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An overview of research on counseling techniques or treatments used with learning disabled students who have self-esteem difficulties

Abstract

The importance of self-esteem in anyone's life, especially in a child's life, can hardly be overemphasized. Weinhold and Hilferty (1983) found that self-esteem, which had been verified in previous studies, is the mainspring that launches every child for success or failure as a human being. Because this sense of self-worth or lack thereof is manifested so early in life, and can have an effect on academic success, it is essential that school counselors learn how to nurture a child's sense of worth.

AN OVERVIEW OF RESEARCH ON COUNSELING TECHNIQUES
OR TREATMENTS USED WITH LEARNING DISABLED
STUDENTS WHO HAVE SELF-ESTEEM DIFFICULTIES

A Research Paper
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by
Susan Carlene Werner Bruce
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TECHNIQUES OR TREATMENTS USED WITH LEARNING DISABLED

STUDENTS WHO HAVE SELF-ESTEEM DIFFICULTIES

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Introduction

The importance of self-esteem in anyone's life, especially in a child's life, can hardly be overemphasized. Weinhold and Hilferty (1983) found that self-esteem, which had been verified in previous studies, is the mainspring that launches every child for success or failure as a human being. Because this sense of self-worth or lack thereof is manifested so early in life, and can have an effect on academic success, it is essential that school counselors learn how to nurture a child's sense of worth.

Many researchers have shown that there is a correlation between self-esteem, achievement and interpersonal relationships (Amerikaner & Summerlin, 1982; Watts & Cushion, 1982; Pottebaum, Keith & Ehly, 1986). This group believed that if self-esteem could be improved, improvement in achievement and interpersonal relations would follow.

Children identified as learning disabled (LD) often have concurrent emotional and interpersonal difficulties (Amerikaner & Summerlin, 1982; Pottebaum, Keith & Ehly, 1986). Often emotional and interpersonal difficulties arise due to frustration in academic areas (Amerikaner & Summerlin, 1982; Watts & Cushion, 1982). Because of many previous failures, the LD child often becomes self-depreciating (Painting, 1983).

Unfortunately, despite the fact that the LD child may suffer loss of self-esteem, the condition that accompanies the learning disability is dealt with in most schools rather than the cause of the disability (Johnson, Johnson, Olson & Newman, 1981). These writers believed this was probably due to the variance from student to student as to the cause of their disability and/or due to lack of knowledge of the precise cause of the learning disability within a particular student.

Currently, many learning disabled students carry the heavy burden of low self-esteem along with their other difficulties (Winne, Woodlands & Wong, 1982). Because achievement in some areas for LD students is blocked, frustration may set in causing difficulty with interpersonal relations which in turn may cause a lowered self-esteem. Conversely, the more a student's self-esteem improves, the better chance the student has for positive interpersonal relationships and improved achievements.

Because LD students' difficulties are so difficult to define, school counselors frequently are unsure how to best assist them. Therefore, it is important to determine which counseling techniques have shown positive results in improving the LD student's self-esteem.

The purpose of this study is to identify and summarize the research related to counseling techniques or treatments

used with learning disabled students who have self-esteem difficulties. Specifically, the following areas of techniques or treatments will be included: social skills training, relaxation training, hypnotherapy, and bibliotherapy. Before the counseling techniques and treatments are reviewed, a look at the various theories from which the counseling techniques and treatments are derived will be viewed. The purpose of discussing the theories behind self-esteem is to indicate the possible causes from which the development of self-esteem is derived or of causes which may prevent self-esteem development. Without the basic knowledge of self-esteem's foundation, techniques and treatment lose their significance.

The importance of this study is that if counselors are aware of how self-esteem, achievement and interpersonal relationships are interrelated, they may be more effective in working with LD students. By examining the research in this area, counselors could draw implications for their professional practices.

Definition of Terms

For the purpose of this study the following definitions will be used.

Self-Concept. Self-concept is defined as the overall view or attitude toward self.

Self-esteem. Self-esteem refers to the evaluative feelings within the self-concept.

Learning disability (LD). Established by Public Law 94:142, The Education for All Handicapped Children Act of 1975 (Federal Register 42, No. 163, Tuesday, August 23, 1977):

. . . 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 an 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 dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or for environmental, cultural, or economic disadvantaged (p. 42478).

A pronounced advancement on the subject of self-esteem came in the early twentieth century with Freud's theory of conflicting factions that existed in the unconscious (Freud, 1949). By studying individual development of human beings Freud developed the theory of psycho-analysis. Based on the

theory that the psyche (mental life) is made up of the brain (or nervous system) and the acts of consciousness, Freud believed that the psyche could be broken down into components which make up what he called a psychical apparatus.

In Freud's (1949) formulation, the oldest component of the psyche is the "id", which consists of everything that is present at birth or of that which is inherited. Commonly the id is referred to as instinct. When the external world is exposed to organs that stimulate the id, opposing action takes place. To control the counteraction between the external world and the id, a protective shield is formed. This shield, termed "ego" by Freud, is the second component of the psyche. Its purpose is to serve as intermediary between the ego and its overseer, the "superego." A child's fear of loss of love results from torments to the ego by the superego. This lowers the child's self-esteem. As long as there is balance between the id, ego and superego, harmony between the ego and superego can occur, causing increased self-esteem.

Some of Freud's followers also worked with understanding and explaining the origin of self-esteem (Coopersmith, 1967). One such Neo-Freudian was Alfred Adler (Corsini, 1984), who placed more emphasis on the importance of actual weaknesses and infirmities in producing low self-esteem than did other theorists (Coopersmith, 1967). According to Adler, the

general goal of man or woman is that of superiority (Adler, 1927). However, Adler believed that at a very early age the outside world puts limits on what it will allow. The goal of superiority and the reality of dependency on others causes an individual to develop a feeling of inferiority. Adler believed that conscious evolution of the feeling for the common concern for humanity combined with the conscious destruction of the will-to-power, constituted the only way to gain a reinforced sense of reality, which is the development of a feeling of responsibility. In order to develop the feeling of responsibility and to reinforce a sense of reality, exploration of the lowest common denominator, that of childhood, was necessary. Adler postulated that it is in the childhood period of development that the individual formulates his/her life-plan and sets his/her goals.

Besides Freud (1949) and Adler (1927), several other theorists have explored the issue of self-esteem. Coopersmith's (1967) study of self-esteem is one of the most widely known (Weinhold & Hilferty, 1983). Basically, Coopersmith's belief was that a high self-esteem grows from learned responsibility as opposed to low self-esteem, which is learned from helplessness.

According to Coopersmith (1967), determining to what degree a child possesses self-esteem can be accomplished through

observable behaviors. A child with high self-esteem (1) demonstrates assertive, vigorous social actions, (2) participates in interactions, (3) openly expresses opinions, even unpopular ideas, (4) presents ideas in a full and straightforward fashion, and (5) is not preoccupied with personal problems.

In conclusions somewhat similar to those of Coopersmith (1967), Martin and Coley (1984) found that people with positive self-concepts (self-knowledge of one's own strengths and weaknesses) tended to be more internally orientated, that they perceived themselves as having control or influence over their environments as opposed to lacking such control (externally oriented). The degree to which one possessed internal or external control was referred to as locus of control.

Even though the aforementioned theoretical positions on self-esteem differ to a certain extent, they all are methods of learning about an individual's sense of self (Corsini, 1984). Freud's formulation, for instance, hypothesized a balance between the id, ego and superego which could cause self-esteem to increase (Freud, 1947). Adler's (1927) theory was based on the belief that all experiences and reactions could only be understood if brought back to childhood where they were first established. Coopersmith (1967) also

suggested the need for the atmosphere to be conducive for change. In his theory, adult or parent acceptance, clearly defined limits, respect, and high self-esteem of an adult or parent make the creation of high self-esteem in a child more probable.

Other theorists have built on the work of Freud (1947), Adler (1927), and Coopersmith (1967). Biofeedback taught to LD students can teach them to control their internal state (Matthews, 1981) or in Freud's terminology, their id. Hypnotherapy, on the other hand, involves altering the belief system (Johnson, et al., 1981), a formulation which is similar in part to both the ego and superego of Freud's theory. Bibliotherapy refers to the development of a guided reading program to aid the person in understanding self and environment, learning from others and/or finding solutions to problems (Schrack, 1982). And, finally, "The Self-Esteem Matrix" (Weinhold & Hilferty, 1983) is similar to Coopersmith's (1967) theory in that it emphasizes the importance of creating an atmosphere in which the chances of self-esteem enhancement are increased.

With knowledge of the theories discussed above, a school counselor could have several bases from which to approach helping the LD student who experiences self-esteem difficulties. In treating a child with low self-esteem,

Coopersmith (1967) believed there were three areas of consideration. The first consideration or technique is that of conceptual analysis, which is composed of four major bases of esteem: the individual's sense of competence, significance, virtue, and power. For example, if one is a competent individual but doesn't believe he/she has power, significance or virtue, then his/her self-esteem may be hindered. Acknowledging and adjusting these bases as they harmonize rather than conflict may be one technique or source of treatment.

Coopersmith's (1967) second area of consideration is that of structure, which involves establishing clearly defined limits within which a child may live. Contrary to what many people believe, Coopersmith found that the greater the structure the higher the degree of self-esteem among children. A third technique he found beneficial was that of creating models of ideal behaviors with which the individual child could compare his/her behavior and learn new behaviors (Huey, 1983). In other words, observing others with high self-esteem could give the child an example to follow.

There are also other techniques that researchers have studied in an attempt to find an approach that could enhance the self-esteem of LD students. One such study was conducted by Amerikaner and Summerlin (1982), using group counseling

with LD children to determine if social skills training and relaxation training had an effect on the children's self-concepts and classroom behaviors. Of the three groups in Amerikaner's and Summerlin's study (the control, relaxation, and social skills groups), results showed that the relaxation group received lower "acting-out" scores ($p = .005$) than did other subjects. Also, the social skills training group received high social self-esteem scores ($p = .01$), but not higher scores on self-esteem in the personal and academic areas. The results for distractability were higher for the control group than for the relaxation and social skills group but were less significant ($p = .1$) than the "acting-out" scores and the social self-esteem scores.

Other methods of relaxation training, including biofeedback and hypnosis, have suggested more support for the idea that relaxation training can improve the self-esteem of children than was shown by the Amerikaner and Summerlin (1982) study (Matthews, 1981; Kater & Spire, 1975; Johnson, Johnson, Olson & Newman, 1981). "Biofeedback has been used to increase achievement of exceptional children" (Matthews, 1981, p. 13). The advantage of this control is that learning occurs in the presence of a fully attentive, attuned and stable inner state (Martin & Coley, 1984) where distractions are reduced to a minimum.

One method of achieving internal control is through thermal digital control (Matthews, 1985). Matthews' (1981) review indicated that LD children learned this technique more effectively than did "normal" children, but she did not specify the significance factor. She found that the internal state also could improve gross motor functioning (Kater & Spires, 1975). The main advantage of biofeedback lies in its efficiency, particularly in the speed during which an individual can learn to effect reactions (Kater & Spires, 1975). The aforementioned findings suggest that training in biofeedback and knowledge of the results of its usage could benefit the counselor's LD client.

Hypnotherapy, which involves the use of suggestion to alter directly the belief system (Kroger & Fezler, 1976) in a manner similar to Adler's theory of returning to the childhood where the belief system is first formed, has been found to improve the self-concept of LD students (Johnson, Johnson, Olson & Newman, 1981). They explored the effect of hypnotic training of groups and individuals on the academic performance and self-esteem of LD children and found that hypnotherapeutic treatment had no significant effect on academic performance. However, they found several significant multiple correlations in predicting change in self-esteem through hypnotherapeutic treatment. First, the self-esteem behavior change rated by

mothers and teachers correlated highly with the child's measured hypnotic susceptibility and the number of times the child practiced. However, the father's ratings of their particular child's self-esteem behavior change was more highly predicted by mother's and father's own hypnotic practice and also by the child factors of self-practice and hypnotic susceptibility (Kroger & Fezler, 1976), but to a lesser degree. Finally, child-reported improvement in self-esteem correlated with their own practice more than with their initial hypnotic susceptibility.

Another method of counseling reviewed by Schrank (1982) is that of bibliotherapy as used in the elementary schools. In bibliotherapy there are three processes which take place (Rubin, 1978). First, in the identification process the client perceives an affiliation between him/her self and the character in the story. The purpose of this process is to enlarge one's view of self or to reduce a sense of being different. In the second process, catharsis, the client shows motivational and conflicting characteristics and expresses the emotions of the character. By identifying with the character, hopefully the client will be able to see his/her own motivations or behaviors more clearly. The third process, insight, takes place when the client sees him/her self in the behaviors of the character in the story. An advantage of the

school counselor using bibliotherapy is that it can portray the child's problem without belittling the child (Rubin, 1978).

Also, according to Brown (1975), there are three goals for the use of bibliotherapy within the schools for developmental or preventative rather than for remedial counseling. These goals include education: for psychological maturity, for life adjustment and for character development.

Schrank (1982) also found that research on the use of bibliotherapy might be used in elementary schools to help children develop or change attitudes and to promote positive mental health. However, he also found that research on the use of bibliotherapy for improving self-concept, and for reducing fears or improving achievement was not as effective as it was for attitude change and for positive mental health.

One of the more recent tools developed which could be used by counselors working with LD children is that of "The Self-Esteem Matrix" (Weinhold & Hilferty, 1983). The Matrix is based on four skill areas believed necessary for individuals to develop and maintain high self-esteem. These areas are: (1) making meaningful contact with self and others (Coopersmith, 1967), (2) accepting differences in self and others (Coopersmith, 1967), (3) exercising influence over life space (Adler, 1927), and (4) maintaining a constant state of

identity (Freud, 1949). Using four key skills and four key settings, Weinhold and Hilferty developed the Matrix. Further testing has not been indicated. Reliability and validity testing have not been established due to the newness of the instrument.

Whether a professional counselor chooses one of these techniques over another is contingent on the counselor's theoretical base, knowledge of the counseling techniques available and the individual being counseled. Therefore, knowledge of differing theoretical bases as well as newly found counseling techniques or treatments are essential for a school counselor's work with LD children with self-esteem difficulties. Whatever technique or treatment is agreed upon, all techniques have two concerns in mind, that of helping the student feel loved and that of helping the student think well of him/herself.

Conclusions

The purpose of this study was to investigate counseling techniques that could improve the self-esteem of the LD student. From the review of literature, it becomes obvious that improving a child's self-esteem is a complex task. The complexity arises primarily for three reasons. First, there is great evidence that a child's self-esteem does not rest entirely on him/herself. There are a number of significant

people in a child's life who can affect his/her self-esteem (Freud, 1949; Coopersmith, 1967). Therefore, those significant people may need to be a part of treatment if the child's self-esteem is to be improved (Coopersmith, 1967; Johnson, Johnson, Olson & Newman, 1981).

The second area of difficulty in treating LD children with self-esteem difficulties arises from the lack of understanding of the complexity of a particular child's ability, itself. Many of the causes of learning disability are unknown. Much research is being conducted on the causes but much more needs to be done in order for effective treatment to take place.

And, finally, the difficulty of improving self-esteem is related to several factors, one of which is that there is no one counseling technique and/or tool that can completely alter a child's self-esteem in and of itself. Other variables include: differences in children, age, severity, type, and personality factors. Also, lack of ability to control the environment plays a part. Some people have, however, created an atmosphere in which the possibility of attaining high self-esteem existed.

Relaxation methods, specifically biofeedback and hypnotherapy, indicate improvement may be achieved in an individual's self-esteem by teaching him/her control of their

internal state (Matthews, 1981) and/or by altering their belief system (Johnson, Johnson, Olson & Newman, 1981). Biofeedback has indicated to be very effective with LD students. Hypnotherapy, as well, has indicated effectiveness with LD students. However, caution is indicated when working with hypnotherapy. Success claims in using hypnotherapy techniques are frequently exaggerated or sensationalized by non-professional practitioners. Yet, considering its successful use in fighting the detrimental effects of negative attitudes and lack of self-confidence, its potential deserves consideration by those who deal with children's problems (Johnson, Johnson, Olson & Newman, 1981).

In addition to the aforementioned relaxation techniques, teaching social skills and using bibliotherapy have been found to be beneficial in treating lowered self-esteem of learning disabled children. Social skills training resulted in improvement in individual's self-esteem within the social setting (Amerikaner & Summerlin, 1982). Bibliotherapy was found to have beneficial effects in three areas: for psychological maturity, for life adjustment, and for character development (Brown, 1975). However, bibliotherapy was less effective for improving self-concept than for attitude change and for positive mental health (Shrank, 1982).

While this study has not dealt enough with the importance of cooperative effort to form a conclusion, that other data lying outside the study supports the idea that improving a child's self-esteem, parents, teachers and other significant adults need to be involved in the treatment. By including these significant people, an atmosphere conducive for positive growth is more likely to occur. To help the individual fit comfortably in his/her environment, relaxation training, and social skills training are indicated to be beneficial interventions.

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