INTERNATIONAL RESEARCH JOURNAL OF INDIA

ISSN 2454-8707 VOLUME-I,ISSUE-X, JUNE-2016 IMPACT FACTOR-1.3652 (JIIF)

ENABLING THE EMOTIONS OF CHILDREN WITH LEARNING DISABILITIES

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ABSTRACT:

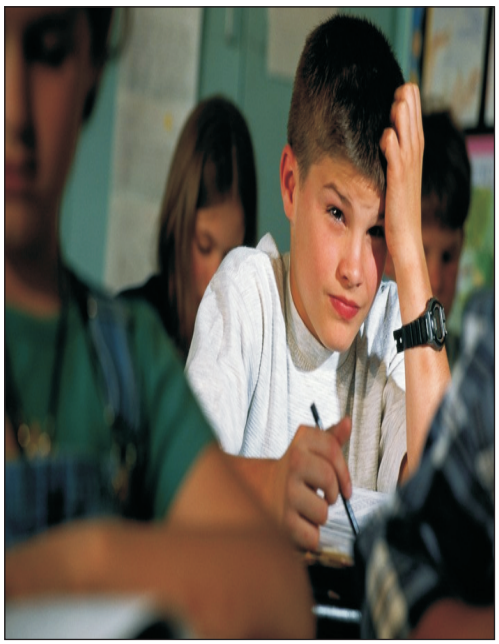
The overall development of children with learning disabilities (LDs) includes development of cognitive, emotion and motor skill abilities. Though curriculum focuses on all the noted areas of development, the emotional development is much more important to be understood and to deal with because enabling the emotions of children with LDs would enhance their progress in both academic as well as personal life. This paper focus on the neurological functions of the brain of a child with LDs and how to rewire the emotions to enable them attain their goals and needs of their life successfully.

KEYWORDS:

Emotions of Children, Learning Disabilities, Skill Abilities.

INTRODUCTION:

A learning disability is a neurological condition that interferes with an individual's ability to store, process, or produce information. It affects the process of reading, writing, arithmetic, socialization, attention and behaviour of an individual in the learning process. The ambitions, hopes, needs, likes, emotions or fears of individuals differ from one another according to their mental aspects like aspiration, perception etc., and their physical abilities and their environmental factors like place of living, family etc. Children with Learning Disabilities (LDs) share the same, but they may express or communicate in a different way. The cognitive factors, the emotional factors and the motor skills influence an individual in accomplishment of their aspiration in life. Every individual face problems and challenges in their goal attainment, children with LDs may face additional and more complex challenges. It includes emotional challenges like low self-esteem, poor interpersonal- skills etc and social challenges like dependence on close and caring people around them for decision making etc. This paper reviews the emotional factors that are associated with the neurological conditions of children with LDs and the educational suggestions and therapies to enable them a successful life.



NEUROLOGICAL FUNCTIONS OF THE CHILD WITH LDs

Researches suggest that in an individual how a brain works and how it processes informations contributes to causes for LDs, but LDs have no influence over the level of intelligence. The parts of the brain and its fuctions of a child with learning disability could be illustrated from the diagram below:

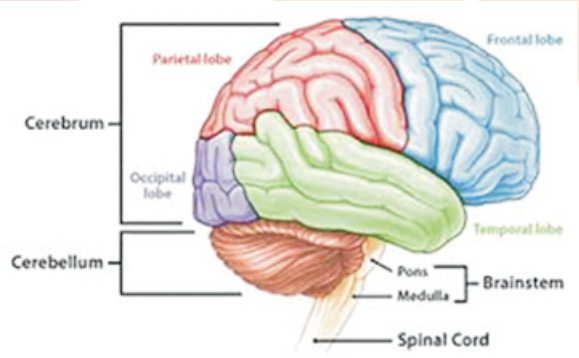


Figure 1: Parts of the Brain

I) FRONTAL LOBE-SELF-CONTROL & FOCUS

Frontal lobe of brain deals with behaviour, decision making and emotions. The brain of the child with LDs could have nerves connected differently, or organized poorly or don't signal properly. The area of that particular part may be smaller. The brain chemicals may not be used effectively.

II) LEFT TEMPORAL AND PARIETAL LOBES-READING

This part of the brain plays crucial role in matching sounds with symbols. Problems related with reading occur when their area of brain is interactive or if this part communicates less with other areas of the brain while reading.

III) CEREBELLUM - MOVEMENT AND BALANCE OF THE BODY

Co-ordination of movements including the fine motor skill needed to do things like writing or reading a bicycle is controlled by this brain. It also controls maintaining balance and posture.

IV) PARIETAL LOBES - ARITHMETIC'S

The parietal lobes of the right and left sides of the brain support math and computation. The less activation of this part of the brain leads to less communication with other parts involved with computation relates to math issues.

EMOTIONS OF CHILDREN WITH LDs

The vast majority of children with learning disabilities have some emotional and social problems associated with the learning difficulty (Abrams, 1986). The social and emotional development of a child plays a significant role in the cognitive development. Many researchers have suggested that learning disabilities may negatively affect a child's social or emotional functioning because the disabilities influence the child's ability to develop positive interpersonal relationships. General teachers consistently rated the social behaviour of students without disabilities as higher than that of students with learning disability (Saborine, 1994). Also teachers rated students with learning disabilities as behaving in less socially acceptable ways than their peers (Hiebert, 1982).

Deficits in cognitive processing, which are sufficient to cause major learning problems in academic areas, are probably sufficient to cause major learning problems in non academic areas as well (Blender & Wall, 1994). Emotional depression, anxiety, low self-esteem and poor interpersonal skills are the psychological factors that could be found among children with LDs. It is difficult to determine whether emotional disorders causes or worsens learning difficulties and put the children at risk or whether an overarching brain dysfunction increases the likelihood of both (Livingston,1985).

NEURONS AND LDs

Researches in neurosciences have suggested that the heart of an individual may have aesthetic connection with the emotions but it is the brain that controls the emotions. Functional MRI (fMRI) findings suggest that children with LDs process information differently from those without LDs. Frontal brain regions are more efficient in fluent readers compared to children who are beginning to read (Schlagger,2003). Many studies have revealed that the brain area involved in matching sounds and letters is compromised in children with dyslexia (Maisog, Einbinder & Eden, 2008). These smaller brain areas correlate with poorer performances on tests of reading achievement and rapid naming ability of letters, numbers and objects (Gabrieli, 2009). Children without LDs activate the frontal brain region more than dyslexic children (Schlagger et al., 2002). Children with LDs show more activity in the "wrong"

places of the brain.

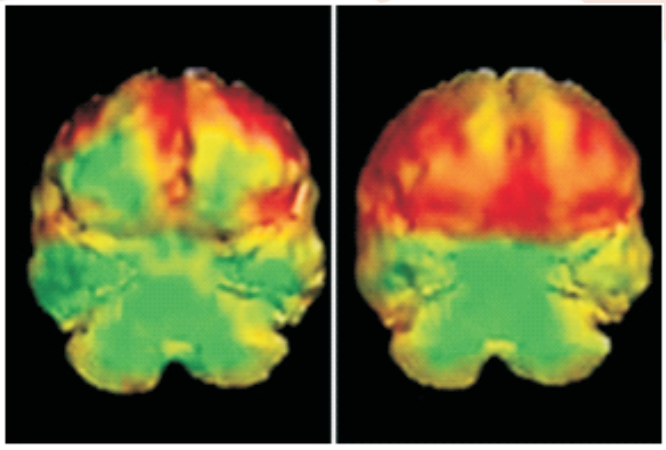


Figure 2: Donta Page's Brain scan

Donta Page's brain scan (left) shows the reduced functioning of the frontal cortex of a child with LDs, the area of the brain that helps regulate emotions and control impulses compared to a normal brain (right).

ENABLING THE EMOTIONS OF LDs THROUGH SCIENCE

The emerging new technologies and researches has contributed to the understanding of the neuron work of the brain and an important discovery "neuroplasticity" has given hope for the remediation of LDs. Neuroplasticity refers to the brain's natural ability to change. It's a lifelong process. It makes us know that, the brain is able to form new connections and generate new brain cells in response to experiences and learning. This discovery has taken the advantage of the brain's ability to change and led to emergence of new treatment for LDs. Innovative programs focusing on the strategies to exercise brain and to identify the strengths and weakness of cognitive areas as well as the emotional areas of the brain have been on process.

ENABLING THE EMOTIONS OF LDs THROUGH EDUCATION

Based on the suggestions of researches on neuroscience, educational practices should focus on the activation of the specific part that involves development of cognitive as well as factors like socio and emotional development. The Brain balance program based instructional strategies and inventions could be framed based on the activation of left hemisphere of the brain where as those with LDs found to be using right hemisphere. The brains' response towards the remediation should be understood before the implementation of productive instructional strategies for children with LDs. The focus on cognitive and emotional aspects could be enhanced by the role of Educational Therapists (ETs) and trained teachers with prior knowledge to LDs.

A) EDUCATIONAL THERAPISTS (ETs)

An educational therapist is a trained professional who understands an individual child's learning challenges, and the patterns and the behaviours of that particular child, developed to work around, or mask, his deficits. ETs professional background range from special education to speech and language therapy of psychology. They focus on cognitive as well as emotional factors involved in learning.

B) TEACHERS

T eachers should move beyond choosing teaching strategies based on personal philosophies. Neuroscience can help to choose and design more effective teaching models directed on development of emotions of LDs. Teachers have place priority on the diagnosis and remediation of learning disabilities (Hiebert, Wong & Hunter, 1982). Teachers could imply classroom interventions based on hints and suggestions evolved from neuroscience against the knowledge gained from cognitive psychology and educational research for a successful learning compromising all the domains.

CONCLUSION

Children with LDs need attention and interventions including the emotions along with the cognitive arena. The persons involved close around those children should know the emotional disorders and their neurological factors influencing their LD.

Enabling children with LDs as successful individuals throughout their life depends on the treatments based on scientific findings as well as classroom strategies like emotional training, social skill training that would enable them to overcome the challenges in school and at home.

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