



ADOLESCENT'S SELF-PERCEPTION AND UNDERSTANDING OF LEARNING DISABILITY: A QUALITATIVE STUDY FROM KERALA

***Sreeja PS**

**Assistant Professor,, Nehru Arts and Science College,, Coimbatore*

Received: 29/05/2025

Revised: 04/08/2025

Accepted:05/09/2025

Published:01/11/2025

ABSTRACT

This study explores how adolescents with learning disabilities understand and internalize their condition within the context of inclusive education. Focusing on qualitative data gathered from nine adolescents aged 13 to 16 in two private inclusive schools in Kerala, the study examines their personal awareness of their learning challenges and how these perceptions are shaped by interactions with parents and teachers. Although participants were aware of academic difficulties such as problems in reading, writing, or mathematics, most lacked a clear conceptual understanding of their disability. Their awareness largely stemmed from direct experience rather than formal explanation.

Parental understanding was often found to be superficial or misinformed, while teachers, though observant of classroom challenges, lacked adequate knowledge or training to address the needs of students with learning disabilities. This lack of informed support influenced how adolescents viewed themselves, often reinforcing feelings of inferiority and low self-worth. However, those who received consistent support through resource rooms or counseling exhibited more positive self-perception and gradual academic improvement. The findings emphasize the critical role of accurate knowledge and empathetic communication from adults in shaping an adolescent's understanding of their disability, which in turn affects their emotional well-being and academic self-concept.

Key Words – *Learning Disability, Adolescent Perception, Self-Concept, Inclusive Education, Parental Understanding, Teacher Awareness*

Adolescence is a pivotal period of identity formation and self-awareness, marked by heightened sensitivity to social

and academic feedback. For adolescents with learning disabilities—often invisible and misunderstood—this stage becomes



particularly complex. Learning disabilities affect key academic functions such as reading, writing, and arithmetic, yet are frequently diagnosed late and poorly understood by both the affected individuals and those around them.

Understanding one's disability is a critical step toward self-acceptance, effective coping, and academic resilience. However, adolescents with learning disabilities often possess only a vague or experiential understanding of their condition. Many recognize their struggles through repeated failures in reading, writing, or classroom participation, but cannot articulate the nature or cause of these difficulties.

The social environment, particularly the attitudes of parents and teachers, plays a significant role in shaping how adolescents perceive their disability. When these key adults lack awareness or hold misconceptions, it can lead to internalized stigma, reduced self-esteem, and emotional distress. Conversely, adolescents who receive accurate information and empathetic support tend to demonstrate better self-concept and academic motivation.

This study examines how adolescents with learning disabilities conceptualize their condition and explores the influences of family and school environments on this understanding. By centering adolescents' own voices, the research seeks to highlight the psychological and relational factors that shape their perceptions and contribute to either risk or resilience during this critical developmental phase.

Understanding how adolescents perceive and interpret their disabilities is crucial in exploring their self-concept,

emotional wellbeing, and overall adjustment. Several studies have examined adolescents' perspectives on their disabilities, particularly in relation to their self-understanding, self-esteem, and coping.

Brunnberg, Bostrom, and Berglund (2008) conducted a study in Sweden on hard of hearing adolescents with and without multiple disabilities. The findings revealed that adolescents with multiple disabilities reported lower wellbeing, higher rates of bullying, drug use, depression, irritation, headaches, and a low sense of coherence. This study emphasized that adolescents' self-reported health and emotional state varied according to the nature and number of disabilities they experienced.

Nishat (2010), in a study conducted in Allahabad, found that adolescents with physical and visual disabilities had lower self-concept compared to able-bodied peers. For physically disabled adolescents, factors such as gender, type of disability (congenital or acquired), and parental education significantly shaped self-concept. For visually disabled adolescents, social support—particularly from friends—was a strong predictor of their social, educational, and moral self-concept. This highlights the importance of social networks in shaping adolescents' perceptions of their disability.

Priyanka (2016) examined visually impaired adolescents in West Bengal and found differences based on gender and level of vision. Blind boys reported higher self-concept compared to low-vision boys, whereas low-vision girls reported higher self-concept than blind girls. Blind

adolescents also scored higher on dimensions such as anxiety, popularity, happiness, and satisfaction. The study demonstrates how self-concept and emotional intelligence differ across subgroups of visually impaired adolescents, reflecting their varied self-understandings.

Cosden et al. (1999) studied 95 students with learning disabilities and found that simply being informed about their disability did not increase self-esteem. Instead, adolescents' understanding of their disability was associated with perceptions of scholastic competence, while global self-esteem was linked to competence in non-academic domains. This underscores the nuanced relationship between self-awareness of disability and self-esteem.

Tabassam and Grainger (2002) compared students with learning disabilities (LD), those with both LD and ADHD, and typically achieving peers. Adolescents with LD and LD/ADHD reported significantly lower academic self-concept, academic self-efficacy, and attributional style than their peers. Additionally, the LD/ADHD group reported lower peer-relation self-concept. These findings suggest that adolescents' perceptions of their academic and social capabilities are negatively influenced by the presence of learning difficulties.

Long, MacBlain, and MacBlain (2007) compared dyslexic and language-impaired adolescents and highlighted that negative emotional experiences can reduce learning potential. They emphasized that when students are validated as individuals beyond their

disability, they demonstrate greater social, emotional, and academic self-efficacy. This shows that adolescents' lived experiences and sense of identity directly impact their learning and adjustment.

Majorano et al. (2016) investigated family and teacher relationships among adolescents with learning disabilities and found that they experienced higher levels of loneliness and lower self-concept compared to typically developing peers. For adolescents with LD, emotional autonomy was more strongly linked to self-concept, suggesting that their personal interpretations of independence and relationships play a key role in shaping self-perception.

Meltzer et al. (2001) found that adolescents with learning disabilities perceived themselves as motivated, hardworking, and academically competent, despite teachers rating them negatively. This difference illustrates the divergence between adolescents' self-perceptions and external judgments, highlighting the importance of their own understanding of disability.

Peleg (2009) examined Arab adolescents with learning disabilities and found that they reported higher levels of test anxiety and lower self-esteem compared to peers without disabilities. Their responses reveal how disability is directly associated with heightened psychological distress and reduced confidence.

Gallegos, Langley, and Villegas (2012), in a study of Mexican adolescents, found that those with learning disabilities were at higher risk for anxiety and



depression than their typically developing peers. While coping skills did not differ significantly, the adolescents' heightened emotional distress reflected their own perception of the challenges posed by learning difficulties.

Finally, Shifrer (2013) studied the effects of labeling and found that adolescents with learning disabilities often internalized stigma, which lowered their self-expectations. Teachers' and parents' reduced expectations reinforced this internalization, demonstrating how external labeling shapes adolescents' own understanding of their disability and potential.

The reviewed studies suggest that multiple factors, including type of disability, gender, family and peer support, and school environment, shape adolescents' understanding of their disability. Self-concept, self-esteem, and emotional well-being are central themes across these studies, with many adolescents reporting experiences of stigma, anxiety, and reduced self-efficacy. At the same time, some adolescents express resilience and positive self-concept despite negative external perceptions. These findings emphasize the importance of exploring adolescents' own perspectives to understand their lived experience with disability better.

METHOD

This study employed a qualitative research design within a constructivist paradigm to explore how adolescents with learning disabilities understand their condition and how their perceptions are influenced by social environments. The

approach centered the lived experiences of adolescents, with a focus on their self-concept and interactions with significant others, particularly parents and teachers.

Participants

The study was conducted in two private, inclusive schools located in Ernakulam district, Kerala. A total of nine adolescents aged between 13 and 16 years participated in the research. All participants had been formally identified with one or more learning disabilities (e.g., dyslexia, dyscalculia, dyspraxia) and were receiving support services through their schools' resource rooms. Efforts were made to ensure gender representation; the final sample included six males and three females.

Sampling Technique

A non-probability purposive sampling method was used to recruit participants. Adolescents were selected based on their formal diagnosis of learning disability, enrollment in an inclusive school setting, and willingness to participate. Parents and teachers of the adolescents were also included as key informants to provide contextual understanding.

Data Collection

In-depth interviews were conducted using a semi-structured interview guide tailored for adolescents with learning disabilities. Interviews focused on the adolescents' understanding of their disability, their academic experiences, peer relationships, and interactions with parents and teachers. Additional feedback was gathered from parents and teachers to triangulate data and



better understand the influences shaping adolescents' perceptions. All interviews were conducted in school settings to ensure participant comfort and accessibility.

Ethical Considerations

Verbal informed consent was obtained from all participants after explaining the purpose, process, and voluntary nature of the study. Parental and school-level permissions were also secured. Participants were assured of confidentiality and anonymity; pseudonyms were used in all transcripts and reports. Interviews were audio-recorded with consent, and all data were stored securely.

Data Analysis

Interview recordings were transcribed and analyzed thematically. Following Moustakas' (as cited in Creswell, 2013) approach to phenomenological analysis, significant statements were identified, coded, and grouped into thematic clusters. These themes were used to construct a composite description of adolescents' understanding of learning disabilities and the contextual factors influencing their perceptions.

Ethics

The interviews with the participants was undertaken after introducing and explaining the purpose of the study to them in which they were informed that they will be asked a series of questions about their life and experiences. The researcher had taken the verbal consent from them by reading the informed consent form.

The interview was conducted in an environment ensuring the comfort of the

participant. All the interviews were conducted in the school. The interviews of the parents and the teachers who were the key informants of the study were also conducted in the school. The participants were assured about the confidentiality of their information; they were told that the interview would be tape-recorded and their names and details would not be revealed at any point. Hence the names of the participants have been changed. It was assured that all of their information and interview responses will be kept confidential and that the researcher would not share their individual responses with anyone other than the research guide.

Experiences of the Researcher

The researcher had approached four schools at the beginning of the study, but was able to collect data only from two schools. Out of the four schools, one had asked the researcher to give an amount as a donation for conducting the study, and one of the schools had denied permission to conduct the study. The researcher hence decided to limit her study to two private schools in Kerala.

The researcher had to get permission from the director's office after which the principals of both schools were met. One school was located in urban area and the other in rural area. The principals of both schools and special educators were given details regarding the study. With the help of special educators collected a list of Adolescents with LD in the school. At first, the researcher was asked to interview each child in front of one of the special educators. Then the researcher had to convince the Principal to interview the child alone for so that the child feels free to open up. The researcher found it difficult to find a place to conduct the



interview. The researcher each time before conducting the interview had to seek permission from the Principal for getting a room for conducting the interview.

The Adolescents were cooperative and shared their perspective on their life with learning disability. They were ready to spend their free periods for participating in the study. Each person required a different approach in order to break the barrier and speak on a more personal level. The parents and the teachers of the adolescents were also interviewed as they were the key informants for the study. It was difficult for the researcher to take interview with the parents since in most of the cases both parents were working. The parents didn't want the researcher to meet them at home during holidays.

The experiences shared by each participant allowed the researcher to gain a broader understanding of the topic .It helped to know how individuals react to a particular situation in different ways. The ways they react is influenced by the environmental factors (Family,school etc.)Each interview contributed in deeper understanding and learning.

RESULTS

The findings reveal that adolescents with learning disabilities generally develop an awareness of their condition through their personal academic struggles rather than through formal diagnosis or explanation. Their understanding is experiential—shaped by repeated failures in reading, writing, and mathematics and often incomplete. Most participants could identify specific challenges they faced in school but could not articulate the nature of their learning disability in conceptual terms.

1. Awareness of Academic Difficulties

All participants were aware of the specific academic difficulties they faced. For example, several adolescents mentioned problems in spelling, reading, and performing arithmetic operations. Participants such as Aman and Dilhara referred to being “slow learners” or having “writing problems,” and others like Sara and Cristilla expressed a desire to hide their challenges from peers

2. Limited Conceptual Understanding of Disability

Although all participants recognized they had learning issues, only a few understood the term “learning disability.” Awareness was mostly based on classroom struggles or referral to a resource room. None of the adolescents used diagnostic terms like dyslexia or dyscalculia unless prompted, indicating a gap in formal disability education.

3. Parental Understanding and Its Influence

The understanding of learning disabilities among parents was often vague or inaccurate. Some parents attributed the difficulties to laziness or parenting styles, and only a few demonstrated clarity about their child's diagnosis. Adolescents frequently internalized these perceptions, influencing their self-esteem and emotional well-being.

4. Teacher Awareness and Attitude

Teachers, while able to recognize the presence of learning challenges, often lacked the knowledge or skills to provide targeted support. Some teachers labeled



students as “slow” or “underperforming,” further contributing to students’ negative self-perceptions. However, supportive teachers and access to resource rooms did positively affect self-confidence.

5. Gendered Experiences

Female participants expressed greater discomfort in openly acknowledging their disabilities. For instance, Cristilla viewed going to the resource room as shameful and was initially hesitant to participate in the study. Male participants, although also affected, were slightly more open in discussing their struggles.

DISCUSSION

The findings indicate that adolescents with learning disabilities (LD) have a partial awareness of their disabilities, often grounded in academic difficulties. While participants recognized their struggles in language, reading, and mathematics, they generally lacked a deeper understanding of the broader implications of LD. For many, the perception of their disability came more from lived academic struggles than from a formal explanation provided by adults or professionals.

Adolescents with multiple disabilities (e.g., dyslexia with ADHD or hearing impairment) experienced greater difficulty and were more likely to perceive themselves as disadvantaged in comparison to peers. This created a sense of inferiority and lowered expectations, further reinforced by limited understanding among parents and teachers. The adolescents’ identity formation—critical during this

developmental stage—was challenged not only by the disability but also by the stigmatized narratives around it.

Implications

The study underscores the necessity of enhancing awareness and understanding of LD among all stakeholders—students, parents, and teachers. Better-informed adolescents can develop positive self-concept and self-determination, leading to better educational and social outcomes. Furthermore, equipping educators and parents with accurate knowledge about LD is crucial. Their misperceptions were shown to negatively influence adolescents’ self-perception and access to support.

This calls for intervention programs aimed at:

1. Promoting adolescent self-awareness of their disability and strengths.
2. Providing training for parents and teachers to address misconceptions and enhance support systems.
3. Integrating inclusive educational practices that value diversity and encourage peer support.

Limitations

The study’s findings are based on a small, purposively selected sample (nine adolescents from two schools in Kerala), which limits generalizability. Further, the qualitative approach, while rich in depth, relies on self-reported experiences, which may be influenced by social desirability or memory recall. Additionally, parental and teacher perceptions were reported



indirectly, limiting a full triangulated understanding of their roles.

CONCLUSION

1. Adolescents with LD have varied understandings of their disabilities, often shaped by their academic experiences rather than formal knowledge.

2. Multiple disabilities create compounded academic and emotional challenges.

3. A significant influence on adolescents' perceptions comes from parents and teachers, who themselves often lack accurate understanding of LD.

4. Positive identity development in adolescents with LD requires informed and empathetic support systems.

Recommendations for Future Research

1. Broaden the sample size and include adolescents from different geographical and socio-economic contexts for greater generalizability.

2. Conduct longitudinal studies to observe how understanding of LD evolves over time and impacts long-term outcomes.

3. Include direct interviews with parents and teachers to enrich the data and validate adolescent perspectives.

4. Explore the effectiveness of interventions that enhance self-understanding, self-advocacy, and inclusive educational practices in improving outcomes for adolescents with LD.

REFERENCES

- Bandura, A., Markus, H., & Nurius, P. (as cited in Bong & Skaalvik, 2003). Persons who are otherwise similar experience differently about themselves. *Educational Psychology Review*.
- Dembo, T., Leviton, G. L., & Wright, B. A. (as cited in Rothman & Cosden, 1995). The Relationship between Self-Perception of a Learning Disability and Achievement, Self-Concept and Social Support. *Learning Disability Quarterly*, 18(3), 203–212.
- Erikson, E. H. (1963). *Youth: Change and challenge*. Basic Books.
- Field, S. (1996). Self-determination instructional strategies for youth with learning disabilities. *Journal of Learning Disabilities*, 29, 40–52.
- Hamman, D., & Hendricks, B. (2005). Erikson's stages of psychosocial development.
- Tomlan, D. (1985). Awareness and perception of one's self as learning disabled. Unpublished manuscript.
- Brunnberg, E., Boström, M. L., & Berglund, M. (2008). Self-rated health, bullying, mental health and school performance in hard-of-hearing adolescents. *Journal of Deaf Studies and Deaf Education*, 13(3), 324–335



- Cosden, M., Elliott, K., Noble, S., & Kelemen, E. (1999). Self-understanding and self-esteem in children with learning disabilities. *Learning Disability Quarterly*, 22(4), 279–290.
- Gallegos, J., Langley, A., & Villegas, D. (2012). Anxiety, depression, and coping skills among Mexican school children: A comparison of students with and without learning disabilities. *Learning Disability Quarterly*, 35(1), 54–61.
- Long, L., MacBlain, M., & MacBlain, S. (2007). Supporting students with dyslexia at the secondary level: An emotional model of literacy. *Journal of Adolescent & Adult Literacy*, 51(2), 124–134.
- Majorano, M., Brondino, M., Morelli, M., & Baiocco, R. (2016). Quality of relationships with parents and emotional autonomy in adolescents with learning disabilities. *Learning Disabilities Research & Practice*, 31(4), 204–212
- Meltzer, L., Roditi, B., Houser, R. F., & Perlman, M. (2001). Perceptions of academic strategies and competence in students with learning disabilities. *Journal of Learning Disabilities*, 34(5), 439–450.
- Nishat, A. (2010). A study of self-concept of adolescents with physical and visual disability (Unpublished doctoral dissertation). University of Allahabad, Uttar Pradesh, India.
- Peleg, O. (2009). Test anxiety, academic achievement, and self-esteem among Arab adolescents with and without learning disabilities. *Learning Disability Quarterly*, 32(1), 11–20
- Priyanka. (2016). A study on self-concept and emotional intelligence of visually impaired adolescents in West Bengal (Unpublished M.Phil. dissertation). University of Calcutta, West Bengal, India.
- Shifrer, D. (2013). Stigma of a label: Educational expectations for high school students labeled with learning disabilities. *Journal of Health and Social Behavior*, 54(4), 462–480.
- Tabassam, W., & Grainger, J. (2002). Self-concept, attributional style, and self-efficacy beliefs of students with learning disabilities with and without attention deficit hyperactivity disorder. *Learning Disability Quarterly*, 25(2), 141–151.