7-1-1981

A study of the difference between maternal perception of the learning disabled child's self-concept as compared to the maternal perception of the normal sibling's self-concept

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A STUDY OF THE DIFFERENCE BETWEEN MATERNAL PERCEPTION OF THE LEARNING DISABLED CHILD'S SELF-CONCEPT AS COMPARED TO THE MATERNAL PERCEPTION OF THE NORMAL SIBLING'S SELF-CONCEPT

AN ABSTRACT
SUBMITTED TO THE FACULTY OF THE SCHOOL OF EDUCATION ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF SPECIALIST IN EDUCATION

BY
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JULY, 1981
AN ABSTRACT

Purpose of the Study

The purpose of this study was to determine if there is a significant difference between a mother's awareness of the self-concept of a learning disabled child and her awareness of the self-concept of a normal sibling. The study surveyed twenty-three mothers, their learning disabled, and normal children.

Findings

The Piers-Harris Children's Self-Concept Scale, 1969 edition, was used to obtain the data. The results of this study showed that there is a significant difference between a mother's awareness of the self-concept of a learning disabled child and her awareness of the self-concept of a normal sibling.

Conclusion

This study showed that mothers are more aware of their normal child's self-concept than they are aware of their learning disabled child's self-concept.
Implications

On the basis of the foregoing findings and conclusions, the following implications were drawn:

1. The results of this study indicated that a mother is more aware of her normal child's self-concept than of her learning disabled child's self-concept. This implies that a mother should be informed of the importance of how attitudes and parent-child interactions affect the perception of a learning disabled child's self-concept.

2. Basic in the life of a learning disabled child are maternal reactions. These reactions may negatively affect a child's self-concept and distort a mother's perception of her child's self-concept causing faulty relationships between mother and the child. The results of this study indicated that a mother is less aware of the learning disabled child's self-concept. This implies that educational counseling is needed in order to assist a mother in her dealings with the learning disabled child.

Recommendations

The summary, findings, conclusion, and implications gave bases for the following recommendations:

1. In order to inform the mothers about the importance of their role in self-concept development and the importance that attitudes play in maternal perception of the self-concept, it is recommended that programs, workshops, and conferences should be designed and implemented by local schools systems and communities.

2. Because of the various maternal reactions toward the learning disabled
child and the mother's distorted perceptions of the learning disabled child's self-concept, it is further recommended that parent counseling services should be made available by local and state agencies in the areas of learning disabilities.

3. It is also recommended that more research is needed in the area of maternal perception in order to provide a wider data base of knowledge. Perhaps the same type of study should be conducted utilizing a larger sample, another geographic area, a group of fathers and/or both parents.
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PATRICIA F. SMITH

ATLANTA UNIVERSITY
ATLANTA, GEORGIA
JULY, 1981
DEDICATION

This study is dedicated to my son, Patrick Michael Fletcher Smith, whose love, encouragement, support, and understanding was with me during this period. It is further dedicated to my mother, Lois Fletcher, and brother, John Fletcher, Jr., and the memory of my father, Mr. John Wesley Fletcher, Sr., and a special friend, Percy Bohles, who helped inspire me to pursue this endeavor.

P.F.S.
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ACKNOWLEDGEMENTS

This study proposes to survey an area that is most needed for both regular and special educators and looms high in my interest because of my friend, Dr. Anna Pearl Atkinson. I am grateful to members of my committee, Dr. Brenda Rogers, Dr. James Doyle, and Dr. Anna Pearl Atkinson. I am especially grateful to Dr. James Doyle. Without the guidance and support of these three individuals this would have been a most difficult task.

I wish to thank my many friends and colleagues for their support and encouragement, and Betty Herrmann for assisting in the final typing of this study. But, most of all, "Thank you, Father."

Patricia F. Smith
CHAPTER I

INTRODUCTION

Rationale

Public Law 94-142 (The Education of All Handicapped Children Act of 1974) reflects the combined efforts and attitudes of parents, teachers, psychologists, lobbyists and others who for years have advocated that children with special needs should be assured a free and appropriate public education in the same type of educational setting as that of children who are supposedly "normal" or without problems. Basically, this grew out of the fact that those individuals or groups who fought for the revised passage of the Law believed that how children are perceived by peers, parents and teachers directly impacts upon their self-concept and their level of performance.

Harold Love believes that parents' practices are shaped by the way in which they look at the "differences" of their children and as previously stated these practices could have a direct effect on the child's self-concept.¹

This study is concerned with a mother's perception of her child's self-concept as the basis for her interactions with her child. It is considered that mother's understanding of her

child's self-concept is critical to the way in which she will deal with the child. Piers has used parent's ability to predict a child's self-concept as a measure of understanding. This study takes the same approach and addresses itself to the question of whether mothers show greater awareness of normal children than they do of learning disabled children.

**Evolution of the Problem**

The current study became a concern of the investigator who works with learning disabled children and their normal siblings in a southeastern section of an inner urban community. The investigator noticed that the learning disabled children had negative attitudes toward themselves, and toward learning.

The investigator believes that the home offers the first set of experiences providing the child with many firsts in the acquisition of values. Thus, from the writer's observations and concerns in this area the problem evolved.

**Statement of the Problem**

This study was designed to determine if a mother shows a greater awareness of her learning disabled child's self-concept than of her normal child's self concept who is of the same sex and age range.

**Null Hypothesis**

There is no significant difference between a mother's awareness of her learning disabled child's self-concept and a
normal sibling's self-concept.

Limitations

This study was limited to a group of thirty mothers and their learning disabled and normal children, who resided in a southeastern section of an inner city community. It was further limited in that all siblings were males and ranged in age from nine to twelve years.

Purpose of the Study

The purpose of this study was to determine if there is no significant difference between a mother's awareness of the self-concept of a learning disabled child and her awareness of the self-concept of a normal sibling.

Procedural Steps Used

The following steps were employed in this study:

1. Current and related literature was reviewed.

2. Thirty mothers that had a learning disabled child and a normal child of the same sex and age range (9-12) were selected and contacted by the investigator and asked to participate in the study.

3. Upon agreement of the mothers, the Piers-Harris Children's Self-Concept Scale was administered to both siblings (normal and learning disabled) and then sent home by each child with a blank for the mother to complete on each child using specific directions given by the investigator.

4. Data was collected, tabulated and analyzed.

5. Findings, conclusions, implications and recommendations which emerged from the analysis and interpretation of the data were drawn.
Definition of Terms

The following definitions are given to provide an operational understanding of certain terms used in the study:

1. Learning Disability - A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia and developmental asphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardations, or of environmental, cultural, or economic disadvantage.

2. Self-Concept - The individual's perception of himself as a person, which includes his abilities, appearance, performance in his job, and other phases of daily activity.

3. Self-Esteem - The judgement and attitude an individual holds toward himself.

4. Self-Image - The perceptual component of self, the image one has of the impression he makes on others.

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5. Normal Child- A Child whose age, grade and age progress status or physical, mental, social and moral development is average or typical for his age.

6. Sibling-Children who are biologically defined as brother or sister, whether full or half.

Selection of Subjects

The subjects for the study were selected by the following procedures:

1. A composite list of 305 male elementary learning disabled students was obtained from the class rolls of learning disabled teachers who worked in the elementary schools in the southeastern section of an inner urban city. The students ranged in ages between nine and twelve years.

2. The names of those learning disabled students who had a mother and a normal male sibling, who had never been referred for special services, ranging in ages between nine and twelve years were obtained from this list. Forty-eight learning disabled students met this criteria.

3. From these forty-eight learning disabled students thirty learning disabled students were selected, therefore, thirty learning disabled students, their normal siblings, and their mothers were selected as subjects for this study.
CHAPTER II

REVIEW OF RELATED LITERATURE

A variety of books, journals and papers were reviewed as a means of surveying literature related to the area of maternal perception of the learning disabled and normal child's self-concept. An ERIC search and a review by the investigator showed that studies were limited in this area. Studies relating to parental attitudes and self-concept development of normal and handicapped children were examined. In addition, studies were also reviewed pertaining to the maternal correlates of children's self-concept and parental perception of self-concept.

The writer noted that the majority of the studies conducted during the 60's and 70's were with parents who resided in low socio-economic areas and that the parents studied were primarily mothers.

The literature relating to the topic under investigation is divided into three major categories: (1) Parental Perception and Attitudes of the Normal and Handicapped Child's Self-Concept, (2) Maternal Correlates of the Self-Concept and, (3) the Learning Disabled and Normal Child's Self-Concept.
Studies of attitudes toward the exceptional child have been conducted in recent years. In virtually all instances these studies have concerned attitudes toward specific exceptionalities. Several studies have focused on parental attitudes toward exceptional children.

Wetter indicated that the attitude of parents who have a child with a learning disorder is very different from that of a parent of a youngster who does not present such a problem. Parents of learning-disabled children exhibit attitudes of greater over-indulgence and over-protection. Bryant noted three frequent attitudes on the part of mothers toward their handicapped children's self-concept. The first attitude on the part of mothers who reject their child are unable to accept the child as a handicapped person. Complex love-hate and acceptance-rejection relationships were found among this group. Rejected children not only have problems in adjusting to themselves and their disabilities, but they also have to contend with disturbed family relationships and emotional insecurity. Unfortunately, such children receive even less encouragement than the normal child and have to absorb more criticism of their behavior.


A second relationship involved mothers have over compensated in their reactions to their child and the disorder. They tend to be unrealistic, rigid, and over-protective. Often such parents try to compensate by being over-zealous, giving continuous instruction and training in the hope of establishing superior ability.\(^1\)

The third group consisted of mothers who accept their children along with their disorders. These mothers who accept their children along with special needs of their handicapped children while continuing to live a normal life and tending to family, home, civic and social obligations. The child's chances were best with parents who accepted both their child and defects.\(^2\)

The findings of Wetter indicate that parents of learning disabled children have three types of attitudes toward their handicapped children. These attitudes range from over indulgence and over protection to attitudes of acceptance of the handicapped child and his disorder. The literature further reveals that the complete range of attitudes does not exist in parents of normal children.

Several research studies have been conducted concerning parental attitudes toward the mentally retarded. Walterman contends that the greatest obstacle to parental acceptance of

\(^1\)Ibid., p. 326.
\(^2\)Ibid., p. 326.
the mentally retarded child is the psychological threat to the parent. It is seldom ever mentioned by the parent, but it may be stated as he actually voices it, "I have created something defective. I am a failure." Walterman also declares that frequently we see the adoption of a martyr or chosen-people complex on the part of parents of retarded children. The parent verbally accepts the mental deficiency, seldom hesitates to talk about it, but ascribes it to an act of God. "Since it is God's will that a defective child has been placed with them, they feel that He has chosen them to do as much as possible for the child." Research further indicates that the acceptance or rejection of the child by the parent impacts on the child as well.

Grebler contended that the more difficulties parents face in accepting their mentally retarded child, the harder it will be for the child to accept himself and make social adjustment within his limited capacities. Several studies have been reported in the literature pertaining to parental attitudes which have utilized questionnaires, checklists, interviews and other

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2Ibid., p. 419.

tests and scales. In a 1972 study Piers looked at parents' ability to predict their children's self-concepts, and used this as a measure of "empathy," or "understanding."¹ She compared children between the ages of 8 and 14 who had been brought to a psychiatric clinic, and their parents, with "normal" children and parents in the same age range, and used the Piers-Harris Children's Self-Concept scale to assess the feelings of the children about themselves and parents' views of their children. Overall, they found many more between-group differences in parents' views of their children than in children's views of themselves. Mothers of "normal" children overestimated their child's self-esteem, whereas clinic mothers underestimated their child's self-esteem. Normal fathers showed the same overestimation as normal mothers, but clinic fathers predicted their children's level of self-esteem better than any other parent group, although they disagreed with their children about some of the different scale items. Piers also found that normal parents agreed with their child and with each other overwhelmingly better on the positive items, and the trend was in the other direction for clinic parents, especially clinic mothers. Pier's results raise a question as to whether clinic children are really more disturbed, on the average, than other children, or whether they are only perceived to be so by their mothers.

Khon, Bledsoe, and Wiggins, and Bilby considered parental evaluation as an important variable in shaping children's self-concept. In 1961 Khon studied the relationship between self-evaluation and evaluation by parents. He used both pre-adolescent (5th grade) and adolescent (12th grade) subjects and their parents, asking all subjects to describe the child on a self-esteem scale (apparently author-constructed). He found that with both pre-adolescents and adolescents, parental evaluations of their children were positively related to the children's levels of self-esteem.

Bledsoe and Wiggins administered Gordon's "How I see Myself" Scale and part of Offer's "Self-Image Questionnaire" to male and female ninth graders (an adaptation of Gordon's Scale entitled "How I See My Child") and their parents to examine congruence between adolescents' self-concepts and their parents' perceptions of their children's self-concepts. They found that parents perceived their adolescents more favorably than did the adolescents themselves; and that fathers and mothers perceived their children very similarly. They also found that adolescents who felt understood by their parents had higher levels of self-esteem than did adolescents who felt misunderstood.


Bilby, using behavior modification techniques and analyzing the parent-child interactions of 120-parent-child pairs found that evaluations by the parents are critical variables in shaping the learner's self-concept, (i.e., a child's view of competence as a learner of student).\(^1\) A good family relationship is important in the life of a retarded child. However, many studies revealed that the retarded child is rejected in a family situation.

Peck and Stephens studied the family relationship of ten mentally retarded children using *Rating Scale for Child Concept* by Worchel.\(^2\) They attempted to secure a measure of the acceptance-rejection pattern present in the parents of the mentally retarded child. During a home visit each parent was given a copy of Worchel's Scale and asked to rate his mentally retarded child. A rating was also filled out by the parent on the "normal" child in the family. It was assumed that the more negatively the parent rated the mentally retarded child, the greater was the rejection, and if the parent rated the mentally retarded child lower than the ratings given the "normal", "ideal", or "other" child, the parents' acceptance


of the mentally retarded child was less. The findings of this study indicated that the retarded child was less favorably rated in the area of personality than the "normal" or "ideal" child.

Several research studies have been conducted concerning the mothers of normal children and mothers of crippled children. Researchers have found that the mother whose child is physically handicapped has a tendency to overestimate the capacity of her child. Symonds in further investigations of this situation developed a rating scale which was designed to study the tendency of parents of cerebral palsied children. They reported that parents tend to overestimate the ultimate level of achievement of the child. The results showed that children who are physically and intellectually handicapped are more likely to be rated unrealistically than those who are less handicapped and that young children are rated more unrealistically than older children.

Maternal Correlates of the Self-Concept

The interplay between maternal self-esteem and the development of self-esteem in children has been a widely researched area producing conflicting results in regard to the "model" theory of self-concept development. It suggests that the child's self-concept is modeled after the images of significant

1Ibid., p. 483.
others in his environment. Research has generally supported the view that the child's level of self-esteem is closely related to the self-esteem of the mother, but some researchers have not substantiated this view, possibly because of the inadequacy of the instruments used to measure self-concept and self-esteem in children.

Several investigators have found high self-esteem in children to be related to the degree of maternal acceptance. Quadri and Kaleem studied the effects of maternal attitude (269 parents) on the personality adjustment and self-esteem of their children. Those mothers scoring high on acceptance had children who exhibited better adjustment and greater self-esteem in comparison to children of rejecting parents. Additionally, those children with over-protective mothers displayed lower levels of self-esteem. Quadri and Kaleem concluded that the maternal role is an important one in the personality adjustment and self-concept development of children.\(^1\) Gecas found that the self-concept of the child is more closely related to the mother's perception of the child than to the mother's self-concept. His findings seem to have significant implications for parental training, specifically for the manner in which parents relate to their children and the type of feedback the child receives about his or her worth as a person.\(^2\)

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Certain parental and personality factors have been correlated with self-concept development. Ricci, Miller and Atlas investigated the relationship of those factors to the self-concept development in the child.

Ricci set out to investigate the relationship of parental factors (childrearing attitudes, educational expectations for the child) and the personality factors (self-concept, body image, level of achievement, motivation, reaction to frustration) of the child's adjustment to first grade. His study included 89 first-graders, their mothers and their teachers. Ricci found that the child's self-image was the most consistent predictor of all criteria and that the most consistent variable related to school adjustment was the way the child perceived himself and his relationship to the teacher and the way the child felt the teacher perceived him.¹

Miller found a significant relationship between maternal empathy, genuineness, and positive regard toward the child and the child's level of self-esteem.² Atlas, in studying the influence of child-rearing practices on the child's self-concept found that high self-esteem in the child was related to maternal warmth and responsiveness, clearly defined boundaries


of acceptable behavior, a positive approach to discipline utilizing the concepts of praise and reward, consistency in child rearing practices, and the setting of high expectations for the child's behavior.¹

Schwartz undertook an ambitious study of self-concept correlates in pre-schoolers. From forty children, she isolated the nine with the highest self-concepts and the nine with the lowest self-concept. In the high self-concept group she found more girls than boys; most children were from a four-person family, had mothers who were exclusively homemakers, parents who were slightly younger than the median, and parents who participated much more actively in religious activities. Additionally, the following maternal correlates were identified for the high self-esteem group: (1) the mother's perception of the child as an individual in his own right, (2) high maternal self-esteem, (3) demonstration of warmth toward the child, (4) maternal satisfaction with her current status, and (5) an adequate emotional family climate. The children in the high self-esteem group were described as being outgoing, active, and aggressive in their interaction with their environment; whereas the low self-concept group were identified as shy, unassertive, and demonstrated feeding problems. From her study, Schwartz concluded that the nature of the parent-child interaction is the key to self-concept development in the child.

She also concluded that individual differences in basic personality attributes and self-concept are fairly well established by age five.¹

For years researchers have stressed the importance of the significant others in the child's self-concept development. The mother has been considered a most significant other in the child's self-concept development. One of the outstanding writers in the field of self-concept development was Coopersmith. Coopersmith stressed the function of mothers as significant in the child's self-concept development. The parents' role is defined as providing warmth, respectful treatment, and clearly defined limits. With specific reference to mothers, Coopersmith using an anxiety scale on mothers and their fifth and sixth grade children found that a mother's level of self-esteem an excellent predictor of her child's self-esteem. The correlation was found to be high and positive and established parental characteristics as antecedents of their children's self-concepts.²

A direct look at parent-child relationship and identification was investigated by Cass. Cass investigated the relation between mothers awareness of their daughters and the


identification of the daughters with their mothers. To measure identification she asked four different groups of mothers (two middle-class, two lower-class) to fill out a check list of favorite interests and activities. When the pattern of a daughter's check list was quite similar to her mother's, Cass considered her highly identified and vice versa. Mothers were also asked to predict how their daughters would fill in the check list. The more accurate the mother was about her daughter the more "aware" of her daughter she was considered to be.

A rather high relation was found between mothers' and daughters' awareness and identification for the two groups of middle class mothers of non-delinquent daughters (r = .59 and .48). For the two groups of lower class mothers and daughters there was a low relationship between the variables for lower class mothers and delinquent daughters; the correlation was only .11.

**The Learning Disabled Child and Normal Child's Self-Concept**

Another factor that may affect a mother's perception of her child's self-concept is the child's own self-concept. A learning disabled child may have a low self-concept because he has experienced many failures on tasks that his normal sibling has succeeded.

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2 Ibid., p. 103
Rapaport contrasted the ego development of the normal child as a result of both his inner feelings about his accomplishment and his awareness that those in his environment approve of him, develops feelings of self-worth and prideful identity. His feelings about his experiences in the world are positive for he establishes healthy identifications with his mother, father, and other key figures in his life. Ego functions, such as frustration, tolerance, and consideration for others are developed in a normal manner. He learns to interact successfully with other people in his environment.¹

In contrast the personality development of the child with learning disabilities does not follow such a pattern, according to Rapaport. Ego functions are adversely affected if the central nervous system is not intact and is not maturing in a normal manner.² A disturbance in such functions are motility and perception leads to an inadequate development of ego functions. The child's attempts at mastery of tasks lead to feeling of frustration, rather than feelings of accomplishment. Instead of building up self-esteem, his activities produce an attitude of self-derision. The child's responses of pride cause parents to experience feelings of anxiety and frustration and finally result in rejection or over protection.³

²Ibid., p. 243.
³Ibid., p. 244.
It can be predicted that poor self-concepts, implying as they so often do a lack of confidence in facing and mastering the environment, will accompany deficiency in one of the most vital of the child's areas of accomplishment—his performance in school.

Smith and Coleman collected self-concept, I. Q., academic achievement and family socioeconomic status (SES) data on 147 educationally handicapped children who were assigned to special resource classrooms: Low SES was associated with lower I. Q., test scores and somewhat lower academic achievement. Low SES, however was associated with higher self-concept, relative to middle and high SES children. Within the medium and low SES groups, a relative level of academic achievement was not relatively low academic achievement exhibited significantly depressed self-concept scores, relative to their high achievement counterparts.¹

The authors had predicted these results on the basis that parents from high SES levels expect their children to exhibit high achievement, like other children at this level. If a child from this group develops a learning problem which markedly affects his or her achievement, the lack of fulfillment of parental expectations is expected to affect the child's self-concept much more than in the case of a lower SES child, whose lack of achievement does not seem to be a concern to the parents.

Self-concept is a function not so much of absolute level of performance but a comparison of a relative group.¹

R. W. Black who worked with learning disabled children, found nonsignificant correlations with I. Q., and reading difficulties. High negative correlations were found with retardation on the WRAT. He also found, contrary to the data with normal children, significant negative correlations of self-concept with age and grade. Within his sample of learning disabled children with reading difficulties the retarded readers showed significantly lower self-concepts than did normal readers.²

Rogers, Coleman, Smith utilized social comparison theory to test the hypothesis that the relationship between academic achievement and self-concept can be best understood in terms of the child's achievement standing compared to that of classmates. This hypothesis was tested on a population of 159 academic under-achievers in special classrooms. Where the children's relative achievement within their own group was not considered, only math achievement was related to self-concept. The results were greatly enhanced when relative within-classroom achievement standing was considered, with both reading

¹Ibid., p. 51.

and math achievement significantly related to self-concept.¹

To test whether the learning disabled children who were mainstreamed for a part of a day improved in self-concept because of multiple reference groups or because of a perceived "success" experience Strang, Smith, and Roger conducted an experiment. Twenty mainstreamed children were randomly assigned to experimental and comparison groups. The experimental group received a manipulation which decreased self-regard, while those permitted unrestricted utilization of multiple comparative reference groups exhibited increase self-regard. Results suggest that while partial integration has positive results, sudden full day integration into regular classrooms might be seriously detrimental to the self-regard of the academically handicapped child. The results also suggest that self-concept scores are not an isolated phenomenon, but are related to the reference group with which children used to compare themselves.²

Among regular class children, the relationship between academic performance and self-concept is also well established. Purkey concluded that, "there is a persistent and significant


relationship between the self-concept and academic achievement in each grade level..." whether this holds true among learning disabled children is an empirical question.1

Summary of Review of Related Literature

The literature was reviewed to build a knowledge base for understanding a mother's perception of her normal and learning disabled child's self-concept and a mother's overall perception toward her handicapped child. The literature points out that there is a direct relationship between a mother's perception of her learning disabled child and normal child's self-concept. The literature reviewed indicates that mothers tend to overestimate the ability and expectations of their normal child's self-concept and underestimate the ability of their handicapped child.

The majority of researchers contend that parental attitudes may be the most significant influence in the development of the child's self-concept, and that these attitudes greatly influence a mother's perception of her child's self-concept.

CHAPTER III

RESEARCH METHODOLOGY

Introduction

An ex post facto comparative method of research was used. This method was used to acquire an accurate assessment of a mother's awareness of the self-concept of her learning disabled child compared with that of her normal child.

Selection of Subjects

The subjects for this study were selected by the following procedures:

1. A composite list of 305 male elementary learning disabled students was obtained from the class rolls of learning disabled teachers who worked in the elementary schools in the southeastern section of an inner urban city. The students ranged in ages between nine and twelve years.

2. The names of those learning disabled students who had a mother and a normal male sibling, who had never been referred for special services, and ranging in ages between nine and twelve years were obtained from the above list. Forty-eight learning disabled students met these criteria.

3. From these forty-eight learning disabled students thirty were randomly selected. Therefore, thirty learning
disabled students, their normal siblings, and their mothers were selected as the subjects for this study.

A letter was sent to each mother whose child's name was selected to participate in the study. (See Appendix.) The purpose of the letter was to obtain permission for the mother, the learning disabled child, and normal child to participate in the study. The letter further explained the procedures for their participation in the study. Only twenty-three mothers responded to the letter.

The investigator attempted to make personal contact with the seven mothers who did not respond. Four of the seven mothers indicated that they did not wish to have their children participate and three mothers could not be reached.

Due to a time factor, the investigator settled on the twenty-three mothers. All twenty-three learning disabled children and their normal siblings were males. All children were in grades three through seven. Twenty learning disabled children were black and two were white and so were their normal brothers. The economic status of the mothers ranged between six to thirteen thousand dollars annually. The educational levels of the mothers ranged from eleventh grade to junior college.

Instrument Employed in the Study

The Piers-Harris Children Self-Concept, 1969 edition, was utilized to assess the data needed to complete this study. The Piers-Harris Children's Self-Concept Scale
entitled, "The Way I Feel About Myself," is a quickly completed (15-20 minutes) self-report instrument designed for children over a wide range. Administered in group form, it requires approximately a third grade reading knowledge. It can be administered and scored by responsible, educated non-psychologists. The wide range scale consists of 80 items in which a "yes" or "no" answer is given. The items, developed from Jersild's (1952) collection of children's reports on what they liked about themselves, were written as simple declarative statements, phrased positively or negatively. The scale has six interpretable factors: (1) behavior, (2) intellectual and school status, (3) physical appearance and attributes, (4) anxiety, (5) popularity, and (6) happiness and satisfaction.

Each scale was administered to each learning disabled and normal child utilizing the directions in the test manual. The mothers received two scales, one for the learning disabled child and one for the normal child. Specific directions were given to the mothers: "Please answer these questions the way you think each child answered them, not as you feel."

**Statistical Treatment of Data**

The level of agreement of the mother's responses with her learning disabled and normal child's responses was determined first. The t-Test was applied to determine the
significance of the difference between the mean agreement level for the learning disabled child as compared to the normal sibling.
CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

Introduction

The purpose of this study was to determine if there was a significant difference between a mother's awareness of the self-concept of her learning disabled child and her awareness of the self-concept of her normal child. The data obtained were collected from the Piers-Harris Children's Self-Concept Scale, 1969 edition. The data were analyzed using the t-Test.

Analysis of Subjects' Responses

The raw scores for each child and his mother are listed in Table 1. Column one shows the raw score for each learning disabled child's self-concept. The mean score for the learning disabled child is 49.56. Column three shows the raw score for each normal child's self-concept. The mean score for the normal child is 63.52. The mean of the learning disabled child's self-concept is lower than the normal sibling's self-concept.

Column two shows the raw scores for the level of agreement between the learning disabled child and the mother. The mean score for the learning disabled child and
mother is 46.00. Column four shows the raw scores for the level of agreement between the normal sibling and the mother. The mean score for the level of agreement between the normal sibling and mother is 60.78. The data show that the level of agreement was higher for the mother and her normal child than for the mother and her learning disabled child.

In table 2 the t-Test was applied to determine the significance of the difference between the means of the learning disabled child and the normal sibling's self-concept. The results indicated that the difference between the means of the two sets of scores was significant at the .01 level.

In order to test the null hypothesis of this study, the extent to which a mother's responses agreed with her child's responses to the eighty items on the Piers-Harris Scale, an actual measure of agreement was made. This measure of agreement was interpreted as a measure of the mother's awareness of her child's self-concept. The agreement scores of each child and mother are listed in Table 1. Column two contains the mother's agreement score for her learning disabled child while column four contains her agreement score for the normal child. The agreement score was computed by aggregating the total number of items on which the mother gave the same response as the child. The mean agreement score for the normal child was 60.78, whereas the mean agreement score for the learning disabled child was
46.00, indicating that the mothers had a greater awareness of their normal child's responses than their learning disabled child's responses.

The t-test was applied to determine the significance of the difference between the mean agreement scores for the two types of child. Table 3 displays these results indicating that the difference between the means was significant beyond the .0001 level. Therefore, the null hypothesis was rejected indicating that the mother was more aware of her normal child's self-concept than her learning disabled child's self-concept.
<table>
<thead>
<tr>
<th>Learning Disabled Child Self-Concept</th>
<th>Learning Disabled Mother’s Agreement</th>
<th>Normal Child’s Self-Concept</th>
<th>Normal Mother’s Agreement</th>
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<tr>
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<td>41</td>
<td>72</td>
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<tr>
<td>45</td>
<td>46</td>
<td>69</td>
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</table>

AVE. 49.56  46.00  63.52  60.78
**TABLE 2\[1pt\]**

*t*-TEST RESULTS FOR THE MEAN DIFFERENCE BETWEEN THE LEARNING DISABLED CHILDREN'S AND THE NORMAL SIBLING'S SELF-CONCEPT SCORES

<table>
<thead>
<tr>
<th>Child Type</th>
<th>N</th>
<th>MEAN</th>
<th>S.D.</th>
<th>MEAN DIFFERENCE</th>
<th>S. E. MEAN DIFFERENCE</th>
<th>t</th>
<th>P</th>
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<tr>
<td>LD</td>
<td>23</td>
<td>49.56</td>
<td>14.59</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.96</td>
<td>4.8</td>
<td>3.34</td>
<td>.01</td>
</tr>
<tr>
<td>NORMAL</td>
<td>23</td>
<td>65.52</td>
<td>13.32</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

**TABLE 3\[1pt\]**

*t*-TEST RESULTS FOR THE SIGNIFICANCE OF DIFFERENCE BETWEEN THE MEANS OF THE MOTHERS AGREEMENT SCORES

<table>
<thead>
<tr>
<th>GROUP</th>
<th>N</th>
<th>MEAN</th>
<th>S.D.</th>
<th>MEAN DIFFERENCE</th>
<th>S. E. MEAN DIFFERENCE</th>
<th>t</th>
<th>P</th>
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</thead>
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<tr>
<td>Mother-LD Child</td>
<td>23</td>
<td>46.00</td>
<td>8.48</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>14.78</td>
<td>3.20</td>
<td>4.615</td>
<td>.0001</td>
</tr>
<tr>
<td>Mother-Normal</td>
<td>23</td>
<td>60.78</td>
<td>12.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
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</table>
CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Recapitulation of Basic Elements of the Study

This study sought to identify from selected learning disabled students, from their normal siblings who were of the same age range and sex, and from their mothers if there was a significant difference of the mother's awareness and/or perception of her child's self-concept.

The instrument used to identify the differences was the Piers-Harris Children's Self-Concept Scale, 1969 edition. The instrument contained eighty (80) items in which all subjects responded "yes" or "no."

The subjects, chosen at random, were twenty-three learning disabled children, their normal siblings and their mothers. The findings from this study pointed out that the mothers were more aware of their normal child's self-concept than of their learning disabled child's self-concept. Therefore, the findings rejected the null hypothesis.

Conclusions

The analysis and interpretation of the data warranted the following conclusions according to the purpose of the study:
1. There is a significant difference between a mother's awareness of a learning disabled child's self-concept and that of her normal child's self-concept.

2. A mother is more aware of her normal child's self-concept than she is aware of the learning disabled child's self-concept.

Discussion

The Piers-Harris Scale is an appropriate measure for researching the problem under investigation. It was used to obtain the data from the twenty-three mothers, their learning disabled children, and normal siblings who were the subjects of this investigation.

While mothers were asked to rate the eighty questions on the Piers-Harris Children's Self-Concept Scale (The Way I Feel About Myself) as they felt their normal and learning disabled child answered the questions, their responses yield the level of awareness of that child's self-concept.

The investigator noted that the results in this study proved to be similar to those in the studies by Wetter whose findings showed that parents perceive their learning disabled children differently from their normal children.\(^1\) This study also affirmed findings by Bryant who showed that there is a difference in the behavior of parents among handicapped and normal children.\(^2\)

\(^1\)Wetter, p. 431.

\(^2\)Bryant, p. 332.
Gegas found that the self-concept of a child is more closely related to the parents' perception of the child than to the parents' self-concept. This study also affirmed, that the normal children in the study had a higher self-concept score on the Piers-Harris Scale than did the learning disabled children. According to the Piers-Harris norm, the learning disabled children scored at the 38th percentile while the normal children scored at the 77th percentile. It is worthy to note that the learning disabled subjects in this study scored slightly higher than the national norm on which the Piers-Harris scale was drawn.

This study reflects a great concern for several functions that should be included in parent training programs that deal with self-concept. As pointed out in the review of the literature and further supported by the findings of this study, parental perception impinges on the self-concept and development of children. What we perceive is a result of a complex sorting process that is a conglomerate of our experiences.

Often the most powerful influences on our perception are never realized. Any group of people, any society, represents various degrees of acceptance and rejection, likes and dislikes, pleasant memories and distasteful ones. These experiences help to provide the stimuli from which we develop a picture of "our reality."

1Gecas, p. 71.
There is a need for parents to understand the growth and the developmental needs as well as the characteristics of their children. This is especially true for parents who have children who have been diagnosed as learning disabled.

The review of the literature further indicates that there are a number of factors which contribute to one's self-concept and development. Parental attitudes and expectations, the environment, level of education, race, sex, number of siblings within the family, and other experiences have a direct effect on one's self-concept and development. This study and others help to substantiate the need for continued research in this area.

Implications

On the basis of the foregoing findings and conclusions, the following implications are drawn:

1. The results of this study indicated that a mother is more aware of her normal child's self-concept than of her learning disabled child's self-concept. This implies that a mother should be informed of the importance of how attitudes and parent-child interactions affect the perception of a learning disabled child's self-concept.

2. Basic in the life of a learning disabled child are maternal reactions. These reactions may negatively affect a child's self-concept and distort a mother's perception of her child's self-concept causing faulty relationships between a mother and the child. The results of this study indicated that a mother is less aware of the learning disabled child's self-concept. This implies that educational counseling is needed in order to assist a mother in
her dealings with the learning disabled child.

Recommendations

The summary, findings, conclusion, and implications gave bases for the following recommendations:

1. In order to inform the mothers about the importance of their role in self-concept development and the importance that attitudes play in maternal perception of the self-concept, it is recommended that programs, workshops, and conferences be designed and implemented by local school systems and communities.

2. Because of the various maternal reactions toward the learning disabled child and the mother's distorted perceptions of the learning disabled child's self-concept, it is further recommended that parent counseling services be made available by local and state agencies in areas of learning disabilities.

3. It is also recommended that more research be conducted in the area of maternal perception in order to provide a wider data base of knowledge. Perhaps, the same type of study should be conducted utilizing a larger sample, another geographic area, using a group of fathers and/or both parents.
THE PIERS-HARRIS
CHILDREN'S SELF CONCEPT SCALE
(The Way I Feel About Myself)

by
ELLEN V. PIERS, Ph.D.
and
DALE B. HARRIS, Ph.D.

Published by
Counselor Recordings and Tests

BOX 6184 ACKLEN STATION
NASHVILLE, TENNESSEE 37212
Here are a set of statements. Some of them are true of you and so you will circle the *yes*. Some are not true of you and so you will circle the *no*. Answer *every* question even if some are hard to decide, but do *not* circle both *yes* and *no*. Remember, circle the *yes* if the statement is generally like you, or circle the *no* if the statement is generally not like you. There are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

1. My classmates make fun of me ........................................ yes  no
2. I am a happy person .................................................... yes  no
3. It is hard for me to make friends ..................................... yes  no
4. I am often sad ............................................................. yes  no
5. I am smart ................................................................. yes  no
6. I am shy ..................................................................... yes  no
7. I get nervous when the teacher calls on me ........................... yes  no
8. My looks bother me ...................................................... yes  no
9. When I grow up, I will be an important person ...................... yes  no
10. I get worried when we have tests in school ........................... yes  no
11. I am unpopular .......................................................... yes  no
12. I am well behaved in school ............................................ yes  no
13. It is usually my fault when something goes wrong ................. yes  no
14. I cause trouble to my family ........................................... yes  no
15. I am strong ............................................................... yes  no
16. I have good ideas ........................................................ yes  no
17. I am an important member of my family .............................. yes  no
18. I usually want my own way ............................................. yes  no
19. I am good at making things with my hands .......................... yes  no
20. I give up easily ............................................................ yes  no
21. I am good in my school work ......................................................... yes  no
22. I do many bad things ................................................................. yes  no
23. I can draw well ................................................................. yes  no
24. I am good in music ................................................................. yes  no
25. I behave badly at home ................................................................. yes  no
26. I am slow in finishing my school work ................................................................. yes  no
27. I am an important member of my class ......................................................... yes  no
28. I am nervous ................................................................. yes  no
29. I have pretty eyes ................................................................. yes  no
30. I can give a good report in front of the class ......................................................... yes  no
31. In school I am a dreamer ................................................................. yes  no
32. I pick on my brother(s) and sister(s) ......................................................... yes  no
33. My friends like my ideas ................................................................. yes  no
34. I often get into trouble ................................................................. yes  no
35. I am obedient at home ................................................................. yes  no
36. I am lucky ................................................................. yes  no
37. I worry a lot ................................................................. yes  no
38. My parents expect too much of me ......................................................... yes  no
39. I like being the way I am ................................................................. yes  no
40. I feel left out of things ................................................................. yes  no
41. I have nice hair ............................................. yes no
42. I often volunteer in school ............................... yes no
43. I wish I were different .................................... yes no
44. I sleep well at night ....................................... yes no
45. I hate school ................................................ yes no
46. I am among the last to be chosen for games .... yes no
47. I am sick a lot .............................................. yes no
48. I am often mean to other people ....................... yes no
49. My classmates in school think I have good ideas yes no
50. I am unhappy ............................................... yes no
51. I have many friends ...................................... yes no
52. I am cheerful ............................................... yes no
53. I am dumb about most things ......................... yes no
54. I am good looking .......................................... yes no
55. I have lots of pep ......................................... yes no
56. I get into a lot of fights .................................. yes no
57. I am popular with boys .................................. yes no
58. People pick on me ........................................ yes no
59. My family is disappointed in me ...................... yes no
60. I have a pleasant face .................................... yes no
61. When I try to make something, everything seems to go wrong. yes no
62. I am picked on at home ................................................. yes no
63. I am a leader in games and sports .................................. yes no
64. I am clumsy ................................................................. yes no
65. In games and sports, I watch instead of play .................. yes no
66. I forget what I learn ...................................................... yes no
67. I am easy to get along with ............................................ yes no
68. I lose my temper easily .................................................. yes no
69. I am popular with girls ................................................. yes no
70. I am a good reader ........................................................ yes no
71. I would rather work alone than with a group .................... yes no
72. I like my brother (sister) ............................................... yes no
73. I have a good figure ...................................................... yes no
74. I am often afraid .......................................................... yes nc
75. I am always dropping or breaking things ....................... yes no
76. I can be trusted ............................................................ yes no
77. I am different from other people .................................... yes no
78. I think bad thoughts ..................................................... yes no
79. I cry easily ................................................................. yes no
80. I am a good person ....................................................... yes no
April 8, 1981

Dear Parent,

I am pursuing a specialist degree in education at Atlanta University. I need your cooperation in doing a research study of The Difference Between Maternal Perception of the Learning Disabled Child’s Self-Concept as Compared to the Maternal Perception of the Normal Sibling’s Self-Concept.

You and your children and have been selected to participate in the study. Please complete the necessary information and answer the questions the way that you think each of your children will answer the questions on the Piers-Harris Children’s Self-Concept Scale. When you complete this, return it to

Thank you very much for your participation. All information is confidential. You do not have to place your name on the two tests.

Sincerely,

Pat Smith

P. S. PLEASE REMEMBER TO ANSWER THE QUESTIONS THE WAY YOU THINK EACH CHILD WILL ANSWER THEM.
PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. **Race**
   
   ______ Black    ______ White    ______ Other (specify)__________

2. **Educational Level** (Grade Completed by Mother)
   
   ______ Elementary (K-7)
   ______ High School (Circle Highest Grade Finished) 8 9 10 11 12
   ______ Technical School (Check if Applies)
   ______ Business School
   ______ Junior College
   ______ College

3. **Annual Income** (Check one)
   
   ______ Below $6,000
   ______ 6,001 - 9,000
   ______ 9,001 - 13,000
   ______ Above 13,001

4. **Number of Children in Family** (Check)
   
   ______ 2    ______ 3    ______ 4 or more.
BIBLIOGRAPHY

Books


Periodicals and Journals


Dissertations and Papers


Government Document