

**“DEEP DOWN AND VERY SUPERFICIAL”:
AN INVESTIGATION OF SELF-CONCEPT IN CHILDREN WITH LEARNING
DIFFICULTIES.**

Melanie Smith

**A research report submitted to the Faculty of Education, University of
Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the
degree of Master of Education (Psychology in Education).**

**Johannesburg,
April 2007**

Abstract

Many researchers have suggested that there is a need for further research with regard to learning disabled (LD) children and their self-concept. In particular, the non-academic or social components of the LD's children's self-concept have not been sufficiently researched. Additional research on the self-concept of LD children is even more necessary in South Africa at this moment, as the implementation of the inclusion of LD children into mainstream schools is taking place. This research report examines how Vygotsky's (1993) Theory of Disontogenesis in child development can advance the understanding of how LD children's self-concept develops. Learning disabled children's self-concepts were assessed using both qualitative projective methods and standardized tests in order to investigate the utility of a more holistic assessment of the child's self-concept, values, attributions and skills. Conclusions reached include that Vygotsky's Theory of Disontogenesis enhances understanding of child development in terms of LD and self-concept and that more holistic dynamic methods of assessment and remedial plans for interventions are needed.

Keywords

Vygotsky; Learning; Difficulty; Self-Concept; Self-Esteem; Disontogenesis;
Development; Child; Primary; Secondary; Disability;

Declaration

I declare that this research report is my own unaided work. It is submitted for the degree of Master of Education (coursework and research report) in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination in any other university.



Melanie Smith

24th Day of April 2007.

Dedication

I would like to dedicate this research report to my husband, whose patience and support were boundless; and to my mother, who encouraged me and supported me through all my studies. Lastly, I would like to mention my cats, who kept me company through the very long hours of reading and typing.

Acknowledgements

I would like to acknowledge my mentor and lecturer, Rashad Bagus, whose stimulating courses and conversations on Vygotsky inspired me during my MEd studies and the writing of this research report.

Contents

Introduction	p. 1
1. Literature Review	p. 3
1.1. Definitions of Self-Concept	p. 3
1.2. An Overview of Self-Concept Theories	p. 5
1.3. The Importance of a Positive Self-Concept	p. 9
1.4. Definitions of Learning Disability	p. 10
1.5. Theoretical Explanations of how Learning Disability and Self-Concept Interact	p. 13
2. Theoretical Framework: Vygotsky's Theory of Development and Disontogenesis	p. 15
2.1. Vygotsky's Theory of Development	p. 15
2.2. Learning Precedes Development	p. 16
2.3. Two Lines of Development	p. 16
2.4. Psychological Tools	p. 17
2.5. Learning takes place through Internalization and Imitation	p. 17
2.6. The Role of the Zone of Proximal Development (ZPD) in Child Development	p. 18
2.7. The Role of the Collective in Development	p. 21
2.8. Vygotsky's Theory of Disontogenesis	p. 21
2.9. The Importance of Socio-cultural Influences	p. 24
2.10. Primary and Secondary Disabilities	p. 25
2.11. A Qualitatively Different Development	p. 27
2.12. The Role of Compensation in the Development of a Disabled Child	p. 28
2.13. A Positive Differential Approach	p. 30
2.14. Vygotsky's Criticisms of the Psychometric Approach	p. 31
2.15. A More Qualitative Approach to Understanding and Diagnosing Children	p. 32
2.16. Vygotsky's Ideas about Remediation and Education of LD Children	p. 34

2.17.	Applicability of Vygotsky's Theory to the South African Context	p. 36
3.	Research Design, Methods of Analysis and Ethical Considerations	p. 37
3.1.	Aims	p. 37
3.2.	Research Design	p. 39
3.3.	Research Methodology	p. 58
3.3.1.	Methods of Data Collection	p. 58
3.3.2.	Methods of Analysis	p. 59
3.4.	Ethical Considerations	p. 60
4.	Results	p. 62
4.1.	Qualifying Criteria in term of IQ Scores, Scholastic Test Scores and Age	p. 62
4.2.	Gender and Scholastic Test Results	p. 65
4.3.	Piers-Harris Children's Self-concept Scale (PHCSCS-2)	p. 68
4.4.	Positive and Negative Labelling	p. 74
4.5.	Importance Ratings	p. 86
5.	Discussion of Results	p. 93
5.1.	Discussion of Results in Relation to Theories of Self-Concept	p. 102
6.	Conclusion	p. 105
6.1.	Limitations of the Study	p. 107
6.2.	Practical Implications	p. 108
6.3.	Suggestions for Future Research	p. 108

List of Tables

Table 1: IQ Scores	p. 62
Table 2: Average Mathematics and Reading Age Scores for Each Child	p. 63
Table 3: Differences between Each Child's Age and her Mathematics Age Score and Reading Age Score	p. 63
Table 4: Mean, Frequency and Variance of Mathematics Difference Scores	p. 64
Table 5: Mean, Frequency and Variance of Reading Difference Scores	p. 64
Table 6: Mean, Frequency and Variance of Mathematics Difference Scores for Female Subjects	p. 66
Table 7: Mean, Frequency and Variance of Mathematics Difference Scores for Male Subjects	p. 66
Table 8: Mean, Frequency and Variance of Reading Difference Scores for Female Subjects	p. 67
Table 9: Mean, Frequency and Variance of Reading Difference Scores for Male Subjects	p. 67
Table 10: PHCSCS-2 Scores for each child	p. 68
Table 11: Mean, Frequency and Variance of PHCSCS-2 Total T-Scores	p. 70
Table 12: Mean, Frequency and Variance of PHCSCS-2 Behavioural Adjustment T-Scores	p. 71
Table 13: Mean, Frequency and Variance of PHCSCS-2 Happiness and Satisfaction T-Scores	p. 71
Table 14: Mean, Frequency and Variance of PHCSCS-2 Physical Appearance and Attributes T-Scores	p. 72
Table 15: Mean, Frequency and Variance of PHCSCS-2 Intellectual and School Status T-Scores	p. 72
Table 16: Mean, Frequency and Variance of PHCSCS-2 Freedom from Anxiety T-Scores	p. 73
Table 17: Mean, Frequency and Variance of PHCSCS-2 Popularity T-Scores	p. 73
Table 18: Summary Table of Mean T-Scores for HSCSCS-2 domains	p. 74
Table 19: Number of Negative and Positive Labels Known by the Child,	

Used by Others to Describe the Child, and Used by the Child to Describe Herself	p. 74
Table 20: Difference between the Number of Positive and Negative Labels Known by the Child, Used by Others to Describe the Child, and Used by the Child to Describe Herself	p. 75
Table 21: Average Differences between the Positive and Negative Labels	p. 76
Table 22: A comparison of the Number of Negative Labels that the child reports others call her and the Self-Concept Scores the child obtained	p. 77
Table 23: A comparison of the Number of Negative Labels that the child reports others call her and the Self-Concept Scores the child obtained (where the projective indicator scores have been converted to percentages of the highest score obtained)	p. 78
Table 24: A comparison of the Projective Drawing Test and Projective Verbal Test Scores (where the low self-esteem indicator scores have been converted to percentages of the highest score obtained)	p. 79
Table 25: Importance that the Child perceives is placed on the 5 Things she reports that she is good at	p. 87
Table 26: Importance that the Child Perceives is placed on the 5 Things she reports that she is good at – Average Scores	p. 87
Table 27: Importance that the Child perceives is placed on the 5 Things she reports that she is not good at	p. 88
Table 28: Importance that the Child perceives is placed on the 5 Things she reports that she is not good at – Average scores	p. 88
Table 29: Average Importance Ratings for the things the child feels she is good at, compared to Self-Concept Scores	p. 89
Table 30: Average Importance Ratings for the things the child feels she is good at, compared to Self-Concept Scores	p. 90

List of Figures

Figure 1: PHCSCS-2 Scores for each child	p. 69
Figure 2: Scattergram of the Number of Negative Labels and the Total Self-Concept T-Score	p. 80
Figure 3: Scattergram of the Number of Negative Labels and the Intellectual and School Status Self-Concept T-Score	p. 80
Figure 4: Scattergram of the Number of Negative Labels and the Verbal and Drawing Projective Self-Esteem Scores	p. 81
Figure 5: Importance Ratings for the things the child is good at	
Figure 6: Scattergram of the Average Importance rating of each Child for the things she is good at in comparison with Self-Concept Total T-Scores	p. 90

List of Appendices

Appendix A: The Draw-A-Person Self-Concept Scale devised and validated by Bodwin and Bruck (1960, in Rosenbaum, 1989, p. 44)
Appendix B: Positive and Negative Labels Questionnaire
Appendix C: Importance Rating Scale for the things the child is good at and not good at
Appendix D: Letter requesting permission to conduct research at the school
Appendix E: Letter to Parents and consent form
Appendix F: Assent form for children participating in the study

Introduction

Many researchers (Kelly & Norwich, 2004; Chapman, 1998a; Elbaum & Vaughn, 2003; Gans, Kenny & Ghany, 2003; Renick & Harter, 1989) have suggested that there is a need for further research with regard to learning disabled (LD) children and their self-concept. In particular, the non-academic or social components of such children's self-concept have not been sufficiently researched (Durrant, Cunningham & Voelker, 1990).

Additional research on the self-concept of LD children is even more necessary in South Africa at this moment, as the implementation of the inclusion of LD children into mainstream schools is taking place. With the exception of a few researchers such as Pollard (2001) and Hartgill (2002), the self-concept of LD children in South African classrooms has not been researched sufficiently (Hartgill, 2002).

In addition, most theoretical explanations of LD children's self-concept have not sufficiently looked at how Vygotsky's (1993) theories of child development and disontogenesis¹ can advance the understanding of how LD children's self-concept develop. This research will offer an alternative theoretical framework which will go beyond the common theoretical explanations of self-concept based on the individual child and explore the social and cultural dimensions of the development of LD children's self-concept.

This research report begins with a literature review, in which the various definitions of self-concept are discussed, as well as the reasons why there has been little consensus with regard to how to define self-concept. Part of the reason why there has been inconsistencies in definitions is the long history and diverse theories that have developed in the field of psychology with regard to self-esteem and self-concept. The next section in this chapter will provide an overview of the various self-concept theories as well as a discussion of the importance of a positive self-concept. The study of learning difficulties has also developed a range of different theories and definitions, depending on whether the researcher is approaching the concept of LD from a biological, cognitive, social or

¹ A less well known part of Vygotsky's (1993) general theory of child development is his theory of "disontogenesis" (distorted development) which occurs when a child with an organic disability is socialized.

conceptual perspective. The different definitions and understandings of LD are discussed next in this chapter, as well as theoretical explanations of how LD and self-concept interact.

The second chapter of this research report discusses Vygotsky's theory of child development and Disontogenesis and concludes with a delineation of the applicability of Vygotsky's theory to the South African context. The third chapter discusses the aims of this research study, the research design that was utilised, and includes a discussion of the various projective and standardized assessment instruments used in this study. The third chapter includes the methods of data collection and the methods of analysis that were applied in this research study and the ethical issues that were considered while conducting this research. The results of this research study are stated in chapter four. This research study is concluded with a discussion of the results and conclusion, which also discusses the limitations of this study and suggestions for further research that could add more value to the study of LD children from a Vygotskian perspective.

Chapter 1

1. Literature Review

Due to the fact that both the concepts of self-concept and learning difficulties have been theorised from a variety of perspectives, there is a wide disparity between the various definitions of these concepts and also very little consensus on how best to define these concepts. For this reason, this literature review will begin with a discussion of the definitions and theoretical understandings of self-concept, and will then also discuss the definitions of LD. This literature review concludes with a discussion of the theoretical explanations of how self-concept and learning are inter-related.

1.1. Definitions of Self-Concept

A review of the literature reveals little consensus with regard to definitions of "self-concept" except that it is a complex, multi-dimensional construct (Coopersmith, 1967; Lyons, 1989). One area of confusion is the distinction between self-concept and self-esteem. Some theorists state that these two concepts are interchangeable and refer to the same phenomenon (Byrne, 1996; Elbaum, 1999). Other theorists believe that self-esteem (also referred to as global self-worth or positive self-concept) is an evaluative sub-component of the larger notion of self-concept (Pollard, 2001; Byrne, 1996, Elbaum, 1999, Hartgill 2002). Branden (1983, in Pollard, 2001) describes this distinction:

Self-concept pertains to an individual's ideas and beliefs concerning ... her²
(real or imagined) traits and characteristics, liabilities and assets, limitations and
capabilities. As such, it is wider than self-esteem; it contains self-esteem as one
of its components. (p. 6)

This distinction has been likened to the difference between self-description and self-evaluation (Byrne, 1996).

For the purpose of this research report, the terms "self-concept" and "self-esteem" will be considered as equivalent since construct validity research has been unsuccessful in providing empirical evidence of a distinction (Byrne, 1996). This failure to provide

² In this research report, I have referred to the feminine gender in order to facilitate ease of reading as well as for convenience. The references apply to both male and female children.

empirical evidence is attributed to the fact that most research makes use of self-report questionnaires which contain both descriptive and evaluative items, thus it is impossible to disentangle self-concept from self-esteem (Byrne, 1996; Piers, 1994 in Gans, Ghany & Kenny, 2003). This research report will make use of Hubner and Stanton's (1976, in Lyons, 1989) definition of self-concept:

A person's perceptions of him or herself. These perceptions are formed through one's experience with and interpretations of one's environment and are influenced especially by reinforcements, evaluations by significant others and one's attributions for one's own behaviour. (p. 29)

As "self-esteem is an evaluation of the self by the self", there is a cognitive element, where the individual must evaluate himself and his performance, and an affective element, where the individual experiences an emotional reaction to the evaluation (Pollard, 2001, p. 6).

Elbaum (1999) states that over the past 2 decades many researchers have demonstrated that "self-concept is far from a unitary construct" (p. 304). This has resulted in various multi-dimensional models being developed (Liu, Wang & Parkins, 2005). Harter's model (in Elbaum, 1999) conceptualizes self-concept as comprising scholastic competence, social acceptance, physical appearance, behavioural conduct as well as a separate global domain. In Marsh's model of self-concept (in Elbaum, 1999), academic self-concept is further subdivided into subjects such as English and Maths, and the non-academic self-concept is sub-divided into social, personal-emotional, and physical self-concepts. It is still being debated whether the global self-concept is a separate independent domain or sum of the perceptions in the various sub-domains of the self-concept (Elbaum, 1999). The Piers-Harris Children's Self-Concept Scale 2 (PHCSCS - 2) (which was utilised in this research study) would be consistent with the theory of the multi-dimensional nature of the self-concept. The PHCSCS - 2 consists of six subscales (namely Behaviour Adjustment, Intellectual and School Status, Physical Appearance and Attributes, Freedom from Anxiety, Popularity, and Happiness and Satisfaction) (Piers & Herzburg, 2005). The PHCSCS - 2 also contains a global self-concept score which is established on the basis of all the various subscale scores.

1.2. An Overview of Self-Concept Theories

Among the researchers who have studied the self-concept of learning disabled children, some have done this in a purely empirical manner with little emphasis on theoretical explanations (Gadeyne, Ghesquiere & Onghena, 2004; Colangelo, Kelly & Schrepfer, 1987), while others have looked at various theories of how self-concept develops in individuals, usually with some emphasis on how the individual compares herself to others (Renick & Harter, 1989; Singer 2005).

William James is credited by many researchers (e.g. Coopersmith, 1967; Harter, 1993; Bouchey & Harter, 2005) as the founder of self-concept theorising. In his work 'Principles of Psychology' published in 1890, James (in Coopersmith, 1967) wrote about three possible influences on self-esteem:

1. A person's human aspirations, where our achievement is measured against our aspirations and if there is a discrepancy then we regard ourselves poorly.
2. A person's own values, which means that our aspirations will be in areas that are considered personally important (although James does acknowledge that communal standards of success and status often play a large role)
3. The value a person places on his 'extensions of self', which James describes as a wife, children, house, job, ancestors, friends reputation and recognition from peers.

Harter (1993) states that James' most important contribution to the theorising of the self-concept is his idea that there is a global self-concept over and above more specific evaluations in particular areas of a person's life. The global self-concept relies on the importance that an individual person places on various ability domains. In other words, if the person is able to devalue areas that she is not competent in, then she will have a higher global self-concept.

The high self-esteem individual is able to discount the importance of domains in which he or she is not competent, whereas the low self-esteem individual appears unable to devalue success in domains of incompetence. (Harter, 1993, p. 89)

Another early self-concept theorist is Cooley (1902, in Harter, 1993) who postulated that the origins of self-esteem were primarily social in nature. Cooley adopted the mirror

metaphor, in that the opinions of significant others towards the self are important. Cooley (1902, in Harter, 1993) described this concept as the "looking-glass self" (p. 89). The individual compares herself to her social environment and the expectations of others when evaluating herself.

George Herbert Mead (1934, in Harter, 1993) elaborated on this theme, with his concept of the "generalized other", which represents the pooled or collective judgements of the significant others in a person's life (p. 89). Mead's interest in self-esteem originated from his concern with the process by which the individual integrates and becomes compatible with her social group. Mead (1934, in Coopersmith, 1967) theorised that a person "internalizes the ideas and attitudes expressed by the key figures in [her] life" and therefore "[s]he assumes the properties of a social object" (p. 31). According to Mead, if a person places a high value on herself, then there have been people in her life who have treated her with concern and respect. Therefore, "to Mead, no man [or woman] is an island in [their] self-appraisal" (Coopersmith, 1967, p. 31) and a person's social surroundings play a role in her self-esteem. The individual child compares herself to the expectations of key people in her social group, and in this way decides whether she should value herself or not.

Coopersmith (1967) further reviews three Neo-Freudians whose theories he considers important to the field of self-esteem studies. First, Harry Stack Sullivan (in Coopersmith, 1967) considered the awareness of other people as being important in the development of personality and self-concept. Sullivan theorised that a person continually guards against loss in self-esteem (and the resulting distress and anxiety), and it is how the person learns to diminish threats to the self-esteem that shapes his personality.

Second, Karen Horney (1945, in Coopersmith, 1967) gives form to what a person needs to guard against, and postulated that every person experiences basic anxiety caused by helplessness and isolation, most likely due to a disturbance in the relationship between parent and child. One method that a person may utilise in order to cope with basic anxiety is the formation of an idealised image of one's capacities and goals. In this way, a person may bolster her self-concept in order to cope with basic anxiety.

By contrast to Horney and Sullivan's ideas, Alfred Adler (1927, in Coopersmith, 1967) believed that low self-esteem was related to actual weakness, impairments and infirmities, consequently "feelings of inferiority may develop around certain organs or patterns of behaviour in which the individual is indeed inferior" (p. 33). Thus, as the child compares herself to her peers, she may find herself inferior in some area, and this produces feelings of inadequacy and insufficiency. Although Adler views the source of poor self-esteem as being a result of "organ inferiorities" (Coopersmith, 1967, p. 33), he does however acknowledge the social realm in that mitigating factors such as acceptance, support, encouragement of parents and immediate friends may help the child compensate for weaknesses and turn them into strengths.

Coopersmith (1967) describes the theorists Erich Fromm and Carl Rogers as "self-psychologists" and states that they were interested in self-esteem in terms of the individual's acceptance of her experiences and herself (p. 27). Fromm (in Coopersmith, 1967) emphasized the possible debilitating effects of social isolation, and believed that self-esteem is formed in social conditions that involved acceptance, respect, concern, freedom of expression and independence. Rogers (in Coopersmith, 1967) maintained that self-esteem is achieved through self acceptance and that harsh self judgement stems from a person's interaction with the family and social environment, and result in low self-worth and distress.

Coopersmith (1967) combined various ideas and theories about self-concept in his often quoted book "The Antecedents of Self-Esteem". Coopersmith (1967) defines self-esteem as the evaluative attitudes a person has towards herself, "and indicates the extent to which the individual believes [her]self to be capable, significant, successful and worthy" (p. 4 – 5). Therefore, a person evaluates whether her performance matches her aspirations, and if there is not a match, and she considers herself to be below average, then she may report feelings of guilt, shame and depression and view herself as unsuccessful and unworthy. Coopersmith (1967) suggests that a person may base her aspirations on what others are achieving and so if she perceives "below average performances ... in the majority of [her] experiences, [s]he is unlikely to believe [s]he will lead the pack in future encounters" (p. 250). Coopersmith (1967) suggests that being raised under conditions of acceptance and respect, as well as having parents with high self-esteem can assist a child in maintaining high self-esteem.

By contrast, Erikson (1977) theorised that the developmental tasks and stresses of latency-age children (age 7 to adolescence) is orientated towards acquiring a sense of industry and fending off a sense of inferiority. Erikson (1977) describes this stage as “industry v. inferiority” (p. 232). This means that inferiority or a low self-concept could be viewed as a by-product of a lack of success in learning situations and below average performance in academic tasks. “A child’s ego identity gains real strength only from wholehearted and consistent recognition of real accomplishment – i.e., of achievement that has meaning in culture” (p. 212). Thus, ego development requires successful achievement in a culturally meaningful area that is acknowledged by the child’s parents and community.

Many researchers have turned to Festinger’s Social Comparison Theory (1954, in Pollard, 2001) to explain the cognitive determinants of how a child’s self-concept develops. Singer (2005) states that “for pre-adolescent children, social comparisons and conforming to the norms of their peers are extremely important in the development of self-esteem” (p. 422). Thus, as differences between the self and others become significant, the child’s self-perceptions develop, and the child starts to consider herself as below average in some way (Renick & Harter, 1989). Bouchey and Harter (2005) have expanded these ideas of social comparison to include the child’s internalization of other’s beliefs about her. This symbolic interactionist theory emphasizes the child’s reflected appraisals of teachers and parents (Bouchey & Harter, 2005). Harter (1993) links Cooley’s and James’ ideas in that a person’s level of competence in areas deemed important by the person and society directly influences the amount of support she will receive from significant others. Therefore, parents and teachers are seen as the “socializers of achievement beliefs” which the child internalises (Bouchey & Harter, 2005, p. 673).

Although the above theories take into account some social aspects by incorporating some ideas about social comparison, and the internalisation of other’s opinions, the main focus is on the individual child and how she is below average in some way. This appears to pathologise the child, and the only role that is attributed to society is that of setting the standard to which the child compares herself. Most of the above theorists

mention that a negative self-concept can result from unfavourable comparisons to others, and that a positive self-concept is important to successfully functioning in society.

1.3. The Importance of a Positive Self-Concept

“A positive self-concept is important because how one perceives and values oneself determines to a large extent how one behaves, copes with life and manages one’s life” (Pollard, 2001, p. 7). According to Egan and Perry (1998, in Pollard, 2001), a poor self-concept may play a central role in causing a child to be victimised by peers, in that children who do not feel that they ‘fit in’ with their peer group are more likely to be anxious and respond submissively during conflict, and thus they are more likely to be bullied by peers. Coopersmith (1967) agrees that individuals who regard themselves negatively are more likely to be “intropunitive” and passive in adapting to environmental demands and pressures.

A positive self-concept has been related to students’ aspirations, completion of high school, and engagement with schooling (Marjoribanks & Mboya, 2001) as well as the tendency to seek stimulating and challenging activities and to cope better when faced with problems (Hartgill, 2002). In addition, people who tend to view themselves positively are more likely to be happier than those who do not (Elbaum, 1999), and once formed, “negative self-perceptions can be extremely resistant to change” (Elbaum, 1999, p. 304).

A low self-concept has been associated with many serious outcomes, such as inattentiveness (Singer, 2005), poor school performance (Elbaum & Vaughn, 2003), low motivation for school work (Singer, 2005), a higher risk of school drop out (Morrison et al, 1998; Elbaum & Vaughn, 2003; Singer, 2005, Gans, Kenny & Ghany, 2003), fear of failure, anxiety, low self-esteem (Singer, 2005; Gans, Kenny & Ghany, 2003), depression (Singer, 2005, Elbaum & Vaughn, 2003), higher levels of test anxiety (Swanson & Howell, 1996; Hartgill, 2002), involvement with drugs (Gans, Kenny & Ghany, 2003; Hartgill, 2002) poor peer relations, possibly involving bullying (Singer, 2005; Vaughn et al, 1992; Chapman, 1988b) and fewer friends (Vaughn et al, 1992; Gans, Kenny & Ghany, 2003). Research into low self-concepts among children has highlighted a low academic self-concept as a causal factor in the development of anti-social and disruptive behaviours (Pisecco et al, 2001; Hartgill, 2002).

Low general self-concept and particularly low academic self-concept has often been found in LD children (Singer, 2005). The following section focuses on the different definitions and explanations that have been proposed in the field of learning disabilities.

1.4. Definitions of Learning Disability

The study of learning disabilities (LD) is in a crisis according to Kavale and Forness (1995) in that “no other area of special education has ever been called on to answer questions about its very existence” (p. 1). These authors attribute this scepticism and the description of LD as a “phantom category” to the failure of LD researchers to reach consensus about the nature of LD and the inability to achieve agreement about how best to define LD (p. 1).

There have been a number of different explanations for LD which has led to many different definitions. Some researchers view LD as a defect of a biophysical origin, and thus focus on neurological dysfunction and ignore any environmental or social factors (Kavale & Forness, 1995). This disease model is used to try to find the sources of pathology, and the learning disorder is seen as intrinsic to the individual. Other researchers follow a similar idea in the form of a defect model, where the LD is a result of a deficiency or absence of an essential function, where the focus is usually on language processing problems (Kavale & Forness, 1995).

A third group of researchers have preferred to look at LD as emanating from a difference in basic abilities, which results in a mismatch between student and the educational environment (Kavale & Forness, 1995; Prescott, 2000; Levine, 2003). Levine (2003) has attempted to break down the LD ‘label’ into 8 systems of functioning in the brain including the “language system”, “motor system” and “social thinking system” (p. 10 – 11) and to “label the phenomenon rather than the child” (Prescott, 2000, p. 18). Levine (2003) further believes that all people experience some kind of neurodevelopmental dysfunction, and that LD children are “the owners of brains that somehow don’t mesh with demands that they come up against, requirements like the need to spell accurately, write legibly, read quickly, work efficiently, or recall multiplication facts automatically” (p. 14).

In a critique of the commonly held ideas about LD, Kavale and Forness (1995) point out that most of the definitions of LD include the following:

- LD is viewed within a medical model, where the child is seen as defective or lacking something.
- LD is caused (or associated with) neurological dysfunction.
- Academic problems in LD are related to psychological process disturbances (such as perceptual-motor functioning).
- LD is associated with academic failure.
- LD cannot be due primarily to other handicapping conditions.

Kavale and Forness (1995) contends that "there is little attention to environmental factors because of the strong belief, reinforced by the medical perspective, that LD is associated with neurological dysfunction" (p. 16) and thus there is an inherent primacy of the biological over the social and psychological explanations.

Brown and Campione (1986, in Kavale & Forness, 1995) have criticized LD models which focus on biological or processing problems, as the authors believe that it is more important to focus on the problem itself and how to remediate it, rather than the source of the problem. Thus, there exists a variety of definitions with very different focal points in terms of etiology, diagnosis and remediation.

The issue of defining LD is a highly controversial one (Durrant, Cunningham & Voelker, 1990; Vaughn, Haager, Hogan & Kouzekanani, 1992; Kavale & Forness, 1995; Fleming, 1997), particularly due to the wide variation in the criteria used to identify and diagnose LD students (Chapman, 1988b). Kavale and Forness (1995, in Fleming, 1997) reviewed 894 studies and could not find one single factor that was specific to all cases of LD, thus "no single area or pattern of deficits could be said to specify LD" (p. 231).

Some researchers suggest the use of discrepancy scores between the child's achievement and expected achievement based on his age as a defining criterion for LD (Reschly, 2005; Durrant, Cunningham & Voelker, 1990; Kavale & Forness, 1995; Gadeyne, Ghesquiere & Onghena, 2004; Gans, Kenny & Ghany, 2003). This can be problematic as a child may be demonstrating low achievement due to a "language-

different background, a culturally different background, or low intellectual ability” (Durrant, Cunningham & Voelker, 1990, p. 658). A further criticism of the use of discrepancy scores is that it involves waiting for the child to fail before diagnosis of LD can be made (Reschly, 2005).

Durrant, Cunningham and Voelker (1990) state that while acknowledging the difficulties inherent in defining LD, there are methodological and clinical advantages to using discrepancy (or deviation from expectancy) scores. This discrepancy approach “has been noted as virtually the only common sampling characteristic in research on learning disabilities” (Chapman, 1988a, p. 358).

Although the use of discrepancy scores is a common method of identifying LD children, it is not without problems. Thorndike (1963, in Kavale & Forness, 1995) points out that the less-than-perfect correlation between IQ and achievement introduces substantial error in prediction. In addition, there is the need to take into account the statistical phenomenon of regression towards the mean which means that a student's IQ score of 120 would not correlate with a z-score for reading of 120, but one would rather expect a z-score of 113 (Kavale & Forness, 1995).

The concept of LD has been associated with a wide range of deficits between expected achievement and actual achievement, however the most common areas found include reading and spelling difficulties (Kavale & Forness, 1995; Gadeyne, Ghesquiere & Onghena, 2004) and difficulty with mathematical calculations and concepts (Kavale & Forness, 1995; Gadeyne, Ghesquiere & Onghena, 2004; Gans, Kenny & Ghany, 2003). In addition to academic achievement, LD children also differ from non-LD peers on many personality variables considered important for school learning (Chapman, 1988a).

Pollard (2001) defines children with learning difficulties (LD) as those children who are “unable to read, write, spell, compute or comprehend spoken or written language at a level commensurate with their peers or their potential” (p. 5). In order to incorporate Pollard's (2001) suggestion of potential into my research of LD children, I have assessed the children's IQ scores (as obtained on the Senior South African Intelligence Scale – Revised) as well as discrepancy scores. Thus, children in this research study have been defined as LD if they have a discrepancy (of at least 1 year or 1 standard deviation)

between their academic achievement scores on reading or maths tests and what is expected for their age level, provided that they have the potential to reach their expected achievement scores (as shown by an IQ score above 85) (Vaughn, Haager, Hogan & Kouzekanani, 1992; Chapman, 1988a; Durrant, Cunningham & Voelker, 1990; Singer, 2005; Elbaum, 1999).

In my research, I have incorporated the commonly used exclusionary criteria that the LD is not due to physical or sensory handicaps (Vaughn, Haager, Hogan & Kouzekanani, 1992; Reschly, 2005), mental retardation, (Chapman, 1988b; Reschly, 2005) major environmental deprivation (Chapman, 1988b), major emotional disturbances (Chapman, 1988b) or lack of opportunity to learn (Fleming, 1997).

1.5. Theoretical Explanations of how Learning Disability and Self-Concept interact

Some researchers, such as Durrant, Cunningham and Voelker (1990) attribute a low self-concept in LD children to the fact that the child has experienced repeated school failures. Early failures lead to a lowered sense of competence, which contributes to lowered expectations for future success and reduced efforts, which leads to further failure (Durrant, Cunningham & Voelker, 1990; Chapman, 1988b). This cycle of failure, which is seen to be a product of the child, is seen to lead to less confidence, lower motivation and a lower academic self-concept (Gadeyne, Ghesquiere & Onghena, 2004).

If experiences in their learning histories lead LD children to believe that successful task outcomes are a relatively rare occurrence, then ongoing difficulty in learning will likely be viewed as consistent with past experience and self-perceptions of ability. (Chapman, 1988a, p. 363)

Thus, it may not just be a cycle of failure that contributes to LD children's low self-concept, but the actual attributions that the child makes to her failure may also be important. Chapman (1988b) found that negative perceptions of ability contributes to a self-concept decline, in that

LD children who doubt their intellectual abilities tend to blame academic failures on those abilities, consider their abilities to be relatively unchangeable, hold lower expectations for future achievement, and give up more readily in the face of difficulty. (p. 366)

Gans, Kenny and Ghany (2003) estimate that between 2% and 10% of the population are affected by learning disabilities. Learning disabled (LD) students often experience significant difficulty in school in terms of both academic performance and peer acceptance, and thus they are viewed as generally at risk for developing a low self-concept (Elbaum & Vaughn, 2003; Singer 2005; Morrison et al, 1988). Poor academic performance and consistent failure is associated with low self-concept in many areas of a child's development (Colangelo, Kelly & Schrepfer, 1987; Gans, Kenny & Ghany, 2003) and directly contributes to the development of anti-social behaviours (Pisecco, 2001). In fact, the "cycles of negative interactions between the child with LD and his or her environment can lead to serious psychosocial problems that endure into adult life" (Singer, 2005, p. 412).

This review of the literature concerning LD children's self-concept examines the wide differences between the various definitions of the concepts of self-concept and learning difficulties. In addition, there is also a variety of theoretical understandings of self-concept dating back to William James' writing in 1890, where the main consistency between the various theories is the idea social comparison plays a role in the development of a child's self-concept. In the next chapter, I would like to suggest that Vygotsky's Theory of Development and Disontogenesis (Vygotsky, 1983) can offer a deeper understanding of LD children's self-concept; of how a child's environment is not just a condition in which the development takes place, but is a source of development for the child.