

THE IMPACT OF THE QUALITY OF SOCIAL RELATIONSHIPS ON SELF-ESTEEM OF CHILDREN WITH DYSLEXIA

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Abstract

Objective: The healthy and stable social relations that children with dyslexia build with their relatives help them to maintain a high level of self-esteem (Heyman, 2000). The purpose of this study is to determine the relationship that exists between social relations, including even the relationships with their parents, teachers and peers and dyslexic children's self-esteem level.

Methods: Data collection was conducted through Inventory for dyslexia consisting of 42 symptoms and was used for the reevaluation of diagnosis of 17 children with dyslexia; Structured questionnaire Social Relations (Deepu, 2010), which is designed to collect data on the demographic profile and social relationship of children with dyslexia to their parents, teachers and peers. The level of student self-assessment was evaluated using a scale designed by Joseph R. Cautela and Sharon Esonis (2010). The degree of self-esteem consisted of 57 items.

Results: The study identified that there is a positive link between healthy social relations and high level of self-esteem in children with dyslexia. Also, through the analysis of data is showed that unhealthy social relations are associated with lower levels of self-esteem in these children.

Conclusion: A multidimensional approach is important to initiate appropriate interventions in building the healthy self-esteem in children with dyslexia to understand the importance of self-esteem and its connection with social relations.

Keywords: Dyslexia, primary dyslexia, self-esteem, social relationships

Introduction

The word '*dyslexia*' comes from the Greek word "*dys*" which means hard and "*Lexie*" which means words or dictionary. He is one of the learning disorders where the child, but also the dyslexic adult, present difficulty in reading, in writing, but that brings with it the problem of pronunciation, hearing wrong the words, and a lot of other difficulties (Farnham-Diggory, 1978).

In 1895, Heinshelwood spoke of a kind of "blindness to letters", who was born and much more widespread than was thought. In 1910 in various publications talk about "special child that reading, make the most curious mistakes" (Rondal, in Rutter, 1987).

Studies conducted by Rutter and his colleagues dug up information about the changes, which exists between children with a specific reading problem (later called dyslexia) and children who were slow to read, but reading for them was in a line with their cognitive development (Rutter, 1987). Differently from what can be expected, the results of studies emphasize the fact that children with specific reading difficulty had high KI however the little progress they had in reading.

Dyslexia is defined in DSM-IV-R as a specific learning disorder, defined: "oral reading is characterized by distortions or removing the letters; oral reading as the minded reading is characterized by a slow pace and many errors in understanding. This disorder is often accompanied by the disorder of written expression and that of mathematics"(APA, 2000).

Dyslexia cannot be diagnosed before school age and it becomes very apparent by the age of 9, when the child starts already to integrate in reading textbooks and difficulties it may encounter at this age become very evident. It is important to note that dyslexia does not reflect a lack of intelligence or desire towards learning, but with the appropriate teaching methods, dyslexics can learn very well to read fluently.

Speech problems are the most encountered problems in children. According to US studies about 5% of primary school children have communication problems (Shaywitz, 1989); almost 3.8% of children aged 8-11 years have a phonological problem (Shaywitz, 1990). Other studies put out more than 10% of children may have learning problems, where the percentage of dyslexia varies from 3 to 5 or even 7% (Shaywitz, 1990). Dyslexia can be:

1. Gained, this means the loss of reading skills, as a result of a cerebral injury, a result of accidents.
2. Developed, which implies the existence of a disorder at birth, regardless of the diagnosis can be made only at school age (Alan, 2008).

This second form of dyslexia is what is addressed in this study.

To diagnose a dyslexic child is not easy. Given the fact that in Albania there are no standardized instruments or packages of assessment, it must be even more careful with this process. Dyslexia as a learning disorder, although there is a significant spillover, is hardly known in the Albanian context.

Setting delayed diagnosis or the avoidance by parents of the problem by refusing to accept their truth does often that these children receive epithets as "mooncalf", "clumsy", "incompetent". The frustration associated with anxiety, can create in turn two prototypes of children: angry children, anger that could be directed towards teachers, parents, family, friends exactly to get off their suffering feelings. And, in turn, we can have a child which avoids social situations, that hurts himself within.

The relationship between a student's school performance or achievements and his sense of personal value is likely to be affected by a number of factors such as family and personal aspirations, interaction with peers and school experiences and teachers as well (Beitchman and Young, 2001). Self-esteem can be defined as an individual judgment of one's own values. Self-esteem was considered a self-concept evaluation component of a broader representation of one's 'self that includes cognitive and behavioral aspects as well and evaluation and emotional aspects (Shapiro and Toppelberg, 2000).

Hinshaw (1992) states that the social and psychological problems that face the dyslexic child are the result of dyslexia and not its cause. Dyslexia problem is it exactly that which makes the child feels ashamed, because they cannot perform the task properly and it makes the child feel incompetent in the eyes of parents, feel lazy in front of the teachers, feel stupid in the eyes of friends and guilty at the sight of him. This experience of failure and devaluation, which follows, affects his self-concept, the child's self, and he seems not appropriate for the school, for friends, for family, and without the necessary help, he will continue to cultivate within himself negative feelings, being a worthless individual, without merit and for that all is all his blame. If the child is not helped, how can he understand where the fault lies?

The dyslexic child may experience psychological difficulties with any of the following: low self-esteem and self-perception, poor school achievement, problems in social activities and relations with other persons associated fertile difficulties, poor health, and experience and school negative perception (Bryan, 1991).

Johnson (1995) noted the tendency of children with learning difficulties, to display lower levels of self-esteem, compared with other children. Being more specific in relation to dyslexia Kavala and Forness (1996), and Kinsbourne (2002), noted that dyslexic children have higher

levels of stress and anxiety and lower self-esteem than other children. This low self-esteem derives from several factors: the successive failures in school and frequent negative feedback; the effects of the stigma of being a special child and labeled by others; specific effects of difficulties in communication.

Particularly in youth targets aged 6-11 years, self-esteem is closely related to school situations (Tsurumaki, Sato, and Yoshiaki, 2009). Development of the concept of self serves as a filter through which the child evaluates his behavior and that of others. The phenomenon of comparison with peers is very evident, it also leads to despair the dyslexic child, which pattern is observable with its problems, that it harms his self-concept, adds a sense of guilt and low motivation. On the other hand, there is the surrounding environment, which includes family, teachers, friends and other significant persons in the child's life. This context can contribute in two ways: penalties that could be more offensive words, epithets not pleasant to deprivations of child cherished activities. All these create his perception: that of being different from others and not good as them (Settle & Milich, 1999).

Thus, low self-esteem in dyslexic children could affect his relationship with themselves, parents t, teachers and their peers. The more the dyslexic child is penalized to develop a healthy self-esteem, the more problems he will have in his other relationships to keep so much more during his dyslexic situation.

Materials and Methods

The main hypothesis of the study was built on studied literature, which is followed by several objectives. The hypothesis is "Children 9-10 years with dyslexia healthy social relationships will have high self-esteem level."

The purpose of the study is:

To analyze the level of self-esteem and social relationships in children aged 9-10 years with dyslexia. The study emphasizes the importance of supporting the surrounding environment, to increase the level of self-esteem of dyslexic children.

The study aims to show that social relationships with peers, parents and teachers are important factors that affect the improvement of self-esteem in these children.

Objectives of the study are to:

- Understand the relationship of children with dyslexia with their peers.
- Understand the relationship of dyslexic children with their teachers.

- Understand the relationship of dyslexic children with their parents.
- Find a link between self-esteem and social relationships to children third grade and fourth with dyslexia.

Sampling of this study consisted of 17 children (6 girls and 11 boys) diagnosed with dyslexia disorder respectively aged 9-10 years. This age group was chosen because the age of 9 years old is the most appropriate age to diagnose children suffering from this disorder (Galaburda, 1994). Participants in this study were from the 9-year public schools in Tirana city, Albania. All the ethical issues were respected to selected target group of the study.

First, from a list consisting of 82 names 9-year public schools of Tirana were randomly selected 10 schools, of which only seven were allowed to apply the study. Also, as discussed with school psychologists, child identification was complying with all necessary criteria: being diagnosed and lived with both parents or sisters and brothers.

The instruments that are used in this study are several. First an Inventory of diagnosis was used to diagnose dyslexic children (Kaufman & Kaufman, 2003). Inventory is comprised of all areas where dyslexic child has a problem. Inventory incorporates 42 symptoms in the form of questions, the application of which enables the confirmation or not of symptoms in children.

Then, a structured questionnaire was used to measure children's social relations (Kaufman & Kaufman, 2003) and to analyze the demographic background of the sample, dyslexic child relationship with their parents, peers and dyslexic children's relationship with school teachers. To study the socio-demographic background of the target group were adapted 6 questions about age, gender, educational level (classes), information on parents (with whom the child currently live), the order of birth and the attendance or not of the kindergarten.

To evaluate the relationship with their parents were used a structured questionnaire with 10 items customized. To evaluate the relationship of children with their peers, it was adopted a self-structured questionnaire with 10 items (Kaufman & Kaufman, 2003).

Finally to understand the relationship of children with their teachers adapted a questionnaire of 10 items (Kaufman & Kaufman, 2003).

Reliability of the first inventory constituting the first dimension of the parent-child relationship is high in value of 0.845. Reliability for the second statements that constitute the second dimension, which are peer-child relationship is high in value 0,881. Reliability for the last 10 statements pertaining to the third dimension of teacher-child relationship is high in value 0921. Full reliability relations degree is very high in 0.962 values.

This latter used instrument was adapted from the book "Forms for Behavior Analysis with Children" by Joseph R. Cautela; Julie Cautela; Sharon Esonis (2010). It is an instrument with 57 claims, which are associated with alternatives "not true", "less true" and "very true". The coefficient of reliability is 0,926 values. This instrument was completed by children with the aim to measure their self-esteem.

Weaknesses of the study are valued to be:

1. The sample was selected only in Tirana capital.
2. The sample is small and the study cannot be generalized. Thus, this study cannot determine whether the hypothesis thrown verified in a larger population.
3. The sample is not representative of the population, because it selected only one age group.

Results and discussion

From the first results of the study, it can be seen that around 11 children (64.7%) did not attend kindergarten, and 6 other dyslexic children (35.3%) had attended it before to continuing their school education.

Also, the data showed that 24% of children were concerned about the relationship they have with their parents, while 76% indicated that they rarely or never worried about the relationship they had with their parents. Almost 24% of children with dyslexia were not sure about their relationship with their parents and so they worried about this relationship. Also, the data showed that 70% of children had been blamed by parents for the mistakes that they have made. While 30% of children said that parents rarely had reason to blame them.

About 24% of children felt stressed by the pressure of parents, and 76% reported lower results in experiencing stress due to parental pressure. About 12% of the children were not satisfied with the time to spend with their parents, while 53% of dyslexic children are always satisfied with the time their parents spend with them. Regarding their relationship with peers around 58.8% of children always felt understood by their peers; while approximately 11.8% say that sometimes understood from friends and 29.4% of children think that there was almost no understanding from their friends.

The data emerged that about 58.9 % of children felt excluded by their peers because of the inability to have read, and 41.1 % of children rarely felt this exception.

Regarding their relationship with their teachers it can be said that about 64 % of children showed that teachers encouraged them, while 36 % of children think that teachers did not recognize their talents and did not encourage them. Meanwhile, about 65 % of children admitted that they have had a good relationship with the parents, because there was a good

relationship between parents and their teachers, while 35 % of children ever thought so. On the other hand, about 86 % of children had trust in their teachers, while the remaining 24 % rarely were confident to their teachers.

Relationship Parent-Child Rec*Selfesteem Rec Crosstabulation					
		Self-esteem			
Relationship Parent-Child		Low	Medium	High	Total
	Have little confidence on social relationships	3 17.6%	1 5.9%	0 .0%	4 23.5%
	Have more confidence on social relationships	0 .0%	1 5.9%	2 11.7%	3 17.6%
	Have lot of confidence on social relationships	0 .0%	0 .0%	10 58.9%	10 58.9%
Total		3 100.0%	2 100.0%	12 100.0%	17 100.0%

Table 1: The relationship parent-child - self-esteem

Referring to the relationship of children with parents and the level of self-esteem it can be said that only three children had little trust in the relationship with their parents and had low self-esteem. While children who had reached secondary outcome of self-assessment, 5.9 % said they had little trust in the relationship with parents and the same percentage said that they had had a little more trust in the relationship with parents. While children have received results that have more trust in the relationship with the parents make up 58.9 % or 10 children, who had also reached the level of self-esteem and higher.

Table 2: The relationship child - peer – self-esteem

Relationship child-peer Rec*Self-esteem Rec Crosstabulation					
		Self-esteem			
		Low	Medium	High	Total
Relationship child-peer	Have no confidence at social relationships	1 5.9%	0 .0%	0 .0%	1 5.9%
	Have little confidence at social relationships	2 11.7%	2 11.7%	0 .0%	4 23.4%
	Have more confidence at social relationships	0 .0%	0 .0%	7 41.2%	7 41.2%
	Have a lot of confidence at social relationships	0 .0%	0 .0%	5 29.5%	5 29.5%
Total		3 100.0%	2 100.0%	12 100.0%	17 100.0%

From the above table it appears that one child who had low self-esteem, is lacking of confidence in relationships with friends and two other children who were of low self-esteem, they had little trust in the relationship with peers. And 7 children who had little confidence in the relationship

with peers had higher self-esteem, while five other children who had more confidence with peer’s industrial relations had shown high self-esteem.

Relationship child-teacher Rec*Self-esteem Rec Crosstabulation					
		Self- esteem			Total
		Low	Medium	High	
Relationship child-teacher	Have no confidence at social relationships	1 5.9%	2 11.7%	0 .0%	3 17.6%
	Have little confidence at social relationships	1 5.9%	0 .0%	2 11.7%	3 17.6%
	Have more confidence at social relationships	1 5.9%	0 .0%	8 47.2%	9 53.1%
	Have a lot of confidence at social relationships	0 .0%	0 .0%	2 23.4%	2 11.7%
Total		3 100.0%	2 100.0%	12 100.0%	17 100.0%

Table 3: The relationship teacher- child - self-esteem

From the above table it appears to be that only three children from all the sample had received the lowest score of the self-esteem and each of the children had reached different categories of relationships with teachers, one does not have confidence in the relationship with the teacher, the other child had less confidence in the relationships with teachers and the last child had little confidence in this relationship. While eight other children that were little more confident in the relationship with the teachers had high self-esteem and two children who had great confidence in the relationship with the teachers had reached the same level of self-esteem.

Correlations					
		Self-esteem	Child-teacher relationship	Child-peer relationship	Child- parent relationship
Self-esteem	Pearson Correlation	1	.700**	.692**	.743**
	Sig. (2-tailed)		.001	.002	.002
	N	17	17	17	17

Table 4: Correlation of the parent, peers, teachers and self-esteem relations

By correlations of the above datas, it appears that there is a positive connection of the self-esteem of child and the relationship between dyslexic children and their parent, teachers, and peers. The 0,700 values respectively - teacher child relationship, the child - peer 0,692 and 0,743 with the parent-child relationship show this correlation. This means that the above variables that are independent of the level of child self-esteem affect social ability of the dyslexic children. The links between these variables are of a high

significance, and are closely related together, but there is space to conduct further studies with a larger sample in order to make more reliable the data of the study.

Conclusion and further Recommendations

It was noted that dyslexia is a disorder that occurs more masculine than the feminine as well as support literature.

The data analysis identified a positive correlation between healthy parent-child relationship and high level of self-esteem in dyslexic children.

The study also concluded the identification of a positive correlation relationship between dyslexic child-teacher relationship and dyslexic child-peer relationship.

The study hypothesis was confirmed that 9 years old dyslexic children with healthy social relationships have a high level of their self-esteem.

A first recommendation on these conclusions can be:

1. Organization of workshops and training yields on raising awareness of teachers on dyslexia disorder and the importance of the influence that their relationship with these children is directly in the development or improvement of the disorder.

2. The acquisition and application of techniques of increasing self-esteem within the classroom.

3. Being constantly in touch with the school psychologist and parent to follow the case step by step.

While recommendations for parents can be:

1. Training on psycho education for parents of children with dyslexia are necessary to be done, to help them learn how to be more supportive with their children, because the family is the first environment where the child should feel safe enough.

2. As parents being constantly in cooperation with the teachers and school psychologist is a very important step to help the dyslexic child overcome his everyday difficulties.

Recommendation for further researches:

1. While that remains a valid recommendation the application of the study in different and larger target groups as a more representative number of expansions to increase data reliability and test its conclusions.

Other qualitative researches should be done with larger target groups to providing more data in this field.

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