

**COMPARISON OF POSITIVE AFFECT AMONG
LEARNING AND NON LEARNING
DISABLED STUDENTS**

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ABSTRACT

The purpose of the present research was to determine the effect of positive affect on learning disabilities. It was hypothesized that the non learning disabled students will have higher mean scores on the variable of general mood than the learning disabled students. In order to measure the positive affect the General mood subscale of the Bar-On Emotional Quotient Inventory, Youth Version was administered. The sample comprised of 80 learning disabled and 80 non learning disabled students. The learning disabled group included 51 boys and 29 girls, randomly selected from remedial schools and schools with screening psychologists. The non learning disabled group includes 41 boys and 39 girls and randomly selected from normal schools of upper socioeconomic strata. In order to gain information regarding age, sex, qualification, parents' income and any other psychological problem a Demographic Variable Form was administered. For statistical analyses of the data t-test was applied. Findings suggest significant difference in the level of general mood between the two groups at $p < 0.05$ level.

INTRODUCTION

Human organism continues to learn from birth till grave, formally and informally. This process of learning varies a person's behavior progressively, as learning has been defined by Hilgard (1963) "As a process which brings about a measurable change in behavior as a result of practice." Formal learning starts almost around four and extends till mid 20's. This process of formal learning is not equally smooth for all individuals, problems such as mental retardation, autism, down's syndrome, hyperactive and attention deficit require special attention and education.

The problem of learning disability is different from the above mentioned cases since the child possesses average IQ and yet exhibits problems in reading and writing.

According to the research definition given by the National Institute of Health, the term learning disability means a disorder in one or more of the basic processes involved in understanding spoken or written language. It may show up as a problem in listening, thinking, speaking, reading, writing or spelling or in a person's ability to do maths, despite at least average intelligence. The term does not include children who have learning problems which are primarily the result of usual, hearing or physical handicaps or mental retardation or emotional disturbance, or of environmental, cultural or economic disadvantage.

CAUSE OF LEARNING DISABILITIES

Causes in the area of learning disabilities that have been identified by McGrady (1974) are as follows

(a) Deficits in Psychological Processes:-

Input: The first problem in input process is a visual perception. They have difficulty in recognizing the position and shape of what they see. The other major input disability is in auditory perception. They do not distinguish the differences in subtle sounds.

Integration: Integration disabilities may take several forms such as sequencing, abstraction and organization. A student with such problem might reverse the orders of the letters in words, other type of problem involves abstraction which consists of difficulty in inferring meaning and another difficulty revolves around making bits of information cohere into concepts.

Memory: Short term memory retains information briefly which we attend or concentrate upon. Most memory disabilities affect short term memory only; students with these disabilities need many more repetitions than usual to retain information.

Output: At the output stage, there are both language and motor disabilities. A child with a *language disability* may speak normally when initiating conversation but respond hesitantly in new situations, pause, asks for the question to be repeated, gives a confused answer, or fails to find the right words.

Motor disabilities are of two types: poor coordination of large muscle groups, gross motor disabilities make children clumsy. The most common type of fine motor disability is difficulty in coordinating the muscles needed for writing. Children with this problem write slowly and their handwriting is often illegible. They may also make spelling, grammar and punctuation errors.

(b) Genetic and Perinatal Factors:-

Bakwin (1973) studied reading disability in twins and found a 29% concordance in fraternal twins and an 84% concordance in identical twins.

CHARACTERISTIC BEHAVIOR OF LEARNING DISABLED PEOPLE:

According to Argyle and Davis (1972) all interactions within a culture fall within expected parameters of a scheme or organizations of experience within the extended culture. Johnson and Myklebust,(1967) and Lerner (1971) described the learning disabled deficient ability to process implicit social cues, which when combined with conceptual deficiencies and egocentricity, make role projection, prediction and accommodation exceedingly difficult.

Kronick (1974) has clearly indicated that deficit in temporal concepts is the most common disability in learning disabled children. These deficiencies have affected their judgment about how long to discuss a subject, their prediction capabilities, their comprehension of the stages of a person and life tasks of each stage, and their knowledge of one's past present and subsequent place in time. Similarly linguistic/conceptual deficits can grossly distort comprehension of interactions.

GENERAL MOOD REALM

The General Mood Realm has two scales. Optimism is the ability to maintain a realistically positive attitude, particularly in the face of adversity. Happiness is the ability to feel satisfied with life, to enjoy yourself and others, and to experience zest and enthusiasm in a range of activities.

According to Goleman (1995) “The basic belief that leads to optimism is that setbacks or failures are due to circumstances that we can do something about to change them for the better”, some unchangeable deficits within themselves, or to factors that are permanent and pervasive, they lose hope and stop trying (Goleman 1995; Seligman 1990).

Klassen (2002) reviews the literature on the self-efficacy beliefs of students with learning disabilities. The results from this review suggest that in specific context, in the writing performance of students with specific writing difficulties, in particular, students appear to optimistically miscalibrate their self-efficacy.

Self-efficacy has been defined by Bandura (1997) as “Beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments”. These perceptions of self-capabilities or self-efficacy have been identified as a key factor affecting thought patterns and performance in a wide variety of tasks. For example, self-efficacy perceptions influence choice of activity, task perseverance, level of effort expended, and ultimately, degree of success achieved. Inaccurate estimates of self-efficacy may develop from faulty task analysis or from a lack of self-knowledge (Bandura & Schunk 1981). In 1989, Bandura stated, “Among the mechanism of personal agency, none is more central or pervasive than people’s belief about their

capabilities to exercise control over events that affect their lives”.

Parallel to the concept of self-efficacy is the concept of learned helplessness which plays a vital role in the appraisal of situations. Researchers like Hersh, Stone & Ford (1996) have found that individuals with learning disability are more likely to exhibit learned helplessness, an attribution associated with a pessimistic explanatory style.

There is growing evidence that emotional states may positively affect the performance and relationship of children with learning disabilities. Bryan et al (1996) reported positive “affective states” that have been found to increase performance on various tasks, such as memory, computation and discrimination tasks. In addition, their research indicated that inducing positive feelings in children facilitated the learning of new information. The authors postulated that “Positive affect results in a more efficient utilization of cognitive material than neutral or negative moods”, and that “positive affect may influence cognitive organization such that cognitive material is more integrated and related. The positive mood induced in the children had demonstrable effects across a 2-week time span, suggesting that the benefits of positive mood on learning and performance are significant.

Heibert et al (1982) suggested that students with learning disabilities (LD) may think negative self-statements before they begin academic tasks such as “I can’t do this”. Their anticipation of failure may lead to reduced effort, decreased ability to concentrate or difficulty applying the skills they do have. As a result, cognitive therapy may be instrumental in addressing the effects of students’ emotions on their school performance and relationships. Specifically, the authors suggested that teachers should systematically build “Positive affect and hopeful expectations, utilizing self-instruction or some

other procedure for promoting positive affect and hopeful expectations, utilizing self-instruction or some other procedure for promoting positive affect”.

Gerber, Ginsberg & Reiff (1992) identified the characteristics of adults with learning disabilities who were highly successful. After conducting in-depth interviews with highly and moderately successful adults with learning disabilities, these authors concluded that deciding to take control of one’s own life marked a cornerstone among those who achieved success. Specifically, doing this involved having a desire to succeed setting explicit goals, recognizing, accepting and understanding one’s learning disability, and taking action. The action that the successful adults took reflected persistence “Goodness of fit (Matching environment career choices to their strengths)” “Learned creativity (Developing alternate ways of accomplishing tasks surrounded themselves with supportive people)”.

Gross (2002) knowing how to remain optimistic and focused, in the long term, can be considered important in learning. When post secondary educational goals are pursued, a student is naturally raising his/her level of expectations about what he/she can accomplish, academically. Facing the daily experiences of temporary academic disappointment and missed expectations is part of every student’s experience.

Students with specific learning disabilities have by definition, areas in which they do not perform up to their and others’ expectations. When students who have such learning disabilities reach the level of postsecondary education, their vulnerability to feelings of inadequacy is likely to resurface because of the new level of academic demands. These students can be at risk for global feelings of academic inadequacy a logical

finding that has been well documented in research studies

All these researches are in line with the fact that emotional factors can exacerbate a child's learning disability.

The present study was undertaken to explore the relationship of learning disabilities and positive mood in school students.

HYPOTHESIS

Non learning disabled students would have higher mean scores on the variable of general mood as compared to learning disabled students.

METHOD

Sample:

The sample consisted of two groups of 80 learning disabled and 80 non learning disabled students. Their socioeconomic status ranged from the upper middle and upper socioeconomic class. The students have from to the families who could provide remedial education besides basic necessities of life and normal schooling. The ages of the participants of both the groups ranged from 8 to 18 years with a mean age of LDs=12.45, Non LDs=11.6. They were randomly selected from special schools, psychological clinics and normal schools. The non learning disabled group was selected from fifth sixth and seventh graders of normal schools.

MEASURES

Demographic Variable Form: Demographic information regarding their age, birth order, sex, number of siblings, parental occupation, socioeconomic status was obtained through the administration of demographic variable form.

General mood subscale of Bar-On EQ-i-YV: General mood subscale of Bar-On EQ-i-YV was administered in order to assess interpersonal skills of learning and non learning disabled students.

PROCEDURE

A letter from the Director of the Institute of Clinical Psychology, describing the purpose of research was provided to the concerned schools, plus a letter from the researcher to the parents of the participants was also provided with the assurance of confidentiality regarding the identity of the participant and the usefulness of data. The other group of Non LD's was drawn after taking the consent from the principals and the participants.

SCORING AND STATISTICAL ANALYSES

After completion of data collection, all the test protocols were scored according to the instructions given in the manual. The response inventory was scored in such a direction that high scores indicate of higher interpersonal skills. For mean comparison between groups t-test for independent sample was applied.

Operational Definition

1) GENERAL MOOD

An important motivational variable that facilitates the various other factorial components of emotional intelligence General mood consists of two related constructs.

a) Optimism

The ability to look on the brighter side of life and to maintain a positive attitude even in the face of adversity.

b) Happiness

The ability to feel satisfied with one's life, to enjoy oneself and others, and to have fun.

2. LEARNING DISABILITIES:

Learning disabilities means a disorder in one or more of the basic processes involved in understanding spoken or written language. It may show up as a problem in listening, thinking, speaking, reading, writing or spelling or in a person's ability to do mathematics, despite at least, average intelligence. The term does not include children who have learning problems which are primarily the result of visual, hearing or physical handicaps, or emotional disturbance of environmental, cultural, or economic disadvantage.

RESULT

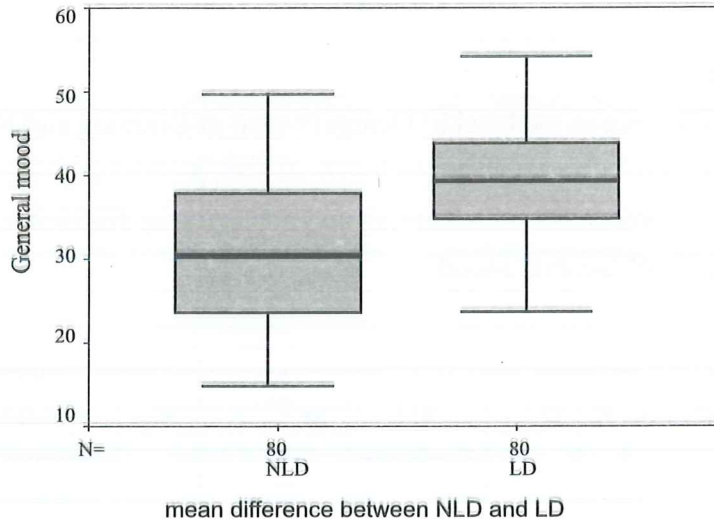
Table No 1

Showing difference in the level of General Mood of Learning and Non Learning Disabled Groups where $t = 6.416$, $df = 158$, $p < 0.05$ indicating significant difference between learning and non learning disabled students on the variable of General Mood

Variable	Group	N	Mean	Std Deviation	df	t	Sig	95% Confidence Interval of the Difference
General Mood	NLD	80	30.23	9.097	158	6.416	0.001	Upper lower
	LD	80	38.64	7.400				-5.82 -11.00

Showing difference in the level of General Mood of Learning and Non Learning Disabled Groups

Graph. 1



DISCUSSION

The results seem consistent with the hypothesis showing significant difference in the scores of learning and non learning disabled students on the general mood scale (Table No1, Graph No1). The results reflect successful adaptation of learning disabled students despite their liabilities. Garmezy & Masten (1991) have discussed the concept of **resiliency** as a protective factor for learning disabled people. They defined resiliency as a process of, or capacity for the successful adaptation despite challenging and threatening circumstances.

Garmezy (1983) categorized protective factors leading to resiliency as

1. Personal factors
2. Family factors
3. School or community factors

Raskind (1999) and Goldberg in their longitudinal study concluded with the

following factors responsible for the success of learning disabled people. Their results have shown the interdependency of all the planes, namely; personal, family and school.

1. Perseverance and goal setting:-

a) Personal factors:- According to Raskind and Goldberg (1999). A successful learning disabled person sets realistic, concrete, attainable and short term goals. They consider mistakes as an essential part of learning, despite failure they do not give up, they keep perseverating. On personal plane, they realize and accept their weaknesses and do not set goals exceeding their potential, therefore failures do not plunge them into despair, negative mood and low self- esteem. Rather than dwelling on their weaknesses and plunging themselves into negative affect self esteem is boosted up by the fact that they have faith in their strengths.

High self-esteem further leads to have positive affective states which may positively affect the performance and relationships of children with learning disability. Bryan et al (1996) have shown that positive mood induced in the children had demonstrable effects across a two- week time span, suggesting that the benefits of positive mood on learning and performance are significant.

The same holds true for the present sample where learning disabled group holds superiority over their non learning disabled counterparts on the dimension of general mood with mean scores of 38.64 and 30.23 respectively (Table1.graph1). Their high scores are further supported by some other factors that will be discussed on the level of family and school support services.

Heibert et al (1982) have concluded well that teachers can play an instrumental role in promoting positive effect and hopeful expectations, utilizing self-instruction or some other procedure.

2. Presence and use of effective support systems and emotional coping strategies:-

The successful individuals with learning disability who have realistic and attainable goals are often supported and assisted by people who have set realistic goals for them. The people who are around them and helping to guide them also had a sense of realism. Successful kids actively seek support from different planes, namely family and school. Realizing their disability they are willing to accept help when it is offered, they don't simply wait for someone to come to their aid (Raskind and Goldberg, 1999).

b) Support from family:- A cohesive and supportive family structure is a strong protective factor which may have an ameliorating effect on the severity of the child's academic and behavior problem. Tollison, Palmer and Stone (1987) have reported that lower expectations, which are commensurate with the student's academic capabilities, may result in lower anxiety and higher overall student's achievement. Understanding the nature of child's disability, and not generalizing that disability to the whole child.

c) Support from school system:- On the institutional plane, school can play a vital role in supporting the student with special needs. A school with screening psychologist, counselor and remedial program helps the child ameliorate his/her stress levels and provide effective coping with demands of schooling. When a teacher in a class room finds problem with a child despite his average IQ, the child is immediately sent to school psychologist who conducts psychoeducational assessment and after detecting learning

disability, referrals are made to clinical psychologist who administers a complete battery to identify his strengths and weaknesses. Recommendations are made for concession in spelling if a normal child has to write 15 spellings in 10 minutes, a learning disabled child is allowed to do only 10 spellings in 10 minutes. Concessions like these reduce the work stress of learning disabled child.

To sum up, strong supportive system from the family of student and school provides active solution aid to the child. The learning disabled students of the present sample belonged to the upper socio economic group where literacy rate is high as compared to the rest of the society plus possibility of availing different resources, having facilities; mothers can spare time for collaborating with other professionals dealing with their kids.

This field of research is yet to be explored in order to make any conclusive statement which should explore variables such as working and non working mothers, birth order, middle and lower socioeconomic group as well.

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