



STUDY OF ANXIETY, DEPRESSION, STRESS AND RESILIENCE IN ADOLESCENTS WITH SPECIFIC LEARNING DISABILITY

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INTRODUCTION

Today, Specific Learning Disability is one of the major problems due to which a large number of children dropout from schools at an early age. Out of these, many remain deprived of basic education for rest of their lives. Diagnostic and Statistical Manual of Mental Disorder (5th Edition) published by American Psychiatric Association brought this condition as "Specific Learning Disability" under the Neurodevelopmental Disorders that impedes the ability to learn or use specific academic skills (e.g., reading, writing, or arithmetic), which are the foundation for other academic learning. According to the most conservative estimates, in general population, between 5%-15% of school-aged children have Specific Learning Disability. The incidence also varies with socio-demographic and cultural-familial factors (Eisenberg, 1978; Rutter, 1978). The affected academic skills are substantially and quantifiably below those expected for the individual's chronological age, and cause significant interference with academic or occupational performance, or with activities of daily living. For instance, a recent survey shows that in the National Capital, Delhi, more than 183,000 children below 14 cannot read and write. 37 per cent children studying in government schools in the age group of 7-10 years cannot read simple words and 52 per cent cannot even recognize numbers (Himanshu, 2006). Keeping this in mind, The Ministry of Social Justice and Empowerment passed an Act called "The Rights of Persons with Disabilities Act, 2016" which recognizes Specific Learning Disability as a Disability. With this alarming trend many researchers have tried to explore the psychological well-being of children with Specific Learning Disability. It is found that Depression and Anxiety levels tend to increase as age increases among children with Specific Learning Disability and their self-esteem and self-concept are much lower than typically developing peers (Anuja S. Panicker and Anujothi Chelliah, 2016). However, students with Specific Learning Disability, possess some protective factors, such as positive global self-worth and positive self-concept on athletic abilities and social acceptance (implied by Huiyi Eve Tam and Russell Hawkins, 2013). There are also research findings indicating that the anxiety is not only about academic tasks but also extends to social tasks (Julia M. Carroll and Jane E. Iles, 2010). However, the awareness and related consequences of this condition among teaching professionals, parents and other professionals is not known. This proposed the need for the assessment of emotional well-being apart from their academic assessment. Therefore, it is the responsibility of the professionals to address the different psychological issues of the persons with Specific Learning Disabilities. Accordingly the present research has been selected to study the level of anxiety, depression, stress and resilience of adolescents with learning disability.

Objectives of the Study

1. To assess the level of depression of the adolescent boys and girls with specific learning disability
2. To assess the level of anxiety of the adolescent boys and girls with specific learning disabilities
3. To assess the level of stress of the adolescent boys and girls with specific learning disability
4. To assess the level of resilience of the adolescent boys and girls with specific learning disability
5. To find out the relationship among the research variables such as depression, anxiety, stress and resilience
6. To compare the level of anxiety, depression, stress and resilience between the boys and girls with specific learning disability

Hypotheses

1. There will be significant relationship between the depression, anxiety, stress and resilience level of the adolescents with learning disability
2. There will be significant difference between adolescent boys and

- girls with learning disability in their depression level
3. There will be significant difference between adolescent boys and girls with learning disability in their anxiety level
4. There will be significant difference between adolescent boys and girls with learning disability in their stress scores
5. There will be significant difference between adolescent boys and girls with learning disability in their resilience scores

METHODS

The sample for this study was selected by purposive sampling. The participants consisted of adolescents within the age range of 15-17 years, diagnosed as having SLD in the Special Education Centre at Chennai. Diagnosis of SLD was established by a qualified Clinical Psychologist by administering the NIMHANS Index for Specific Learning Disabilities (Level II). This is a tool for assessing for Learning Disability in Reading, Writing, Spelling and Mathematics. A child who performs two standards below their current academic level at school, in spite of having normal range of intellectual functioning, will be diagnosed as having Learning Disability in the respective sphere. Totally 70 adolescents with learning disability out of which 35 are male and the remaining 35 are female as mentioned earlier in this chapter these adolescents have been clinically diagnosed as learning disabled. The subjects were divided into small groups consist of 5 subjects after obtaining consent from the parents and collected the demographic details such Gender, Age, Class, Occupation of the father, Family Income, No. of Sibling, Birth Order. "Depression, Anxiety, Stress Scale" was administered first and subsequently "The 14 Item Resilience Scale (RS-14)" was administered.

Validity: The validity of the both the tests have been already established by the original Authors of the test, Hence the researcher decided not to establish validity again, however the face validity for the both the test have been established by way of involving two Clinical Psychologists and requested them to go through each and every statement of the tests and informed the researcher about the item whether the particular item purports to measure the what it has to measure.

Reliability: The Split-half reliability was used to find out the reliability of the test. Accordingly Correlation Co-efficient established, the 'r' value for 'DASS' is 0.85 which is highly significant at 0.01 level. Similarly 'r' value for 'The 14 Item Resilience Scale (RS-14)' is 0.87 which is also highly significant at 0.01 level.

Exclusion Criteria: Adolescents with any other psychiatric, physical or medical problems and IQ range below 90 were excluded.

Inclusion Criteria: Adolescent boys and girls with clinically diagnosed as specific learning difficulties were selected for the study.

Data Analysis: The data obtained from the sample of 70 adolescents with learning disability were scored and analyzed which involves the descriptive statistics such as Mean and Standard Deviation, and the inferential statistics such as Multiple Correlation. Product Moment Correlation, 't' test and were computed for testing the formulated hypotheses.

RESULTS AND DISCUSSION

Initially to analyze the data in a meaningful way the descriptive tests such as Mean and Standard Deviation have been computed. Further in order to test the formulated hypotheses students 't' test, Product Moment Correlation have been computed. The results have been discussed in light of previous review of literature and a logical conclusion was drawn.

Table 1 shows the percentage distribution of level of depression, anxiety, stress between the adolescent boys and girls with learning disability

	Variables					
	Depression		Anxiety		Stress	
	Male	Female	Male	Female	Male	Female
Normal Level	34%	37%	31%	3%	60%	17%
Mild Level	34%	14%	9%	11%	9%	20%
Moderate Level	11%	26%	26%	20%	23%	34%
Severe Level	11%	17%	23%	31%	9%	23%
Extremely Severe Level	9%	6%	11%	34%	0%	6%

Table 2 shows the distribution of level of resilience between the adolescent boys and girls with learning disability

	Resilience	
	Adolescent Boys with LD	Adolescent Girls with LD
Average Level	17%	14%
High Level	54%	29%
Very High Level	29%	57%

Table 3 shows the multiple correlation of research variables - Depression, Anxiety and Stress of adolescent boys and girls with learning disability

S.No.	Variables	r value	Level of Significance
1	Depression	0.51	0.05
2	Anxiety		
3	Stress		
4	Resilience		

The above result shows that the r value is 0.51 which is significant at 0.05 level reveals that the variables like depression, anxiety and stress are very much interlinked. The above result accepted the hypothesis no. 1 i.e. **“There will be significant relationship between the depression, anxiety, stress and resilience level of the adolescent with learning disability”**.

Table 4 shows the product moment correlation between Depression, Anxiety, Stress and Resilience of adolescent boys and girls with learning disability

S.No.	Variables	r value	Level of Significance
1	Depression and Resilience	-0.24	Not significant
2	Anxiety and Resilience	-0.01	Not significant
3	Stress and Resilience	-0.04	Not significant
4	Depression and Anxiety	0.55	Significant at 0.05
5	Stress and Anxiety	0.74	Significant at 0.05
6	Stress and Depression	0.50	Significant at 0.05

The above table shows that the r value of -0.24, which is significant at 0.05 level reveals that there is a negative relationship between the depression and resilience. Similarly the other variables such as anxiety and stress also showed negative relationship between the resilience. It is expected in the study that when the resilience level is high the other psychological problems are low.

Table 5 shows Mean, S.D, S.E, 't'-value and Level of Significance of Depression level of adolescent boys and girls with learning disability

Group	N	Mean	S.D	S.E	t-value	Level of Significance
Adolescent Boys with LD	35	12.69	7.94	1.92	0.71	Not significant
Adolescent Girls with LD	35	14.06	8.15			

The above table shows the 't' value of 0.71 which is not significant at any level. Hence the hypothesis no.2 i.e. **“There will be significant difference in the level of Depression between the adolescent boys and girls with learning disability”** has been rejected. From this result it is possible to say that the condition of learning of disability is the problem for all the students irrespective the gender, hence it could be reason for the both the gender manifest equal level of depression. This result support the findings of Riddick (1996) found dyslexic primary and secondary school children reported themselves as disappointed, frustrated, ashamed, fed up, sad, depressed, angry and embarrassed by their dyslexic difficulties. Depression is a frequent complication in dyslexia.

Table 6 shows Mean, S.D, S.E, 't'-value and Level of Significance of Anxiety level of adolescent boys and girls with learning disability

Gender	N	Mean	S.D	S.E	t-value	Level of Significance
Adolescent Boys with LD	35	11.43	6.84	1.47	3.41	0.01
Adolescent Girls with LD	35	16.47	5.43			

The table reveal the 't' value of 3.41 which is highly significant at 0.01 level. The adolescent girls with learning disability are manifesting more level of anxiety than their male counterparts. This findings accepted the Hypothesis no.3 **“There will be significant difference between the anxiety level of adolescent boys and girls with learning disability”**

It is possible to say that now a days girls are performing well in academics than the boys. Hence the learning disability problems would have created more anxiety among the girls than their male counterparts. This result supporting the findings of Nelson JM and Gregg N. (2012). The study research h results indicated no differences between the college-level groups, although a main effect for gender was found and trended towards females with dyslexia reporting more symptoms of depression and anxiety than did males with dyslexia.

Table 7 shows Mean, S.D, S.E, 't'-value and Level of Significance of Stress of adolescent boys and girls with learning disability

Gender	N	Mean	S.D	S.E	t-value	Level of Significance
Adolescent Boys with LD	35	13.57	7.87	1.73	4.58	0.01
Adolescent Girls with LD	35	21.50	6.55			

The above table result indicate the 't' value of 4.58 which is significant at 0.01 level reveals that the adolescent girls with learning disability are showing more stress than their male counterparts. This result tenable the hypothesis no.4 i.e. **“There will be significant difference between the stress level of the adolescent boys and girls with learning disability”**. This result is supporting the previous findings of Iva Strnadova (2006) the study aims at stress and resilience experienced by families of children with special educational needs (SEN) especially on families of children with specific learning disabilities (SLD).

Table 8 shows Mean, S.D, S.E, 't'-value and Level of Significance of Resilience level of adolescent boys and girls with learning disability

Gender	N	Mean	S.D	S.E	t-value	Level of Significance
Adolescent Boys with LD	35	75.49	11.21	2.65	1.76	Not significant
Adolescent Girls with LD	35	80.17	10.99			

The result show that the 't' value of 1.76 which is not significant at any level which reveal that both the adolescent group of boys and girls with learning disability are showing equal level of stress. Hence this findings rejecting the Hypothesis No.5 i.e. **“There will be significant difference between the resilience level of the adolescent boys and girls with learning disability”**. It is possible to say that both the gender are generally learning about the coping mechanism and how to overcome the crisis situation, hence it could be the possible reason for both group of boys and girls are showing equal level of resilience.

CONCLUSION

The conclusions drawn from the results as both adolescent boys and girls with learning disability showed equal level of depression and resilience, whereas the adolescent girls with learning disability exhibit more anxiety and stress.

LIMITATION:

1. These findings cannot be generalized as this sample size is very small.
2. The present sample is focused upon urban students.
3. The age group of the sample is ranged between 15-17, but not focused the younger children.

Implication:

This finding will be useful to the parents of children with specific learning disability, regular and special school teachers, educational psychologists to plan for further educational and psychological interventions.