Anxiety, Self-esteem in Children with Specific Disorders of Scholastic Skills

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Abstract

The study aimed at examining anxiety and self-esteem in children with Specific Developmental Disorders of Scholastic Skills (SDDSS). A purposive sample of 40 children between the ages of 8-13 years, attending English medium schools, with IQs above 80 were taken. Of these, 20 children fulfilling the ICD-10 criteria for SDDSS, were taken from a Child and Adolescent Mental Health Unit, and compared to 20 non-SDDSS children drawn from nearby schools. Both groups were assessed on: (1) A semi-structured interview schedule (2) Malin's Intelligence Scale for Indian Children (MISIC) (3) NIMHANS Index for Specific Learning Disabilities (4) State-Trait Anxiety Inventory for Children and (5) Culture-Free Self-Esteem Inventory for Children.

The obtained data was analysed using descriptive statistics, parametric and non-parametric tests. Findings revealed a significant difference in self-esteem of children with and without SDDSS. Particularly, low parental, academic and general self-esteem were seen in SDDSS children ($p < 0.01$). The SDDSS children also had significantly higher state anxiety ($p < 0.01$), but did not differ significantly on trait anxiety scores. Moreover, parental self-esteem was found to be significantly related to state and trait anxiety in SDDSS children. The findings were discussed in terms of their importance in planning intervention for the SDDSS children, both in the clinic and school settings.

Key words -
Specific disorders of scholastic skills,
Anxiety and self-esteem

Do the problems of a child with Specific Developmental Disorders of Scholastic Skills (SDDSS) restrict themselves to performance in school subjects alone, or are other aspects of the child's personal functioning also affected? This question has evoked research interest into the emotional dimension of the functioning of the SDDSS child since the 1970s. The issue gains further importance considering the magnitude of the affected child population, estimated between 2-39% [1], [2], [3]. The term SDDSS has in the past been addressed under several labels, Learning Disabilities (LD) being most common. The literature surveyed and reported include work with these concepts.

Forman [4] studied social support and self worth in LD children and found that perceived social support was related to higher self worth in children independent of placement in self contained classes or resource rooms. Stein and Hoover [5] studied manifest anxiety in children with LD and found greater anxiety in LD children as compared to non-LD children. Spreen [6] reported greater fearfulness, anxiety, and lower self-image in LD children. On the other hand, Coleman and Minnett [7] found a higher self-concept in children with LD attending resource rooms. The present study is a limited endeavour in exploring the emotional dimension of the SDDSS children. It aims to study Anxiety and Self-Esteem in the SDDSS children.

Material and Methods

A purposive sample of 20 children, between 8-13 years who successively attended the Child and Adolescent Mental Health Clinic, NIMHANS, Bangalore for the first time was taken for the study group. A control group of 20 children without SDDSS was taken from nearby schools frequency matched on the basis of age and sex with the study group.

The inclusion criteria for SDDSS children were:
1. Having a full scale IQ of 80 and above on the MISIC.
2. Diagnosed as having SDDSS according to ICD-10 criteria, and confirmed on assessment.
3. Speaking English and receiving education at English medium schools

Children with pervasive developmental disorders, schizophrenia, mood disorders, hyperkinetic disorders and other psychiatric disorders were excluded.

The control group children fulfilled inclusion criteria: (1) and (3) and they were excluded if they had significant problems in reading, writing, spelling or arithmetic; or if they had any other problem requiring psychiatric help.

The data was collected from available parent(s) and from the child. The following tools were used:
1. A semi-structured Interview Schedule to gather socio-demographic data, personal and family history details of the subjects (prepared by the investigator).
2. Malin's Intelligence scale for Indian Children [8].
3 NIMHANS Index for Specific Learning Disabilities [9].
4 State Trait Anxiety Inventory for Children [10].
5 Culture-Free Self-Esteem Inventory for Children [11].

Procedure

An initial pilot study was conducted on 4 children to assess time frame applicability of tools and to familiarize the investigator with the tools.

The period of the main study tended from December 1993 to April 1994. Before each child's testing was initiated parents were informed about the study and their consent was taken. Following the testing results were communicated to the parents. The nature of the disorder was explained to parents SDDSS children, remediation was initiated for available children or refer were made for those not available.

For the control group, permission was taken from the school principal, class teacher and parent. For any child found to have problems in reading, writing, arithmetic or spelling, parents were given a feedback, education with appropriate suggestions for intervention.

Analysis of data was done using frequencies, percentages, Pearson's product moment correlation, Chi-square tests and 't' tests.

Results

(i)Description of the study group

The study group consisted of 17 boys and 3 girls. With respect to socioeconomic status it was found that: 14 children of the study group had monthly incomes between Rs. 1000-7000, while 4 children had income above Rs. 7000 a month and 2 children had incomes below Rs. 1000 month per month. Seventeen children of the study group were domiciled in Bangalore while the remaining 3 belonged to other places. Six of the children had their mother tongue as Kannada, while another 6 were Tamil speaking, the remaining spoke languages such as Telugu, Malayalam, Hindi and Konkani.The multiaxial diagnostic system was used. The I axis diagnosis of the children in the study group is given below. The frequencies are indicated in parentheses: Adjustment disorder (1), Conduct disorder (6), Emotional disorder not otherwise specified (7), Mixed disorder of emotions and conduct (1), 5 children had no I axis diagnosis. On the II nd Axis all children excepting one who had specific disorder of Arithmetic skills, had mixed disorder of scholastic skills. Only one child had a IVth Axis diagnosis (Myopia). On the Vth Axis; 12 children had diagnosis of overexpectations from parents, and 11 children's family reported strict/inconsistent disciplining patterns.

(ii)Anxiety and SDDSS

As shown in Table I a significant difference between the study and control group was seen on state anxiety with state anxiety being higher in the SDDSS children. Computations, using severity of SDDSS were conducted but found to be non-significant for Anxiety.

Table I - Mean scores for trait and state anxiety in the study and control groups

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N=40 df=38

(iii)Self-Esteem and SDDSS

Table II shows that the study group children differed from the control group on the general, academic and parental self-esteem subscales, as well as on total self-esteem scores. Comparisons based on severity were not significant.

Table II - Mean scores of the subscales of self-esteem and total self-esteem in the study and control groups

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N=40 df=38

(iv)Relation of anxiety and self-esteem in the study group

Correlations of trait anxiety with self-esteem revealed parental self-esteem to be significantly related (r=0.33, p < 0.05). State anxiety was related significantly to parental self-esteem and lie score (r=-0.37, -0.36, p < 0.05).

Discussion

The findings indicate that while trait anxiety does not significantly differ in SDDSS children, state anxiety does. This suggests that, though SDDSS children are not generally more anxious than the control group children, they subjectively and consciously experience greater feelings of apprehension, tension and worry in varying intensities across specific situations. This may be because they have a predisposition towards negative experiences in the academic, personal and social spheres, due to their disability. Besides, the assessment of these children had been made in a clinic situation and was perceived as a 'testing' situation by them which could have increased their state anxiety. The control children had, on the other hand, had been tested in the school situation. Moreover, self-report measures had been used to measure anxiety which may have affected the results. Perhaps if other measures like parent, teacher reports were used, other results may have been obtained. These findings are similar to those reported by Stein and Hoover [5] and Spreen [6].

With respect to self-esteem, it was found that SDDSS children have lower self-esteem than their non-SDDSS counterparts. They perceive themselves as generally unhappy, undependable, as failures and tend to make unfavourable comparisons with other children. Low academic and parental self-esteem contribute to this. With respect to academic work, they feel dissatisfied, and undervalue their work. They perceive their parents as lacking understanding and expecting too much from them. An awareness of their inadequacies, combined with negative experiences in academic work and high expectations from parents appear, therefore to contribute to their low self-esteem. Their social self-esteem, and lie score do not differ significantly in the two groups, thus indicating that these children do not perceive themselves as deficient in social skills and acceptance. These findings corroborate with those of earlier studies [11], [12], [13], [14].

Trait and state anxiety do not correlate with general or total self-esteem. However, trait anxiety correlated significantly with parental self-esteem in a negative direction implying that parental responses and expectations from the child appear to be important in the development and maintenance of selfworth. Similarly parental self-esteem and social desirability correlate negatively with state anxiety (p < 0.05). This indicates the importance of the child's perception of parental attitudes to the child in reducing or increasing perceived threat in specific situations.

Thus the study brings out the importance of parental roles in the child's self-esteem and response to situations perceived as threatening. A need to give importance to the management of high anxiety and low-esteem in the intervention in children with SDDSS emerges. Thus, while remediation would no doubt be the choice of management in SDDSS, a comprehensive outlook in individual therapy and parental counseling, appears important. The study has been conducted on a small purposive sample, which limits the generalizability of these findings. Further research replicating these on larger samples with appropriate gender representation would be required to draw conclusions.

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