

THE EFFECTS OF BEING DIAGNOSED WITH A LEARNING DISABILITY ON CHILDREN'S SELF-ESTEEM

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The effect of being diagnosed with a learning disability on elementary school children's self-esteem was examined using a quasi-experimental design. Self-esteem increased significantly above prediagnosis levels following diagnosis of a learning disability while self-esteem levels in a control group of children without learning disabilities remained unchanged. Theoretical and practical implications of these findings are discussed.

Despite its potential usefulness to those responsible for the care of children, there is surprisingly little empirical research regarding the psychological consequences of being diagnosed with a learning disability. Those involved in the process of diagnosis, including parents, teachers, school administrators, and school psychologists, may be concerned that diagnosis will have negative effects. Yet, a dilemma arises because, in order to serve the child's needs, the application of a label is necessary, despite the many pitfalls that might be involved (Wilson, 2000). The present quasi-experimental study examined the effects of being diagnosed with a learning disability on elementary school children's self-esteem.

Self-esteem can be defined as an individual's judgment of his or her self-worth (Rosenberg, 1979). Although self-esteem is generally conceptualized as trait-like and has been described as "remarkably stable over time" (Campbell & Lavelle, 1993, p. 4), it is possible that a person's self-esteem might change in response to a major life event, such as being diagnosed with a learning disability. Low self-esteem is often associated with emotional, behavioral, and academic problems in school aged children (King & Daniel, 1996), and Durrant, Cunningham, and Voelker (1990) cite a number of studies that suggest an increased risk of low self-esteem in children with learning disabilities. Among children with learning disabilities, self-esteem correlates positively with gains in several areas of academic achievement over time (Kershner, 1990), and so it might be disadvantageous in academic terms if diagnosis caused a drop in self-esteem, as well as in terms of general quality of life.

To be labeled as having a learning disability is potentially stigmatizing. Labeling theory has as its basic premise that deviance is not an intrinsic property of acts but is "a socially constructed, discrediting definition" (Smith, Osborne, & Rhu, 1986, p. 195). From a labeling theory perspective, one would predict that the diagnosis of a learning disability should be detrimental to children's self-esteem, although a broad conceptualization of labeling theory also allows for the study of positive effects of the label in addition to negative effects (see Rist & Harrell, 1982). According to Raviv and Stone (1991), factors relating to being labeled comprise one of three categories of reasons for poor self-concept in children with learning disabilities, along with the effects of academic failure, and factors inherent

in the disability itself, such as cognitive deficits that might interfere with the development of the child's self-concept.

When a child is diagnosed as having a learning disability, significant others may be inclined to treat them differently. This, in turn, may damage the child's self-esteem. Children with learning disabilities tend to be perceived negatively by both teachers and peers (Gresham & MacMillan, 1997) and they can experience problems in social interaction both inside and outside of the classroom (Sabornie, 1994). Social acceptance problems can cause the child to be dissatisfied with his or her social life (Wiest Wong, & Kreil, 1998). According to Vaughn, Hogan, Kouzekanani, & Shapiro (1990), social rejection may be experienced prior to diagnosis.

The diagnostic label, in and of itself, may have negative consequences. Fogel and Nelson (1983) found that labeling a child as learning disabled biased teachers' behavioral checklist scores so that when teachers watched a video of the child, those in the group who were told that the child had a learning disability attributed more characteristics of mental retardation to the child than did those teachers who had not been provided with a diagnostic label for the child, even though both groups of teachers were actually observing the same child.

Although a labeling theory perspective would suggest that a learning disability diagnosis would be detrimental to children's self-esteem, Coleman's (184) distinction between the social realities of children and the social realities of adults suggests that it may be erroneous to assume that children's reaction to being labeled as learning disabled will parallel adults' perceptions of the label as stigmatizing. Coleman maintains that an adult's perception that a learning disability label places the labeled child in a less desirable social position, while not necessarily inaccurate, is based on an adult social world with reference groups different from those of the child.

Despite the apparent logic to the contrary, there are reasons to expect that children's self-esteem might actually increase when they are diagnosed with a learning disability. Gordon (1979) suggests, that while some children might react negatively to being labeled as having a learning disability, "others may welcome it, particularly if they have endured an unrewarded struggle and much unhappiness" (p. 108). Clinical observations by physicians suggest that children diagnosed with potentially stigmatizing conditions, such as epilepsy (Nordan, 1976) and brain injury (Gardner, 1968), experience psychological relief upon diagnosis if their condition is explained to them in frank and comprehensible terms.

Heyman (1990) found that higher self-esteem in children with learning disabilities was related to their perceiving their disability as delimited rather than global in nature, as modifiable, and as nonstigmatizing. It is possible that receiving a diagnosis might allow a child with a learning disability to displace the vague notion of "there's something the matter with me" with a specific label, an etiology, and an authoritative description of the particular disability. Diagnosis may also lead the child to perceive his or her disability as modifiable in the sense that it provides the opportunity for appropriate remediation. Thus, in conducting the present research, we predicted that children with learning disabilities would show an increase in self-esteem upon diagnosis.

Method

Participants

Children with learning disabilities ($N = 33$) and a control group of children without learning disabilities ($N = 36$) were recruited for the present study. Those with learning disabilities were recruited from among candidates for learning disability assessment in Grades 3 to 6 at six elementary schools in X and were retained in the sample only if they were in fact diagnosed, upon assessment by a school psychologist, as having a learning disability. The control group participants were selected from 2 fifth-grade classes at two of the schools used for the sample of children with learning disabilities. Control group classes had no students diagnosed with learning disabilities and no candidates for learning disability assessment. Although we would have liked to have included a third group of children, those who were assessed for learning disabilities but who were not diagnosed as having a learning disability, there were not enough children in this category for such an analysis.

There were approximately equal numbers of males and females among both the learning disabled children and the control sample. We were not able to collect complete sex data because, in some cases, knowing the sex and grade of a child would have been sufficient to identify him or her, due to the small-town and rural locations from which we drew our sample. The mean age of the sample was 10.5 years. The age range of the learning disabled children was 8 through 12 years and the control group participants were 10 and 11 years old. The rationale for choosing a control group composed of Grade 5 students was that such a group would approximate the mean age of the learning disabled sample. Data from 7 children with learning disabilities were excluded from the analysis due to missing data, leaving a sample of 26 children with learning disabilities.

Materials

The 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1979) was used as a measure of self-esteem. We converted the original scale into a 7-point Likert-type scale. Internal consistency of self-esteem scores among the children with learning disabilities was low on the pretest ($\alpha = .52$), but still sufficient for the purposes of this research, and moderate on the posttest ($\alpha = .74$). Internal consistency was excellent among the scores of children without learning disabilities ($\alpha = .96$, pretest and posttest).

Procedure

The children gave voluntary and informed consent, and permission was obtained from the local school board, individual school administrators, and parents of the children prior to our asking the children to participate. The Rosenberg (1979) Self-Esteem Scale was administered as a pretest and a posttest. For both the learning disabled and the control children, questions were read to the students. The control children were tested in groups in their classrooms, and the learning disabled children were tested in individual interviews. The first author conducted most of the interviews with the learning disabled children; others were conducted by the child's teacher using the same interview protocol in cases where concerns were

raised regarding confidentiality. The children with learning disabilities were tested approximately two months prior to assessment and the control group participants were tested at about the same time. Posttest data were collected from both groups approximately one month following assessment of the children with learning disabilities.

The students diagnosed with learning disabilities would not have been receiving treatment for their disability prior to the posttest because, in the area where this study was conducted, such treatment does not begin until up to six months after assessment. We did not have access to information regarding precisely when the diagnosis was made following assessment of the learning disabled children, or regarding how, when, or if the children were informed of the diagnosis. We did not assess whether the learning disabled children were receiving any special education services prior to being assessed for learning disabilities, however, any such services the students might have been receiving would not have been the result of the specific learning disability diagnosis and would be going on prior to testing and during the period between the pretest and the posttest.

Results

A 2 (diagnosed with a learning disability, control) \times 2 (pretest, posttest) repeated measures ANOVA was conducted to test for effects of learning disability status and time of testing on self-esteem. Significant mean effects of learning disability status, $F(1,60) = 11.93, p < .01$, and time of testing, $F(1,60) = 4.55, p < .05$, were observed. These main effects are qualified by a significant interaction between time of testing and learning disability status, $F(1,60) = 5.17, p < .05$. Estimates of effect size (η^2) were 0.166 for learning disability status, 0.070 for time of testing, and 0.079 for the interaction.

Post hoc Tukey's HSD tests indicated that the children with learning disabilities showed a significant increase in self-esteem, $Q(2,60) = 4.09, p < .01$, from pretest, $M = 51.35, SD = 12.09$, to posttest, $M = 53.95, SD = 11.64$. The control group children did not show a significant change in self-esteem scores, $Q(2,60) = 0.15, n.s.$, between the pretest, $M = 66.72, SD = 18.20$, and the posttest, $M = 66.64, SD = 18.43$. The children with learning disabilities reported lower levels of self-esteem than the control group children both on the pretest, $Q(2,62) = 5.30, p < .01$, and the posttest, $Q(2,62) = 4.37, p < .01$.

Discussion

Our observation that children with learning disabilities report higher levels of self-esteem following diagnosis than before diagnosis is encouraging. It is the nature of quasi-experiments that, although the event under study is assumed to be in some way the gross cause of observed changes, one cannot isolate precisely the causes of these changes (Seligman & Rosenhan, 1998). However, based on the previous literature, we suggest that the mechanisms responsible for the observed change in self-esteem upon diagnosis among children with learning disabilities may be related to their coming to perceive their disability as limited in scope and man-

ageable through remediation. This explanation is consistent with Heyman's (1990) finding that higher self-esteem is associated with perceiving a learning disability as delimited and modifiable.

We considered the possibility that the change in self-esteem might arise due to changes in social comparison behavior following diagnosis such that the newly diagnosed might begin to compare themselves to other children with learning disabilities. This is a possible explanation for the effect observed, however, prior research suggests that children with learning disabilities tend to compare themselves to children who do not have learning disabilities (Smith & Nagle, 1995).

Our findings may have theoretical implications. Labeling theory (e.g., Smith et al., 1986) tends to focus on the negative effects of labeling, although, as noted previously, a labeling theory perspective also allows for positive effects of labels. The observations reported here suggest that a broad perspective examining both positive and negative effects of labeling is warranted in learning disability research. Rist and Harrell (1982) note that we know far more about the negative consequences of labeling a child as learning disabled than we know about the potential benefits of labeling. Unfortunately, a knowledge gap remains in this area. A shift in theoretical perspective could encourage the study of positive effects of learning disability diagnosis.

We believe that this study also has some practical implications. Our findings might help to allay the fear that diagnosing learning disabilities in children will harm their self-esteem. This information would be particularly useful to parents who are considering having their children assessed for a learning disability. Although parents of children with learning disabilities tend to be relieved when their child is diagnosed (Dembinski & Mauser, 1977; Faerstein, 1986), some mothers are reluctant to tell their newly diagnosed child about the learning disability for fear of upsetting the child (Faerstein, 1986).

It should be noted that our study did not follow the children for a long period of time and, as they move into the adult social world described by Coleman (1984), their position within an expanding network of reference groups might lead to a loss of the positive effect on self-esteem associated with the diagnosis. Caution is also warranted with respect to the long-term effects of learning disability labels because adolescents who were diagnosed with learning disabilities prior to second grade report poorer emotional adjustment during adolescence than those diagnosed later (Raviv & Stone, 1991). According to Raviv and Stone (1991), it is unclear whether this effect is due to having lived longer with a stigmatizing label or whether it reflects differences in the age at which various subtypes of learning disability tend to occur.

Researchers do not consistently find differences between children with and without learning disabilities with respect to global self-esteem, although findings of lower academic self-esteem among children with learning disabilities are more consistent (e.g., Pires & Wiener, 2001). It is safe to assume that most studies comparing global self-esteem in children with and without learning disabilities involve children *previously diagnosed* with learning disabilities. The results of this study show that the children with learning disabilities in our sample exhibit a trend of increasing global self-esteem following diagnosis. It is possible that diagnosis, and changes in the child's view of their disability following diagnosis, set the child on an upward

trend in global self-esteem so that when comparisons are made, probably long after diagnosis, with children who do not have learning disabilities, no differences in global self-esteem emerge. Future research involving longer follow-up periods should look for this pattern of results.

Limitations of our study include the lack of follow-up, the grouping of children who likely have various types of specific learning disabilities into a single category, the lack of descriptive data associated with individual children that was imposed by ethical considerations, the differences in testing format between the learning disabled and control groups (group versus individual administration), the lack of information regarding the learning disabled children's history in terms of special education, and the lack of data with respect to the learning disabled children's knowledge and awareness of their diagnosis. Given that the first author conducted most of the interviews, there is a possibility of experimenter effects. Our use of a standard interview protocol, and the fact that the experimenter did not conduct all of the interviews, however, should help guard against experimenter effects. A double-blind procedure would be advisable for follow-up investigations. Future studies might also include a third group of children, those who were thought to have a learning disability but who, upon assessment, were not diagnosed as having a learning disability.

It is essential to the well-being of children with learning disabilities that those who care for them understand the effects, both positive and negative, of the diagnosis itself: "In reality, we must weigh the advantages and disadvantages to determine whether, by labeling a child, we have harmed or assisted him" (Kronick, 1977, p. 101). This weighing of consequences should be informed by empirical research into the ways in which identifying children as learning disabled may assist them, in addition to investigating the ways in which such labeling may be harmful.

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Footnotes

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