

2018

School Stress in Young Children with Learning Disorders: Implications for Psychological Well-Being

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Running head: SCHOOL STRESS AND PSYCHOLOGICAL WELL-BEING

School Stress in Young Children with Learning Disorders:
Implications for Psychological Well-Being

by

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DISSERTATION

Submitted in partial fulfillment for the degree of
Doctor of Psychology in the Department of Clinical Psychology
at Antioch University New England, 2018

Keene, New Hampshire

Dedication

This dissertation is dedicated to my mom, Karen Mitchell, for inspiring me with her limitless patience, generous spirit, and unconditional kindness. She has always been my role model, my best friend, and my most loyal supporter. Her unwavering love, support, and encouragement have allowed me to take on new challenges and pursue my dreams. I am tremendously lucky, and forever grateful for all that she has done and continues to do for me.

Acknowledgments

I want to acknowledge and thank everyone who has played a role in my journey and this project. Thank you to Kathi, my dissertation chair, and committee members, Gina and Vince. I am lucky to have had such a talented, brilliant group of psychologists on my side. I am grateful for the time, energy, and support they have provided throughout this process. Thank you to Dan Rosa who made all of this possible by inviting me into the Chelmsford School District, and providing support and guidance throughout data collection.

I want to thank my family for their love and support, particularly my mom and my sweet grandmother, Nonnie. Thank you to my nieces and nephew, Avery, Fiona, and Benjamin, for helping me discover my passion. A special thank you to my husband, Travis, for his incredible patience and love throughout this process. Thank you for keeping me alive with countless meals, hugs, and tissues. I appreciate your willingness to go fishing every time I needed distraction-free space to work. Thank you for finding our sweet girl, Sophie, who helped keep me grounded enough to power through a difficult time.

Lastly, thank you to the friends I have made along the way, particularly Alice Lim, Ashley Welch, and Kate Mayhew, for tolerating the ambiguity with me. They were always there to provide support, laughter, or an equally exhausted shoulder to lean on. An extra thank you to Ashley for being my second coder and my dedicated editor throughout graduate school. Finally, thank you to my friend and fellow intern, Marta Tobenas, who helped get me back on track with our Sunday dissertation dates.

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Abstract

Children with learning disorders (LDs) are a vulnerable population likely to encounter a myriad of challenges throughout their lives. Research, literature, and interventions focus overwhelmingly on addressing the academic ramifications of LDs while ignoring the psychological impact of school stress. Chronic stressors have far-reaching implications for behavior, emotional development, social skills, academic performance, and development of psychopathology. In this study, five children with LDs and five children without LDs were interviewed using the Pictorial Measure of School Stress and Wellbeing (PMSSW). Interpretative Phenomenological Analysis (IPA) was used to review the interview transcripts. Results suggested that young children with LDs are already experiencing some of the social and emotional ramifications of school stress.

Keywords: stress, learning disorders, self-esteem, psychological well-being

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School Stress in Young Children with Learning Disorders:
Implications for Psychological Well-Being

Understanding Learning Disorders

Children with Learning Disorders (LDs) face a number of social, academic, and behavioral challenges inside and outside of the classroom. To better understand the extent of these issues, a clear understanding of Learning Disorders is required. In the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013a), the term *Specific Learning Disorder* refers to difficulties retaining and using skills in one or more areas of academics that arise during school-age years. This includes difficulties in the areas of reading, mathematics, or written expression, and often results in performance below what should be reasonably expected given a child's chronological age (American Psychiatric Association, 2013a). While performance in certain areas may suffer, individuals with LDs typically have average or above average intelligence (American Psychiatric Association, 2013b; Learning Disabilities Association of America, 2015). With a more comprehensive understanding of LDs, it is possible to examine the numerous problems faced by this population.

Challenges Associated with Learning Disorders Have Far-Reaching Consequences

While LDs are typically first noticed within the classroom, their consequences exceed the confines of the school environment. They begin in early childhood, a pivotal time in which many developmental tasks are achieved, and pervade many aspects of life. The presence of LDs can significantly hinder the attainment of many developmental skills that children are expected to master, influencing future success and achievement. For example, learning to read and write are critical academic milestones impaired for many children with LDs, which creates problems across different aspects of their lives (Gardiner & Kosmitzki, 2011). Further, according to Gerber and Pühse (2008), failure to achieve typical developmental tasks is experienced as stressful and

can result in negative self-appraisals, which can have significant, long-lasting effects. To understand the problems posed by LDs, it is essential to understand the nature of their impact on psychological well-being.

Psychological well-being is affected by LDs. The challenges faced by this population begin early on and have the potential to serve as significant barriers to developing psychological well-being. The term *psychological well-being* refers to self-acceptance, autonomy, healthy and positive relationships with others, mastery of tasks in the environment, personal growth, and purpose (Ryff, 1989). Further, psychological well-being, or adjustment, includes feeling in control, feeling supported, and having an overall sense of life satisfaction (Winefield, Gill, Taylor, & Pilkington, 2012). Authenticity and competence also play important roles in adaptive psychological functioning across situations, as does obtaining a high level of self-understanding (Kernis, 2003).

The saliency of this issue stems from the early onset of LDs and the extensive challenges they can create from a very early age. In fact, children as young as preschoolers have the capacity to recognize that failure on a task is significant, and those with LDs begin to show signs of negative self-appraisals and affect, passive behavior, and low self-esteem (Burden, 2008; Juvonen & Graham, 2001). Given the significant impact of failure and the early onset of such problems, the negative experiences associated with LDs serve as chronic stressors that have the potential to persist throughout an individual's life in the absence of adequate intervention. As children with LDs begin to recognize the breadth and depth of their limitations, their psychological well-being is likely to be adversely impacted. Beyond the challenges inherent to having an LD, chronic stressors are also implicated in the development of psychopathology (Burks & Martin, 1985). As a result, children with LDs are at an increased risk for maladjustment compared to their typically developing peers. Additionally, psychological

well-being is directly connected to the construct of self-esteem, which can be negatively impacted in children with LDs (Kernis, 2003).

Self-esteem. Self-esteem refers to an individual's judgment of self-worth and value, resulting from the comparison between an individual's perceived and ideal selves (Alesi, Rappo, & Pepi, 2012; Rosenberg, 1979). Self-esteem itself is implicated in academic performance, anxiety, concentration, memory, and problem-solving (Patten, 1983). Development of self-esteem is tied to an individual's relationships, activities, and what others say about them, and is further shaped by feelings of success, security, and value (Gecas, 1982; Searcy, 2007). Self-esteem in childhood is also contingent on social support and perceived competence in important domains (Harter, 1999). Further, Alesi et al. note that, "Self-esteem is influenced by achievement and appreciation shown by others at school from primary school on and is a good predictor of educational outcomes" (p. 952). Positive, or high, self-esteem is tied, in part, to an individual's perception of his or her abilities (Pepi, Faria, & Alesi, 2006). The stability and level of self-esteem are both important factors in psychological well-being (Kernis & Goldman, 2003). According to Kernis (2003), optimal self-esteem refers to positive self-worth that stems from "successfully dealing with life challenges; the operation of one's core, true, authentic self as a source of input to behavioral choices; and relationships in which one is valued for who one is and not for what one achieves" (p. 13). In other words, optimal self-esteem develops from positive experiences of an individual's ability to complete tasks, regulate behavior, and his or her relationships with others (Kernis, 2003). Self-esteem is viewed by some as a related, but separate, construct from *self-concept*, which refers to how individuals evaluate themselves, serves a mediating role in behavior, is essential to learning, and is impacted by academic performance (Gecas, 1982; Montgomery, 1994). However, for others, these two constructs are one and the same and are impacted by similar factors (i.e., stress; Gardiner & Kosmitzki, 2011).

Challenges Associated with Learning Disorders Are Chronic Stressors

The term *stress* indicates “the occurrence of three things: a stimulus event, a process, and a reaction,” with the reaction typically being one of distress (Moritsugu, Vera, Wong & Duffy, 2014, p. 61). According to Compas (1987), stress is viewed as “stimuli which exert a demand on the child” (p. 276) and requires the child to respond in an adaptive way. Events or problems are perceived as stressful when the individual views the task to be challenging in the absence of necessary skills to effectively manage or cope (Glozah, 2013). *Acute stress* refers to a single, noticeable event that occurs in an individual’s life (Moritsugu et al., 2014). With this type of stress, events have clear beginning and end points. However, *chronic stress* is not a time-limited experience, and can deplete an individual of resources that typically promote resiliency (Moritsugu et al., 2014). Chronic stressors, or demands, refer to “enduring aspects of the social and/or physical environment which involve deprivation or disadvantage and create a continuous stream of threats and challenges for the individual” (Compas, 1987, p. 276). Additionally, chronic stressors do not show promise of near resolution (Moritsugu et al., 2014). Children with LDs find themselves lacking skills to handle challenging situations. This leads to the countless stressful events that they encounter and their ongoing challenges quickly develop into chronic stressors. The experience of chronic stress may lead to behavioral and social problems in the face of stress for children with LDs.

Behavioral and Social Difficulties

Children with LDs display more significant levels of both internalizing and externalizing behavior problems when compared to children without LDs, supporting previous evidence that children with disabilities are more likely to have both emotional and behavioral problems (DiGennaro Reed, McIntyre, Dusek, & Quintero, 2011; Emerson, 2003). Overall, school-aged children with LDs experience more adjustment difficulties than their nondisabled peers

(Al-Yagon & Mikulincer, 2004). Children with LDs may be seen as “class clowns” by engaging in silly behavior and acting as if they do not care about the task at hand (Alexander-Passe, 2008). Farmer (2000) reported that children with LDs often develop more disruptive and aggressive behavior than their peers. Maladjustment and higher levels of externalizing behavior, such as aggression and disruptive behavior, have adverse impacts on academic and social functioning.

While these behavioral challenges alone can create social difficulties, children with LDs often struggle with social skills deficits and an overall lack of social acceptance on a more fundamental level (Coleman, McHam, & Minnett, 1992). A study conducted by La Greca and Stone (1990) found that individuals with LDs had lower self-worth and were generally less accepted by peers than typically developing children. DiGennaro Reed et al. (2011) reported that the opportunity to interact with peers, especially in the context of a friendship, is positively connected to healthy development. Unfortunately, despite the importance of peer relationships, children with LDs often display a tendency to form less secure, less connected relationships compared to their peers (Al-Yagon & Mikulincer, 2004). Socialization is critical for development of various skills, but may be challenging for children with LDs due to the social skills deficits and rejection encountered by this population (Gardiner & Kosmitzki, 2011). Further, childhood is the time in which young children are able to learn through play with their peers, and develop skills such as cooperation and sharing. Given the critical role that socialization plays in development, the peer rejection faced by children with LDs is linked to further difficulties (Gardiner & Kosmitzki, 2011).

Children With Learning Disorders Are Often Victimized

The behavioral difficulties, academic deficits, and social skills deficits common to many children with LDs can make them easy targets of rejection and victimization (Freeman & Kasari, 1998). Edwards (1993) noted that some children with Dyslexia experience emotional bullying

and embarrassment at school at the hands of peers and teachers. In school, Alexander-Passe (2015) noted that children may avoid seeking out friendships with children identified as having an LD, and may tease those with LDs when they struggle to perform. Grills and Ollendick (2002) found that repeated exposure to verbal or physical aggression at the hands of peers could result in negative appraisals of self and avoidance of social situations. Isolation, in turn, prohibits individuals from receiving validation for prosocial behaviors, and prevents the development of effective social and coping skills to handle the chronic stress of being bullied (Mishna, 2003). Children are at risk for internalizing the messages that they receive from peers, and incorporating them into their self-views (Grills & Ollendick, 2002). According to Juvonen and Graham (2001), “the rudiments for chronic maladjustment in response to victimization may already be in place at a time when young children are just learning to negotiate the demands of formal schooling” (p. 62). Further, “children who are targeted persistently for peer harassment are at greater risk for maladjustment than those whose experience with this stressor is brief or limited” (Juvonen & Graham, 2001, p. 36). Relational stressors or supports play a substantial role in the probability of maladjustment (Ladd & Burgess, 2001).

Psychopathology May Develop Over Time

The cumulative effect of these stressors on children with LDs can lead to the development of additional disorders and illnesses. Children with LDs may withdraw and exhibit signs of anxiety, low self-esteem, and depression (Alexander-Passe, 2008). The isolation and victimization commonly experienced by this population further increase the chance of developing anxiety, depression, social problems, attention problems, disruptive behavior, further stress-related problems, and suicidal ideation and behaviors (Baumeister, Storch, & Geffken, 2008; Gardiner & Kosmitzki, 2011). Compounding the vulnerability to emotional problems with the additional stressors faced by children with LDs could easily lead to undesirable outcomes.

For example, attribution of academic failure to uncontrollable factors, such as LDs, can lead to depression (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999). According to Harter (1993), low self-esteem has also been linked to depression and suicidal ideation. The potential severity of these issues makes it incumbent upon psychologists to address the psychological effects of chronic school stress in the context of LDs.

Learning Disorders Are a Life-Long Challenge

The difficulties faced by those with LDs persist throughout childhood, into adolescence, and well into adulthood, with many continuing to face challenges in both higher education and the workplace. These difficulties can affect the decision to disclose a diagnosis or seek much-needed help (Alexander-Passe, 2015). Hughes and Dawson (1995) found that patterns of failure in school resulted in long-lasting feelings of low intelligence and negative self-worth. McNulty (2003) found that the adults described encountering misunderstandings due to their LDs, and experienced these misunderstandings as traumatic. According to McNulty, the experience of feeling misunderstood by others that stems from having a hidden LD may be traumatic for individuals with Dyslexia. In these situations, an individual's sense of self and intelligence are challenged, which can lead to negative feelings such as shame (McNulty, 2003). Feelings of inferiority and feeling as though something is wrong with them are both common for children with LDs. In a study of adults with Dyslexia, Alexander-Passe (2015) noted that, "They feared rejection, ridicule and stigmatization, so adjusted their lives to avoid the likelihood of perceptions of difference" (p. 206). The ability to adjust one's life in a manner so as to avoid some of the negative experiences that come with a diagnosis of an LD requires time and maturity. As such, children struggling with LDs lack the years of developing coping skills, making them all the more vulnerable to the stress they inevitably encounter early on in their education.

A Core Stressor of Childhood: School

Childhood is a period of tremendous change and instability which can be stressful in itself. One of the most notable sources of stress, especially for children with LDs, is school. The experience that individuals have at school impacts behavior, psychological well-being, and long-term outcomes (Ghotra, McIsaac, Kirk, & Kuhle, 2016). While many children may find various aspects of school stressful, those with LDs face countless stressors during their day. The importance of school makes it essential to understand what contributes to children having a positive or negative experience in this environment. To understand this problem further, we must first understand the elements of school that are stressful.

Sources of Stress in School

Within this environment, there are numerous factors that could contribute to experiences of stress. According to Ghotra et al. (2016), the quality of school life (QSL), which refers to the well-being that stems from positive experiences in school, is implicated in overall academic success and global well-being. Further, the authors noted that QSL is a key component of the behavior, academic achievement, health, and outcomes for children. As such, it is essential to understand the stressors in the school environment that undermine QSL and pose a threat to optimal psychological well-being.

Focus on academics. Burden (2008) noted that society plays a role in identifying the traits that are of value within a given culture. Further, the perceived importance of a given situation plays a substantial role in whether or not it is experienced as stressful (Anitei, Cojocaru, Burtaverde, & Mihaila, 2015). In American society, where academic success and achievement are highly valued, it should come as no surprise that these values have been deeply engrained in children and place pressure on them to perform well. As a result of the No Child Left Behind Act, academic subjects such as literacy and numeracy have become the focus in school, with

topics such as emotional and social skills, arts, and other areas where children with LDs may excel being viewed as unessential (Marchant & Womack, 2010). The increase in demand for teachers to focus on academic achievement leaves little room for time or resources to be allocated to these “extra” skills (Zins, Bloodworth, Weissberg, & Walberg, 2007). While this may not pose a substantial problem for some children, there are many who could benefit from an added focus on skills outside of academics. The pressures of academic skills and standards, coupled with a lack of fostering competence in other areas is likely to have a negative impact on children with LDs. More specifically, the narrow range of what is valued precludes children with LDs from having areas in which they can shine.

Increasing demands for performance. As children and adolescents progress through the grades, the increasing academic demands are perceived as stressful (Byrne, Davenport, & Mazanov, 2007). Academic stress can arise due to fear of falling behind, dampened motivation, time constraints, and concerns over areas of weakness or deficit (Jayakumar & Sulthan, 2013). Moksnes, Løhre, Lillefjell, Byrne, and Haugan (2014) noted that failure in academics poses a threat to the goal of learning and success, and is perceived as stressful. The increasing demands that accompany academic progression may exceed a child’s ability to cope (Compas & Reeslund, 2009). As expectations for performance, time, and effort increase, so too does the amount of stress experienced. Not surprisingly, stress can lead to exhaustion, which can progress into psychological distress, anxiety, depression, and suicidality (Pope & Tabachnick, 1994).

Changing environments and expectations. The start of school signifies an important time in which children are exposed to new peer groups, new rules and expectations, and a new physical environment. To further complicate these stressors, children are required to navigate challenging academic, emotional, social, and behavioral situations without the help of parents. While many children are able to adapt, the changes that occur with each year can cause stress.

Further, when expectations from both the individuals and important people in their life are high, feelings of inadequate performance can be experienced as stressful (Moksnes et al., 2014). Over the years children are able to adjust to many aspects of school, though the expectations for behavior and academics increase with each year. Changing expectations for academics, socialization, and behavior place an increasing demand on children to adjust, which can elicit stress in young children (Murray & Harrison, 2005).

Protective Factors Against School Stress

Despite the inherently stressful environment of school, many children progress without substantial difficulty. At the root of this success are protective factors that help to mitigate the adverse effects of these stressors. However, many of these protective factors are areas of difficulty for children with LDs.

School connectedness. The sense of belonging or connection to school, peers, and teachers is an important protective factor against negative outcomes (Rice, Kang, Weaver, & Howell, 2008). Failure to feel this connection negatively impacts social confidence, behavioral control, and well-being. The psychosocial quality of an individual's life is correlated with level of school connectedness (Rice et al., 2008). A sense of connection to an individual's school is one of the most powerful protective factors against emotional problems. Goodenow and Grady (1993) found that school connectedness is tied to academic motivation. Further, it is associated with better school adjustment and social competence, lower levels of stress, and social confidence (Rice et al., 2008; Simons-Morton & Crump, 2003). This may be problematic for children with LDs given the extent of challenges they face in the school environment.

Relationships with teachers. Children who are able to establish strong relationships with their teachers will be better protected against the stressors of school (Murray & Harrison, 2005). Positive teacher affect toward the student is an important protective factor (Kiuru et al., 2013).

According to Howes (1999), the relationship between teacher and student can be viewed as a secondary attachment relationship. Positive experiences with a teacher, such as receiving warmth, support, and sensitivity, provides children with a safe environment to develop academic skills (Connor, Morrison, & Katch, 2004; Perry, Donohue, & Weinstein, 2007). Overall, close teacher-child relationships prevent avoidance or resistance while increasing willingness to meet the interpersonal and academic demands of the classroom (Ladd & Burgess, 2001). For children with LDs, relationships with teachers are often an area of difficulty (Alexander-Passe, 2015; Nurmi, 2012). As such, children with LDs may lack this important support.

Relationships with peers. DiGennaro Reed et al., (2011) reported that the opportunity to interact with peers, especially in the context of a friendship, is positively connected to development. Glozah (2013) noted that the pressures to succeed in school might be significantly mitigated by social support (Demaray & Maleck, 2002). Supportive interpersonal relationships are a resource for promoting school success and decreasing stress levels (Boulton, Trueman, & Murray, 2008; Kiuru et al., 2013). More specifically, being accepted by peers helps students to be engaged and prevents them from withdrawing from classroom learning and other school activities (Buhs, Ladd, & Herald, 2001; Lubbers, Van Der Werf, Snijders, Creemers, & Kuyper, 2006). Students with positive relationships with peers and teachers in the early school years show better adjustment and achievement than peers who lack these relationships (Furrer & Skinner, 2003). As previously mentioned, children with LDs are often less accepted by peers compared to typically developing children (La Greca & Stone, 1990). Unfortunately, this lack of acceptance poses a threat to the protective abilities of peer relationships for children with LDs.

Self-esteem and confidence in abilities. As previously reported, self-esteem is an important component of psychological well-being and optimal adjustment. According to Alesi et al. (2012), self-esteem is a good predictor of a child's educational outcome, further supporting

the relationship between healthy adjustment, self-esteem, and academic performance.

Self-esteem also plays a role in the ability to cope with the demands at school that are associated with achievement (Crocker & Wolfe, 2001). In other words, confidence in one's abilities serves as a buffer against school stress, and increases the likelihood that children will have positive attitudes toward school, their teachers, and their peers (Murray & Harrison, 2005). According to Määttä (2015), beliefs and perceptions of competency are crucial to academic achievement. More specifically, "success in the classroom is not simply based on how capable children are, but also and more importantly how capable they *believe* they are and can become" (p. 33). High levels of self-efficacy increase optimism, decrease anxiety, raise self-esteem and foster a sense of resiliency (Aronson, 2002). This confidence in one's abilities allows children to approach difficult tasks as challenges (Aronson, 2002). Further, such individuals are better able to recover after experiencing failure. According to Aronson, "For confident students, failure is a healthy reminder that they need to work harder" (p. 15). However, working harder may not be successful for children with LDs, and they often have the experience that others may be more capable than they are. Not surprisingly, frequent experiences of failure for a child who feels inferior has the potential to negatively impact confidence and self-esteem, which is a common experience for children with LDs (Aronson, 2002).

Children with Learning Disorders in School

The stressors inherent to school and the protective factors that help many children to succeed in this environment are all intricately connected to the experience of children with LDs. While mainstream classrooms are an important experience for children with LDs, the inherent needs and learning differences of children with LDs set them apart and add to feelings of difference and inadequacy. For example, something that may seem as straightforward as receiving oral instructions and being expected to remember them long enough to follow through,

or being asked to read out loud can be very challenging for students with LDs. Further, children with LDs sometimes need special modifications, such as sitting at the front of the class, being removed from the class for certain portions of the day, or being given extra time to complete assignments. While these modifications are in place to help them, such changes further increase feeling different and inadequate, which furthers ongoing stress. Children whose experience with stress is ongoing, either in the form of a single constant stressor or many individual stressors, have greater difficulty adjusting to school than children whose experience with school stress is limited (Pryor-Brown & Cowen, 1989).

Children with Learning Disorders Face Specific School Stressors

Difficulties with teachers. As outlined above, having a strong relationship with a teacher is a protective factor against the stressors associated with school. Unfortunately, children with LDs may have more negative relationships with teachers than typically developing peers. Hornstra, Denessen, Bakker, van den Bergh, and Voeten (2010) posit that a label, such as Dyslexia, may cause some teachers to act differently toward these children, and to hold lower expectations for their academic and behavioral performance. According to Alexander-Passe (2015), a label can change how teachers act toward children and “generates negative expectations in teachers affecting their objective observations of behaviour and may be detrimental to a child’s academic progress” (p. 210). Importantly, these expectations have the potential to impact student achievement, as it is not uncommon for those with Dyslexia to perform below their true ability level to meet the lowered expectations of others (Jussim, Eccles, & Madon, 1996). According to Nurmi (2012), teachers report more negative affect and less closeness toward students who are perceived as lacking motivation, effort, or progress. When children with LDs fail to improve despite academic supports, teachers likely experience feelings of frustration. Further, a teacher’s positive emotions are linked to the outcomes and progress of

students (Nurmi, 2012). As a result, students expected to perform well may receive more attention and positive affect than those who are expected to do poorly, thereby increasing the discrepancy in achievement between these groups (Nurmi, 2012; Rosenthal & Jacobson, 1966). Conflict with teachers decreases participation in activities and leads to resistance to teacher-sponsored activities (Ladd & Burgess, 2001). According to Ladd and Burgess, “Whereas early teacher-child conflict was associated with decrements in two of the three aspects of school adjustment, chronic teacher-child conflict additionally forecasted increases in two aspects of psychological maladjustment, misconduct and attention problems” (p. 1596). For children who are already struggling in school, conflict with a teacher serves to exacerbate stress.

Peer rejection. As noted above, children with LDs are often rejected or victimized, or simply lack the social skills needed in school (Freeman & Kasari, 1998). Importantly, adjustment is impacted more by peer rejection than it is by victimization (Ladd & Burgess, 2001). Peer rejection early on in school decreases cooperative participation in school, thereby limiting access to and participation in activities at school. Chronic peer rejection significantly impacts academic competence. In contrast, peer acceptance was found to be associated with improved attention and behavior, and with increased cooperation and enjoyment of school. Ongoing relational problems are stressful, and are associated with high levels of maladjustment and a “broader range of adjustment difficulties” (Ladd & Burgess, 2001, p. 1596).

Poor academic performance leads to additional problems. Aronson (2002) pointed out that providing children with challenging tasks that they can master goes a long way toward fostering positive feelings of self-worth and self-confidence, and that “Early mastery experiences are predictive of children’s cognitive development” (p. 17). Because of this, children who begin to struggle at the outset of their educational experience are at significant risk for impaired psychological well-being. According to Aronson, the tendency of schools to emphasize

standardized assessments and competitive grading that promotes comparisons works “to destroy the fragile self-beliefs of those who are less academically talented or prepared” (p. 17). While all challenges faced by children are stressful, feelings of failure and inadequacy that stem from poor academic performance may have the greatest impact on psychological well-being, adjustment, or self-esteem. Children with LDs recognize the importance of school and often desire to be successful, making their frequent difficulties and feelings of failure all the more stressful and damaging (Martínez & Semrud-Clikeman, 2004). This population is at risk of a number of substantial complications, including dropping out of school, aggression, and delinquency (Edwards, 1993). Barrett, Webster, and Wallis (1999) reported that individuals who struggle in school and experience poor performance are at risk for dropping out as their chronic poor performance leads to feelings of intimidation in the school environment. The saliency of early experiences of failure and feelings of inadequacy stems from the fact that young children are not able to make accurate self-evaluations and rely on judgment and feedback of others to begin developing their own view of their self-worth (Aronson, 2002).

Low self-esteem. Baumeister, Campbell, Krueger, and Vohs (2005) explained that self-esteem is both generated and furthered through achievement. As such, failure on a task has the potential to adversely impact an individual’s self-esteem, and frequent failures and a lack of improvement can lead to a decline in motivation (Baumeister et al., 2005; Searcy, 2007). During childhood, performance on different tasks in the classroom can elicit a comparison between an individual and his or her peers (Alesi et al., 2012). Once comparisons between self and peers begin to take place, the fragility of self-esteem can trigger defensive strategies in the face of tasks that are challenging, leading to problems with behavior and emotion regulation (Jones & Berglas, 1978; King & Daniel, 1996). Burden (2008) states that, “As a young person develops physically and intellectually, their feelings of competence and well-being will be shaped by the

comparisons they make between themselves and others and by the ways in which they interpret others' perceptions of them" (p. 189). Social comparisons with peers are a core component of the development of self-beliefs. As such, self-esteem is decreased in the face of the realization that others may be more capable, which is a common experience for children with LDs (Aronson, 2002). Students who lack confidence in their abilities are more likely to attribute failure to low intelligence, which is permanent and uncontrollable, than students who are confident in their abilities. For students lacking confidence, "failure is just another reminder that they are incapable" (Aronson, 2002, p. 15).

Purpose and Importance of This Study:

How Children with LDs Experience and Perceive School is Largely Unknown

Current research on the psychological impact of LDs on young children is scarce (MacMaster, Donovan, & MacIntyre, 2002). Further, little research has been conducted that looks at and measures school-related stress in young children (Murray & Harrison, 2005). Of the studies that examine children's experiences of school, very few have collected information from the children themselves (Harrison & Murray, 2015). Instead, the majority of information has been gathered from parents and teachers, thereby missing the important, subjective perspective from those most qualified to speak to this issue. Harrison and Murray noted that with regard to school stress, no studies have looked at how different aspects of the school experience may be perceived differently by individual children. In addition to this, "Few studies have sought to assess children's perceptions of the different demands they face" (p. 82) in school. MacMaster et al. (2002) note that, "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" (p. 101). Children with LDs are a vulnerable population both inside and outside of the school environment, and it is essential to understand their

experience in order to provide them with the level of support that they need. This study examined how children with LDs experience and perceive school stress in a variety of school situations. Further, the experiences and perceptions of children with LDs were compared to those of children without LDs to identify potential differences between the groups.

Method

Qualitative Design

From a phenomenological perspective, structured interviews examining school stress were conducted with children both with and without LDs. The interview explored areas of personal, interpersonal, and institutional expectations that are central to the school day and environment. The purpose of these interviews was to gain an understanding of the experience of school stress for children with LDs. To achieve this, attention was placed on the emotions, perspectives on relationships, and coping strategies obtained through responses to pictorial stimuli (Murray, 2008).

Participants

Participants were 10 students from the second grade in the Chelmsford School District. Eight of the participants were eight years old, and two were seven years old. Six of the participants were male, while four were female. Eight of the students were Caucasian, one was Hispanic, and one was Asian American.

Purposive sampling was used to identify two groups of participants. Inclusion criteria for both groups were parental consent and child assent, current second grade enrollment, fluency in English, and the ability to provide verbal responses to questions. The exclusion criteria were the presence of developmental or psychiatric diagnoses or visual impairments. The first group consisted of five children with the additional inclusion criterion of an LD diagnosis. However, only three of the participants in this group had an official diagnosis of an LD, while the other two

did not. Of the two additional students, one had a communication difficulty and the other was in the process of being evaluated for an LD. These two students were selected after reviewing their individual education plans (IEP) to ensure that all services and supports they received were comparable to those of the children with the LD diagnosis.

The second group consisted of five children from the same four classrooms who did not have diagnoses of LDs. Participants in the second group were matched to those in the first based on age and sex. Participants were selected without regard to ethnicity or socioeconomic status. Once participants had been identified, I consulted with the four classroom teachers to ensure that none of the students selected had difficulties beyond what parents reported.

Measure

Data were collected using the Pictorial Measure of School Stress and Wellbeing (PMSSW) developed by Elizabeth Murray (2008). The PMSSW uses basic line drawings to depict a series of events that typically occur throughout the school day (Harrison & Murray, 2015). This instrument was developed by reviewing available research on measuring stress and anxiety, along with interviews of childhood experts (Murray & Harrison, 2005). The PMSSW presents nine black and white line drawings to represent nine school scenarios typically encountered by children (Harrison & Murray, 2015). According to Harrison and Murray, the PMSSW is intended to address three areas of interest: personal challenges, interpersonal challenges, and institutional challenges. Personal challenges refer to “meeting new expectations for independence and managing difficult feelings” (Harrison & Murray, 2015, p. 84). Interpersonal challenges result from developing relationships and managing conflict. Finally, institutional challenges refer to an understanding of rules and routines of the educational environment, along with the work required in the classroom (Harrison & Murray, 2015).

These areas of interest are depicted through the different drawings. Harrison and Murray

(2015) specified that the drawings in figures 1, 5, and 7 show situations depicting personal challenges: “(1) Waving goodbye to parent in the morning; (5) Going to the bathroom by yourself; and (7) Lining up at the canteen” (p. 85). Drawings in figures 8 and 9 address interpersonal challenges: “(8) Entering the playground at the beginning of lunch and (9) Watching other children play in the sandpit” (Harrison & Murray, 2015, p. 85). Finally, drawings 2, 3, 4, and 6 show institutional challenges: “(2) Lining up outside the classroom; (3) Speaking in front of the class (telling news); (4) Sitting on the floor listening to teacher; and (6) Doing work at desk” (Harrison & Murray, 2015, p. 85).

As each drawing is presented, five questions are asked for each situation (Harrison & Murray, 2015). Questions are intended to elicit information about feelings regarding each scenario, the reasoning behind the responses, and potential strategies that might help the child in the picture to cope (Harrison & Murray, 2015). The five questions posed are:

- (1) How does the child in the picture feel? (2) Why do they feel (the child’s word)?
- (3) Do you think they would want the teacher to know they are feeling (the child’s word)? (4) Why/why not? (5) What do you think will happen next? (Harrison & Murray, 2015, p. 85-86).

Responses to these questions are recorded using an audio device or transcribed verbatim during the interviews. Murray (2008) interpreted responses qualitatively using an inductive approach. The PMSSW yields information about the way that children experience various school situations.

Content validity for the PMSSW was established by ensuring that children accurately understood the scenarios presented (Murray, 2008). Murray included initial questions to explore the extent to which children were able to understand the drawings and recognize what they represented. For example, for the first two scenarios, Murray asked children about their

understanding of the picture before reading the description to them. The initial descriptions offered by children were an indicator of whether or not they understood the content of the drawings. Similarly, the descriptions that children provided of their feelings and the reasoning behind them were further proof that they understood what the drawing was depicting (Murray, 2008). Murray established interrater reliability of 91% for the PMSSW using a second interviewer who had been trained on the coding procedure.

Relevance to the current study. While this measure was developed and tested with children in kindergarten, I believed that the overall premise of the interview would be valuable beyond this original age group. Additionally, the use of drawings and verbal responses eliminates the challenges of reading and writing posed by the majority of school stress measures, which is especially important for children with LDs. Further, many evaluations of school stress in younger children are done by gathering information from parents and teachers. As such, this measure provided a unique opportunity to obtain the firsthand experience of young children with LDs.

Modifications for the current study. Minor modifications of the measure were needed to make the PMSSW age appropriate and to adapt the language to match the culture in America, as the instrument was developed in Australia. Permission for the modifications was obtained from the developer prior to modifying the PMSSW (E. Murray, personal communication, April 21, 2016). As this measure was originally developed with children in kindergarten, several modifications were made to make it more suitable to children in second grade in the United States. Specifically, a minor detail of one drawing and the wording of descriptions for two drawings were revised to reflect the age and culture of the students in this study. The first modification was to scenario two, which depicts children standing outside of a classroom labeled as *Kindergarten*, which was changed to *Second Grade*. The second modification was to scenario

seven, which was described as, “In this picture, this child is at the school canteen at lunch time” (Murray, 2008, p. 83). This description was adapted to use the word *cafeteria* in place of the word *canteen*. The third modification was to scenario nine, which was described as, “This child is in the playground looking at three children playing together in the sandpit” (Murray, 2008, p. 85). Once children are in the second grade, the notion of playing in a sandpit is likely no longer applicable. However, given the rather ambiguous nature of the drawing that does not clearly depict a sandpit, the description was readily adapted to reflect an activity more typical of the age group being studied. More specifically, the children were described as *sitting in a circle talking*.

Procedure

Permission to conduct my dissertation research was obtained from the psychologist in charge of doctoral training in the Chelmsford school district pending IRB approval (see Appendix A). After approval by the IRB, I contacted school principals by letter with information about the study (see Appendix B). Letters described the purpose of the study and the method I would be using, including the criteria of second graders with and without LDs. Letters were followed by in-person meetings to further discuss the study. At these meetings, I provided principals with information regarding the purpose and intent of the study, requirements of the participants, and inclusion and exclusion criteria.

Given the large number of students between the two elementary schools, I chose to start with one of them in case changes needed to be made. At the first school, a letter describing the study was given to the four second grade teachers (see Appendix C), and the principal subsequently met with them to further discuss the study. Once consent was obtained from the teachers, I arranged a meeting to speak with them as a group and answer any questions. All second grade teachers agreed to provide parents with letters describing the study and contact information for the researcher (see Appendix D), consent forms for contact and participation (see

Appendix E), and brief screening forms (Appendix F). Parents were encouraged to contact me with questions or concerns. Additionally, parents were provided with a duplicate of the consent form and were encouraged to keep a copy for their records.

Approximately 100 packets that included letters describing the study, consent forms, and the brief screening form were sent home with all second grade students from one of the elementary schools. A due date was specified at the suggestion of classroom teachers to ensure that they were returned in a timely manner. As they were returned, I collected them from the teachers. Of those sent, 60 were returned, with 40 parents providing consent for their children to participate in the study.

Following this, I coordinated with classroom teachers to select a time to interview individual students. Before interviews, I obtained assent from participants (see Appendix G) and encouraged them to ask questions to ensure their comfort and understanding. Interviews took place during the school day in a private location within the school. After interviews were conducted, teachers were asked to send home brief demographic forms to be completed by the parents of participants (see Appendix H). Of 10 demographic forms sent home, three were returned for participants with an LD, and four were returned for those without.

Participants were interviewed individually in a quiet room. In keeping with the study by Harrison and Murray (2015), each interview required approximately 20 minutes. Prior to beginning the interview, I explained the purpose of the study and shared that other children from the second grade were also interviewed. I explained that I would be showing them a series of black and white drawings, and would then ask them several follow-up questions. The participant's comfort with the procedure was assessed. Additionally, participants were informed that their responses would remain confidential, and that there were no right or wrong answers (Murray, 2008). Written consent from parents and verbal assent from participants was obtained

to record the interview. I explained the reason for recording the interview to the participants, and they were shown how the audio device worked. Drawings and questions were presented in the order proposed by the developer of the measure, which is intended to follow the sequence of a typical school day (Harrison & Murray, 2015). Following the interview, I thanked participants for their help and walked them back to class. After all interviews were completed, I transcribed responses verbatim to allow for analysis and subsequently deleted all recordings.

Data Analysis

The goal of analysis was to gain a deeper understanding of the subjective experience of young children with LDs. There is clear objective and observer-based evidence that children with LDs face substantial stressors both inside and outside of school, and are at risk for negative outcomes. However, little research has been conducted that seeks to obtain the subjective experience of this population. I hypothesized that responses from children with LDs would yield themes that differed from those provided by children without LDs. Specifically, I expected to find that children with LDs showed themes that reflected a higher level of school stress, particularly in response to academic situations. I believed that the findings of this study would add to the limited body of literature that is focused on the firsthand experience of young children with LDs. Further, I hoped that by gaining insight into the experiences of this population, we as professionals can begin to better understand how best to support young children with LDs. Because of these goals, I determined that Interpretative Phenomenological Analysis (IPA) would be the most beneficial approach to examining the data. According to Smith and Osborn (2008), the aim of IPA is to, “explore in detail how participants are making sense of their personal and social world” (p. 53), with the focus being placed on the meaning of experiences. As such, analysis focused on gaining insight into how children with and without LDs perceive, experience, and understand school stress. Differences in emotional experiences, perceived

stressors, and approaches to coping were of particular interest during analysis.

Individual case analysis. A focus on the individual, or an idiographic approach, is a cornerstone of IPA (Smith & Osborn, 2008). As such, each case was analyzed at an individual level after listening to the recordings twice. Every transcript was read twice, and initial notes were made in the margins. These notes involved exploratory comments about language use, experiential statements, and personal thoughts about the material. As each transcript was re-read, emergent themes were written in the other margin. Emergent themes were based on the transcripts themselves, and on the notes made in the other margin.

Identifying emergent themes. As emergent themes were identified, they were written down in the order in which they arose. These themes were rearranged into groups of similar themes. Once themes were grouped, superordinate themes began to develop.

Cross case analysis. Once individual case analysis had been completed, interviews were separated into the two groups by referring back to records. From here, patterns that arose across cases within these groups were identified. This was accomplished after themes from all interviews within a group had been written out and again rearranged into clusters. These clusters helped to identify main themes.

Dependability and credibility. A number of steps were taken to increase the credibility and dependability of the results of this study. A second coder was used to ensure a clear understanding of the findings and bracketing was employed to decrease the potential threat posed by biases. Additionally, all 10 interviews were de-identified and analyzed in a random order to decrease bias during analysis.

De-identification. De-identification was an important part of decreasing bias during analysis. While children with LDs were the main focus of the study, including children without served to deepen the meaning behind the experiences of children with LDs. De-identification

helped to prevent preconceived notions from influencing how the transcripts were analyzed.

Multiple coders. Agreement among coders serves to demonstrate coherence in understanding and strengthen the findings of a study (Marques & McCall, 2005). Additionally, by having two researchers analyze the findings, the themes that are most significant are able to be better identified (Marques & McCall, 2005). As such, in order to increase the dependability of the findings of the current study, a second coder was used during data analysis. Once responses to interview questions were transcribed, the second coder and I read, analyzed, and coded the responses independently of one another. We then reviewed each other's codes and the identified emergent themes and subthemes.

Bracketing. In order to prevent my preexisting thoughts, perceptions, and biases from impacting the results, bracketing was also used during data analysis. According to Tufford and Newman (2010), bracketing helps to “mitigate the potential deleterious effects of unacknowledged preconceptions related to the research and thereby to increase the rigor of the project” (p. 81). This is an active process of recognizing and setting aside one's prior knowledge, beliefs, and assumptions in order to attend fully to the participants' experiences (Starks & Trinidad, 2007). Further, bracketing occurs over time and is a process that can contribute to self-discovery, helping to bring experiences, thoughts, and emotions to the surface (Drew, 2004). The utility of this process rests in its ability to prevent the researcher's own experiences from influencing the participants or the results of the research (Chan, Fung, & Chien, 2013). As such, bracketing helps to increase the credibility of data collection and analysis. Overall, bracketing assists the researcher in setting aside knowledge, biases, values, beliefs, and experiences in order to accurately describe the experience of the participants (Chan et al., 2013). For the purposes of the current study, I used memoing and reflexive journaling.

Memoing. Groenewald (2008) noted that memoing refers to actively writing down

reflective notes about what is being learned. Often, memoing includes recording thoughts, observations, ideas, concepts, and hypotheses about the process, data, or relationships. According to Tufford and Newman (2010), memos can be theoretical notes regarding the cognitive process of research, methodological notes about the procedure, and observational comments that facilitate exploration of feelings about research. Following each interview, I wrote down my thoughts in order to bring my cognitive and affective preconceptions to the surface. This helped to deepen my engagement with participants and data (Tufford & Newman, 2010). Entries were dated and cross-referenced, which is an important step in identifying emerging codes and preventing duplications (Groenewald, 2008).

Reflexive journal. For bracketing to be effective, I needed to become aware of my biases, beliefs, thoughts, and values before being able to set them aside. Reflexivity helps to identify the researcher's biases that may affect the research being conducted (Chan et al., 2013). Prior to interviewing any participants, I made it a point to begin with a reflexive journal. Using a reflexive journal allowed me the opportunity to record and analyze my own thoughts, feelings, and perceptions prior to beginning data collection. Re-examining my biases throughout the data collection process impacted the timing of my analysis, as I felt that distance would be beneficial in decreasing potential influences. Further, having this level of awareness allowed me to analyze the data on a deeper level that went beyond my expectations and assumptions.

Results

Using Interpretative Phenomenological Analysis (IPA) led to the emergence of three superordinate themes that were present across both groups of participants. After further exploration, subordinate themes arose both within and between groups. The information presented here will first name and define the superordinate themes before moving into a more in-depth exploration of the results. The results have been divided into three sections: (a)

commonalities between groups, (b) children without LDs, and (c) children with LDs. Excerpts from interviews are used to support the themes and subthemes.

Superordinate Themes

Analysis of all 10 transcripts showed that the responses of all participants, regardless of which group they belonged to, reflected superordinate themes of connection, performance, and coping. The first theme was *connection to self and others is critical*. Both groups provided responses that reflected a desire to feel connected to those around them, as well as attempts to connect with themselves. This theme reflected the desire to be seen, heard, and accepted, and whether they felt valued and judged by others. The second theme was *the value of performance in meeting expectations*. This theme reflected an awareness that participants had about what was expected of them and the value that they placed on meeting those expectations. This theme concerned feelings of confidence, insecurity, success, and failure expressed by participants. Participants focused on performance as measured both by internal and external factors. Finally, the third theme, *differing approaches to navigating challenges*, reflected the approaches used to cope with and manage the responsibilities, challenges, and problems encountered throughout the day. Much of coping was centered on the emotional experience of the individual, which was reflected in participant responses.

Commonalities Between Groups

Participants with and without LDs overlapped with regard to the importance of connection based on three subthemes. More specifically, both groups were concerned with acceptance and judgment.

Connection to self and others is critical. The desire to feel valued, accepted, and heard was present in the responses of all participants. The two groups overlapped on three subthemes of connection. The commonalities in this area reflected the importance of these issues, which

were present regardless of other challenges the participants faced.

Acceptance, rejection, and loneliness. All participants who were interviewed expressed substantial concern about being rejected by peers, feelings of loneliness, and a desire to be accepted. The responses between the two groups were consistent, reflecting the significance of feeling connected to others for children with and without LDs. One participant without an LD stated, “Maybe she feels nervous because she wants to play with them but she doesn’t know how to ask them. And then she’s just feeling nervous and lonely at the same time.” Another participant without an LD stated, “Maybe lonely still, because like, these three are playing a game together and then she wants to play but she’s nervous at the same time because she’s afraid those children might not say yes.” Both of these responses reflected a concern about rejection and a desire to be accepted by peers. Similarly, a participant with an LD responded to the same scenario with, “Lonely because I don’t think she has any friends, and her arms are around her back and she might want to have friends there but they might not include her so she might be lonelier and kind of sad.” These participants told very similar stories about the same scenario and expressed mixed feelings about the situation. One participant with an LD stated, “they want to be good, but they don’t have anyone to hold hands with and they might feel like they’re in trouble.” This response suggested the importance of feeling accepted, as the absence of acceptance can result in feeling as though the child had done something wrong.

Concerns about judgment and perception. In keeping with the desire to be accepted, all participants were concerned about how they were perceived by others. In response to the scenario that was presented as “sharing the news” in front of the class, one participant without an LD stated, “presenting my own thing is scary, like the whole class is looking at you and it feels like they’re watching you, and you don’t know what they will do.” This child was very aware of the social pressure that comes with being in front of a class of peers, and expressed concern

about the unpredictability of how others respond. The same scenario evoked a similar response for another participant with an LD who stated, “She might be a little scared or something standing up there alone. Other people might...laugh at her.” While some participants expressed concern about the unpredictability of the situation, others identified more specific areas of concern, such as being laughed at. Regardless of the particular concern, all participants were intimately familiar with the pressure experienced in this situation. Much of this pressure was fueled by fear of how children would be perceived by others. Standing in front of a classroom of peers is a very vulnerable position to be in, regardless of whether or not one has an LD.

Personalizing material to connect to self. Both groups of participants had a strong tendency to personalize their responses. They often offered their own experiences without any prompting, and had a difficult time remaining detached from the scenarios. While externalizing an experience or feeling can be beneficial, it might also hinder the ability for children to connect and understand their own experiences. As such, by personalizing their responses, participants showed that they were able to relate to the scenarios, suggesting a connection and awareness of their own experiences. Additionally, personalizing their answers increased the saliency of their responses, as it suggested that responses were more congruent with their own experiences.

Children Without LDs

The responses of participants without LDs reflected a stronger focus on themes of connection rather than performance. Scenarios that might be expected to elicit themes of performance based on the content of drawings did not seem to hold particular significance for this group as a whole. Instead, with performance not requiring significant emotional energy, these participants were able to focus on connection. Subthemes that developed from analysis of these transcripts differed substantially from those of participants with an LD. Responses led to the identification of two additional subthemes for connection: (a) performance, and (b) coping.

Connection to self and others is critical. As noted above, the main focus of participants without an LD was on connection. The use of emotions and the awareness of social norms were the primary subthemes for this group.

Sharing emotions to build connection. Participants without LDs all made use of sharing emotions with teachers in order to enhance their relationships. More specifically, decisions to share emotions with the teachers were largely based on engaging the other person in a positive interaction. Perhaps the most common example of this subtheme was participants reporting that the child in the picture would tell the teacher how they were feeling to convey that they were happy or enjoying being in their teacher's class. One participant reported that the child would tell the teacher she was happy, "Cause [sic] I would want my teacher to know I'm happy for her class and she's very nice." Participants also reported that the child would share their emotions with the teacher to influence how the teacher felt. One example of this was, "Because when you're proud of something you usually want people to know so they can be happy and proud with you." This desire to share in positive emotions with others highlighted the importance of connection among the participants in this group. They were quite focused on including the teacher in their positive experiences, even if it was just to make the teacher feel good. One participant reported, "I think the teacher just likes to know when I am having fun, it makes her feel good." Several of the participants in this group also reported that the child would be able to show the teacher they were happy by their actions. The realization that they could convey these positive emotions nonverbally to their teacher reflects their increased focus on connection, and represents a higher level of social awareness.

Desire to follow perceived social norms. Participants without LDs often reported that they would not tell their teachers how they were feeling when they were experiencing a negative emotion. The reasoning behind this unwillingness was often reported to stem from perceived

social norms. More specifically, participants expressed that sharing these negative emotions with teachers was “weird” or “not normal.” One participant reported that she would not want to tell the teacher she was nervous because, “Sometimes people don’t want to because it just feels weird. It happens to me a lot.” This participant’s response suggested that for her, the idea of sharing negative emotions with a teacher is uncomfortable or not normal. Other responses more clearly reflected the pressure imposed by these norms, such as “because I’ve seen a lot of people being normal and they never told the teacher about anything” and “maybe they wouldn’t tell their teachers because...almost nobody does that because it’s weird.” The notion that sharing these emotions with teachers is weird was prevalent throughout these transcripts regardless of the situation, social or academic. In response to a social scenario, one participant stated, “because I really don’t want to tell the teacher anything about my social life because it’s really weird.” This participant’s response suggested the desire to keep emotions private, which was another common response for participants in this group to make. One participant expressed this quite clearly with, “because sometimes kids don’t really want to tell their teacher how they’re feeling because they feel like it’s an invasion of privacy.” This participant went on to say that emotions should be private and not shared because “no one does it and you don’t wanna be the one who does.” These responses suggested a strong feeling that emotions should be kept private and a sense that sharing them with a teacher is wrong, weird, or uncomfortable. Along these same lines, another participant stated, “It’s just their feeling, people don’t need to know what they’re feeling unless they want to tell somebody. And most don’t because it’s not normal.” These examples highlight the powerful impact that perceived social norms have on children, even as early as the second grade. Given the overarching desire to achieve connection, it makes sense that children would gravitate toward behavior that they perceive as more normative and acceptable.

The value of performance in meeting expectations. Participants in this group did not

express significant concern about their performance at school. Instead, the statements they made about performance were related to feeling competent.

A sense of competence and ambition. Participants without LDs provided many statements regarding feelings of confidence or competence in their abilities. These responses often included little to no emotion, reflecting that these scenarios were not areas of concern for these participants. An example that reflected the lack of emotion involved in performance was, “It doesn’t feel like they’re shy, sad, or happy, just like normal. They’re doing their work...it seems like she’s doing her work pretty fast.” This scenario did not provoke any strong emotions from this participant, which might suggest that schoolwork is not seen as intimidating or stressful. Additionally, this participant also commented on the child being capable of completing her work quickly. Another participant reported that the child in the picture would want the teacher to know they were done with their work, “So the teacher knows that they, they should give her harder work to do.” This participant provided many responses that further supported this sense of ambition and drive to do more work. Some participants explicitly reported that they enjoy school and like to learn, such as, “Because I can learn new things, and I always like to learn new things, so that way I can get smarter.” The responses of these participants reflected their sense of competence in their abilities and suggested that academic situations do not trigger significant emotional responses. Additionally, these participants appeared confident during the interviews, providing responses without hesitation.

Differing approaches to navigating challenges. This theme was less of a focus for both groups, though there were differences between the two groups. Participants without LDs were able to rely on themselves to solve some problems, and asked the teachers for help when necessary.

Self-reliance in problem solving. Participants without LDs were able to provide

responses that reflected a certain level of coping skills that allowed them to function independently at times. These participants often reported positive outcomes that were achieved through their own actions. For example, one participant reported that the girl in the drawing was feeling afraid in the cafeteria because she “had no personal space.” The participant went on to say that the child would not tell the teacher, and would instead, “just ask for space herself. So then next time, she will have space and won’t be afraid anymore.” This response reflected confidence in his abilities to attempt to solve a social problem independently. The other participants without LDs provided similar responses that reflected their comfort in handling a potentially challenging situation without support. When asked if the child in the picture would share his feelings of loneliness with the teacher, one participant said that he would not because, “it’s the kids who they want to know what they’re feeling, not the teachers.” This participant went on to elaborate by saying, “so then he could just go to the kids and ask because he wants to play with them. He doesn’t have to get the teacher.” His responses suggested confidence in his own abilities with regard to addressing the social situation.

Asking for help. This subtheme was largely based on the language used by the participants in this group. More specifically, these participants were much more likely to use the words *help* and *ask*. When participants reported that the child in the picture did not feel equipped to manage a situation by him or herself, they would ask the teacher for help. While they preferred not to involve the teacher in many aspects of their day, these participants provided responses that suggested a willingness to ask for help when they felt it was needed. At times, these participants seemed indifferent as to whether or not a teacher should be involved. For example, when asked if they would tell the teacher they felt lonely, one participant stated, “Maybe, maybe not. If a teacher is around and they want the teacher’s help maybe they can ask. But if the teacher’s not there, she can ask the children if she can play herself.” This demonstrated

confidence in this participant's ability to try to solve a problem on her own, and also an awareness that a teacher might be able to help.

Children With LDs

Participants with LDs provided transcripts that differed from those of the other group in several ways. Most notably, these participants focused overwhelmingly on performance rather than connection. Their responses yielded three additional performance subthemes and two coping subthemes.

The value of performance in meeting expectations. Participants with an LD were quite fixated on their performance, which makes sense given their areas of difficulty. These participants used their emotions to help increase understanding; they wanted to be seen as smart, and wanted to receive praise and approval from others.

Sharing emotion to be understood. Like participants without LDs, those with LDs used emotions to communicate and engage others. However, for participants with LDs, the purpose of this sharing was specifically to provide an explanation for their behavior or performance. This subtheme reflected that these participants were aware enough of their difficulties that they felt the need to find ways to justify or explain why they were struggling. One participant stated, "maybe the teacher could know so that she doesn't get in trouble if she isn't doing something right." This statement reflected an awareness of their difficulties and suggested that they might equate not doing something right with being bad. In another example, the child in the picture wanted to tell the teacher she was excited "so that the teacher doesn't get disappointed" if they make a mistake. The participant went on to explain that if the teacher knew that they were excited, they would understand when they did make a mistake. Emotions appeared to be an important factor for these participants, as they could be used to mitigate the negative experiences that arise because of their learning difficulties. Another participant reported that the child in the

picture would want to share, “because if they’re feeling sad and they don’t work right, so they’ll know why.” The importance of communicating with the teachers through emotion was striking for these participants. One participant shared that the child in the picture wanted the teacher to know they were “feeling ready” because “the teacher wants to know if they’re ready to do their work.” The participant explained that if the teacher knew they felt ready, they would feel good about the child and know that they tried.

Desire to do well and be seen as smart. Participants with LDs specifically reported that the child in the picture wanted to know the answers, do their work correctly, and be perceived as smart by the teacher and students. They were hyperfocused on performance and meeting the expectations of teachers. In response to the scenario of doing work at a desk, one child stated:

Maybe it’s a hard question and like, “I don’t know, I don’t want to ask for help, I want them to think I’m very smart” or maybe, “I know I should ask for help, but I really want to get this because I want them to think I’m a big girl and I’m very smart,” maybe like that.

This particular response reflected multiple layers to this desire to do well. Not only did she want to do well, she also had conflicting feelings about asking for help because she did not want to be seen in a negative way. This also reflected an internalized message that she should be able to solve the problem on her own and that she was only a “big girl” if she was independent and successful. Another participant responded to the same scenario with, “maybe a lot of people are around her and she’s trying to concentrate on her work. Sometimes it’s hard not to look because she wants to be right.” This participant’s response reflected a desire to be correct that is so strong that she looks at other children’s work. She went on to elaborate that the child in the picture was feeling insecure about her abilities and wanted other students to think she was smart. These responses help to highlight the level of stress and anxiety that many of these children experience

in school.

Seeking praise and approval. Participants with LDs were very focused on receiving praise and getting approval from the teacher. They provided responses that suggested a desire to please the teacher and meet expectations. Participants with LDs noted that the children in the pictures did not want to disappoint the teacher, wanted to make the teacher happy, and wanted their hard work to be acknowledged. One participant reported that she would want the teacher to know she concentrated and did “a good job” because “when the teacher knows that they might get something like a sticker or something for being good.” Her response reflected a desire to have her hard work and behavior recognized and even rewarded. When asked what would happen next, one participant stated, “The teacher will check it and see the good work that they did” while another said, “The teacher might feel good about how she did.” In both of these examples, the participants explained that the teacher would acknowledge and praise the child in the picture for how well she had done. In the second example, the participant explained that doing well would make the teacher feel good, which suggested a desire to please the teacher. Participants without LDs did not express a desire to have their work acknowledged or to please the teacher with their academic performance. As such, this implied that participants with LDs specifically needed this external recognition and praise for their performance, which may reflect a lack of confidence in his or her own abilities. The need for approval was also seen in the behavior of participants with LDs during interviews. In particular, participants with LDs consistently responded with an upward inflection at the end of their answers and often looked to the researcher to elicit feedback about whether they were right or wrong. At times the participants would change their answers several times before deciding on a single response.

Differing approaches to navigating challenges. Participants with LDs used coping skills that did not seem as effective as those used by those without LDs. Instead, participants

with LDs focused more on dependency and avoidance.

Relying on teachers. Compared to participants without LDs, those with LDs were very dependent on the teacher. Not only did they rely on them for approval, they relied on the teacher to solve most problems they encountered, regardless of the nature of the situation. This subtheme was seen frequently in the language that the participants would use. For example, “so the teacher can make them feel better if they’re mostly sad” or “because then the teacher could...ask those kids to...let her play with them.” Participants with LDs provided responses that suggested that teachers could fix the situation for them by *making* them feel better or asking on behalf of the child. This lack of confidence in their own problem solving abilities was evident throughout their transcripts. Beyond the language, participants also reported that they would tell the teacher or want the teacher’s help with all situations. For example, one participant reported that the child felt crowded in the cafeteria and would tell the teacher so that the teacher would create space around the child. This overwhelming dependence may be indicative of a lack of confidence in his or her abilities, fear of making mistakes, failure, or poor coping skills.

Avoidance. In keeping with their reliance on the teachers, participants with LDs also provided responses about avoidance. When shown the scenario of sharing the news with the class, one participant stated:

She’s standing in front of them, so I think that’s why she’s a little shy. She doesn’t know what they might think or say, so she should tell the teacher so she can sit back down if she wants to.

Another participant responded that the child in the picture should tell the teacher how she was feeling, “Because if he feels nervous the teacher can do it for them.” This response reflected that standing in front of the class was so anxiety provoking, that the best approach was escape simply by having their teacher present for them. One participant reported that when the child told the

teacher how she felt, “they can be like ‘okay someone else can have a turn’ and she wouldn’t have to do it.” These participants appeared to lack confidence in their abilities and hoped to avoid the experience all together. One participant reported that the child in the picture would tell the teacher how they were feeling in the cafeteria, with the hope that the teacher would get her lunch for her. The participant elaborated that the child felt nervous because of the crowd, so she turned to the teacher to avoid the situation all together.

Discussion

Summary of Results

All participants in this study provided responses that reflected overarching themes about connection, performance, and coping. Participants from both groups expressed a strong desire to be accepted by their peers and a fear of loneliness and rejection. Further, the perception and judgment of others was a significant concern of all participants. These factors highlighted their desire to feel connection to others and reflected the significance of connection. All participants in this study also personalized their responses and the scenarios in the pictures. This served as evidence that participants were relating to the scenarios, and suggested the possibility that they may have been trying to make sense of their own experiences.

Participants without LDs were more focused on themes of connection than themes of performance. They used emotions to connect with their teachers and felt the pressure to conform to social norms. With regard to performance, these participants exhibited feelings of competence and even a drive to do more than the work that they were assigned. Further, they also showed healthy coping skills, such as relying on their own abilities, or asking teachers for help when a situation exceeded their abilities. Responses provided by participants without LDs did not suggest that any particular scenarios were perceived as more stressful than others.

Participants with LDs focused primarily on performance and appeared to perceive

scenarios around academic demands to be the most stressful. They used their emotions to help teachers understand them and the reasons that they were having difficulty. Not surprisingly, these participants reported concerns about doing well and being seen as smart by teachers and peers. They tended to seek praise and approval from teachers, and from me during the interviews. At times, their attempts to make sure that they were doing a task correctly or were understood to be trying to succeed even when having difficulty may have reflected a positive coping strategy. However, the vast majority of the coping skills exhibited by participants with LDs relied on the teacher or avoided the challenge all together.

Agreements and Disagreements Between Coders

A second coder was used to evaluate the dependability and credibility of the data. Based on her analysis of transcripts and our subsequent discussions, the three superordinate themes were quickly and easily identified. However, identifying and agreeing on subordinate themes was more challenging and required substantial discussion. Part of the difficulty seemed to stem from my familiarity with the study as a whole, and my own subjective experience of conducting the interviews. While I took many precautions to control for my biases, it is likely that this may still have had at least some impact on my interpretation. We disagreed on some subthemes, though many discrepancies were subtle. For example, the second coder identified that feelings impact performance for participants with LDs and also identified that they wanted to share their feelings with teachers. This is quite similar to what I identified as participants with LDs communicating their emotions in order to be understood. Similarly, what I viewed as dependence on a teacher or avoidance, she viewed as the teacher being helpful (i.e., the teacher will do it for a student). Further discussion of subtle differences allowed us to reach a greater level of agreement.

Use of Reflexive Journaling

While I took multiple steps to ensure that my personal biases, assumptions, and beliefs would not interfere with the data collection or analysis, it is worth further outlining the role of reflexive journaling in this process. At the outset of data collection, I found myself having certain expectations about the types of responses participants from each group would provide. I believed that there would be clear and definitive differences between the groups, and I found myself worrying that I might be disappointed in the absence of these findings. Further, throughout data collection I found myself having certain expectations for the responses provided by specific participants. This prompted me to take a step back from the transcripts for several months prior to beginning data analysis. I felt that distancing myself from the transcripts would give me a greater chance of approaching analysis with less bias. Once I returned to the data, my awareness of my biases pushed me to look past the obvious findings and see the subtleties involved in recognizing, understanding, and intervening in the challenges faced by this population.

Comparison to Prior Research

Review of the literature shows that individuals with LDs face innumerable challenges and are at risk for developing a wide range of further social, emotional, and behavioral difficulties (Al-Yagon & Mikulincer, 2004; Juvonen & Graham, 2001; Moksnes et al., 2014). Because of this, it is critical to recognize, understand, and address learning challenges and the associated difficulties before they have progressed to the point of delinquency, school drop out, or mental health issues. In reviewing prior research, the results of the current study can be better understood.

As noted previously, there is objective and observer-based evidence supporting the argument that school serves as one of many stressors faced by children with LDs. However,

there is a dearth of research that has obtained the subjective experience of young children with LDs (Harrison & Murray, 2015). That being said, Burden (2008) and Juvonen and Graham (2001) found that preschoolers are capable of recognizing the significance of failure and begin to experience the negative effects on their self-appraisals, affect, and self-esteem. As a result, one can assume that young children with LDs are vulnerable because they begin to encounter failure at an early age. The results of this study suggest that as early as the second grade, children are able to provide insight into their subjective experience of having an LD. More specifically, children with LDs in this study appear to experience the effects of school stress, as evidenced by their concern about academic performance, dependent and avoidant coping skills, and diminished focus on connection when compared to children without LDs.

Academic stress has previously been reported as concern over areas of weakness or deficit (Jayakumar & Sulthan, 2013). The participants with LDs in the present study were hyperfocused on their performance. Their responses reflected an awareness and concern about their ability to meet academic expectations. Feelings of inadequacy and academic failure are a key source of stress for this population, as they pose a very real threat to their success and how they are viewed by others (Moksnes et al., 2014). This is important, as participants with LDs in this study provided responses that suggested that they felt unprepared and lacked the skills needed to be successful. The results of this study suggest that children with LDs experience the effects of school stress during a critical time in which they are just developing a sense of themselves both socially and academically.

In addition to signs of stress, participants with LDs in the current study demonstrated different coping skills than their peers without LDs. A study by Geisthard and Munsch (1996) found that children with LDs use more cognitive avoidance strategies and less peer support to cope with academic and social stressors. Additionally, children with LDs may take a more

passive approach to coping (Chesire & Cambell, 1997; Firth, Greaves, & Frydenberg, 2010; Shulman, Carlton-Ford, Levian, & Hed, 1994). In keeping with these previous findings, participants with LDs in the current study provided responses in which stressful or challenging tasks were avoided by relying on the teacher to solve the problem they faced. This dependent approach to coping suggests a lack of confidence in one's own abilities to handle challenging situations and stressors. This is significant, as previous research has found that coping skills are the most important factor in mitigating the effects of school stress on individuals with LDs (Margalit, 2003; Prior, 1996; Raskind, Goldberg, Higgins, & Herman, 1999). In other words, whether or not an individual has adaptive coping skills is a key determinant of how stress affects that individual. While asking for help is necessary at times, avoiding challenging situations or relying on others to manage them is problematic because it prevents children with LDs from developing more effective academic skills, coping skills, and confidence in their own abilities. In the absence of adequate coping skills, children with LDs might be more susceptible to the negative effects of school stress. In addition, they do not develop the academic skills that will serve as a foundation for further learning. Complicating this issue is that a child's ability to cope with stressors decreases as academic demands continue to increase (Compas & Reeslund, 2009). As a result, young children with LDs are uniquely vulnerable to the combination of factors that place them at risk for negative outcomes. Not only do they seem to lack the requisite coping skills to effectively manage school stress, academic demands have not reached a peak level. As such, they are likely to face more significant issues as they progress in school.

A surprising finding of this study was the fact that children with LDs focused on connection in a different way than children without LDs. According to Al-Yagon and Mikulincer (2004), children with LDs often form less secure and less connected relationships than their peers. In the current study, participants without LDs seemed to focus on attempting to build

positive connections with others, while those with LDs seemed more focused on maintaining connection and not being blamed or rejected due to their mistakes. For example, participants with LDs wanted their teachers to know that they had tried and used communication of feelings as a means of mitigating potential repercussions of their poor performance. Their focus on connection seemed to stem from insecurity in their abilities and performance. It is understandable that relationships of children with LDs would be less secure as they may perceive relationships as being contingent on their performance. It is possible that the strong focus on performance shown by participants with LDs results in fewer available resources, such as attention and emotional energy, to devote to building social relationships. Additionally, children with LDs often have social skills deficits and experience more rejection than their peers without LDs (Gardiner & Kosmitzki, 2011). Lack of connection and experiences of rejection are significant given the importance of socialization in the development of skills such as cooperation, sharing, coping skills, and overall mental health (Gardiner & Kosmitzki, 2011). Children with LDs are at a disadvantage when compared to children without. While children without an LD are able to focus on fostering relationships and honing their coping skills, children with an LD have fewer opportunities to build their social skills.

Similar to the group differences noted within the theme of connection, participants in the two groups used emotions in different ways. Participants without LDs seemed to use emotions in a positive way, whereas those with LDs seemed to use them to mitigate negative emotions. For example, participants with LDs told stories in which emotions were shared with teachers to explain their poor performance. This may have been an attempt to manage negative emotions and their teachers' reactions, as sharing their emotions served as a powerful defense against feelings that were much worse and more overwhelming—disappointing the teacher and failing. Negative emotions have long-lasting effects and may narrow an individual's thoughts and

behaviors, making attempts to minimize them all the more important (Margalit, 2003). Positive emotions, however, improve coping skills, well-being, and resiliency (Fredrickson & Joiner, 2002). Emotions are also an important component of cognitive processing and learning (Margalit, 2003). Increasing positive emotions and decreasing negative emotions would benefit both groups of participants, though children with LDs may be particularly responsive given their areas of difficulty.

Another unexpected finding of this study was how heavily children with LDs relied on teachers for support. Previous research suggests that children with LDs and teachers have challenging, and often negative, relationships (Alexander-Passe, 2015; Nurmi, 2012). While participants' responses did not include specific negative interactions or negative emotions directed toward teachers, there were subtle indications that challenges were present. For example, in the current study, participants with LDs expressed concern about disappointing teachers, wanted to please them, and wanted to explain their poor performance. This might suggest that participants with LDs have already faced challenges with their teachers that have led them to feel that their teachers were disappointed in them, such as criticism, poor performance, or other negative interactions. Additionally, several participants with LDs provided responses in which the child in the picture did not want to get in trouble, which further suggested that they anticipated negative reactions from their teachers because of their academic challenges. Children with LDs may be particularly sensitive to subtle cues of disappointment. Having a label or being viewed as having academic difficulties can cause teachers to act differently toward children and have different expectations for them (Alexander-Passe, 2015; Hornstra et al., 2010). There is also a risk that these children may be viewed as lacking motivation, effort, or progress (Nurmi, 2012). Participants in this study were very focused on the teacher's feelings and how their teachers perceived them. They wanted to make sure that the teacher knew they had tried. Despite

potential negative interactions, participants with LDs often saw teachers as a significant source of comfort and safety. This is meaningful, as feeling connected with teachers is an important protective factor against many of the negative outcomes associated with LDs (Rice et al., 2008). Further, teachers' positive emotions are linked to the outcomes and progress of students (Nurmi, 2012). As such, maintaining a positive relationship between teachers and children with LDs could be particularly beneficial.

Implications for Children with LDs

As explained at the outset, *psychological well-being* involves self-acceptance, independence, positive relationships with others, success, and competence (Kernis, 2003; Ryff, 1989). Positive well-being is fostered by feeling supported and in control (Winefield et al., 2012). Given this, it becomes clearer how children with LDs are particularly vulnerable to the negative effects of school stress, as they encounter difficulties in these areas.

Perhaps the greatest implication of this study is that it provides insight into the subjective experience of children with LDs and suggests the presence of risk factors that contribute to poor psychological well-being. At a fundamental level, children with LDs are at a disadvantage from the beginning of their education, as they may not experience the success and competence that are crucial for cognitive development (Aronson, 2002). The growing demands that young children face in school pose a serious threat and obstacle for children with LDs. As Aronson noted, schools' rigorous and competitive focus on academic success undermines how individuals who struggle in this area view themselves. Experiences of failure and a sense of inadequacy early on significantly impact psychological well-being (Baumeister et al., 2005; Searcy, 2007). The results of this study suggest that by second grade, children with LDs are already aware of the importance of academic success. This focus may be so strong that they may dedicate less attention to the importance of positive, reciprocal social relationships. Further, in this study,

participants with LDs tended to withdraw and avoid challenging social situations. As school progresses, these children are at risk of developing emotional, social, and academic problems.

Along these same lines, participants with LDs lacked confidence in their academic and problem solving abilities. They relied on teachers for many challenging situations, regardless of whether or not they were social or academic. A continued focus on external sources of validation and praise likely will prevent children from internalizing a sense of confidence and self-efficacy. Having confidence in one's abilities goes a long way toward mitigating the negative effects of school stress (Murray & Harrison, 2005). Beyond academic success, having a sense of self-efficacy contributes to positive self-esteem, resiliency, and optimism (Aronson, 2002). This is significant, as children with LDs often feel inferior and see others as being more capable than they are (Aronson, 2002). Recognizing that they may be less capable than peers also has a negative effect on self-esteem (Aronson, 2002). In this study, the participants with LDs provided responses suggesting that they already viewed themselves as unable to meet demands, which likely contributed greatly to lower self-esteem and the tendency to depend on others.

Another potential threat to the self-esteem and confidence of children with LDs is the behavior of other children towards them. In this study, participants with LDs wanted to share their emotions with teachers frequently, regardless of the situation. Those without, however, reported that they found it weird or abnormal to engage in this behavior. This has important implications for children with LDs, as it suggests that their peers may come to view them negatively. In fact, children with LDs are more likely than their peers to be rejected and teased, which can lead to isolation and internalization of the negative messages they receive (Alexander-Passe, 2015; Grills & Ollendick, 2002; La Greca & Stone, 1990). Aronson (2002) noted that young children develop a sense of self-worth based on the feedback they receive from others, which makes these threats all the more damaging. Further, the absence of adequate or

positive social contact may result in inadequate social and coping skills needed to manage stress (Mishna, 2003). The results of this study suggest that the processes that give rise to these negative outcomes may already be in the process of developing at this young age.

Implications for Treatment and Intervention

The findings of this study have important implications for those in a position to intervene as well. Given the range of additional challenges this population can grow to face, it is important to take steps early on to provide the skills to buffer against some of these challenges. Early identification is critical to establish a solid foundation for future learning and success, and to minimize feelings of frustration, negative emotions, and failure (Peltzman, 1992). Further, recognition of a learning problem increases the potential for children with LDs to reach their true potential and develop improved motivation (Peltzman, 1992; Steele, 2004). Taylor, Anselmo, Foreman, Schatschneider, and Angelopoulos (2000) reported that early identification is an important mitigating factor, serving to decrease the development of behavior problems, dropout rates, and the need for more extensive services in the future.

An important goal is for children with LDs to feel connected to their teachers and schools as a whole. Feeling connected to school, peers, and teachers is an important protective factor against negative outcomes (Rice et al., 2008). As noted previously, in the absence of this connection, children are at risk of poor social confidence, difficulty managing their own behavior, emotional problems, feelings of stress, and a diminished sense of well-being (Rice et al., 2008; Simons-Morton & Crump, 2003). An important first step toward the goal of increasing connection is ensuring teachers are knowledgeable about this population and their unique challenges and needs. More specifically, Patten (1983) noted, “informed teachers may be able to increase self-esteem and achievement and decrease anxiety levels in the classroom” (p. 44). Educating teachers about how LDs can impact self-esteem, coping skills, and psychological

well-being is an important component of intervening with this population. Further, it provides teachers with important knowledge about how they can help children with LDs.

Once children are identified as being at-risk, a program needs to be put in place to meet their needs (Peltzman, 1992). A worthwhile place to begin is helping children with LDs to develop healthful coping skills. By providing children with these skills, they will likely be better able to manage the stress that they encounter. Individual skills training helps to “develop a high level of ability to face and solve complex social and emotional problems” (Dohrenwend, 1978, p. 8). Rather than focusing strictly on the academic side of this issue, focusing attention on building self-esteem, strengthening coping skills, and fostering overall psychological well-being would be an important shift and treatment opportunity.

Taking steps toward reducing the effects of school stress is critical for improving the psychological well-being of children with LDs. Early intervention, individualized focus, and knowledgeable, supportive teachers are all important components. Continuing to focus solely on the academic piece of this issue is setting children with LDs up for more difficulties. It is incumbent upon educators and mental health professionals to shift their focus onto the social and emotional impact of LDs. Without making this shift, important factors that contribute to negative outcomes are being overlooked.

Limitations and Directions for Future Research

Perhaps the greatest limitation in this study was finding enough children with a true LD diagnosis in the second grade. I selected this age group because of the lack of research that had been conducted on young children with LDs. However, many children at this age had not yet been diagnosed or officially identified. Teachers were able to identify students they had concerns about, though they had not been formally evaluated or placed on an IEP. Additional interviews with formally diagnosed children would strengthen the dependability and credibility of this

research.

A second limitation was the small sample size of students from only one school. I initially set out with the intention of interviewing students from two separate elementary schools within the same school district. However, given the limited number of children with an LD diagnosis in the second school, the decision was made to focus only on the first school. This decision was made after discussions with principals and my dissertation chair. While IPA is ideally suited for small samples, a larger sample size would enrich the data and further increase confidence in the findings.

A third limitation is the potential for unrecognized bias that is not uncommon to qualitative studies. While I took multiple precautionary steps to ensure that my personal biases, assumptions, and beliefs would not interfere with the results of this study, my recognition of these factors did play a role in my analysis and interpretation. More specifically, reflexive journaling helped me to recognize my expectations and assumptions, thereby pushing me to analyze the data on a deeper level. While I strongly believe that this impacted interpretation of results for the better, it played a role nevertheless.

Future research should continue to explore the subjective experiences of young children with LDs. It would be beneficial to obtain a larger sample size of students who have an official diagnosis of an LD. Further, it would have been informative to include additional measures of adjustment, behavior, and relationships from parents and teachers in order to understand the complete picture. More specifically, this information would provide insight into how the subjective experience of children with LDs compares to the observer-based perspectives of parents and teachers.

Final Thoughts

Children with LDs face a number of significant challenges both inside and outside of the

classroom. However, the focus of intervention is typically on the academic component of this issue, while the social and emotional components are largely overlooked. The lack of knowledge about the subjective experiences of young children with LDs has limited our ability to fully understand the issue and intervene effectively. The current study suggests that young children with LDs are able to provide a subjective account of their own experiences. Importantly, their subjective experiences suggest that children with LDs experience the negative effects of school stress and an LD as early as the second grade. Young children with LDs are vulnerable to numerous challenges and negative outcomes at a time when they are just beginning to develop an understanding of themselves. Having an LD undermines this process in many ways and can have lifelong consequences. As such, it is essential to identify how professionals can intervene early on to mitigate the negative outcomes that often accompany an LD diagnosis.

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Appendix A: Letter of Permission from School District and School Principals

Daniel W. Rosa, Ph.D.
Licensed Psychologist
Chelmsford Public Schools
200 Richardson Road
North Chelmsford, MA. 01863
978-251-5199

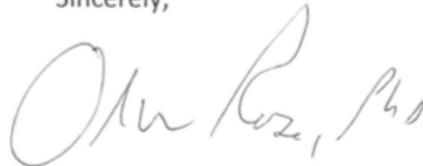
September 14, 2016

RE: Dissertation Research for Caitlin Herring

To Whom It May Concern at Antioch University of New England:

As the Director of Psychological Training at the Chelmsford Public Schools, we are pleased to confirm that Caitlin Herring has been approved to carry out her dissertation research using the resources and/or students in the school system. It is expected that Caitlin will receive the necessary approval from principals, teachers, and parents to secure all students for her research. Any questions can be directed to me at 978-251-5199 x-5688. We are pleased to continue our collaboration with Antioch University and your students in the doctoral program at Antioch.

Sincerely,

A handwritten signature in black ink that reads "Daniel W. Rosa, Ph.D." in a cursive style.

Daniel W. Rosa, Ph.D.
Licensed Psychologist
Mass. License #6100
Certified School Psychologist
Mass. Certificate #338030

Appendix B: Letter to School Principals Describing Study

Dear Mr. LaCava,

I am a doctoral candidate in the Clinical Psychology program at Antioch University New England. As part of my training I am carrying out a research study looking at how school stress impacts the psychological well-being of young children with Learning Disorders, and whether they differ from children without LDs in how they experience and perceive different school situations.

I am writing to request permission to conduct a research study in the Harrington Elementary School within the Chelmsford School District. I hope that the school administration will allow me to recruit a maximum of 10 children from the second grade, five of whom have a diagnosis of a Specific Learning Disorder and five without this diagnosis, to interview about their experiences at school. I will request that teachers provide a consent form to be signed by parents who are willing to allow their child to participate. A stamped and addressed envelope will be provided with the consent form and will be returned to the school. If approval is granted, student participants will be interviewed by the researcher.

Interviews entail showing children line drawings and asking a series of questions about their experiences at school. Interviews will take approximately 30 minutes. With your permission, these interviews will take place in a classroom or other quiet setting at the school. Timing of interviews will be determined based on teacher preferences to ensure that children do not miss out on important lessons. The responses obtained during the interviews will remain confidential and anonymous.

Your approval to conduct this study will be greatly appreciated. I would be happy to answer any questions or concerns that you may have at that time. You may contact me at my email address: _____.

If you agree, kindly submit a signed letter on your institution's letterhead acknowledging your consent and permission for me to conduct this study at Harrington Elementary School.

Thank you for your time and I look forward to speaking with you about this project.

Sincerely,

Caitlin R. Herring, M.S.
Clinical Psychology Doctoral Candidate
Antioch University New England

Dear Mr. Fredette,

I am a doctoral candidate in the Clinical Psychology program at Antioch University New England. As part of my training I am carrying out a research study looking at how school stress impacts the psychological well-being of young children with Learning Disorders, and whether they differ from children without LDs in how they experience and perceive different school situations.

I am writing to request permission to conduct a research study in the Byam Elementary School within the Chelmsford School District. I hope that the school administration will allow me to recruit 10 children from the second grade, five of whom have a diagnosis of a Specific Learning Disorder and five without this diagnosis, to interview about their experiences at school. I will request that teachers provide a consent form to be signed by parents who are willing to allow their child to participate. A stamped and addressed envelope will be provided with the consent form and will be sent back to the researcher. If approval is granted, student participants will be interviewed by the researcher.

Interviews entail showing children line drawings and asking a series of questions about their experiences at school. Interviews will take approximately 30 minutes. With your permission, these interviews will take place in a classroom or other quiet setting at the school. Timing of interviews will be determined based on teacher preferences to ensure that children do not miss out on important lessons. The responses obtained during the interviews will remain confidential and anonymous.

Your approval to conduct this study will be greatly appreciated. I would be happy to answer any questions or concerns that you may have at that time. You may contact me at my email address:

_____.

If you agree, kindly submit a signed letter on your institution's letterhead acknowledging your consent and permission for me to conduct this study at Byam Elementary School.

Thank you for your time and I look forward to speaking with you about this project.

Sincerely,

Caitlin R. Herring, M.S.
Clinical Psychology Doctoral Candidate
Antioch University New England

Appendix C: Letter to Teachers Describing the Study

Byam Elementary School
25 Maple Rd.
Chelmsford, MA 01824

Dear Second Grade Teachers,

I am a doctoral candidate in the Clinical Psychology program at Antioch University New England. As part of my training I am carrying out a research study looking at how school stress impacts the psychological well-being of young children with Learning Disorders (LDs), and whether they differ from children without LDs in how they experience and perceive different school situations (e.g., cafeteria, playground, etc.). I have received permission from Mr. Fredette to conduct my research at Byam Elementary School.

I am writing to request permission to recruit participants from the students in your classrooms. I hope to recruit 10 children from the second grade, five of whom have a diagnosis of a Specific Learning Disorder and five without this diagnosis, to interview about their experiences at school. Should you give permission, I will request that you provide parents of all of your students with a letter describing the study, a brief screening form, and a consent form. Parents who are willing to allow their child to participate in this study can return the signed consent form and completed screening form to classroom teachers, which I will collect. Not all students whose parents provide consent will be selected to participate. Students will be selected based on whether or not they meet the inclusion/exclusion criteria that is collected through the screening form. Once I have identified potential participants, a demographic form will be sent to those parents, and I will speak with you to seek your help approaching students about participating in this study. I will work closely with you to avoid calling attention to students or making them feel singled out. I will obtain assent from these students before proceeding with the interview.

Interviews entail showing students line drawings of children in different school situations and asking a series of questions about how students think the child in the drawing is feeling. Interviews will take approximately 30 minutes. Timing of interviews will be determined based on teacher preferences to ensure that children do not miss out on important lessons. The responses obtained during the interviews will remain confidential.

Your approval to recruit a few students from your class will be greatly appreciated. I would be happy to meet with you and provide further information about the study and selection process, and answer any questions or concerns that you may have. You may contact me at my email address: _____.

Thank you for your time and I look forward to speaking with you about this project.

Sincerely,

Caitlin R. Herring, M.S.
Clinical Psychology Doctoral Candidate
Antioch University New England

Appendix D: Parental Letter Describing Study

Dear Parents,

I am a doctoral candidate in the Clinical Psychology program at Antioch University New England. As part of my training I am carrying out a research study looking at how school stress impacts the psychological well-being of young children with Learning Disorders. More specifically, I am interested in whether or not there is a difference between children with Learning Disorders and those without in how they experience and perceive different school situations.

I am writing to seek your permission to allow your child to participate in my research study. The project would involve a brief interview with your child, which will take approximately 30 minutes. During this time, your child would be shown a series of line drawings depicting different school situations and asked a series of questions.

Your school principal has agreed to allow students to participate in the project, though your permission is required as well. If you choose to allow your child to participate in the project, the interviews will take place at the school at a time designated by the classroom teacher. All material gained during the interview will be kept in strict confidence and your child's name will not be associated with the results. Participation is strictly voluntary, and your child may withdraw from the project at any time without penalty. If your child withdraws, his or her information will not be used in this project.

If you would like your child to be involved in this important project, please read and sign the attached consent form and return it in the enclosed stamped and addressed envelope. Please keep one copy of the consent form for yourself. If you would like additional information concerning this project before or after it is completed, please feel free to contact me by phone or mail. My contact information is listed below.

This project has been approved by the Antioch University New England Internal Review Board (IRB), the school district, and the school principal. If you have any additional questions about your rights as a participant, you may call _____, write to the IRB, or email _____.

Thank you for your time and I look forward to your child's participation in this project.

Sincerely,

Caitlin R. Herring, M.S.
Clinical Psychology Doctoral Candidate
Antioch University New England

Appendix E: Parental Consent Form

I understand that my child's participation in this project will involve:

- Taking part in an interview with Caitlin Herring in which drawings will be presented and questions will be asked about experiences of different school situations.
- During this interview, notes will be taken and the interviews recorded for later transcription. The interview will be fully de-identified when it is transcribed. The audio files will be destroyed.

I understand that my child's participation in this study is entirely voluntary and that he or she can withdraw from this study at any time without giving a reason.

I understand that my child's participation will be treated confidentially and all information will be stored anonymously and securely. All information appearing in the final report will be anonymous. My child will have the option of withdrawing from the study, up until the transcript has been de-identified.

I understand that I am free to ask any questions at any time. I am free to discuss any questions or comments I would like to make with (supervisor).

I understand that I am free to contact the Antioch University New England Ethics Committee to discuss any complaints I might have. I also understand that at the end of the study I may request additional information about the findings of the study.

I, _____ consent to Caitlin Herring proceeding with this study with the supervision of Dr. Kathi Borden.

Signature of Parent or Guardian: _____ Date: _____

Name of Child: _____

Appendix F: Screening Form

SCREENING INFORMATION

In order to help the researcher select children who will be appropriate for this study, please provide the following information. This information will be used solely for the purpose of screening potential participants and will remain confidential.

Age of child: _____

Has your child ever had any of the following:

- Language delay..... yes no
Cognitive delay..... yes no
Physical handicap..... yes no
ADHD..... yes no
Vision or hearing impairment..... yes no
Learning Disability..... yes no
Emotional or behavioral problem.... yes no
Psychiatric diagnosis..... yes no

Primary language spoken: _____

Appendix G: Student Assent for Participation

“I am doing a study to learn about how young children with or without Learning Disorders feel about school. I am asking you to help because I would like to know what your experience with school has been like.

If you agree to be in my study, I am going to show you some drawings and ask you some questions about the children in the drawings. I want to know how you think children would feel in different school situations. There are no right or wrong answers to the questions that I ask you.

You can ask me questions about this study at any time, and you can ask to stop if you want. Being in this study is up to you, and no one will be upset with you if you don't want to participate or change your mind.

If it is okay with you, I would like to record what you say about the drawings so that I can listen to it later. After I listen to it I will delete it.”

Did child provide assent?

_____ Yes _____ No

Participant number: _____

Signature of person obtaining consent: _____ Date _____

Printed name of person obtaining consent: _____ Date _____

Appendix H: Demographic Form for Parents

Your relationship to the child: mother father grandparent legal guardian
 Your marital status: single married divorced separated widowed

What is the highest grade that you and/or your partner have completed

- Grades 0-8..... mother father
- Grades 9-11..... mother father
- High school or GED..... mother father
- Some college..... mother father
- College graduate..... mother father
- Post-college degree..... mother father

Are you and/or your partner employed? Yes No

Primary language spoken at home: _____

Age of child in this study: _____

Has your child ever had any of the following:

- Language delay..... yes no
- Cognitive delay..... yes no
- Physical handicap..... yes no
- ADHD..... yes no
- Vision or hearing impairment..... yes no
- Learning problem..... yes no
- Emotional or behavioral problem.... yes no

Child's ethnicity: _____

Number and ages of siblings:

Who lives with you and your child?

Number of schools attended by your child: _____

How long has your child been enrolled in the Chelmsford School District? _____

Is your child currently involved in extracurricular activities? yes no

Does your child receive special services through or outside of school? yes no

Have there been any major life events in your family in the past year (death of a family member, divorce, separation, moves, job loss, etc.)? yes no

If yes, please give a brief description. _____