

Chapter 18

Coping Strategies of Primary School Students With Specific Learning Disabilities

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ABSTRACT

This article focuses on proving whether there are differences among children with or without learning disabilities when choosing coping strategies that may be functional to solve problematic situations. The participants were 32 children with learning disabilities and 32 children without learning disabilities aged between 8 and 11. Results show that children with learning disabilities have less often coping behaviour rather than their peers with typical development. This demonstrates the need to opt for educational actions as soon as possible fostering suitable strategies in order to face problematic situations.

1. BACKGROUND THEORY

The phrase Specific Learning Disabilities (SLD) refers to a heterogeneous group of evolutionary disorders, which affect some basic psychological processes, such as listening, thinking, reading, language, writing, handwriting and computing (American Psychiatric Association, 2014). In particular, the term specific refers to the fact that only certain abilities are compromised which prevent total self-sufficiency in learning (Cornoldi, 2007; Stella, 2004).

The evolutionary deficit is found in individuals whose intelligence is within the norm and who are educated; it does not concern skills lost because of traumatic events, but it concerns the lack of development of skills never acquired. Furthermore, such disorders are intrinsic to the individual and can show throughout his/her lifetime, as well as represent a potential element of vulnerability.

These disorders "...cannot be explained as intellectual disabilities, altered visual or auditory acuity, other mental or neurological disorders, psychosocial difficulties, [...] general delay in the development, movement disorders..." (American Psychiatric Association, 2014, p. 77, 80). Because of such peculiarities, SLD cannot be considered an illness, the result of various types of traumas, the reaction to unfavourable

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environment conditions, the result of incorrect didactics, the consequence of poor commitment from the individual or the result of psychological, behavioural, educational or relational problems.

“The specific learning disability is a disorder of the neurodevelopment of biological origin [...] which includes the interaction of genetic, epigenetic and environmental factors, which affect the ability of the brain to perceive and process verbal and non-verbal information in an efficient and precise manner...” (American Psychiatric Association, 2014, p. 79). In other words, the individual receives the information coming from the surrounding environment, but shows difficulties integrating, processing and filing it. This, in turns, causes an issue in the way this information is reproduced in the form of writing, reading or computing: that is, reading, writing and computing skills are compromised (American Psychiatric Association, 2014).

Apart from the specific cognitive difficulties that characterise the various learning disabilities, individuals with SLD can show a variety of problems associated to their disorder and the impact that such disorder has on their surrounds; among these:

- Psychological distress (Ryan, 2006; Gersten et al., 2006);
- High levels of anxiety and frustration towards academic tasks (Sawyer et al., 1996; Dyson, 1996; Maag and Reid, 2006; Mahmoud and Saber, 2004; Pattison, 2005);
- Learned helplessness, bad self-esteem, lack of motivation at school and poor self-efficacy (Bender, 2008; Elliott, 2000; Hallahan et al., 2009; Lackaye and Margalit, 2006; Gans et al., 2003; Ghisi et al., 2016);
- Low self-esteem deriving from various school-related failures and frequent rejections from their peers (Bear et al., 2006; Swanson et al. 2006; Tarver-Behring and Spagna, 2004);
- Internalising problems (anxiety, depression, withdrawal from society etc.) and externalising problems (aggression, anger, behavioural problems, etc.) (Halonen et al., 2006);
- Socio-emotional and behavioural difficulties (Bryan et al., 2004; Mugnaini et al., 2009);
- Inadequate social skills and relationship problems (Tarabia and Abu-Rabia, 2016; Panicker and Chelliah, 2016; Leichtentritt and Shechtman, 2010).

These situations cause a condition of deep suffering, which along with the poor knowledge of the problem and the lacking perception of control over events, can trigger inadequate coping strategies when facing situations that are perceived as problematic and/or stressful.

There exist many studies on this topic, which have focused their attention on adolescents and university students with SLD. These studies have highlighted that such individuals see themselves as less competent, both academically and socially, due to their cognitive, behavioural and social disorders. This means that they show greater difficulty in adapting socially and seem incapable to show adaptive coping mechanisms in comparison to their peers without SLD (Shulman et al., 1994; Cheshire and Cambell, 1997; Shessel and Reiff, 1999; Firth et al., 2008; Givon and Court, 2010).

Based on these assumptions it is possible to speculate that also children with SLD can show a deficiency in the skills needed to approach a problem, evaluate it and identify multiple and different strategies to solve it (Singer, 2005; Pavri and Monda-Amaya, 2010). This is because of lacking social skills, which could affect both interpersonal and intra-personal relationships. In particular, the tendency these individuals have to be pessimistic towards future successes could lead them to withdraw from difficult situations (i.e. Forness and Kavale, 1996; Pavri and Monda-Amaya, 2010).

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