Tripathi, N., Khatoon, S. (2020). Analyzing Working Memory in relation to Learning Disabilities, Age, and Socioeconomic Status. *International Journal for Innovative Research in Multidisciplinary Field*, 6, 246-257.
- Qureshi, H., & Alborz, A. (1992). Epidemiology of challenging behaviour. *Mental Handicap Research*, 5(2), 130-145.
- Richards, G. P., Samuels, S. J., Turnure, J. E., & Ysseldyke, J. E. (1990). Sustained and selective attention in children with learning disabilities. *Journal of learning disabilities*, 23(2), 129-136.
- Rutter, M., & Schopler, E. (1987). Autism and pervasive developmental disorders: Concepts and diagnostic issues. *Journal of autism and developmental disorders*, 17(2), 159-186.
- Shaywitz, S. E. (1998). Dyslexia. *New England Journal of Medicine*, 338(5), 307-312.
- Sridevi, G., George, A. G., Sriveni, D., & Rangaswami, K. (2015). Learning disability and behavior problems among school going children. *Journal of Disability Studies*, 1(1), 4-9.
- Tannock R. (2013). Rethinking ADHD and LD in DSM-5: Proposed changes in diagnostic criteria. *Journal of Learning Disabilities*. 46(1):5-25.
- Volkmar, F. R., & Klin, A. (2004). Behavioral and learning problems in schoolchildren related to cognitive test data. *Acta Paediatrica*, 93(7), 872-873.
- Winter, N., Holland, A. J., & Collins, S. (1997). Factors predisposing to suspected offending by adults with self-reported learning disabilities. *Psychological Medicine*, 27(3), 595-607.
- <http://www.lidaamerica.org/info/social-skills-and-learning-disabilities>

Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Khatoon, S. & Pandey, S. (2022). Learning Disabilities and its Behavioural Consequences: An Analytical Review. *International Journal of Indian Psychology*, 10(3), 740-750. DIP:18.01.076.20221003, DOI:10.25215/1003.076