

**PSYCHOSOCIAL CORRELATES OF
LEARNING DISABILITY**

Thesis

submitted in partial fulfillment of the
award of the degree of

**DOCTOR OF PHILOSOPHY
IN
PSYCHOLOGY**

V A AJITHA

under the guidance of

DR SOUMYA STARLET C T



**POST-GRADUATE AND RESEARCH DEPARTMENT OF
PSYCHOLOGY**

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(Affiliated to the University of Calicut)

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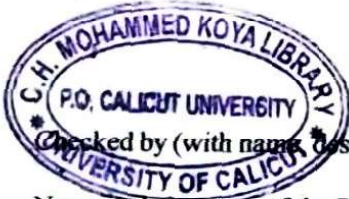
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D	Family Interaction Scale (FIS)
E	Peer Involvement Scale (PIS)
F	Student Teacher Relationship Scale (STRS)
G	Personal Data Sheet
H	Informed Consent Form
I	Research Ethical Committee Certificate
J	Publication

LIST OF ABBREVIATIONS

Sl No.	D.No .	TEMPERAMENT	Coding
1	1	Effortful control	TempEC
2	2	Surgency	TempS
3	3	Negative Affect	TempNA
4	4	Affiliation	TempAF
5	5	Total	TempTot
EMOTIONAL INTELLIGENCE			
6	1	Self-awareness	EISA
7	2	Problem solving	EIPS
8	3	Optimism	EIO
9	4	Relationship Management	EIRM
10	5	Total	EITot
COPING SKILLS			
11	1	Problem solving	CoPS
12	2	Cognitive Restructuring	CoCR
13	3	Express Emotions	CoEE
14	4	Social Contact	CoSco
15	5	Problem Avoidance	CoPA
16	6	Wishful Thinking	CoWT
17	7	Self-Criticism	CoSC
18	8	Social Withdrawal	CoSW
19	9	Total	CoTot
FAMILY INTERACTION			
20	1	Independence	FamII
21	2	Cohesion	FamICoh
22	3	Achievement Orientation	FamIAO
23	4	Intellectual Orientation	FamIIO
24	5	Conflict	FamICon
25	6	Social Orientation	FamISO
26	7	Ethical Emphasis	FamIEE
27	8	Discipline	FamID
28	9	Total	FamITot
PEER INVOLVEMENT			
29	1	Social Interaction	PeerISI
30	2	Peer Acceptance	PeerIPA
31	3	Peer Pressure	PeerIPP
32	4	Total	PeerITot
STUDENT TEACHER RELATIONSHIP			
33	1	Teacher Support	STRTeSu
34	2	Intimacy	STRIn
35	3	Teacher Quality	STRTQu
36	4	Total	STRTot

ABSTRACT

Learning disabilities (LD) are diverse issues that include cognitive, emotional, and social factors. This study investigated the complex interaction between psychosocial correlates and LD, concentrating on temperament, coping skills, emotional intelligence, and social relationships in familial, peer, and educational settings. Understanding these psychosocial interactions is crucial for establishing comprehensive approaches that correspond to the different needs of adolescents with LD. This study, utilizing a sample of adolescents with LD, adopts a quantitative method to analyze the intricate links between psychological characteristics and social relationships.

Quantitative correlational assessments analyze temperament traits, coping mechanisms, and degrees of emotional intelligence, as well as their link to specified social variables such as family dynamics, peer interactions, and student-teacher relationships. The Emotional Intelligence Scale and Student Teacher Relationship Scale were designed and standardized for adolescents with LD, and reliability and validity were also ensured. Adolescents with LD may benefit from English tools that have been translated into Malayalam. Author permission was obtained before tool utilization. The research methodology encompassed three phases: initial exploration of significant psychological and social variables, identification and adaptation of measurement instruments, and thorough examination of study samples.

Findings revealed stark differences in temperament, coping strategies, and emotional intelligence between adolescents with and without LD, shedding light on the complex interplay of psychological correlates affecting their social and academic experiences. They showed different behavioral patterns, emotional reactivity, struggled with emotional regulation, shyness, distress, low social affiliation, exhibited limitations in identifying and modifying cognitive patterns, expressing emotions, and seeking social support, contributing to their heightened vulnerability to stress and negative experiences. Low Emotional intelligence, made them struggle to comprehend their own emotions, difficulty in building trusting relationships and navigating social interactions effectively.

The preliminary findings indicate a considerable link between temperament traits and coping techniques. Furthermore, higher levels of emotional intelligence are associated with better social interactions, adaptive functioning, and academic performance. Demonstrating the importance of psychological correlates in the management of LD-related stressors and social relationships will help them form positive family and peer relationships. Lack of family support, negative attitudes, and stigmatization exacerbated isolation and inadequacy. Poor peer interactions resulted in peer pressure, bullying, and exclusion, exacerbating their social and emotional problems. Positive student-teacher interactions helped them excel academically and emotionally. Gender differences were evident in psychological and social qualities, with females scoring higher. As psychological and social correlates are inextricably linked, adolescents with LD need comprehensive care to enhance their social and academic outcomes. Teachers and caregivers can help them overcome social barriers and fulfil their academic and interpersonal potential by teaching self-regulation, coping skills, and emotional intelligence. This study contributes to the literature by examining psychosocial correlates of learning disabilities. This highlights the importance of specific remedies to promote holistic development and inclusive practices in educational settings, emphasizing temperament, coping skills, emotional intelligence, and social relationships. The research study examines the value of collaborative efforts in intervention design, teacher training, and family support programs for improving the well-being and academic achievement of adolescents with learning disabilities.

Keywords: Adolescents, Learning disability, Temperament, Coping skills, Emotional intelligence, Family relationships, Peer relationships, Student-teacher relationships

CHAPTER 1

INTRODUCTION AND LITERATURE REVIEW

- ❖ Learning Disability – Definition, types, prevalence, effects, causal factors, psychological and social variables
- ❖ Learning Disability and Adolescence
- ❖ Temperament
- ❖ Temperament and Adolescents with Learning Disability
- ❖ Coping Skills
- ❖ Coping Skills and Adolescents with Learning Disability
- ❖ Emotional Intelligence
- ❖ Emotional Intelligence and Adolescents with Learning Disability
- ❖ Family relationships
- ❖ Family relationships and Adolescents with Learning Disability
- ❖ Peer Relationship
- ❖ Peer Relationship and Adolescents with Learning Disability
- ❖ Student Teacher Relationship
- ❖ Student Teacher Relationship and Adolescents with Learning Disability
- ❖ Research gap
- ❖ Significance of The Study
- ❖ Statement of The Problem
- ❖ Definitions of Key Terms and operational definitions
- ❖ Rationale of the study
- ❖ Research Questions
- ❖ Objectives of the study
- ❖ Hypotheses formulated

“Creativity is the key for any child with dyslexia, or for anyone for that matter.

Then you can think outside of the box.

Teach them anything is attainable.

Let them run with what you see is whatever they need to run with.”

“Dyslexia is not due to a lack of intelligence, it’s a lack of access.

It’s like, if you’re dyslexic, you have all the information you need, but find it harder to process.”

Orlando Bloom, Dyslexia English actor.

Learning disabilities are a neurobiological disorder characterised by impairments in brain function that impact cognitive processes related to the acquisition of knowledge. Processing difficulties impede fundamental learning abilities such as writing, reading, performing mathematical calculations and coordinate movements. Furthermore, they disrupt abstract reasoning, attention, memory, organization, and time management and other higher-order cognitive abilities (Burgoyne & Engle, 2020). Learning disabilities can have an impact on professional relationships as well as academic relationships such as those with family and colleagues. Despite the possibility for early detection, learning disabilities often remain undetected until the child reaches the age of formal education. Some children may face overlapping learning issues, which can have a negative influence on their lives.

People with learning disabilities often have average to above-average intelligence and have unique learning obstacles that are not caused by emotional disorders, intellectual disabilities, visual, auditory, or motor impairments, or economic, cultural, or environmental disadvantages. A discrepancy frequently arises between an individual's perceived capability and their tangible accomplishments. Learning disabilities are termed "hidden disabilities" because the affected person may not be able to perform age-appropriate skills despite appearing "normal" and intelligent (Kravets, 2006).

A learning handicap is a lifetime issue that cannot be cured or eliminated. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2013) defines "specific learning disorder" (SLD), which has replaced the term "learning disability" (LD). People with learning disabilities can, nonetheless, succeed in the workplace, in relationships, in the community, and in education with the right assistance and intervention. The Individuals with Disabilities Education Act (IDEA, 1975) lists "specific learning disability" as one of thirteen disabilities. It encompasses dyslexia, dyscalculia, dysgraphia, and others under the "umbrella" term "learning disabilities".

Definitions of Specific Learning disability (SLD)

Learning disabilities are defined in the practical, medical, and legal domains (ldamerica.org, 2012).

Practical Definition

Kirk (1962) defined learning disabilities as "a delay in speech, language, reading, spelling, writing, or arithmetic skills caused by cortical dysfunction." Individuals with LD experience emotional or behavioral instability, as well as sensory deprivation, but no mental deficiency. Learning disabilities impact gross and fine motor skills, working, short-term, and long-term memory, expressive language, sequencing, abstraction, and organizing, and auditory and visual perception. There is an issue with visual and auditory processing influencing reading, spelling, writing, interpreting, and using language; prioritizing, organizing, and doing math; storing and retrieving information from short- or long-term memory; speaking, and scribbling. To diagnose learning disabilities, psycho educational or neuropsychological testing

administered by clinicians, educators, and neuropsychologists help in identifying learning disabilities. Thus, learning disabilities are caused by CNS dysfunction.

Medical Definition

DSM 5 (2013) explains Specific learning disorders and neurodevelopment disorders as separate categories. Neurodevelopment Disorders include Motor and Communication Disorders whereas learning disorders related to reading, writing, and math difficulties. The DSM- 4 -TR (NOS) includes reading disorder, math disorder, written expression disorder, and unspecified learning problem.

Legal Definition

The United States Department of Education officially recognized "specific learning disability" (LD or SLD) as a special education category in 1968. Persistent, sporadic, and identifiable impairments in reading, writing, and math are caused by neurobehavioral diseases designated as SpLDs, according to Public Law 91-230, the 1969 Specific Learning Disabilities Act. According to Shapiro and Gallico (1993), these challenges continue even when individuals have typical academic support, functional sensory abilities, an average IQ, motivation, and sociocultural opportunities. "Specific learning disability" refers to "a disturbance in one or more of the core psychological processes involved in understanding or interpreting spoken or written language" (IDEA, 2004). A "specific learning disability" may coexist with other conditions such as minor brain damage, dyslexia, aphasia, perceptual abnormalities, and more. SPLD is not indicated by problems with intelligence, emotions, motor skills, hearing, vision, or social interactions. Global Health Organization (1993; APA, 1994).

Swanson and Siegel (2001) proposed that learning disabilities are based on two assumptions. First, academic challenges in these students are not caused by lack of opportunity, intelligence, or physical or emotional illnesses rather caused by basic psychological abnormalities. Second, these processing abnormalities may be caused by neurological, constitutional, or biological causes.

DSM 5 Diagnostic Criteria for Specific Learning Disability (SLD)

DSM-5 (2013) identifies SLD a neurodevelopment disorder. The DSM-5 SLD diagnostic criteria are based on four factors:

- **Criterion A** At least one of six learning disability symptoms that have lasted for at least six months without support or specialized training indicates SLD.
- **Criterion B** A full clinical evaluation and individually administered standardized achievement measures show that academic performance is considerably and statistically below age-five expectations and hinders every day, occupational, and academic activities. statistically and clinically significant (function loss, curriculum access, standardised test measures)
- **Criterion C** highlights symptom onset (typically in school, but some may not appear till young adulthood). Multiple starting ages should be used for distinct issues because young children seldom meet expectations.
- **Criterion D** Intellectual disabilities, untreated auditory or visual acuity issues, other mental or neurological disorders, and harmful environments like psychosocial challenges, language incompetence, and poor instruction must be ruled out before diagnosing SLD.

Although terms like "learning disability" and "learning disorder" are commonly used interchangeably, they exhibit significant difference. The term "disorder" refers to

significant difficulties in a certain academic topic that do not match the standards for formal diagnostic classification. In contrast, a learning disability is a formally recognized clinical assessment that requires persons to meet particular criteria specified by medical professionals in psychology, psychiatry, speech-language pathology, or pediatrics. The two should not be confused due to differences in the severity, frequency, and intensity of reported symptoms and concerns. "Learning disability" is an umbrella term for a collection of conditions characterized by substandard progress in particular academic, linguistic, and speech abilities, which include difficulties with reading (dyslexia), arithmetic (dyscalculia), and writing (dysgraphia).

Types of Learning Disabilities

Genetic factors influence several aspects of brain function, including memory, learning, and planning. Learning disabilities can hinder the development of reading, writing, and arithmetic abilities, as well as deficiencies in age-appropriate capabilities. Learning disabilities (LDs) are lifelong disorders that necessitate assistance in a variety of situations, including education, employment, social relationships, and community involvement (Learning disability, 2024). The International Dyslexia Association emphasizes dyslexia, dyscalculia, and dysgraphia (Muktamath et al., 2022).

Specific learning disabilities include the inability to calculate, listen, think, communicate, read, write, or spell, the inability to acquire one or more languages due to psychological systems failure. A distorted psychological process in learning-disabled adolescents may produce classroom concerns. Thus educators must detect

the three main types of learning disabilities—dyslexia, dysgraphia, and dyscalculia—in their learning settings (American Psychiatric Association, 2013).

Dyslexia

Dyslexia affects decoding, handwriting, and word recognition. Even with adequate classroom education and other cognitive abilities, phonological deficits can lead to such problems. Poor reading comprehension and experience may impede vocabulary development and understanding. Slow decoding, particularly for phonetic sound-letter relationships. Even with basic skills, reading takes time and effort. Dyslexia impairs writing and literacy. Dyslexics are confused by letters that look similar. Children with SLD may struggle with reading, speaking, letter and word recognition, and phonetic acquisition of new words and concepts. Dyslexia impairs reading comprehension, phonemic awareness, syllables, rhythms, and letter-sound interactions (IDA, 2002).

Dyscalculia

This condition makes it difficult to grasp numerical concepts and do computations with functions and symbols. Dyscalculic students employ finger-counting for even elementary arithmetic due to their numerical incompetence. They may have difficulty with mental math, counting backwards, and elementary arithmetic, recalling crucial information, and using mathematical symbols. Dyscalculic children may have difficulty counting money, time, and directions. In later grades, students who lack basic math skills may struggle to comprehend complex ideas, putting them at risk for college and beyond. Quantitative cognition is hampered by difficulty in anticipating proportions, measuring without counting, nonverbal processes, and mathematical knowledge.

Dysgraphia

It's a neurological condition that makes writing difficult. Infants frequently detect the difficulty when they begin writing. Despite extensive instruction, they spell words poorly and employ inefficient letter spacing. Dysgraphia impairs fine motor abilities and handwriting ability. Readability and automaticity decline, potentially lowering math ability. It reduces arithmetic and letter memory and impairs planning.

Nonverbal learning disabilities (NVLD)

Johnson and Myklebust (1967) coined the term "NVLD" where, individuals have normal or above-average IQs but significantly impaired nonverbal abilities (Sutcliffe & Radonovich, 2022). It inhibits physical, visual-spatial, and social functions. NVLD youngsters excel at memorizing and reproducing language, as well as comprehension of written content, but they struggle with nuanced social cues, complicated ideas, and facial expressions and body language that form nonverbal cues. NVLD does not appear in the IDEA or DSM-5. According to empirical study, 5% of teenagers struggle with nonverbal learning.

Dyspraxia

Dyspraxia, or developmental coordination disorder (DCD), is a common movement disability. Dyspraxia is not a cognitive impairment; however it is often associated with dyslexia or dyscalculia. Dyspraxia impairs language acquisition, speech, coordination, and movement. This condition can impair motor planning, balance, coordination, and staggering. They may also have difficulty arranging their belongings, be sensitive to touch, be disturbed by loud noises such as a clock or pencil tapping, smash objects, or prefer simple toys. Coordination suffers when learning to drive, participating in sports, or performing duties that require balance.

Prevalence of LD

Prevalence, commonly expressed as a percentage of the population, refers to the number of people who have an illness, ailment, or health condition at any one time. A person with learning disabilities, a prolonged illness, may suffer in the workplace, social interactions, education, recreation, and family relationships. Some persons have several cognitive difficulties, whereas others just have one. Learning-disabled adolescents are assumed to suffer academically due to their sluggish reading speed, proclivity to skip lines while reading aloud, frequent misspellings, illegible penmanship, difficulty understanding mathematical problems, and other concerns. This occurs when children struggle with both written and spoken language. They also stutter and miss words when reading. Learning disabilities impede academic development in adolescents and children.

Children with learning disabilities are considered "socially invisible." Mr. Jayaraj, a consultant child psychologist, discovered that anxiety disorders and schizophrenia had surged in Kerala to 9 lakh children. These young people also have learning disabilities, mental retardation, autism, Asperger's syndrome, and depression. The M K Jayaraj Commission was established in 2016 to explore intellectual disability issues and their findings. According to some surveys, a substantial number of children and adolescents have learning disabilities; the organization urged for the immediate establishment of the Apex Centre for Intellectual Challenge to address this "invisible social problem." 10% of children in Kerala have mild to severe cognitive impairment.

Difficulties Associated with LD

A student who struggles in a conventional classroom without financial disadvantages, mental health issues, or educational limitations may be diagnosed with a learning disability, which necessitates continuing monitoring and prevention. Despite being classified as a developmental disorder, LD causes a number of physical, mental, and cognitive difficulties. In 1905, Binet and Simon created credible psychometric tests, such as IQ scores and cognitive ability, to assist pupils apply to different schools. Specific learning disabilities (SLDs) impact one or more cognitive processes required to comprehend and use spoken or written language (Harris, 2006; Eissa, 2018). Learning disabilities impair memory, comprehension, and cognitive functioning and may impede growth, Socialization, emotional growth, attention, memory, reasoning, coordination, communication, reading, writing, grammar, and math. Development encompasses both physical and social-emotional processes. Intelligent persons with behavioral and learning issues face learning disabilities.

Causes of Specific Learning Disabilities (SLD)

Despite risk indications, the exact cause of learning disabilities remains unknown. A child whose parent has the condition is more likely to develop it. To better understand learning disabilities, academic researchers are investigating the cognitive components that contribute to them. Scholars are creating personalized medicines to promote health and learning. Prenatal and postnatal events, as well as biochemistry and DNA, can all cause learning disability. Alcohol and drug use during pregnancy can increase the chance of cognitive disability or other impairment. Inadequate nutrition, lead-based paint or water, inadequate early support can lead to learning disabilities in formal schooling. Radiation and medication have been linked

to cognitive impairments, dementia, and TBI. Specific learning disabilities (SLDs) are primarily explained by biological, environmental, and interactional theories (Frank, 2014).

The Biological Basis of SLD

Neurological condition subaqueous lung disease (SLD) is caused by both inherited and environmental factors. Examples include substance abuse, preterm birth, protracted labor, early or prolonged delivery, certain illnesses, and preterm birth. Galaburda (1985) discovered considerable left-hemisphere anomalies in dyslexics. Learning challenges, like other medical conditions, can be genetic, biological, or environmental. These symptoms may appear prior to, during, or after childbirth. Down syndrome causes the most learning impairments, followed by fragile X. Although the cause is more likely to be discovered in extreme circumstances, 30-50% of cognitive deficits go undiagnosed. It is critical to understand that learning disorders can be caused by prenatal diseases, teratogens, malnutrition, radiation exposure, unexplained reasons, and chromosomal and genetic variations.

Environmental Basis of SLD

Miller (2015) attributes low academic achievement in children to educational and social inequities. SLD patients frequently have neurological dysfunctions, therefore family and schooling may be overlooked. SLD may affect the effectiveness of Response to Intervention (RTI). The hierarchical Response to Intervention (RTI) strategy includes: (1) effective classroom instruction; (2) ongoing evaluation of students' progress; (3) provision of supplementary instruction for students who are not performing satisfactorily; (4) follow-up monitoring of their progress; and (5)

determination of whether students who consistently perform below-average meet special education requirements or require additional instruction.

Interactional Basis of SLD

Some experts suggest that academic underachievement in children with SLDs stems from the combination of their classes' information-processing requirements and their learning styles. According to alternative interaction theory, reading involves a three-way interaction between the reader, the material, and the environment. Rumelhart's (1977) interactive model describes reading through data-driven sensory, non-sensory, and letter elements. Rather of starting from scratch, "message board" reading consolidates knowledge through a computer analogy. Each interaction model places equal importance on the cognitive capacity of both the child and the environment. So, the "Interactivity hypothesis" proposes combining approaches for detecting SLD. Response to Intervention (RTI) can be useful; therefore, children who respond promptly to evidence-based education should be removed, while those who fail neurologically or psychologically should be assessed (Ryan, 2008). SLD evaluation begins with discrepancy tactics for identifying student learning discrepancies. Academic and cognitive difficulties can assist the interdisciplinary team discover knowledge gaps and develop intervention strategies.

Theories of Learning Disabilities

The three basic explanations for learning disabilities are the deficit model, inefficient learner, and instructional setting model (Twomey, 2006).

The Deficit Model reveals learner or cultural limits to help clarify learning barriers (Cambourne, 1990; Westwood, 2003; Lenz & Deshler, 2004). According to this theoretical paradigm, academic, social, cultural, motivational, metacognitive,

cognitive, and neurological barriers inhibit students from learning. This comment demonstrates the learner's pessimistic attitude and lack of knowledge of the numerous elements that make learning difficult.

The Inefficient Learner Paradigm, children with learning disabilities fail because they are unable to develop and apply effective procedures, assess their progress, or employ appropriate strategies. Given the kids' below-average academic performance, the learning technique becomes more crucial. The inefficient learner model advocates for educational intervention because students can learn and improve their abilities if they are taught and aided in adopting cognitive and metacognitive strategies that are appropriate for their learning objectives. The inefficient learner paradigm focuses on student learning strategies.

The Instructional Setting Barriers (Cambourne, 1990; Westwood, 2006) identifies inadequate knowledge or skill demonstrations, instructional environments that discourage active curriculum involvement, communication of low expectations, unconstructive criticism, and learning scenarios that impede growth are all examples of obstacles. The instructor has control over the majority of the instructional environment, therefore it can be adjusted.

Adolescence and Specific Learning Disabilities (SLD)

Adolescence is critical for cognitive, emotional, and physical development. Adolescence is derived from the Latin "adolescere," which means "to mature." The World Health Organization defines adolescence as ages 10 to 19. Puberty begins in girls' pre-adolescence and later in boys. Teenagers can improve both cognitively and physically, during this period and they acquire new skills, improve their emotional and interpersonal management, and develop the characteristics and competencies

required for adolescence and adulthood. Although most adolescents go through similar changes, those with disabilities are more likely to have intense feelings, a desire for recognition, peer bonds, and autonomy. As their social networks expand, adolescents may spend more time with classmates and less with their parents. Researchers can discover how age-related learning disabilities influence adults. Learning challenges can have an impact on schooling, careers, and society.

Adolescents with learning disabilities possess unique academic, social, metacognitive, motivational, and cognitive abilities but may suffer in math, writing, and reading (Deshler, 2005). The literature describes a variety of reading obstacles and assumes students can read from elementary school and rely on textbooks (Larkin & Ellisy, 2004). Writing skills such as vocabulary, tense, syntax, and punctuation may limit scholastic progress in adolescents with learning disabilities as they experience significant levels of worry, academic stress, and poor social skills (Beauchemin et al., 2008).

Learning encourages careless editing, production, planning, and writing. In lower academic levels, these deficits impede mathematical skill development and cause misunderstanding with increasingly advanced mathematical concepts. Arithmetic issues can be permanent or temporary in a variety of domains, including mathematics. These difficulties frequently coexist, including abnormal brain development, insufficient or incorrect training, and a lack of preschool family language and math knowledge. So they require more assistance than moderately impaired students (Dowker, 2004). Social and emotional problems also limit their engagement in extracurricular activities (Westwood, 2003).

Academic failures can demotivate and exhaust learning challenged students. Adverse self-perceptions, diminished motivation, and avoidance behaviors such as desertion contribute to learning difficulties and academic underachievement. Learning disabilities (LD) decrease memory, cognition, and academic ability in children (MacInnis & Hemmings, 1995) and can reduce intelligence. Mismanagement is commonly associated with metacognitive difficulties. Adolescents with and without learning disabilities might shift their choices and participate in moderately risky behaviors such as gambling, marijuana use, criminal activity, and aggression. To eliminate risky behaviors, prioritize prevention at the school and community levels. Teachers must encourage secondary students to challenge themselves intellectually. Secondary education prepares students to make ethical decisions in academic and social settings by strengthening their independent and critical thinking skills. According to Bender (2008), teenagers with learning disabilities may exhibit deviant behavior and require academic and emotional help.

Adolescents with learning disabilities frequently struggle with social-emotional concerns that undermine their self-esteem, motivation, and self-determination, as they strive for achievement, practice positive self-control, assess their strengths and weaknesses, create attainable goals, and make sound judgments. Evaluating their strengths and potential can assist them develop their self-awareness, problem-solving skills, and decision-making abilities. They can also learn about the consequences of focusing on minor academic or professional difficulties, Self-determination that enables people to live more freely, find work, and feel happy, anticipate freedom, postsecondary education, and employment (Wehman, 2013). According to Palmer et al. (2012), parental and academic support can help

children develop self-determination abilities before they mature, preventing learned helplessness, excessive dependency, and a lack of self-efficacy.

Effective pedagogy, assistive technologies, and therapeutic therapies can help learning challenged students improve their academic achievement, well-being, self-perception, mental health, quality of life, and educational participation. Adolescents with learning disabilities who are socially awkward may be lonely and miserable, have difficulty with Reason, abstraction, and imagination. Academic underachievement and aversion to reading and writing caused by humiliation or negative feedback can result in social isolation, abuse, attrition, and misconduct among children with learning disabilities. Coping skills and confidence help adolescents improve their self-esteem, conduct, and mental health. Low self-esteem can lead to depression, substance abuse, and other mental health issues.

Failure to identify academic obstacles can result in social isolation, low self-esteem, anxiety, disillusionment, and dissatisfaction. Poor conduct and academic evaluations impede learning and personality development. Academic stress and school denial can cause anxiety, backaches, and vertigo. Support and early detection for cognitively impaired teenagers may mitigate psychological effects. According to the University of Macedonia, students with learning disabilities are bullied two to ten times more than their classmates. Teacher and parent participation, and school attachments improve academic performance in children and adolescents (Musetti et al., 2016).

The majority of research has focused on children with learning disabilities, including social, behavioral, academic, parenting style, self-esteem, anxiety, and melancholy components. The current study brings together previously unexplored

psychological and social aspects to investigate the impact and interaction of temperament, emotional intelligence, coping capacities, peer interactions, family relationships, and student-teacher relationships among adolescents.

PSYCHOLOGICAL CORRELATES

Learning disabilities impair cognitive, emotional, and behavioral abilities to acquire, interpret, retain, and generate information in both academic and social situations. Personal variances in these abilities can impact many learning components. Learning disabled adolescents (LD) often struggle with memory and organization in addition to academics. Behavioral issues and strong emotions like anger, frustration, sadness, or guilt can lead to substance misuse, juvenile delinquency, anxiety, despair, low self-esteem, and academic challenges. "Over time, children with LD may just stop trying, which makes them move into a state of 'learned helplessness'," (Marshall Raskind, 2022).

Even though children are psychological issues may worsen or last longer as they grow. Parental monitoring can help adolescents overcome psychological issues. Learning-disabled adolescents encounter several school hurdles in addition to mental health issues like anxiety, depression, and loneliness. Effective treatment may help identify psychological and social issues. Neglect and apathy toward school, parents, teachers, and peers increase risks to mental health. Despite encouragement and effort, children may not receive recognition, which causes disappointment and frustration due to parental, educational, and peer criticism. The use of criticizing terms like "slow," "lazy," and "dumb" hinders self-concept development and promotes academic failures and discouragement. As per international guidelines (APA, 2013; Schulte-Korne, 2014), academic and overall competence are diminished when an individual

faces learning difficulties (Sorrenti et al., 2019). This also applies to problem-solving, executive function, memory, attention, language, and visuospatial abilities (Visser et al., 2020). Depression inhibits cognition, making reading and schoolwork difficult (Hammill, 1993).

Poor academic performance makes students feel inferior to their peers, parents, and teachers, causing psychosocial issues and poor interpersonal relationships. Thus, LD affects information processing, social skills and behavior, peer acceptance, Depression, anxiety, low self-worth, confidence, loneliness and self-esteem, as well as psychological traits like incorrect success and failure attributions, aggressive, disruptive, delinquent, antisocial, hyperactive, inattentive behavior, and dangerous behaviors like drug or alcohol addiction, and a higher risk of committing crimes as adolescents. Thus, these psychological elements are commonly studied, but temperament, coping strategies, and emotional intelligence are rarely investigated among adolescents with LD, thus these variables are investigated in the current research.

Temperament

Temperament pertains to the biological components of an individual's personality, which can be inherited or acquired; physical or neurological system features that combine to form an individual's personality. A person's temperament is influenced by both their moral qualities and their intelligence, competence, or special abilities. "Temperament" often refers to a set of traits that determine how a person interacts with their environment. Temperament is a psychological term that characterizes a person's personality that includes emotional dispositions and responses. Galen, an ancient Greek physician, proposed temperament based on a

physiological theory that identified four humors: blood, phlegm, black bile, and yellow bile. They evolved sanguine, phlegmatic, melancholic, and choleric temperaments according to the relative prominence of these qualities. Some believe temperament is present from birth and unchangeable, while others believe it is completely learnt and may be modified. Thus, temperament influences a person's life and development (Rothbart, 1989).

Temperament and learning disabilities must be taken into account while investigating biological, social, and psychological aspects of growth and learning. Learning disabled individuals may experience additional obstacles owing to their temperament. Reactions can be harmful to parents, teachers, and students. Negative responses have an impact on both the social and educational contexts. It may be incorrect to relate teenagers with learning disabilities' emotional needs to cognitive impairments. Instead, persons should be viewed as a collection of interconnected dispositions, such as temperament and learning (Teglasi et al., 2004).

Temperament and Adolescents with Learning disability

Adolescents with learning disabilities struggle to form and sustain relationships. According to Bauminger et al. (2005), personality and temperament have a crucial role in determining the quality of relationships. Adolescents with moderate to severe negative mood and a lack of effortful control exhibit behavioral problems and hyperactivity (Rothbart et al., 2001). Severe emotional issues, intense negative feelings, and effortful control were all linked. Interpersonal differences between normal behavior and psychopathological personalities stem from temperament, which governs how children interact with and adapt to their surroundings during development. These disparities exist in both healthy and

unhealthy behaviors. Rothbart and Derryberry (1981) emphasized multidimensional structures and temperament stability to improve behavior. An infant's temperament is shaped by fundamental emotions (Goldsmith & Campos, 1982). Kagan et al. (1984) typologically examined temperament and coined "behavioral inhibition" to characterize a newborn and toddler personality trait. Extreme attention and disengagement to new people and situations characterize this trait. Modern temperament research focuses on cognitive and environmental factors that affect temperament and socioemotional development. Previous research has linked infants with significant negative reactivity to children with Behavioural Inhibition (BI), who showed higher amygdala response to unfamiliar stimuli (Schwartz et al., 2003).

The Rothbart Approach, developed by Rothbart and Derryberry (1981), replicates Rothbart's temperament model. Temperament includes emotional, activational, attentional, and self-regulatory changes. "Reactivity" refers to physiological arousal from external and internal stimuli. Reactive temperament includes rage and impulsivity. Temperament can be assessed by intensity, delay, peak surge in execution, and recovery time after the first response. The temperamental expression of self-regulation is effortful control (EC). Rothbart and Bates (2007) used surgency that encompasses sociability, motor activity, and delight in anticipated rewards or unfamiliar, high-intensity activities. Negative affects include pain, rage, hopelessness, and acute terror. Executive control (EC) is the cognitive ability to inhibit a dominant response and act appropriately. This involves fault finding and proactive planning.

Rueda (2012) defines temperament as the ability to focus, suppress, perceive, and enjoy low-intensity tasks. Exogenous cueing (EC) is involuntary attentional redirection reported in early neonatal development, even if children's conflict

resolution skills improve between four and seven. Temperament management is crucial to the Rothbart model, Executive functioning was examined using parent and individual surveys, computerized cognitive tests, and laboratory observations (Kochanska et al., 2000; Posner and Rothbart, 2000). Rothbart et al. (2007) claim executive functioning begins at the end of the first year and develops throughout infancy. Neuroimaging helped the researcher to find the anterior cingulate gyrus and lateral prefrontal areas that make up the executive attention network, which controls cognition and emotion.

Rothbart and Derryberry (2002) say it helps children develop adaptive and self-regulatory skills by lowering negative emotions and motor activities. According to Rothbart and Bates (2007), developmental changes in biological systems can generate negative affect, surgency, and increased effortful control (EC), which affects behavior and temperament. Executive functioning develops in toddlerhood, allowing intentional avoidance of painful stimuli, demand control, and self-monitoring. Buss and Plomin (1986) defined temperament as hereditary personality traits that appear in early childhood (as cited by Rutter, 1987). Impulsivity, aggression, patience, calmness, introversion, extraversion, good mood, and others affect performance.

Coping Skills

Coping refers to the cognitive and behavioral techniques used to manage to deal with both internal and external stressors. The term explicitly refers to the deliberate and intentional activation of behaviors, as opposed to defense mechanisms, which are natural and unconscious adaptive reactions that aim to alleviate or tolerate stress, coping skills are so distinct from basic "fight or flight" responses, which are typically subconscious and instinctive. Coping skills are acquired or taught throughout

time, beginning with very young children. Coping skills are the methods that individuals employ to deal with stress and difficult situations. These abilities can be learnt, developed, and applied to stress and problems. Coping skills include problem solving, mood regulation, social support, time management, and positive self-talk and Positive and negative coping skills exist. Coping strategies are the plans, behaviors, or techniques that people take to deal with stress and challenges. These methods provide the overall framework that people utilize to manage stress and address its causes. Coping involves selecting and using coping skills to manage stressors, based on their personal preferences, and their available resources. Problem-focused coping addresses stressors, while emotion-focused coping manages emotions. They remain consistent across different contexts and over time (Folkman, 1984)

Types of Coping Skills

In general, coping skills can be divided into two categories: reactive coping (the response to a stressor) and proactive coping (efforts to lessen or prevent future stresses). Reactive individuals perform better in environments characterised by greater unpredictability, while proactive individuals perform better in stable conditions due to their greater regimentation, inflexibility, and insensitivity to stimuli. Assessment of Coping like the Coping Orientation to Problems Experienced (COPE), Ways of Coping Questionnaire, Coping Strategies Questionnaire, and others employ individuals' unique coping abilities in clinical and research settings. Scholarly literature divides coping into four main categories (Folkman & Moskowitz, 2004).

Problem-focused approaches identify and address the underlying source of distress. Active coping, strategic planning, constraint coping, and passion suppression are among examples.

The emotion-focused approach endeavors to mitigate adverse emotions that are linked to the topic under consideration. Positive reframing, acceptance, religious recourse, and the use of comedy are all examples of this method.

The term "meaning-focused" pertains to the cognitive processes an individual employs to ascertain and regulate the significance of a particular circumstance.

Support-seeking, or social coping, is the act of proactively requesting emotional or practical assistance from a social network or group with the intention of efficiently managing stress.

Maladaptive coping skills include disengagement, avoidance, and repressed emotions that lower psychological well-being and cause psychopathology.

Avoidance coping skills are linked to PTSD, anxiety, severe depression, and somatic symptoms. Patients with significant cardiovascular disease and hypertension used maladaptive coping skills. Teaching good coping skills can improve the views of the individual toward their conditions, symptom intensity, and psychological distress. Coping skills are the talent to handle difficult conditions and adjust to environmental challenges. Thus, many abilities and efforts can be considered 'coping skills'. Coping skills have advantages and disadvantages. Although the concept of coping mechanisms is still controversial (Stanisławski, 2019), various distinct adaptive behaviors have been considered within the long history of stress research. Some coping strategies, such as cognitive reframing (Tobin et al., 1989), are viewed more "active," whereas social withdrawal as more "passive." Healthy coping skills can minimize emotional tension and allow for relaxation or distraction, whereas unhealthy coping skills may temporarily help but lead to future issues. Sometimes it's healthy to express feelings, isolate, or hold things inside, Ignoring the issue and

avoiding stress can temporarily help but Avoiding problems or difficult situations is harmful rather facing them is preferable. Children may acquire negative coping skills like tantrums or antisocial behavior, to communicate emotions when they cannot speak.

Coping Skills and Adolescents with Learning disability

During adolescence, individuals may experience stress and unpleasant emotions due to increased family, school, and social responsibilities. Effective coping skills decrease the possibility of adolescents utilizing risky methods to address their issues. It educates adolescents to manage stress, anxiety, challenging emotions, and novel situations. Some stress-management methods help adolescents, but others hurt them. These strategies may include direct problem-solving, social assistance, avoiding attention-demanding situations, or distraction. The best stress-management methods include adaptability, constructive communication, and problem-solving.

Avoidance and amplification are maladaptive coping mechanisms. Avoidance, escape, and distancing enable adolescents "deny, suppress, and avoid their feelings," leading to "higher levels of problems, deviant behavior, and lower academic outcomes." Smoking, substance abuse, and risky sexual behavior ease stress but hinder adolescents' problem-solving. These behaviors are generally done by adolescents who don't know how to handle their difficulties or think it's easier. To help adolescents, parents, teachers, and friends can highlight effective coping skills. Parents should trust adolescents to express their concerns, promote open and continuous communication, quality time, meaningful talks, and realize that adolescence brings physical and psychological changes that may challenge their children. This keeps parents and teens close and can assist them develop coping skills

by identifying problems, creating a joint plan, finding coping skills, and noting behavioral changes like sleeping and eating patterns. Lazarus (1993) defined coping as cognitive, emotional, and behavioral responses to psychological or physiological stressors (Beutler et al., 2003).

Emotional Intelligence (EI)

The capacity to identify, make use of, and regulate one's emotions in order to minimize stress, improve communication, build empathy, overcome obstacles, and resolve conflict Emotional intelligence. EI enhances interpersonal connections, academic and professional performance, and personal and professional objectives. Connecting with emotions, setting intentions, and making informed decisions about what is most important may also assist.

Emotion is a personal cognitive state characterized by how we respond to both internal stimuli (such as memories or ideas) and external events. Emotions are not moods, which are states of mind that cause us to react in a particular way. Emotions are merely reactions that are neither positive nor negative. The brain changes in response to changes in the body during an emotional reaction. Emotions can also drive some muscles in your body to move involuntarily, such as smile, and begin to think and behave differently than usual. Emotional responses can be advantageous when they occur in appropriate circumstances. One skill known as "reappraisal" assists in managing unproductive emotions through the recognition of one's own thoughts in a given situation and then attempting to discover a different way to consider the situation that could help individual feel better. Our emotional responses and behaviors have a direct impact on our wellbeing (Hofmann, 2014).

Benefits of EI

Emotionally intelligent people understand how emotions influence their behaviors, so they control their emotions. EI is currently a strong predictor of academic, professional, and personal life abilities and knowledge, Motivation, leadership, management, decision-making, and performance. Emotions may improve almost every element of life, including relationships and behavior.

Emotional intelligence appears to have a greater impact on cognitive capacities and future performance among adolescents with learning impairments (Romanelli, Cain, & Smith, 2006). Neuroscience and brain imaging techniques have allowed researchers to gain a better understanding of the brains functioning. The neocortex, which governs reasoning and logic, was successfully differentiated from the affective center of the brain, which is accountable for the generation of feelings and emotions. Researchers believe that our emotions influence our rational evaluations and choices. Stress can be decreased with strong emotional intelligence (Bradberry & Graves, 2005). Researchers believe that humans benefit from having emotions because they push us to pursue specific survival strategies. Every fundamental emotion served a distinct purpose.

Visual input from the retina is translated into cerebral language by the thalamus and sent to the visual cortex for interpretation and response. In order to facilitate a quicker reaction, the thalamus sends only a fraction of the initial signal straight to the amygdala, which in turn stimulates the emotional centers. Therefore, prior to the cerebral centers perceiving information, the amygdala can trigger an emotional response. Emotions are powerful, but they are temporary. When confronted

with a highly charged emotional incident, an emotionally intelligent person will remain calm and think rationally before responding.

Every child is unique. Anxiety is experienced by both educators and parents when a student's academic achievement declines below the average level. However, only a minority of children meet the standards set by their educators and parents. Learning disability being the most protracted cause. Children who face academic challenges consistently demonstrate diminished emotional intelligence, have an increased propensity to develop emotional disorders, and encounter obstacles in expressing their emotions and sentiments internally, encompassing both physical and emotional manifestations.

Low emotional intelligence children may suffer from a number of emotional challenges, including anxiety, fear, embarrassment, rage, emotional weakness, frustration, conflict, and non-persistence, among others, the majority of which are induced by the learning environment. People who suffer from such emotional disorders have a negative attitude towards life, perceive the world as unsafe and hazardous, and develop a sense of incompetence. The children show an inability to succeed, develop mental health difficulties like a lack of ability to control emotions, calming themselves down, and comprehending nonverbal cues from others, have difficulty adjusting to their teacher and their classmates, may become frustrated with their impairment, and have low self-esteem, all of which contribute to their aggression. Furthermore, a lack of interpersonal communication skills leads to a lack of motivation and a more difficult time retrieving information while constantly learning. Children with learning disabilities struggle to manage their emotions.

Origin of Emotional Intelligence

Darwin suggested emotional intelligence by investigating the link between emotions and survival. In the early 1900s, psychologists looked at memory and problem-solving abilities as IQ indices. E. L. Thorndike defined "social intelligence" in 1920 as the ability to comprehend, control, and interacts with others. Wechsler (1940) concluded from his studies on intellectual and non-intellectual intelligence that emotional, personal, and social characteristics could predict life success. Howard Gardner's (1983) Theory of Multiple Intelligences included interpersonal intelligence, which is the ability to understand and sense the intents, motives, and goals of others, as well as intrapersonal intelligence, which is knowledge of one's own emotions, concerns, and ambitions. Gardner proposed that performance outcomes cannot be defined just by IQ since it does not account for cognitive ability (White, 2005).

In 1990, Peter Salovey and John D. Mayer defined "Emotional Intelligence" (EI) in the following way: "a form of social intelligence characterized by the capacity to perceive and differentiate between the emotions and sentiments of oneself and others, and to employ this discernment to inform one's decision-making and behavior. "Internally, EI is the ability to balance thoughts, feelings, and awareness. The ability to monitor, access, and generate emotions to support thought, comprehend emotions and emotional knowledge, and introspectively control emotions to promote intellectual and emotional development is an essential skill.

In his 1995 book *Emotional Intelligence*, Daniel Goleman asserted that emotional intelligence had surpassed natural intellect as the most important factor in life success. Daniel Goleman expanded Mayer and Salovey's four-branch method to include five essential components of emotional intelligence: self-regulation (the

ability to control or redirect one's emotions; anticipating consequences before acting rashly); motivation (the use of emotional elements to achieve goals, enjoy the learning process, and persevere in the face of obstacles); and empathy. Goleman's claim regarding Emotional Intelligence was correct, but he did not explain internal sentiments, especially how to identify and improve them.

Models of Emotional Intelligence

Researchers have created three major emotional intelligence (EI) models: trait, ability, and mixed. The recognition of emotional intelligence (EI) as a human trait distinguishes these three categories. Emotional intelligence (EI) can be learned and sustained. Emotional Intelligence (EI) ratings vary greatly amongst models. These models employ both objective measures (correct and incorrect responses) and subjective self-report methodologies. Emotional intelligence is considered cognitive by ability theories. Mixed models of emotional intelligence integrate cognitive ability with personality attributes such as optimism and well-being. Trait theories focus on individuals' judgments of emotional intelligence (EI). John Mayer and Peter Salovey presented an ability model of emotional intelligence. Daniel Goleman and Reuven Bar-On developed two further hybrid emotional intelligence models. Bar-On (1997) defines social skills as managing one's own and others' emotions. The Bar-On Emotional Intelligence Questionnaire (EQ-I) was the first scientifically validated emotional intelligence test. It assesses a person's capacity to complete daily chores while also achieving professional and personal goals. Interpersonal interactions, mood, and adaptability are evaluated.

Emotional Intelligence and Adolescence with Learning disabilities

Adolescents who possess a high level of emotional intelligence cultivate the four qualities that enable them to operate optimally—self-control, relationship management, impulse management, and social confidence and success. They succeed as adults because they are self-directed, motivated, and emotionally competent. They will gain self-awareness, empathy, positive emotions, and a capacity to perceive the emotions of others. Many elements, such as an adolescent's personality, attitude, upbringing, family background, academic performance, anxiety, adjustment, and emotional intelligence, in addition to numerous other aspects of their behavior, contribute to adolescent success (Smith, 2021).

Adolescents with learning disabilities benefit from emotional intelligence. Emotional intelligence, which includes self-awareness, self-control, empathy, and social aptitudes, is formed during adolescence. Cognitive problems and social-emotional development may contribute to emotional intelligence issues in adolescents with learning disabilities. Emotions, social cues, and meaningful relationships may be challenging for adolescents with LD. (Bracken & McCallum, 2019).

Emotional intelligence affects self-esteem, confidence, resilience, and social competence among adolescents. Learning disabilities can cause stress, frustration, and worry in adolescents, affecting their emotional well-being. Peer relationships and social interactions too depend on emotional intelligence. Learning disabled adolescents may struggle with friendships, nonverbal communication, and social situations as well. EI skills like compassion, taking on viewpoints of others, and conflict resolution can improve peer relationships (Cavanagh, 2019).

EI can affect academic achievement and coping of learning disabled adolescents'. Emotionally intelligent people may be better at handling academic issues, seeking help, overcoming difficulties, anxiety and stress. Therapeutic interventions for adolescents with learning disabilities should focus on emotional intelligence and should involve emotional awareness, social skills, mindfulness, including self-advocacy and self-efficacy. Educators, parents, and mental health professionals can help adolescents with learning disabilities gain emotional intelligence, resilience, and a positive self-image. Friendship, inclusivity, emotional expressiveness, and empathy can all enhance well-being. Emotional intelligence is critical for learning disabled adolescents' psychosocial development. Meeting their emotional needs can help them enhance their social-emotional skills and overall well-being.

A study of temperament, coping mechanisms, and emotional intelligence in adolescents with learning disabilities could reveal their unique needs, problems, and capabilities. A somewhat solid knowledge of temperament, which refers to physiologically based variances in emotional reactivity, self-regulation, and behavioral tendencies, can assist explain how teenagers with learning difficulties act. Temperament can influence academic success, social skills, and coping. Temperament analysis can help discover protective variables for academic, social, and adaptive functioning, as well as risk factors for emotional and behavioral problems in adolescents with learning impairments.

Coping skills are ways and strategies for dealing with stress, adversity, and tough situations brought on by academic, social, and emotional obstacles. Adolescents with learning disabilities' coping techniques may disclose their stress responses, coping effectiveness, and academic performance. Emotional intelligence (EI) includes

identifying, understanding, regulating, and expressing emotions, as well as empathy and connection development. Adolescents with learning disabilities may struggle with emotional intelligence, including managing their emotions, social skills, and empathy. Emotional intelligence research among adolescents with learning disabilities might look into how deficits or strengths in EI affect their psychosocial functioning, academic engagement, and connections with family members, peers, and adults. Interventions targeted at developing emotional intelligence skills, such as social-emotional learning programs, can be personalized to meet the unique requirements of adolescents with learning impairments while also enhancing their general well-being.

Researchers can acquire a better knowledge of the psychological elements that influence the growth and adjustment of adolescents with learning disabilities by examining temperament, coping skills, and emotional intelligence. Such knowledge can help assist people improve their academic progress, social-emotional competency, and general quality of life.

SOCIAL CORRELATES

Adolescents with learning disabilities struggle with reading, numeracy, focus, organization, and organization, socialization and communication. Nonverbal learning disabled adolescents struggle with humor, social norms, and other people's behavior. Cognitive processes, social conduct, peer contact and relationships, loneliness, internalizing and externalizing behavior, social acceptability, and other factors are all considered social variables. The researcher in this study emphasized three key social interactions that adolescents must master are family, peers, and with teachers.

Researchers (Rourke & Fuerst, 1991) found that learning disabilities had an impact on adolescents' psychosocial functioning and socioemotional concerns. Most

psychosocial functioning research has concentrated on single components rather than a framework. To identify psychosocial development factors, these research employed behavioral, cognitive-behavioral, social cognitive, affective, and self-perceptual approaches. The systems approach emphasizes the importance of children in their relationships with family, school, and friends.

Dyslexic adolescents may struggle with socialization due to immaturity, low self-esteem, and concerns about their intelligence when learning new things. A skilled social skills development can increase the confidence of adolescents facing academic obstacles. Students who struggle with studying and concentration are generally concerned about their peers and social situations. Shy people have difficulty expressing themselves, recognizing comedy in diverse situations, understanding social dynamics, and fitting in. Adolescents with learning disabilities may be ridiculed and rejected by their peers because of their social behavior. Socially challenged children may be misdiagnosed with autism as a result of these characteristics. they require extra education, corrections, and behavior control measures due to their scholastic difficulties. Despite academic evidence indicating that adolescents with and without learning disabilities participate equally in class, educators frequently overlook them. Non-academic research has revealed significant variations in peer interactions between adolescents with learning disabilities and their peers. Fourth and fifth graders with learning disabilities reported "extremely negative" feelings and were more likely to be rejected (Bryan & Bryan, 1978).

Teachers examining children with learning disabilities discovered significant disparities in distractibility, task-specific conduct, and social behavior. Adolescents without learning disabilities were more socially stationary and less adaptive (Heiman & Olenik-Shemesh, 2020). These problems acknowledge their distinctiveness.

Sabornie (1994) discovered that special education teachers observed more positive social behavior in learning disabled students than mainstream teachers. According to Baum, Duffelmeyer, and Geean (1988), some educators thought these students were antisocial and needed training with social skills. Girls were more introverted and dependent. Margalit and Levin-Alyagon (1994) identified four types of older pupils in self-contained classrooms using instructor assessments and student interviews. The organization was led by lonely, internalizing teenagers. Adolescents with cognitive limitations exhibit behavioral problems.

Peers turned away learning challenged youngsters because they lacked social skills (Conderman, 1995). Stone and LaGreca (1990) found that peers neglected students with learning disabilities. Social cognitive dysfunctions or biases undermine healthy behavior (Pearl, 1982). Students with cognitive difficulties were evaluated on their nonverbal emotional expressions, social settings in stories or paintings, and filmed or videotaped social interactions. Elementary, adolescent, and college students with learning disabilities exhibit poor social observation skills (Bryan, 1974). Perception, judgment, memory, and reasoning are all examples of cognitive abilities. Cognitive processes help to combine social and intellectual challenges. We perceive, organize, prioritize, and communicate our ideas quickly and naturally. People engage in "instantaneous" social interactions. Adolescents are stuck in a cognitive stage due to communication challenges. Because of their limited learning capacity, individuals struggle to establish friends and behave appropriately in social situations. Preschoolers with learning disabilities were more disconnected and dissatisfied (Margalit & Al-Yagon, 2002). Academic concerns do not result in isolation, rejection, or low mood (Sridhar & Vaughn, 2001).

Self-concept is the most researched topic in LD, and research indicates that children with LD have inferior academic self-concepts. Learning challenged students consistently perform poorer in academics and social skills than their classmates. Bear, Bear, and Juvonen (1992) and Bear and Minke (1996) discovered good self-esteem and social characteristic assessments in LD youngsters with no social issues. Even with lower sociometric scores, a teen with one friend may consider themselves socially adept. An accurate perception of social rejection can result in misery, loneliness, and social perception issues. LD students had a higher likelihood of having a negative academic self-perception, but their social self-concepts differ depending on a variety of personal and situational factors.

The emotional repercussions of social interactions and learning in school are poorly understood. Nursing, medical, and psychology research have linked positive and negative affect to the majority of human activities, including health, learning, and social connections. Anger, dread, worry, disdain, and sadness all impair information processing and memory, preventing complex cognitive processes such as cognitive material application, integration, and adaptation. Baron (1990) discovered that a positive attitude enhances memory, self-esteem, philanthropy, and conflict resolution. People prefer joyful people to gloomy, unpleasant, and angry ones. Wiener and Schneider (2002) examined LD and non-LD pupils in terms of melancholy, anxiety, and loneliness. Learning disabilities have been connected to deficiencies in social skills, as well as friendship proximity and similarity. Pavri and Luftig (2000) discovered that LD adolescents are lonelier, which impact not only academic performance, but also health, relationships, and social interactions. Researchers can gain a better understanding of the daily lives of people with cognitive disabilities by examining social aspects. Social isolation, stigma, and bullying can exacerbate

learning disabilities; however, solid family relationships, peer acceptance, and social support can help them discover areas that require assistance.

Identifying social qualities associated with learning challenges may aid in their integration into mainstream society. Dealing with stigma, bullying, and peer rejection might help cognitively handicapped people feel more included. Social factors may influence cognitive disability academic growth and outcomes. Addressing social barriers such as bullying, peer rejection, and negative attitudes about disability can help create supportive learning environments that foster positive social interactions and academic performance.

Social variables have a tremendous impact on one's mental health and wellbeing. Recognizing and resolving social stressors such as social isolation, insufficient social support, and prejudiced experiences can help reduce mental health issues and enhance psychosocial outcomes in adolescents with learning difficulties. Social factors have a significant impact on the well-being and quality of life of people with cognitive disabilities. Social engagement, meaningful relationships, and support systems all boost psychological well-being, self-esteem, and life satisfaction. An examination of social variables on quality of life may aid in identifying intervention and support options for learning challenged students.

To summarize, studying the social determinants and effects of learning disabilities is critical for better understanding these complex conditions, identifying risk factors, promoting social inclusion and equity, raising living standards, and empowering people with learning disabilities and developing support and intervention programs.

Family Relationships

Family is the child's initial social group, where they learn about relationships, feelings, consequences, and expressions. An intimate familial relationship can teach a child compassion, unity, and empathy that help members to succeed and be content. A stable home environment encourages family trust, which greatly impacts an individual's values, traits, and physical and mental health. A happy family is one of the most rewarding experiences. Families consist of two or more people living together, linked by birth, marriage, or adoption. The family unit promotes psychological and emotional stability by fostering love, friendship, and affection between spouses and children. The family socializes children and cares for sick or disadvantaged members. A loving, compassionate, and supportive family fosters the emotional and psychological development of the members of the family. Family teaches emotional stability, self-confidence, self-respect, and resilience towards life's challenges. Children start learning at home by gathering, examining, understanding, and imitating others. Positive family environments are ones where the demands, needs, and desires of children are met, which help them grow and thrive (Torres-Soto et al., 2021).

Gallagher et al. (1983) discovered in their review that families with disabled children encounter normal stresses and tensions. Thus, by identifying these issues and providing competent assistance, they can overcome their difficulties. Despite good intentions on both sides, According to Kroth et al., (1982), parent-professional relationships present significant challenges. Educators recognized the importance of remediation programs to address learning disability parents' concerns about their children's social, academic, and home lives. Some parents are saddened because they believe they caused their child's learning disabilities and might have avoided them by

being harsher, demanding more, and demanding more. Parents of children with cognitive disorders are uncertain about their children's abilities and limitations. Some children are extremely intelligent and can solve and reason through complex problems, yet they are unable to read or write. Despite teachers' and parents' advice to work harder, kids receive dismal grades. As a result, some teachers and parents may think they are lazy.

Academic requirements in higher education may make some students feel unable to achieve personal, peer, and parental expectations (Brianckerhoff et al., 1993). The individual's disability, a stressful family environment during childhood, parental stress from unattainable expectations for the child, a refusal to acknowledge or have an opinion about the child's disability (Dyson, 2003), or anxiety-inducing peer pressure may all contribute to persistently high stress levels.

Learning disabilities can strain family relationships. One parent, generally the mother, may notice and fix an issue first, but this result in parental miscommunication and conflict. Siblings with learning difficulties (LD) who reject a child's care may refer to the child as a spoiled brat who is fully capable. Grandparents frequently blame inadequate discipline, organization, or child care for parental shortcomings. If the child is hyperactive, has a low frustration threshold, and yells or explodes at every challenge, neighbors may feel annoyed.

Children with learning disabilities are frequently regarded as a discomfort in family life since their conduct is unpredictable, disorganized, erratic, inconsistent, and difficult to plan for, impulsive and quickly distracted, and full of ups and downs due to a lack of life skills. Getting children ready for school usually led to conflicts among family members. The child's involvement in daydreaming is exacerbated by parental

disapproval. Because these people are emotionally immature and vulnerable, they tend to personalize things that have nothing to do with them and become irritated quickly. Furthermore, mood swings (Smith & Prior, 1995), and depression causes the entire family to feel helpless and worried.

Family Relationships and Adolescents with Learning Disability

Relationships between adolescents and their parents and families vary during adolescence, but they demand parental and family support as much as they did when they were younger. Even if adolescent's behavior changes from time to time, they still expect their parents to nurture and guide them, to provide emotional support, comfort and security, as well as practical and financial assistance. They want their parents to care about them and be involved in their lives. During these years, most families experience ups and downs, but things normally improve by late adolescence as children develop.

Disagreement with parents is regarded natural in adolescent's family interactions, and these conflicts are likely to influence their autonomy and individuation (Steinberg, 2001). However, too frequent confrontations are harmful as it results in poor psychosocial adjustment and well-being because they may develop externalizing and internalizing difficulties, low self-esteem, well-being, school adjustment, and substance use (Tucker et al., 2003). As a result, conflicts between adolescents and their parents can lead to poor psychosocial adjustment and a negative parent-adolescent relationship.

Family processes include all aspects of familial life, such as acts of mutual help, affectionate expressions, communication, conflict resolution, cruelty, and neglect. Families have frequent interactions with their surroundings. Care giving for

a child with a handicap, such as LD, may strain already challenging family connections. The existence of a disabled kid may have an impact on marital status, parent-child dynamics, and sibling relationships. The family and the infant have a mutual influence. When it comes to parenting a child with cognitive challenges, both parents must work together. Parents must notice the problem, seek help, accept the diagnosis, communicate with the school, coordinate with special education and related service providers, and provide support to their children. In some circumstances, the child is the root of marital conflict; however, disparities in parenting techniques and parental responses to the emotional or intellectual challenges that adolescents confront can also cause friction or conflict in married marriages. Adolescents may experience an increase in parental anxiety if they fixate on their child's negative behavior and academic deficiencies as opposed to their own difficulties.

If an adolescent has SLD, family interactions can be difficult, and stress levels might rise. LD may have an impact on sibling relationships, marital relationships, interactions between parents and their other children, and intergenerational family relationships. Thus, every child is affected by what their family, and every child's experiences also affect the family. Marital relationships may be impacted by a child's psychological or academic difficulties. When marital issues are not resolved, a child may be blamed as the scapegoat for family problems.

Families offer emotional, practical, and academic assistance to adolescents with learning disabilities. Supportive family interactions can help adolescents develop a sense of belonging and acceptance, which is critical for their self-esteem and overall well-being. Families empower adolescents with learning disabilities by assuring appropriate support in school settings, guiding them through problems, and providing access to resources that encourage academic success and social inclusion.

Family relationships serve as models for developing emotional, coping, and problem-solving abilities. Adolescents with learning disabilities can learn by observing their family members and how they deal with stress, setbacks, and problems in daily life. Adolescents with learning difficulties require familial support and effective communication. Adolescents can use effective family communication to express their difficulties, share knowledge, and create academic and social strategies. Strong family relationships assist learning disabled adolescents gain self-esteem, assertiveness, and resilience. When confronted with scholastic problems or social challenges, adolescents with supportive family relationships are more able to recover, persist, and maintain an optimistic attitude toward their abilities and aspirations.

Family relationships enable teenagers with learning disabilities to learn and practice emotional management skills. Positive connections with family members can assist adolescents in managing stress, regulating emotions, and developing appropriate coping skills for dealing with frustration, anxiety, and disappointment. Acceptance and adjustment within the family are critical for adolescents with learning difficulties to develop a good self-image and sense of identity. When family members accept the adolescent's abilities and struggles, they create a caring and inclusive family environment in which the adolescent feels valued and understood.

To summarize, familial relationships influence the growth, resilience, and well-being of adolescents with learning disabilities. Families can develop supportive, communicative, and powerful family relations in order to enhance academic success, social integration, and overall wellbeing in adolescents with learning disabilities.

Peer Relationships

A peer group is a social group made up of people who have similar interests, social position, and ages. A peer group provides the opportunity to develop

independent social relationships, free from the constant supervision of teachers and parents. "Peerness" refers to a set of shared qualities such as age, gender, culture, religion, and ethnicity, location of residence, shared experiences, sexual orientation, and state of health, way of life, educational background, and group affiliation. Peers are small groups of pupils that interact to solve problems or complete tasks as part of cooperative learning. In higher education, groups and peer tutoring were frequently used in problem-based learning classrooms. Friendship is a distinct type of peer interaction. When children connect positively with their classmates, they can form dyadic relationships, which are classified as friendships. These connections are distinguished by higher verbal communication, teamwork, and favorable emotional reactions when compared to their relationships with other peers.

Rubin et al. (2008) used attachment theory, cognitive development theory, social learning theory, social ecology theory, contextual developmental theory, ethological theory, and group socialization theory to explain peer relationships during adolescence. Bowlby (1988) describes attachment as a deep bond defined by the need to identify and remain close to an attachment figure, particularly during tough times. Attachment theory is a psychological, evolutionary, and ethical approach to relationships. Most significantly, young toddlers require at least one primary caregiver to thrive socially and emotionally. According to Jean Piaget's (1976) theory of cognitive development, intelligence develops with time. Beyond learning, children's cognitive development necessitates mental representations of their surroundings. His work established developmental psychology. According to Albert Bandura (1977), social learning theory, attention, motivation, attitudes, emotions, imitation, and modeling all have an impact on learning. Bandura argues that humans learn through media and social activity. Rewards are emulated, while penalties are avoided.

Bronfenbrenner (1980) developed social-ecological models to simulate human development. According to the idea, development is shaped by culture, family, and other interrelated environmental systems. Chronosystem, microsystem, mesosystem, exosystem, and macrosystem are environmental levels that influence behavior and development.

Peer Relationships and Adolescents with Learning Disability

During adolescence, the peer group has the largest cumulative influence. Rather than internal rivalry, an effective peer group is made up of people who support others, come up with new ideas, and serve as role models. The goal of a peer group is to give inspiration and encouragement from the accomplishments of others, to identify successful strategies used by others, and to contribute one's own experience for the benefit of the group as a whole. There are three sorts of peer groups based on the degree of intimacy: friends (including close or best friends), school peers (classmates at school), and generic peers (peers of the same age and gender).

As children become older, peer interactions are more challenging. Peer relationships are crucial to adolescence. Peers become more important as individuals, social environments, and customs evolve from childhood to adolescence. Adolescents spent more time with peers without parental supervision and valued their peers' expectations and opinions. Peers shape adolescents' attitudes, behaviors, and emotional well-being, sometimes competing with adults. Peers have been criticized for poor functioning but praised for improving teenage health and well-being. Adolescents' peer relationships become increasingly complex. They realize how their interactions affect their social position and identity. They have more advanced peer relationships and challenges than children, therefore they create dyadic and group

interactions. They all depend on each other, regardless of relationship type or peer affiliation (Connolly, Furman, & Konarski, 2000).

Adolescents modify their behavior, appearance, and choices to assimilate with their peers. The enhanced similarity observed among peers provides adolescents with reassurance and validates their affiliation with the peer group of their choice. Developmental theorist Erik Erickson (1950) described adolescence as a phase of identity crisis as opposed to identity confusion. Peer pressure develops when teenagers conform to the expectations of their classmates this end up skipping class, dressing improperly, and taking drugs. Peer pressure can occasionally yield positive outcomes; adolescents may counsel one another on how to avoid negative decisions as well as instead prioritize intellectual and emotional development.

Adolescents' conflicts with peers presented themselves as disruptive or violent behaviour. Negative peer interactions resulted in isolation and a lack of peer relationships, resulting in antisocial and dysfunctional behaviors. According to Kupersmidt and Coie, (1990), rejected adolescents engage in delinquent and antisocial behaviour. Children and adolescents with LD are protected from harmful peer and classroom experiences with the aid of family and schools (Svetaz et al., 2000).

Self-esteem, self-awareness, understanding of one's learning situation, proper academic help, attachment to instructors, pleasant peer connections, and high school completion are also protective features (Cosden, 2001). In contrast, an adolescent who lacks social skills and competence, engages in noncompliant, aggressive, or disruptive behaviour, does poorly in school, and has concomitant language impairment and more prone to psychological illnesses. According to Brown and Larson (2009), keeping close, intense relationships becomes more crucial during adolescence than retaining

status, prestige, and place among bigger groups. Adolescents spend more time with their peers of the same age than adults due to changes in the social environment and social norms.

Social media platforms made it simpler for adolescents to connect and become acquainted with their peers. The way in which individuals interact with their peers has been transformed by social media platforms such as Facebook, Instagram, texting, email, and online discussions; furthermore, the intensity of peer relationships has been amplified. Even though they devote countless hours to social media, adolescents are oblivious to its detrimental effects. Peer interactions have negative consequences, yet they can provide adolescents with emotional security, happiness, and affection, allowing them to flourish in a safe environment. Adolescent peer relationships frequently feature dyadic affiliations, cliques, homophily, and crowds. Cliques assist individuals to build their identities (Hartup, 1993).

Peer tutoring is a procedure commonly implemented in classrooms with students with some sort of learning disabilities. Peer tutoring is often found to benefit adolescents with learning disabilities. Peer tutors serve as instructors, assisting students in their subject comprehension. Peer tutoring improves students' ability to collaborate and communicate with others. With their peers, students with disabilities get along better than with professionals.

Students with disabilities receive more individualized assistance and personalized care than a single teacher could provide due to the increased frequency and immediacy of feedback and rewards. As a result, their academic performance improves. Social and emotional developments are intertwined; thus, adolescents become more vulnerable and emotionally intimate with their peers, their emotional

maturity grows. Increased vulnerability and closeness require peer trust. As individuals get closer in friendships and more fulfilled in relationships, peer connections become more important during adolescence.

Positive peer interactions enhance social, emotional, intellectual performance and improved academic performance (Berndt et al., 1999). Social pressure made adolescents spend more time on non-academic activities and less on academic Bishop, 1989), however peer social support predicted behavioral and emotional school involvement (Estell, & Perdue, 2013).

Good family or school relationships are linked to increased self-confidence, prosocial behavior, reduced aggression, improved overall adjustment, improved social skills, decreased internalizing difficulties, and increased interest in academic and occupational pursuits in adolescents (Crosnoe, 2000). Cognitive alterations as children grow and take on new responsibilities cause them to see things differently from their parents and understand their peers. In adolescence, peer interactions were more significant than parent interactions in creating friendships.

Adolescents with learning disabilities benefit from peer relationships through socialization, self-esteem, academic motivation, and well-being. They benefit from community and school interactions with peers. They can socialize, feel accepted, and participate in activities with supportive peer relationships. Adolescents with learning disabilities can build self-esteem and identity through encouragement, advice, and companionship from supportive peers, addressing academic challenges, stress, and difficulties. Positive peer relationships boost self-confidence, self-worth, and identity, whereas negative one's lower self-esteem and cause social rejection. Teamwork, peer tutoring, and academic support from peers boost academic self-efficacy, motivation,

and perseverance. Peer interactions promote social skills and relationship-building for learning-disabled adolescents by practicing communication, cooperation, problem-solving, and conflict resolution. They are more susceptible to peer bullying, Harassing, isolation, and discrimination which can worsen loneliness, low self-esteem, and despair by harming their mental health and academic performance.

Finally, peer relationships are essential for learning disabled adolescents to thrive intellectually, emotionally, and socially. Positive peer interactions help them improve their social skills, self-esteem, academic motivation, and social integration. In contrast, negative peer interactions can lead to victimization, psychological distress, and social problems.

Student Teacher Relationships

To foster a positive classroom relationship, a teacher and a student must respect and trust one another. This dynamic necessitates educators understanding their students, providing options, inspiring them, showing respect, and recognizing and appreciating their individual skills in order to help them become better learners. Building trust with students helps them thrive academically and fosters a safe, inclusive environment. To foster a strong student-teacher relationship and demonstrate to kids that they care, educators must be approachable. They must communicate with their students, evaluate their interests and opinions, and determine each student's learning style. Teachers must establish trust, treat students equally, recognize good behavior, and provide positive reinforcement and constructive criticism as needed by presenting alternatives. The student who has a close personal relationship with her teacher, speaks with her on a regular basis, and receives constructive comments and appreciation instead of criticism. Academic engagement,

classroom manner, and instructor trust levels are projected to improve. Academic instruction should be appropriate for each student's level. It also promotes critical thinking, analysis, and feedback to help students analyze and expand on their past knowledge (Nelsen et al., 2011).

Relevance of Student Teacher Relationship

A healthy student-teacher relationship gives students confidence and a sense of self-worth in social and emotional circumstances. Student-teacher interactions affect students learning and educational perspectives. Students must believe their instructors care about their well-being and academic success to participate in educational activities and perform well (Federici & Skaalvik, 2014). Teachers provide instruction, guidelines, equality, and decision-making autonomy in a supportive learning environment (Klem & Connell, 2004; Wang & Holcombe, 2010).

Positive teacher-student relationships are associated with improved adolescent academic, behavioral, and affective outcomes (Sabol & Pianta, 2012). Student-teacher relationships promote intellectual risk-taking, openness to new experiences, and social and emotional development. This improves academic achievement, fosters trust, establishes goals, and monitors students' progress. Allowing every youngster to speak and write improves self-esteem and mental health. Thus, students regard instructors as role models. According to Bondy et al. (2007), social competence, problem-solving abilities, autonomy, and a positive outlook on the future or purpose all increase resilience. An excellent school can help students develop these characteristics. Teachers who communicate well are better able to handle difficult situations. The student-teacher relationship influences students' learning motivation, experiences, and

intellectual and social lives, all of which impact their academic, behavioral, and emotional abilities (Davis, 2003).

Classroom performance is determined by interactions between teachers and students. An interactive learning environment improves students' self-esteem, mental health, behavior, and academic performance (Buffet, 2019). Instructor ignorance usually stresses student-teacher interactions. Students' learning styles and cognitive skills vary, thus they require diverse educational experiences. When an instructor fails to address a student's educational needs, the student-teacher relationship suffers. Personality characteristics, parental background, cognitive processes, learning preferences, life goals, and maturity all influence how students engage with their professors. A lack of student empathy leads to poor student-teacher interactions (Tucker, 2021).

Long absenteeism, unpleasant childhood experiences, and disabilities in children are all factors that contribute to poor student-teacher interactions. A history of persistent absences can predict high school dropout rates. This makes difficult for teachers to form relationships with absent students. Teenagers who have had highly negative adult connections during their early years find it difficult to trust their teachers. Students who have experienced abuse or neglect at home find it difficult to establish relationships with their teachers. Poor student-teacher interactions can also be attributed to low-resource backgrounds and teacher biases regarding a student's lack of academic access.

Student Teacher Relationship and Adolescence with Learning Disabilities

To learn learning materials, some students with learning disabilities require one-on-one attention and other forms of remedial training. Students who feel cared

for by their professors are more likely to feel and develop powerful emotions. The fundamental objective of instructors' relationships with their pupils is trust and the capacity to communicate freely, rather than academic performance.

Experts advise teachers to use caution when communicating with students as Children with learning disabilities struggle to form relationships with their teachers. The primary goal of inclusion is to help individuals accept and value their differences. Furthermore, it encourages people to participate despite cognitive or physical limitations. Inclusive education also improves student learning and meets their needs. It assumes that all children and adolescents have the right to participate in general education and have equal chances and experiences. Teachers collaborate in an inclusive classroom to guarantee the full engagement of special needs students. Alzahrani et al. (2019) discovered that positive instructor-student relationships improve academic performance and social behavior.

Teachers also influence students' transition periods through knowledge distribution, strong interactive skills, and emotional connection, which enhances student-instructor interactions (Allen et al., 2013). Fostering a school community enhances academic and behavioral performance (Roeser et al., 1996). Negative teacher interactions lead to increased violence and emotional and behavioral adjustment issues (Milatz et al., 2014). According to attachment theory, a neonate's social and emotional development, as well as emotional control, is dependent on a strong, trustworthy caregiver-child relationship (Bowlby, 1969). When a child is safeguarded and cherished, they create a "internal working model" of healthy connections.

Attachment theory was applied to investigate teacher-student relationships. Learning issues can be lifelong struggles. Interventions and new technologies may aid in the development of success skills, depending on the handicap. Students require instruction to use technology in class. Parental and transdisciplinary teams may offer interventions for preparation and implementation. This team typically consists of school psychologists, special educators, occupational therapists, speech therapists, psychologists, ESL instructors, literacy tutors, and reading specialists.

Special education is the primary treatment option for cognitive impairments. Children and adolescents with academic and cognitive abilities can be assessed by specialized tutors. The evaluation will also measure academic performance. After evaluation, the goal is to teach learning skills using the child's strengths and modify any inadequacies. Language and speech therapists may also help. Medications that enhance attention span and concentration and additionally psychotherapies may help to modify learning skills among adolescents. Learning disabilities might go unnoticed for years because intelligence compensates for processing impairments and helps youngsters accomplish early learning goals. Assessment may relate learning challenges to English proficiency rather than learning deficiencies in children from second language homes (Silver & Hagin, 2002). Children with LD experience constant difficulties in school (Shaywitz et al., 2000). Children with minor cognitive disabilities overcome psychosocial challenges with early identification, appropriate instructional changes, nonacademic abilities, and family support (Gans et al., 2003).

REVIEW OF LITERATURE

Reviews related to Learning Disability

Fletcher, Lyon, Fuchs, and Barnes (2019) describe "learning disabilities" (LDs) as brain anomalies that impede normally intelligent children's and adolescents' math, writing, and reading skills. Dysgraphia, affects writing; dyslexia, affects reading and language; and oral and written language learning impairment, which impacts morphological and syntactic coding and comprehension; Dyscalculia impairs spatial and visual organization, as well as math.

Kumari et al. (2018) found 36% of Uttar Pradesh regional children with cognitive disorders. Bandla et al. (2017) showed 10.25% of the populations in Rajasthan have cognitive disabilities, with boys (7.14%) more often than women. 6.6% of South Indian adolescents have learning difficulties, with delayed speech, premature delivery, cesarean section, and family history. The National Education Policy (2020) promotes access to an inclusive learning environment for academically challenged students with learning disabilities. The National Surveys of Children's Health (NSCH) surveyed parents and guardians to evaluate their children's physical, mental, and social health. According to NSCH (2012), 3.7% of children aged 3 to 17 had mild cognitive impairments and 4.0% had moderate or severe impairments. According to the Early Childhood Longitudinal Studies (ECLS), 2.6% of preschool children and 13.2% of fifth-grade students have learning disabilities.

Zauderer, (2023) CEO of Cross River Therapy reported that one out of every 59 adolescents had learning disabilities, and 2.8 million students received special education services. According to recent studies, 47% of the four million boys and girls with cognitive disabilities in the US attend special education. However, 18% drop out,

31% are bullied, and 66% are boys. They stayed with their peer group regardless of any adjustments made to their courses to help them learn, and disability is unrelated to demographics and economics. Suresh and Sebastian (2003) estimate that 7–8 percent of rural South Indians in Perimpilavu have learning disabilities. According to research conducted in Bangalore, India, by the National Institute of Mental Health and Neurosciences (NIMHANS), 13% of school-aged children exhibited signs of a learning disability. Among them, 6% showed difficulties with mathematics and 8–15% with written communication. SLD was present in 15.1% of South Indians, dysgraphia in 12.5%, dyslexia in 11.2%, and dyscalculia in 10%. Some studies show that reading impairments are not gender specific, but males are more likely to have them. SLD is more common in impoverished children, when one of the parent is unable to read, and when Children are raised by less educated mothers.

Whitaker (2004) claims that the true frequency of learning disabilities is 2.5%. Only 0.25% of individuals were formally identified as having mild to moderate learning disabilities. An accuracy of 1% instead of 2.5% would be better for people with low IQs and poor social skills. Despite the fact that the prevalence of learning impairments is closer to 1% than 2.5%, only a small proportion of people are aware of the many support systems available to them. Many individuals may have undiagnosed learning issues. IQs below 70, cognitive issues and intellectual and adaptive deficits are indicators of learning disabilities.

According to Ashraf and Majeed (2011), the prevalence of dyslexia among students is estimated to be 2% to 8%. Dyscalculia in 20% of adolescent school children, with males experiencing three to four times the difficulty in reading as females. Although women may struggle with arithmetic, dysgraphia affects 4% of school-aged infants and adolescents, it affects boys three times more frequently than

it does girls. Dysgraphia, dyslexia, and dyscalculia affect 11%, 2%, and 10% of Indian primary school students, respectively. Arun et al. (2013) conducted a cross-sectional study among 52 students enrolled in grades VII-XII in Chandigarh. While none of the participants had dyscalculia or problems with reading, the majority had multiple impairments. Parental involvement is essential in academic challenge investigations because of the social, emotional, and physical elements that lead to academic underachievement. According to Chacko and Vidhukumar (2020), one out of every four Indian students who attend English-medium schools has SLD and immediate Rehabilitation for SLD is required. In India, educators and parents need a lot of resources and data.

Even though the child's other developmental milestones are on track, Fletcher et al. (2018) discovered disabilities related with reading, writing, and math, were essential for academic success. A sudden onset of learning impairments is remarkable, like trouble recalling letter names or counting things may appear in early childhood, but expert investigation in scholastic skills is required for diagnosis. According to Shessel and Reiff (1999) in their empirical research reveals that people with learning disabilities have academic difficulty even with an exceptional education, and impairments usually last for an entire life. Specific Learning Disability (SLD) is an ongoing disability that lasts into adulthood and causes learning challenges that vary by culture and stage of development. Early childhood learners in English-speaking countries struggle to distinguish words and connect letters and noises, Reading systematically and thoroughly. Studies have revealed that children with SLD like dyslexia learn letter-sound correspondence in non-alphabetic languages or languages with easier letter-sound correlations than English and mature people with SLD encounter with language skill difficulty.

Nabuzoka and Smith (1993) compared learning disabled and non-LD children's sociometric status and behaviors. LD children were shy, seeking help, and bullied than non-LD youngsters, and fewer were cooperative or leaders. Both groups reported aggressive behavior. The teacher thought LD children's behaviour wasn't related to peer choices, demonstrating social cognitive deficits in peer relationships.

Ayar et al. (2021) used the Strengths and Difficulties Questionnaire to identify social, emotional, and behavioral problems for children with SLD. SLD children with high SDQ scores had higher ratios of abnormal emotional symptoms, conduct problems, and hyperactivity. Cases with antenatal smoking, poor familial income, dyscalculia, extreme preschool screen time, and history of hospitalization had higher ratios of behavioral problems.

Math, reading, and self-reported learning disabilities have an impact on academic achievement in the ninth grade and the transition to upper secondary academic or vocational education at the age of 16, according to Hakkarainen et al. (2013). Math and reading problems greatly influenced their achievement and alternative secondary schooling. Self-reported learning impairments were less influential than math and reading problems and Parents' education did not enhance prediction.

An examination of data reanalyzed from survivors of Hiroshima and Nagasaki who were prenatally exposed to the atomic bombings unveiled a decline in foetal learning from the eighth to the fifteenth week of gestation (Schull, & Otake, 1986). Deficiencies in motor skills, early avoidance, attention irregularities, and hyperactivity are factors that contribute to the development of expressive language delays, social anxiety, and heightened sensitivity to sensory and social stimuli.

Galaburda et al. (2006) concur that the aetiology of cognitive difficulties is highly likely to be genetic in nature.

Perinatal problems such as asphyxia/hypoxia during birth, mechanical birth trauma, hypoglycemia, and premature birth can all lead to a learning disability. Postnatal effects can cause learning disabilities, and more research is required in this area. The most obvious causes are trauma, anoxia, and infection (meningitis or encephalitis) (Bhate, & Wilkinson, 2006). Stuebing et al. (2012) propose that the pattern of strengths and weaknesses (PSW) evaluates an individual's comprehensive cognitive ability to identify deficiencies in particular areas of performance. Consequently, individuals without SLD may be erroneously classified as having SLD by the PSW.

Response to Intervention (RTI) assessments examine fundamental academic skills with succinct queries, use curriculum-based evaluation, and use student progress data to plan teaching (Machek & Nelson, 2010). Margai and Henry (2003) found that prolonged low-level exposure to environmental toxicants such lead, heavy metals, solvents, and others increases LD incidence. Geostatistical analysis was used to analyze pollution sources and learning disability (LD) prevalence in US urban areas. Other contextual influences were home quality, poverty, low parental education, and other disadvantages. To find geographical concentrations of populations, 1997 childhood impairment data was used to extract and assess LD cases. Localities in LD clusters were analyzed for environmental and contextual risk relative to the community. According to the data, high-risk lead poisoning zones were linked to historically important lead poisoning sources and air pollution sites. Multiple subdivided dwelling units, poverty, a higher percentage of public assistance recipients, and lower adult education were associated with high-risk neighborhoods.

These findings demonstrate the need for more comprehensive, multidisciplinary learning disability research that includes children's communities and locales.

Reviews linked to Adolescents with LD

Daniel et al. (2006) examined suicidal thoughts, suicide attempts, and school dropout among low-reading adolescents. Psychiatric and socioeconomic factors remain impoverished readers exhibited a higher propensity for suicidal ideation and withdrawal. Significant correlations between suicide and school dropout rates identified the emotional and social obstacles that prevented adolescents with unique learning requirements from achieving academic success. Children with learning disabilities drop out, according to Korhonen et al. (2014). Many teenagers with learning disabilities struggle academically, socially, and emotionally, resulting in social exclusion, isolation, low self-esteem, sadness, and anxiety (Bender & Wall, 1994).

Huntington and Bender (1993) found that LD adolescents are more frustrated, self-destructive, dissatisfied with their classmates, and participate in unlawful actions. Grolnick and Ryan (1990) found that some children with learning disabilities had low self-esteem and incompetence, which affected their social behavior and academic performance (Heiman & Margalit, 1998). discovered that anxious LD adolescents with moderate somatic difficulties experienced isolation and required academic and social assistance. Adolescents with SLD suffer academically, despite their intellectual abilities. Globally, dyslexia is the most common learning disability in adolescents. Research indicates that children with LD have normal to above-average IQs. Ineffective learning approaches reduce academic achievement (Sofologi et al., 2022).

The coping capacities of adolescents with and without learning disabilities were compared by Geisthardt and Munsch (1996). LD adolescents had higher academic failure and lower school activity participation despite equivalent stress. For academic or social challenges, they utilized cognitive avoidance and sought peer assistance. Learning-disabled adolescents underestimated their spelling and ball-throwing skills, according to Job and Klassen (2012). Svetaz et al. (2000) compared emotional distress, well-being, challenges, and protection for learning-disabled and non-disabled adolescents. Due to familial and school attachment, LD adolescents are twice as likely to experience emotional distress, suicide, and aggression, which lower academic performance. Comparing teens with and without learning disabilities helps legislators, educators, and healthcare providers develop academic and psychological therapies and support networks.

Environmental and social factors might cause mental health issues in people with learning disabilities. Emerson and Hatton (2007) linked mental health issues in children and adolescents with learning disabilities to social disadvantages such as single-parent families, poor family functioning, parental education disparities, income poverty, and unpaid employment.

Schulte-Korne (2016) discovered that people with LD are more likely to internalize feelings of fear and despair than their non-LD peers. According to Sahoo et al. (2015), LD adolescents are more likely to externalize their concerns and engage in socially deviant behavior. Some studies have compared the friendships, self-esteem, loneliness, and confidentiality of students with and without learning disabilities. These studies frequently found similar psychological abilities.

Furthermore, it shows that having LDs increases feelings of social isolation, emphasizing the importance of providing learning-disabled children with modified schooling, based on their unique learning styles. All educators must work together to effectively integrate adolescents with academic issues into the school environment. Vanhalst et al. (2012) discovered that young people with learning disabilities (LDs) and adolescents without LDs have extremely different attitudes toward loneliness. Supporting children who struggle with learning can reduce psychological distress and foster a good learning environment.

Reviews pertaining to Psychological Correlates

Kavale and Forness (2000) found that 75% of LD adolescents fail to form and maintain friends. Thus, "social and psychological issues" are interrelated since one may trigger the other. Students who bully adolescents with LD are more likely to receive negative feedback from teachers and other mature adults. Social rejection can lead to isolation, low self-esteem, and negative self-evaluations, which raise the risk of anxiety and depression. As a result, they face several psychological, emotional, and behavioral issues.

Temperament and Adolescents with LD

Frick and Morris (2004) found that aggression lowers emotional competence in a cross-sectional study. Emotionally competent people have reduced negative emotional arousal, according to Eisenberg et al. (2010). Because temperamental reactivity and control are linked, temperament manifests in waves over time (Rothbard & Bates, 2007).

Cardell and Parmar (1988) reported that teachers saw broad differences in temperament reactions between LD and non-LD children. In comparison to non-LD

teachers, LD instructors were thought of less favorably. Persistence distractibility and social adjustment (adaptability and approach/withdrawal) affect LD children's disposition. Teachers may evaluate LD students' social skills based on their temperament. Academic competency, school admiration, and effortful control in 7–12-year-olds were positively correlated, Valiente et al. (2007). Temperament and academic achievement were mediated by school preference, which correlates with family prosperity and education.

Moanță et al. (2023) examined vulnerable pre-adolescents' temperamental features by gender and vulnerability type using the Early Adolescent Temperament Questionnaire (EATQ-R). A study found that experts boosted Effortful Control and decreased Negative Affectivity and Depressive Mood among preteens at risk of early school absences. Vulnerable girls had more Surgency, Affiliation, and Depressive Mood than boys, who had significantly higher Surgency. Future teacher and parent training programs should include temperament-conscious instruction, according to these findings.

Coping Skills and Adolescents with LD

Adolescents who struggled with low self-esteem were more likely to use avoidance coping mechanisms, according to research by Chapman and Mullis (1999). The resilience of high achievers in the face of academic setbacks surpasses that of average or low performers (Rijavec & Brdar, 1997). Cocoradă and Mihalașcu (2011) found that constructive coping mechanisms outperformed behavioral disengagement and emotional release in secondary school students. Geography, gender, and age determined emotional support, denial, discharge, and mental disengagement. Joseph and Abraham (2017) reported no gender differences in school-aged adolescent self-

esteem and coping methods. Parental and instrumental support promoted self-esteem. The most common coping techniques were planning and instrumental aid. Substance addiction, lamenting, self-blame, denial, behavioral disengagement, and comedy were rare. Shaw, Brinckerhoff, and McGuire found Students may struggle to adjust from a highly regulated secondary school to an unregulated college or university. Learning disabled students may suffer transition anxiety. Learning disabled teens are more anxious in class.

Before entering postsecondary school, learning disabled students may feel pressure to perform like those without disabilities. Minor academic, psychological, social, and occupational challenges might stress adolescents. Self-regulation, academic motivation, and attribution require self-awareness education for children with learning disabilities (Goldberg et al., 2003). This encourages emotional control and proactive problem-solving. Although adaptive coping skills may aid kids with learning disabilities, their passivity is concerning, as shown by disruptive behavior, learned helplessness in the face of adversity, and social disengagement (Forness & Kavale, 1996).

Adaptive coping involves positive reappraisal, while maladaptive involves negative ideas, self-blame, and catastrophizing. Greenberg et al. (2001) identified physical or mental disabilities, developmental delays, emotional disorders, unfavorable home environments, relationship issues, poverty, and poor academic performance as risk factors for psychopathology in children. Maladaptive cognitive coping is linked to psychopathology in adolescents and adults. Geisthardt and Munsch (1996) compared school-related stress in junior high school students with and without learning disabilities and found they were less likely to be selected for school activities and more likely to fail classes. Both sets of children experienced school event tension.

Learning disabled kids were more likely to avoid cognitive tasks, under academic or interpersonal pressure, they sought social support from fewer peers.

Cheshire and Campbell (1997) investigated the coping styles of 30 adolescents with and without learning disabilities. Adolescents with learning difficulties used different coping mechanisms than their typically developing classmates. Learning disabled individuals were less inclined to relax, disregard the positive, and do nothing. They had more wishful thinking and doubts about their management skills. Cognitive and social disabilities may explain the differences.

Cooper (2006) examined long-term success and learning disability competency predictors. They examined the self-reported coping methods, locus of control, and life satisfaction of young, non-college-attending LD and non-LD people. Life satisfaction, self-reported success, coping techniques, and locus of control were similar for LD and non-LD subjects. Both groups self-reported equal performance. Both LD and non-LD patients had higher External Locus of Control and "average" Quality of Life. All subjects had a link between maladaptive coping mechanisms and external locus of control. Coping and locus of control correlated positively. Conversely, QOLI weighted satisfaction levels for health, self-esteem, money, neighborhood, and community were negatively correlated. The groups' values and goals affected their happiness similarly, but LD patients reported higher contentment and QOLI. Firth, Greaves, and Frydenberg (2009) gave ninth-graders with cognitive difficulties a coping measure. The Adolescent Coping Scale indicated that teenagers with learning difficulties were more inclined to ignore and not address the situation. While effective and unproductive coping techniques were similar, people with learning difficulties were more likely to ignore and avoid the situation. These data

demonstrate the dangers of passive coping in teenagers with cognitive disorders, emphasizing the need for help.

Givon and Court (2010) interviewed Israeli high school students with learning difficulties over three years for a longitudinal qualitative study on their coping techniques. Four emotional-cognitive strategies are determination, avoidance, rebellion, and reconciliation. Students learned coping skills through social support, remedial instruction, and early diagnosis. School counselors and teachers can use the hierarchical continuum of data to determine kids' current functioning levels and help them develop academic and emotional coping mechanisms.

Panicker and Chelliah (2015) examined how Specific Learning disability (SLD), Borderline Intellectual Functioning (BIF), and parental awareness of their child's learning disability affect stress, sadness, anxiety, and resilience in children and adolescents. BIF participants were more resilient than SLD participants. 90% of parents knew their child had SLD, however only 39% helped with homework. This emphasizes the need for tailored remedial treatment, which should teach parents about SLD's emotional effects and how to cope and be resilient. Mathew (2020) explored coping techniques and social support among South Indian teenagers in open and regular schools, including those without cognitive impairments. Learning disabled adolescents used more humor, denial, mental and behavioral disengagement, and religious engagement than their peers. There was strong evidence that substance addiction negatively impacted social support. The findings show how social and psychological resources help cognitively disabled teenagers. Deepthi et al. (2022) contrasted non-LD students' proactive coping and social-emotional adjustment. A multistage sampling method randomly selected 150 15–17-year-olds from Kerala high schools. Learning disabled students indicated lower proactive coping and social

emotional adjustment. Proactive coping and social emotional adjustment were positively correlated in individuals with and without learning impairments. Learning disabled students can adapt to social and emotional settings using proactive coping strategies.

Emotional Intelligence and Adolescents with LD

Senad (2017) studied 100 male and female 13–16 year from the CBSE and ICSE schools to determine the level of emotional intelligence and its four components: emotional understanding, motivation, relationship management, and empathy. CBSE students had greater levels of Emotional Intelligence, Understanding Motivation, and Empathy than ICSE students. Female students had higher levels of emotional intelligence, motivation, and empathy. However, no significant differences in emotion comprehension and relationship handling were identified in CBSE (male and female) and ICSE (male and female) students. The effect of emotional intelligence on students' grades was studied by Mishra (2012), One thousand senior secondary pupils selected from government senior secondary schools in Jaipur district, Rajasthan, using a random-cum cluster sampling technique. The results of a survey indicate that emotional intelligence positively influences the academic performance of female students.

Adolescent self-identity development is characterized by their participation in peer groups that might foster peer compliance. Adolescents require emotional intelligence in order to prevent undesirable conformance. Yunalia and Etika, (2020) conducted research on the correlation between EQ and peer conformity in late adolescence using 191 respondents chosen through a simple random sampling approach. Results indicated a negative association between emotional intelligence and

peer compliance in adolescents. Higher levels of adolescent emotional intelligence result in lesser peer conformity. They also discovered the impact of emotional intelligence on aggressive conduct in late teens in their study of the variables influencing aggressive behavior in adolescence, and found as emotional intelligence increased, aggressive behavior decreased.

Karibeeran and Mohanty (2019) conducted a review of the emotional intelligence of adolescents. Adolescence is a period characterized by heightened emotional intensity; individuals who fail to identify, understand, control, and manage their emotions will develop lasting behavioral and personality problems. During this time, children become increasingly independent and start to contemplate their futures, including employment, relationships, families, accommodation, and more. Particularly if a person desires to participate in society and fit in, they must acquire the roles they will assume as adults during this formative stage. The adolescent will engage in a process of self-reflection regarding their identity and endeavor to ascertain their true self. Thus Emotional intelligence, that includes a range of qualities including empathy, self-control, self-awareness, sensitivity to the emotions of others, tenacity, and self-motivation, relates to proper social-emotional development of adolescents

Richardson et al. (1997) investigated cross-cultural solutions for social and emotional education. They believed that for students to succeed, they needed to develop in their emotional, intrapersonal, and interpersonal intelligences. Optimistic teenagers performed well in school whereas Students who are pessimistic and unmotivated find it difficult to focus and succeed. Emotional intelligence may be taught in schools from infancy to puberty through Formal education which can improve one's career and social success. Cherniss et al. (2001) discovered that teaching emotional and social skills in the classroom increases academic achievement

both in the year of instruction and in subsequent years. Teaching these abilities has an impact on long-term success. According to Nelson and Low (2011), emotional intelligence is the most important aspect in personal achievement, professional success, leadership, and life satisfaction. People who are emotionally healthy can identify, perceive, experience, and explain emotions effectively.

Panneerselvam and Sujathamalini (2014) focused on the emotional intelligence of children with learning difficulties. Classroom disputes and emotional challenges are common among students with learning disabilities. These tensions made it difficult for students to respond to the questions posed by teachers. This condition makes the youngsters emotionally difficult. Making them struggle in school due to their learning disabilities and emotional problems, which causes the youngster to have extremely low emotional intelligence in their later life. Consequently, children with learning disabilities need a holistic strategy to address their unique emotional and academic challenges.

Research on the emotional capacities of individuals with Specific Learning Disabilities (SLDs) reveals a correlation between cognitive deficiencies and emotional disorders, as stated by Zysberg and Kasler (2017). It has been proposed that people with such disorders do not have impaired emotional and interpersonal talents, but rather that these attributes help them compensate for and cope with the issues they face in school. The study's findings revealed a link between scholastic assessment test scores and ability emotional intelligence (Ability-EI) and college grade point average. Self-report measures of emotional intelligence and self-esteem scores were lower among the group with learning challenges. EI has a beneficial effect in reducing the association between background characteristics and higher education attainment in students with SLD.

Adolescents with high EI reported decreased anxiety and depression. Increased emotional perceptive abilities were connected to decreased feelings of inadequacy, adjustment issues, and emotional disorders (Palomera et al., 2012). Using the Bar-On (1997) and other self-report measures, additional noteworthy studies found negative associations between trait-EI and physical feelings of despair, loneliness, and burnout.

Newsome et al. (2000) found that high emotional intelligence (EI) was linked to improved high school grades per Petrides et al. (2004). Emotional intelligence is linked to learning and academic success and, inversely, to adjustment issues. Based on the data, students with SLD may have adjustment issues due to a lack of emotional intelligence rather than task completion difficulties or support needs. The psychological adjustment of adolescents with SLD is impacted by their emotional beliefs, self-concept, and emotional intelligence. This in no way indicates that all adolescents who experience SLD will also struggle emotionally.

When learning and metaemotional issues coexist, SLD adolescents are more likely to struggle with adjustment. When reliably tested in adolescents, EI was greater in females than in males and is positively associated with emotional expression identification, social support, social support contentment, and emotional control. Due to learning challenges, school can be quite frustrating for students with SLD. Inclusive practices focus on helping students with SLD learn, but they don't appear to encourage their emotional growth and wellness.

Reviews related to Social Correlates

Schmidt and Prah (2014) conducted an empirical study to investigate whether or not children with learning disabilities in primary schools, grades 7-9, experience

social skills issues in comparison to their non-LD classmates. Results showed that LD students' social interaction, self-concept, social inhibition, anxiety, and stress levels were significantly different from those of their non-LD classmates. Those who struggle academically often exhibit heightened reluctance and shyness while interacting with others.

Walker and Nabuzoka (2007) evaluated academic achievement and social functioning in children (7-12 years old) with and without learning difficulties. Each child's math and English achievement scores were classified as low (LA) or high (HA), and sociometric and peer behavioral attribute scores were collected. The studies found associations between achievement, socioeconomic position, and behavioral attributes. The fraction of sociometric status variance explained by academic achievement and some behavioral variables differs across boys and girls. Positive sociometric status and behaviors were more prevalent in HA children than in LD children. In terms of bad behavior, children with LD outperformed both HA and LA youngsters. The data are investigated as demonstrating a link between academic achievement and social adjustment, implying that intervention strategies should target social connection issues while accounting for gender differences.

Family Relationships and Adolescents with LD

Waggoner and Wilgosh (1990) reported on the worries and experiences of parents of learning disabled children. Parental involvement in their child's education, positive and negative school official encounters, and further support were considered. Parents feared about social isolation and the future well-being of their learning disabled children. According to their reports, parenting children with

learning challenges impacts parents emotionally and has both positive and negative effects on families.

Heiman et al. (2008) compared the viewpoints of 52 families with an adolescent child diagnosed with LD. a self-reported assessment for Family Relations and Communication was completed by both parents and adolescents. The findings suggested that parents viewed their children to be too or insufficiently concerned with them, and to not have the same values and norms as themselves. Perceptions of the problematic and open components of family communication, higher levels of problematic maternal participation, and affective expression of mothers were higher among adolescents without LD. Both teens said that communication between fathers and mothers was viewed as less open and more challenging.

Smith et al. (2009) discovered no discernible variation between parents of adults and adolescents with disabilities and parents of people without impairments in terms of everyday activities and overall well-being. In contrast, parents of disabled children were more likely to experience stress, negative emotions, and physical issues. The unanticipated effects on families of children with LD were investigated by Dyson (2010). Two distinct focus groups were attended by eleven parents whose children were aged eight to sixteen. Family strain, parental inconsistency, unfavorable reactions from extended family members, trouble interacting at school, and inconsistent influences on siblings were several affects that children with LD had in their families. Family coping methods were examined and recommendations for family and student support were given to individuals with LD.

The relationship between interparental conflict and children's behavioral issues through longitudinal studies in community-based, nonclinical families

indicated that tough parenting significantly contributed to adolescent aggression and poor mental and physical health in early adulthood, Kingsbury et al. (2020).

Adolescent family interactions are critical to their growth and functioning. According to Smetana, Campione-Barr and Metzger, (2006), the extent to which parents monitor their children's locations, activities, and relationships with other students is an important determinant of antisocial behavior. According to De Los Reyes and Ohannessian (2016), researchers can investigate these links using subjective, physiological, and observational measurements. Adolescent behavior shows family dynamics and how adolescents interact with their parents. Behavior patterns in the same social milieu are used in many mental health and adolescent development studies.

Wikle and Hoagland (2020) investigated adolescents interactions with family members as well as their feelings when spending time with them. Adolescents interact socially with those they respond well to and spend time with them. Family structure is an important factor that influences adolescents emotional functioning and social development. Adolescents in nuclear homes profited from interactions with parents, while adolescents in nonnuclear homes gained from interactions with nonresident parents, elder siblings, or extended family members, lending support to family interaction compensation models. As a result, family members have a favorable influence on adolescents' emotional responses.

Ajitha and Starlet (2020) studied family relationships in typically developing adolescents. A child with a learning disability impacts family dynamics, which affects the child's growth and development. Musetti et al. (2019) studied 93 adolescents (ranging in age from 11 to 16) and found that there were significant differences in

self-esteem, friendship quality, loneliness, and secrecy between three groups: those without learning disabilities, those with learning disabilities, and those with learning disabilities who got psychosocial educational intervention. Learning disabled adolescents who received psychosocial educational intervention had higher self-esteem in interpersonal connections, responsibilities, families, and bodies and less parent-related loneliness than their peers.

According to Amerikaner and Omizo (2015), LD family interaction differs dramatically from nonproblem families and is quite similar to interaction in families with an emotionally disturbed child. However, mothers of LD adolescents were less disengaged than mothers of ED adolescents. Countless studies have looked into how families of children affect emotional and behavioral difficulties in school. Interventions were aimed to help the youngster by providing academic remediation such as special programs and tutoring. Educational initiatives for parents and family engagement received the least attention. When considering family interaction, interaction was likely to be found in families with LD children, indicating that LD families interact in patterns that are quite similar to ED families. Therefore, it is recommended that future strategies for successful intervention incorporate evaluations of family functioning and approaches to support the family in recognizing and potentially modifying its interactive pattern when it unintentionally contributes to the child's difficulties. Family systems-oriented practitioners who specialize in "behavioral" or "emotional" issues would undertake this precisely.

Peer Relationships and Adolescents with LD

Yazdi-Ugav et al. (2020) found links between academic success, feelings of isolation, and behavioral disorders in children with social abilities ranked in the top

or lower thirds. The homeroom teacher assessed the social skills of 733 students ranging in age from nine to fourteen years. Males were more likely to experience behavioral disorders, and there was a difference between groups with low and strong social skills. Loneliness and low academic achievement were more prevalent among students with learning disabilities. Social skills can aid with adjustment to school, academic success, academic isolation, and behavioral issues.

Marini et al. (2023) investigated the psychological aspects of maltreatment. Several factors lead to the maltreatment of children with learning disability. In order to define social integration, they linked trauma to cognitive damage. When students with learning difficulties are unable to participate in classroom discussions, they face unjust discrimination.

Research repeatedly reveals that adolescent students with learning impairments (LDs) have the highest levels of educational dissatisfaction. This idea undermines their peace, social position, and independence. Musetti et al. (2019) found that adolescents with learning disabilities who engaged in psychosocial educational interventions had higher body image, responsibility, family, and interpersonal self-esteem, as well as lower parental-related loneliness.

Pearl et al. (2004) examined the friendships of teenagers with cognitive difficulties. A sociometric study revealed that these children were commonly unpopular. The majority of students with learning disabilities have established a buddy who is prepared to associate them by end of the year. Proximity, conflict, and security are some of the characteristics that determine how young people create alliances. Friendships between students without learning difficulties were linked to

higher levels of self-esteem, intimacy, and support. Peer interaction problems are just one of the many social challenges that people with cognitive disabilities face.

Wiener (2004) investigated the social talents and connections of people with learning disabilities. There are two types of risk models: single and multiple. The single-risk paradigm suggests that certain people with learning disabilities may suffer socially. Impaired social connections worsen intrinsic behavioral problems. According to the multiple-risk paradigm, a variety of risk factors exacerbate issues with both internalizing and externalizing behavior. Low socioeconomic position, limited English proficiency, attention deficit hyperactivity disorder (ADHD), insufficient educational accommodations, and inefficient parenting are all risk factors for negative outcomes. Patients with LD had less behavioral difficulties when they formed and maintained positive social relationships.

According to Vaughn et al. (2001), primary school pupils with cognitive difficulties rated their friendships lower than those without disabilities. Throughout the academic year, children with learning disabilities have maintained close relationships. There were fewer friends to depend on when things were difficult, and children with learning disability were frequently underestimated by their peers.

Prater, Serna, and Nakamura (1999) investigated the effects of peer education on the social skills of adolescents with learning disabilities. Five of the twelve children had learning challenges, and a special education teacher taught those three social skills: giving and receiving positive feedback, participating in conversations, and dealing with criticism. In both instructor-led and peer-led situations, the three social skills improved. Both groups experienced difficulties digesting negative feedback.

According to research, peer-taught social skills education is as efficient and successful as or better than teacher-directed learning.

Lewandowski and Barlow (2000) did a thorough evaluation of the literature on the incidence of social and psychological problems among students with learning difficulties. Wiener (2002) reported a significant difference in social skills between students with and without learning difficulties. This is seen in their helpfulness, lack of discretion, and social isolation. Adolescents with anxiety, depression, psychosomatic symptoms, and interpersonal sensitivity are more likely to have bad peer relationships and receive less social support, according to De Matos et al. (2003).

Goldberg et al. (2003) and Kavale and Forness (1996) found that adolescents with learning disabilities behave differently than their typically developing peers in terms of acceptance, rejection, and disdain. Hager and Vaughn (1995) found that children with learning disabilities were more likely to face social isolation. Even among students without learning difficulties, this was evident in their low academic accomplishment. Both categories were treated unjustly. According to Bruefach and Reynolds (2022), there is a positive relationship between lower socioeconomic status and adolescents with learning disabilities.

Student Teacher Relationships and Adolescents with LD

Majorano et al. (2017) examined how emotional autonomy and parent-adolescent interactions of adolescents with LD affect social and emotional adjustment and related minor effects of teacher-adolescent interaction were also explored. Two hundred and thirty adolescents, spanning in age from thirteen to twenty, comprised the sample: 293 adolescents who developed normally and 50 adolescents with learning disabilities (LD group). According to the assessment of interpersonal

relations (AIR), the Emotional Autonomy Scale (EAS), the Loneliness and Aloneness Scale for Children and Adolescents (LACA), and the Multidimensional Self Concept Scale, adolescents with learning disabilities (LDs) have higher levels of peer-related loneliness, a marked decline in self-concept, and poor perceptions of their relationships with parents and teachers. Parental loneliness and emotional autonomy did not differ between groups. Learning disabled teenagers had a higher link between emotional autonomy and self-concept. Positive teacher-adolescent relationships may moderate LD group relationships. The findings affect how intervention programs for learning-disabled youth build social and emotional skills.

Pitzer, Skinner (2017) predicted changes in students' motivational resilience during the school year and found children perform better when they can fully engage, deal adaptively, and recover from academic setbacks. These three processes are favourably interconnected and may form a self-sustaining motivational resilience system. Self-report data from 1020 Grades 3–6 students showed strong teacher support for low-risk pupils and poor teacher support for resilient students. Al-Yagon (2016) examined adolescents' attachment to parents and other significant adults, their assessment of the homeroom teacher as stable, and their class friendships. Adolescents with LD, LD-ADHD, and TD differed in socioemotional and behavioral characteristics. The three populations had different interaction patterns, and each major attachment figure may have had a unique intimate relationship with the adolescent. A cross-sectional research by Diseth and Samdal (2014) among Norwegian lower secondary students on teacher autonomy support, personal success objectives, school performance, and life satisfaction. Autonomy support and completion goals predicted academic performance and happiness. Females valued mastery objectives, whereas boys prioritised performance goals, indicating more

drive. In conclusion, students' perception of teachers autonomy support and academic motivation impact their school achievement, life satisfaction, and life adjustment. So as teenagers go through the grades, they grow more independent.

Federici and Skaalvik (2014) investigated how 9th and 10th students' perceptions of emotional and instrumental math impact math anxiety, intrinsic motivation, help-seeking, and effort. Instrumental support predicted lesser anxiety, but emotional support was highly associated. According to this research, instructors should provide emotional and practical support. Learning disabled adolescents have distinct development and adult interaction issues. In order to understand these consequences, Al-Yagon (2012) examined the role of essential adult links. Researchers examined the social, emotional, and behavioral adjustment of adolescents with and without learning disabilities using protective variables such close relationships with parents, teachers, and peers. Adolescents' social and emotional transition included affect, loneliness, and internalizing behavior syndrome. Close father-teacher interactions affected adjustment, although the mother and adolescent with learning disabilities experienced similar levels of adjustment and attachment.

Wyrick & Rudasill (2009) indicated teacher-child connections affect academic and social results. Parental interaction affected teacher-child relationships. They surveyed 894 third-graders, mothers, and teachers. through regression analysis, parent participation strongly affected teacher-child relationships. Participation by parents reduced conflict. Only low-income children had less teacher-child conflict and more parent participation. Results show the importance of parent involvement in school adjustment and teacher-student interactions functioning as an extension or function of teacher-parent relationships.

According to Adams and Christenson (2000), it is difficult for parents to connect with many secondary school teachers. Furthermore, the secondary school teachers have a greater number of students to engage than elementary school teachers. This allows teachers to avoid parents and deal directly with children in high school environments where problems develop. Due to the complexity of the needs of adolescents with disabilities and structural changes in high schools, a study on the intersection of social interactions between students, parents, and instructors in high school is necessary.

Greenham (1999) examined learning disabled people's neuropsychological, intellectual, and social abilities. Most kids and teens with learning impairments are capable and social. Teens and kids with LD struggle with social judgments. LD sufferers have more internalized anxiety and depression. Hostility, delinquency, and hyperactivity can be subclinical and harmful. NLD patients exhibit more personality issues and disruptive behavior. It is unproven that controls without LD have similar psychosocial adjustment to reading deficient people. As emphasized in each of these reviews, adolescents with LD face distinct psychological and social challenges.

Research Gap

Identifying research gaps is essential for improving understanding of the topic "psycho-social correlates of learning disability". Previous research has primarily focused on children, with few studies addressing adolescents. More studies may be necessary to fill in any gaps in knowledge regarding the psychological and social challenges faced by adolescents with learning disabilities. Some research focused on specific types of learning disabilities, such as dyslexia or dyscalculia. So Further investigation is required to have a deeper comprehension of the various

learning issues that adolescents face, in addition to the psychological and social obstacles.

The most studied psychosocial constructs included self-concept, self-esteem, resilience, loneliness, academic achievement, and identity development. There has been limited research on psychological correlates such as temperament, coping skills, and emotional intelligence, and social correlates such as family, peer, and student-teacher relationships. Exactly how these attributes, when combined with learning disabilities, influence psychosocial effects is uncertain.

More research is needed to understand how adolescents with learning disabilities rely on family members for academic assistance, as well as open communication, which can give emotional and practical support. Research need to be conducted on student teacher relationship to identify how qualities of teacher would help students with learning disabilities feel valued, respected, and included, as well as communicating high expectations, providing constructive feedback, and celebrating achievements, can boost students' confidence and self-belief, empowering them to tackle academic challenges with greater determination. Although many studies focused on peer pressure and bullying, greater inquiry into peer interaction, support, and involvement is required. Positive peer interactions, such as understanding, openness, and acceptance, can give adolescents with learning disabilities with a sense of social support and acceptance, as well as build a sense of belonging and lower the risk of social isolation or rejection. The majority of studies undertaken until now have been on children, using information acquired from parents and teachers. Consequently, information must be gathered directly from individuals with LD so that an in-depth awareness of the challenges they encounter in various facets of life can be accomplished. As a result, a study using self-report method from adolescents would

capture the subjective experiences and viewpoints of adolescents with learning disabilities.

Furthermore, many studies used previously developed and standardized questionnaires. However, considering the current participants, adolescents with learning disabilities, the existing instruments may not provide sufficient unbiased data. The researcher developed questionnaires and translated instruments into Malayalam to enhance participant comprehension and match details specific to the population under study. Identifying research gaps helps researchers better understand the psychosocial components that constitute learning disabilities in adolescents.

Relevance of the Study

The children and adolescents with learning disability struggle with performing certain skills that seriously affect their academic performance and success. Even with above average intelligence when they experience difficulty with reading, comprehension and numerical skills which indicates the child's learning disability. They try hard to accomplish their task but when they could not achieve they become frustrated, feel helpless and often withdraw from the task. Adolescence is an intermittent phase of life between childhood and adulthood that lasts from 10 to 19 years and is characterized by several physiological and psychological changes. When an adolescent with learning disability show difficult reading and struggle with academic skills, they spend less time in accomplishing these tasks which negatively affect their vocabulary acquisition and comprehension skills. These frustrating experiences along with adolescence turmoil make them experience low self esteem, low academic self-concept, depression, anxiety, problems related with social

behaviors. Poor performance at school, lack of fundamental social skills, aggression, behavioral issues, disorganized life and difficulty with processing information all make a need to focus into the psychological and social factors of adolescents with learning disabilities.

Temperament is a biologically based personality style. It is the way a child respond to the world, how he/she handles emotions, regulate behaviour, feel and adapt to people and new situations. Temperament refers to a child's emotional or behavioral response to their environment. Numerous researches have connected adolescents' negative academic reactions to their temperament type. In comparison to resilient teens, under control teens exhibited higher levels of anger, anxiety, guilt, and hopelessness (Lahdelma et al., 2021). Research on self-concept, attributions, anxiety, depression, and suicide has shown that many teenagers with LD have negative emotional development and are at a higher risk for severe depression and suicide (Huntington & Bender, 1993). Emotions affect behaviour of adolescents, so is considered as period of high emotionality. High emotional intelligence helps adolescence to show good social interaction, develop good self-concept, decrease behaviour problems, and enhance academic skills. An ability to perceive, understand, regulate and function their emotions lead to behavioural issues and personality problems (Karibeeran & Mohanty, 2019). A higher anxiety and lower self-concept (Elias, 2004) academic difficulties due to low affective abilities and emotional functioning (Wagner et al., 1991) was observed among adolescents with learning disabilities. Coping skills help adolescents to minimize, tolerate, and deal with stressful situations in life, helping them to feel physically and psychologically better and show their best performance. Coping skills teaches management of emotions, positive emotional expression, self-regulation and self-control. High stress and low

coping skills lead to social emotional adjustment problems among adolescents with LD (Hampel & Petermann, 2006) lack of metacognitive and executive functioning skills make adolescents with LD show low social competence and coping skills (Khodadadi et al., 2017). Temperament correlated with understanding and control of emotions, i.e., a positive relationship was observed. Thus despite many psychological variables an intensive relation between temperament, emotional intelligence and coping skills made researcher to choose these factors as relevant psychological variables for the present research. An inevitable stage of turbulence is experienced during adolescence. The provision of familial support is crucial in safeguarding adolescents against engaging in harmful behaviors such as alcohol and drug consumption, as well as addressing issues like depression. Individuals with learning disabilities and their family members commonly experience a range of natural emotional responses, including stress, frustration, rage, guilt, shame, and loneliness. According to Ajitha and Soumya (2020), fostering a robust relationship and offering comprehensive assistance can contribute to the development of resilience, assertiveness, and independent stress management in adolescents. Good peer interactions provide adolescents a sense of belongingness, support and companionship, that promotes healthy behaviour. Positive social skills like cooperation, communication conflict resolution encourage academic engagement and resisting peer pressure. Strong peer relationships help adolescents achieve independence and develop their own identities, which is an important goal of adolescence.

A student–teacher relationship is an essential factor contributing to adolescents’ adjustment in the school setting. Research indicates a higher teacher closeness lead to increased positive emotions and academic achievement (Sainio et

al., 2023), supportive relationship with teachers make adolescents with learning disabilities experience more emotional security. Educators who keep in frequent communication with parents or guardians, assess their children's physical, emotional, behavioral, and academic strengths, and use this data to create customized education programs and appropriate modifications. Murray and Pianta (2007) indicated a positive relationship between students and teachers contributed to better mental health and social emotional functioning among adolescents.

Thus focusing on three important social relationships like family interaction, peer involvement and student teacher relationship will provide us with, various changes and strategies that need to be implemented for developing good social interaction and its influence on mental health of adolescents. As academic challenges faced by adolescents with learning disabilities contributed to increase dropout rate of students with learning disabilities (National Center on Secondary Education and Transition Statistics, 2002), it becomes essential to focus on mode of family interaction, peer involvement and student teacher relationship among adolescents with and without learning disabilities. There is a paucity of research on the psychological factors like temperament, coping skills and emotional intelligence and social factors like family interaction, peer involvement and student teacher relationship among adolescents with and without learning disabilities. The current study aimed to determine the psychosocial factors of learning disability among adolescents. Many researches also indicate the factors selected as being more relevant factors that shows interrelationship among themselves, and effecting adolescents with learning disabilities too.

In Kerala, Malayalam is the primary language, and individuals with learning disabilities might not understand English, hence evaluation tools in Malayalam are

essential to assure accurate responses. As Cultural variations affect emotional expression and relationships, Language-specific scales promote cultural relevance and sensitivity to Malayalam-speaking people's diverse experiences and expressions. Translating instruments into local languages improves response accuracy and validity. Participants may better understand and relate to questions in their language, reducing the risk of misinterpretation.

Evaluation tools in one's native language promote research participation and representation. It allows Malayalam speakers to participate, broadening the investigation's viewpoints and experiences. Language and culturally relevant surveys and scales can improve data accuracy. This enhances study validity and reliability, allowing researchers to draw better conclusions on the psychosocial determinants of learning disability in Malayalam-speaking adolescents.

In conclusion, development of emotional intelligence scale and student teacher relationship scale will help researcher to focus on the most relevant dimensions that researcher expect to influence the adolescents with LD. the translation of coping strategies inventory and peer involvement scales into Malayalam will help researchers focus on the most important factors they assume to influence, ensure linguistic and cultural relevance, improve response accuracy and validity, promote inclusivity, and facilitate high-quality research on the psychosocial correlates of learning disability among adolescents in Malayalam-speaking communities.

Statement of the Problem

To explore the psychosocial factors related with learning disability the researcher has planned to examine the selected psychological variables like Temperament, Coping Skills, Emotional intelligence and social variables that focused

on various social relations like family interaction, peer involvement and teacher student relationship among adolescents with learning disabilities living in various districts in Kerala. Since adolescent emotional intelligence assists in relationship development, decision-making, and handling stress, and overall become smart, understand and get along with other people in all areas of their life. Thus a relevant tool that measures emotional intelligence among adolescents became important. So a tool to measure emotional intelligence was developed in Malayam language. Students' relationships with teachers have significant, positive, and lasting effects on their academic and social development. Students who keep close, positive, supportive relationship with their teachers attain higher academic achievement. Thus a Positive student -teacher relationships increase their desire to learn, skill development and achieve academic goals. As a tool that measures the student teacher relationship (student perspective) is required, researcher has planned to develop a scale that measures student teacher relationship (Malayalam language). Thus the problem focused in the present research is entitled as “***Psycho Social Correlates of Learning Disability***”

Definitions of Key Terms

Learning Disabilities – A "specific learning disability" is a neurological disorder that diminishes a person's ability to understand and use spoken or written language, as well as their listening, thinking, speaking, reading, writing, spelling, and basic arithmetic skills. Among the conditions included by this umbrella term are dyslexia, progressive aphasia, mild brain dysfunction, visual impairments, and brain traumas. According to the National Advisory Committee on Handicapped Children (1967), this statement does not govern students whose learning disabilities are primarily brought on by

deficiencies in visual or auditory perception, physical skills, cognitive ability, emotional regulation, or income level.

The operational definition of "learning disability" in this study is something that impairs written or spoken language, mathematical calculations, and motor coordination. These include reading, writing, spelling, and math struggles. They struggle academically despite their intelligence and multifaceted talents.

Adolescence- Adolescence refers to the physical and mental growth that occurs between puberty and adulthood. Physical, psychological, and cultural signs may appear earlier or later in adolescence. The World Health Organization defines adolescence as ages 10 to 19. This critical developmental period prepares individuals for a healthy lifestyle (WHO, 2024).

In the Current study the operational definition of Adolescence is a period of time between childhood and maturity that lasts from 10 to 19 years. It encompasses physical, cognitive, and psychosocial development, as well as knowledge, skills, emotion management, relationship development, and qualities and talents that will help them establish their adult identity. Due to their social environment and rapid physical changes, adolescents' brains are vulnerable to psychological issues. Helping children acquire social approval, decision-making, emotion control, stress management, and healthy family and social relationships can help them become fully competent individuals.

Temperament- Temperament is physiologically grounded behaviour that exists independently of learning, values, and attitudes. Temperament is "the constellation of inborn traits that shape a child's behaviour and worldview" (Kristol, 2005).

In the Current study the operational definition of temperament is that determines an individual's their perspective on the world. Characteristic temperament is an aspect of a person's personality that is concerned with their emotional dispositions and responses. Individuals are born with intrinsic talents and dispositions, and temperament can influence their behavior in early life. Personality and temperament frequently share similarities. This suggests that temperament may have a major role in the development of personality.

Coping Skills- The pioneers of coping theory, defined coping as constantly shifting cognitive and behavioural efforts to manage specific external and internal demands that are perceived to be demanding and exceeding the persons resources (Lazarus and Folkman,1984).

In the Current study the operational definition of Coping is using ideas and activities to handle internal and external stressful situations that cause unpleasant feelings. Cognitive, behavioral, individual, and social coping skills assist in managing stress, trauma, and challenging emotions, promoting emotional well-being.

Emotional Intelligence- Salovey and Mayer (1990) define emotional intelligence as the capacity to monitor one's own and others' emotions, distinguish between various emotions and label them properly, and utilise emotional information to drive thought and conduct.

In the Current study the operational definition of Emotional Intelligence (EI) involves understanding and recognizing emotions and its effect on others. The five components are self-awareness, self-control, motivation, empathy, and social skills. Emotions are powerful mental reactions that are subjectively aimed at a specific object

and are accompanied by physiological and behavioral changes. EI enables the prediction of an individual's social and emotional success.

Family relationships- A "family" is "a group of two or more people who love and care for each other live together, work, raise children, and engage in intellectual, spiritual, and recreational activities". Family relationships are Primary relationships based on sexuality, reproduction, parenting, and age- and gender-based power dynamics. Family relationships impact motivation for social conformity or deviance, contribute to stress or resilience, and provide protective factors (Gittens & Denise 1986)

In the Current study the operational definition of Family is as a desirable social group that establishes emotional bonds among family members. Healthy families give their children warmth, care, communication, control, and strong relationships with others. Support, security, and unconditional love from family help people survive through their best and worst situations. Families often look for hidden abilities and qualities in children. It allows adolescents to contribute to the family through adaptation and socialization.

Peer relationships- Peer relationships refer to interpersonal connections that are formed and nurtured through social exchanges among peers who share comparable stages of psychological development (La Greca and Harrison, 2005).

In the Current study the operational definition of Peer relationships is to form naturally through social contact between individuals with similar social and psychological characteristics. Peers teach adolescents empathy, cooperation, and problem-solving. Abuse, discrimination, and unhealthy peer relationships may hinder social and emotional development. Positive peer interactions influence adolescent

prosocial behavior, which impacts academic performance and classroom participation.

Student Teacher Relationships- Student-teacher relationships affect learning, classroom management, and absenteeism for both students and teachers. The regular interactions between students and teachers define student-teacher relationships (Wubbels et al., 2014).

The ideal student-teacher relationship, according to this research, is one that encourages trust and appreciation for one another. Students succeed academically and develop social and emotional competencies when teachers in their classroom show empathy for them, encourage them to improve themselves and their lives, give them options, and apologize honestly when needed. Every student can feel comfortable and at ease in this classroom.

Research Questions

A research question is a simple, unambiguous, and focused interrogative statement that identifies the topic of a study. It should be clear relevant, and realistic, with the potential to produce significant and beneficial conclusions. It serves as the cornerstone of the entire research process, guiding the researcher through study design, collection of data, and analysis. So the structure of a research question is crucial. A well-formulated research question helps to narrow down the problem and provides a clear path for investigation.

It allows scholars to focus their attention and resources on investigating a specific element of a topic. It identifies the variables of interest and determines which variables must be included and which should be eliminated. Research question helps to identify relevant studies and gaps in understanding, formulating hypotheses, and

serve as a foundation for study design and data collection. This stresses the significance of the research findings and its potential implications for the field. As a result, establishing a specific research question helps to effectively communicate the study's aim and objectives. The research question serves as a criterion for determining the success of the investigation. The findings are assessed based on how well they address and contribute to the resolution of the study problem. Thus, a well-formulated research question is an essential component that determines the entire research process, from the first planning stages to the interpretation of results. It increases attention, clarity, and purpose in the study, making it more meaningful and productive.

The following research questions were formulated in the present investigation:

1. How sociodemographic factors such as age, gender, parental education, socioeconomic status vary among adolescents with and without learning disability?
2. What factors should be included when developing an emotional intelligence scale for adolescents with learning disabilities and how can this instruments validity and reliability is established?"
3. Which variables should be considered when constructing a scale to measure the student-teacher relationship among adolescents with learning disabilities, and what methods may be used to ensure the reliability and validity of the scale?
4. Are there differences in psychological correlates (temperament, coping skills, emotional intelligence, and their dimensions) between adolescents with and without learning disabilities?

5. Are there differences in social correlates (family relationships, peer relationships, student teacher relationships, and their dimensions) between adolescents with and without learning disabilities?
6. Are there any gender differences in psychological correlates (temperament, coping skills, emotional intelligence, and their dimensions) among adolescents (boys and girls) with learning disabilities?
7. Are there any gender differences in social correlates (family relationships, peer relationships, student-teacher relationships, and their dimensions) among adolescents (boys and girls) with learning disabilities?
8. Are there any relationship between the psychological correlates (temperament, coping skills and emotional intelligence) and social correlates (family relationships, peer relationships, and student teacher relationships) among adolescents with learning disabilities?

Objectives

Research objectives are defined, measurable, and attainable goals or statements that describe the purpose of a research study. These objectives break down the larger research issue into smaller, more manageable components, directing the researcher throughout the investigation. While the research question establishes the overarching direction, the research objectives provide a comprehensive plan for reaching the study aims. Some important features of research objectives include precision, measurability, relevance, achievable, and time-bound. Thus objectives establish a clear framework for the study, detailing the activities to be performed and the particular outcomes to be accomplished. They help the researcher design research, collect data, and draw conclusions. Overall, research objectives help to ensure the

success of the study by breaking down the research issue into manageable components.

The following objectives were established:

1. To explore and identify the important psychological correlates like temperament, coping skills and emotional intelligence influencing and being influenced by learning disability
2. To explore and identify the social correlates like family relationships, peer relationships and student teacher relationships influencing and being influenced by learning disability
3. To develop and standardize the emotional intelligence scale for adolescents and find its psychometric properties
4. To develop and standardize the student teacher relationship scale for adolescents and find its psychometric properties
5. To translate the Coping Skills Inventory and Peer Involvement Scale into Malayalam so that samples are more comfortable at understanding the items of the scale.
6. To identify the frequency and percentage of sample based on certain demographic variables like age, gender, class, parental education, and socioeconomic status
7. To examine whether there exists a difference in temperament, coping skills, emotional intelligence and family relationships, peer relationships and student teacher relationships among adolescents with and without learning disabilities

8. To study and understand whether there is a relationship between the variables temperament, emotional intelligence, coping skills (psychological correlates) among adolescents with learning disability
9. To study and understand whether there is a relationship between the variables family interaction, peer involvement and student teacher relationship (social correlates) among adolescents with learning disability
10. To find the mutual relationship between psychological correlates and social correlates among adolescents with learning disability

Hypotheses of the Study

A hypothesis is a precise prediction made in the form of a statement. It gives a more complete overview of what you hope to discover during your investigation. The goal is most usually to investigate a specific issue in order to develop a theory or prediction that may be tested in future investigations. A single study could look into one or more hypotheses. A hypothesis is an examination that is intended to provide a preliminary answer to the study's research topic. It then becomes the empirical direction and benchmark to back up the study's conclusions. A hypothesis is an essential component of any research activity since it guides and drives scientific investigation.

Between Groups (LD & NLD)

- ❖ **Hypothesis 1:** There will be significant difference in Temperament among adolescents with and without Learning disabilities.
 - Hypothesis 1.1: There will be significant difference in Effortful control among adolescents with and without Learning disabilities.

- Hypothesis 1.2: There will be significant difference in Surgency among adolescents with and without Learning disabilities.
- Hypothesis 1.3: There will be significant difference in Negative affect among adolescents with and without Learning disabilities.
- Hypothesis 1.4: There will be significant difference in Affiliation among adolescents with and without Learning disabilities.
- ❖ **Hypothesis 2:** There will be significant differences in Coping skills among adolescents with and without Learning disabilities.
 - Hypothesis 2.1: There will be significant differences in Problem solving among adolescents with and without Learning disabilities.
 - Hypothesis 2.2: There will be significant differences in Cognitive restructuring among adolescents with and without Learning disabilities.
 - Hypothesis 2.3: There will be significant differences in the Expression of emotions among adolescents with and without Learning disabilities.
 - Hypothesis 2.4: There will be significant differences in Social contact among adolescents with and without Learning disabilities.
 - Hypothesis 2.5: There will be significant differences in Problem avoidance among adolescents with and without Learning disabilities.
 - Hypothesis 2.6: There will be significant differences in Wishful thinking among adolescents with and without Learning disabilities.
 - Hypothesis 2.7: There will be significant differences in Self-criticism among adolescents with and without Learning disabilities.

- Hypothesis 2.8: There will be significant differences in Social withdrawal among adolescents with and without Learning disabilities.
- ❖ **Hypothesis 3:** There will be significant differences in Emotional intelligence among adolescents with and without Learning disabilities.
 - Hypothesis 3.1: There will be significant differences in Self Awareness among adolescents with and without Learning disabilities.
 - Hypothesis 3.2: There will be significant differences in Problem solving among adolescents with and without Learning disabilities.
 - Hypothesis 3.3: There will be significant differences in Optimism among adolescents with and without Learning disabilities.
 - Hypothesis 3.4: There will be significant differences in Relationship management among adolescents with and without Learning disabilities.
- ❖ **Hypothesis 4:** There will be significant differences in Family interactions among adolescents with and without Learning disabilities.
 - Hypothesis 4.1: There will be significant differences in independence among adolescents with and without Learning disabilities.
 - Hypothesis 4.2: There will be significant differences in Cohesion among adolescents with and without Learning disabilities.
 - Hypothesis 4.3: There will be significant differences in Achievement orientation among adolescents with and without Learning disabilities.
 - Hypothesis 4.4: There will be significant differences in Intellectual orientation among adolescents with and without Learning disabilities.

- Hypothesis 4.5: There will be significant differences in Conflict among adolescents with and without Learning disabilities.
- Hypothesis 4.6: There will be significant differences in Social orientation among adolescents with and without Learning disabilities.
- Hypothesis 4.7: There will be significant differences in Ethical emphasis among adolescents with and without Learning disabilities.
- Hypothesis 4.8: There will be significant differences in Discipline among adolescents with and without Learning disabilities.
- ❖ **Hypothesis 5:** There will be significant differences in Peer involvement among adolescents with and without Learning disabilities.
 - Hypothesis 5.1: There will be significant differences in Social Interaction among adolescents with and without Learning disabilities.
 - Hypothesis 5.2: There will be significant differences in Peer acceptance among adolescents with and without Learning disabilities.
 - Hypothesis 5.3: There will be significant differences in Peer pressure among adolescents with and without Learning disabilities.
- ❖ **Hypothesis 6:** There will be significant differences in Student- Teacher relationship observed in adolescents with and without Learning disabilities.
 - Hypothesis 6.1: There will be significant differences in Teacher support observed in adolescents with and without Learning disabilities.
 - Hypothesis 6.2: There will be significant differences in Closeness observed among adolescents with and without Learning disabilities.

- Hypothesis 6.3: There will be significant differences in teacher quality observed among adolescents with and without Learning disabilities.

Between Gender (Boys & Girls)

- ❖ **Hypothesis 7:** There will be significant difference in Temperament among adolescent boys and girls with Learning disabilities.
 - Hypothesis 7.1: There will be significant difference in Effortful control among adolescent boys and girls with Learning disabilities.
 - Hypothesis 7.2: There will be significant difference in Surgency among adolescent boys and girls with Learning disabilities.
 - Hypothesis 7.3: There will be significant difference in Negative affect among adolescent boys and girls with Learning disabilities.
 - Hypothesis 7.4: There will be significant difference in Affiliation among adolescent boys and girls with Learning disabilities.
- ❖ **Hypothesis 8:** There will be significant differences in Coping skills among adolescent boys and girls with Learning disabilities.
 - Hypothesis 8.1: There will be significant differences in Problem solving among adolescent boys and girls with Learning disabilities.
 - Hypothesis 8.2: There will be significant differences in Cognitive restructuring among adolescent boys and girls with Learning disabilities.
 - Hypothesis 8.3: There will be significant differences in the Expression of emotions among adolescent boys and girls with Learning disabilities.
 - Hypothesis 8.4: There will be significant differences in Social contact among adolescent boys and girls with Learning disabilities.

- Hypothesis 8.5: There will be significant differences in Problem avoidance among adolescent boys and girls with Learning disabilities.
- Hypothesis 8.6: There will be significant differences in Wishful thinking among adolescent boys and girls with Learning disabilities.
- Hypothesis 8.7: There will be significant differences in Self-criticism among adolescent boys and girls with Learning disabilities.
- Hypothesis 8.8: There will be significant differences in Social withdrawal among adolescent boys and girls with Learning disabilities.
- ❖ **Hypothesis 9:** There will be significant differences in Emotional intelligence among adolescent boys and girls with Learning disabilities.
 - Hypothesis 9.1: There will be significant differences in Self Awareness among adolescent boys and girls with Learning disabilities.
 - Hypothesis 9.2: There will be significant differences in Problem solving among adolescent boys and girls with Learning disabilities.
 - Hypothesis 9.3: There will be significant differences in Optimism among adolescent boys and girls with Learning disabilities.
 - Hypothesis 9.4: There will be significant differences in Relationship management among adolescent boys and girls with Learning disabilities.
- ❖ **Hypothesis 10:** There will be significant differences in Family interactions among adolescent boys and girls with Learning disabilities.
 - Hypothesis 10.1: There will be significant differences in Independence among male and female adolescents with Learning disabilities.

- Hypothesis 10.2: There will be significant differences in Cohesion among adolescent boys and girls with Learning disabilities.
- Hypothesis 10.3: There will be significant differences in Achievement orientation among adolescent boys and girls with Learning disabilities.
- Hypothesis 10.4: There will be significant differences in Intellectual orientation among adolescent boys and girls with Learning disabilities.
- Hypothesis 10.5: There will be significant differences in Conflict among adolescent boys and girls with Learning disabilities.
- Hypothesis 10.6: There will be significant differences in Social orientation among adolescent boys and girls with Learning disabilities.
- Hypothesis 10.7: There will be significant differences in Ethical emphasis among adolescent boys and girls with Learning disabilities.
- Hypothesis 10.8: There will be significant differences in Discipline among adolescent boys and girls with Learning disabilities.
- ❖ **Hypothesis 11:** There will be significant differences in Peer involvement among adolescent boys and girls with Learning disabilities.
 - Hypothesis 11.1: There will be significant differences in Social Interaction among adolescent boys and girls with Learning disabilities.
 - Hypothesis 11.2: There will be significant differences in Peer acceptance among adolescent boys and girls with Learning disabilities.
 - Hypothesis 11.3: There will be significant differences in Peer pressure among adolescent boys and girls with Learning disabilities.

- ❖ **Hypothesis 12:** There will be significant differences in Student-Teacher relationship among adolescent boys and girls with Learning disabilities.
 - Hypothesis 12.1: There will be significant differences in Teacher support among adolescent boys and girls with Learning disabilities.
 - Hypothesis 12.2: There will be significant differences in closeness among adolescent boys and girls with Learning disabilities.
 - Hypothesis 12.3: There will be significant differences in teacher quality among adolescent boys and girls with Learning disabilities.

Correlation Analysis between Psychological Correlates

- ❖ **Hypothesis 13:** There will be significant relationship between psychological variables (temperament, coping skills, emotional intelligence) among adolescents with learning disabilities
 - Hypothesis 13.1: There will be significant relationship between psychological variables temperament its dimensions and coping skills its dimensions among adolescents with learning disabilities
 - Hypothesis 13.2: There will be significant relationship between psychological variables temperament its dimensions and emotional intelligence its dimensions among adolescents with learning disabilities
 - Hypothesis 13.3: There will be significant relationship between psychological variables coping skills its dimensions with emotional intelligence its dimensions among adolescents with learning disabilities
- ❖ **Hypothesis 14:** There will be significant relationship between social variables (family interaction, peer involvement, student teacher relationship) among adolescents with learning disabilities

- Hypothesis 14.1: There will be significant relationship between social variables family interaction and its dimensions with peer relations and its dimensions among adolescents with learning disabilities
- Hypothesis 14.2: There will be significant relationship between social variables family interaction and its dimensions with student teacher relationship and its dimensions among adolescents with learning disabilities
- Hypothesis 14.3: There will be significant relationship between social variables peer relations and its dimensions with student teacher relationship and its dimensions among adolescents with learning disabilities
- ❖ **Hypothesis 15:** There will be significant relationship between psychological and social variables among adolescents with Learning disabilities
 - Hypothesis 15.1: There will be significant relationship between a psychological variables temperament with social variables family interaction, peer involvement and student-teacher relationships among adolescents with learning disabilities
 - Hypothesis 15.2: There will be significant relationship between psychological variables coping skill and social variables family interaction, peer involvement and student-teacher relationships among adolescents with learning disabilities
 - Hypothesis 15.3: There will be significant relationship between psychological variables emotional intelligence and social variables family interaction, peer involvement and student-teacher relationships among adolescents with learning disabilities

CHAPTER 2

METHOD

- ❖ Research Perspective
- ❖ Research Design
- ❖ Research Method
 - Phase I: Expert Suggestion and Pilot study for Exploring Psychological and Social Variables
 - Phase II: Instruments used for the study, Development of Instruments and Translation of Instruments for research
 - Phase III: The criteria and procedure used for the selection of the participants, Data Collection, procedure for the administration of the different instruments and their scoring details and statistical analysis employed

The present chapter offers a concise overview of the research methodologies that were executed throughout the current investigation. Research design, participants used, data collection, measurement procedures, and statistical analysis used are the components of the various perspectives of the research. The researcher condensed both the observations as well as the experiences gained throughout the course of the research, most notably the discoveries obtained during the stages of data collection and analysis.

Research methods are the blueprints for the entire study, which offers a comprehensive outline of the processes and methodologies used for gathering and analyzing the required information. Research is a systematic study that includes collecting data, capturing key information, and interpreting and analyzing that data following the techniques established by specific academic disciplines and professional fields. Kerlinger (1986) describes scientific inquiry as "a methodical, empirical, controlled, and critical examination of hypotheses concerning the presumed relationships among diverse phenomena." Research methods are the strategies, processes, or methodologies used to collect evidence or data in order to draw novel inferences or deepen understanding of a specific topic. There are numerous varieties of research methodologies, each employing a unique set of instruments to gather data.

Methodology pertains to the foundational understanding and application of procedures and techniques that are pertinent to a given matter and are utilized in a particular research endeavor. Research methods encompass a diverse range of techniques utilized by a scholar throughout their investigation to achieve research objectives. Kothari (2004) defines "research methods" as "approaches to investigating the research problem." The implementation of a diverse range of methods and

approaches is essential for conducting research scientifically and consistently, as this contributes significantly to the overall quality of the investigation.

Research Perspective

The current research aims to investigate the psychosocial correlates of learning disabilities. As a result, the researcher made an effort to investigate various factors that learning disabilities may influence. As a result, the researcher looked at how psychological and social factors interact in people with learning disabilities. Specifically, they looked at how these correlates affect their temperament, ability to cope, and emotional intelligence, as well as certain social relationships such as family, peer, and students relationships with teacher, all of which have an impact on their academic performance, both directly and indirectly. Several evaluations looked into the psychological and social elements linked with learning difficulties, as well as their influence on people throughout their lives.

The research perspective aids in choosing an acceptable study design based on the specific research questions and objectives established by the investigator. Identifying and assessing crucial psychosocial characteristics other than self-esteem, self-efficacy, motivation, social support, stigma, anxiety, and loneliness, which are frequently overlooked. These variables could be compared between people with and without learning disabilities, as well as within the learning-disabled community.

From a research viewpoint, researchers attempted to find and select valid and reliable assessment instruments for measuring psychological dimensions. If any of the measures were determined to be ineffective in supporting the chosen group or if the items did not produce the desired results, the researcher created instruments to measure those constructs. Some measures, when provided in English, may be difficult

for people with learning disabilities to comprehend, prompting researchers to translate them into Malayalam for improved comprehension. Furthermore, in selecting a representative sample of individuals with learning disabilities, doing adequate statistical analyses, and determining the practical implications of the findings for educational treatments, psychological assistance, and social inclusion. Adopting this integrated viewpoint allows the researcher to add important perspectives to their understanding of the psychosocial correlates of learning disabilities, which could help therapists, teachers, counselors, and special educators in developing therapies and providing assistance for persons encountering these kinds of problems.

After examining numerous psychological and social correlates associated with learning disabilities, researchers have only a limited number of dimensions that are seldom investigated. Furthermore, the majority of studies were conducted on children younger than ten years old, and there was a noticeable scarcity of research examining adolescents who have learning disabilities.

Psychological and Social Perspectives of Learning Disability (LD)

Upon encountering a paucity of studies being conducted in Kerala, the investigator intended to incorporate psychological factors, which include temperament, coping skills, and emotional intelligence, as well as social variables focusing on various social relations such as family relationships, peer relationships, and student-teacher relationships.

Temperament determines how people respond to stimuli, deal with stress, regulate their emotions, and participate in various activities. It refers to persistent variations among individuals in their affective, intentional, and behavioral characteristics. It assists in predicting an individual's academic achievement, mental

health, and social functioning. Thus, incorporating temperament as a variable in research can help researcher identify potential risk or protective factors in the life of an individual. Adolescents with learning disabilities may develop specialized coping strategies to deal with academic challenges.

As temperament characteristics may influence the effectiveness of these coping techniques, which may affect the individual's capacity to handle stress and navigate the learning environment. Individuals with learning disabilities frequently struggle with learning activities. Effective coping skills enable them to handle challenges, manage stress, and persevere in the face of disappointments. Learning appropriate coping techniques can help to reduce the impact of frustration, worry, and low self-esteem caused by learning difficulties, as well as improves emotional well-being. One of the most important skills to be developed in adolescents with learning disabilities is the ability to overcome hurdles and identify alternate methods to academic problems. Emotional intelligence entails self-awareness, understanding one's feelings, and recognizing their significance. This is especially helpful for those with learning disabilities since it helps those better handle challenges. It encompasses the ability to comprehend and empathize with others. This talent is useful for making positive social connections and seeking help when necessary. Individuals with high emotional intelligence can better manage social interactions, resulting in pleasant connections with peers, teachers, and family members.

The influence of familial relationships on individuals is of the utmost importance in the life of an adolescent, as it plays crucial role in the development of an adult identity, which is shaped by their parents and other family members. Good parenting adolescents impart autonomy, values, self confidence, resilience, assertiveness, self-esteem etc. Therefore, the dynamics of their familial relationships

serve as a paradigm for their interactions with peers and educators. Peer relationships help children develop a sense of acceptance, belonging, compassion, caring, and empathy, all of which contribute to the formation of an identity separate from the family. This contributes to the growth of social and emotional competencies. Adolescents are school centric; teachers as mentors offer students guidance and emotional support, transmit information through learning. Teachers frequently influence adolescents' identities unintentionally. Teachers, much like their peers, provide the most beneficial materials for the academic development of students and foster relationships that aid in their overall growth. Thus, all of these family, peer, and student-teacher relationships contribute to the healthy physical and mental development of adolescents.

Thus Including temperament as a variable allows researchers to investigate how temperamental characteristics influence their behaviour and emotional responses. In conclusion, the significance of temperament, coping skills, and emotional intelligence in the lives of individuals with learning disabilities emphasizes the need to incorporate these elements into educational, social, and psychological support systems. Recognizing and addressing these characteristics can help to create a more comprehensive and successful strategy to support the well-being and achievement of adolescents with learning disabilities.

This study sought to identify the psychological and social components of learning disabilities and ascertain the interplay and integration of the chosen variables among themselves and the learning disability. The investigator looked into each of these correlates using particular strategies. As many emotional intelligence test measures, Emotional intelligence (EI) of adolescents above 18 years, are in English language, items were too lengthy as well as too many, items were more complicated

for comprehension among adolescents with learning disabilities. Due to the lack of instruments specifically designed to evaluate emotional intelligence among adolescents with learning disabilities and the relationship between students and teachers, the researcher intended to develop questionnaires in Malayalam. Given that two other measures were written in English; their reliability was evaluated after being translated into Malayalam. As a result, the study strategy included the development of tests, test translation, the selection of suitable instruments for measuring other variables, sample selection, data collection methods, and a review of previous research.

Research Design

The present study utilized a descriptive-correlational quantitative research design. Descriptive research methods are employed to clarify the properties of the variables under inquiry in a quantifiable manner and to separate and analyze the research data in an objective, dependable, and rational manner. Quantitative research deals with numerical or computable data, and the basic procedures used to study numerical data are known as statistics. The correlational research design examines the relationships between two or more variables without demanding the experimenter make any modifications or exhibit any control.

When examining the link between two or more variables, a descriptive correlational study does not make any claims about causality. To ascertain whether a correlation exists between two variables, the process comprises collecting and analyzing data relating to at least two variables. The correlational design necessitates the gathering of data from a designated population, which in this particular study consists of adolescents with and without learning disabilities. The objective is to

establish the correlation between the variables of interest, specifically examining the relationship between psychological correlates (temperament, coping skills, and emotional intelligence) and social correlates (family relationships, peer relationships, and student-teacher relationships). The study employed purposive sampling to choose the participants, aimed at adolescents with and without learning disabilities (LD). The focus of this study is to discover the psychological and social elements (independent variables) that are impacted by learning disabilities (dependent variable).

Research Method

The strategies, procedures, or approaches used to gather and examine data in order to discover new information or gain a deeper comprehension of a subject of study are known as research methods. Qualitative research gathers data on people's true experiences, emotions, and actions in addition to the interpretations they make of them. It helps scholars comprehend challenging ideas, interpersonal dynamics, and cultural events. This kind of research is helpful for summarizing activities, interpreting events, and determining how or why something occurred. Numerical data that may be measured, ranked, or classified using statistical techniques is gathered through quantitative research. Finding connections or patterns and drawing generalizations are much easier with its assistance. The number, frequency, and scope of the research must be determined using this kind of investigation. Both quantitative and qualitative methodologies are combined in mixed approaches. It offers a comprehensive method for integrating and assessing statistical data in addition to more profoundly contextualized insights. The triangulation, or verification, of data from multiple sources is made possible by mixed methods.

Adolescents with learning disabilities can have the intricate interplay of psychological and social factors, so precise evaluation and analysis using quantitative methods is essential. Through the utilization of statistical analysis on quantitative data, researchers can identify noteworthy correlations among psychosocial variables. This provides empirical data that aids teachers and parents in the development of assistance programs and personalized approaches for students with learning disabilities. Such insights are invaluable in paving the way for future targeted approaches.

The significance of phased research is that it helps to structure the research process and ensure that the study proceeds in a methodical and structured manner. Phasing allows a researcher to organize the study systematically, with specific goals, activities, and time-frames for each phase. This planning stage is crucial for conducting a well-structured and consistent investigation. Dividing research into phases enables the researcher to devote resources such as time, people, and funding to each phase based on its requirements. The researcher can track progress by assessing the completion of each phase, ensuring that the study adheres to the time-frame. Phasing offers flexibility and change. If unexpected problems arise during a single phase, the researcher can address them without jeopardizing the overall project, making the research process more adaptable. Dividing research into phases facilitates quality control. Research during each phase can be thoroughly examined and confirmed before progressing to the next, assuring the study's reliability and validity. It maintains a logical structure in research, as each phase builds on the results and conclusions of the previous one, resulting in a cohesive and detailed study product. The division of research into phases allows for more systematic data collection and

analysis. Researchers can focus on certain data categories or study objectives during each phase, ensuring a comprehensive approach to data analysis.

It encourages effective communication among the research team and with external stakeholders. The researcher can provide progress, findings, and impediments at the end of each phase to ensure transparency. Researchers can review and synthesize the literature gradually by breaking it down into phases. This technique assures that the study is based on the most recent research and developments in the field. To summarize, organizing research into phases results in a more structured and systematic approach to the research process. It enhances organization, resource management, and progress tracking while being flexible and adaptable. This phased approach enhances the overall quality, efficiency, and success of the research effort.

Phased research increases the researcher's concentration, provides clarity, and guarantees that each stage is thoroughly addressed prior to proceeding to the next. Research duplication can be prevented by paying close attention to resources. By dividing research into phases, the researcher is able to stay on track with their investigation, assess their progress through completed tasks, and make the necessary modifications. This facilitates the evaluation of the research quality achieved during each phase and enhances flexibility. In essence, the implementation of a phased research process offers a methodical and organized framework that aids investigator in resource management, focus maintenance, progress monitoring and evaluation of quality of research.

The current study is structured into three distinct phases in order to facilitate an organized approach to research. As previously stated, test development and test translation are required. As a result, by breaking the entire research process into

different phases, the complex approach can be simplified to more manageable components. The researcher's concentration is increased on particular duties delegated during each phase, thereby enhancing the structure and systematic nature of the entire research process.

Phases of Research

The entire research has been conducted in three major phases, they are as follows:

- Phase I: Expert Suggestion and Pilot study for Exploring Psychological and Social Variables
- Phase II: Instruments used for the study, Development of Instruments and Translation of Instruments for research
- Phase III: The criteria and procedure used for the selection of the participants, Data Collection, procedure for the administration of the different instruments and their scoring details and statistical analysis employed

Phase I: Expert Suggestion and Pilot study for Exploring Psychological and Social Correlates

The researcher intended to investigate psychological and social factors that correlate with learning disabilities. The following different types of factors were identified, and research was carried out in order to identify those factors in the study:

Expert Suggestions and Pilot Study

Expert suggestions - Expert suggestions were taken prior to the investigation and determining the most relevant factors related to learning disabilities. The information from class instructors, resource teachers, parents, remedial trainers, special educators, psychologists, and counselors was documented. An informal discussion with experts

was conducted to understand their experience in handling these children. They were also asked about the most relevant and important aspect on need to be focused in adolescents with learning disabilities. They all suggested focusing into the emotional aspect of adolescents. As adolescent itself is a stage of identity crisis and experience role confusion, they are often found to express extreme emotions that could negative effect their relationships at school and thus they get isolated. So assessing some relevant psychological and social factors that correlate with learning disabilities could help individuals with learning disabilities to develop good self concept and optimism, have good family and social relationships.

Temperament indicates an individual's natural behavioral and emotional traits. It is an important part of a person's personality that can influence their interactions with others and general well-being. Temperament can be a complex and frequently neglected part of adolescents with learning disabilities. Adolescents with learning difficulties frequently confront specific obstacles that make it difficult for them to manage the demands of their everyday lives. However, with the proper coping skills, these individuals can learn to manage their challenges and live productive lives. Some of the most important coping skills for teenagers with learning difficulties is self-awareness, assertiveness, time management etc. These individuals must have a thorough understanding of their own strengths and shortcomings, as well as their preferred way of learning. Being self-aware allows individuals to identify areas where they require assistance and the strategies that work best for them. Adolescents with learning difficulties must learn to advocate for themselves and express their needs to teachers, parents, and friends. This allows them to guarantee that they receive the required accommodations and support in both their academic and social surroundings. Self-advocacy also promotes independence and self-esteem, which are critical for

people with learning difficulties. The capacity to identify, understand, and manage both one's own feelings and those of others is known as emotional intelligence. It is important in all aspects of our lives, from interpersonal relationships to professional accomplishments. However, for adolescents with learning disabilities, developing emotional intelligence may be challenging, as self-awareness is one of the most important components in developing emotional intelligence. For adolescents with learning disabilities, this can be a challenging task since they may struggle to communicate their emotions and understand the underlying cause of their emotions. Their academic challenges may also lead to low self-esteem and a negative self-image. Furthermore, learning disabilities can impair a person's social skills, making it difficult for them to establish and maintain relationships. As social connections are critical for understanding and managing emotions, adolescents with learning disabilities cannot detect social cues and comprehend the emotions of others. They may struggle with empathy and developing healthy relationships. They may have difficulty managing their emotions due to difficulties with academic assignments and social interactions. Individuals may feel more frustrated, angry, and anxious and thus engage in negative coping techniques such as aggressiveness, withdrawal, or avoidance.

Adolescents with learning difficulties may find physical, emotional, and social changes very difficult. They frequently struggle academically and socially, which impacts their interactions with their families, friends, and teachers. Adolescents rely primarily on their families for assistance. Parents become confused, upset, and even guilty for being unable to assist their children. A strong support system, obtaining professional advice, joining support groups, and developing a positive relationship with their child's school can all help to alleviate feelings of isolation. Adolescents with

learning difficulties struggle with their peers, causing feelings of loneliness, isolation, and low self-esteem. Lack understanding and empathy towards adolescents with learning disabilities, make peers show bullying and rejection towards them. Inclusive and supportive environments at schools educated and encouraged students with various learning difficulties to be more tolerant and accepting of their peers. Peer mentoring programs allow students with and without learning difficulties to work together and benefit from one another. Another important relationship for adolescents with learning disabilities is with their teachers. They expect teachers to understand their requirements and provide them with the necessary support. Implementing various teaching styles, making modifications, and fostering a happy and inclusive school climate lead to a positive teacher-student relationship and increase their confidence and self-esteem.

Temperament and emotional intelligence could greatly help adolescents and teachers to handle their emotions and teachers can plan various strategies that could help adolescents to develop good personality further. A measure of emotional intelligence and planning strategies to develop/ master emotional intelligence will help them understand themselves and others and maintain good interpersonal and intrapersonal relationships. Teachers reported a need for helping these adolescents to manage their stress. Thus a measure on coping skills of the adolescents with learning disabilities helps them to show a good performance in academic and nonacademic activities. Thus based on the suggestions provided by experts researcher had planned to assess identify challenges in psychological and social situations of adolescents with learning disabilities that they confront on a daily basis. The most important suggestion they put forward was early identification, which is crucial for the effectiveness of interventions.

1. Pilot Study for Exploring Psychological and Social Correlates

A pilot study is a causal exploratory examination that acts as a springboard for a larger study. This research set out to fill a knowledge gap in the social and psychological factors that are associated with learning disabilities. The pilot study provided the researcher with a general understanding of the psychological and social aspects associated with learning difficulties that have a favorable or negative impact. The sample size is often left uncalculated in pilot studies because hypothesis testing is not their main objective. Using more than 30 samples for each group is recommended by several researches. Although the rule of thumb for a pilot study is 12 samples per group (Browne, 1995; Julious, 2005). Learning disabilities (LD) are one of the most prevalent developmental issues encountered by pediatricians, but children with LD are rarely recognised or treated throughout elementary school, despite the fact that remedies provided at this age can result in significant improvements. According to the pilot study, fourteen of the fifty children assessed (28%) had undiagnosed LD. Thus, the study demonstrated the need for new screening methods that instructors and educators could use to identify LD and co-morbid psychosocial disorders in elementary school children (Austin et.al, 2000).

a. Participants in The Pilot Study.

The participants of the present pilot study comprised 60 adolescents with and without learning disabilities, of both genders, with ages spanning from 11 to 16 years. The individuals included in this study were selected from a diverse range of settings, including clinics, intervention centers, and higher secondary and secondary institutions in the Kerala region (Thrissur and Ernakulam, in particular). The data presented in the table below depicts the distribution of individuals who participated in

the pilot study. To collect data for the pilot study, the researcher employed the questionnaire method. The questionnaire method was employed by the researcher to gather data for the pilot study.

b. Objective of Pilot Study

A pilot study was conducted to examine the potential utility of questionnaires in facilitating the data collection process, and an evaluation of the selected group's comprehension of the questionnaire's language was a secondary objective of the pilot study. To ensure the main study can be carried out as planned, researchers perform a pilot study to test measuring tools, assess participant inclusion and exclusion criteria, and clarify researchers. The researcher is required to possess a comprehensive understanding of the research's goal, methodology, and procedures. Furthermore, it is essential to assess the appropriateness of the data collection technique.

c. Variables Used In the Pilot Study

The researcher examined the differences in three characteristics between adolescents with and without LD in this current pilot study. The study selected psychological factor, namely loneliness, along with one social variable, family interaction, to examine the disparities in these specific variables across adolescents with and without learning difficulties.

Family relationships include parent-child and other familial interactions, with the goal of providing children with a stable attachment environment so they do not feel abandoned. Family interactions influence development and well-being by behavioral, physiological, and psychological processes. According to Perlman and Peplau (1981), loneliness is a negative emotion that occurs when a person's network of social relationships is considerably inadequate, which is associated with mental

health problems and learning impairments in children and adolescents with neurodevelopment disorders.

Accordingly, the participant experiences were gathered through discussions held in conjunction with the pilot study to determine whether they encountered any challenges during peer interactions, and the nature of their relationship with the teacher, all of which could potentially influence their academic achievement. During this discussion, the majority of participants' psychological characteristics that were influenced by learning disabilities were documented. They reported that they experienced anxiety, stress, lack of optimism, inability to manage emotions, difficulty in managing stress, getting angry very quickly, etc., which are specific to adolescents. So it becomes essential to compare adolescents with and without learning disability, which can clearly specify the problems specific to adolescents with learning disabilities.

Table 1:

Distribution of samples for pilot study

Group	Gender		Total
	Boys	Girls	
LD	18	12	30
NLD	20	10	30

d. Measures of Data Collection

A substantial number of the participants necessitated support in perusing and comprehending the items provided in the questionnaire. Individually, the

questionnaire was employed and explained for appropriate comprehension of the items. Thus, the necessary data for the pilot study was collected.

This study aims to discover the psychological and social components of learning disabilities. The viewpoints of participants, class instructors, resource teachers, parents, remedial trainers, special educators, psychologists, and counselors were documented. The study identified challenges in a variety of psychological and social issues that adolescents with learning disabilities confront on a daily basis. Respondents were asked if they saw any differences in these parameters between teenagers with and without learning disabilities.

e. Instruments used

- Family Interaction Scale developed by Dr. Asha (1987)
- The UCLA Loneliness Scale developed by Russell. D and colleagues (1978)

f. Procedure

The pilot study for the research extended four months before the major investigation commenced. All participants provided consent, and the researcher planned appointments based on their preferences and availability. Participants who were unable to make time for direct participation and questionnaire administration due to their hectic schedules were offered the option of completing Google forms via an online Google Meet session at a time that was convenient for them. When some parents were hesitant to expose their identities, they chose telephone communication and online questionnaire completion as their preferred modes of interaction.

g. Data Analysis

The calculated t-value indicates a significant difference in Family interaction ($t = 7.749$), for adolescents with and without learning disabilities. The data reveals

that adolescents without learning disabilities have a more positive family interaction than those with learning disabilities, as evidenced by the mean scores for family interaction (Mean = 121.53) for the former and (Mean =166.3) for the latter. The estimated t-value shows a significant difference in loneliness ($t = 7.453$) for teenagers with and without learning impairments. The findings show that adolescents with learning disabilities experienced greater lonely than those without learning disabilities, as demonstrated by the mean loneliness ratings for LD (mean = 39.23) and NLD (mean = 16.37). It can be deduced from the mean scores that adolescents without learning disability have higher mean scores across all dimensions compared to adolescents with learning disability. A greater degree of independence signifies that every person is endowed with their own set of obligations and objectives, which they are permitted to confront independently. Elevated average scores on the cohesion scale among adolescents devoid of learning disabilities are indicative of strengthened familial bonds and increased support. Enhancing bonding and cohesion may have potentially contributed to the high academic performance of these adolescents. Additional dimensions pertain to intellectual matters, which encompass the family members' ability to make informed decisions and maintain positive social relationships. Despite their extreme assertiveness, they adhered to moral principles and conducted all of their actions in accordance with what was right and incorrect. Adolescents have developed into highly independent and assertive individuals as a result of the family's healthy family relationships and efforts to maintain high standards of discipline. The correlation between FIS and Loneliness was estimated to be ($r = -0.699$), indicating a relatively high negative relationship between family interaction and loneliness. This suggests that when family interaction diminishes, adolescents' feelings of loneliness increase.

The pilot study reveals a significant disparity in family relationship among male and female adolescents who have learning difficulties. This finding suggests the likelihood of variation in interactions with peers and teachers among adolescents with and without learning disabilities. Therefore, it becomes essential to do research on three distinct forms of social relationships, namely family, peer, and student-teacher relationships, in order to examine their significance in relation to gender and group differences, that is, adolescents with learning disabilities (LD) and individuals without learning disabilities (NLD). According to the data gathered from the interviews, it was determined that these three characteristics held greater significance than others. Based on the knowledge gathered from the pilot study regarding the common psychological and social variables linked to learning disabilities, the researcher conducted an analysis of prior studies, which formed the second phase of the variable exploration.

The researcher looked at the answers given by parents, teachers, remedial trainers, and all the people who took part in the pilot study. They found that temperament is an important psychological factor that needs more research because it shapes a person's personality. Individuals with learning disabilities encounter many academic and non-academic pressures that must be addressed in order to ensure effective functioning. Failure to do so can have detrimental effects on their mental well-being. Just like intelligence, emotional intelligence is seen as an important psychological trait that helps people understand themselves and handle their relationships well, which in turn improves their overall health and functioning. Therefore, the researcher selected temperament, coping skills, and emotional intelligence as psychological variables.

2. Review and Analysis of Prior Research

During this stage of the investigation, relevant variables that were to be examined in relation to learning disabilities were identified. Furthermore, supplementary information was acquired from online sources and books that were relevant to the field (Google Scholar, Shodhganga Inflightnet, Google E-Books, Research Gauge, Pub Med, etc.). The studies were compiled with the intention of investigating the psychological and social aspects that are linked to learning disabilities. It is apparent from a multitude of articles that specific variables are consistently considered in research pertaining to learning disabilities. Because of this, a systematic review method was used to find studies that specifically looked at the psychological and social aspects of learning disabilities. Research studies that incorporated autism and ADHD alongside LD were excluded. Consideration was given to research conducted from 2000 to the present, with the most pertinent investigations carried out prior to 2000 also being included. Consideration was given to a multitude of factors that substantially contributed to the mental health and overall well-being of adolescents with learning disabilities. In order to emphasise the unique features of the present investigation, particular relevant variables were taken into account. Temperament, emotional intelligence, and coping skills are classified as psychological factors, while peer engagement, familial interactions, and student-teacher relationships are classified as social factors. Standardized instruments are employed for the evaluation of every variable. Nevertheless, a particular instrument that evaluated the student-teacher dynamic through the lens of emotional intelligence and the student's perspective was determined to be inappropriate for the sample. As a consequence of this, an innovative assessment tool was constructed, and its validity and reliability were evaluated.

Phase II: Instruments Used for the Study

(Development of Instruments and Translation of Instruments for Research)

For the present study, several tools were utilized to measure the different factors under investigation. On the basis of appropriateness of questionnaire with respect to age and culture tools were finalized and consent from authors were acquired prior to the administration of tool. The two of the measures chosen were in Malayalam language and so may be readily employed among the samples chosen for the study. They were family interaction scale and early adolescent temperament questionnaire. As certain measures were found inappropriate for the group being studied, two of the instruments were developed by the researcher for conducting and measuring the variable considered. The measures constructed by the investigator for the purpose of research are emotional intelligence scale and student teacher relationship scale. As our sample group comprised of adolescents with learning disability and as two of the instruments were in English language, which can have difficulties in comprehending English language those instruments were translated into Malayalam language and its reliability was assessed. The measures that were translated into Malayalam to overcome comprehension difficulties were- coping strategies inventory - short form and peer involvement scale. The researcher has taken care to use all measures used for study to be in Malayalam Language to enhance comprehension of items and to get dependable data from the samples investigated. To measure the six factors considered most relevant among adolescents with learning disabilities, the investigator had used the following six questionnaires and to obtain further personal details of the participant a Personal data sheet was used.

Test development is the process of designing and developing tests to assess specific abilities or characteristics of persons. This method includes multiple elements, such as clearly describing the test's objectives and what it attempts to measure. Creating test items that is relevant to the test goals. This could include writing multiple-choice questions, true/false statements, or, depending on the nature of the assessment, 5-point scale was developed. Then Items may be updated or eliminated in response to feedback from subject matter experts or pilot testing. The items are then grouped according to their topic or difficulty. Clear standards for scoring the test and processes for giving points for each response were established. The current test is then administered to a small group of people to assess its effectiveness, highlight any issues or ambiguities, and collect data for statistical purposes. Exploratory factor analysis, a powerful approach for determining the underlying structure of complicated data sets and discovering the essential dimensions or factors that govern the interactions between variables, was employed. The reliability and validity of the test were investigated. Norms or criteria for interpreting test scores, such as percentile ranks, were established. After making any necessary adjustments based on pilot testing input and preparing the test for administration, the test was conducted on the samples under consideration.

Test translation is the process of translating a test or assessment instrument from one language to another while preserving the test's validity, reliability, and cultural relevance. It is a difficult undertaking that necessitates careful consideration of linguistic, cultural, and psychometric considerations to ensure that the translated test accurately assesses the same constructs as the original version. Key factors and stages in test translation include: selection of Translators who are fluent in both the source and destination languages and have knowledge of the test subject. It is

frequently advantageous to have a team of translators to ensure accuracy and uniformity in the translation process. A team of translators works together to convert test items and their accompanying instructions from one language to another. They should provide translations that are not only grammatically correct, but also culturally suitable and understandable to the intended audience. After the initial translation is finished, a separate translator who is proficient in the source language but was not engaged in the initial translation process does a reverse translation. The process involves returning the instructions and test items to their original language. The next step is to compare the back-translated version to the original to identify any discrepancies and ensure accurate translation.

The translated test is then given to a small sample of people from the target audience to determine their comprehension of the test items and instructions. This aids in identifying any linguistic or cultural idiosyncrasies that may hinder comprehension, as well as ensuring that the translation is clear and suitable. The translated test is pilot-tested with a larger sample of people from the target population to determine its psychometric features, such as reliability and validity. This stage ensures that the translated test regularly and reliably assesses the required constructs.

The research instruments utilized in this investigation comprised questionnaires. The response options and instructions for each of those instruments were individually written at the beginning of each instrument. In order to enhance participant comfort, the researcher employed individual data collection method. Given that the majority of the participants were adolescents with learning disabilities who struggled with reading and comprehension, they exhibited minimal interest in reading each question and selecting appropriate options within the questionnaires. Therefore, the researcher read aloud each item and each response choice provided. The subjects

were directed to choose responses that were more suitable for themselves, and the researcher annotated the responses to verify that they had answered all the items provided. The following tools were selected in the present study:

1. *Standard Progressive Matrices (SPM) - (Raven, J. C., & John Hugh Court, 1998)*

The Raven's Progressive Matrices (RPM) is a nonverbal method for evaluating groups. RPM is classified into three categories: Colored progressive matrices (CPM), Standard progressive matrices (SPM), and Advanced progressive matrices (APM). SPM was developed by John Raven and his assistant Penrose with the intention of measuring Spearman's *g* factor or general intelligence, which is summarized as the "ability to perceive relationships and belongings" (Raven, Raven, & Court, 1998). The sixty components of SPM comprise five sets of twelve parts each. Each successive item is more difficult than its predecessor. 40 to 45 minutes are required for administration. The SPM is designed for average-ability individuals between the ages of 6 and 70. The SPM is intended to assess a person's capacity for logical problem-solving and clear thinking independent of language proficiency.

Scoring and Interpretation

The RSPM score is the total number of properly answered questions, which results in a total score between 0 and 60. In other words, the total score equals the number of right responses. A scoring key is used for manual scoring. Correct responses earn one point, while erroneous responses earn none. The sum of all values is then calculated for each column. The sum of the five columns' total scores provides a single score. The manual's relevant percentile score and grade are recorded for analysis. The discrepancy score is the difference between an individual's expected

cumulative score and their performance on each set. The numerals 0, -1, +2, -2, and +1 are used to represent it. If a person's score on one of the sets differs by more than two points, his total score cannot be used to predict his general intellectual aptitude. However, even when the breakdown varies by more than two points, the cumulative score appears to be fairly reliable.

Reliability and Validity

Raven et al. (1993) reports an average short-term dependability of 0.90, which reduces to 0.80 from the cite investigations conducted in Congo, India, Belgium, and America. Split-half reliability range is 0.89 to 0.97.

Raven's SPM is considered the most accurate 'g' measurement. Raven et al.(1993) found +0.83 loadings on 'g' in British children and +0.81 in American children. Cross-cultural studies show high 'g' loading. Thus Raven et al. (1993), considers the SPM as a reliable measure of general intellectual capacity rather than simply a g-estimate.

2. The Early Adolescent Temperament Questionnaire Revised (EATQ-R)- (Malayalam Translation by Milu Maria Anto & Dr. C. Jayan)

The Early Adolescent Temperament Questionnaire-Revised (EATQ-R, Ellis and Rothbart, 2001) was a scale developed by Capaldi and Rothbart (1992). The scale was translated into Malayalam and culturally re-standardized by a researcher Dr. Milu Maria Anto in 2014. The scale is a 65-item inventory that has 4 main subscales measuring Temperamental factors such as Effortful control (EC), Surgency (SU), Negative Affect (NA) and Affiliativeness (AF). Effortful control refers to the ability of individual to regulate ones thought, emotions, behaviour to achieve goals and meet situational demands. Surgency is a personality trait that is associated with high levels

of positive affectivity, approach motivation, and sociability. It is a component of emotional reactivity. Negative affect, a crucial aspect of emotional experience that is crucial to psychological health and functioning, is the experiencing of unpleasant emotions, moods, or affective states including sadness, worry, fear, rage, guilt, or humiliation. Affiliation is the tendency to seek out and maintain social connections, relationships, and interactions with others. A key feature of human behavior that significantly influences social identity, support networks, and overall well-being. After standardization, items 10, 18, 40, 51, 55, 56, 57, 58, 60 were removed from the final Malayalam adapted scale. So in the present research the inventory has 56 items. A five-point rating system was used to assess the items; one point was assigned for "almost always untrue of you," and five points were assigned for "almost always true of you."

Scoring and Interpretation

The scores for the items were 1,2,3,4,5 and for reversed score items it becomes 5,4,3,2,1. The major factors were taken for the study. The total scores for the subscales such as effortful control, surgency, negative affect and affiliations were calculated". During EATQ-R administration, the maximum score of 280 ($56 \times 5=280$) is calculated by adding the scores of each item, with a minimum score of 56. A high score on a temperament scale normally implies that an individual exhibits a strong or pronounced expression of the characteristic being evaluated. A low score indicates that an individual exhibits a weak or minimal expression of the trait being examined.

Reliability and Validity

Cronbach alpha of the total scale EATQ-R was found to be 0.811. For the subscales, the Cronbach alpha was found to be Effortful Control (0.77), Surgency

(0.75), Negative Affect (0.80), and Affiliativeness (0.69). The scale has good face validity.

3. *The Coping Strategies Inventory- Short Form (CSI-SF - David L Tobin, 1985)*

A coping strategies inventory consisting of 32 items was developed by Tobin et al. (1985). The goal of this self-report inventory was to examine responses to a specific stressor and methods for dealing with it. According to Folkman and Lazarus (1981), the CSI was based on the Lazarus "Ways of Coping" questionnaire. This survey's objective is to learn more about the kinds of issues people face on a daily basis and how they resolve them. Stressful refers to a circumstance that was upsetting to the person, either because it required effort to deal with it or because it made them feel horrible. It may have been with your friends, your job, your family, or your school.

The total scores for the Secondary and Tertiary subscales are determined by adding together the total scores for the Primary subscale. For each of the 32 items that the respondents currently identify with, they were asked to select "most preferred" based on how strongly they felt about them. A 5-point Likert scale was used to score each item.

Subscales of the Coping Strategies Inventory

A total of fourteen subscales make up the CSI; eight of these are main scales, four are secondary, and two are tertiary. The main subscales are made up of particular coping mechanisms that people employ in reaction to stressful situations. Problem-solving techniques, cognitive restructuring, social support, emotional expression, problem avoidance, wishful thinking, and social withdrawal are a few of these. Problem Focused Engagement, Emotion Focused Engagement, Problem Focused

Disengagement, and Emotion Disengagement were the names of the secondary subscales. Participation and Disengagement are the tertiary subscales.

Scoring and Interpretation

Responses to CSI's five-item Likert format stated how often respondent have used each specific coping mechanism to handle a given circumstance for each item. None at all, A Little, Some, Much, and Very Much. The Likert responses to all of the items on a given subscale are added together to determine the raw scale scores. In order to score a CSI, each item in a specific subscale is given the same weight. The following were the scales and the items matched: Problem solving 1, 9, 17, 25, 33, 41, 49, 57, 65; cognitive restructuring 2, 10, 18, 26, 34, 42, 50, 58, 66; Express Emotions 3, 11, 19, 27, 35, 43, 51, 59, 67; Social Support 4, 12, 20, 28, 36, 44, 52, 60, 68; Problem Avoidance 5, 13, 21, 29, 37, 45, 53, 61, 69; Wishful Thinking 6, 14, 22, 30, 38, 46, 54, 62, 70; Self Criticism 8, 16, 24, 32, 40, 48, 56, 64, 72; Social Withdrawal 7, 15, 23, 31, 39, 47, 55, 63, 71.

The maximal score of 160 ($32 \times 5 = 160$) is computed during CSI administration by summing the scores of each item, with a minimum score of 32. A high CSI score generally signifies that an individual employs an extensive variety of adaptive coping strategies on frequently in response to stressors. Those who achieve lower scores on this scale may encounter difficulties inefficiently coping with stressors, which can lead to increased levels of distress or functional impairment.

Reliability and Validity

A Cronbach alpha reliability value of 0.70 indicates that the principal items of the Coping Strategies Inventory (SF) in English are reliable. The secondary subscale demonstrated a reliability coefficient of 0.82 according to Cronbach's alpha.

Furthermore, the Tertiary subscale demonstrated a Cronbach reliability coefficient of 0.90. The Coping Strategies Inventory-SF in Malayalam exhibits a reliability coefficient of 0.815.

4. *Emotional Intelligence Scale (EIS - Ajitha & Soumya Starlet, 2023)*

According to Peter Salovey and John Mayer (1990), emotional intelligence is the capacity to recognize and categorize various emotions, monitor one's own and other people's emotions, and use emotional cues to influence one's thoughts and actions. Emotional intelligence encompasses the capacity to precisely recognize, comprehend, and communicate one's own emotions as well as those of others. It also includes the ability to effectively regulate one's own emotions as well as those of others, and to use emotions to motivate, organize, and achieve personal objectives.

The emotional intelligence scale was developed by researcher V.A. Ajitha and Dr. Soumya Starlet. C.T., research guide (published in IJPP). This self-reporting questionnaire for adolescents is meant to measure their emotional intelligence in different scenarios. The EIS is a 5-item Likert scale with 5 alternatives for each item: 1. strongly agree; 2. agree; 3. sometimes; 4. disagree; and 5. strongly disagree. The goal of this test is to find out how well adolescents can deal with their feelings. The EIS has four parts that use 23 items to measure an adolescent's self-awareness, problem-solving skills, optimism, and relationship management. Being able to recognize and comprehend one's own emotions and how they influence one's own ideas, actions, and connections with other people is known as self-awareness, and it is considered an essential part of emotional intelligence (EI).

Individuals who lack self-awareness may fail to comprehend and manage their emotions effectively, resulting in challenges with interpersonal interactions, decision-

making, and overall well-being. Problem-solving skills, a component of emotional intelligence, are closely linked to emotional and social competencies. Individuals with high emotional intelligence are frequently better able to address difficulties with clarity, inventiveness, and resilience, resulting in more successful outcomes in a variety of personal and professional settings. Optimism is defined as a dispositional inclination to anticipate positive results or see situations in a positive perspective, even in challenges. Optimistic people believe they have control over their circumstances, that good things will happen, and that setbacks or failures are only temporary and can be overcome. Optimism can have a substantial impact on emotional well-being and interpersonal interactions, the components of emotional intelligence. One of the fundamental traits of emotional intelligence (EI) is relationship management, which is the capacity to establish and uphold positive, healthy connections with others as well as the ability to effectively negotiate social situations, resolve conflicts, and collaborate with a variety of people and groups.

Scoring and Interpretation

The respondent is given five alternatives ranging from "strongly agree" to "strongly disagree" to describe their emotional intelligence. On each subscale, there are respondents with both positive and negative ratings. Positive objects receive a score between 5 and 1, while negative items receive a score between 1 and 5. Items 3, 12, 14, 15, 18, 19, 20, 33, and 34 measure self-awareness. The items 5, 7, 8, and 16 assess problem-solving; the items 11, 22, 24, and 26 assess optimism; and the items 1, 27, 31, 35, and 32 assess relationship management. During EIS administration, a maximum score of 115 ($23 \times 5=115$) is produced by summing the scores of each item, with a minimum score of 23. A high EIS score indicates that the individual is emotionally intelligent, socially smart, and capable of excelling in personal, academic,

and professional situations. Low EIS scores indicate that the individual may have difficulty navigating social interactions, dealing with stressors, and sustaining good relationships. A minimum score of 56 is acquired during the administration of FIS, with a maximum score of 280 ($56 \times 5 = 280$) obtained by adding the scores of each item. A family with a high FIS score demonstrates favorable and healthful interaction patterns, such as transparent communication, constructive problem-solving, quality time invested together, and supportive relationships. A lower FIS score signifies that the family demonstrates maladaptive or dysfunctional patterns of interaction, such as insufficient support, challenges in conflict resolution, and similar traits.

Reliability and Validity

The Cronbach Alpha technique was used to measure the dependability of the whole scale and its four dimensions. For the whole scale, Cronbach's alpha was found to be 0.88. In different dimensions, reliability was found to be 0.82 for the dimension of self-awareness, 0.67 for the dimension of problem-solving, 0.66 for the dimension of optimism, and 0.62 for the dimension of relationship management. Split-half reliability, also called parallel form reliability, measures internal consistency and reliability. Split-half reliability for their total scale was calculated and found to be 0.86.

The validity of a tool is generally defined as its capacity to measure what it purports to measure. According to Nunnally (1978), the phase of verifying a measurement is ongoing. Validation of a measure is an ongoing process that occurs whenever new evidence supporting its intended use becomes available. Since the scale was developed by incorporating suggestions from experts in the field, content validity

for the scale is established. In addition, inter-correlations among the four dimensions of the test were calculated and it also shows the test is valid.

5. Family Interaction Scale (FIS - Asha, 1987)

Family interaction refers to the way family members communicate, relate to one another, and participate in activities within the family unit. It encompasses the different modes of communication, interaction patterns, roles, and dynamics that define family relationships. Family interaction has a significant impact on individual development, family functioning, and family relationships.

The FIS examines conjugal or nuclear families. Family contact contributes to child development. FIS's eight subscales assess all families' social environments. 56 items assess independence, coherence, accomplishment, intellectual, conflict, social, ethical, and discipline.

Scoring and Interpretation

The respondent is given five options for describing their familial interaction, ranging from "most acceptable" to "least acceptable." On each subscale, both respondents with positive and negative ratings are present. Items 6, 8, 15, 24, 26, 32, 34, 35, 38, 40, 41, and 47 were evaluated negatively, while the remaining 43 items were rated positively. The scoring range for positive items is from 4 to 0 and the range for negative items is from 0 to 4. Thus, a high score indicates a thriving family, while a low score indicates a problematic family.

Reliability and Validity

The test-retest reliability of individual scores for the eight subscales was calculated for 58 members from 15 families who were tested twice with a six-week interval between testing. The correlation coefficient ranges from 0.71 to 0.87 for the

eight sub-scales. The odd-even reliability coefficients ranged from 0.73 to 0.83 for the eight subscales.

The ability of FIS to discriminate between the two criterion groups, namely normal and distressed families, was taken as the index of validity. One hundred and nine members from 34 normal and 94 members from 27 distressed families participated in the study. The scale has sufficient internal validity as well.

6. Peer Involvement Scale (PIS- Vashista and Neha, 2016)

Peer pressure is defined as the influence made by peers to comply to specific norms, attitudes, or behaviors within a peer group. Social interaction is the interchange of ideas, information, and emotions between individuals in a social setting. Peer acceptance is the extent to which individuals are loved, appreciated, and accepted by their peers in a peer group or social network. Peer pressure, social interaction, and peer acceptance all have an impact on peer involvement.

The Peer Involvement Scale (PIS) was made to measure the amount of social contact, peer pressure, and peer acceptance among adolescents in their peer group. The Peer Involvement Scale (PIS) was developed by Prof. Dr. K.C. Vashishta, Head, and Dr. Neha, Faculty of Education, Dayalbagh Educational Institute (Deemed University) in 2016 to measure how much a child's peers are involved in his or her life. A child's peer group is an important part of his or her life. Items 2, 7, 11, 12, 14, 16, 18 measure social interaction; items 1,3,4,6,21 measures peer acceptance, and items 5,8,9,10,13,15,17,19,20,22,23 measures peer pressure.

Scoring and Interpretation

Peer Involvement Scale was constructed to identify the extent of peer involvement among adolescents. The tool is based on the Likert scale scored on five

points - Always, Mostly, Sometimes, Negligible, and Never as five respective scales. The scale has 2 types of items -Positive and Negative items. Scoring of these items was in complete reverse order i.e. if 5 score is given for Always in Positive item then for Negative item, 5 will be given for Never. The maximum score of 115 ($23 \times 5=115$) by adding the score of each item and a minimum score of 23 is obtained during administration of PIS. High score on PIS indicates high level of Peer Involvement and low score indicates low degree of involvement of children with their peer group.

Reliability and Validity

Golafshani (2003) referred to Reliability is defined as the degree to which findings remain consistent over an extended period of time and accurately reflect the entire population being investigated. It can be estimated by four procedures; test-retest method, parallel form, split-half method and reliability coefficient. Thus a test is said to be reliable if the sample produces the same results even after administering it 2-3 times. Cronbach's Alpha computed for PIS indicated 0.832. As the value of Cronbach's Alpha for PIS tools, lies in the range of 0.80 to 0.90 which is very close to one which indicates the acceptable level of reliability. Content and construct validity of 20.549** ($p>0.01$ (at 58 degrees of freedom) was significant which means that children having higher involvement with Peers were significantly different from low Peer Involvement children.

7. Student Teacher Relationship Scale (STRS- Ajitha & Soumya Starlet, 2023)

Teacher support, intimacy, and quality all have an impact on the student-teacher relationship. They have a considerable impact on the nature of the interaction between students and their teachers, which can have profound implications on students' academic achievement, socioemotional development, and general wellbeing.

Teacher support refers to how much emotional, academic, and practical help teachers provide to their students. Teacher and student Intimacy refers to emotional closeness, warmth, and connection between them. Teacher quality is how effective, competent, and professional teachers are in their teaching techniques, classroom management, and interpersonal connections with pupils.

A 34-item self-report instrument called the Student Teacher Relationship Scale (STRS) is used to evaluate how students perceive their relationships with their teachers, particularly concerning three dimensions: teacher support, intimacy and teacher quality. The STRS is developed by researcher Ajitha.V.A and Dr.Soumya Starlet (Research Guide), 2023. A positive student-teacher relationship in the classroom fosters trust and respect, helps students succeed in school, and creates a safe and welcoming environment. Items 1, 3, 5, 7, 9, 12, 14, 16, 18, 21, 23, 25, 27, 29, 31, 34 measures teacher support, items 2, 6, 8, 11, 13, 17, 19, 24, 26, 30, 33 measures Intimacy and items 4, 10, 15, 28, 22, 32 measures teacher quality.

Scoring and Interpretation

The Student Teacher Relationship Scale measures the extent to which students have a positive relationship with their teachers, which affects their social-emotional skills, academic knowledge absorption, confidence through exploration, willingness to take academic risks, and classroom performance. The tool is based on the Likert scale scored on five points - Strongly Agree, Agree, sometimes, disagree, strongly disagree as five respective scales. The scale has 2 types of items -Positive and Negative items. Scoring of these items was in complete reverse order i.e. if 5 score is given for Always in Positive item then for Negative item, 5 will be given for Never. During the administration of the STRS, the maximum score of 170 ($34 \times 5 =$

170) is calculated by adding the scores of each item, with a minimum of 34. A high Student-Teacher Relationship Scale (STRS) score frequently indicates that students and teachers have constructive and supportive interactions, which promotes a positive learning environment and good academic results. In contrast, a low score may indicate that there is conflict between students and teachers, resulting in a lack of support or trust. This could impair academic progress and socioemotional development. During the administration of the STRS, the maximum score of 170 ($34 \times 5 = 170$) is calculated by adding the scores of each item, with a minimum of 34. A high Student-Teacher Relationship Scale (STRS) score frequently indicates that students and teachers have constructive and supportive interactions, which promotes a positive learning environment and good academic results. In contrast, a low score may indicate that there is conflict between students and teachers, resulting in a lack of support or trust. This could impair academic progress and socioemotional development.

Reliability and Validity

Reliability is one of the most important characteristics of a tool and is generally defined as consistency in measurement. Using the Cronbach Alpha method, the reliability of the total scale and each of the three dimensions were estimated separately. For the whole scale reliability was found to be 0.88. Cronbach Alpha coefficient for the dimension for factor 1 classroom coordination is 0.87, factor 2 intimacy is 0.73 and factor 3 teacher quality is found to be 0.50. Split half reliability for total scale was also estimated and is 0.90.

Establishing whether a test measures what it is supposed to measure establishes its validity. When assessing a test's efficacy, this is the most crucial component. High validity items will have a close relationship to the test's intended

message. An expert panel on the subject topic examined the test items in question as a whole to guarantee their authenticity. The informal judgment of a non-expert regarding a questionnaire's comprehensibility, clarity, and suitability for the intended audience is known as face validity. Furthermore, face validity is demonstrated by the test.

8. The Personal Data sheet

In addition to the variables measured with the aforementioned instruments, the Personal data blank is also used to collect data on pertinent personal/social variables. In the Personal data sheet, variables such as age, gender, grade level, school, details regarding parents, educational qualification of parents, place of residence, socioeconomic status, family type, and number of years of remedial training received by adolescents with learning disability were included. To confirm their interest in participating in the study, school officials or parents were handed a consent form to sign with the personal data sheet.

Phase III: The Criteria and Procedure Used for The Selection Of The Participants, Data Collection, Procedure for The Administration Of The Different Tests and Their Scoring Details And Statistical Analysis Employed

During this phase, the researcher gathered data by employing established instruments to evaluate the chosen variables of the study.

- a. **Participants** - The research sample comprised 110 adolescents with learning disabilities and an equivalent number of adolescents without learning disabilities, all of whom were between the ages of 11 and 16 years. The selection process encompassed aided, unaided, and government schools, as well as remedial centers and clinics, located in the districts of Thrissur and

Ernakulam. Data were gathered through two methods: online (during the pandemic period) and offline (through individual meetings with respondents).

- b. **Data Collection** - Purposive sampling technique was used for selecting participants for the study. The researcher had individual discussions with participants to complete questionnaires and personal data sheet among adolescents with learning disabilities. Whereas a group administration technique was used when the sample group consists of adolescents without learning disabilities and the doubts and clarifications were provided to them whenever required.
- c. **Procedure** - The data collection procedure began with the explicit approval of the relevant institution or organization. When samples were collected from residential settings, the researchers requested consent from the parents or guardians. When samples were gathered from educational institutions, organizations, remedial centers, or resource instructors, the researchers obtained authorization from the head of the respective institution. After receiving informed consent, the researcher selected adolescents who fulfill the DSM V diagnostic criteria for learning disability. Following that, the researcher informed the parents and the institution's administrative authority about the goals of the current investigation. A description of the research topic, the significance of the study, and the potential implications of the research were given to the individuals. Individual data was gathered after gaining informed consent from the participants in order to collect socio-demographic information and questionnaires for the current study. Participants chosen for this study were previously diagnosed with a learning disability. Adolescents with learning disabilities were given an individualized setting that was devoid

of any distractions. Each student was provided with a comprehensive description of the subject in this context.

On the other hand, a comprehensive description of the study was presented to the whole class when it was conducted with adolescents who showed typical development. The students were provided with information regarding the study in addition to an informed consent form. It was made clear to the students that the study will not be a required element of their education, and that their involvement in it would be voluntary. Additionally, it was emphasized that any information on their participation will be kept strictly confidential. A list of students who had learning disabilities (LD) was produced by the authorities, and a random selection was made from both this list and from students without learning disabilities (NLD) who had stated their willingness to participate. The questionnaire took between 2.30 and 3 hours to complete. As a result, data gathering from students was often completed in about two days.

During the COVID outbreak, schools were forced to close. As a result, the researcher contacted psychologists and special educators who were constantly offering sessions to adolescents with learning difficulties (LD). The study comprised adolescents whose parents provided informed consent to their participation; data was gathered from these participants via online platforms.

The data was collected offline, after the cessation of the epidemic and the confinement orders were lifted. Data gathering became challenging because the majority of schools were unable to provide a distraction-free environment. The researcher had to obtain permission from the school

administration because sessions were normally held after the lunch break. Individual students were chosen for data collection in the case of adolescents with learning disabilities (LD). Those students who showed a willingness to participate in the study were included during group administration among adolescents without LD. Because Saturdays were when the bulk of teenagers came to hospitals, clinics, and remedial centers for their remedial sessions, the researcher booked their appointments on school holidays.

Table2:*The Final Distribution of Sample*

Category (Adolescents)	Sex		Total
	Boys	Girls	
LD	62	48	110
NLD	62	48	110
Total	124	96	220

LD = Adolescents with Learning Disability; NLD = Adolescents without Learning disability

The details of the selection of sample are as follows:

Inclusion Criteria for Adolescents with Learning disability

1. Adolescent boys and girls aged between 11 and 16 years
2. Adolescents who were previously diagnosed as having learning disabilities by a consultant clinical psychologist were included in the research.
3. Adolescents who showed average and above-average intelligence on the administration of standard progressive matrices

4. Parents and authorities who provided consent for the administration of the tests and participation in the study.
5. Adolescents who showed normal vision, auditory skills, and no other neurological abnormalities
6. Adolescents from nuclear, joint, and extended families are considered for research
7. Parents and family members who do not report any form of psychological abnormality are selected for the study.

Exclusion criteria for Adolescents with Learning disability

1. Adolescents with a history of developmental delay or problem behaviour
2. Different abled adolescents, like those with visual impairment were excluded
3. Adolescents with hearing impairment were excluded
4. Adolescents who had physical disabilities were excluded
5. Adolescents diagnosed as mentally retarded were excluded
6. Adolescents with single parents
7. Adolescents from childcare homes
8. Adolescents who exhibited psychotic and neurotic symptoms
9. Adolescents already on medication for some other physical illness

Inclusion criteria for Adolescents without Learning disability

1. Adolescent boys and girls aged 11 to 16 years
2. Adolescents exhibiting above-average intelligence in the SPM
3. Adolescents who showed average academic performance during the last three years were included.

4. Adolescents who show grade level good reading writing, mathematical skills, and comprehension ability were included
5. Adolescents from nuclear, joint and extended families

Exclusion Criteria for Adolescents without Learning disability

1. Adolescents with single parents.
2. Adolescents who are slow learners and have autistic features are excluded
3. Adolescents with behavioral issues
4. Adolescents who had psychotic or neurotic disorders
5. Adolescents who had developmental delays
6. Adolescents with physical disabilities
7. Adolescents with visual and hearing impairments

Ethical Considerations

The ethical committee of the research center at Prajyoti Niketan College, University of Calicut, has granted approval for the current research. Prior to the incorporation of each participant's case, an exhaustive overview of the research study was delivered to all attendees, and rapport-building was done. Prior to participation in the investigation, each individual provided their informed consent to the researcher. The confidentiality of all participants was guaranteed. The participants were provided with a voluntary withdrawal option from the study. The participants were duly apprised that there would be no immediate or indirect benefits associated with their involvement in the study. In the event that data was obtained from an institution, consent was obtained from the chief of the institution. Parents' consent was obtained prior to data collection from their residences or clinics.

Statistical Analysis

Statistics in psychology is concerned with the gathering and examination of data pertaining to the study of behavior and the human mind. Statistics are a valuable tool in the field of psychology as they enable researchers to ascertain the norms and expectations of a specific population. Statistical methods Involved in the execution of a study are the statistical procedures of planning, designing, and data collection, analysis, deriving meaningful conclusions, and reporting of the research findings. Statistical analysis imbues life into inert data by providing meaning to meaningless numbers (Ali & Bhaskar, 2016).

The statistical analysis of the data obtained in the study was conducted utilizing the SPSS Version 20 statistical software. Statistical analysis, an important component of data analysis, is the process of acquiring and evaluating data in order to find trends and patterns. It is used for gathering research interpretations, developing statistical models, and designing surveys and studies. Statistical analysis imparts life into inactive data and assigns significance to meaningless numbers. A high-quality statistical analysis in research is crucial for highlighting the study's significance and supporting future researchers in applying current research findings to their work. It makes it easier to comprehend the significance of challenging academic studies. The present phase provides a concise overview of the different statistical procedures employed and their significance. The following statistical analysis techniques are utilized in the current investigation:

Descriptive Analysis

Descriptive statistics employ numerical values, graphs, and charts to briefly summarise extensive quantities of data. Descriptive statistics serve the purpose of

elucidating critical elements within a given dataset. The arithmetic mean in statistics is nothing but the ratio of all observations to the total number of observations in a data set. The arithmetic mean is synonymous, generally speaking, with the data average. It represents the group of data's representative value. Arithmetic average of data set called arithmetic mean is calculated as it is the commonly used and useful descriptive value of any distribution. The square root of the variance is used to compute the standard deviation, a statistic that expresses how dispersed a dataset is in relation to its mean. The standard deviation, abbreviated as σ , quantifies the degree of dispersion of the data with respect to the mean. Measures of central tendency (such as the mean, median, and mode), measures of dispersion (including the range, minimum, maximum, standard deviation, and variance), percentages, as well as skewness and kurtosis of the variables, are typical descriptive statistics. The required descriptive statistics for the current study were computed for the variables temperament, coping skills, emotional intelligence, family relationships, peer relationships, and student-teacher relationships. These statistics included arithmetic mean, median, mode, standard deviation, skewness, and kurtosis. Inferential analysis is a statistical technique that facilitates the formation of inferences, enabling the identification of relationships between variables and the establishment of significant differences among samples. Inferential Statistics was employed, to test hypotheses through various statistical techniques and to address research inquiries and draw conclusions

The t-value

The Student's t-test was created by W.S. Gosset, 1908 to compare the average scores of two groups on a single variable. Utilizing each group's mean and standard deviation, the t statistic is calculated. If the resulting t value exceeds the crucial value during t-test testing, the null hypothesis is rejected. The t-test was employed in this

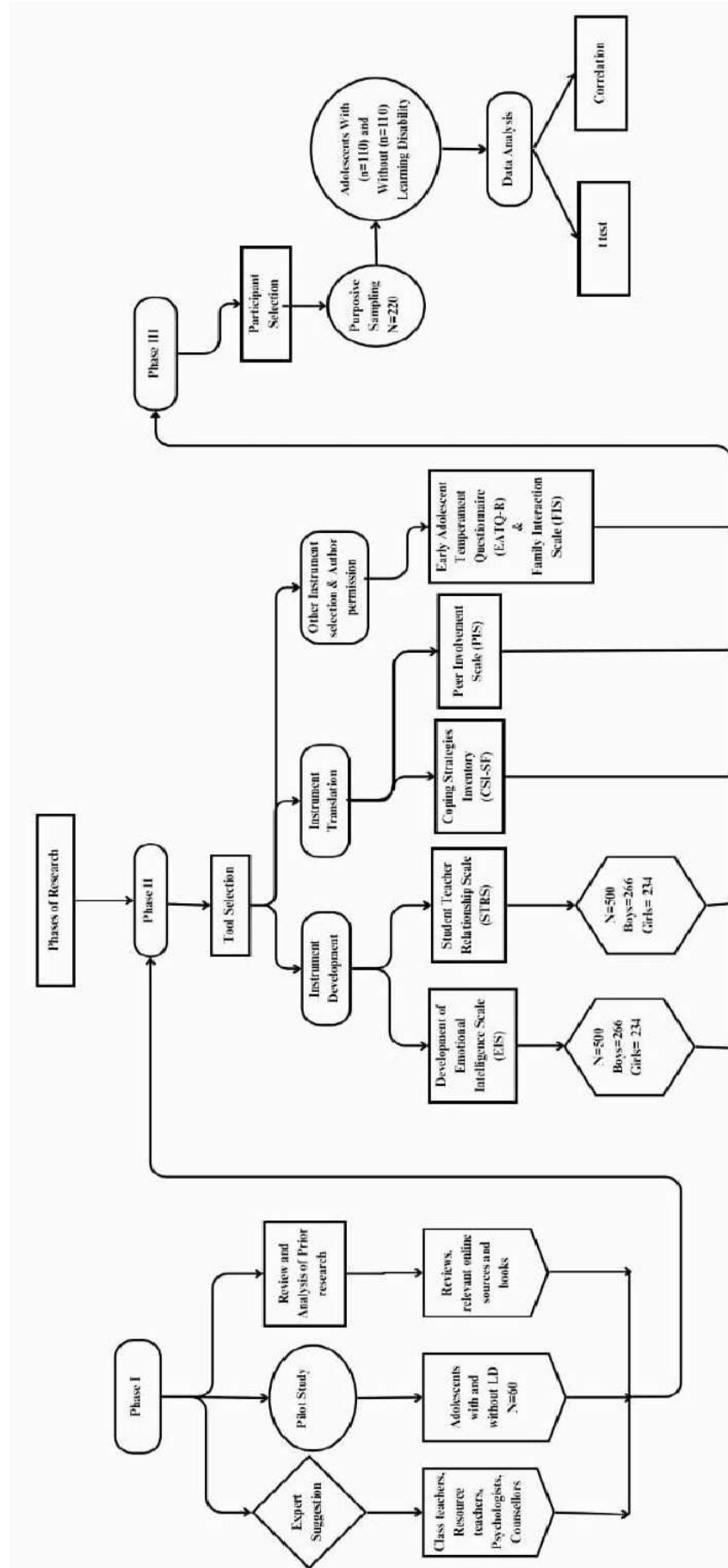
study to compare if any two comparison groups' relevant parameter differences were significant. Gender differences and distinctions between groups with and without learning disabilities were also examined using t-tests (cited by Hanley et.al., 2008).

Correlation Analysis Using Karl Pearson Product Moment Correlation

A test of correlation will provide with a measure of the strength and direction of such a relationship (Brace, Kemp & Sneglar, 2012). It is a statistical metric used to estimate the strength and direction of a two-variable linear relationship. The term "correlation" refers to the strength of link between two variables, and correlational analysis is used to quantify this strength. A co-efficient of correlation is a single number that tells us to what extent two variables are related, that is to what extent variation in one goes with variation in the other (Guilford, 1982). The correlation coefficient is a statistical measure that quantifies the strength and direction of a two-variable linear relationship. In a correlation there is no independent variable, it simply measures two variables. Correlation coefficients range from -1.00 to +1.00, with -1.00 indicating a complete negative correlation and +1.00 indicating a perfect positive correlation. The sign of the correlation coefficient (-, +) indicates the direction of the relationship. A positive correlation coefficient indicates the variables will increase while the other variable increases; and as one decreases the other will also decrease. The negative correlation coefficient indicates two variables are in opposite direction, which means if one variable increases the other variable will decrease and vice versa. Interpretation of correlation coefficient When $r = 0$, there is no correlation between two variables; $r = -1$ indicates perfect negative correlation; $r = 1$ indicates perfect positive correlation; $r = 0$ to $.2$ indicates weak correlation; $.3$ to $.6$ indicates moderate correlation, and $.7$ to 1 strong correlation (Brace, Kemp & Sneglar, 2012). There are several methods for calculating a correlation coefficient. The Pearson

correlation coefficient is a typical statistical measure used to examine the relationship between two variables. It is based on the assumption that the two variables under consideration are measured on scales with at least interval-level features. The coefficient is calculated by dividing the covariance between the two variables by the product of their respective standard deviations. The Pearson product moment correlation coefficient (r) indicates the strength of the correlation. The correlation coefficient takes any value between plus one and minus one. The strength of the correlation alone is not necessarily an indication of whether it is an important correlation; normally the significance value should also be considered. With small sample sizes this is crucial, as strong correlations may easily occur by chance. With large to very large sample sizes, however, even a small correlation can be highly statistically significant. For the present study Karl Pearson Product Moment Correlation test is to find out the correlation between variables psychological variables- Temperament, Coping Skills, Emotional Intelligence and social variables- Family Relationships, Peer Relationships, and Student teacher relationships were calculated.

Fig 1.
Flow chart showing Phases of Research



CHAPTER 3

TEST DEVELOPMENT AND TEST TRANSLATION

- ❖ Part I- Development of Emotional Intelligence Scale (EIS)
- ❖ Part II- Development of Student Teacher Relationship Scale (STRS)
- ❖ Part III- Translation of Coping Strategies Inventory- Short Form (CIS-SF)
- ❖ Part IV- Translation of Peer Involvement Scale (PIS)

In the current research, the investigator developed tests to evaluate Emotional Intelligence and Student-Teacher Relationship among adolescents. The chapter describes the various phases of test development, like item writing, item analysis, and standardization. Additionally, the chapter encompasses a translation of the Coping Strategies Inventory- Short Form (CIS-SF) and Peer Involvement Scale (PIS). "A psychological test is a methodical process by which samples of behaviors pertinent to cognitive or affective functioning are collected, scored, and evaluated in accordance with established criteria (Urbina , 2004). "

Psychological assessments are used to rate behaviour samples in an objective way. According to Anne Anastasi's (1982) definition, a psychological test is "basically an objective and standardised measurement of a behaviour sample." Psychological testing can be used to examine the concurrent behaviours of two or more individuals as well as the behaviours of a group of individuals in a variety of settings. A test must be carefully made, given to a representative sample of the community, and evaluated using well-known statistical methods (Allen & Yen, 2001; and Kline, 1990). A good test should not be interpreted differently by individuals or groups. It should produce consistent outcomes.

Four essential characteristics make a test good: validity, reliability, objectivity, and norms, The *Validity* of a test refers to the extent to which it measures what it was intended to measure.

Reliability means the test should give the same results even if it is given by different people, scored by different people, and taken by the same person more than once.

Objectivity in a measuring instrument ensures that results obtained by equally competent users are consistent. A test is objective when it doesn't take into account the scorer's personal view.

Norms are collections of scores obtained by those for whom the test is intended. The scores that these groups earned can be used as an indicator for determining what any other score means.

The purpose of test development in the current research is to develop a test that tailors with the selected participant's adolescents with learning disabilities, to ensure cultural sensitivity, and design the test in such a way that it minimizes discomfort among participants. The researcher intended to create new tests for study purpose as existing tools do not sufficiently assess specific variables such as emotional intelligence and the student-teacher relationship among adolescents with learning disabilities. Creating a new test will allow the researcher to customize the measurement of specific areas of the investigation. As available tools are insufficient for the population being studied due to cultural, linguistic, or developmental variations. Creating a new test enables researchers to generate measurements that are more suited and relevant to adolescents with LD. The researcher identified many weaknesses in existing tests, like some items being highly sensitive for the population under consideration, causing interpretation and comprehension issues, being inappropriate for LD samples, and so on. so developing a new test provides an opportunity to address these shortcomings and create a more reliable measurement tool. Creating a new test allows researchers to tailor study items to the current research objectives and hypotheses, and enables the researcher to check that the instrument developed is free of biases.

Overall, designing a new test for research can improve the tool's effectiveness, relevance, and efficacy in addressing specific research questions and objectives that are unique to the current study. As a result, the data obtained using the newly designed measure will be more relevant and match the research objectives. The Emotional Intelligence Scale and Student Teacher Relationship Scale were designed as research instruments.

PART -I

DEVELOPMENT OF EMOTIONAL INTELLIGENCE SCALE (EIS)

Emotional Intelligence (EI)

Daniel Goleman (1995) defines emotional intelligence as the capacity to achieve long-term satisfaction by maintaining a healthy equilibrium between logical reasoning and emotional responses. Emotional intelligence is vital for physical health, mental health, and academic achievement. Individuals who cultivate emotional intelligence are capable of recognizing and expressing their own emotions, accepting the emotions of others, synchronizing their own emotions, and utilizing their emotions to motivate adaptive behavior (Grewal, Brackett & Salovey, 2006). Adolescent development relies on the ability to recognize and differentiate emotions, which can be influenced by an individual's early response to emotional problems. When a person has an ineffective orientation, he or she will try to avoid thoughts and feelings related to the problem (Frauenknecht & Black, 1995) and Ciarrochi & Scott, 2006). Several studies have examined the correlation between emotional intelligence and scholastic performance in the context of collegiate students. Academic achievement is correlated with students' capacity to perceive, utilize, and control their emotions (Yahaya et.al, 2012). The present investigation centers on the four branch model proposed by Mayer

and Salovey (1997), which delineates emotional intelligence as a collection of four interrelated capacities: perceiving, applying, comprehending, and regulating emotions.

While intelligence is essential for life success, emotional intelligence is more crucial for establishing and maintaining healthy relationships and accomplishing one's objectives. Possessing an awareness of one's emotions and behaviors, as well as the consequences they have on others, is indicative of possessing emotional intelligence. Additionally, it implies that you respect others, comprehend their desires and aspirations, and can establish connections with them across various dimensions.

In the early 20th century, Thorndike (1920) proposed the concept of social intelligence as the ability to correctly understand and interact with other people. Gardner's (1983) multiple intelligences model that included interpersonal (self) and intrapersonal (others) intelligence (Eisner, 2004). Basically, these theories proposed the ability to understand one's and other's moods, intentions, and motivations and to behave properly in interpersonal relations (Salovey and Mayer, 1990). Even though these ideas were important, they got left out because there weren't enough tools to put them into practice.

Operational Definition

Based on the various reviews considered emotional intelligence can be operationally defined as the capacity to recognize, employ, comprehend, regulate, and deal with emotions. Emotional intelligence can help people do better in many areas, such as controlling their behavior, adjusting to change, spotting new trends, and navigating complicated social situations, attainment of a multitude of skills for achievement, and making personal decisions.

Relevance of Emotional Intelligence among Adolescents

Like intelligence (IQ), emotional intelligence (EI) is significant, as a relationship between IQ and academic achievement and success in life and several other domains. In the same way EI has been identified as a crucial factor in determining success in social and emotional settings. It facilitates the development of healthy interpersonal connections, enhances decision-making capabilities, and enables effective coping with challenging circumstances. Enhanced emotional development is characterized by heightened capacity to notice, evaluate, and regulate emotions (Sánchez-Álvarez, Martos and Extremera, 2020). During adolescence, individuals experience an increased level of self-awareness, an awareness on one's own emotions and of others. But these perceptions may be fragile or uncertain in nature. Adults expectation on adolescents to effectively manage their emotions, to prevent any interference in their academic performance, professional endeavors, and other engagements becomes demanding in certain conditions. Adolescents who attain autonomy may exhibit enthusiasm in facing new difficulties while others might require assistance in building up their self-assurance. Adolescents gain abilities, to uncover distinctive talents, and develop strengths through development of emotional intelligence.

Adolescents' emotional awareness, self-management, and empathy are enhanced by physical changes, but emotional development is heavily impacted by circumstances. This implies that a variety of factors in adolescents life might have an impact on their emotional development. Adolescent self-confidence, identity formation, stress, and other factors may all have an impact on their EQ (De Moor, 2019). Since numerous adolescent-specific factors play a crucial part in the development of emotional intelligence, measuring EI seems important. As a result,

the researcher had chosen emotional intelligence as a psychological attribute that need to be assessed in the present research. When typical adolescents struggle with developing emotional intelligence, then adolescents with learning disabilities too may struggle with EI, which might be the cause of detrimental social and family interactions, low self-esteem, poor peer and social relationships, difficulty with identity formation, academic achievement, and so on. Consequently, there is an immediate demand to evaluate EI.

A Need for Development of New Measure of Emotional Intelligence

The researcher proposed to develop a new scale to measure emotional intelligence among adolescents with learning disabilities that is more precise and comprehensive. It also tries to overcome the shortcomings and potential cultural biases faced while using previously existing tools. As most of the previous tools developed were in the English language and focused on adolescents over 18 and adults, many of the items do not match the requirements of the present research. The current research tool focus pertains to some distinct components like self-awareness, problem solving, optimism, and relationship management dimensions of emotional intelligence that were least observed in other tools. Lengthy items with confusing words make adolescents with LD, who study in Malayalam or English medium schools and those with academic issues difficulty at comprehending items provided in English language. Sometimes lengthy items are confusing and difficult to understand; the language used may impact their comprehension; and too many items will make them bored and out of focus while answering. So tailoring a scale specific to research question will provide more specific and relevant research outcomes. As we can observe cultural influences on the emotional intelligence of individuals, cultural adaptation is worth noting in measurement of the scale. The researcher has

constructed a culturally specific measure for assuring the effective measurement of emotional intelligence among adolescents with and without learning disabilities. As research focuses on adolescents with learning disabilities, a unique and personalized measure will fulfil the requirements of the research. Thus, to overcome the above-mentioned inadequacies observed in the existing scales, investigators have aimed at developing the current emotional intelligence scale, which is more specific to research inquiries, promotes cultural sensitivity, and shows tailored assessment among the distinct populations considered. Thus, a tool that focuses on these factors will help in getting a reliable EI score.

A Review of Previous Emotional Intelligence Tests

The investigator examined and assessed pre-existing emotional intelligence measures in order to ascertain the fundamental factors contributing to emotional intelligence. The investigator made an effort to examine previous research in order to acquire knowledge regarding the methodologies employed in evaluating the emotional intelligence of adolescents. A review is conducted on the most frequently employed measurements. Emotional intelligence, also known as emotional quotient, or EQ, is becoming increasingly essential in the in school and workplace since it influences significant academics, work-related outcomes such as individual accomplishment and efficiency. Because it increases productivity and individual growth, EQ evaluation provides a new viewpoint on understanding and evaluating activities, management methods, attitudes, interpersonal skills, and potential, an increasingly important aspect of human development.

Emotional intelligence is measured as self-reports or ability tests. The Wong's Emotional Intelligence Scale (WEIS) was developed in 2002 by Chi-Sum Wong and

Kenneth S. Law. It consists of two components. Part one comprises 20 scenarios, where participants are required to choose a single option that most accurately reflects their response to each situation. Part two comprises 20 pairs of abilities, where participants choose the category of skills that most accurately reflects their strengths. The test consists of four dimensions, which are as follows: The four concepts I would like to discuss are Self-Emotional Appraisal (SEA), Others' Emotional Appraisal (OEA), Emotional Regulation (ROE), and Emotion Use (UOE) (César, 2022).

An Emotional Intelligence Scale (EIS-SANS) was developed by Dr. Arun Kumar Singh and Dr. Shruti Narain (2014). There are Four dimensions in the scale i.e. a) Understanding Emotions b) Understanding Motivation c) Empathy d) Handling Relations. the test. it consists of 31 items. Each item has to be rated as true and false and scored as true (1) and false (0).

The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) is an ability-based test that measures the four branches of Mayer and Salovey's EI model. MSCEIT evolved from the Multifactor Emotional Intelligence Scale (MEIS), an intelligence-testing measure designed specifically to assess emotional intelligence. It consists of 141 items, takes 30-45 minutes to complete, and is administered to individuals aged 17 and older. Emotional Intelligence is measured in four areas: perceiving emotions, facilitating thought, understanding emotions, and managing emotions. (Mayer, Salovey, & Caruso, 2002).

The Schutte Self-Report Emotional Intelligence Test (SSEIT) is a method of measuring general Emotional Intelligence (EI), using four sub-scales: perception of emotions, managing emotions in the self, social skills or managing others' emotions, and utilizing emotions. The SSEIT is structured off of the EI model by Salovey and

Mayer (1990). The SSEIT includes a 33-item self-report using a 1 (strongly disagree) to 5 (strongly agree) scale for responses. Each sub-test score is graded and then added together to give the total score for the participant. The Assessing Emotions Scale is a 33-item self-report inventory focusing on typical emotional intelligence. Respondents rate themselves on the items using a five-point scale. Respondents require on average five minutes to complete the scale. Total scale scores are calculated by reverse coding items 5, 28 and 33, and then summing all items. Scores can range from 33 to 165, with higher scores indicating more characteristic emotional intelligence.

The Trait Emotional Intelligence Questionnaire, or TEIQue, is an openly accessible instrument developed to measure global trait emotional intelligence (Petrides, 2009). It has 153 self-report items in long form with 15 subscales and require 25 minutes for completion. TEIQue-SF has 30 items and is 7-point scale. The four subscales labeled well-being (self-esteem, trait happiness, trait optimism), self-control (emotion control, stress management, impulse control), emotionality (emotion perception (self and others), emotion expression, relationships, trait empathy), and sociability (social awareness, emotion management (others), assertiveness).

BarOn EQ-i (1996) is the first measure of emotional intelligence which measures emotionally and socially intelligent behavior as reported by respondents. It suggests that emotional intelligence is a key determinant of success in life. BarOn EQ-i consists of 133 items with following components: Intrapersonal (Self-Regard, Emotional Self-Awareness, Assertiveness, Independence, and Self-Actualization), Interpersonal (Empathy, Social Responsibility, and Interpersonal Relationship), Stress Management (Stress Tolerance and Impulse Control), Adaptability (Reality Testing, Flexibility, and Problem Solving), General Mood Scale (Optimism and Happiness). the BarOn model of emotional intelligence, the EQ-i:YV (2004)

measures the level of emotional and social functioning in children and adolescents. Psychologists, school counselors, social workers, and psychiatrists can use it to pinpoint a child's strong and weak points and aid in the development of the abilities necessary for academic, personal, and social success.

Daniel Goleman, Richard Boyatzis and Hay (2011) Group developed Emotional and Social Competence Inventory, or ESCI assess the emotional and social competencies that distinguish outstanding leaders. The emotional and social competency inventory (ESCI) measure emotional intelligence in leaders and professionals, raise awareness through powerful feedback, focus your coaching and development on crucial capabilities, bring out the best in individuals and teams.

Emotional Intelligence Scale was created by Dr. Pallaviben P. Patel and Dr. Hiteshbhai P. Patel (2006). It comprises 77 components for measurement. Self-awareness, self-management, social awareness, relationship management, and empathy are components of emotional intelligence (Tripathy, 2018). Goleman's Emotional Intelligence Scale is a self-assessment questionnaire designed to measure competencies related to emotional intelligence applied in our lives based on the five competency models. The sub-dimensions include self-awareness, self-regulation, motivation, empathy, and social skills measured using 50 items.

Development of Emotional Intelligence Scale (EIS)

The researcher performed a detailed analysis and assessment of previously developed assessments concerning emotional intelligence. The purpose is to identify the underlying factors that contribute to the development of emotional intelligence and to determine how emotional intelligence relates to different facets of human development. Emotions have a profound impact on the behaviour of adolescents

during their formative years. An elevated level of emotional intelligence influences the development of positive self-perception, the prevention of adolescent delinquency, and the improvement of academic performance. EQ assists us in establishing stable connections, making sound decisions, and navigating challenging situations. Individuals' social success is determined by their EQ, which enhances intelligence and facilitates interpersonal understanding and harmony.

Adolescence characterised by increased levels of emotion includes the inability to perceive, comprehend, control, and operate. Following their emotions will have lasting consequences for their conduct and character. Adolescence (ages 12 to 18) is the most critical transition period from childhood to maturity. They begin to consider the future about accommodation, careers, relationships, families, and the level of independence they acquire. The individual desires to blend in and be a part of society. This critical developmental stage is characterised by the child's acquisition of the roles that will define his adult life. During this phase, the adolescent will re-examine his or her identity and attempt to determine precisely who he or she is. Emotional intelligence thus plays a significant role during this phase.

Emotional intelligence is defined as the capacity to perceive and regulate one's own emotions as well as those of others. It encompasses a collection of abilities, which consist of, among others, self-awareness, sensitivity to the emotions of others, perseverance, and self-motivation. Adolescents with learning disabilities commonly encounter emotional challenges. They experience difficulties in their learning environments and specific circumstances; they find it difficult to respond to the queries posed by their teachers due to internal conflicts. As a result, they experience emotional distress encounter numerous academic obstacles, and struggle in the classroom. The combination of this disability and emotional issues causes these

adolescents to become emotionally unstable, immature adults in the future. Hence, it has become imperative to implement an Emotional Intelligence Scale for adolescents who have learning disabilities. The establishment of a scale is predicated upon the identification and examination of the essential attributes that comprise emotional intelligence.

The creation of assessments is an essential element in the implementation of scientific investigations. Five-point Likert-type rating scales were utilised in the development of the metric. After conducting an extensive review of the relevant literature concerning the conceptual framework and advantages of Likert-type scales, the researcher has chosen to implement a five-point Likert scale. The scale development procedure generally consists of six discrete phases.

This test development comprises six components: a) factor selection; b) item writing; c) item analysis; d) item selection; e) the assessment of reliability; and f) validity.

a. Factors Selection

The phase of test construction that presents the greatest difficulty is the meticulous selection of variables or components. The investigator has acquired an extensive understanding of the pertinent factors that comprise the concept of emotional intelligence using empirical investigations and detailed theoretical assessments. Then, the factors that were deemed most significant by adolescents with learning disabilities were selected. The subsequent items have been incorporated from the following: understanding feelings, understanding of compassion, enthusiasm, interpersonal relationships, perception of emotion, application of feelings, control over one's own emotions, controlling emotion towards other people, Self-esteem,

optimism, social connections, impulsive control, feelings of self-worth, adaptability in solving challenges, evaluating reality, resilience to stress and assertiveness, Self-awareness, self-control, problem-solving, empathy, motivation, relationship management, Sensing and comprehending emotions.

Professionals in the field of psychology evaluated the dimensions mentioned. Subsequently, the researcher held discussions with experts and educators to establish which of the previously mentioned characteristics most accurately conveyed the concept of emotional intelligence in adolescents with learning disabilities. Following this, the elements were divided into four categories. Emotional intelligence is collectively made up of four core attributes: self-awareness, problem-solving, optimism, and relationship management.

1. ***Self-awareness***- Understanding oneself and one's impact on others is a vital component of emotional intelligence. Self-awareness is defined as a person's ability to recognize and grasp their mental processes, affective states, and emotional experiences. This awareness is crucial in forming and maintaining healthy interpersonal connections, fostering trust, increasing communication, developing character traits and interpersonal skills that define an individual's capacity to engage effectively with others (soft skills). Internal and external self-awareness improve life outcomes by enabling adolescents to better understand themselves. Adolescents with learning disabilities must understand their feelings, attitudes, and values, as well as recognize their strengths, weaknesses, and unique characteristics, to seek appropriate support and accommodations to succeed academically and in other areas of life.

2. ***Problem Solving***-Understanding how emotions influence decision-making is part of the problem-solving process. It involves a skilled handling of both personal and social issues. A key characteristic of a skilled problem solver is the ability to deal with a problem efficiently without being affected by its negative consequences. As a result, favorable impacts increase the ability to participate in creative problem-solving, whereas negative impact promotes a more organized approach to information processing. Individuals with learning disabilities have unique challenges in problem-solving. They had to develop adaptive ways and resources to successfully explore these problems. Creating a supportive environment that recognizes and accommodates diverse learning needs is crucial for developing problem-solving abilities in adolescents with learning disabilities.
3. ***Optimism***- Emotional intelligence relies on optimism, the ability to remain positive in the face of unavoidable setbacks in one's life. The ability to see the bright side of life and maintain an optimistic attitude in the face of adversity is known as optimism. It measures a person's positive attitude and outlook on life. Optimism benefits adolescents with learning disabilities by influencing their attitudes, behaviours, and overall well-being. They can recover from setbacks and adversity by maintaining an optimistic outlook, believing in their ability to overcome obstacles, motivating them to stay positive in the face of academic difficulties, and promoting resilience.
4. ***Relationship management***- Relationship management refers to a person's ability to maintain influence, overcome challenges, and create mutually beneficial interactions with others. Strong relationship management skills involve understanding and addressing the concerns of others, managing disagreements, and providing constructive feedback to resolve conflicts. While emotions can be

extremely valuable in developing relationships, they can also have negative implications if not managed properly; such control has the potential to harm these relationships. Effective relationship management includes understanding the distinct needs of adolescents with learning disabilities, creating inclusive environments, promoting excellent communication, building trust and rapport, and providing appropriate support and encouragement. Educators, caregivers, and peers can help people with learning disabilities build supportive connections by emphasizing empathy, collaboration, and acceptance. Thus Emotionally intelligent people are more effective in communicating and listening.

b. Item Writing

Item writing is the process of creating the necessary items for a particular assessment. Item writing is a highly creative endeavour that depends on the inspiration, skill, and knowledge of the researcher. It requires the test items to be correctly constructed and organized, typically in increasing order of difficulty. It should provide clear instructions regarding the objective of the study, the time limit, and the steps used in recording the responses.

DeVelli (1991) offered some basic recommendations for item writing:

1. Define the variable you want to evaluate precisely.
2. Create a pool of items.
3. Extremely lengthy items should be avoided.
4. Ensure that the level of reading difficulty is appropriate for the individuals to whom the scale will be administered.
5. Avoid "double-barreled" items that convey two or more concepts simultaneously.

6. Consider integrating items that contain both positive and negative language.
7. Ensure use of proper grammar, spelling, and punctuation.
8. It is crucial that items and options are clearly defined and unambiguous.
9. Consistency in content should be maintained throughout every item.
10. Avoid using acronyms.
11. Develop each component to assess the intended objective.
12. Avoid using precise, textbook language when developing the item.

Before composing the items, conversations on the concept of emotional intelligence and its dimensions were held with professionals in the area of psychology. The primary challenge was whether items could be constructed and how the items could be drafted so that they measure distinctive characteristics connected to adolescents in an easily comprehensible manner. When it was determined that items could be generated, a set of 40 items was written, and this first item pool was assessed by specialists to see if the item was related to the idea, and those that failed to assess the phenomenon were deleted. A conversation with individual experts was done to clarify any need to edit the items drafted. Each expert was given a copy of the draft that forms the EIS. Each item was assigned a specific dimension and sub dimension.

After a comprehensive understanding of the item formation phase in scale development, the researcher generated 40 items to significant number of items. The items were generated in Malayalam language, intending to facilitate comprehension, minimize any potential ambiguity and facilitate response from adolescents with learning disabilities. The experts went through the items in order to determine their content validity, whether adolescents with or without learning disabilities could comprehend the items, to determine mode of response category, to identify ambiguity,

to assess the complexity of statements (double-barreled statements), and to evaluate whether all items are related to dimensions and sub dimensions of emotional intelligence.

In accordance with the expert responses suggestions were provided and subsequent refining of items was carried out. The items that were ambiguous were rewritten. In the edited items an emphasis on simplicity, readability, and the correction of difficult vocabulary was done. After sufficient phrasing, semantics and vocabulary. During the item generation process, as experts discovered that five items were ambiguous or did not fit the study objectives, those items were discarded from the questionnaire. The emotional intelligence scale was then tested to determine its level of coherence. The modified questionnaire, which included 35 questions with four factors, was then evaluated by the researcher in accordance with the expert's recommendations. There were both positive and negative items among the items. The four dimensions, as well as the number of items in each dimension, are as follows: self-awareness (13 items), problem solving (7 items), optimism (7 items), and relationship management (8 items). Self-awareness refers to the capacity to understand one's own feelings and emotions; problem-solving refers to the capacity to cope with stressors and maintain emotional control; optimism refers to the capacity to be hopeful and express positive emotions; and relationship management refers to the capacity to manage interpersonal relationships.

The investigator adopted the self-report inventory approach because of its convenience in design, administration, scoring, and interpretation. Adolescents are expected to provide personal information and subjective analyses of their life experiences in different instances in this context. A 5-point scale was used to evaluate conditions that aid in assessing emotional intelligence and related components. The

test might be carried out in a group setting or on an individual basis, depending on the individuals to whom it was administered. Consequently, a suitable collection of items for pilot testing was created, and a pilot study with 30 adolescent high school students aged 11 to 16 years was carried out.

c. *Item Analysis*

Item analysis refers to the systematic evaluation of participant responses to individual test items to assess the overall quality of the scale. Item analysis, as defined by Guilford, is the statistical process of choosing items for a psychological test; the methodology employed differs according to the psychometric model. An investigator planning to create a new test is primarily concerned with selecting high-quality test items. One of the most crucial parts of creating a test is item analysis, a phrase used to describe a collection of techniques for assessing test items (Kaplan & Saccuzzo, 2005).

Sample - The study sample included 500 adolescents enrolled in high school aged between 11 to 16 years, with 266 identified as male and 234 identified as female. These individuals were selected from both English and Malayalam language schools and exhibit diversity in terms of their socio-demographic characteristics. To assess the quality of items and mitigate the impact of subjective bias and representative data, a total of 500 samples were utilised for the administration of the initial draft. Certain items possessing potential value might be overlooked as a consequence of random factors that diminish their correlations with other items. So the sample-to-item ratio is commonly used for exploratory factor analysis to identify the optimal sample size based on the number of items in a study. Gorsuch (1983), Hatcher (1994), and Suhr

(2006) all specify that the ratio must be at least 5-to-1. For example, a survey with 30 items would require 150 responses.

Administration- Various educational institutions were approached and formal consent was secured from the respective headmasters. After an explanation of the study's significance, the tool was handed to a group of adolescents who could read and comprehend the items independently. The purpose of the test was briefly described, and clear instructions were provided. In the designated spaces, after giving Sociodemographic data, participants were instructed to provide their opinions for each item of the scale. All ambiguities and concerns were duly acknowledged and addressed. Samples that failed to complete the tests or omitted any items were discarded.

Scoring- The present investigation utilized a Likert scale consisting of five response options: "Strongly Agree," "Agree," "Undecided," "Disagree," and "Strongly Disagree." Positive and negative statements are utilized in the construction of objects. The response options ranging from "Strongly Agree" to "Strongly Disagree" were assigned numerical values of 5 to 1, respectively, for positive items. Negative items were assigned reversed scores following the scoring methodology. The cumulative score of an individual is calculated by adding up the scores of all items.

d. Item Selection

After each questionnaire was scored, the papers were sorted according to test score, with the greatest score at the top, in order to determine the criteria groups. Using the classical test theory (CCT) approach, a simple way to compute the index of discrimination (D) is to arrange the respondents' total scores (sum or average of all the items) for the test in descending order and classify the respondents into three

distinct groups: those scoring the highest 27% of marks, those scoring the lowest 27%, and those in the middle. The percentage of respondents in the upper and lower groups who answer correctly or in the anticipated direction is calculated for each item and the difference indicates the item discrimination.

Upper and lower 27% were used in the current investigation. This is a statistic that indicates how well an item's performance differentiates or discriminates between a high scoring group (the top 27% by assessment score) and a low scoring group (the bottom 27% by assessment score). This value can range from -1.0 to +1.0. The usage of upper and lower 27% provides the optimum compromise between the two variables, which can affect the results' reliability.

Even though 620 sets of data were initially obtained, 120 were eliminated owing to incomplete responses or omissions in replying to the items, and so on. Some of the remaining 500 data points are analyzed statistically further. According to the above-mentioned technique, the upper and lower groups consist of 135 questionnaire replies (27% of the 500 responses). Alternatively, in a serial arrangement, there is 135 data in the first pile and 135 data in the second pile. The middle 230 papers were set aside because they are only utilized to separate two end groups.

After choosing the 135 highest-scoring participants (upper 27%) and the 135 lowest scoring individuals (lower 27%) as criterion groups, the scores assigned to each question by these participants were placed into a spreadsheet for further statistical analysis. The mean numerical values of their responses to each statement were calculated and statistically analyzed. 't values' corresponding to the items are shown in the Table.

Table 3:

Item statistics - 't' values of the 35 items of the Emotional intelligence scale

Items	Correlation Item total- correlation	<i>t value</i>
Item 1	.301	6.71
Item 2	.292*	7.12
Item 3	.574	13.36
Item 4	.241*	6.67
Item 5	.375	7.41
Item 6	.187*	3.01
Item 7	.307	6.36
Item 8	.534	11.87
Item 9	.114*	1.95
Item 10	.249*	4.37
Item 11	.345	7.36
Item 12	.416	7.37
Item 13	-.367*	5.91
Item 14	.467	8.73
Item 15	.443	8.90
Item 16	.546	11.58
Item 17	.149*	1.76
Item 18	.471	9.51
Item 19	.521	12.35
Item 20	.331	5.69
Item 21	.238*	5.29
Item 22	.316	6.02
Item 23	.235*	4.99
Item 24	.340	5.44
Item 25	.032*	1.14
Item 26	.353	6.36
Item 27	.274*	6.91
Item 28	.239*	5.87
Item 29	.262	5.66
Item 30	.432	8.66
Item 31	.364	7.04
Item 32	.360	7.27
Item 33	.477	10.86
Item 34	.546	10.70
Item 35	.432	8.91

Item Discrimination- The criterion for including an item in the scale was that it had to have a corrected item-total correlation of 0.30 or higher and discriminating power greater than 2.58 (t -value), as proposed by Edwards (1957), and item loading of 0.45

or higher. The optimum criterion for including an item in the test is a corrected item-total correlation of 0.25 or higher (Devillis,1991). Based on the discriminating index ($t' > 2.58$) and item total correlation of > 0.30 , selected items were 1, 3, 5, 7, 8, 11, 12, 14, 15, 16, 18, 19, 20, 22, 24, 26, 29, 30, 31, 32, 33,34, and 35 (23 items).

Factor Analysis

Factor analysis is a statistical technique employed to elucidate the variability present among observed variables that are associated, by representing them in terms of a smaller set of unobserved variables known as factors. The purpose of factor analysis is to achieve a comprehensive understanding of the requisite number of elements required to elucidate shared patterns within a certain set of variables, to assess the degree of association between each variable in the dataset and to offer an analysis of the shared elements inside the dataset. There exist two distinct categories of factor analysis, namely exploratory and confirmatory. Exploratory factor analysis (EFA) is a method for investigating the underlying structure of a set of observed variables, and it is an important phase in the scale construction process. Confirmatory factor analysis (CFA) is a distinctive type of factor analysis that is commonly used in social science research. It is used to examine whether measures of a notion are consistent with the researcher's understanding of its nature (Flora, & Flake, 2017). The purpose of confirmatory factor analysis is to see if the data matches a proposed measurement model. EFA is employed in situations when the number of variables and their relationships with items are uncertain, while CFA is utilized when a well-established theory exists regarding the structure. A factor analysis was conducted on a set of 23 items that were selected by item analysis. The extraction method employed in this study was Principal Axis Factoring. Principal axis factoring (PAF) is a statistical method used in multivariate analysis to do factor analysis. PAF excels at

detecting minor elements and is ideal for situations with limited indicators per component and cases of over-extraction. PAF takes into account co-variation and removes unique and inaccurate variance to improve the dependability of its findings (De Winter, & Dodou, 2012). The initial factor solution resulted in the identification of four factors, each possessing an eigenvalue above 0.4. The four-factor solution was subsequently subjected to a Varimax rotation.

Table 4

Exploratory factor analysis (EFA)- EIS

Component	<i>Total Variance Explained</i>								
	<i>Initial Eigenvalues</i>			<i>Extraction Sums of Squared Loadings</i>			<i>Rotation Sums of Squared Loadings</i>		
	<i>Total</i>	<i>% of Variance</i>	<i>Cumulative %</i>	<i>Total</i>	<i>% of Variance</i>	<i>Cumulative %</i>	<i>Total</i>	<i>% of Variance</i>	<i>Cumulative %</i>
1	6.822	29.659	29.659	6.822	29.659	29.659	4.759	20.692	20.692
2	2.286	9.938	39.597	2.286	9.938	39.597	2.870	12.477	33.169
3	1.946	8.459	48.056	1.946	8.459	48.056	2.795	12.152	45.321
4	1.666	7.243	55.299	1.666	7.243	55.299	2.295	9.978	55.299
5	1.416	6.159	61.458						
6	1.246	5.416	66.873						
7	1.017	4.420	71.293						
8	.970	4.217	75.511						
9	.899	3.907	79.417						
10	.813	3.534	82.952						
11	.569	2.475	85.426						
12	.560	2.434	87.860						
13	.532	2.312	90.172						
14	.418	1.816	91.988						
15	.372	1.615	93.603						
16	.346	1.506	95.109						
17	.281	1.223	96.333						
18	.217	.943	97.275						
19	.165	.719	97.994						
20	.149	.646	98.641						
21	.140	.608	99.249						
22	.090	.391	99.639						
23	.083	.361	100.000						

Extraction Method: Principal Component Analysis

Varimax rotation is a crucial procedure in Factor Analysis often utilized for scaling the loadings in research. The first-factor analysis stage involves an infinite number of initial, or provisional, factors. Factor rotation, such as Varimax rotation, reorients the original factors to create more interpretable ones. Varimax rotation, also known as Kaiser-Varimax rotation, aims to maximize the total variance of the squared loadings, which represent the correlations between variables and factors. This typically leads to strong factor loadings for a limited number of variables and weak factor loadings for the remaining variables. All the remaining components have eigenvalues greater than one (Stevens, 2012). In short, the outcome is that a few crucial factors are emphasized, facilitating the interpretation of your results.

The result of Varimax rotation is presented in table 3. The criteria for selecting an item were that only items with a factor loading of 0.40 (or 0.45) or higher could be included in the final scale. Hence Item numbers 14, 28, and 29 with factor loadings below 0.40 were not selected. Thirty-four items were included in the final scale.

Item 3, 12, 14, 15, 18, 19, 20, 30, 33 and 34 are loaded under component 1 with a factor loading above 0.520. Items 5, 7, 8, and 16 are loaded under component (factor) 2 with a factor loading above 0.596. Under component (factor) 3, there were items 11, 22, 24, and 26, and all items had factor loading above 0.514. And there are 5 items (items 1, 27, 31, 32, and 35 in component (factor) 4 with a factor loading above 0.40 and above. The details of each item and component are given in the table. Hence, the investigator decided to include 23 items in the final scale.

Table 5

Result of Varimax Rotation-Rotated Component Matrix

<i>item</i>	<i>component</i>			
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
Item 12	.716			
Item 18	.698			
Item 3	.691			
Item 19	.515			
Item 20	.625			
Item 33	.624			
Item 34	.593			
Item 30	.576			
Item 15	.557			
Item 14	.521			
Item 8		.738		
Item 7		.703		
Item 16		.688		
Item 5		.597		
Item 22			.777	
Item 11			.695	
Item 26			.591	
Item 24			.661	
Item 31				.825
Item 27				.677
Item 35				.597
Item 1				.401
Item 32				.400

Reliability

According to Nunnally (1978), reliability is the degree to which a measurement is stable or consistent in a variety of circumstances, ensuring that significantly the same results are achieved. The degree of accuracy, repeatability, and consistency of the measurements is known as reliability (Kline, 1993). According to

Kerlinger (1986), the true variance of a scale's construct is divided by the total variance derived from the data to determine the reliability of the scale. Reliability is often regarded as a measure of internal consistency and has been expressed in terms of the coefficient alpha (Cronbach, 1951).

Cronbach Alpha was utilized to determine the degree of consistency among the four categories and the total emotional intelligence scale. The total scale's Cronbach Alpha was found to be 0.88. Split-half reliability, sometimes referred to as parallel forms reliability, is used to assess internal consistency reliability. Split-half reliability was calculated, and an observed value of 0.86 was obtained. The reliability coefficients for self-awareness, problem-solving, optimism, and relationship management are 0.82, 0.67, 0.66, and 0.62 respectively. As a result, the EIS developed was a trustworthy and useful tool for assessing emotional intelligence.

Table 6

Reliability coefficient for dimensions and whole Emotional Intelligence scale

SI No	Dimension	Reliability
1	Self-Awareness	.82
2	Problem solving	.67
3	Optimism	.66
4	Relationship Management	.62
Whole scale		.88

Validity

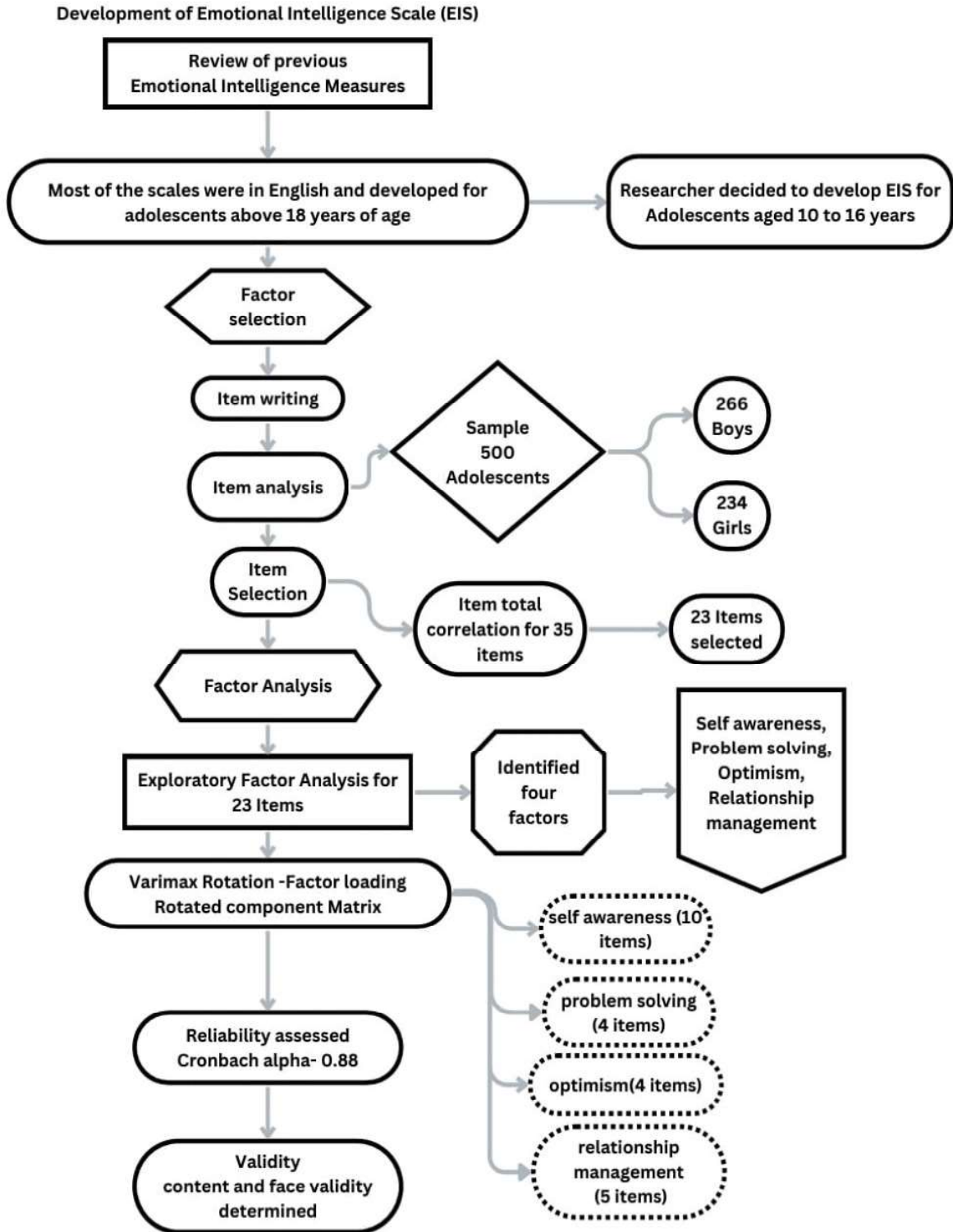
Item significance is prioritized in terms of content validity. According to Haynes et al. (2003), content validity is defined as "the degree to which elements of an assessment instrument are relevant to and representative of the targeted construct

for a particular assessment purpose." The term "representativeness" describes how well the elements cover the whole domain of the targeted construct and how proportionate they are to the domain's perspectives. "Elements" refers to the content of individual items, response formats, and instructions to respondents.

When developing content valid scales, it is common practice to first generate many items that "tap the domain of the construct," have them reviewed by experts in the field, and then conduct pilot tests on representative populations to refine and refine the set of items (DeVellis, 1991; Robinson et al., 1991). The ability of an instrument to measure what it claims to measure is the broad definition of validity. Nunnally (1978) asserts that a measure is continuously validated. A measure's intended purpose is continuously confirmed as new data become available to support it. To ascertain the current emotional intelligence measure's content validity, experts were interviewed. They ascertained if every object assessed the specified attributes. The degree to which EIS seems to measure what it purports to measure was assessed using face validity, a subtype of content validity. The present scale was examined by a panel of experts and members of the public to make sure it accurately measured children emotional intelligence. There is no statistical analysis involved; it is a preliminary and subjective validity. The IJPP article included elaborate information about the Emotional Intelligence scale constructed for the current study. The questionnaire is provided in the appendix.

Figure 2

Flow chart representing the various steps involved in the test development of EIS



PART II

DEVELOPMENT OF STUDENT TEACHER RELATIONSHIP SCALE

(STRS)

The teachers have a big impact on the students' lives. Teachers serve as role models for their students and inspire them. They should have good communication skills, follow the curriculum, and have a deep understanding of their students. Essential characteristics expected in teachers include a passion for teaching, analytical skills to address student problems, commitment to continuous learning and professional development, clear and effective communication, patience and understanding for students facing academic challenges, flexibility and adaptability in the classroom, empathy and compassion, creating a supportive and inclusive learning environment, organizational skills, resilience and perseverance in the face of adversity, and demonstrating professional conduct with integrity and respect towards all school community members.

The quality of the student-teacher relationship influences students' motivation to learn, their learning experiences, and their ability to manage their social and intellectual experiences, which in turn influence their emotional, behavioural, and academic skill development (Davis, 2003). Positive relationships in which students feel safe and encouraged by teachers motivate and provide them with the confidence to work independently. Stefanou (2004) discovered that teachers help students achieve autonomy through personal and instructional help and classroom activities. Students received organizational, procedural, and cognitive autonomy support in the classroom. Procedural autonomy support may boost early learning engagement, while organizational autonomy support improves well-being and classroom comfort.

Cognitive autonomy may promote long-term devoted thinking. Furthermore, instructors play a significant role in the transitional phase of students, by effectively communicating knowledge, demonstrating strong interpersonal skills, and fostering an emotional connection that enhances the quality of student-teacher interactions (Brophy, 1999).

The intimacy and conflict (Mason et al., 2017), attachment, proximity (Pianta, 2001), contentment (Ang, 2005), support (Hughes et al., 2008), or warmth (Wu and Hughes, 2015) are the most prominent aspects of the student-teacher relationship in various literatures. An affective teacher-student relationship with high degrees of closeness and low levels of conflict help students adjust socially, emotionally, behaviorally, and academically (Hamre & Pianta, 2001; Roorda, Koomen, Spilt, & Oort, 2011). Teachers guide and advise pupils, fostering intellectual and social development (Wentzel, 2009). "Instrumental help" refers to the guidance, encouragement, and genuine concern that teachers have for their students. They serve as role models, impart important life lessons like how to communicate, be kind, maintain organisation, instruct students on morality, and deliver persuasive speeches. They also analyse their students' strengths and weaknesses and teach them how to complete tasks correctly. The academic and personal success of their students is something that teachers care about. An excellent educator recognises and encourages all of his students' achievements.

Student Teacher Relationship

Teachers have a unique role in the academic, psychological, social and emotional development of students. By committing their personal time and energy to guarantee their students achievements to their utmost capabilities, there by contribute

to the formation of the student's future. They have a big impact on the students' lives, as they serve as role models for their students and inspire them. Teachers should have good communication skills, follow the curriculum, and have a deep understanding of their students. Other qualities like passion for learning, the ability to analyse student problems, and a deep understanding of their students are characteristics expected to be present in teachers.

A teacher's role is crucial in a student's development as they promote innovative thinking and learning. They offer support that helps them to acquire knowledge, and skills, achieve their goals, and build healthy relationships and in academic achievement. Teachers should identify the difficulties of their pupils in their academic work and provide them with extra help and resources to overcome those difficulties, raise academic standards, and provide positive reinforcement. Teachers must prioritize building strong relationships with their students, develop lesson plans and materials that are tailored to meet their students' needs and assess their comprehension. Furthermore, teachers must guarantee that the educational material they provide is relevant and develops their pupils' interests. Good teachers are passionate in their subject, patient with their students, confident in their ability, proficient at managing the classroom, and genuinely interested in helping their students reach their learning goals. They need to employ a variety of teaching techniques, such as technology integration, group projects, interactive exercises, and promoting critical thinking in the pupils.

Operational Definition

The continual and diversified relationship between students and their teachers in an educational context, characterized by effective communication, mutual respect

ct, trust, support, and the establishment of a contributing learning environment, is known as the student-teacher relationship.

Importance of Student-Teacher Relationship among Adolescents

Teachers, like parents, play an important part in a student's life by encouraging their students to succeed in various aspects of their lives. They have special attributes that make them among the most excellent people whose instructions can be constantly followed. Students must prioritize their valuable suggestions and adopt them in their daily lives. Teaching is a noble career that requires a large investment of time and effort. Real success is raising admirable students who, as adults, emulate their own admirable behaviour and prove themselves by exhibiting remarkable traits and achievements. The student-teacher relationship involves adhering to the students' non-academic emotional requirements as well. An evident effect on students' academic performance can be observed when teachers exhibit unfavourable relationships with them and when students face challenging circumstances. A good student-teacher relationship is evident through the reduction of absenteeism, encouragement of self-motivation, enhancement of self-regulation, and improvement of goal-setting skills.

Diverse theoretical frameworks elucidate the importance of positive student-teacher relationships. As per attachment theory, close teacher-student interactions establish a secure foundation wherein students feel comfortable expressing uncertainties and committing errors, and can at times serve as a compensatory mechanism for insecure parent-child attachment (Verschueren, & Koomen, 2012). Social cognitive theory posits that educators modulate student conduct by means of effective communication abilities, constructive criticism, and motivation (Schunk, 2013). Competence, autonomy, and relatedness are the three primary requirements of

students emphasized in the self-system theory. Educators who create an optimal setting for students exhibit greater levels of student motivation and engagement. Students demand feedback to sustain their sense of competence and facilitate their development as self-directed learners (Rickert, & Skinner, 2022). Adolescence is a critical period in every child's life. Adolescence is a period of storm and stress due to the intricacies and obstacles that occur throughout this period. Teachers have an essential role in the development of a healthy personality during adolescence. This era has compelled educators and youth to investigate knowledge through the use of diverse technologies as a result of the pandemic outbreak. Consequently, teachers, through a set of standards, prepare their students to meet challenges in the current era. With a healthy positive student-teacher relationship, the uncertainties caused by the pandemic era were quickly relieved. According to Goodenow & Grady (1993) school belongingness can be defined as the degree to which an individual student experiences personal acceptance, respect, inclusion, and support from fellow students within the institutional social milieu. A psychological sensation of attachment motivates students to attend class daily. It is impacted by numerous factors, with student-teacher interaction being the most significant (Uslu & Gizir, 2017).

Need For the Construction of Student-Teacher Relationship Scale

Most standardised tests of student-teacher relationships were teacher-centred. Numerous studies have shown the importance of the student-teacher relationship for adolescent achievement and growth. Thus, an Indian student-teacher scale is necessary. This can help us understand how educational environments have proven that the student-teacher interaction is crucial for adolescents' academic, social, and emotional growth. Most modern instruments are in English and have long items. Looking for a scale to assess student-teacher relationships in Malayalam-speaking

adolescents with learning impairments, no standardized psychological assessments were discovered. Despite the importance of the student-teacher relationship, Kerala hasn't done much research on adolescents with learning impairments. The researcher employed psychometrics and a limited number of items to measure psychological features in Malayalam. "Attachment Theory" reveals student-teacher relationships with a notion that teachers replace parents (Howes, 2000). Student-teacher interactions emphasise parent-child bonds (Davis, 2003). Pianta (2001) found that emotional comfort in student-teacher interactions improved learning.

Several influential aspects during adolescence impact the quality of teacher-student relationships. There is a strong correlation between high-quality teacher-student relationships and improved academic, emotional, and social performance among children in elementary, middle, and high school. Although numerous studies have extensively demonstrated the importance of teacher-student relationships, these studies have mostly focused on younger students. Therefore, the current study selected an adolescent population to investigate the factors that contribute to a positive student-teacher relationship.

Adolescence is a developmental stage in which the struggle between autonomy and commitment with parents and teachers becomes significant (McElhaney, Allen, Stephenson, & Hare, 2009). Growing self-awareness in adolescents can cause them to rely more and more on relationships outside of their immediate family (Vieno, Perkins, Smith & Santinello, 2005). A strong link has been shown between a positive teacher-student connection and improved academic achievement in adolescents. Pianta and Stuhlman (2004) discovered that ratings were positively linked with increased self-directed behavior in the classroom and improved adherence to classroom regulations. Throughout adolescence, a very nurturing bond

between teacher and student is positively correlated with improved academic performance and conduct, resulting in lower risk-taking tendencies, reduced school dropouts, and lower rates of depression (LaRusso, Romer, & Selman, 2008; and Demaray et al. 2009).

According to LaRusso et al. (2008), the teacher-student relationship has the potential to impact student behavior by shaping their overall attitude towards school. The study indicated that students who experienced an empathetic and supportive relationship with their teachers displayed a higher level of respect and a larger sense of belonging. A positive student-teacher relationship is associated with lower rates of drug use, decreased behavioral issues, and lowered levels of depression. Positive teacher-student relationships facilitate the fulfilment of these requirements by the students. Instructors provide students with feedback in order to bolster their sense of competence. Teachers who demonstrate an understanding and appreciation for the unique interests and preferences of their pupils enhance their sense of autonomy. As Most standardised tests of student-teacher relationships were teacher-centred and numerous studies have shown the importance of student-teacher relationship in adolescent achievement and growth. A need for development of student teacher relation scale had become essential in the current context.

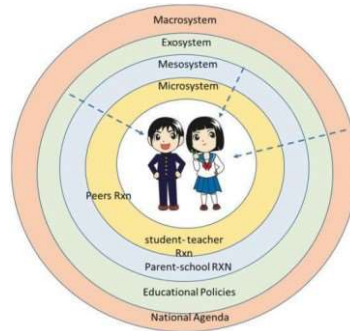
Review On Various Student – Teacher Relationship Measures

Bronfenbrenner (1979) explains that the developing individual's interaction with their environment is the process by which development takes place. A series of nested structures comprise the ecological environment: microsystem, mesosystem, exosystem, and macrosystem. The developing individual exists at the microsystem level, influenced by two major, complete environments from infancy to adolescence:

the family home and school. There are reciprocal interactions between students and teachers, as well as with peers and acquaintances (Ibrahim & Zaatari, 2020).

Figure 3

Bronfenbrenner's ecological system theory (Citation1979)



(cited from Figure 11.2.2. Functions of friendship. by Florida State College at Jacksonville, licensed under CC-BY4.0)

The Student-Teacher Relationship Scale (STRS), originally developed by Pianta and Nimetz (1991), is a teacher-report instrument designed for teachers of children aged 3 to 12 that assesses a teacher's perception of their relationship with a student in terms of conflict, closeness, and dependency. It is a five-point scale. The STRS consists of 28 items that are graded on a 5-point scale ranging from 1 (absolutely does not apply) to 5 (absolutely applies) used to assess levels of conflict, closeness, and dependency. The teacher rates how much each item pertains to his or her relationship with the student. The STRS is calculated by adding together groupings of items that correlate to three factor-based subscales: Conflict, Closeness, and Dependency. The STRS is also available in a shorter form (18 items).

The Questionnaire on Teacher Interaction (QTI) delineates the dynamic relationship between teachers and students through the perspective of the teacher's level of authority ('control') and the quality of the rapport with students ('closeness').

Students fill in how they perceive the teacher's behavior (student perception), and the teacher fills in how they perceive their behavior (self-perception) and their ideal behavior (ideal). The distinctions between the three views serve as the foundation for introspection and professional development. The Questionnaire on Teacher Interaction (Wubbles and Levy, 1993) (cited in Tuyan, 2017) is used to evaluate teachers' behavior from the perspective of students in order to offer teachers with feedback on their communication and teaching styles.

The Student-Instructor Relationship Scale (Creasey, Jarvis, & Knapcik, 2009) consists of 36 items meant to capture key relationship qualities. It investigated two relationship dimensions (Instructor Connectedness and Instructor Anxiety) and discovered that the resulting scales were related to the presence of positive achievement orientations in a single classroom context (e.g., self-directed learning and student confidence). As a result, strong teacher connectivity was associated with more self-directed learning, whereas high instructor anxiety was associated with lower student confidence.

The Classroom Life Perception Scale (CLPS), as devised by Yelken and Burak (2021), serves as a tool for assessing students' perceptions of classroom life in relation to their educational experiences. The instrument comprises a total of 28 items, which are categorized into three distinct factors: Student Feelings Related to the Classroom Environment, Student Feelings Related to the Teacher, and Student Feelings Related to Other Students. The Classroom Life measure developed by Johnson, Johnson, Buckman, & Richards, (1985) measures academic interest, social responsibility, academic pro-social behavior, mastery orientation toward learning, academic effort, engagement, self-regulation, & academic achievement using 2 dimensions - Teacher social support, Teacher academic support.

Young Children's Appraisals of Teacher Support (Y-CATS) developed by Mantzicopoulos & Neuharth-Pritchett, (2003) aims to measure Closeness, conflict, dependency using 27 items of warmth, autonomy and conflict. Basic Need Satisfaction in Relationships measures relatedness using 3 items was developed by LaGuardia, Ryan, Couchman, & Deci, (2000) was designed to explore children's perceptions of their relations with teachers along dimensions that comprise warmth, conflict, and autonomy.

Development of Student-Teacher Relationship Scale (STRS)

A properly constructed scale facilitates the methodical evaluation of the quality of the student-teacher relationship. This strategy of developing a new questionnaire facilitates comprehension of the underlying mechanisms, evaluating areas of proficiency for students, and precisely identifying potential areas for enhancement. Academic researchers in the fields of education and psychology frequently require dependable and rigorous assessment tools to quantify factors that are of significance. A meticulously designed scale can function as a beneficial instrument for examining the influence of student-teacher relationships on several outcomes, including academic performance, socioemotional growth, and overall welfare. The scale can help teachers promote introspection and career growth through the feedback they receive from students' expectations of teachers, communicate with them, receive feedback, and improve the quality of their connections with students. Schools and educational organizations can use the scale to examine the efficacy of good student-teacher interactions and associated academic outcomes. This gives educators the ability to change their activities, make better decisions, adapt their behaviour, and allocate resources. It is critical to recognize potential issues in student-teacher relationships as soon as possible. A well-designed scale can serve as an early

warning system, allowing educators to intervene and correct problems before they escalate. Educational policymakers can implement rules that encourage positive teacher-student interactions, which can be extremely beneficial in building inclusive and supportive learning environments. A thorough understanding of a student's educational experience can be offered for academic success by ensuring a trustworthy, valid, and culturally acceptable interaction with pupils.

Developing a student-teacher scale in Malayalam can help us understand how educational environments are influenced by student-teacher interaction, which is crucial for adolescents' academic, social, and emotional growth. Most modern instruments that measure student teacher relationships are in the English language and have long items. Looking for a scale to assess student-teacher relationships among Malayalam-speaking adolescents with learning impairments, no standardised psychological assessments were discovered. Despite the importance of the student-teacher relationship, Kerala hasn't done much research on adolescents with learning impairments. The researcher employed psychometrics and a limited number of items to measure psychological features in Malayalam.

As a result, it has become critical to construct a student-teacher relationship Scale for adolescents in order to identify students' expectations of their teachers and their relationship with them. This understanding will assist teachers in changing their interactions with adolescent pupils with and without learning problems. The development of a scale is dependent on the identification and evaluation of the important characteristics that constitute the student-teacher relationship. The development of tests is a critical component in the implementation of scientific investigations. The metric was developed using five-point Likert-type rating scales. Following a thorough assessment of the relevant literature on the conceptual

framework and benefits of Likert-type scales, the researcher has decided to use a five-point Likert scale (Viljoen, 2015). The scale development technique is often divided into six distinct phases. This test development process consists of six steps: a) factor selection; b) item authoring; c) item analysis; d) item selection; e) reliability assessment; and f) validity assessment.

a. Factor Selection

A classroom is an ecosystem in which the relationship between student and teacher is vital for achieving successful learning among students and engaging in meaningful classroom learning activities. Following the outbreak of the corona virus pandemic, which resulted in a nationwide school and college closure, the teaching profession underwent a complete transformation with the help of numerous e-learning tools, such as mobile teacher applications and virtual teaching platforms. Learning in modern classrooms has been substantially increased by the introduction of smart classes and online teaching technologies that allow for the creation and distribution of video tutorials. This not only increased student learning outcomes, but also dramatically improved instructors' responsibilities. Thus, a strong teacher-student relationship is a critical component of an academically effective classroom. As a result, the development of a positive student-teacher relationship emerged as an essential factor in determining students' academic performance.

The most challenging part of test development is accurately selecting variables or components. Through rigorous theoretical evaluations and scientific research, the investigator has gained a thorough understanding of the key components that constitute the student-teacher relationship. The most significant factors for establishing a student-teacher relationship among adolescents were then investigated,

and the key factors that contribute to positive student-teacher relationships include effective communication, a secure classroom environment, mutual trust and respect, equitable treatment, empathy, warmth, encouragement, genuineness, respect for students, support, and recognition of individuality. To analyze numerous components that contribute to a positive student-teacher connection, the researcher performed informal conversations with psychologists, special educators, instructors, and counselors. Professionals in the field of psychology evaluated these traits to find which one best described the close relationship between a student and teacher. The components were then divided into three categories: teacher support, intimacy, and teacher quality.

Significance of 3 dimensions selected for STR Scale

1. ***Teacher Support*** - Teacher support is described as active, informational, emotional, or appraisal aid given to a student by a teacher in any educational setting (Tardy, 1985; Kerres Malecki and Kilpatrick Demary, 2002). Education provides an atmosphere in which people can develop both academic and non-academic talents that will lay the foundation for future learning and life skills. Classroom management has a significant impact on student performance (Ayoti, Koteng, & Odhiambo, 2016). Poor classroom coordination, insufficient staff and physical resources, lesson planning, activity organization and coordination, behavior monitoring, communication-based guidance, student behavior monitoring, and instructional resource arrangement are all factors that affect students' academic achievement. Teachers are characterized as "classroom managers" since they design classroom techniques and activities (Gujjar & Naoreen 2009). The classroom environment affects student learning and motivation, as well as social climate and attendance (Asiyai, 2016). Mentoring is a technique in which teachers provide particular assistance to

pupils while they learn and develop new concepts independently. Furthermore, a well-managed and lively classroom setting boosts students' academic achievement. Teacher support is critical in assisting adolescents with learning disabilities to face and overcome problems through customized support, achieve academic and non-academic success, and acquire the skills and confidence required to succeed in school and beyond. Teachers can make a significant difference in the lives of their students with learning disabilities by providing individualized instruction, emotional support, developing accommodations and modifications to meet students' diverse needs, positive supportive relationships in which students feel valued and respected, and promoting an inclusive learning environment (Maxwell, Lee, & Bromhead, 2017).

2. *Intimacy*- Intimacy is defined as proximity, emotional support, and connection that occurs through the sharing of emotions, thoughts, and experiences. In the classroom, a healthy student-teacher relationship fosters mutual respect and trust, assists teachers in getting to know their students, provides opportunities, and encourages students to learn. Teachers become more approachable when they care about their students, recognize their uniqueness, improve academic performance, create a safe and welcoming environment in the classroom, encourage participation in learning, and achieve higher academic achievement when students feel protected and encouraged. Several techniques for building student-teacher relationships include expressing care, asking about their day, and listening to their viewpoints, interests, and learning styles ("6 Strategies to Establish Effective Teacher-Student Relationships with SEL", 2022). Student engagement in school activities, such as how much they learn and how much they talk to their teachers and peers, influences their cognitive, emotional, and behavioural development (Skinner & Pitzer, 2012). The dynamic process of building closeness and allowing emotional openness within a relationship is influenced by the

interactions of its participants and is adaptable (Reis, 1990). The ability to develop an intimate bond is dependent on the other person being viewed as trustworthy, truthful, and kind. A close and trusting intimate relationship with the teacher can offer comfort and stability for students. students feel emotionally linked to their teacher, they are more likely to seek help, communicate their needs, and actively participate in class, complete tasks, and strive for academic success, facilitates open and honest communication, and helps teachers understand their students' specific strengths, limitations, and learning styles.

3. *Teacher Quality* - Teaching quality encompasses the qualifications of the teachers, as well as the instructional approaches they implement, in the social and academic setting to bring their perspective to the classroom. Most important quality that a teacher must possess are collaborative skill, flexibility, adaptability, patience and empathy. Instructors collaborate with students to produce, make, or attain goals. Teachers encourage creative thinking in class rather than criticizing it. Age, resource availability, and curriculum, practices, and standards evolution affect effective teaching. Since computers, the Internet, and other technology are more accessible, learning requires ongoing adjustment. Instructors must adapt to diverse grades, skills, and learning styles and accommodate students. An excellent teacher uses authority, humor, and compelling lessons. Good teachers act rather than talk, use humour, think creatively, and apply what they teach to real-world situations. They should consider how being vigilant, positive, kind, and sympathetic can benefit students. Empathic teachers help students succeed. Everyone learns differently—fast, slow, writing, reading, or doing. Always teachers must keep this in mind and watch their students. Positive student-teacher relationships are especially important for adolescents with learning disabilities. Several teacher qualities contribute to positive student teacher

relationship. Empathy is crucial for understanding and sharing others' emotions, for establishing trust, communication, and support in the teacher-student relationship. Empathetic teachers recognize the academic, social, and emotional difficulties that adolescents with learning disabilities face and offer patience, support, and accommodations to overcome them. They acknowledge feelings and create a supportive environment; they communicate sensitively and compassionately; and they actively listen to students' problems, concerns, and views.

b. *Item writing*

Item writing is the process of developing precise items required for evaluating a given feature under investigation. Item writing needs both originality and creativity; as well as precise compliance to evaluation structures and item expectations. Items refer to distinct concerns and questions that constitute a test (Kaplan & Saccuzo, 2009). An item refers to a particular stimulus that elicits a visible response from a person and may be assessed or graded based on certain criteria. A test is an instrument used in research or study to aid in quantifying, predicting, and comprehending the behaviour of participants. According to Khanal, (2020), ordering items from easiest to most difficult yields greater scores than arranging items from most difficult to easiest, randomly ordered, or placing simple items among difficult ones.

Kaplan and Saccuzo (2009) define items as the specific questions that make up a test. The following are the stages of item writing:

1. Specify precisely what the researcher wishes to measure; items should be as precise as possible.
2. When selecting and developing an array of items, caution should be taken so that unnecessary components are prevented.

3. To ensure they have the necessary number of items; investigators must record four items for each dimension under consideration.
4. Prevent lengthy items that could potentially mislead and confuse.
5. An investigator must exercise caution when composing items. Reading comprehension and capacity should correspond to the intended test candidates.
6. Items featuring double barrels ought to be avoided. due to the fact that it could perplex test takers regarding whether to concur or dissent with the given statements.
7. The participants may have the chance to provide a favourable response to the test items. In order to mitigate this bias, the investigator should use a combination of positively and negatively phrased questions.
8. Items should demonstrate sensitivity towards cultural and racial disparities.
9. To guarantee the dependability of test items, it is important to avoid using items that are obsolete.
10. Items should be distinct from one another.

Prior to the item composition, conversations about the student-teacher relationship were held with specialists working in the field of psychology. The most significant challenge consisted of determining whether or not the items could be produced, as well as determining how the items should be prepared in order to assess those particular qualities that are associated with adolescents in a way that is simply understandable. It consisted of 55 questions (items) that were first prepared by the researcher, and they suggested three different STRS dimensions. The items drafted focused on support provided by the teacher in academic and non-academic aspects, class room teaching, how successfully students collaborate with one another in the classroom, how close they are to the teacher, items that consider certain specific

qualities of the teacher and the support provided by the teacher, etc. During the process, it was discovered that about nine of the items were either unclear, confusing to understand, or not relevant to the topic being considered.

Items on the STRS Scale that were found to be poorly worded, excessively complicated, or difficult to understand were deleted in order to enhance the accuracy of the scale. The researcher then amended the present Student Teacher Relationship scale which included 46 items that were more comprehensible by the adolescents with reading difficulty. later Subject Expert Revised Questionnaire to point out any additional items that were either not clear or did not pertain to the topic that was being investigated. Following that, the Revised Questionnaire was given to a total of five hundred adolescent school students aged 11 to 16 years, who were participating in an initial try-out of the study. The findings of this research were then used to carry out an initial investigation into the dependability of the Scale. The researcher evaluated the modified questionnaire, including 46 questions that were classified into three distinct categories, following the recommendations of the expert.

Through item analysis, the reliability of the scale was evaluated using SPSS, to assess the correlations between the scores on individual items and the overall scores. A total of 34 items were chosen by the researcher because they had the highest item scores and the greatest relationships between item scores and overall scores. The abstract idea that these items were supposed to test was most accurately reflected by these items. It was now feasible to establish the accuracy of the scale when just those 34 components were employed, since the selection of those items had been completed. The pool of items included both positive as well as negative statements. The three

dimensions, together with their corresponding item counts, are as follows: teacher support (17 items), intimacy (11 items), and teacher quality (6 items).

As a consequence of the high reliability of the items that were chosen, the final test scale is comprised of these 34 items. A last evaluation of dependability was carried out at this time, and it was determined that the items were dependable. The researcher thus found the reliability and validity of the scale and defined its norms and normative criteria.

In this study, the researcher chose to employ the self-report inventory method due to its convenient design, administration, scoring, and interpretation. Adolescents are required to provide personal information and offer subjective evaluations of their life experiences in various situations within this framework. The evaluation of factors that facilitate the assessment of the student-teacher interaction was conducted using a 5-point scale. The item formats are determined by the goal of the test. Every format possesses unique benefits and drawbacks. The Likert format refers to a format in which the test taker specifies their level of agreement using a 5-point scale. Respondents are provided with options: two positive (e.g., strongly agree and somewhat agree), two negative (strongly disagree and slightly disagree), and one neutral. Respondents are provided with options: two positive (e.g., strongly agree and somewhat agree), two negative (strongly disagree and slightly disagree), and one neutral. A higher number of points decreases the likelihood of a respondent choosing a neutral response for an item. The test can be conducted either in a group or individually, depending on the participants to whom the test was administered. As a result, a pilot research involving thirty high school students was conducted, and a suitable set of item pool for pilot testing was established.

C. Item Analysis

Item analysis is the systematic examination of participants' responses to specific test items in order to assess the quality of the individual items as well as the overall test quality. As a result, item analysis comprises examining the quality and performance of test items. It entails use of statistical methodologies to determine which test items should be retained and which should be deleted based on discriminatory power and complexity. After Item analysis, the final draught of test items is created by carefully selecting the suitable items and rejecting any unacceptable items that do not add to the test's functioning, as well as occasionally altering some items. As a result, it grades tests based on the quality of individual items, item sets, and overall sets of items. According to Thomson and Levitov (1985) item analysis investigates the performance of items considered individually either with some external criterion or with the remaining items on the test.

Sample - The sample for study comprised of 266 were girls and 254 were boys (N=500). The participants were selected from both English medium and Malayalam medium schools in the Thrissur district, ensuring variation in their socio-demographic features. To evaluate the excellence of the items and minimize the influence of personal opinions and a total of 500 samples were employed for the implementation of the initial poll of items. The decision to select only a small number of samples was regarded as dangerous because of the possibility that the covariance pattern among the items might become unstable. There is a probability that certain items with potential worth may be overlooked because of random factors that weaken their connections with other items. The sample-to-item ratio is a recommended method for exploratory factor analysis, determining sample size depending on the number of

study items. The ratio should not be less than 5:1 (Gorsuch, 1983; Hatcher, 1994; Suhr, 2006). For example, a research with 30 items (questions) require 150 responses.

Administration- Appointments were scheduled with the headmasters of several educational institutions, and formal consent was obtained from each of them. rapport was established, the importance of the current study and the need for development of student -teacher relationship scale was clarified, and the tool was provided to a group of adolescents who possessed the ability to independently comprehend the items. The test's objective was briefly outlined, and clear guidelines were given to the participants. Upon gathering sociodemographic data Participants were directed to express their opinions for each item on the scale in the specified areas provided. All uncertainties and worries were adequately recognised and resolved. Any samples that did not complete the tests or left out any components were excluded.

The Student Teacher Relationship Scale was designed by researcher to assess the characteristics of teacher, that influenced students' relationships with teachers and their academic performance, both directly and indirectly. The current scale includes 34 items that assess teacher support, intimacy and teacher quality. teacher support is a teacher's capacity to organise learning material consistently among all students in a class, which directly influences the students' connection with the teacher. When dealing with students of varying abilities, the teacher should act as a mentor, guide, and even friend at times. Another crucial component that influences students' relationships with teachers is intimacy. Intimacy refers to the degree of empathy, compassion, support, and respect a teacher has for his or her students. A strong intimacy fosters enhanced self-efficacy in students. One of the characteristics that influenced the student-teacher connection was instructor quality. It involves the instructor's experience, perception of situations, resources used by the teacher,

communication skills, knowledge obtained, professional manner in the classroom, enthusiasm, approachability, and patience with students.

Scoring- The response scale runs from "strongly agree" to "strongly disagree" (five points). Participants were asked to score their level of agreement with each statement. The current study made use of a Likert scale with five response options: "Strongly Agree," "Agree," "Undecided," "Disagree," and "Strongly Disagree." Items are generated using both positive and negative statements. For positive items, the response options ranged from "Strongly Agree" to "Strongly Disagree" and it was assigned numerical values ranging from 5 to 1. According to the scoring system, negative items were assigned inverted scores for strongly agree a score of 1 and for strongly disagree a score of 5. An individual's cumulative score is obtained by summing the scores of all elements.

C. Item Selection

After the scoring of each questionnaire, the responses were arranged in descending order of test scores, with the highest score being placed at the head of the pile. This was done to establish the criteria groups. Using the classical test theory (CCT) methodology, a straightforward method for calculating the index of discrimination (D) is to arrange the total scores of the respondents (the sum or average of all the items) for the test in descending order (Cappelleri, Jason Lundy & Hays, 2014). Then, the respondents are divided into three distinct groups: those who scored the highest 27% of marks, those who scored the lowest 27% of marks, and those who scored in the middle. It is possible to determine the item discrimination by calculating the percentage of respondents in the upper and lower groups who answer correctly or in the predicted direction for each item. The difference between these percentages is

the item discrimination. For the purpose of this inquiry, both the upper and lower 27% were utilised. A statistic that reflects how well an item's performance differentiates or discriminates between a group with a high score (the top 27% by assessment score) and a group with a low score (the bottom 27% by assessment score) is called a discrimination or differentiation statistic. The possible range for this value is from -1.0 to +1.0. To achieve the best possible compromise between the two variables, which can have an impact on the reliability of the results, the utilisation of upper and lower 27% is recommended. Even though 550 sets of data were initially obtained, 50 of them were removed the responses were incomplete or omitted for many items, and so on. After that, some of the remaining 500 data points are subjected to additional statistical analysis. By the methodology described above, the higher and lower groups are comprised of 135 questionnaire responses, which accounts for 27 percent of the total of 500 responses. There is also the possibility of arranging the data sequentially, with 135 data in the first pile and 135 data in the second pile. Since they are only used to differentiate between two end groups, the middle 230 papers were discarded. Following the selection of the 135 participants with the highest scores (higher 27%) and the 135 individuals with the lowest scores (lower 27%) as criterion groups, the scores that these participants awarded to each item were entered into a spreadsheet for further statistical analysis.

An analysis of the mean numerical values of participant responses to each statement was conducted using statistical methods. The corresponding t values for each item are displayed in the table.

Table 7

Item statistics - 't' values of the 46 items of the Student-Teacher Relationship Scale

Item	Correlation	
	<i>t value</i>	Coefficient
1.	4.58	.323*
2.	4.76	.319*
3.	-.38*	-.027*
4.	5.81	.460
5.	5.18	.347
6.	3.52	.280*
7.	3.93	.272*
8.	4.68	.393
9.	6.14	.431
10.	6.11	.461
11.	4.07	.346
12.	5.11	.394
13.	6.08	.499
14.	6.19	.506
15.	7.09	.466
16.	5.69	.473
17.	9.37	.584
18.	-.22*	-.134*
19.	2.27*	.174*
20.	.44*	.095*
21.	-.44*	-.297*
22.	3.32	.222*
23.	6.41	.479
24.	6.31	.416
25.	8.80	.586
26.	8.53	.504
27.	7.20	.552
28.	8.98	.575
29.	10.42	.618
30.	-.39*	-0.42*
31.	10.57	.599
32.	8.58	.618
33.	11.29	.655
34.	11.97	.649
35.	8.53	.584
36.	16.93	.736
37.	14.89	.683
38.	8.00	.524
39.	15.93	.736
40.	16.51	.726
41.	11.57	.594
42.	10.24	.621
43.	13.65	.705
44.	10.77	.586
45.	8.35	.503
46.	9.05	.503

Item Discrimination

The criterion for including an item in the scale was that it had to have a corrected item-total correlation of 0.40 or higher and discriminating power greater than 2.58 (t value), as proposed by Edwards (1963), and item loading of 0.45 or higher. Because 12 of the 46 item t values are less than 2.58 (p.01), they were decided not to

be included in the final scale. The remaining 34 items on the scale significantly discriminate between low and high scores. The optimum criterion for including an item in the test is a corrected item-total correlation of 0.25 or higher (Devillis,1991). Similarly, the corrected item-total correlation for 12 items was found to be below 0.30. Those items were also not included in the final scale. Based on the discriminating index ($t' > 2.58$) and item total correlation of > 0.40 , selected items were 4, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45 and 46 (34 items).

Factor Analysis

Factor analysis is a statistical approach used to reveal the variability existing among related observed variables by describing them in terms of a smaller set of unobserved variables known as factors. The goal of factor analysis is to gain a thorough understanding of the number of elements required to elucidate shared patterns within a specific set of variables, to assess the degree of association between each variable in the dataset, and to provide an analysis of the shared elements within the dataset. Factor analysis is classified into two types: exploratory and confirmatory. Factor analysis is a set of statistical approaches for representing the relationships between a collection of observed variables using fewer latent structures, or common factors (Kline, 2013). In confirmatory factor analysis (CFA), a researcher develops a theoretical measurement model to describe or explain the relationship between the underlying common components and empirical findings. The analyst next applies statistical fit criteria to determine how well the sample data are compatible with the proposed model, or whether the results support the hypothesized model. Exploratory factor analysis (EFA) is a technique for determining the underlying structure of a set of observed variables, and it is a critical step in the scale construction process. A factor

analysis was performed on a collection of 34 items chosen by item analysis. Principal Axis Factoring was the extraction method used in this investigation. The initial factor solution identified four factors, each with an eigenvalue greater than 0.4. The scree plot review resulted in the choice to keep four components. A Varimax rotation was then applied to the four-factor solution.

Table 8
Exploratory factor analysis (EFA)- STRS

Factor	Total Variance Explained								
	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.822	23.007	23.007	7.087	20.843	20.843	4.247	12.492	12.492
2	2.398	7.052	30.059	1.878	5.523	26.366	3.757	11.051	23.542
3	2.235	6.575	36.633	1.542	4.534	30.900	2.502	7.358	30.900
4	1.783	5.245	41.878						
5	1.434	4.216	46.094						
6	1.402	4.123	50.218						
7	1.212	3.565	53.782						
8	1.146	3.371	57.154						
9	1.059	3.114	60.268						
10	1.019	2.996	63.263						
11	.982	2.889	66.153						
12	.937	2.755	68.908						
13	.882	2.594	71.501						
14	.806	2.369	73.871						
15	.738	2.172	76.042						
16	.696	2.048	78.090						
17	.655	1.926	80.017						
18	.643	1.891	81.907						
19	.605	1.781	83.688						
20	.587	1.727	85.415						
21	.540	1.587	87.002						
22	.501	1.475	88.477						
23	.477	1.402	89.879						
24	.459	1.349	91.229						
25	.414	1.219	92.447						
26	.392	1.154	93.601						
27	.370	1.088	94.689						
28	.345	1.016	95.705						
29	.312	.919	96.624						
30	.283	.833	97.457						
31	.246	.722	98.180						
32	.239	.702	98.882						
33	.205	.603	99.485						
34	.175	.515	100.000						

Extraction Method: Maximum Likelihood.

Exploratory Factor Analysis (EFA) was used to figure out the factor structure and test the initial scale's dimensionality. Exploratory factor analysis (EFA) is usually used to find out how a measure is made up of factors and to figure out how reliable it is. When researchers have no idea regarding the underlying factor structure of their measure, EFA is frequently recommended.

The application of Varimax rotation is often utilized for scaling the loadings in research. Varimax rotation, also known as Kaiser-Varimax rotation, aims to maximize the sum variance of the squared loadings, which refers to the correlations between variables and factors (Stevens, 2012; Kaiser, 1959). Typically, this leads to the manifestation of substantial factor loadings for a limited set of variables, while the remaining variables exhibit diminished factor loadings.

The result of varimax rotation is presented in table 3. The criteria for selecting an item were that only items with a factor loading of 0.40 (or 0.45) or higher could be included in the final scale. Hence Item numbers 14, 28, and 29 with factor loadings below 0.40 were not selected. Thirty-four items were included in the final scale. The criteria for selecting an item were that only items with a factor loading of 0.40 (or 0.45) or higher could be included in the final scale. Hence Item numbers 1, 2, 3, 4, 8, 18, 19, 20, 21 and 30 with factor loadings below 0.40 were not selected. Selected items were reordered according to the factors determined. Thirty-four items were included in the final scale.

Items 1, 3, 5, 7, 9, 12, 14, 16, 18, 20, 21, 23, 25, 27, 29, 31, and 34 are loaded under component 1 teacher support. Items 2, 6, 8, 11, 13, 17, 19, 24, 26, 30, and 33 are loaded under component 2 intimacy. Under component 3 Teacher Quality, there

are 6 items 4, 10, 15, 22, 28, and 32. The details of each item and component are given in the table. Hence, the investigator decided to include 34 items in the final scale.

Table 9

Result of varimax rotation - Rotated Component Matrix

item	component		
	1	2	3
Item 18N	.793		
Item 23	.738		
Item 5N	.726		
Item 14N	.716		
Item 16	.706		
Item 25N	.698		
Item 1	.690		
Item 21	.664		
Item 7	.580		
Item 20N	.566		
Item 27	.564		
Item 29	.540		
Item 34	.485		
Item 3	.472		
Item 31	.460		
Item 9	.448		
Item 12	.414		
Item11N		.704	
Item30N		.703	
Item2		.605	
Item8N		.589	
Item33N		.565	
Item19		.550	
Item6		.533	
Item13		.507	
Item26		.451	
Item24N		.448	
Item17		.421	
Item10			.520
Item28			.508
item22			.479
Item4			.421
Item32			.408
item15			.408

Table 10

Factor Structure of Items

Factor 1 Classroom Coordination	Total	Factor 2 Intimacy	Total	Factor 3 Teacher Quality	Total
1, 3, 5, 7, 9, 12, 14, 16, 18, 20, 21, 23, 25, 27, 29, 31, 34	17 items	2, 6, 8, 11, 13, 17, 19, 24, 26, 30, 33	11 items	4, 10, 15, 22, 28, 32	6 items

The factor structure of items shows the total items been divided under 3 factors. Factor 1 that measures Classroom coordination contains 17 items. Factor 2 with 11 items measures Intimacy. Factor 3 includes 6 items that measures Teacher quality.

Reliability

According to Bollen (1989) and Nunnally (1978), reliability is the degree to which a measurement is stable or consistent in a variety of circumstances, ensuring that significantly the same results are achieved. The degree of accuracy, repeatability, and consistency of the measurements is known as reliability (Kline, 2005). According to Kerlinger (1986), the true variance of a scale's construct is divided by the total variance derived from the data to determine the reliability of the scale. Reliability is often regarded as a measure of internal consistency and has been expressed in terms of the coefficient alpha (Cronbach, 1951).

Cronbach Alpha was utilized to determine the degree of consistency among the three categories and the total student-teacher relationship scale. Reliability of the three dimensions as well as the total scale was estimated by the method of Cronbach Alpha. For the whole scale, reliability was found to be .88. Split-half reliability,

sometimes referred to as parallel forms reliability, is used to assess internal consistency and reliability. Split half reliability was also esteemed and it is found to be .90. The reliability coefficients for the dimension of teacher support (factor 1) is 0.87, for Intimacy (factor 2) it is 0.73, and it found to be .50 for the dimension of Teacher quality (factor 3). As a result, the STRS developed was a trustworthy and useful tool for assessing student teacher relationship.

Table 11

Reliability Coefficient for Dimensions and Whole Scale (STRS)

Sl.No.	Dimension	Reliability
1	Teacher support	0.87
2	Intimacy	0.73
3	Teacher quality	0.50
	Whole scale	0.88

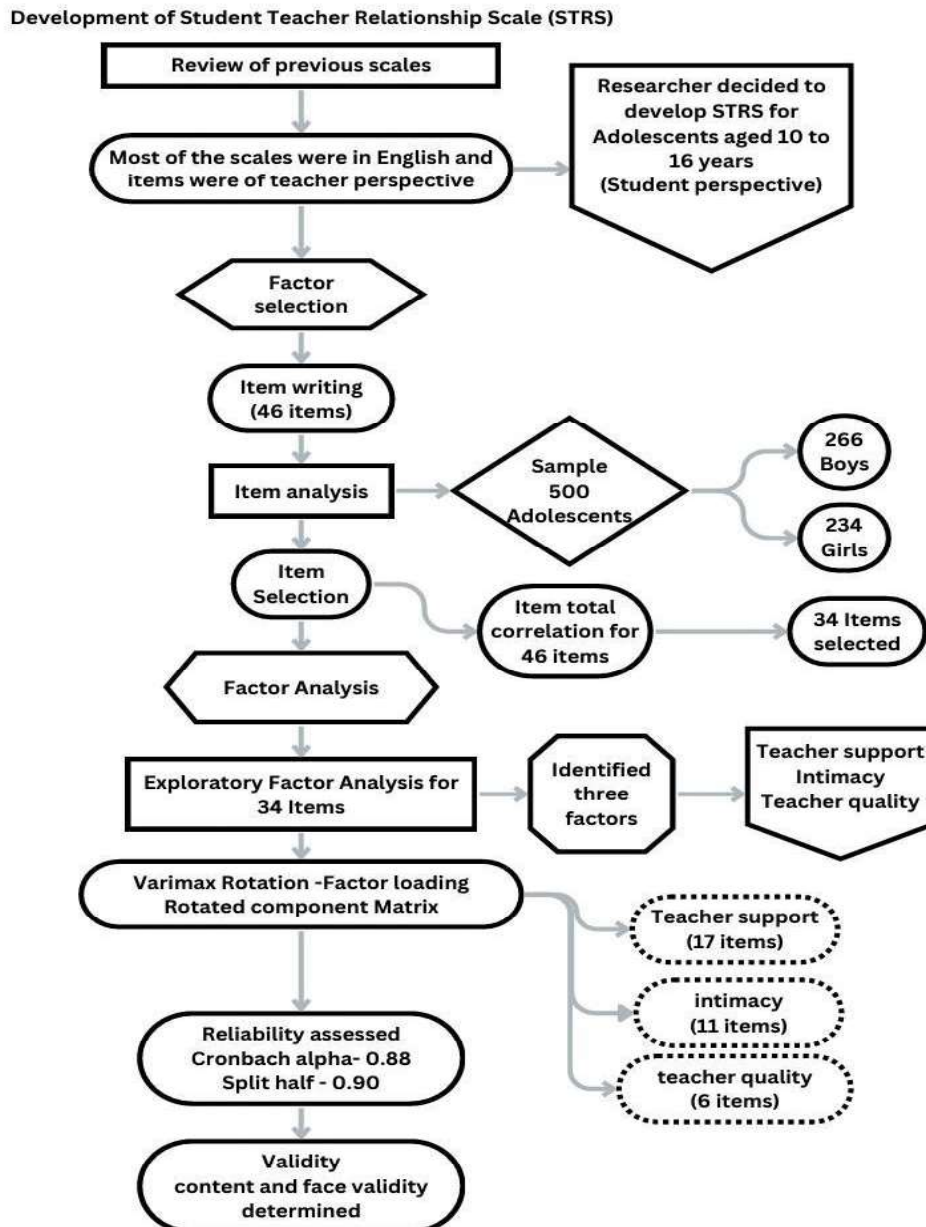
Validity

Content validity is concerned with the content of items. Haynes et al. (1995), content validity measures "the degree to which elements of an assessment instrument are relevant to and representative of the targeted construct for a particular assessment purpose." "Representativeness" refers to the degree to which the elements are proportionate to the facets (domains) of the targeted construct and to the degree to the entire domain of the targeted construct has been sampled. "Elements" refers to the content of individual items, response formats, and instructions to respondents.

It is usually recommended to create several items that "tap the domain of the construct," screen the items by judges knowledgeable in the literature, and carry out pilot tests on samples from relevant populations to reduce and improve the pool of items when creating content valid scales (DeVellis, 1991; Robinson et al., 1991). The ability of an instrument to measure what it claims to measure is the broad definition of validity. Nunnally (1978) asserts that a measure is continuously validated. The aim of a measure is consistently validated when fresh evidence is gathered to back it up. Expert recommendations were used to establish the content validity of the student-teacher relationship measure. They determined whether or not each item possessed the specified characteristics. Face validity, a type of content validity, was used to measure the extent to which the STRS seems to assess the construct it claims to test. The present scale was assessed by a panel of specialists and members of the general public to ensure that it appropriately measured the student-teacher connection between adolescents and teachers. It is a preliminary and subjective validity evaluation with no statistical analysis.

Figure 4

Flow chart of various steps involved in construction of Student teacher relationship scale



PART III

TRANSLATION OF COPING STRATEGIES INVENTORY – SHORT FORM (CIS-SF)

Coping Skills

Stress is an inherent physiological and psychological reaction that compels individuals to confront and overcome difficulties and dangers encountered in their existence. Stress is a psychological state characterized by anxiety or mental fatigue resulting from a challenging circumstance. Stress is a universal feeling that affects everyone to varying extents. Chronic stress activates the stress response indefinitely, causing the body to degenerate manifesting as physical, mental, and behavioural disorders. The autonomic nervous system regulates physiological activities such as respiration, vision, and cardiovascular activity. The "fight-or-flight response" is a natural stress response that assists the body in dealing with stressful situations.

Since stress is a subjective phenomenon, its presence and severity can only be determined by the individual experiencing it. Assessments are used to acquire insight into stress and its impact on an individual's life. Healthcare professionals examine the manifestations of chronic stress and its correlation with a range of medical conditions. The impact of stress might vary in duration, either manifesting as a temporary concern or persisting as a chronic condition, contingent upon the alterations in your life. Consistently employing stress management approaches can effectively prevent the majority of physical, mental, and behavioural manifestations of stress.

Storm and stress theory formulated by G. Hall (1904), explains the decreased self-control and greater sensitivity that adolescents experience during puberty. Adolescents may have more intense feelings and be more emotionally sensitive. These

emotions cause someone to be peaceful one day and completely different the next. Adolescents are still learning how to cope with overwhelming emotions and mature ways of expressing themselves. Managing stress in a healthy way, will assist individuals and those around them in being resilient.

A student with a learning disability may struggle to concentrate during a class. Various stimuli like classroom décor, peers, and other stimuli, might make it difficult for a student with a disability to pay attention to the teacher. Understanding complex concepts may be challenging, and acquiring certain skills. Families may feel isolated, lonely, or confused. Blame others or a family member's learning difficulties can damage relationships. Families may feel stressed as a result of their loved ones' incapacity to carry out everyday tasks, maintain social contacts, or attend school. Social stigma, as well as isolation from neighbours and community members, can have an emotional, physical, and financial impact on families. Resilience is defined as a psychological process that promotes positive functioning in the face of significant life stressors over time, rather than a single catastrophic occurrence (Fletcher & Sarkar, 2013). The resiliency model of family stress and adjustment divides a family's response to life changes into two phases: The adjustment phase is a temporary stress response with little changes in the home. The adaptation phase of the family process entails modifications to established roles, rules, goals, and/or patterns of interaction. As a result, families' reactions to the stressors of a learning disability are influenced by their typical behavioural patterns, as well as their problem-solving and coping skills. Individuals with learning disabilities and their families face significant stress.

Stress coping strategies are a component to promote this quality of life, as a means to achieve it, as contemplated by some studies on dimensions, components and quality of life evaluation indicators which focus on coping strategies and the quality

of life, stress coping strategies. Coping strategies are defined by Lazarus and Folkman (1984) as those behaviors and cognitive skills that people use to cope with internal and environmental demands that are perceived as stressful. When we face stressful life circumstances, we tend to react cognitively or behaviourally to reduce the effects that these experiences may cause on us. Strategies are aimed at adequate and active coping with the problem reduce both stress and its consequences (GonzálezCabanach et al., 2018), and have been associated both with greater emotional well-being (Morales, 2018).

Coping Strategies Inventory (CSI-SF)

Due to the significant impact of stress on individuals' well-being, it is unsurprising that a multitude of tools have been created to evaluate how individuals manage stress in particular circumstances. The CSISF, a shorter version of the CSI scale, satisfies the criteria for assessing stress levels in adolescents, including those with and without cognitive disabilities.

The initial version of The Coping Skill Inventory consists of 72 items and requests respondents indicate their degree of agreement using a Likert scale. The CSI, or Coping Strategy Inventory, was developed by Tobin et al. (1989). 72 items comprise the scale, which was derived from the WCQ. Social disengagement, self-criticism, emotional expression, illusions, social support, cognitive restructuring, and problem avoidance comprise the eight fundamental strategies that it evaluates. Four secondary subscales classify the primary subscales, and two tertiary subscales assess engagement and disengagement, respectively, on the WCQ.

For the current study, the scale must be administered to both adolescents with and without learning disabilities. Given that the total number of items in the CSI

inventory was 72, it was deemed excessively lengthy, perhaps leading participants to provide invalid responses. Therefore, the acquired information may be inaccurate. Thus the researcher intends to utilise the abbreviated version of CSI that is CSI-SF, consisting of 32 items. Furthermore, as the items on the scale were presented in English, this may provide challenges for adolescents with learning disabilities in terms of comprehension. So the researcher intended to translate the current questionnaire into Malayalam and aid participants in understanding and comprehending the items to ensure accurate responses. The investigator conducted the Malayalam translation of the CSI-SF in order to assess eight fundamental coping styles: problem solving, cognitive restructuring, express emotion, social contact, problem avoidance, wishful thinking, self criticism and social withdrawal.

The CSI consists of eight primary scales, four secondary scales and two tertiary scales. A literature review on coping assessment (Tobin, Holroyd, and Reynolds, 1982) and the factor structure derived from Wherry's hierarchical rotation (Tobin, Holroyd, Reynolds, & Wigal, 1989) informed the development of the subscales. From the "Ways of Coping" questionnaire (Folkman & Lazarus, 1981), twenty-three items were extracted, while the remaining 49 items were developed to correspond with the dimensions of the hypothesised subscales.

1. The primary subscales comprise eight distinct coping mechanisms that individuals employ when confronted with stressful circumstances. These consist of:
2. Problem-Solving: Items in this subscale pertain to cognitive and behavioural strategies that aim to rectify the stressful situation and eliminate the source of stress.

3. Cognitive restructuring: This subscale comprises cognitive strategies that modify the significance of the tense transaction in order to render it less menacing, positive, or viewed from a different angle, among other things.
4. Social Support: Items on this subscale pertain to the act of seeking emotional support from friends, family, and other individuals.
5. Emotion Expression: Items on this subscale pertain to the act of discharging and expressing emotions.
6. Problem Avoidance: Items on this subscale pertain to the act of denying problems and evading thoughts or actions associated with the distressing event.
7. Wishful Thinking: Cognitive strategies that reflect an inability or reluctance to reframe or symbolically alter the situation are categorised under this subscale. The items entail harbouring aspirations and desires for improved circumstances.
8. Social Withdrawal: Items comprising this subscale indicate self-criticism and self-blame for the situation.

The CSI is comprised of four secondary subscales and two tertiary subscales, according to hierarchical factor analysis (Tobin, Holroyd, Reynolds, & Wigal, 1989).

Secondary Subscales:

1. Problem -Focused Engagement: This subscale comprises the components of the Cognitive Restructuring and Problem Solving subscales. These subscales assess the application of cognitive and behavioural strategies to alter the circumstances or the individual's interpretation of the circumstances. These coping mechanisms are centred on the actual stressful situation.
2. Emotion Focused Engagement: Social Support and Express Emotions are both components of this subscale. The items exemplify open expression of emotions to

others and heightened social engagement, particularly with kin and acquaintances. The individual directs these coping mechanisms towards managing their emotional response to the stressful circumstance.

3. Problem Focused Disengagement: Both Problem Avoidance and Wishful Thinking are included in this subscale. The objects symbolise refusal, evasion, and an incapacity or hesitancy to examine the circumstance from an alternative standpoint. They demonstrate behavioural and cognitive strategies to evade the situation.

4. Emotion-Focused Disengagement: Social Withdrawal and Self-Criticism comprise this subscale. Distancing oneself and one's emotions from others, as well as criticising or condemning oneself for what transpired, comprise the subscale.

Tertiary Subscales comprise:

1. Engagement: Problem Solving, Cognitive Restructuring, Social Support, and Express Emotions comprise this subscale. The subscale measures the individual's endeavours to involve the individual in managing the stressful person-environment transaction. By employing these coping mechanisms, people actively and continuously negotiate with the stressful environment.

2. Disengagement: Problem avoidance, wishful thinking, social withdrawal, and self-criticism comprise this subscale. The subscale comprises tactics that have the potential to cause the individual to become disengaged from the transaction between the person and the environment. Emotions are withheld from others, contemplations of circumstances are evaded, and actions that have the potential to alter the circumstance are not undertaken.

A self-report questionnaire CSI-SF consists of 32 items, the Coping Strategies Inventory evaluates cognitions and actions in reaction to a particular stressor. The

CSI utilises a format that has been modified from the "Ways of Coping" questionnaire developed by Lazarus and Folkman in 1981. The objective of this questionnaire is to gain knowledge about the kind of situations that people face daily, as well as how they handle them. They were asked to reflect on a stressful situation from the previous month. The stressful situation is something that bothers the participant since it makes him or her feel unpleasant or requires effort to deal with. It could be related to family, school, work, or friends. The questionnaire includes a space for the individual to describe the stressful event, such as what happened, where it occurred, who was involved, why it was important to them, and how they handled the situation. The situation could be current or have occurred previously. They simply need to write down the thoughts which come to mind.

Following the description of a distressing situation, CSI participants are required to provide 5-point Likert scale responses to 32 items. Participants are asked to rate the degree to which they implemented each specific coping response when confronted with the situation described earlier, using one of five available options. a. Not at all b. A little c. Somewhat d. Much e. Very much.

Scoring

The scoring of scale entails assigning unique scores to each item according to the participant's selection of options. Not at all (1), somewhat (2), moderately (3), significantly (4), and extremely (5). To calculate the raw score for a subscale, put together the scores of each item. As previously indicated, CSI-SF was chosen to avoid answering a lengthy inventory of 72 items, which might adversely affect individuals' responses.

Using already constructed psychometric tools can save time and effort while conducting cross-cultural research. According to Brislin (1970) and Sechrest & Fay (1972), a precise translation hardly results in the same component. When conducting cross-cultural research, back translation is crucial (McDermott & Palchanes, 1992). Tools that support many languages are often employed in the research process. But in some cases same measurements must be used in cross-cultural research that is carried out in both languages. According to Brislin and his colleagues in 1973, translations of content and meaning are not always necessary. According to Sechrest and Fay (1972), cross-cultural researchers must employ decentering in order to assure equivalence when translating measures. Decentering is an alternative to literal translation that is used to determine whether or not the original content and meaning can be preserved. Content equivalence and decentering translated measures necessitate the expertise of bilingual professionals (Brislin, 1977).

Brislin (1970) suggested methods like back-translation, bilingualism, expert judgement and a pre-test to compare and contrast the translated measurements with the original measurements in order to accurately translate a scale (Behling & Law, 2000). Two translators who are conversant in multiple languages perform the translation of an instrument from its native language into the target language. The first version of the instrument and the back-translated version are then compared to determine if the concepts are identical. A second translator corrects a mistake committed during the back translation. This procedure will be repeated until a group of experts acquainted in both languages determines that the two versions are grammatically equivalent and error-free. Pretest refers to a pilot study that assists researchers in determining what might go wrong when employing the pilot study's

population, study settings, and measurements. When study contexts are comparable, translated measures can be compared accurately (Brislin 1970).

Back-translation is used when a document is translated by two bilingual experts, and each version is interpreted by experts who speak both languages. The experts then discuss the source and target versions, agree on and remake the instrument, and discuss back-translated versions. Bilingual experts will continue the process until they reach an agreement on the translation. Bilingual experts evaluate the dependability and comparability of the two versions.

Questionnaire translation refers to the process of translating the questionnaire into a local language spoken in the area, in the present research, the local language being Malayalam. As incomplete or inaccurate translation will result in a change of meaning of the original question, careful wording was essential. The translation was carried out in 5 steps: 1. Forward translation, 2. Backward translation, 3. reconciliation, 4. pretesting, 5. reliability

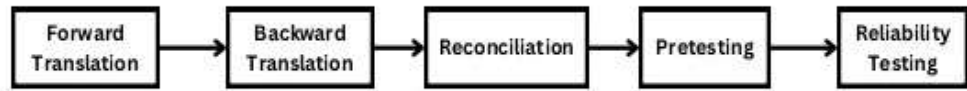
1. **Forward Translation-** coping skill inventory-SF (English version) was translated into Malayalam Language with the permission of author David. L. Tobin (1984). 2 female bilingual translators were chosen for the process of translation. the purpose and nature of instrument and need for translation was discussed with the translators for maintaining the quality of the translated questionnaire, avoid jargon and keep cultural standard.
2. **Backward Translation-** once the researcher receives independent forward translations they are taken to 2 bilingual translators, who translate it back to the English language. here another 2 bilingual translators one male and another female were chosen as translators.

3. **Reconciliation-** in this process original questionnaire was compared with back translated questionnaire. the purpose here was to assess the conceptual equivalence of the translated items of the scale with the original scale. in this stage researcher highlights discrepancies and significant changes if required with the translators and make required changes in the items. the back translation was reviewed against source language and was found conceptually relevant to the original English version of Coping Skill Inventory-SF.
4. **Pretesting-** the translated new version of questionnaire is administered among 20 adolescents and they were asked regarding their thought when they read each item and response given. If any modifications required, it was done with the help of translators.
5. **Testing of Reliability-** As the primary aim of translation of the questionnaire in the present research is to aid the samples in comprehending the items of the questionnaire and to get reliable scores of individuals in the variables being tested. **Cronbach's alpha, α** (or *coefficient alpha*), developed by Lee Cronbach in 1951, measures reliability, or internal consistency. "Reliability" is another name for consistency. Cronbach's alpha gives us a simple way to measure whether or not a score is reliable. It is used under the assumption that for multiple items measuring the same underlying construct have reliability, or internal consistency, of a set of scale or test items.

It is interesting to note that the global internal consistency of the CSI-SF Malayalam is 0.81 and the alpha coefficients for the CSI range from .71 to .94.

Figure 5

Steps in Translation of Coping Strategies Inventory -questionnaire



Scoring

The item number and the respective subscales scale measured were given below:

Primary subscale includes:

Dimensions	Item number
Problem Solving	1,9,17,25
Cognitive restructuring	2,10,18,26
Express Emotions	3,11,19,27
social contact	4,12,20,28
problem avoidance	5,13,21,29
wishful thinking	6,14,22,30
self-criticism	7,15,23,31
social withdrawal	8,16,24,32

Adding primary subscales provide the secondary and tertiary subscale scores.

Secondary subscale items include:

Problem focused engagement= problem solving +Cognitive restructuring

Emotion focused engagement= social contact+express emotions

Problem focused disengagement= problem avoidance+ wishful thinking

Emotion focused disengagement= social withdrawal+self-criticism

Tertiary subscale

Engagement= problem focused engagement+ emotion focused engagement

Disengagement= problem focused disengagement+ emotion focused disengagement

The scoring of scale entails assigning unique scores to each item according to the participant's selection of options. Not at all (1), somewhat (2), moderately (3), significantly (4), and extremely (5). To calculate the raw score for a subscale, put together the scores of each item.

Reliability

Cronbach's alpha has been the most frequently reported coefficient of reliability for measures of coping process. The alpha coefficients for the CSI range from .71 to .94. To date, no other measures of coping process have reported test-retest reliability. Repeated assessments of coping process present problems that are not encountered with trait measures. Natural stressors may change over time to the extent that new ways of coping are demanded. When faced with a chronic stressor, people may try alternative strategies over a period of time. Different stressors may require very different ways of coping. Research with the CSI has demonstrated some of these difficulties. When persons are asked to complete the CSI at several assessments, many people complete the scale with reference to different stressors. Two week test-retest Pearson correlation coefficients reflect the effect of these different situations on coping; the correlations range from .39 to .61. the global internal consistency of the CSI-SF Malayalam version is 0.815

Validity

Validity refers to whether a test measures what it aims to measure. Content validity is established using the experts. the degree to which an instrument has an appropriate sample of items for the construct being measured is analysed. the test has face validity as it is considered, at the surface, to represent the construct it is supposed to be measuring.

PART IV

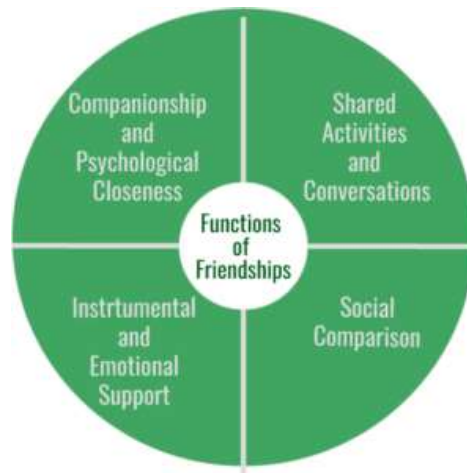
TRANSLATION OF PEER INVOLVEMENT SCALE (PIS)

Peer Involvement

The term "peer" originates from the Latin word "par," which signifies equality. A peer is an individual with whom you have an association and who holds the same level of status. If an individual is in the 10th grade, their classmates consist of other high school pupils. Peer relationships are a key aspect of adolescence. Peers are held responsible for teenagers' troublesome behavior, as well as recognized for their role in promoting adolescent health and well-being. Peer relations undergo increased complexity during adolescence. Adolescents typically form several types of peer connections, including romantic partners, friendship groups, crowds, cliques, homosociality, heterosociality, and so on. During adolescence, friends come together in both their attitudes and activities to reinforce their friendship. Interactions among friends result in the processes of selection, socialization, and deselection.

Figure 6

Functions of Friendship



(cited from Figure 11.2.2. Functions of friendship. By Florida State College at Jacksonville, licensed under CC-BY 4.0 .)

Peers have a crucial role in providing social support and companionship during adolescence. Adolescents who have positive interactions with their peers tend to be happier and well-adjusted compared to those who are socially isolated or have problematic peer relationships.

Adolescent peer relationships are quite influential, when individuals are establishing independence from their parents, their peers play a crucial role in providing social and emotional support (Gorrese & Ruggieri, 2012). Robust peer attachments have been linked to enhanced psychological health (Balluerka, Gorostiaga, Alonso-Arbiol, & Aritzeta, 2016). Furthermore, apart from attachment, various behavioral, social-emotional, and academic outcomes can be impacted both positively and negatively by the attitudes of adolescents' peers (Alexander, Piazza, Mekos, & Valente, 2001; Ryan, & Patrick, 2001).

Adolescents who encounter difficulties in their relationships with peers, such as bullying, may face substantial psychological, physical, intellectual, and social-emotional repercussions. This applies to both the individuals being victimized and those engaging in the bullying behavior (Craig & Pepler, 2003). Adolescents' involvement in bullying may be influenced by the quality of their bonds with peers and the views of their friends.

Peer attachments denote the distinct connection formed between one or a small number of peers. Secure peer attachments are defined by strong connections that fulfill the fundamental emotional support and sense of safety needs of adolescents (Balluerka et al., 2016). Research indicates that girls generally exhibit greater degrees of attachment to their classmates compared to boys. This could be attributed to disparities in the characteristics of female and male friendships, with girls prioritizing closeness and emotional transparency.

The attitudes of an adolescent's peer group can exert both beneficial and detrimental effects. Adolescents typically choose companions who share similar attitudes, but they are also significantly impacted by the actions of their peers (Ryan, 2001). Studies indicate that teenagers are more prone to participating in hazardous activities, such as smoking, when they associate with peers who partake in similar behaviors (Alexander et al., 2001). Conversely, the presence of high-achieving peers can impact the academic performance and level of satisfaction that adolescents have in school (Rodkin, & Ryan, 2012). Girls have a higher level of communication within their friendships compared to boys (Gorrese & Ruggieri, 2012). Adolescent males and females who have weaker social connections with their peers are more like to indicate that their circle of friends exhibits elevated levels of hazardous conduct and diminished levels of favorable sentiments.

Peer interactions offer a distinct setting in which children acquire various essential social-emotional abilities, including empathy, cooperation, and problem-solving techniques. Peer interactions can have a detrimental impact on social-emotional development due to instances of bullying, marginalization, and involvement in deviant peer activities. Universal, school-based, social emotional learning programs can foster robust social emotional growth and cultivate favorable peer cultures. Children who are facing challenges in their relationships with peers frequently require extra, methodical, and thorough guidance to develop their social skills. Adolescents with learning disabilities may exhibit deficient social interactions and may have inadequate or nonexistent peer relationships. Therefore, parents, teachers, and even peers can provide guidance to help children develop positive relationships with their fellow students, leading to improvements in their social and academic skills.

Peer Involvement Scale (PIS)

The influence of peers in adolescents is crucial in shaping social interactions, in accomplish important tasks such as gaining independence and forming their own unique identities with the support of robust peer interactions. Intimate relationships among peers are a typical aspect of adolescence. Furthermore, the absence of a robust peer group is a significant factor that hinders the complete and optimal growth of teenagers. Positive peer relationships provide social support and companionship, which reduces feelings of isolation and loneliness while enhancing self-esteem. Interacting with peers teaches teenagers emotional control, and how to navigate social situations, communicate their emotions, and handle conflict, all of which are valuable life skills. so Peer relationships are essential for adolescents with learning disabilities because they allow them to observe and imitate peers, which helps them learn social

cues, communication skills, and appropriate behaviors, resulting in the formation of meaningful relationships and success in a variety of social situations within a supportive and inclusive school environment. Peer interactions have an important role in the social, emotional, and academic development of adolescents with learning impairments. Encourage good peer relationships and give chances for interaction and collaboration to help students enhance their overall well-being and academic performance.

This relevance prompted the researcher to include peer relationships as a social variable in the current study. While selecting a tool that measures peer relationships, adequate care was taken to ensure that it could be administered to both adolescents with and without learning disabilities.

The present investigation utilized the instrument created by Dr. Vasishta and Neha (2016). The author of the Peer Involvement Scale (PIS) developed this scale to assess the level of social contact, peer pressure, and peer acceptance experienced by individuals with Dyscalculic Co-morbids within their peer group. The aim of establishing the current measure was to assess the extent of Peer Involvement among adolescents, specifically measuring their level of engagement with their peer group for academic or other activities. According to Castrogiovanni (2002), peer groups offer a chance to acquire social skills, discover personal interests and abilities, and establish and sustain friendships.

Prior to developing the original tool, the Peer Involvement Scale (PIS), in English, the author conducted a thorough examination of existing standardized instruments used to assess peer group involvement. The Peer Relationship Questionnaire (PRQ), developed by Rigby & Slee (1997), assesses bullying behavior,

victim behavior, and prosocial behavior. The Index of Peer Relations (IPR) created by Hudson (1993) examines parenting skills, family relationships, child and family health, and conformity to peer norms. The Peer Pressure Inventory (PPI), developed by Brown & Clasen (1985), measures peer involvement, family involvement, school involvement, and misconduct. These tools and sub-tools were reviewed prior to the development of the present Peer Involvement Scale (PIS).

The primary purpose of the Peer Relationship Questionnaire (PRQ) is to assess bullying behavior within peer groups, specifically focusing on the aspect of peer pressure. Consequently, it only addresses one aspect of peer engagement. The Index of Peer Relations (IPR) is specifically created to measure a child's experiences with peer relations and does not evaluate the level of peer group involvement in the child's life. The Peer Pressure Inventory (PPI) specifically examines the influence of peers on adults, with a primary focus on the issue of peer pressure.

This inventory is intended for youth who wish to assess whether they are experiencing peer pressure to engage in activities such as smoking, drinking, stealing, and so on. The authors created the current tool as a comprehensive tool that examines various facets of peer relationships with a focus on peer involvement. This tool was selected for the present study to assess the impact of peer pressure, social interaction skills, and peer acceptance on adolescents with and without learning disabilities within their peer group.

The Peer Involvement Scale (PIS) measures the level of peer involvement in a child's life, as the peer group plays a vital role in the child's development. Howard (2004) examined the process by which children acquire knowledge about different

social norms, such as appropriate clothing and social conduct, within their social circle.

In his study, Loeb, Davis, Costello, & Allen, (2020) found a direct relationship between children's social popularity within their peer group and their academic achievement. According to a study by Lugo (2009), social connection is crucial for children's academic success. Boujlaleb (2006) argued that peer groups had a stronger impact on children than families. Aside from the positive influence of peer groups on different aspects of life, it is important to acknowledge the detrimental impact of peer pressure, which can hinder a child's performance. Akhtar et al. (2011) found that peer pressure had a detrimental impact on children's academic performance. Additionally, they observed that children with poor peer interactions are more likely to have difficulty adapting to their environment.

Various reviews suggest the impact of peer groups on various aspects of a child's life, such as academic performance, social behavior, and preferences. Thus, the three dimensions of the present scale that measure the level of peer involvement among children are social interaction, peer acceptance, and peer pressure. The original scale was made to find out how involved the identified group of dyscalculic co-morbids were with their peer group. Since this study also looks at teens with learning disabilities, the present scale was thought to be a good way to measure relationships between teens. So the researcher aimed to translate the original Peer Involvement Scale (PIS) in English into Malayalam for research purposes.

In order to assess the level of peer involvement among dyscalculic co-morbid students in grades VII-VIII, an initial version of the Peer Involvement Scale (PIS) was

developed with three dimensions: encompassed Social Interaction, Peer-Acceptance, and Peer-Involvement.

(i) ***Social Interaction*** refers to a child's fundamental capacity to recognize and engage with others in society. This dimension assesses a child's inclination towards social interaction and their preference for solitude. It also evaluates their willingness to assist others and their level of comfort in social settings. Additionally, it examines their popularity and level of involvement within their peer group.

(ii) ***Peer Acceptance*** refers to the level of approval a youngster receives from their peer group based on their words and actions. This component examines the behavior of a child within his social circle of friends.

(iii) ***Peer Pressure*** is an extensively studied aspect when discussing the social conduct of students in the seventh and eighth grades. To determine if an adolescent is influenced by their peer group to engage in undesirable or potentially penalized behavior, peer pressure dimension was incorporated into the current scale. Certain statements encompassing many facets of a child's life, such as academic achievement, dressing style, and bullying, were consolidated to examine the potential impact of peer pressure.

The PIS comprises 23 components that are categorized into three dimensions, and all items are positive statements that suggest the participation of an adolescent with their peer group. Items 2,7,11,12,14,16,18 (7 items) assessed social interaction; items 1,3,4,6,21 (5 items) assessed peer acceptance; and items 5,8,9,10,13,15,17,19,20,22,23 (11 items) assessed peer pressure. A total of 23 items were identified that examined the influence of peers on the development of children with dyscalculia and co-morbid conditions.

In this study, the researcher selected the Peer Involvement Scale as a means of assessing the peer relationships of adolescents, both with and without learning difficulties, with the intention of analyse the social interaction, peer acceptance, and peer pressure, which in turn determined the peer relationship.

Table 12

Distribution of Items of Peer Involvement Scale

Sl.No.	Dimension	Item No.	Total
1	Social Interaction	2,7,11,12,14,16,18	7
2	Peer acceptance	1,7,4,6,21	05
3	Peer pressure	5,8,9,10,13,15,17,19,20,22,23	11
Total			23

Translation of PIS

When conducting research with non-English speaking people, it is generally preferable to use previously designed instruments that are in native language or have been translated. The translated questionnaire should employ a vocabulary that is comprehensible and significant to the participant, while ensuring that the replies align closely with those acquired from the original questionnaire. Self-report instruments originally created in English are frequently translated into a second language to measure the variable of interest in a different country or culture. The act of transferring ideas formulated in one cultural context to be applicable in another is riddled with challenges pertaining to semantics. The translation of questionnaires is the most commonly selected method for implementing 'equivalent' instruments in cross-national and cross-lingual survey research (Pym, 2010). Various measures have been established to ensure consistency between the original and translated versions. Spielberger and Sharma (1976) outlined a four-step process for translating a

questionnaire: initial translation into the target language, evaluation of the initial translation, ensuring cross-language equivalence between the original and translated questionnaires, and establishing the reliability and validity of the translated questionnaire.

In the present research, the investigator followed the following steps in the translation of PIS. They were:

1. ***Preliminary Translation Also Termed as Forward Translation***

The major goal of the translation process is to convert the scale from the source language (English) to the target language (Malayalam), which is performed by two independent translators who produce two translations of the current scale. The preliminary translation is best done by someone who understands not just the overall goal of the questionnaire but also the intent behind each question. To accurately capture the numerous unique characteristics of the intended language, bilingual translators translated the questionnaire into Malayalam, their mother tongue. One translator is familiar with the concepts covered by the questionnaire; therefore, the translation closely resembles the original instrument.

2. ***Evaluation of The Preliminary Translation and Back Translation***

Expert evaluation is one method for assessing the original translation. At this point, expert evaluators access both the original and translated versions. The researchers and multilingual translators assess each translated item based on its contents, meaning, linguistic clarity, and similarity to the original item. Any problems or recommendations for improvement are discussed after each item. The problematic questions are revised, and the evaluation process is repeated until all items meet the required requirements. Back translation involves the task of converting the questions

from the original language to another language by a multilingual translator who lacks knowledge of the content of the questionnaire. The reverse translation is compared to the original questionnaire to find inconsistencies, then the items are modified. This process may be repeated, preferably with new evaluators, until the translated version of questionnaire meets all criteria. Back-translation is preferred for cost, time, and convenience.

3. Cross-Language Equivalence or Reconciliation

After the initial translation is deemed satisfactory, the scale undergoes testing to ensure cross-language equivalency. This step is crucial as a reliable back translation alone is not the sole determining criterion. Brislin (1983) identified several factors that can influence the quality of the end product. These include the conventional methods employed to translate terms or sentences that do not have direct equivalents, the skill of certain translators in making sense of an inadequate translation during back-translation, and the inclination of some translators to preserve the grammatical structure of their native language. These elements may facilitate the process of back-translating the items but pose challenges for subjects in providing answers.

In this method, the original questionnaire was compared with the back-translated questionnaire. The objective was to evaluate the conceptual similarity between the translated items of the scale and the original scale. During this stage, the researcher identifies discrepancies and significant alterations, if necessary, with the translators and implements the necessary modifications to the items. The back translation was evaluated in comparison to the source language and was determined to be conceptually consistent with the original English version of PIS.

4. *Pretesting*

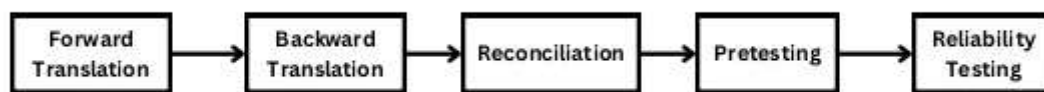
Twenty adolescents were given the revised version of the questionnaire, and they were then asked to express their ideas and comments for each item. The questionnaire was then circulated to the group. Any essential changes were done with the assistance of translators, if any alterations were required.

5. *Testing of Reliability*

In the context of this investigation, the translation of the questionnaire serves the primary purpose of assisting the participants in comprehending the information contained within the questionnaire and getting precise scores for the variables that are being investigated. Calculating the Cronbach's alpha coefficient allowed researcher to ascertain the reliability of the information by revealing its internal consistency. One hundred and twenty adolescents were used as a sample for the purpose of conducting a reliability test on the PIS in the Malayalam language. For a group of 23 items, the Cronbach's dependability coefficient was found to be 0.853 by statistical analysis.

Figure 7

Steps in translation of Peer Involvement Scale



Scoring

For the purpose of determining the extent to which adolescents are involved with their peers, the Peer Involvement Scale was developed. Within the scope of this investigation, the Likert Scale was utilized, which is a five-point scale that includes 23 positive items and no negative items. The Likert scale, a type of scoring system, is used by translated PIS. The scoring was determined using a Likert-type scale with

five points, with the alternatives being Always, Mostly, Sometimes, Negligible, and Never with the highest possible score. At their fundamental level, scales are often composed of two separate types of items: positive and negative. This means that if a score of five was provided for "Always" in a positive item, then a score of five would be awarded for "Never" in a negative item. This is because the scoring of both items was fully reversed. The present version of the PIS scale is made up entirely of positive items, with ratings of always (5), mainly (4), sometimes (3), negligible (2), and never (1). Following the completion of the evaluation process, each item was evaluated, and the overall score was determined by adding together the scores of each individual item. As a consequence of the scoring being carried out in accordance with the technique that was mentioned earlier, the highest possible score was 115 (23 multiplied by 5 = 115), which was reached by adding up the scores of all of the items. A low score on the PIS indicates that adolescent participants have just a minimal degree of connection with their peer group, whereas a high score indicates that there is a large amount of connection between adolescents and their peers.

Consequently, the English version of the questionnaire was translated into Malayalam utilising a conventional "forward-backward" translation process. A provisional version was made available, with two independent bilingual professionals translating the items and two others translating the response categories. It was then back-translated into English, and the final version was supplied after a meticulous cultural adaptation. The translated questionnaire was ultimately administered to a sample of adolescents between the ages of 12 and 16 following pilot testing. The internal consistency was evaluated using Cronbach's alpha coefficient in order to assess reliability. (The questionnaires that were developed and translated for the present study are included in the Appendices.)

CHAPTER 4

RESULTS AND DISCUSSION

Section A: Preliminary Analysis

- ❖ Descriptive Statistics (mean) of Psychological variables and social variables among adolescents with and without learning disability
- ❖ Statistical indices like mean, median, mode, SD, skewness and kurtosis pertaining to study variables

Section B: Result and Discussion of t-test

- ❖ Comparison of psychological and social variables among adolescents with and without learning disability
- ❖ Comparison of psychological and social variables among male and female adolescents with learning disability

Section C: Result and Discussion of correlation analysis

- ❖ Correlation of psychological variables and its dimensions
- ❖ Correlation of social variables and its dimensions
- ❖ Correlation between psychological and social variables

This chapter discusses the findings and discussion of the data obtained throughout the study using various analyses, which include examination of the various quantitative data collected using Descriptive statistics, independent sample t test and correlation. This chapter contains elaborated explanations of the results of each segment, which are analyzed and presented in detail. The analysis results are used to describe the sample and answer the objectives and hypotheses mentioned in the present investigation. This study seeks to understand how psychological variables such as temperament, coping skills, and emotional intelligence, as well as social factors such as family interaction, peer involvement, and student-teacher relationships, influence adolescents with and without learning disabilities in relation to gender. Following data collection, information was tabulated, processed, and analyzed with SPSS Version 20 statistical software and relevant analytical tools.

In this study, information was gathered from 220 adolescents, ranging in age from 11 to 16. Data were obtained from selected educational institutions, clinics, and remedial centers in the state of Kerala, and the sample was chosen using specified inclusion and exclusion criteria. The sample consisted of 110 adolescents with documented learning disability and an equivalent number of adolescents without learning disability. Therefore, there are 62 boys and 42 girls in the total sample size of 220. Boys were more likely than girls to be diagnosed with learning disabilities. This chapter contains three sections that discuss the outcomes. Section one examined preliminary analysis, section two t tests, and section three correlational analyses in regard to the hypothesis.

IBM's Statistical Package for Social Scientists (SPSS) version 20 was used to code and analyze the data collected throughout the study. Tables detailing the sample's demographic characteristics are presented first in the data analysis. The descriptive

statistics revealed the mean values, standard deviations, variance, and percentage frequencies. For greater clarity, descriptive statistics were presented in tables. Inferential statistics primarily examines hypotheses and addresses the issue of how a sample can be analyzed to derive general conclusions about the entire population (Sutanapong, and Louangrath, 2015).

The research's findings, obtained by statistical analysis of the data, are presented in this chapter. The person analyzing and interpreting the results must determine statistical significance and possible implications (Kerlinger & Lee, 2000). Initial sample evaluation uses descriptive statistical analysis. Further investigation necessitates a thorough analysis of variables. When the findings align with the proposed hypothesis, the results of the study can be systematically presented, facilitating the accurate interpretation of the data.

Section A: Preliminary Analysis

Preliminary analysis helps the researcher to know the source of the data. Even though the researcher who collected the data have detailed knowledge of the collection methodology and preliminary analysis makes investigator to know whether data is reliable, normally distributed and the veracity of the information. Mishra et al. (2019) provided an overview of descriptive statistics, including measures of central tendency (mean, median, mode), dispersion (standard deviation), and skewness and kurtosis (of variables). Thus, a large volume of data is summarised in order to get an understanding of important aspect of data set.

Normal distribution data, sometimes referred to as Gaussian distribution data, is symmetrical and skewness-free. The majority of values are concentrated at the center, and values get progressively smaller as one proceeds out from the center. The

three central tendency metrics (mean, mode, and median) are interchangeable in a collection of data that is normally distributed. In an asymmetrical way, values in a continuous probability distribution with a normal distribution tend to cluster around the mean. A normal distribution has the following four properties: it is symmetric, unimodal, asymptotic, and has equal means for the median and mode. Perfect symmetry surrounds the center of a normal distribution. Any symmetric set of data should have skewness that is near to zero, and a normal distribution has zero skewness. It is extremely improbable that real-world data will be perfectly symmetrical if skewness is 0. It is commonly accepted that the data is symmetrical if the skewness is between -0.5 and 0.5 . We define the data as highly skewed when the skewness value is in the range of 0.5 and 1 or -1 and -0.5 . Highly skewed data are those with a skewness value between -1 and 1 .

Kurtosis is a statistical metric that is employed to depict a feature of a given dataset. Normally distributed data are generally shown visually as a bell-shaped curve. Plotted data points with the largest deviation from the mean often make up the tails on either side of a curve. Kurtosis is the term for the quantification of data tails. When compared to data that is regularly distributed, distributions with a high kurtosis have more tail data. This is due to the distribution's apparent ability to draw tails closer to the mean. Low kurtosis distributions include fewer tail data points, which makes the bell curve's tails appear to be shifted away from the mean.

A distribution's kurtosis is a measurement of the total weight of its tails in relation to the mean, or center of the distribution curve. The majority of the data are located within three standard deviations (plus or minus) of the mean when a set of roughly normal data is plotted using a histogram, which displays a bell peak. High kurtosis, on the other hand, causes the tails to extend beyond the normal bell-shaped

distribution's three standard deviations. There are situations when kurtosis is mistaken for a distribution's peakiness measure. The shape of a distribution's tails in respect to its overall shape, however, is described by a measure called kurtosis. A distribution with high kurtosis can have a lower peak, and one with low kurtosis can be sharply peaked. Therefore, "tailedness," not "peakedness," is what kurtosis measures. Data that have a small standard deviation, or low standard deviation, are concentrated in close proximity to the mean. Conversely, data that have a large standard deviation, or large standard deviation, are more widely scattered. A significant amount of dispersion occurs in the observed data near the mean when the standard deviation is substantial. This indicates the observed data to be extremely dispersed. Conversely, a small or low standard deviation indicates that a substantial proportion of the observed data is concentrated in close proximity to the mean. Assuming overall normality, 95% of the scores are located within two standard deviations of the mean (Elliott, 2009).

Underestimation of variance due to positive or negative kurtosis disappears in samples of 220 cases, and skewness does not significantly impact analyses when the sample size is large enough (Tabachnick and Fidell, 2003). The central limit theorem (CLT) states that, given a constant sample size and no change to the actual distribution shape of the population, the distribution of a sample variable tends to resemble a normal distribution (often known as a "bell curve") as the sample size increases. According to Akhilesh (2023), it is generally believed that sample sizes of 30 or greater are sufficient to establish the CLT.

Table 13

Mean, Median, Mode, SD, Skewness, and Kurtosis of Temperament, Coping Skills, Emotional Intelligence, Family Interaction, Peer Involvement and Student-Teacher Relationship of Adolescents With and Without LD (N =220)

	Variable	Range	Mean	Median	Mode	SD	Skewness	Kurtosis	SEM
TEMPERAMENT	1.Effortful control	23-61	39.58	42	45	9.27	.005	-.89	.62
	2.Surgency	25-60	41.83	40	39	6.46	.43	.97	.435
	3.Negative Affect	20-63	39.01	39	37	8.94	.079	-.461	.603
	4.Affiliation	25-63	43.52	44	45	8.51	.260	-.555	.574
	5.Total	119-217	164.27	164	137	23.38	.123	-1.015	1.57
COPING SKILLS	1.Problem solving	5-19	12.34	12	9	3.35	.147	-.874	.226
	2.Cognitive Restructuring	6-19	12.70	12	11	3.17	.043	-.650	.214
	3.Express Emotions	4-20	12.54	12	12	3.11	.095	-.418	.210
	4.Social Contact	6-19	13.32	14	16	3.16	-.380	-.592	.213
	5.Problem Avoidance	5-19	11.42	11.50	10	3.42	.208	-.791	.231
	6.Wishful Thinking	5-20	13.18	14	15	3.10	-.273	-.241	.210
	7.Self-Criticism	4-19	10.96	11	12	3.86	.086	-.779	.260
	8.Social Withdrawal	5-19	11.00	10	8	3.25	.415	-.861	.220
	9.Total	50-146	97.37	96	82	20.21	.150	-.485	1.36
EMOTIONAL INTELLIGENCE	1.Self-awareness	3-48	31.39	31.50	23	8.67	.033	-.756	.585
	2.Problem solving	6-24	15.58	16	15	3.64	-.199	-.611	.246
	3.Optimism	4-19	12.09	13	17	4.36	-.103	-1.42	.300
	4.Relationship Management	5-20	12.82	13	13	3.21	-.062	-.711	.217
	5.Total	42-108	71.90	77	85	17.45	-.044	-1.34	1.17
FAMILY INTERACTION	1.Independence	11-29	19.55	19	18	3.23	.603	.525	.392
	2.Cohesion	13-33	20.06	20	21	4.14	1.00	1.18	.280
	3.Achievement Orientation	15-35	24.63	25	27	3.66	-.414	.148	.247
	4.Intellectual Orientation	13-29	22.68	22	21	4.15	-.069	-.502	.280
	5.Conflict	13-31	22.02	22	23	3.32	-.039	-.259	.224

PEER INTERACTION	6.Social Orientation	13-29	21.55	21	19	3.49	.013	-.411	.236
	7.Ethical Emphasis	13-35	27.76	27	25	4.33	-.246	-.391	.292
	8.Discipline	11-35	23.41	24	28	4.74	-.399	.365	.320
	9.Total	145-222	181.20	181	178	17.10	-.074	-.524	1.52
	1.Social Interaction	9-35	21.00	19	30	7.57	.184	-1.42	.510
	2.Peer Acceptance	7-26	14.56	13	11	4.52	.649	-.681	.304
	3.Peer Pressure	10-51	26.15	26	28	8.37	.716	.677	.564
	4.Total	40-99	61.59	59	54	15.15	.727	-.395	1.02
	STUDENT TEACHER RELATIONSHIP	1. Teacher Support	28-81	55.30	55	62	9.74	-.143	.243
2.Intimacy		18-54	35.43	35	33	6.28	-.036	.171	.423
3.Teacher Quality		8-30	18.61	18	18	3.84	.098	.248	.259
4.Total		56-165	109.34	109	109	18.10	.009	.914	1.22

The skewness and kurtosis values were computed for the Six scales and their dimensions in study namely: temperament, coping skills, emotional intelligence, family interaction, peer involvement, and student-teacher relationship. The values are tabulated in Table 13. The above table clearly indicates that the Z values of skewness and kurtosis of temperament, coping skills, emotional intelligence, family interaction, peer involvement, and student-teacher relationship is < 1.96 . Skewness and kurtosis values show that temperament, coping skills, emotional intelligence, family interaction, peer involvement and student-teacher relationship are all approximately normally distributed. Skewness and kurtosis are used to describe the spread and height of normal distribution. Skewness denotes horizontal pull of data and kurtosis indicates vertical pull or peak height of the data.

The table shows that the mean, median and mode values for the temperament variable are 164.27, 164 and 137 respectively. Standard deviation is 23.38. Skewness and kurtosis for temperament are .123 and -1.015 respectively. The mean, median and mode values for dimensions of temperament effortful control are 39.58, 42 and 45;

surgency are 41.83, 40 and 39; negative affect are 39.01,39 and 37; and affiliation are 43.52, 44 and 45 respectively. The other Sub dimensions of temperament shows skewness and kurtosis as .005 and -.89; .43 and .97; 0.079 and -.461; .260 and -.555 for effortful control, surgency, negative affect and affiliation respectively. As a result, the current sample may be deemed normally distributed.

The mean, median and mode values for the variable coping skills are 97.37, 96 and 82 respectively. Standard deviation is 20.21. Skewness and kurtosis for coping skills are .150 and -.485 respectively. The mean, median and mode values for dimensions of coping skills problem solving are 12.34, 12 and 9; cognitive restructuring; express emotions; social contact; problem avoidance wishful thinking; self-criticism; social withdrawal cy are 41.83, 40 and 39; negative affect are 39.01,39 and 37; and affiliation are 43.52, 44 and 45 respectively. The other Sub dimensions of temperament shows skewness and kurtosis as .005 and -.89; .43 and .97; .079 and -.461; .260 and -.555 for effortful control, surgency, negative affect and affiliation respectively. As a result, the data was assumed to be normal.

The table shows that the mean, median and mode values for the emotional intelligence variable are 71.90, 77 and 85 respectively. Standard deviation is 17.45. Skewness and kurtosis for temperament are .123 and -1.015 respectively. The mean, median and mode values for dimensions of temperament effortful control are 39.58, 42 and 45; surgency are 41.83, 40 and 39; negative affect are 39.01,39 and 37; and affiliation are 43.52, 44 and 45 respectively. The other Sub dimensions of temperament shows skewness and kurtosis as .005 and -.89; .43 and .97; .079 and -.461; .260 and -.555 for effortful control, surgency, negative affect and affiliation respectively. As a consequence, the present sample is thought to be normally distributed.

The mean, median and mode values for the variable family interaction are 181.20, 181 and 178 respectively. Standard deviation is 17.10. Skewness and kurtosis for family interaction are -.074 and -.524 respectively. The mean, median and mode values for dimensions of family interaction are independence 19.55, 19 and 18; cohesion are 20.06, 20 and 21; achievement orientation are 24.63, 25 and 27; intellectual orientation are 22.68, 22 and 21; conflict are 22.02, 22 and 23; social orientation are 21.55, 21 and 19; ethical emphasis 27.76, 27 and 25 and discipline 23.41, 24 and 28 respectively. The other Sub dimensions of temperament shows skewness and kurtosis as .603 and .525, 1.00 and 1.18, -.414 and .148, -.609 and -.502, -.039 and -.259, .013 and -.411, -.246 and -.391, -.399 and .365 for independence, cohesion, achievement orientation, intellectual orientation, conflict, social orientation, ethical emphasis and discipline respectively. As a result, the data was assumed to be normal.

The table shows that the mean, median and mode values for the peer relationships variable are 61.59, 59 and 54 respectively. Standard deviation is 15.15. Skewness and kurtosis for peer relationships are .727 and -.395 respectively. The mean, median and mode values for dimensions of peer relationships are social interaction 21, 19 and 30; peer acceptance 14.56, 13 and 11; peer pressure 26.15, 26 and 28 respectively. The other Sub dimensions of peer relationship shows skewness and kurtosis as .184 and -1.42; .649 and -.681; .716 and .677 for social interaction, peer acceptance and peer pressure respectively. The data was thus interpreted to be normal.

The mean, median and mode values for the variable student teacher relationship are 109.34, 109 and 109 respectively. Standard deviation is 18.1. Skewness and kurtosis for student teacher relationship are .009 and .914 respectively.

The mean, median and mode values for dimensions of student teacher relationship are teacher support are 55.30, 55 and 62; intimacy are 35.43, 35 and 33; teacher quality are 18.61, 18 and 18 respectively. The other Sub dimensions of student teacher relationship shows skewness and kurtosis as -.143 and .243; -.036 and .171; .098 and .248 for teacher support, intimacy and teacher quality respectively. Consequently, it was presumed that the data was normal.

All psychological variables temperament, coping skills, and emotional intelligence and their dimensions, as well as all social variables and their dimension's family relationships, peer relationships, and student teacher relationships and their dimensions, can be assumed to follow a normal distribution. As a result, parametric tests are utilized for investigation. In the present research parametric tests were utilized to discover significant differences between groups (LD and NLD) and gender (boys and girls).

Descriptive Data

Frequencies and percentages were calculated on socio-demographic variables like group of adolescents- LD, NLD, gender- Male and female adolescents with learning disabilities, Age, class (in which sample is studying), parental education, socioeconomic, socio economic status, parental education, age of adolescents with and without learning disabilities. Data from 220 adolescents aged 13 to 16 years was collected. Among 220 total samples, 110 were adolescents with learning disabilities (100%) and 110 were adolescents without learning disabilities (100%). Gender-wise, of total 220 samples of adolescents 117(53.2%) were males and 103(46.8%) were girls. Of these 62(56.4%) and 55(50%) of adolescent were boys with and without LD

and 48(43.6%) and 55(50%) of girls were adolescents with and without LD chosen for the research.

Table 14

Descriptive statistics of Socio-demographic Characteristics of the Study Sample (frequency and percentage) for total samples and adolescents with and without LD

Variable		Total (N=220)	LD group (n=110)	Non-LD group (n=110)
		N(%)	n(%)	n (%)
Gender	Male	117 (53.2)	62 (56.4)	55 (50)
	Female	103 (46.8)	48 (43.6)	55 (50)
Age category	13yrs	69 (31.4)	31 (28.2)	38 (34.5)
	14yrs	86 (39.1)	52 (47.3)	34 (30.9)
	15yrs	54 (24.5)	25 (22.7)	29 (26.4)
	16yrs	11 (5)	2 (1.8)	9 (8.2)
Class	8th	83 (37.7)	41 (37.7)	42 (38.2)
	9th	85 (38.6)	46 (41.8)	39 (35.5)
	10th	52 (23.6)	23 (20.9)	29 (26.4)
Parental Education	SSLC	66 (30)	37 (33.6)	29 (26.4)
	Below SSLC	37 (16.8)	17 (15.5)	20 (18.2)
	Above SSLC	117 (53.2)	56 (50.9)	61(55.5)
SES	High	31 (14.1)	19 (17.3)	12 (10.9)
	Middle	161 (73.2)	80 (72.7)	81 (73.6)
	Low	28 (12.7)	11 (10.0)	17 (15.5)
Age (years)	Mean	14.03	13.98	14.08
	SD	2.32	3.11	2.03

Relative to age of adolescents selected, individuals from age 13 included 69(31.4%), age 14 included 86(39.1%), age 15 included 54(24.5%) and age 16 included 11(5%). Of these total samples, when we categorize samples with LD

according to age, it includes 31(28.2%), 52(47.3%), 25(22.7%) and 2(1.8%) respectively for age 13, 14, 15, and 16. In the same way when we categorize samples with NLD according to age, it includes 38(34.5%), 34(30.9%), 29(26.4%) and 9(8.2%) respectively for age 13, 14, 15, and 16.

Adolescence is a period of life that lasts from the age of ten to the age of nineteen. In the present study, the researchers selected adolescents from classes 7, 8, 9th and 10th. As a result, the majority of the adolescents were aged 13 to 16. Based on the total samples selected for research 83(37.7%) of adolescents belonged to 8th grade, 85(38.6%) from 9th grade and rest 52(23.6%) were from 10th grade. When we consider only adolescents with LD 41(37.7%), 46(41.8%) and 23(20.9%) were from 8th, 9, and 10th grade respectively. When we consider adolescents without LD 42(38.2%), 39(35.5%) and 29(26.4%) were from 8th, 9th and 10th grades respectively.

Parents play an important role in assisting their children with learning disabilities in both daily skills and academics. They provide one-on-one attention and prioritize tasks that are more vital and demand quick attention. Thus, in this context, parental education plays an important part in defining the kind of assistance necessary, as well as how the assistance must be provided, which will be intelligently chosen by a parent through awareness of the condition of the child as well as knowledge of rehabilitation. Thus parents were divided into three groups based on their qualification. Having completed 10th grade and those who had above SSLC qualification and those who didn't complete their SSLC were under below SSLC group. Of the total parents who completed SSLC 66(30%), 37(33.6%) were parents of adolescents with LD and 29(26.4%) were those parents of adolescents without LD. 37(16.8%) of parents had education below SSLC. Of them 17(15.5%) were parents of adolescents with LD and 20(18.2%) were adolescents without LD. The third category,

the parents with above SSLC qualification included 117(53.2%) and 56(50.9%) and 61(55.5) were the parents of adolescents with and without LD respectively.

Socioeconomic status (SES) comprises various dimensions beyond income, like educational achievement, financial stability, personal perceptions of social status and social class, quality of life, and the privileges and opportunities available to individuals in the society. It is a stable and constant indicator of both mental and physical health throughout the course of a lifetime. Here samples selected belonged to three categories of SES. Of the 200 samples 31(14.1%) belonged to high SES, 161(73.2%) were from middle SES and 28(12.7%) belonged to low SES. From the high SES 19(17.3%) were families with LD and 12(10.9%) were families with NLD. 80(72.7%) and 81(73.6%) of middle SES were with families LD and without LD respectively. While considering low SES 11(10%) were families with LD and 17(15.5%) were families without LD.

Participants were analysed based on six scales, which include: Early adolescent temperament questionnaire (EATQ) and dimensions that were discussed under temperament scale were effortful control, surgency, negative affect, affiliation. Coping skills inventory (CSI_SF) and its dimensions include problem solving, cognitive restructuring, express emotions, social contact, problem avoidance, wishful thinking, self-criticism, social withdrawal. A scale was developed by researcher for assessing emotional intelligence. Emotional intelligence scale (EIS) and its subscales include self-awareness, problem solving, optimism and relationship management. Family interaction scale (FIS) consists of dimensions: independence, cohesion, achievement orientation, intellectual orientation, conflict, social orientation, ethical emphasis, and discipline. Peer involvement scale (PIS) used has the following subscales social interaction, peer acceptance and peer pressure. Another scale Student

teacher relationship scale (STRS) was developed by researcher and its dimensions are teacher support, intimacy and teacher quality.

A demographic variable is a variable that is collected by researcher to describe the nature and distribution of the sample used with inferential statistics. Variables like gender, age, class in which participant is studying, and socioeconomic status were the demographic variables considered in the current study. Certain non-demographic variables like level of education of parents received are also considered. Thus investigator has computed descriptive statistics for all non-demographic variables and demographic variables.

Section B: Result and Discussion of t-test

The t-test for comparing means between large independent samples is a statistical test used to assess the significance of the difference between means in two groups on various variables (Kim, 2015). Statistical significance can be determined by comparing the obtained t-value with the critical value, which is dependent on the degrees of freedom. If the obtained t-value surpasses the critical value, it indicates that there is a statistically significant difference between the two groups. The t-test was employed to examine the disparities in means between two groups: adolescents with and without learning disabilities, as well as between genders. Thus this section includes:

- I. Comparison of psychological variables (temperament, coping skills and emotional intelligence) among adolescents with respect to group (LD and NLD)
- II. Comparison of social variables (family relationships, peer relationships and student teacher relationships) among adolescents with respect to group (LD and NLD)

III. Comparison of psychological variables (temperament, coping skills and emotional intelligence) among adolescents among adolescents with respect to gender (boys and girls)

IV. Comparison of social variables (family relationships, peer relationships and student teacher relationships) among adolescents with respect to gender (boys and girls)

V. Correlation of psychological variables and its dimensions

VI. Correlation of social variables and its dimensions

VII. Correlation between psychological and social variables

I. ***Comparison of Psychological and Social Variables Among Adolescents with and Without Learning Disability (With Respect to Group- LD & NLD)***

Learning disabilities (LD) impact numerous social and psychological aspects, extending beyond academic challenges. To become self-sufficient and contributing members of society, adolescents need to make preparations for life after high school, through continuing their education, obtaining a career, safeguarding up, or joining a professional life. Students require support in learning to advocate themselves so that they can articulate their needs, find reasonable accommodations, succeed in school and social settings, and have confidence in themselves and their abilities. Thus to better assist individuals with LD in both academic and non-academic settings, it is important to investigate the psychosocial factors that may be associated with these challenges.

Table 15 to 26, shows means, standard deviations and t-values of groups comparing psychological variables (temperament, coping skills and emotional intelligence) and its dimensions and social variables (family interaction, peer

involvement and student teacher relationship) and its dimensions between adolescents with and without learning disabilities.

Comparison of psychological Variable (Temperament, Coping Skills and Emotional Intelligence) Among Adolescents with Respect to Group (LD and NLD)

Based on the objective "To examine the difference in temperament skills among adolescents with and without learning disability" the following hypothesis was proposed:

Hypothesis 1: There will be significant difference in Temperament among adolescents with and without Learning disabilities.

Hypothesis 1.1: There will be significant difference in Effortful control among adolescents with and without Learning disabilities.

Hypothesis 1.2: There will be significant difference in Surgency among adolescents with and without Learning disabilities.

Hypothesis 1.3: There will be significant difference in Negative affect among adolescents with and without Learning disabilities.

Hypothesis 1.4: There will be significant difference in Affiliation among adolescents with and without Learning disabilities.

Table 15 compares adolescents with and without learning disabilities in temperament and its components using the t-test. The study found a significant difference in temperament parameters, including effortful control ($t = 3.10, p < .001$), surgency ($t = 5.75, p < .001$), negative affect ($t = 4.05, p < .001$), and affiliation ($t = 5.81, p < .001$), which all contributed to Temperament ($t = 4.72, p < .001$), which was also significantly different across the groups studied. There was a substantial difference in temperament, including effortful control, surgency, negative affect, and

affiliation, between adolescents with and without learning disabilities. Adolescents without learning disabilities had considerably higher temperament than adolescents with learning disabilities. The non-LD group differed considerably on the temperament component and its dimensions.

Table 15

Mean, SD and t-values of temperament and its dimensions effortful control, surgency, negative affect and affiliation between LD and NLD adolescents (N=220)

Dimension	Group	N	Mean	SD	't' value
Effortful control	LD	110	37.68	7.75	3.10*
	Non-LD	110	41.48	10.26	
Surgency	LD	110	39.49	4.96	5.75**
	Non-LD	110	44.17	6.94	
Negative Affect	LD	110	37.17	8.50	4.08**
	Non-LD	110	40.84	9.04	
Affiliation	LD	110	41.26	6.96	5.81**
	Non-LD	110	45.79	9.32	
Total	LD	110	155.72	19.02	4.72**
	Non-LD	110	172.81	24.27	

** $p < .001$. * $p < .01$

Adolescents with LD scored the lowest in all categories of temperament traits when compared to those without it. There was clear evidence of substantial variations in temperament and its features across the groups. Temperament determines how people respond and adjust to external and internal stimuli, as well as the types of feedback they get from others (Keogh, 2003; Rothbart, Ahadi, & Evans, 2000). Rothbart's temperament dimensions are: "non-aggressive negative affect (fear and sadness)," "aggressive negative affect (frustration and social anger)," "effortful

control (activation and attentional control)," "extraversion/surgency (sociability, high-intensity pleasure, and positive affect)," and "affiliation (emotional empathy and empathetic guilt)." Adolescents with learning disabilities (LD) face a variety of challenges, including lower academic and social self-esteem.

Effortful control (EC) is the ability to focus, avoid interfering with others, maintain classroom calm, and self-regulate when completing tough activities. Rothbart (1989) defines effortful control as adolescents self-regulating their behavior and emotions. In this study, adolescents without learning disabilities showed higher EC than those with LD, indicating improved satisfaction regardless of difficulty. Effortful control, a crucial part of self-regulation, differs among adolescents and predicts social stress reactivity, unpleasantness, and control. Adolescents with learning disabilities have lower academic and social self-efficacy.

Research shows that adolescents with learning disabilities (LD) tend to have difficult temperaments and perceive themselves as less capable (Cardell, & Parmar, 1988). LD adolescents exhibit lower task orientation, problem behavior, and higher risk of negative psychosocial outcomes (Bender, 1987; McNamara, 2005). These findings suggest that non-LD adolescents exhibit greater effortful control, but parental education could influence it, Wang, & Kuo, (2019). Past evidence suggests that LD is linked to lower temperament, potentially increasing vulnerability to unfavorable effects. These findings show that non-LD adolescents have better effortful control.

Surgency is a strong desire to experience joy, responsiveness, spontaneity, and companionship. High surgency decreases negativity, impacting sociability and approach/withdrawal to unfamiliar experience (Nigg, 2006). Low surgency adolescents are shy, timid, and uncomfortable in strange environments and less

interested in socializing. Adolescents become more friendly, curious, and sociable with surgency. These studies show that high-surgency adolescents without learning disabilities are more optimistic, outgoing, and curious.

Dollar, & Stifter, (2012) Children with high temperamental surgency showed more negative peer behaviors, while those with low surgency were more behaviorally alert. Emotion-regulating activities reduced the connection between temperamental surgency and aggression in high-surgent adolescents who sought social assistance. Sociodemographic characteristics, perceived health, smoking, chronic conditions, acute illnesses, sleep, childhood family experiences, depression, personality type, life satisfaction, happiness, and disaster experiences affected adolescents' positive and negative affect Purborini, Lee, & Chang, (2021).

Shoal (2003) observed that negative affect influence drug use, specifically in high-delinquency or low-limit settings. Recent researches indicate intricate relationships between negative emotion and other elements of adolescent development. Kiuru et al. (2020) linked interpersonal relationship quality and well-being among lower secondary school students. High-quality relationships improve academic achievement, Facilitate learning outcomes, and help adolescents navigate educational transitions are crucial to school well-being and high-quality relationships indicating the importance of strong social support for preventing negative affects.

Musetti, Eboli, Cavallini, and Corsano (2019) discovered that children with learning disabilities experience school frustration, leading to social isolation and discomfort. Higher affiliation among adolescents without learning disabilities is supported by these reviews. Temperament impacts behavioral and emotional

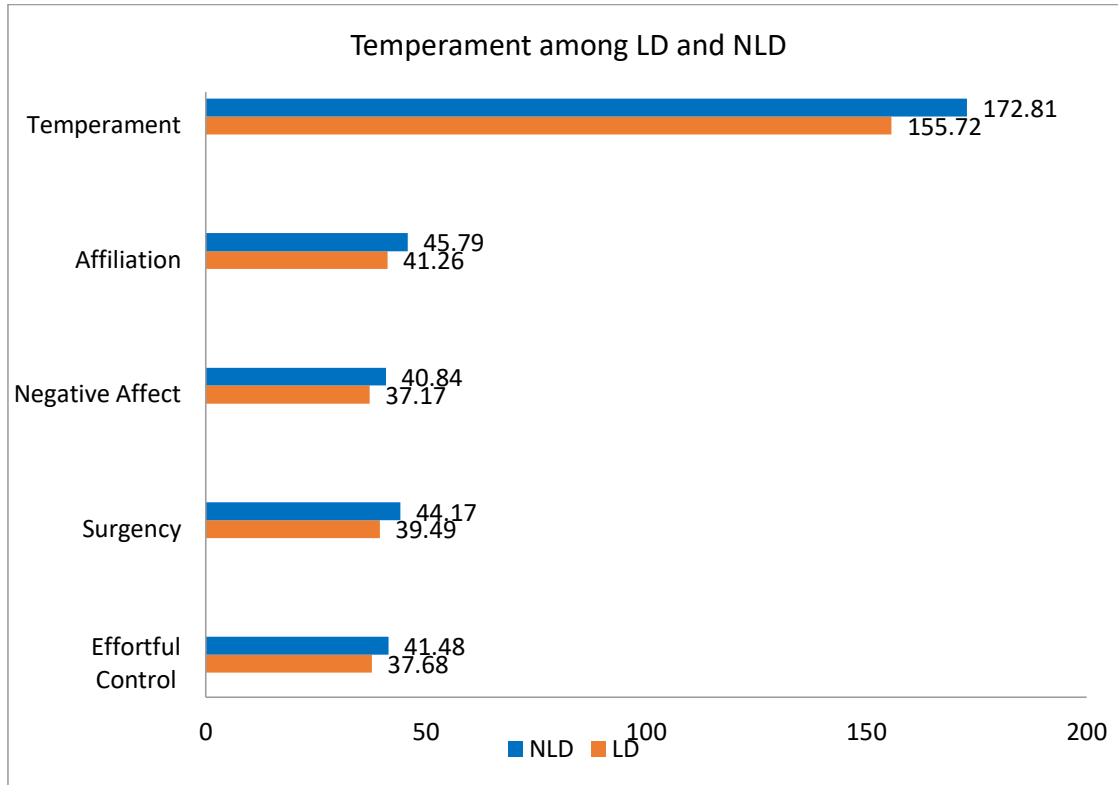
responses, especially classroom behavior. Adolescents without learning difficulties exhibited significantly more socially acceptable temperaments. Buonomo, Fiorilli, Geraci, and Pepe (2017) compared learning disabled and non-learning disabled children's temperaments and psychological diseases. Teachers found that temperamental factors may impair LD and social adjustment. Teglassi et al. (2004) recommend prioritizing children's needs and learning over their emotions. Negative affect and social rejection had the greatest impact on socioemotional difficulties, indicating that these two temperamental traits affect adjustment.

Learning disabilities (LD) can cause anxiety and depression in adolescents, making them more emotional and introverted, Maag, John & Reid, Robert. (2006). Lehtikoinen, et al., (2018) showed that adolescents' emotional temperaments can alter their enjoyment and perception of situations. Regardless of task difficulty, effortful control was connected to better happiness. Low negative affectivity and good effortful control reduced unpleasant emotions before and throughout achievement tasks. Only before completing tasks did high surgency/extraversion diminish unpleasant feelings. Findings help us understand how adolescent temperament affects emotions and achievements and how temperamental traits affect their mental and social wellbeing. Most adolescent problems can be attributed to temperament changes and Non-LD adolescents are task-oriented and less problematic. These findings show that adolescents with learning disabilities need specialized psychological and academic help. These findings confirm the hypothesis (H1) and sub-hypothesis that adolescents with learning disabilities have distinct temperaments.

The difference in temperament and its dimensions can be observed in the figure provided.

Figure 8

Comparison of Mean Values of Temperament and Its Dimensions between LD and Non-LD Participants



Based on the objective coping skills among adolescents with and without learning disability the following hypothesis was proposed:

Hypothesis 2: *There will be significant differences in coping skills used among adolescents with and without Learning disabilities.*

Hypothesis 2.1: *There will be significant differences in Problem solving used among adolescents with and without Learning disabilities.*

Hypothesis 2.2: *There will be significant differences in cognitive restructuring used among adolescents with and without Learning disabilities.*

Hypothesis 2.3: *There will be significant differences in the expression of emotions used among adolescents with and without Learning disabilities.*

Hypothesis 2.4: There will be significant differences in social contact used among adolescents with and without Learning disabilities.

Hypothesis 2.5: There will be significant differences in problem avoidance used among adolescents with and without Learning disabilities.

Hypothesis 2.6: There will be significant differences in wishful thinking used among adolescents with and without Learning disabilities.

Hypothesis 2.7: There will be significant differences in self-criticism used among adolescents with and without Learning disabilities.

Hypothesis 2.8: There will be significant differences in social withdrawal used among adolescents with and without Learning disabilities.

Table 16 displays the *t*-test results for coping skills, problem-solving, cognitive restructuring, expressive emotion, wishful thinking, self-criticism, and social disengagement in adolescents with and without learning disabilities. The findings revealed a significant difference between these two groups in the following dimensions: coping skills (*t* value = 6.38), problem-solving (*t* value = 5.97), cognitive restructuring (*t* value = 5.98), expressed emotion (*t* value = 5.28), social contact (*t* value = 7.24), problem avoidance (*t* value = 4.14), wishful thinking (*t* value = 5.01), self-criticism (*t* value = 3.0), and social withdrawal (*t* value = 2.53). Significant differences were found in coping skills between adolescents with and without learning disabilities. Adolescents without learning disabilities have more effective coping skills than those with learning disabilities.

Table 16

Mean, SD and *t*-values for coping skills and its dimensions problem solving, cognitive restructuring, expressed emotion, social contact, problem avoidance, wishful thinking, self criticism and social withdrawal between LD and NLD adolescents (*N*=220)

Dimension	Group	<i>N</i>	Mean	<i>SD</i>	' <i>t</i> ' value
Problem solving	LD	110	11.09	2.83	5.97***
	Non-LD	110	13.60	3.36	
Cognitive Restructuring	LD	110	11.50	2.84	5.98***
	Non-LD	110	13.89	3.06	
Express Emotions	LD	110	11.50	2.89	5.28***
	Non-LD	110	13.59	2.96	
Social contact	LD	110	11.93	3.08	7.24***
	Non-LD	110	14.71	2.59	
Problem Avoidance	LD	110	10.50	2.89	4.14***
	Non-LD	110	12.54	3.67	
Wishful Thinking	LD	110	12.19	3.29	5.01***
	Non-LD	110	14.18	2.55	
Self-Criticism	LD	110	10.19	3.60	3.0**
	Non-LD	110	11.72	3.97	
Social Withdrawal	LD	110	10.45	3.03	2.53*
	Non-LD	110	11.55	3.37	
Total	LD	110	89.37	17.91	6.38***
	Non-LD	110	105.37	19.25	

p* < .05, ** *p* < .01, **p* < .001

Coping with negative emotions involves cognitive and behavioral techniques. Personal capacities increase physical, mental, and behavioral well-being, helping

individuals handle difficult situations. Systematic problem-solving is essential for managing difficult situations, and adolescents without learning disabilities excel at finding and implementing effective solutions. Cognitive restructuring replaces maladaptive cognitive distortions with rational thought patterns to modify cognition. Adolescents with LD are less likely to give and receive emotional support from family and friends whereas Better emotional expression, self-connection, interpersonal communication relationships and social involvement were possible among adolescents without LD. Problem avoidance helps adolescents avoid negative thoughts, feelings, and experiences, they avoid thinking about or doing things related to negative experiences. Adolescents without LD was more positive, aspired to achieve, admitted mistakes to avoid them, and had superior cognitive restructuring skills. Adolescents with LD may withdraw from previously enjoyable activities and seek assistance from parents and elders.

Adolescents confront academic, personal, and work challenges, Students lacking stress management skills may struggle to balance these duties. This study examined end-of-semester stress, coping, and gender differences in undergraduates. Women reported more stress than men. Gender differences were identified in coping methods. Women utilized emotion-focused coping and four approaches more than males -Distraction, emotional, instrumental, and venting (Graves, Hall, Dias-Karch, Haischer, & Apter, 2021)

Overcoming school stress in adolescents with and without LD during the transition to junior high school found that LD adolescents failed and were less likely to be chosen for school activities (Geisthardt and Munsch, 1996). Although LD adolescents reported similar academic stress, they avoided peer help and employed cognitive avoidance. Incidence of school-related stress among junior high school

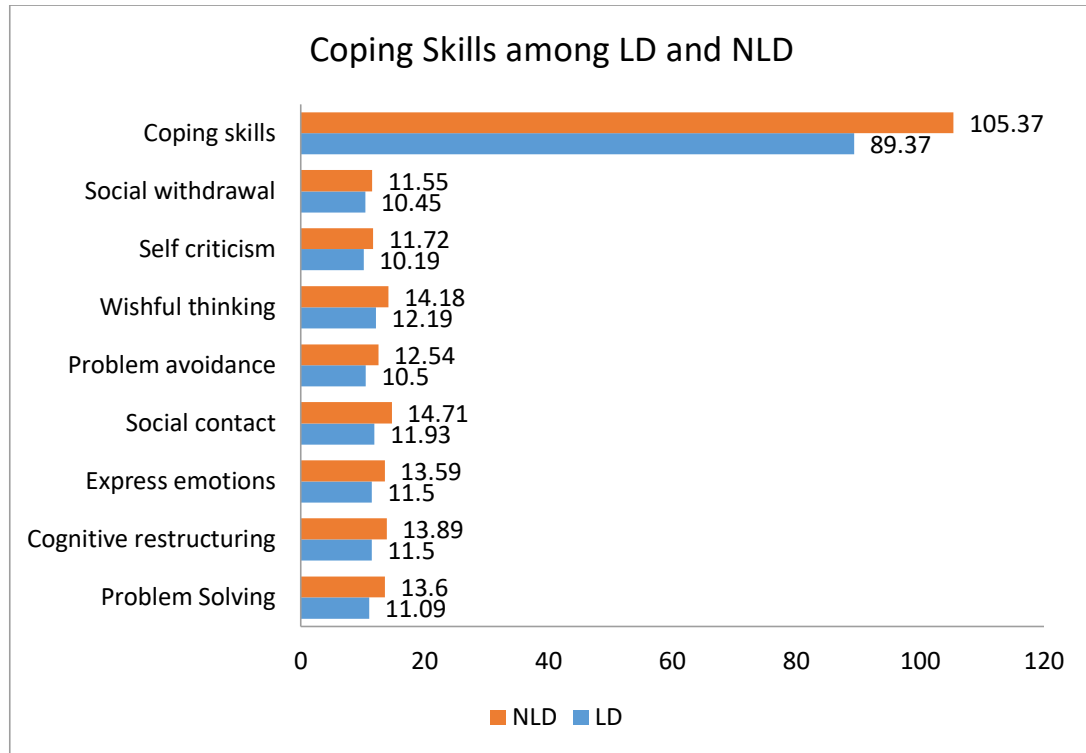
students in the transition phase, discovered that LD adolescents had subjective tension, employed cognitive avoidance to cope, and sought less peer input on academic or interpersonal concerns. Learning impairment students utilized passive coping mechanisms more frequently, such as ignoring the problem and emphasizing the consequences (Firth, Greaves, and Frydenberg, 2010), which supports the present findings. Adolescents with learning disabilities had a lower tendency to focus on the positive, were not relaxing, did not try to achieve goals, and did not attempt to address obstacles (Cheshire and Campbell, 1997), as well as a higher propensity for wishful thinking and believed they could not cope, indicating lack of cognitive and social skills. They have trouble sensing stress and are more negative about academic issues ignored problems (Firth, 2010). Thus, adolescents with learning disabilities may benefit from coping-enhancing interventions.

Adolescents with learning disabilities (LD) have low academic and social self-efficacy, negative mood, and decreased commitment (Lackaye, & Margalit, 2006). Individuals with poor cognitive and social abilities may engage in wishful thinking and avoid coping, leading to reduced reading and self-regulatory self-efficacy (Chang, 1998). Teens with LD are more pessimistic and have trouble addressing problems, especially in school. Though challenged, they had fewer behavioral issues than emotionally disturbed adolescents (Hassan, 2015). The findings affirm H2 and its sub-hypothesis that adolescents with learning disabilities have significantly inferior coping skills.

The significant difference in coping skills among adolescents with and without learning disabilities was shown using the graph given below.

Figure 9

Comparison of mean values obtained for Coping Skill and its dimensions between LD and Non-LD participants



Based on the objective emotional intelligence among adolescents with and without learning disability the following hypothesis was proposed:

Hypothesis 3: There will be significant differences in Emotional intelligence among adolescents with and without Learning disabilities.

Hypothesis 3.1: There will be significant differences in Self Awareness among adolescents with and without Learning disabilities.

Hypothesis 3.2: There will be significant differences in Problem solving among adolescents with and without Learning disabilities.

Hypothesis 3.3: There will be significant differences in Optimism among adolescents with and without Learning disabilities.

Hypothesis 3.4: There will be significant differences in Relationship management among adolescents with and without Learning disabilities.

Table 17

Mean, SD and t-values for emotional intelligence and its dimensions self-awareness, problem solving, optimism and relationship management between LD and NLD adolescents

Dimension	Group	N	Mean	SD	't' value
Self-awareness	LD	110	28.75	7.67	4.72***
	Non-LD	110	34.02	8.85	
Problem solving	LD	110	14.21	3.68	5.99***
	Non-LD	110	16.95	3.06	
Optimism	LD	110	11.11	4.52	3.34***
	Non-LD	110	13.07	4.13	
Relationship Management	LD	110	11.90	3.05	4.45***
	Non-LD	110	13.75	3.01	
Total	LD	110	65.99	16.81	5.32***
	Non-LD	110	77.80	16.08	

*** $p < .001$ level

The t-test results for comparing two groups of adolescents on emotional intelligence and its four characteristics (self-awareness, problem solving, optimism, and relationship management) are shown in Table 17. The findings also revealed a significant difference between these two groups in emotional intelligence (t value = 5.32) and its characteristics self-awareness (t value = 4.72), problem solving (t value = 5.99), optimism (t value = 3.34), and relationship management (t value = 4.45). There was a substantial ($p < .001$) difference in emotional intelligence, including self-

awareness, problem-solving, optimism, and relationship management, between adolescents with and without learning disabilities. Adolescents without learning disabilities had considerably higher emotional intelligence than those with learning disabilities.

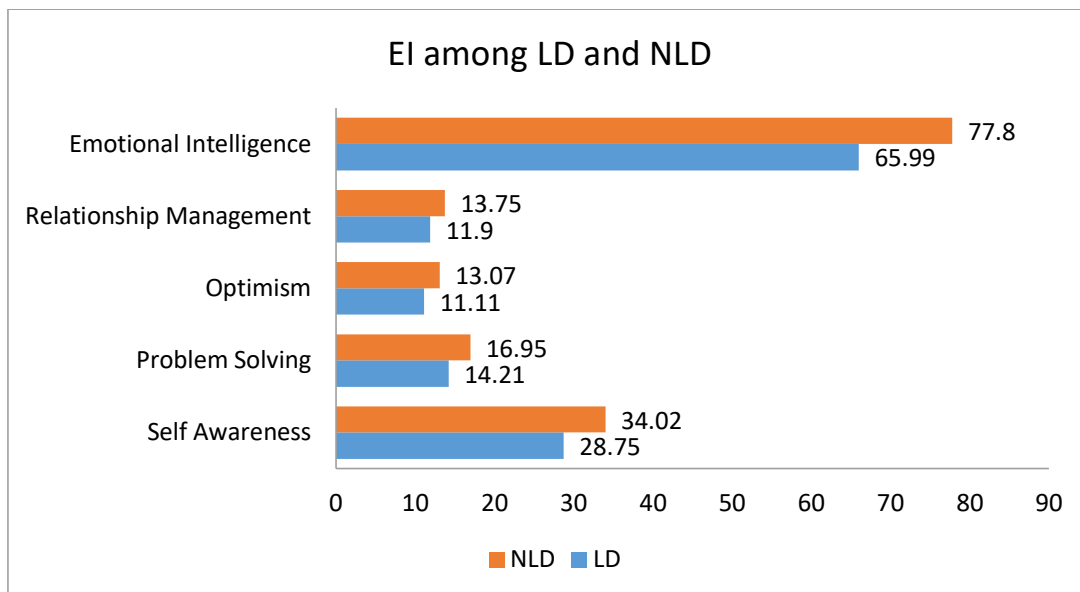
Trust, healthy relationships, increased communication, and flexible "soft skills" are promoted by emotional intelligence. Self-awareness understands one's thoughts, feelings, and actions. Problem-solving shows an individual's capacity to find and implement solutions while safeguarding others. Problem-solving requires persistence and precision. Optimism boosts emotional intelligence and helps overcome misfortune. Effective communication, healthy relationships, cross-cultural relationships, teamwork, and conflict resolution determine relationship management. Resolving conflicts requires assertive, polite, and non-defensive communication and emotional intelligence. A study among Middle school LD students' emotional intelligence and academic performance, ordinary to above-average emotional intelligence adolescents performed better in language and arts, stress management, interpersonal skills, and mood (Peterson, 2010). Both groups reported increased hope, optimism, and fewer loneliness experiences (Rosenstreich, Feldman, Davidson, Maza, and Margalit, 2015). Impulsive and hyperactive behaviors affect arousal and activity levels, making emotion control and monitoring difficult. Research found that adolescents with specific language impairment (SLI) are more prone to anxiety and depression than those with normal language development (Conti-Ramsden, Mok, Pickles, & Durkin, 2013). Research shows that adolescents with SLI have lower emotional intelligence, particularly in intrapersonal management.

Research consistently shows that adolescents with learning disabilities have difficult emotional intelligence than their non-LD peers (Reiff, Hatzes, Bramel,

& Gibbo, 2001). Lower academic and social self-efficacy, negativity, and hope are evidence (Lackaye, 2006). College students with learning disabilities (LD) have lower emotional intelligence, especially in stress management and adaptation (Reiff, 2001). These data suggest that LD adolescents may have lower emotional intelligence and greater emotional difficulties, less positive emotional development and were more likely to have severe depression and suicide (Huntington and Bender, 1993). The following studies support the hypothesis (H3) that adolescents with learning disabilities have significantly lower emotional intelligence. The significant difference in emotional intelligence and its dimensions were indicated through graph.

Figure 10

Comparison of Mean Values of Emotional Intelligence and Its Dimensions between LD and Non-LD Participants



Comparison of social variables (family relationships, peer relationships and student teacher relationships) among adolescents with respect to group (LD and NLD)

Based on the objective family relationships among adolescents with and without learning disability the following hypothesis was proposed:

Hypothesis 4: *There will be significant differences in Family interactions used among adolescents with and without Learning disabilities.*

Hypothesis 4.1: There will be significant differences in independence used among adolescents with and without Learning disabilities.

Hypothesis 4.2: There will be significant differences in cohesion used among adolescents with and without Learning disabilities.

Hypothesis 4.3: There will be significant differences in achievement orientation used among adolescents with and without Learning disabilities.

Hypothesis 4.4: There will be significant differences in intellectual orientation used among adolescents with and without Learning disabilities.

Hypothesis 4.5: There will be significant differences in conflict used among adolescents with and without Learning disabilities.

Hypothesis 4.6: There will be significant differences in social orientation used among adolescents with and without Learning disabilities.

Hypothesis 4.7: There will be significant differences in ethical emphasis used among adolescents with and without Learning disabilities.

Hypothesis 4.8: There will be significant differences in discipline used among adolescents with and without Learning disabilities.

Table 18

Mean, SD and T-Values of Family Interaction and Its Dimensions Independence, Cohesion, Achievement Orientation, Intellectual Orientation, Conflict, Social Orientation, Ethical Emphasis and Discipline Between LD and NLD Adolescents. (N=220)

Dimension	Group	N	Mean	SD	't' value
Independence	LD	110	19.17	4.83	1.75
	Non-LD	110	19.38	4.26	
Cohesion	LD	110	25.98	3.53	.99
	Non-LD	110	26.42	2.53	
Achievement Orientation	LD	110	34.72	3.08	4.21***
	Non-LD	110	35.66	2.32	
Intellectual Orientation	LD	110	38.68	3.62	5.97***
	Non-LD	110	36.90	4.11	
Conflict	LD	110	23.98	6.08	3.36***
	Non-LD	110	25.92	3.12	
Social Orientation	LD	110	25.64	3.88	3.49***
	Non-LD	110	25.46	3.63	
Ethical Emphasis	LD	110	25.76	1.12	5.49***
	Non-LD	110	28.77	1.04	
Discipline	LD	110	22.10	1.12	3.98***
	Non-LD	110	24.64	1.04	
Total	LD	110	173.7	1.77	7.22***
	Non-LD	110	188.7	2.01	

*** $p < .001$

Table 18 shows the results of the t-test for comparing two groups of adolescents on family interaction and its characteristics of independence, cohesion,

achievement orientation, intellectual orientation, conflict, social orientation, ethical emphasis, and discipline. The results also showed that there is a substantial difference between these two groups in family interaction (t value = 7.22) and its dimensions. Achievement orientation (t value = 4.21), intellectual orientation (t value = 5.97), conflict (t value = 3.36), social orientation (t value = 3.49), ethical emphasis (t value = 5.49), and discipline (t value = 3.98) are all significantly different between the two groups, but there is no significant difference in independence (t value = 1.75) or cohesion (t value = 0.99). There was a significant difference ($p < .001$) in family interaction, including achievement orientation, intellectual orientation, conflict, social orientation, ethical emphasis, and discipline, between adolescents with and without LD. However, no significant difference was seen across groups on the independence and cohesion dimensions. Adolescents without LD engaged in much more family interaction than adolescents with learning disabilities. Thus, independence was similarly offered by the families of both adolescents with and without LD, so that the adolescents could develop self-reliance, a sense of importance, and a sense of belonging, all of which can help them generate social interactions. An increase in cohesiveness promotes interpersonal relationships and reduces psychological stress levels.

Adolescent psychological and sociocognitive changes are crucial to social development. More emphasis on socialization, relationships, Independence, and self-discovery are typical of adolescence (Williams, 2003). While independence impacts parent-child interactions (Silver 1996), peer interactions become more significant, and adolescent changes can be stressful for parents (Silverberg & Steinberg, 1990). Family relationships help adolescents to reduce stress, adopt healthier behaviors, raise self-esteem, become self-sufficient, take responsibility, find purpose and belonging, and

improve mental and physical health. The foundation of family life is emotional intimacy or cohesion. Personal independence and familial intimacy were balanced in high-cohesion families with emotional communication.

A study by Al-Yagon (2015) found that adolescents relationships with adults with disabilities are crucial, as development, and attachment may affect adult challenges. Adolescents with and without LD differ in intimate relationships, socioemotional and behavioral adjustment, loneliness, affect, and internalizing and externalizing actions. Both groups had similar adolescent-mother attachment and adjustment, but their secure relationship with father and teacher affected adjustment differently.

According to Taylor et al. (2022), families with typically developing children (TDC) exhibited stronger cohesion than those with handicapped children. TDC fathers had stronger cohesion, which was linked to good sibling relationships. Disabled and non-disabled families differed in family experiences due to cohesion and sibling relationships. Family conflicts can arise from differences in opinion, experience, preferences, viewpoint, personality, or beliefs. For LD adolescents, risky behavior (RTB) was twice as likely as early sexual experience, absenteeism, fighting, bullying, smoking initiation, and separation or struggle. Family influences attitudes, beliefs, actions, and contributes to social conformity or divergence. Social orientation equips adolescents for integration, whereas ethics emphasizes respect for all. Ethical considerations drive family health crisis decisions.

Dyson (2010) states that LD families experience family stress, parenting style deviations, unfavorable responses from extended family, issues integrating with the educational institution, and various effects on siblings. Family helps intellectually and

developmentally challenged adolescents create peer relationships. Mothers who solved problems equally were more involved and skilled. Fathers' responses to their children's passive and destructive behavior interfere with their relationship. classmates accepted adolescents who contributed and were less negative at home (Floyd and Olsen, 2017). Families with and without LD-affected adolescents communicate. Mothers were more troublesome and fathers less open and communicative; LD adolescents were either excessively or under-involved. Parents of adolescents with and without LD reported open and problematic family communication (Heiman, Zinck, and Heath, 2008). The perceptions of LD and NLD siblings on sibling relationships and behavior differ greatly (Lardieri, Blacher, and Swanson, 2000). LD kids' parents reported behavioral issues and heavy loads. Learning disabled boys had more internalizing and externalizing behavior problems than NLD boys in psychological adjustment and family functioning (Michaels and Lewandowski, 1990), making them more likely to have unstable families.

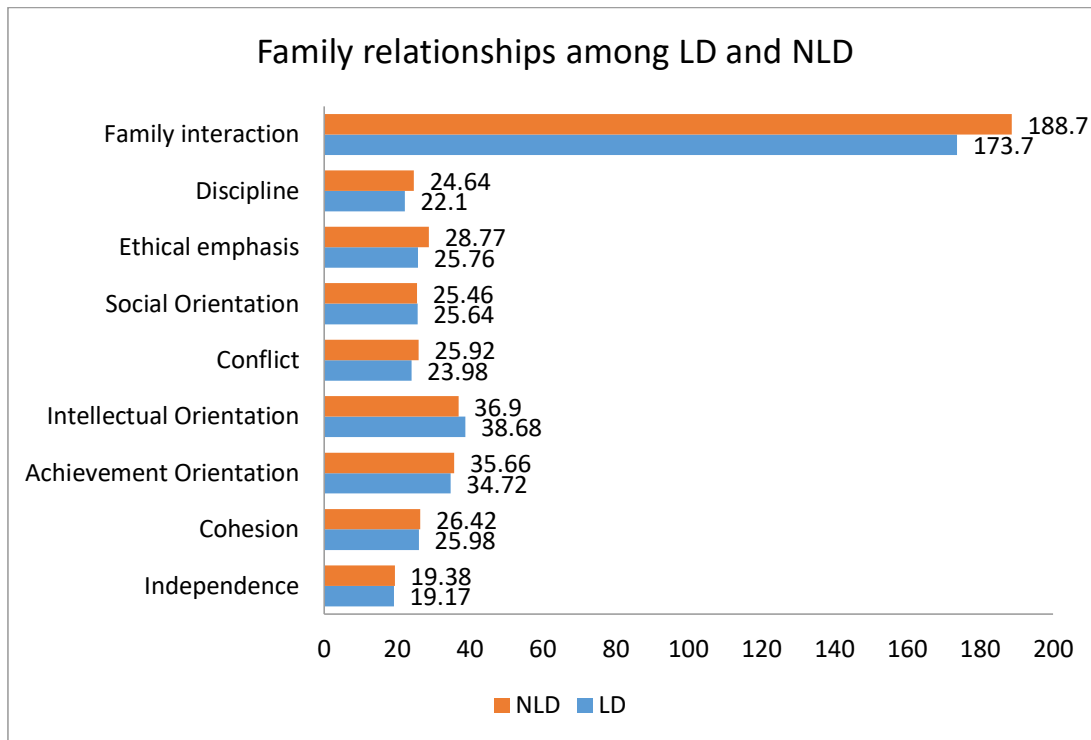
Wiener (2002) found that LD adolescents experience more family conflict and less support. Family relationships affect adolescents' psychosocial functioning, especially depression risk (Sheeber, et.al., 2007; Puig-Antich, 1993). Mothers of adolescents with LD were warmer (Blacher,& Begum, 2011) and LD adolescents experienced more difficult family interactions than non-LD peers. Parental bonding, communication, and family function reflect the same. The findings indicate that LD adolescents' familial interactions require specific therapy.

Thus, the following evaluations support the Hypothesis (H4) and its dimensions, indicating a significant difference in family interaction and its dimensions between adolescents with and without LD. However, the current study differs significantly from previous evaluations in terms of two dimensions of family

interaction that is independence and cohesion. This finding may indicate that parental education and increased knowledge of LD increased parents' ability to demonstrate excellent family cohesiveness and, provide independence to their children. The parents want their children to be independent, and resilient when confronted with daily problems. The difference in family interaction and its dimensions were shown in the graph given below.

Figure 11

Comparison of mean values of Family relationship and its dimensions between LD and Non-LD participants



Based on the objective peer relationship among adolescents with and without learning disability the following hypothesis was proposed:

Hypothesis 5: *There will be significant differences in Peer involvement used among adolescents with and without Learning disabilities.*

Hypothesis 5.1: There will be significant differences in Social Interaction used among adolescents with and without Learning disabilities.

Hypothesis 5.2: There will be significant differences in Peer acceptance used among adolescents with and without Learning disabilities.

Hypothesis 5.3: There will be significant differences in Peer pressure used among adolescents with and without Learning disabilities.

Table 19

Mean, SD and t-values of peer involvement and its dimensions social interaction, peer acceptance and peer pressure between adolescents with and without LD (N=220)

Dimension	Group	N	Mean	SD	't' value
Social Interaction	LD	110	20.31	7.48	1.34
	Non-LD	110	21.69	7.62	
Peer Acceptance	LD	110	13.28	3.99	4.39*
	Non-LD	110	15.85	4.66	
Peer Pressure	LD	110	21.52	5.51	9.82*
	Non-LD	110	30.78	8.19	
Total	LD	110	54.94	9.55	7.22*
	Non-LD	110	68.23	16.75	

* $p < .001$

Table 19 represents the result of the t-test for comparing two groups of adolescents on peer relationship and its dimensions social interaction, peer acceptance and peer pressure. The result also denoted that there is significant difference between these two groups in peer relationship (t value = 7.22) and its dimensions peer acceptance (t value = 4.39), peer pressure (t value = 9.82), but there is no significant difference identified between two groups in social interaction (t value = 1.34). Thus a significant difference at ($p < .001$) in peer involvement and its dimensions peer

acceptance and peer pressure of adolescents with and without learning disability was identified. But no such significant difference between groups was observed in social interaction dimension. Adolescents without learning disability showed significantly greater peer involvement than adolescents with learning disability. As during adolescence, they spend more time with friends and peers and less time with family. Social interaction is the process of reciprocal influence exercised by individuals over one another during social encounters. Social interaction was observed almost same among adolescents with and without learning disabilities.

Teachers reported that social skill deficits during school transitions in Israeli kibbutz communities led to increased peer rejection and behavioral digression among learning disabled adolescents. Females scored higher in social factors based on self-report, peer, and teacher assessments (Tur-Kaspa 2002). NLD adolescents outperformed their classmates who received social skills education (Schumaker, Hazel, Sherman, and Sheldon, 1982). Adolescents with LD demonstrated substantial disparities in peer pressure resistance and social skill variability, indicating the need for additional social skill training.

Insufficient listening skills and unresolved communication challenges may have an impact on peer relationships. LD adolescent's rudeness and rivalry with peers revealed their inability to communicate, but NLD students were more pleasant (Bryan, Wheeler, Felcan, & Henek, 1976). Learning disabled adolescents express inadequate intimacy and support and trouble with peer relationships (Pearl, 2004). Learning-disabled adolescents also have more friendship conflicts and less approval (Wiener, 2002). According to Wiener and Harris (1993), adolescents with learning disabilities perform less competently than non-learning disabled children. The study found that NLD males ignore LD boys, NLD girls positively associate with LD girls, LD boys

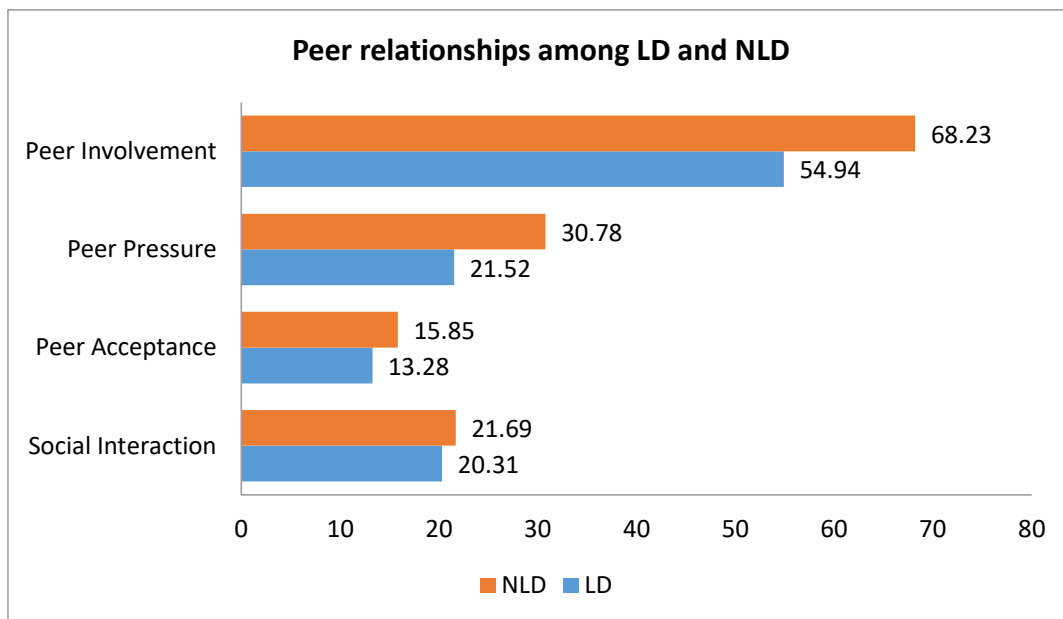
make fewer harsh remarks, LD girls laugh a lot, and both NLD boys and girls are more active. However, more active LD adolescents are less liked. The need of providing more equitable and comprehensive support, such as an inclusive approach to teaching assistant support (Butt, 2016; Ford, 2007). The needs of students in higher education and those with serious learning challenges underscored the importance of emotional support and customized teaching approaches. These findings underline the need for more effective and inclusive support networks for children with learning disabilities (Lipka, Baruch, Meer, 2019). The meta-analysis of cognitive (e.g., academic performance) and psychosocial (e.g., self-concept, well-being) outcomes of students with general learning difficulties and their peers without learning difficulties in inclusive versus segregated educational settings found a significant small to medium positive effect for cognitive outcomes but no effect on psychosocial outcomes (Krämer, Möller, & Zimmermann, 2021).

Boys with learning disabilities (LD) in inclusive classrooms reported low self-esteem and peer rejection (Bear, Juvonen, and McInerney, 1993). LD adolescents had greater social skills and fewer behavioral issues than emotional disturbance adolescents (Lane, Carter, Pierson, & Glaeser, 2006). Learning disabled individuals have reduced self-esteem, peer acceptance, and academic participation. Multiple studies show that adolescents with learning disabilities (LD) have fewer peers than their non-LD peers. They have fewer shared friends, more learning-disabled peers, and difficult social status (Estell, 2008). Increased conflict, decreased approval, and relationship restoration concerns aggravate these disorders (Wiener, 2004). Despite these issues, LD adolescents are more lonely and have less friends (Heiman, 2005). They feel less intimacy and support in their relationships (Pearl, 2004). These data suggest LD adolescents need peer-based interventions.

The following research supports Hypothesis (H5) and its sub hypotheses (H 5.2, 5.3), which show significant differences in peer relationships, acceptance, and pressure. In the current research, social interaction was almost similar among both LD and NLD adolescent groups, possibly due to government initiatives and the importance of inclusive education at the school level, which helped LD adolescents improve academically and socially. The significant difference in peer relationships and its sub dimensions were shown in the graph given below.

Figure 12

Comparison of mean value of Peer relationship and its dimensions between LD and Non-LD participants



Based on the objective student teacher relationship among adolescents with and without learning disability the following hypothesis were proposed:

Hypothesis 6: *There will be significant differences in Student- Teacher relationship observed in adolescents with and without Learning disabilities.*

Hypothesis 6.1: There will be significant differences in teacher support observed in adolescents with and without Learning disabilities.

Hypothesis 6.2: There will be significant differences in intimacy observed among adolescents with and without Learning disabilities.

Hypothesis 6.3: There will be significant differences in teacher quality observed among adolescents with and without Learning disabilities.

Table 20

Mean, SD and t-values of student teacher relationship and its dimensions classroom coordination, intimacy, teacher quality between adolescents with and without LD (N=220)

Dimension	Group	N	Mean	SD	't' value
Teacher support	LD	110	51.21	9.02	6.83*
	Non-LD	110	59.38	8.69	
Intimacy	LD	110	33.13	5.46	5.80*
	Non-LD	110	37.72	6.23	
Teacher Quality	LD	110	17.27	3.35	5.50*
	Non-LD	110	19.95	3.84	
Total	LD	110	101.62	15.67	6.97*
	Non-LD	110	117.06	17.11	

* $p < .001$

Table 20 represents the result of the t-test for comparing two groups of adolescents on student- teacher relationship and its dimensions teacher support, closeness and teacher quality.

The result also denoted that there is significant difference between these two groups in all the dimensions teacher support (t value = 6.83), intimacy (t value =

5.80) and teacher quality (t value = 5.50). The overall student teacher relationship among adolescents with and without learning disability (t value = 6.97) shows a significant difference among the groups.

Thus a significant difference at ($p < .001$) in student teacher relationship and its dimensions teacher support, Closeness and teacher quality of adolescents with and without learning disability was identified. Adolescents without learning disability showed significantly higher student teacher relationship than adolescents with learning disability. During adolescence, they spend more time with friends and peers and less time with family. Social interaction is the process of reciprocal influence exercised by individuals over one another during social encounters. Social interaction was observed almost same among adolescents with and without learning disabilities.

The quality of teacher-student interactions, with higher degrees of control, trust, and intimacy leads to improved learning (Dobransky, 2004). Specialized communication approaches can help teachers engage students with major learning disabilities (Nind.et.al., 2001). Teachers' knowledge and experience in dealing with students with LD in an inclusive elementary school for providing learning accommodations and modifications showed that they still cannot distinguish between learning disabilities and learning challenges (Rudiyati, Pujaningsih, and Mumpuniarti, 2017). In inclusive elementary schools, students with learning disabilities had slow learning and slight mental retardation. Teachers change curriculum based on their knowledge and experience to accommodate and modify learning. Impact of sixth-grade student-teacher conflict, proximity, demanding temperament, and risky behavior. Family wealth, gender, special assistance, and a difficult temperament were linked to risky behavior in students. Students with difficult temperaments reported

greater risky behavior and teacher disagreements. Risky behavior increased with confrontation. Closer student-teacher connections reduced risky conduct. The findings suggest that negative student-teacher connections may increase the possibility of adolescents participating in dangerous behavior (Rudasill, Reio, Stipanovic, & Taylor, 2010).

Kozey, Siegel (2008) Teachers' attitudes and expectations toward children with learning disabilities have an impact on behavior and academic achievement. Teachers must evaluate their approach to LD children and their expectations and knowledge. Trainee teachers form their own attributions and efficacy beliefs. Relationship quality and emotional experience are linked in learning contexts. Among students in grades 10 and 11, interpersonal proximity (student-teacher relationships) was linked to classroom feelings (enjoyment, pride, anxiety, anger, boredom, and shame). Higher relationship quality was associated with stronger positive feelings and weaker negative emotions over time. Better relationships were linked to lower negative and higher positive emotions (Goetz et al., 2021). Students opinions of their teachers can have a considerable impact on their academic success and overall development and are frequently influenced by the teachers' behavior and attitude, with pupils feeling discouraged and treated differently based on their academic achievement. Younger pupils regard teachers as family or warm-hearted people, demonstrating emotional and interpersonal relationships (Cansever & Aslan, 2016). The classroom experience might also change student teachers' perspectives from service-oriented to safety and survival-focused to independent.

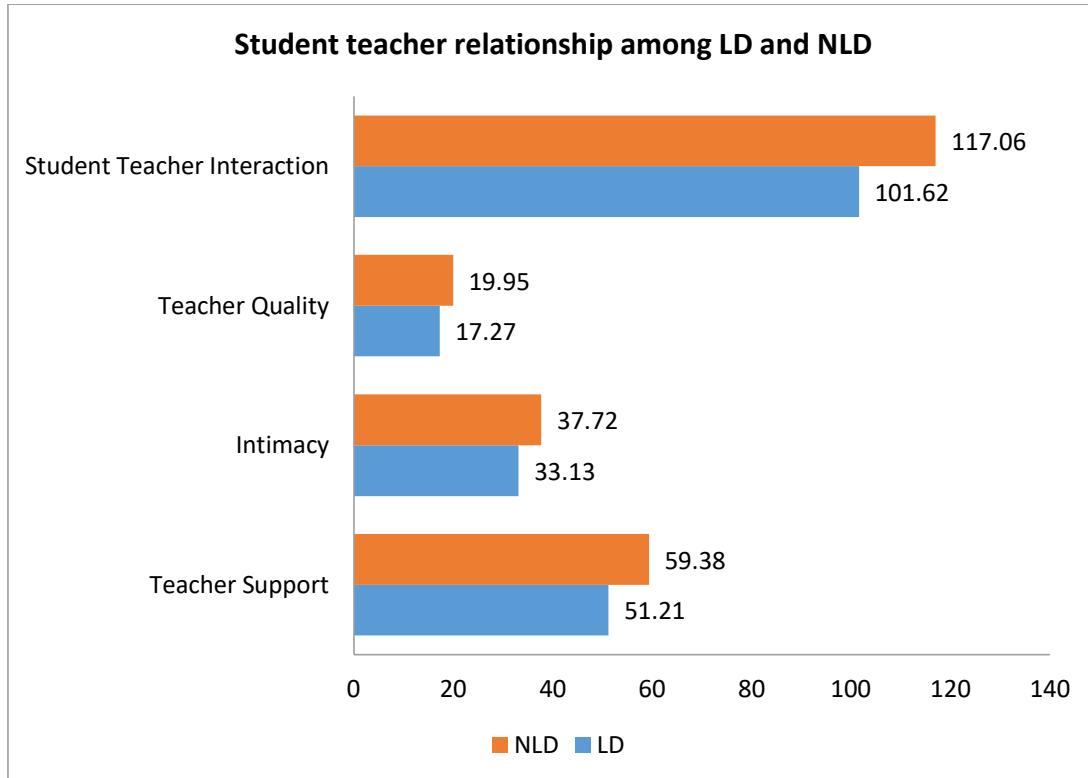
Research shows that children with learning disabilities (LD) have poorer teacher-child relationships (Tur-Kaspa, 1995). This is often caused by students' low self-efficacy and negative mood and teachers' ignorance of learning disabilities

(Brook, Watemberg, Geva, 2000). These findings are corroborated by students' and teachers' self-efficacy judgments. Dissatisfaction with teachers, perceived school risk, and reduced teacher attachment (Murray, 2001) affected student-teacher relationships in non-LD adolescents.

These reviews support Hypothesis H6 and its sub hypothesis (6.1, 6.2 and 6.3) that there exists significant difference in the teacher support, intimacy and teacher quality expressed towards adolescents with and without learning disabilities. The difference in student teacher relationship was represented through the graph given below.

Figure 13

Comparison of mean values in different dimensions of Student Teacher Relationship between Adolescents with and without LD



Comparison of psychological and social variables among adolescent boys and girls with learning disability

The predominant belief was that early intervention can help to lessen indications of learning disabilities later in life (Kirk & Elkins, 1975). Adolescents with LD have permanent and distinct features that appear in varying ways as their development and surroundings change (Berndt, 1982). Adolescents with LD have a large "achievement gap" and fail to respond successfully to high curriculum demands in crucial academic courses because they lack the skills and procedures to adequately assimilate the material knowledge. Special educators' involvement in the lives of adolescents with LD has a substantial impact on their final outcomes. The primary responsibility of a resource teacher should be to teach specific skills and methods to improve students' effectiveness as learners in their core curriculum classes. They boost students' chances of finishing the general education program by doing so. However, teachers only teach subject matter, trapping them in the trap of "tutoring" adolescents, which is an expensive and disastrous mistake because it is frequently done at the expense of teaching crucial procedures that will allow pupils to function independently in the content classroom. Students with LD will not change if just curriculum-related instructions are provided. They may excel academically and socially, but they will leave the educational system unable to face the harsh realities of college life (Deshler, Schumaker, & Woodruff, 2004).

At first glance, it appears that LDs are more common among school-aged boys than in girls. Approximately two-thirds of school-age students with LD are males. According to the research on LD, the ratio of boys to girls with learning difficulties in the school-identified group ranged between 5:1 and 9:1. However, just because more boys are identified as having learning and attention impairments does not imply that

boys have them more frequently than girls. A recent, comprehensive study, found that boys and girls have an equal percentage of LD, but more boys than girls are formally classified as having LD and are typically diagnosed with academic and behavioral issues in schools (Mohammed, 2018)

III. With respect to gender

Comparison of psychological variables adolescents with respect to gender (boys and girls)

Gender difference in temperament

Based on the objective temperament among adolescent boys and girls with learning disability the following hypothesis was proposed:

Hypothesis 7: There will be significant difference in Temperament among adolescent boys and girls with Learning disabilities.

Hypothesis 7.1: There will be significant difference in Effortful control among adolescent boys and girls with Learning disabilities.

Hypothesis 7.2: There will be significant difference in Surgency among adolescent boys and girls with Learning disabilities.

Hypothesis 7.3: There will be significant difference in Negative affect among adolescent boys and girls with Learning disabilities.

Hypothesis 7.4: There will be significant difference in Affiliation among adolescent boys and girls with Learning disabilities.

Temperament refers to the characteristic phenomena of an individual's nature, including his susceptibility to emotional stimulation, his customary strength and speed of response, the quality of his prevailing mood, and all the peculiarities of fluctuation and intensity of mood, these being phenomena regarded as dependent on

constitutional make-up, and therefore largely hereditary in origin (Allport, 1937, P. 54 cited by Strelau, & Zawadzki, 2011)

Table 21

Mean, SD and t-values of temperament and its dimensions effortful control, surgency, negative affect and affiliation between adolescent boys and girls with learning disability

Dimension	Gender	N	Mean	SD	't' value
Effortful control	Boys	62	36.37	7.69	2.04*
	Girls	48	39.37	7.57	
Surgency	Boys	62	38.79	5.80	1.69
	Girls	48	40.39	3.48	
Negative Affect	Boys	62	36.83	8.93	.47
	Girls	48	37.60	7.97	
Affiliation	Boys	62	40.03	7.13	2.14*
	Girls	48	42.85	6.46	
Total	Boys	62	152.20	19.20	2.24*
	Girls	48	160.27	17.97	

* $p < .05$

Table 21 presents the result of the t-test for comparing temperament and its dimensions among adolescent boys and girls with learning disabilities. The result noted a significant difference in temperament ($t = 2.24, p < .05$) among boys and girls. A significant difference in dimensions of temperament like effortful control ($t = 2.04, p < .05$) and affiliation ($t = 2.14, p < .05$) was observed. But surgency ($t = 1.69$) and negative affect ($t = 0.47$) showed no significant difference among adolescent boys and girls with learning disabilities. Thus a significant difference ($p < .05$) in temperament and its dimensions of effortful control and affiliation of male and female adolescents with a learning disability was identified. Whereas the other two dimensions surgency

and negative affect did not show any significant difference with respect to gender. Surgency showed negligible gender difference activity and high-intensity pleasure was expected by both genders. Negative Affectivity characterized by sadness, discomfort, frustration, fear, and difficulty to soothe are observed similarly among both male and female adolescents with learning disabilities.

Puberty makes girls more affiliative than boys (Richards, Crowe, Larson, and Swarr, 1998). Girls' urge for attachment may make them more susceptible to interpersonal pressures and internalizing conditions than boys (Delgado, Serna, Martínez, & Cruise, 2022). Gender, temperament type, and academic well-being were significantly correlated in sixth-graders and teachers with resilient, under controlled, and over controlled temperaments. Resilient children had higher school well-being than Under controlled or Over controlled students with high Surgency, low Effortful control, and average Negative affectivity. Girls outperformed boys academically (Puonti, 2015). Girls were more optimistic, apprehensive, social, less depressed, angry, impulsive, and less active than boys. Finally, parents said girls were less social, benefits from effortful management whereas boys were more prone to externalizing issues, Surgency and its Dimensions behaviors, and extreme pleasure (Else-Quest, Hyde, Goldsmith, & Van Hulle, 2006) and discovered gender-neutral negative affectivity. Boys have lesser shyness and inhibitory control and are more active, whereas girls have stronger effortful control, positive affect, and fear. Others have reported no gender differences in core temperament variables across measurement methods. Communication, logical thinking, and impulsivity were poorer in learning disabled girls than boys (Ryckman, 1981). Many studies have found gender disparities in LD adolescents'. According to Brooks-Gunn & Warren, (1989), girls have more positive and negative affectivity, which might trigger depression.

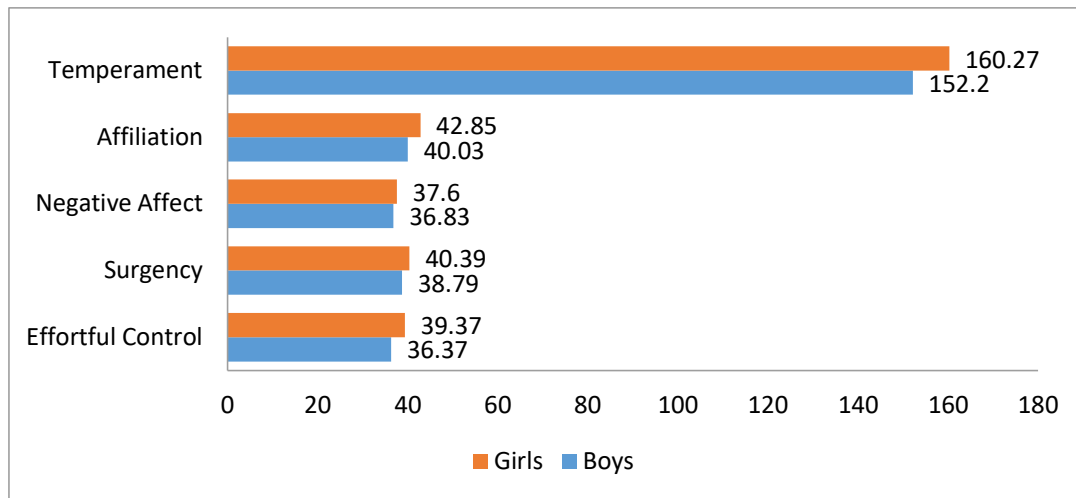
Charbonneau, Mezulis, & Hyde, (2009) and Perugi.et.al., (1990) evaluated stress, emotional reactivity, and early childhood temperament in gender differences but more research is needed to explain these discrepancies in LD adolescents.

Research on gender differences in learning disabled adolescents temperaments is inconsistent, that girls with learning disabilities were more dominant. Abad, Forns, & Gómez (2002) found that self-perceived maladjustment increases in girls from 11 to 16 years and in boys from 11 to 14 years. Age differences in behavioral and cognitive domains are similar for both genders, but emotional problems differ. Although Ryckman (1981) found that they were verbally inferior, less abstract, more field dependent, and more impulsive. Martínez (2004) discovered that girls with academic issues experienced more emotional symptoms and despair, while boys had higher school maladjustment and sensation seeking. In Vogel (1990) and Wehmeyer (1993), LD girls had lower IQs, lower academic challenges, and higher external locus of control scores. Many girls do not receive help because they are unidentified. Parents of struggling daughters may need to advocate more. However, temperament shapes a child's personality. Boys are more active than girls (Karimi, 2013).

Thus following reviews supports Hypothesis H7 and its sub hypothesis H7.1 and H7.4. A significant difference in temperament and its dimensions effortful control and affiliation was identified with girls showing higher temperament than boys. But negative affect and Surgency showed no significant difference which reveals surgency and negative affect may be same among both genders.

Figure 14

Comparison of mean values in different dimensions of Temperament between Adolescent boys and girls with LD



Gender Difference in Coping Skills

Based on the objective coping skills among adolescent boys and girls with learning disability the following hypothesis was proposed:

Hypothesis 8: *There will be significant differences in coping skills used among adolescent boys and girls with Learning disabilities.*

Hypothesis 8.1: *There will be significant differences in Problem-solving used among adolescent boys and girls with Learning disabilities.*

Hypothesis 8.2: *There will be significant differences in cognitive restructuring used among adolescent boys and girls with Learning disabilities.*

Hypothesis 8.4: *There will be significant differences in social contact used among adolescent boys and girls with Learning disabilities.*

Hypothesis 8.5: *There will be significant differences in problem avoidance used among adolescent boys and girls with Learning disabilities.*

Hypothesis 8.6: *There will be significant differences in wishful thinking used among adolescent boys and girls with Learning disabilities.*

Hypothesis 8.7: There will be significant differences in self-criticism among adolescent boys and girls with Learning disabilities.

Table 22

Mean, SD and t-values of coping skills and its dimensions problem solving, cognitive restructuring, expressed emotion, social contact, problem avoidance, wishful thinking, self-criticism and social withdrawal between adolescent boys and girls with learning disability

Dimension	Gender	N	Mean	SD	't' value
Problem solving	Boys	62	10.48	2.80	2.61*
	Girls	48	11.87	2.71	
Cognitive Restructuring	Boys	62	10.96	3.01	2.31*
	Girls	48	12.20	2.46	
Express Emotions	Boys	62	11.17	3.13	1.33
	Girls	48	11.91	2.53	
Social Contact	Boys	62	11.24	3.04	2.76**
	Girls	48	12.83	2.91	
Problem Avoidance	Boys	62	9.87	2.94	2.65**
	Girls	48	11.31	2.65	
Wishful Thinking	Boys	62	11.50	3.50	2.56*
	Girls	48	13.08	2.78	
Self-Criticism	Boys	62	9.45	3.41	2.50*
	Girls	48	11.14	3.63	
Social Withdrawal	Boys	62	10.00	3.10	1.80
	Girls	48	11.04	2.88	
Total	Boys	62	84.69	17.91	3.25**
	Girls	48	95.41	19.25	

* $p < .05$, ** $p < .01$

Table 22 represents the result of the t-test for comparing among adolescent boys and girls with learning disabilities on coping skills and its dimensions like problem solving, cognitive restructuring, expressed emotion, social contact, wishful thinking, self-criticism, social withdrawal.

The result revealed that there exists a significant difference between these two groups in coping skills (t value = 3.25, $p < .01$) and its dimensions Problem solving (t value= 2.61, $p < .05$), cognitive restructuring (t value = 2.31, $p < .05$), social contact (t value = 2.76, $p < .01$), wishful thinking (t value= 2.56, $p < .05$), self-criticism (t value = 2.50, $p < .05$). But significant differences between groups were not observed in expressed emotion and social withdrawal dimensions.

Thus a significant difference in coping skills and its dimensions problem solving, cognitive restructuring, social contact, problem avoidance, wishful thinking and self-criticism among adolescent boys and girls with learning disability was identified. Whereas other two dimensions express emotions and social withdrawal did not show any significant difference with respect to gender. When accomplishing a task, adolescent boys and girls displayed similar levels of emotional expression. Nevertheless, adolescent girls are more expressive when alone, whereas adolescent boys are more expressive when with a peer. A tendency to isolate or avoid circumstances where interaction is expected is referred to as social withdrawal. Children who are socially isolated may experience loneliness, peer rejection, friendlessness, concurrent and eventual social-emotional adjustment issues, and scholastic difficulties. There were no adolescents' gender differences in the correlations between social withdrawal and parental knowledge.

In Korean American adolescents, interparental and parent-adolescent conflict increased depression, while self-esteem reduced the effects (Park et al., 2021). Self-esteem was found to reduce problem-focused disengagement coping but no apparent variations in interparental or parent-adolescent disputes, problem-focused disengagement coping, self-esteem, or depression symptoms observed.

Adolescents' emotional responses are influenced by their peers. They were more emotional when they participated in hazardous tasks with a peer rather than alone. Adolescent girls are more expressive than boys, when alone or with their peers. Socially isolated adolescents have poorer levels of self-efficacy, self-esteem, academic achievement, depression, and anxiety. Social withdrawal can manifest as behavior inhibition, emotional withdrawal, and social resistance, a desire for isolation, social avoidance, and shyness. Cheshire (1997) discovered that LD teenagers used a variety of coping strategies, with girls more likely to wishfully believe they couldn't cope.

Boys and girls typically respond differently to stress, and Girls are more likely than boys to adopt emotion-focused coping methods such seeking social support and practicing positive self-talk (Tamres, Janicki, & Helgeson, 2002). These discrepancies are influenced by both environmental and psychological variables, showing that they are firmly embedded in individuals (Kaiseler, Polman, & Nicholls, 2012). Furthermore, these coping strategies can have an impact on self-esteem and academic achievement, with men tending to withdraw from emotions while girls perform better (Lawrence, Ashford, & Dent, 2006) and Gender differences in problem-solving have been well documented. Giofrè, (2021) discovered that males outperform females, with the former due to a combination of learning disabilities, psychological features, and experience.

Cognitive regulation may be easier for men due to their increased use of automatic emotion regulation, while women may use positive emotions to better reappraise negative emotions. McRae, et.al., (2008), Gender differences in emotion regulation and processing are evident. The ability to adjust one's strategy to fit different situations is crucial, and that men are naturally better at doing this than women. Graf & Riddell, (1972), on the other hand, demonstrated that these disparities may be influenced by the activity itself, with speed differences being more noticeable in situations that are more suitable to men.

Ardila, et. al., (2011) found no significant gender differences in cognitive test performance among children, however boys outperformed girls in certain tasks. According to Weber (2014), improved living conditions and fewer gender-restricted educational opportunities may help girls in certain cognitive functions. Females showed superior memories than boys, but cognitive function loss is not gender-specific. Girls outperformed boys in verbal fluency and perceptual speed examinations; however, boys outperformed girls in visuospatial ability when solving mathematical problems, Torre, et.al., (2006).

Gender differences in cognitive restructuring and social contact provide mixed findings. Wang,et.al., (2022), Gender differences were found for cognitive flexibility and emotional expression. Males had greater cognitive flexibility, whereas females had greater emotional expressivity, anticipatory pleasure, and consummatory pleasure. Women experienced greater anticipatory and consummatory pleasure because they regulate their emotions.

According to Rosetti and Henderson (2013), young people with Learning Disabilities (LD) struggle academically and socially, have low self-esteem, and are

socially isolated. Research suggests that self-advocacy, peer support, and self-acceptance can help children with learning disabilities overcome challenges. A purposive sample of four adolescent participants with LD reported, protective factors such as self-advocacy, social support (peer, family, and mentoring), and personal understanding of the condition helped to overcome social isolation and increase social contact.

Psychological disengagement affects the link between stereotype threat and academic performance in adolescents with learning disabilities (Zhao et al., 2019). Type-vulnerable students performed worse academically. Stereotype threat impacted academic persistence more in students with low psychological disengagement than those with high disengagement.

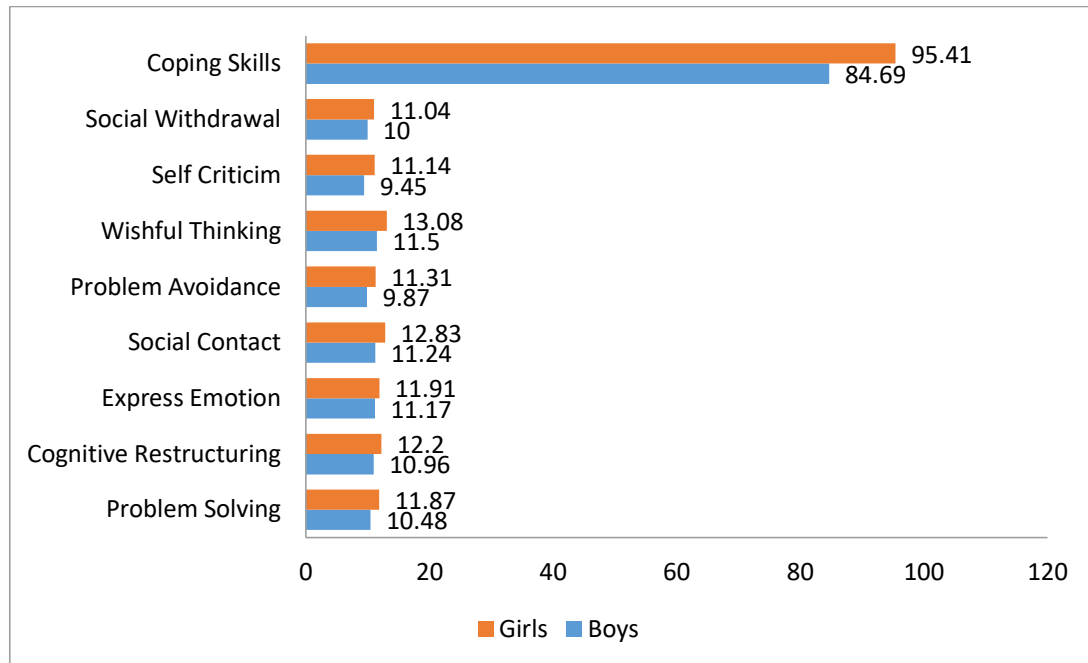
Women use behavioral disengagement to avoid specific situations that may make them anxious (Panayiotou, 2017). Fear and arousal-related cognitions, rather than courage, explain gender differences in phobic avoidance (Schmidt 2004). Washburn-Ormachea, Jill, Hillman & Sawilowsky (2004) identified differences in coping strategies, with girls using more emotion-focused coping, and boys using more active and acceptance coping.

Cheshire and Campbell (1997) compared the coping techniques of high school LD and non-LD students of similar age, gender, and ethnic background. They discovered that many children, particularly boys, believe they cannot cope; nonetheless, girls face obstacles and seek social services. They discovered that LD youth are less likely to relax or strive for goals, to focus on the positive, to attempt to solve problems, to indulge in wishful thinking, and to believe they are incapable of coping. Disparities are mostly caused by cognitive and social disabilities.

Bruefach and Reynolds (2022) discovered that children with learning disabilities experience higher social isolation, but they were unable to investigate its manifestations at school or determine the causes. According to the National Longitudinal Study of Adolescent to Adult Health, middle and high school kids who struggle with learning are more alienated, have fewer friends, are less academically motivated than their classmates, feel lonely and undesired at school, and avoid friendships for fear of being rejected. Social isolation was the most powerful predictor of the high school learning gap between classmates and academic aspirations. Adolescents with learning disabilities demonstrate significant gender differences in coping mechanisms. Eschenbeck, Kohlmann, and Lohaus (2007) found that girls score higher in social support and problem-solving and boys in avoidant coping. Gender, situation, and grade level significantly impact social support and avoidant coping. Adolescent gender differences were more pronounced in social situations (argument with a friend) than academic situations (homework). Geisthardt (1996) discovered that girls like socializing and influencing the world, but boys enjoy relaxing. Kurdek (1987) discovered that learning-disabled teenagers, particularly boys, experienced more mental symptoms and relied on music and television for coping. These findings indicate that cognitive and social skill deficiencies, as well as specific stresses, influence gender inequalities in coping skills in adolescents with learning disabilities. These reviews supports Hypothesis H8 and its sub hypothesis (H8.1,8.2,8.4,8.5,8.6,8.7) that there exists significant difference in coping skills and its dimensions problem solving, cognitive restructuring, social contact, problem avoidance, wishful thinking, self-criticism. But cognitive restructuring and social withdrawal was observed similar among both genders. The gender difference in coping skills was displayed through the graph given below.

Figure 15

Comparison of mean values in different dimensions of Coping Skills between Male and Female Adolescents LD



Gender Difference in Emotional Intelligence

Adolescent emotional expression is influenced by the presence of a peer. Adolescents expressed more emotion when they completed a risk taking assignment in the company of a peer than when they completed the job alone. Furthermore, adolescent girls are more expressive than their males and equally expressive when they are alone and with peers. Adolescents who retreat from social situations are more likely to have low self-efficacy, self-esteem, and academic accomplishment, as well as higher levels of despair and anxiety. Social withdrawal encompasses such narrow band phenomena as behavioural inhibition, social reticence, preference for solitude, social avoidance and shyness (Rubin, Coplan & Bowker, 2009)

Based on the objective emotional intelligence among adolescent boys and girls with learning disability the following hypothesis was proposed:

Hypothesis 9: There will be significant differences in Emotional intelligence among adolescent boys and girls with Learning disabilities.

Hypothesis 9.1: There will be significant differences in Self Awareness among adolescent boys and girls with Learning disabilities.

Hypothesis 9.2: There will be significant differences in Problem solving among adolescent boys and girls with Learning disabilities.

Hypothesis 9.4: There will be significant differences in Relationship management among adolescent boys and girls with Learning disabilities.

Table 23

Mean, SD and t-Values of Emotional Intelligence and Its Dimensions Self Awareness, Problem Solving, Optimism and Relationship Management between Adolescent Boys and Girls with Learning Disability

Dimension	Gender	N	Mean	SD	't' value
Self-awareness	Boys	62	27.25	7.86	2.37*
	Girls	48	30.68	7.04	
Problem solving	Boys	62	13.32	3.60	3.00**
	Girls	48	15.37	3.48	
Optimism	Boys	62	10.79	4.59	.86
	Girls	48	11.54	4.45	
Relationship Management	Boys	62	10.91	2.95	3.93***
	Girls	48	13.16	2.98	
Total	Boys	62	62.29	16.88	2.69**
	Girls	48	70.77	15.63	

* $p < .05$, ** $p < .01$, *** $p < .001$ level

Table 23 represents the result of the t-test for comparing adolescent boys and girls with learning disabilities on emotional intelligence and its four dimensions: self-awareness, problem solving, optimism, and relationship management. The result indicated that there is significant difference in emotional intelligence (t value= 2.69, $p < .01$) between adolescent boys and girls with learning disabilities. The dimensions of emotional intelligence, self-awareness (t value = 2.37, $p < .05$), problem solving (t value = 3.00, $p < .01$), relationship management (t value = 3.93, $p < .001$) indicates the existence of significant difference but optimism indicates no significant difference in the concerned dimension with respect to gender. Thus a significant difference in emotional intelligence and its dimensions self-awareness, problem solving and relationship management among adolescent boys and girls with learning disability was indicated. In contrast, there was no difference between boys and girls in the optimism component.

A gender study found that women have higher emotional intelligence, which helps them develop empathy and social skills. Men are more confident, happy, adaptable, and informal than women, thus they deal with stress better. Logical and practical women handled stress nearly as well as emotionally resilient men, indicating no gender differences (Anshel, Sutarso, Jubenville, 2001). Girls scored higher on an emotional intelligence (EI) test for college students than boys (Brackett, Mayer, and Warner, 2004). Men with low emotional intelligence (EI) struggle to detect and use emotions to improve cognitive skills, which leads to poor outcomes like drug and alcohol usage, deviant behavior, and difficulty forming friends. EI, maladjustment, and inappropriate behavior among college boys were substantially related.

Schneider, Lyons, and Khazon (2013) assessed stress and emotional intelligence. An individual with a higher EI would be more aware of threats when they

are under stress. As expected, EI characteristics were associated with stronger physiological responses to stress, moderate positive affect reductions, modest negative affect decreases, and lower threat perceptions. The results varied substantially between men and women. Women were more sensitive to stress and had distinct emotional intelligence and stress responses. Social impacts have a greater impact on women than men. Women experience stress throughout activities, hence Stroud, Salovey, Epel (2002) discovered that specific social demands can improve their emotional intelligence.

Heiman and Olenik-Shemesh (2020) explored how social support affects loneliness, self-efficacy, and well-being among students with and without learning difficulties. Age, gender, loneliness, and self-efficacy indirectly damage well-being, although social support reduces this. LD boys demonstrated lower self-efficacy and well-being than non-LD girls. These studies reveal that learning disabled students have specific social and emotional features that affect their health. All ages and genders need effective and appropriate learning methods. Schneider and Yoshida (1988) focused on LD adolescent's classroom behavior and problem-solving. Although they behaved similarly in school, LD adolescents showed poorer interpersonal cognitive problem-solving skills which indicate poor relationships between interpersonal problem-solving and school adjustment.

According to Hidayati, Rosidi, and Hadi (2019), junior high school boys and girls had varied problem-solving skills. using Polya's indicator a paper-and-pencil problem-solving test, revealed girls solved problems better than the boys. Their research showed that teaching science using problems improves student performance. Orejudo, Puyuelo, Fernández-Turrado, and Ramos (2012) to determine how positivity influences health and well-being and what elements contribute to its

expansion. Schoolboys who have pleasant interactions with classmates are more optimistic. Girls seem to be more optimistic when their families communicate, and pessimistic when they quarrel. Having unpleasant peer relationships may cause pessimism, whereas avoiding having them may cause happiness.

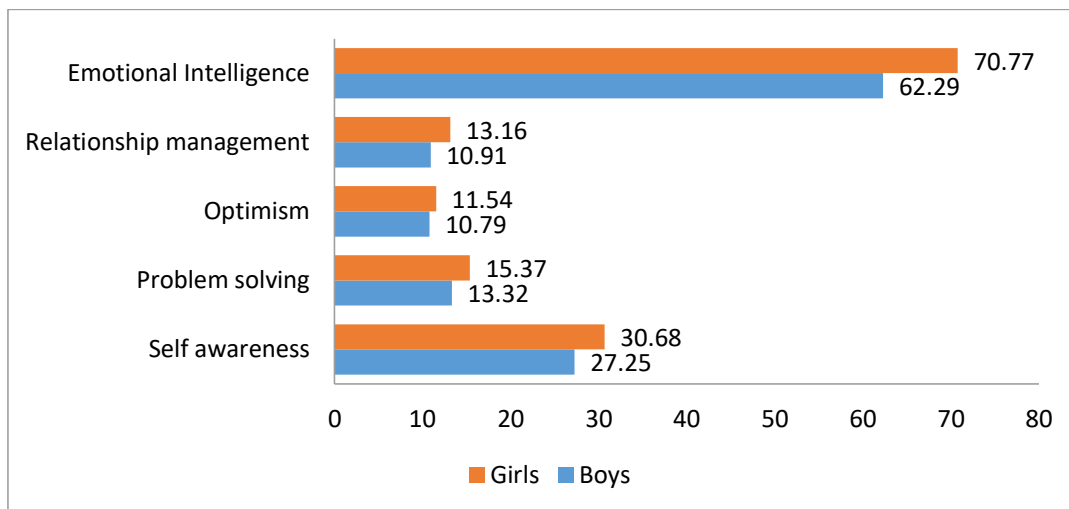
In adolescents with learning disabilities, emotional intelligence differences between boys and girls have not been studied enough. Boy and girl emotional intelligence studies in adolescence have identified some disparities. Teenage girls are better at managing their emotions, especially in relationships, Katyal & Awasthi, (2005). Girls can better understand and manage others' emotions, Reiff, et.al., (2001) discovered that LD adolescents exhibited lower emotional intelligence, notably during stress and flexibility. They did not examine gender disparities. According to Panjwani, Chaplin, Sinha, Mayes (2016), low-income adolescent girls exhibited more happiness, sadness, and disapproval. Gender, socioeconomic class, and emotional expression are challenging. Girls are more depressed and less emotionally intelligent, according to Furqani (2020) and Gomez-Baya, Mendoza, Paino, & de Matos, (2017). Therefore, emotional intelligence and mental health may be correlated. Chandel and Chopra (2017) and Joshi & Dutta (2014) found a strong link between emotional intelligence and gender. Female adolescents exhibited stronger emotional intelligence than males. Female secondary school students were more emotionally intelligent than males. However, additional research is required to determine whether or not there are gender differences in the emotional intelligence of adolescents with LD.

These studies support current Hypothesis H9 and its sub hypothesis H (9.1,9.2, 9.4), which report a significant difference in emotional intelligence and its dimensions self-awareness, problem solving and relationship management with respect to gender. But

no such significant difference was observed in optimism dimension. In this both boys and girls showed similar level of optimism. Gender difference in emotional intelligence and its dimensions were shown through the graph given below.

Figure 16

Comparison of mean values in different dimensions of Emotional Intelligence between Adolescent Boys and Girls with LD



II. Comparison of Social Variables Among Adolescents with Respect to Gender (Boys and Girls)

Gender Difference in Family Relationships

Children have a sense of safety and affection when they possess robust and affirmative familial connections. Strong familial bonds facilitate issue resolution, foster cooperation and enhance familial harmony. Positive family relationships are established by allocating sufficient time, effective communication, collaborative efforts, and expressions of gratitude. Non-verbal cues play a significant role in communication; hence it is crucial to be attentive to the emotional expressions of children and other family members. When an adolescent exhibit reluctance to engage in conversation, parents may intermittently provide solace through physical affection

such as cuddling. So it is crucial to be mindful of the non-verbal signals family members convey to each other. Embracing, touching, and maintaining visual contact convey the intention of proximity with your child. However, expressing a disgruntled vocal intonation or displaying a facial expression of displeasure while engaging in a shared activity could convey the impression that you lack enthusiasm in the situation.

Based on the objective family relationships among adolescent boys and girls with learning disability the following hypothesis was proposed:

Hypothesis 10: *There will be significant differences in Family interactions used among adolescent boys and girls with Learning disabilities.*

Hypothesis 10.1: *There will be significant differences in independence used among adolescent boys and girls with Learning disabilities.*

Hypothesis 10.2: *There will be significant differences in cohesion used among adolescent boys and girls with Learning disabilities.*

Hypothesis 10.3: *There will be significant differences in achievement orientation used among adolescent boys and girls with Learning disabilities.*

Hypothesis 10.4: *There will be significant differences in intellectual orientation used among adolescent boys and girls with Learning disabilities.*

Hypothesis 10.5: *There will be significant differences in conflict used among adolescent boys and girls with Learning disabilities.*

Hypothesis 10.6: *There will be significant differences in social orientation used among adolescent boys and girls with Learning disabilities.*

Hypothesis 10.7: *There will be significant differences in ethical emphasis used among adolescent boys and girls with Learning disabilities.*

Hypothesis 10.8: There will be significant differences in discipline used among adolescent boys and girls with Learning disabilities.

Table 24

Mean, SD and t-values of family interaction and its dimensions independence, cohesion, achievement orientation, intellectual orientation, conflict, social orientation, ethical emphasis and discipline between adolescent boys and girls with learning disability

Dimension	Gender	N	Mean	SD	't' value
Independence	Boys	62	19.19	3.68	.07
	Girls	48	19.14	3.46	
Cohesion	Boys	62	19.40	3.87	1.23
	Girls	48	20.29	3.58	
Achievement Orientation	Boys	62	23.20	4.05	1.27
	Girls	48	24.16	3.70	
Intellectual Orientation	Boys	62	20.62	4.26	1.47
	Girls	48	21.77	3.70	
Conflict	Boys	62	20.59	3.32	2.40*
	Girls	48	22.18	3.31	
Social Orientation	Boys	62	20.61	3.63	.50
	Girls	48	20.93	3.00	
Ethical Emphasis	Boys	62	25.09	3.98	2.11*
	Girls	48	26.60	3.31	
Discipline	Boys	62	21.53	5.76	1.57
	Girls	48	23.02	3.53	
Total	Boys	62	170.27	16.78	2.73**
	Girls	48	178.12	12.08	

* $p < .05$, ** $p < .01$

Table 24 represents the result of the t-test for comparing two groups of adolescents with respect to gender on family interaction and its dimensions

independence, cohesion, achievement orientation, intellectual orientation, conflict, social orientation, ethical emphasis and discipline.

The result also denoted that there is significant difference in family interaction (t value = 2.73, $p < .01$) and its dimensions conflict (t value = 2.40, $p < .05$) and ethical emphasis (t value = 2.1, $p < .05$) among adolescent boys and girls with learning disabilities. But no such significant difference was observed among other dimensions of family interaction like independence, cohesion, Achievement orientation, social orientation, discipline dimensions.

Thus a significant difference in family interaction and its dimensions conflict and ethical emphasis was indicated among adolescent boys and girls with learning disability. But all other dimensions independence, cohesion, achievement orientation, intellectual orientation, social orientation and discipline did not reveal any significant difference with respect to gender. Girls showed significant increase in family interaction than boys. Emotional responses such as stress, frustration, anger, guilt, shame, and loneliness are inherent reactions to the impact of severe learning difficulties on both the individual with the disabilities and their respective family members. Thus having a female adolescent with learning disability could impact their emotional bonding. Research has shown that there can be differences in moral judgments made by parents and elders towards female and male adolescents with learning disability within a family. However, it's important to note that these differences are not universally true for all families, and individual variations exist. Adolescents with learning disabilities may experience particular difficulties in fulfilling their developmental goals of independence, cohesiveness, and others. It's critical to understand that every person's experience is unique and that learning difficulties can have a wide range of effects.

Research on familial relationships among adolescents with learning disabilities has revealed many significant gender differences. Dyson (2010) examined the unexpected effects of learning disabled children on their families. The results showed that children with learning disabilities caused family stress, parenting disagreements, negative reactions from extended family members, school difficulties, and mixed effects on siblings. Additionally, family coping patterns emerged and Helping families and students with learning disabilities is suggested.

Taderera & Hall (2017) found Understanding learning disabilities and having resources and services is essential for parenting. The interviews showed a lack of understanding of learning disabilities and the programs, services, and policies available to their children. Parental stereotypes of learning disabilities are common, with single, unemployed parents receiving less support to meet their children's material needs. According to Shogren,et.al., (2010), girls with learning disabilities have a higher external locus of control, which may have an impact on their independence. Ryckman (1981) discovered that girls with learning disabilities had distinct cognitive and socioemotional abnormalities that could affect their independence. These studies collectively indicate that gender variations in independence among adolescents with learning disabilities may be influenced by a variety of factors, including coping techniques, learning disabilities, and socioemotional factors.

The perception of cohesion, communication, and adaptability within families was found to be influenced by various coping strategies among adolescents. Gender differences in parent-child and sibling relationships were examined in this meta-analysis. Studies showed that women reported more intimacy and warmth in relationships than men. Research on gender variations in achievement orientation

among adolescents with learning disabilities has shown mixed results. Dunn (2004) discovered that children with learning disability had different accomplishment goal orientations, but did not investigate gender differences. Rojewski (1996) observed that adolescents with learning disabilities, particularly girls, were less likely to aspire to high-status employment, possibly due to differences in achievement orientation. However, further study is required to completely comprehend the gender disparities in achievement orientation among adolescents with learning disabilities.

Povilaitiene & Radzevičienė (2013) found that teachers and parents of learning disabled adolescents opposed family planning. Many parents avoid discussing their family's future with their adolescents. used family systems theory to study the impact of family relationships on individuals with learning disabilities. Ashraf, Farzana, and Najam, Najma (2011) examined parent-adolescent conflict by age and gender. Adolescent conflict views were significantly affected by gender, age, and parental gender. In early, middle, and late adolescence, male adolescents had more conflict with their parents than female adolescents, although early conflict was similar for both genders. Girls have more conflict with their fathers and boys with their mothers. Parents and adolescents will benefit from better communication, relationships, and problem-solving.

Studies conducted on adolescents with learning disabilities have brought attention to how family factors influence adolescent social and intellectual orientation and their academic performance. According to Redmond et al. (2022), educational disparities between young people with disabilities and their peers could be attributed to parental expectations, school functioning, and school-based activities. Parental expectations did not improve school performance, as they have lower expectations for learning disabilities and speech issues. Thus, modifying parents' attitudes toward

disadvantaged adolescents may have long-term effects. Cavendish (2016) both highlighted the role of gender in the transition to adulthood, with gender stereotypes potentially leading to lower expectations for girls and limiting their self-determination. These researches imply that family structure, family planning attitudes, and adulthood affect gender differences in ethical emphasis and family contact among adolescents with learning disabilities.

Fernández-Alcántara et al. (2017) evaluated parents' experiences with learning challenged children and low academic achievement. Qualitative study described feelings and learning disabilities by diagnostic (attention, verbal, nonverbal). Disability affected the child's home and school. All parents value relationships and care about their child's development, regardless of diagnosis. Although treating the learning handicap is vital, parents need emotional support. The relationship between familial interaction and learning disabilities can be understood using family systems theory (Amerikaner & Omizo 1984). Pryor-Kowalski (2013) examined methods used by parents to handle learning disabled children. The qualitative study examined modification of family relationships to improve child adjustment and reduce the risk of delinquency in learning-disabled children. All parents of a learning-disabled children shared some common experiences, including specific family stresses, differences in parenting style and methods, and accommodations for the learning disability, all of which serve to identify more successful family.

Ajitha and Starlet (2020) stated that having a child with a learning disability affects family dynamics and adolescent development. Keeping a positive relationship and providing maximal support will help the adolescents become more resilient, assertive, and stress-controlling. Loneliness was higher among learning disabled

adolescents. Isolation and loneliness resulted from failure to develop relationships, misinterpretation of social indications and conduct, poor communication, and rejection from family and friends. This suggests that gender differences in family relationships may affect learning disabled adolescents.

Williams, Daley, Burnside, and Hammond-Rowley (2009) found that pre-teen girls had higher emotional intelligence than boys. In a study on trait emotional intelligence, boys and girls had similar levels of emotional intelligence and teenage academic performances were linked to it, Schneider and colleagues (2005). Early Identification of low emotional intelligence (EI) helps them get assistance for improving EI. García-Mendoza et al. (2022) evaluated gender differences in parental involvement and psychological/behavioral regulation. The study revealed that females perceived more parental involvement and boys had more behavioral control than girls. Subjective parental participation and psychological and behavioral control were also affected by gender. Results reveal gender-differentiated socialization and sociocultural factors.

Gender variations in family interactions with LD adolescents show mixed results. Lewis (2015) found that vulnerable female adolescents with weak parental emotional connections were more likely to develop depression. Canter (1982) reported no gender differences in family interactions for boys and girls. According to and Al-Yagon (2015), both genders need attachment bonds with parents and peers, with peer attachment mediating for women. In predicting depression and criminality, Slavin (1990) and Henggeler (1987) stressed emotional support and family interactions. Worthen (2011) added that gender differences in parent-child attachment may lead to Boys showing more externalizing problems, whereas girls showing to

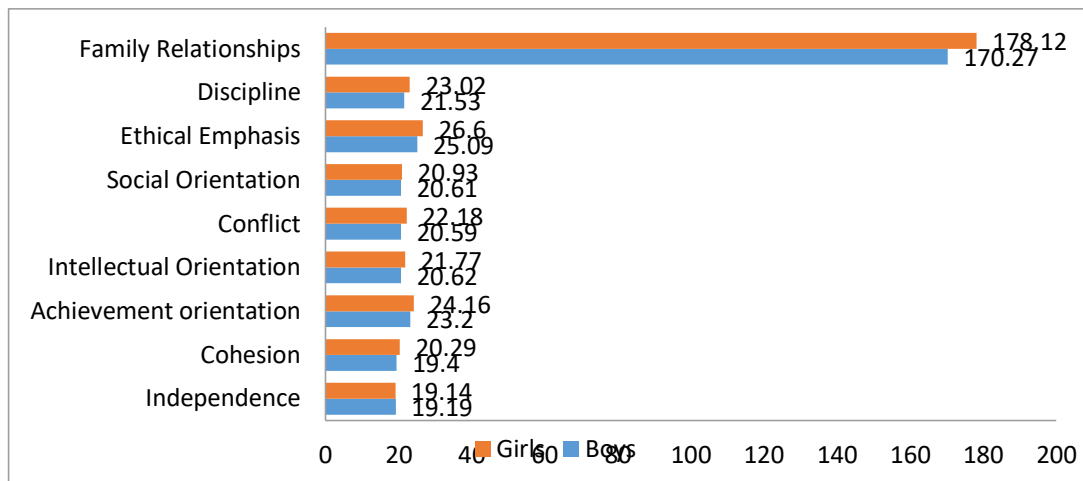
internalizing problems when confronting familial conflict. Poor family conditions can lead to behavioral issues in girls and loneliness in boys (Skeer et al., 2011).

Research on familial connections in teenagers with learning disabilities has yielded several key findings. Heiman (2008) indicates that adolescents often have less positive parent-child connections. Moms of handicapped children reported lower school participation and a less pleasant home environment. Researchers Al-Yagon (2012) examined how personal contacts with fathers and teachers affect adolescents' social-emotional and behavioral adjustment.

These reviews suggest existence of significant gender difference in family relationships and its dimensions. Thus following reviews supports Hypothesis H10 and its sub hypothesis (H 10.5 and 10.5) which reveals presence of significant difference, where as in the current study independence, cohesion, achievement orientation, intellectual orientation, social orientation and discipline the dimensions of family relationship were found similar among both gender. The difference in family relationships was shown through the graph.

Figure17

Comparison of mean values in different dimensions of Family relationships between Adolescent Boys and Girls with LD



Gender Difference in Peer Relationships

Peer interactions have a vital role for assisting adolescents transition from parent-child relations to autonomous adult functioning. Peer connections are a kind of social support that are formed and grown through social interactions between peers or people who have similar psychological development levels (La Greca and Harrison, 2005). Teenagers are vulnerable to peer pressure and influence, leading them to emulate their friends by selecting the same attire, haircut, or accessories. Engage in shared musical preferences or see identical movies or television shows and Altering their speech patterns or vocabulary choices like their companions.

Based on the objective peer relationships among adolescent boys and girls with learning disability the following hypothesis was proposed:

Hypothesis 11: *There will be significant differences in Peer involvement among adolescent boys and girls with Learning disabilities.*

Hypothesis 11.1: *There will be significant differences in Social Interaction used among adolescent boys and girls with Learning disabilities.*

Hypothesis 11.2: *There will be significant differences in Peer acceptance among adolescent boys and girls with Learning disabilities.*

Hypothesis 11.3: *There will be significant differences in Peer pressure among adolescent boys and girls with Learning disabilities.*

Research on gender differences in peer pressure among adolescents with learning disabilities has revealed several key findings. Kneavel, (2020) found that social stress had a greater impact on females' emotional well-being, while social support was more beneficial for males. Smith & Leaper (2006) highlighted the role of peer acceptance in mediating the relationship between self-perceived gender typicality

and self-worth. Brown, Lohr, & McClenahan (1986) reported that females perceived stronger peer pressure towards conformity and social involvement. These studies collectively suggest that gender differences in peer pressure experiences are influenced by a complex interplay of social stress, support, coping strategies, and self-perceived gender typicality.

Research on gender differences in peer acceptance among adolescents with learning disabilities has yielded mixed findings. Hall & McGregor (2000) observed that children with disabilities, including learning disabilities, were selected as playmates by both male and female classmates, but received fewer nominations for peer relationships. Markovits, Benenson, & Dolenszky (2001) found that children and adolescents have internal models of peer interactions that are gender-differentiated, which may impact their experiences of peer acceptance. These studies collectively suggest that gender plays a complex role in the peer acceptance experiences of adolescents with learning disabilities, and further research is needed to fully understand this relationship.

Research on adolescents with disabilities, including learning disabilities, has shown that they often struggle with peer relationships, with girls experiencing different social challenges than boys (Musetti, Eboli, Cavallini, & Corsano, 2019). Additionally, children's internal models of peer interactions are often gender-differentiated, with boys and girls perceiving and engaging in social interactions differently (Markovits, Benenson, Dolenszky, 2001). Positive student relationships and a school culture that promotes understanding and learning can help improve attitudes towards peers with disabilities (Rojo-Ramos .et.al., 2004). In inclusive settings, children with disabilities can form peer relationships, but may experience changes in social status and fewer reciprocal relationships (Hall, 2000). These

findings suggest that gender plays a significant role in the social interactions and peer relationships of adolescents with learning disabilities.

Table 25

Mean, SD and T-Values of Peer Relationship and Its Dimensions, Peer Acceptance, Peer Pressure and Social Interaction Among Adolescent Boys and Girls with Learning Disability

Dimension	Gender	N	Mean	SD	't' value
Social Interaction	Boys	62	18.19	7.14	3.55***
	Girls	48	20.06	7.08	
Peer Acceptance	Boys	62	12.95	3.77	.98
	Girls	48	13.70	4.26	
Peer Pressure	Boys	62	21.95	5.23	.91
	Girls	48	20.97	5.86	
Total	Boys	62	52.77	9.86	2.79**
	Girls	48	57.75	8.44	

** $p < .01$, *** $p < .001$

Table 25 represents the result of the t-test for comparing male and female adolescents on peer relationship and its dimensions social interaction, peer acceptance and peer pressure.

The result also denoted that there is significant difference between these two groups in peer relationship (t value = 2.79, $p < .01$) and its dimension social interaction (t value = 3.55, $p < .001$). The dimensions of peer relationships like peer acceptance and peer pressure showed no significant difference. Notably, gender interactions manifest as a significant facet of these social processes. Research has indicated that, on average girls exhibit superior performance compared to males in diverse social

contexts. The observed variation in performance levels could potentially influence the formation of hierarchical arrangements among peer groups of adolescents. Male and female adolescents both yearn for approval and attention from their peers. Acceptance and worth from their peers is critical for their social and emotional development. Peer pressure exists in both genders. Adolescents may feel peer pressure to conform to specific behaviors, attitudes, or conventions that do not always accord with their personal values or preferences. Males and females experience peer pressure in different ways and in different areas. Males may feel more pressure to engage in risky behaviors or assert authority, whereas females may feel more pressure to maintain their body image, or social conformity. Females may suffer higher degrees of social anxiety, whilst males may exhibit more externalizing behaviors as a result of peer pressure.

Wiener (2004) examined peer interactions and social skills in learning disabled children. One of the two risk models suggests that some LD adolescents lack social skills and this Social dysfunction cause internalized behavioral disorders. Multiple risk variables increased internalizing and externalizing behavioral problems. Socially competent LD adolescents are less likely to experience behavioral issues. Finally, Hoosen-Shakeel (1997) found gender differences in friendship selection and quality for children with and without learning disabilities. Boys with LD were more likely to nominate younger friends, family, and people they knew outside of school, whereas girls were more inclined to call and visit their friends and Develop peer relationships.

Research on peer collaboration in the classroom has found that the quality of relationships, rather than gender, is a key factor in task performance (Swenson, 2008). Gillies and Ashman (2000) examined behaviour, interaction and learning in children

with learning disabilities in structured and unstructured groups. In equitable groups children with learning disability required three hours of professional training. Organized children participated in more group activities and helped their classmates than unstructured children. Organized groups outperformed unstructured groupings on the understanding assessment.

Bryan, Donahue, and Pearl (1981) found that three- to eight-grade students with learning disabilities participated in an interactive problem-solving activity. They found that children with learning disabilities are less likely to be included in group decisions, voice their opinions, argue with peers, or agree with classmates. Learning-disabled children also did less "friendly housekeeping" than their peers. Learning disabled children were less persuasive. This disparity may be attributable to their shyness and politeness in small groups. Research on learning disabled adolescents' peer interactions is mixed. These adolescents felt similar like their peer group, Pearl, & Donahue, (2004) found that they are often perceived as unique. Rose and Rudolph (2006) discovered that gender differences in adjustment were predominantly attributed to parental, societal, and biological variables, with peer sex exhibiting a significant effect. This article identified sex differences in peer relationships, including behavioral and social-cognitive styles, stress and coping strategies, relationship provisioning, and emotional and behavioral development. Adolescent choose children learning disabilities, as playmates, irrespective of their social status. Mikami (2011) found no gender differences in social functioning, although girls' behavioral disorders had a greater adverse impact on peer interactions.

Aro, Eklund, Eloranta, Ahonen, and Rescorla (2022) examined learning-disabled children's behavioral-emotional issues. The study examined the prevalence of children with substantial behavioral-emotional symptoms, including LD type, gender,

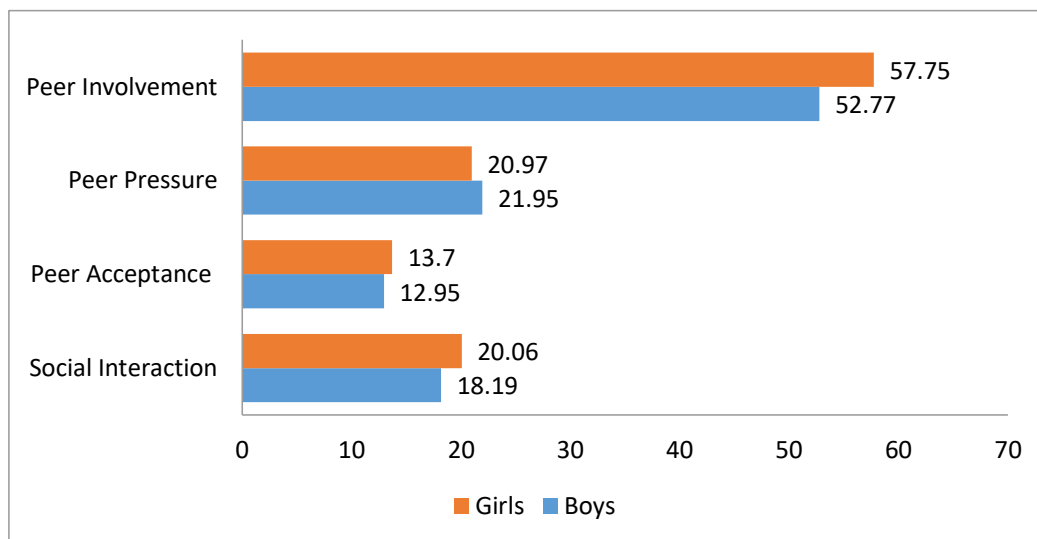
environment (home vs. school), and severity. Teachers reported greater behavioral-emotional issues such as sadness, anxiety, and ADHD in children of all LD types than parents. The findings underline the need of testing children with learning disabilities for behavioral-emotional concerns, teachers' understanding, and child, teacher, and parent engagement in evaluation and support planning.

Overall, children with learning disabilities have social challenges but can build reciprocal relationships. Girls encountered distinct social obstacles than boys (Pearl, 2004). Parental ties affect adolescents' peer support differently by gender (Colarossi, 2000).

Thus all these reviews support Hypothesis H11 and its sub hypothesis H11.1 shows gender difference in peer relationship and social interaction whereas no significant difference was observed in peer pressure and peer acceptance. Gender difference in peer relationships was displayed through graphical presentation.

Figure 18

Comparison of mean values in different dimensions of Peer Involvement between Adolescent Boys and Girls with LD



Gender difference in student teacher relationship

Farmer & Aarek (2018), investigated the influence of effective teacher traits on student motivation in the classroom, in order to provide Education Preparation Programs (EPPs) with more insights on how to effectively assist and educate prospective teachers. This study aimed to (1) identify variations in the perceived effective teacher traits among students with different levels of motivation, (2) examine the potential connections between effective teacher traits, self-efficacy, incremental beliefs, and the extent of student motivation, and (3) assess whether teacher content knowledge, teaching ability, and student-teacher relationships have a significant predictive impact on student motivation levels. The results indicated a statistically significant variation in student motivation based on their perception of (a) the presence of good student-teacher relationships, (b) the demonstration of excellent content knowledge by the instructor, and (c) the display of exceptional teaching abilities. The findings of this study contribute to the existing literature that advocates for Educational Preparation Programs (EPPs) to provide training to teachers in order to develop their leadership skills and incorporate effective qualities that are necessary for enhancing teaching and learning in modern 21st century schools.

Based on the objective student teacher relationships among adolescent boys and girls with learning disability the following hypothesis was proposed:

Hypothesis 12: *There will be significant differences in Student- Teacher relationship among adolescent boys and girls with Learning disabilities.*

Hypothesis 12.1: *There will be significant differences in Teacher support among adolescent boys and girls with Learning disabilities.*

Hypothesis 12.2: *There will be significant differences in intimacy among adolescent boys and girls with Learning disabilities.*

Hypothesis 12.3: There will be significant differences in teacher quality among adolescent boys and girls with Learning disabilities.

However, students with learning disabilities may face challenges in their peer relationships, as they are often less preferred by teachers and may have lower social status (Garrett & Crump 1980). These findings suggest that the quality of student-teacher and peer relationships is crucial for adolescents with learning disabilities, and that school culture and support can play a significant role in shaping these relationships.

Research has consistently shown gender differences in the perception of teacher support among adolescents. Mboya (1995) found that boys and girls perceive teachers' behaviors differently, which can impact their self-concepts. This is further supported by Bru, Virtanen, Kjetilstad & Niemiec (2021), who found that the association between perceived support from teachers and student engagement varies by gender. Rueger et.al., (2008) also noted gender differences in the relationship between perceived social support and student adjustment, with girls perceiving higher levels of support from classmates and close friends. Murray (2007) emphasized the importance of supportive teacher-student relationships for adolescents with high-incidence disabilities, suggesting that these relationships can be particularly beneficial for this group.

Ibrahim & El Zaatari (2020) emphasizes the importance of care, trust, respect, affect, openness, and cooperation in fostering a positive relationship. Dollar et.al., (2004) both explore the influence of gender, with the former finding that perceptions of teacher-student relations are influenced by gender roles, and the latter showing that out-of-class communication can enhance the dimensions of control, trust, and

intimacy in the relationship. Female teacher/male student dyads were most normal, whereas male teacher/male student were least. Teacher-respondent gender interactions were also significant and matched gender role stereotypes. Mboya (1995) found that boys and girls perceive teachers' behaviors differently, which can impact their self-concepts. Koepke & Harkins (2008) further highlighted the presence of more conflict and distance in the teacher-child relationship with boys, potentially contributing to their academic and emotional difficulties. These findings are particularly relevant for students with learning disabilities, as Arciuli & Emerson (2020) noted that girls with disabilities reported the lowest school satisfaction, which was mediated by perceived lack of teacher support. These studies collectively underscore the significance of gender and communication in shaping the teacher-student relationship among adolescents with learning disabilities.

Table 26

Mean, SD and t-values of student teacher relationship and its dimensions teacher support, intimacy, teacher quality between adolescent boys and girls with learning disability

Dimension	Gender	N	Mean	SD	't' value
Teacher Support	Boys	62	48.87	9.54	3.23**
	Girls	48	54.25	7.35	
Intimacy	Boys	62	31.59	5.85	3.52***
	Girls	48	35.12	4.21	
Teacher Quality	Boys	62	16.61	3.93	2.39*
	Girls	48	18.12	2.18	
Total	Boys	62	97.08	17.75	3.65***
	Girls	48	107.50	9.91	

p < .05, ** *p* < .01, ****p* < .001 level

Table 26 represents the result of the t-test for comparing two groups adolescent boys and girls on student- teacher relationship and its dimensions classroom coordination, intimacy and teacher quality. The result also denoted that there is significant difference between these two groups in student teacher relationship (t value = 3.65, $p < .001$) and its dimensions classroom coordination (t value = 3.23, $p < .01$), intimacy (t value = 3.52, $p < .001$), and teacher quality (t value = 3.65, $p < .05$)

This result supports Hypothesis H12 and its sub hypothesis indicating significant gender difference in student teacher relationship and its dimensions. The females reported teacher support, intimacy and teacher quality being key components that determined the student teacher relationship. Teacher showed good teacher support, intimacy and teacher quality towards girls with learning disability than towards boys. A study of student-teacher relationships among adolescents with learning disabilities generated numerous significant findings.

Sethi & Scales (2020) conducted a study to investigate the impact of children's interactions with their parents, teachers, and classmates on their academic motivation and performance. The findings demonstrated that a child's relationship with teachers was important in building both emotional and academic engagement. Notably, this effect was more pronounced in boys in higher grades.

Palsdottir, Asgeirsdottir, and Sigfusdottir (2012) compared 10-12-year-old boys' and girls' self-reported well-being. Study evaluated how school subjects affect student attitudes, teacher-student interactions, peer connections, and gender well-being. A cross-sectional survey indicated boys had poorer school well-being than girls. School indifference, with difficult and uninteresting classes, reduced gender-self-reported wellbeing. Teachers' views, lack of acknowledgment, and playtime

bullying reduced gender-school wellbeing. Teacher-student relationships, playground bullying, and boy enrollment would enhance class performance.

One study discovered that same-gender teacher-student relationships improve student achievement, teacher ratings, and student involvement (Dee, 2005). Second, affective reactivity and participation in teacher-child relationships are critical for academic adjustment (Pianta, 1992). Third, happy students have loving, supportive teachers and excellent classrooms (Baker et.al., 1999). Fourth, learning disabled children show low self-efficacy, which contradicts teacher judgments (Klassen, 2007). Fifth, gender and socioeconomic status influenced teachers' expectations of students (Auwarter, 2008). Sixth, good teacher-student interactions can influence academic achievement, specifically gender differences in conflict and math achievement (Goldie & O'Connor, 2021). Lastly, teacher-student relationships may be affected by the subject taught and the gender of the teacher and the student (Duffy& Walsh, 2001).

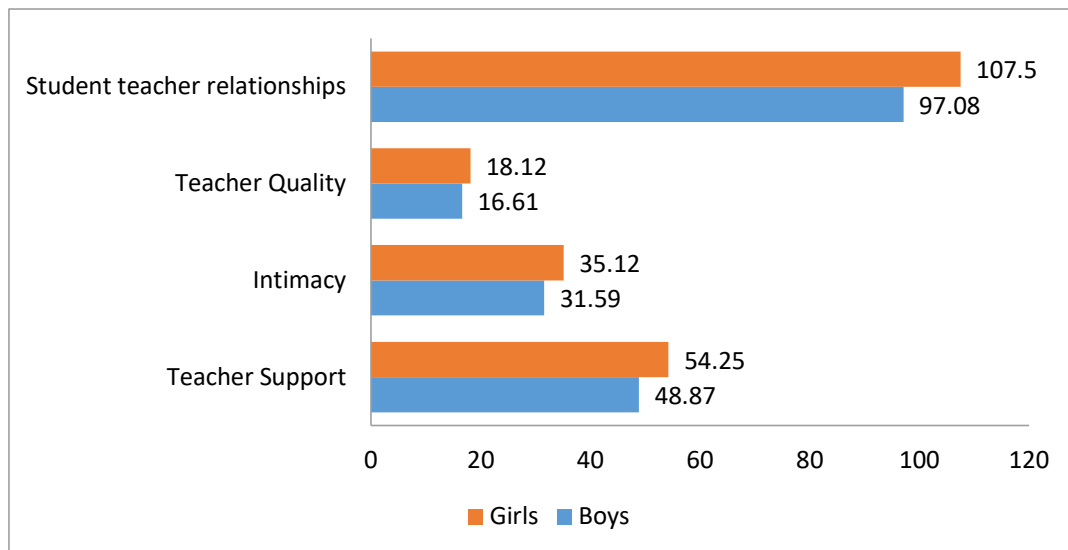
Gender roles play an important impact in teacher-student relationships, with female students scoring higher on attitude and comfort. A survey by Malik, Nadeem, and Tariq (2022) examined gender-specific student attitudes. The male teachers have better attitude and attention-holding skills than female teachers. The remedies to improve student-teacher interaction will improve the classroom environment for both. Koepke (2008) pointed out that male students and teachers frequently disagree. Girls with high-incidence impairments had the lowest school satisfaction, hence Arciuli (2019) emphasize the importance of supportive teacher-student connections. Finally, Blacher, Baker, & Eisenhower (2009) discovered unhappiness and poorer school relationships in children with disabilities, specifically emotional instability. The

difference in student teacher relationship observed among boys and girls with learning disability were explained through graph given below.

Thus all these reviews support Hypothesis H12 and its sub hypothesis H12.1, 12.2 and 12.3 significant gender difference in student teacher relationship.

Figure 19

Comparison of Mean Values in Different Dimensions of Student Teacher Relationship Among Adolescent Boys and Girls with LD



Section C: Result and Discussion of Correlation Analysis

- ❖ *Correlation of psychological variables and its dimensions*
- ❖ *Correlation of social variables and its dimensions*
- ❖ *Correlation between psychological and social variables*

This section includes correlational analysis. Here we used Pearsons product moment correlation. The Pearson product-moment correlation coefficient, also known as Pearson's correlation coefficient or Pearson's "r", is a statistical metric that precisely measures the magnitude and direction of a linear association between two continuous variables.

When the r value of two variables is more than .7, the link is deemed strong. The correlation r of two quantitative variables measures the strength of their linear relationship. Pearson's r is always between -1 and 1. Pearson's correlation is used when there are two quantitative variables and the researcher wishes to identify a linear relationship. The study hypothesis might indicate that a particular score affects the other and The size and sign of the r influence the association. A correlation of -1 indicates a complete negative correlation, while one indicates a perfect positive correlation. A correlation of zero indicates that there is no relationship between the movement of the two variables.

Table27

Interpretation of the size of a correlation coefficient.

Size of correlation	Interpretation
.90 to 1.00 (-.90 to -1.00)	Very high positive (negative) correlation
.70 to .90 (-.70 to -.90)	high positive (negative) correlation
.50 to .70 (-.50 to -.70)	Moderate positive (negative) correlation
.30 to .50(-.30 to -.50)	Low positive (negative) correlation
.00 to .30 (.00 to -.30)	Negligible correlation

(Cited from Parvez Ahammad, <https://towardsdatascience.com/eveything-you-need-to-know-about-interpreting-correlations>).

Thus the correlational values .50 and above were considered i.e., moderate positive(negative) correlation to very high positive (negative) correlation were considered while interpreting the correlational data.

When investigating the psychosocial correlates of learning disabilities, researchers may not have a pre-existing hypothesis about the nature of the

relationships. The correlational analysis enables current research by assisting the researcher in identifying potential correlations and relationships between variables. Correlation analysis was employed to investigate and measure the relationships between psychological and social variables (such as temperament, coping skills, emotional intelligence, family relationships, peer relationships, and student-teacher relationships) in adolescents with and without learning disabilities. This is crucial in comprehending how psychological and social conditions may be correlated to learning disabilities.

Individuals with learning disabilities encounter a complicated and varied set of issues, which include not just academic difficulties but also psychosocial concerns. The use of correlational analysis allows researcher to investigate the dynamic relationship that exists between a number of different psychosocial factors and learning disabilities. Research has identified a range of psychological correlates of learning disabilities. Backenson et.al., (2015) further explores this, finding that children with specific learning disabilities (SLD) can experience psychosocial and adaptive deficits, with the processing speed SLD subtype exhibiting the greatest impairment. Cohen (1986) adds that learning disabilities can lead to problems in work and learning, chronic low-level depression, and high anxiety. Finally, Semrud-Clikeman (2005) emphasizes the importance of considering working memory, attention, executive function, and comprehension in the evaluation of learning problems, particularly for children who do not respond to intervention.

Reiff (1990) found that social perception, particularly the interpretation of behavior, is related to cognitive abilities in individuals with learning disabilities. Bruck (1982) highlighted the role of hyperactivity in influencing peer-interaction patterns in these students. Spafford & Grosser (1993) emphasized the impact of

communication skills deficits on social problems in children with learning disabilities, suggesting a link to neural dysfunction. Grünke, Matthias & Cavendish, Wendy. (2016). underscored the heterogeneity of this group, indicating that the social correlates of learning disabilities can vary widely.

Psychosocial correlates encompass a variety of elements, including temperament, coping abilities, emotional intelligence, family relationships, peer interactions, and student-teacher relationships. Researchers can use correlational analysis to acquire a more comprehensive knowledge of how these factors interact with or influence the experiences associated with learning disabilities. In research investigator used correlational analysis to acquire a more comprehensive knowledge of how these factors interact with or influence the experience of learning disabilities. Every individual' manifests learning disability differently. Researchers can use correlational analysis to investigate individual variations and understand how psychosocial factors may contribute to or minimize the impact of learning difficulties on an individual level. Correlation coefficients quantify the strength and directionality of relationships between variables. This enables researchers to not only detect but also measure links. While correlational analysis is useful for investigating relationships, keep in mind that correlation does not imply causation. As a result, data from correlational studies should be treated with caution, and additional study, including experimental designs, may be required to demonstrate causal linkages.

Correlation of Psychological Variables and Its Dimensions

Temperament and coping skills in adolescents with learning disabilities are complicated. Temperament refers to biologically rooted variances in emotional and behavioral tendencies that are typically consistent various environments. Coping

skills, on the other hand, are the ways that people employ to deal with stress, obstacles, and adversity. Academic obstacles can cause frustration, worry, and low self-esteem in adolescents with learning disabilities, and they encounter the temperament in them. When a student consistently struggles academically becomes frustrated, avoids situations, or becomes more emotionally reactive.

Based on the objective relationship psychological variable temperament and coping skills the following hypothesis was proposed:

Hypothesis 13.1: There will be significant relationship between psychological variables temperament its dimensions and coping skills its dimensions among adolescents with learning disabilities

Table 28

Correlation of psychological variables temperament and coping skills and their dimensions among adolescents with learning disability (n=110)

Temperament	Coping skill								
	CoPS	CoCR	CoEE	CoSCo	CoPA	CoWT	CoSCr	CoSW	Total
Effortful Control	.472	.562**	.491	.447	.574**	.418	.389	.432	.641**
Surgency	.454	.492	.474	.417	.393	.561**	.350	.361	.597**
Negative Affect	.396	.443	.237	.341	.257	.404	.407	.493	.511**
Affiliation	.583**	.726**	.616**	.563**	.662**	.589**	.525**	.540**	.817**
Total	.703**	.821**	.652**	.654**	.688**	.716**	.623**	.692**	.946**

** $p < .01$

Pearson's Product Moment Coefficient of Correlation (Table 28) indicated that all four temperamental factors (effortful control, surgency, negative affect, and

affiliation) were positively and significantly associated with coping skills in adolescents with learning disabilities at the .01 level of significance. The correlation for the overall sample ($n = 110$) demonstrated a significant and positive relationship between Temperament and coping skills ($r = .946, p < .01$). Affiliation shows a significant positive correlation with cognitive restructuring ($r = .726, p < .01$).

Pearson's Product Moment Coefficient of Correlation (Table 28) showed that all four temperamental factors—effortful control, surgency, negative affect, and affiliation—positively and significantly associated with coping skills in adolescents with learning disabilities at the .01 level. A favorable connection ($r = .946, p < .01$) was found between temperament and coping abilities among participants with LD ($n = 110$). Affiliation is positively correlated with cognitive restructuring ($r = .726, p < .01$).

There is a complex link between temperament and coping. Biological temperaments refer to early behavioral and emotional variances. Effortful control, surgency, negative affect, and affiliation all influence stress coping skills. Competent people can manage their attention, behavior, and emotions to deal with stress and adapt to new conditions. High-effort control may accompany adaptive coping. Problem-solving and emotion-regulation skills can help nervous persons. Extraversion assesses friendliness, activity, and assertiveness. Extraverts are fascinated by new experiences and social interactions. Extroverts can cope with stress through social support. Fear, despair, and rage are all negative emotions. Negative influences can emotionally weaken people, causing them to avoid or deny certain things. Negative people may benefit from emotional management. The desire for social support and connection is referred to as affiliation. Coping influences personality. Avoidance and social support are personality-based coping strategies for learning-disabled adolescents. Teens with learning disabilities that confronted

challenges and sought social support were happier, whereas avoidance or denial worsened their temperament.

People with a strong sense of affiliation may use social support to overcome problems. Various temperament traits and life circumstances affect temperament and coping. People with high negative affect and limited effortful control may cope differently. Customized coping skills may work better for each person's temperament. Temperament qualities including effortful control, surgency, negative affect, and affiliation affect coping differently for everyone. The study reveals how temperament affects teens' life skills. Temperament influences coping abilities differently, therefore adaptable coping strategies can assist people manage stress. People who struggle to cope may have more temperament-related disorders.

Childhood temperament, stress, and coping skills affected adolescent resilience and risk tolerance. Stressful emotional management and personality tests revealed psychological difficulties. Hussong et al. (2021) found that temperament affects adolescent stress management and psychopathology prevention coping strategies during the COVID-19 pandemic. Research on adolescents and their families during the COVID-19 pandemic found that temperament affected coping and predicted psychopathological symptoms. Active and avoidant coping styles affected temperaments differently.

Thompson, Zalewski, and Lengua (2014) examined pre-adolescent stress, risk perception, and active/avoidant coping. Research shows temperament affects self-management, assessment, and coping. Assessment and coping indirectly affected temperament. Risk assessment decreased anxiety, careless action, and tight control over internal and external issues. Temperament indirectly affects pre-adolescent

thinking and coping. Temperament and coping affect adolescents' mood, stress, and adjustment. To understand how temperament and coping affect long-term mood management, more research is needed.

This result supports Hypothesis H13.1 that is temperament showed a significant positive correlation with coping skills among adolescents with learning disabilities. Temperament and coping skills in adolescents with learning disabilities have a complex and bidirectional relationship. Understanding this relationship may assist guide-focused therapies to enhance coping abilities, emotional well-being, and, ultimately, the overall quality of life for these individuals.

Based on the objective relationship psychological variable temperament and emotional intelligence the following hypothesis was proposed:

Hypothesis 13.2: There will be significant relationship between psychological variables temperament its dimensions and emotional intelligence its dimensions among adolescents with learning disabilities

Table 29

Correlation of Psychological Variables Temperament and Emotional Intelligence and Their Dimensions Among Adolescents with Learning Disability (n=110)

Temperament	Emotional intelligence				
	Self Awareness	Problem Solving	Optimism	Relationship Management	Total
Effortful Control	.668**	.513**	.598**	.463	.665**
Surgency	.427	.388	.380	.502**	.476
Negative Affect	.529**	.531**	.563**	.535**	.610**
Affiliation	.806**	.647**	.690**	.602**	.809**
Total	.913**	.784**	.846**	.781**	.963**

** $p < .01$

A glance at the correlation table (Table 29) for the total sample ($n = 110$) revealed that a total score of Temperament has been found to be significantly and positively related with a total score of Emotional intelligence ($r = .963, p < .01$) along with its dimensions i.e. Emotional Control ($r = .665, p < .01$), Surgency ($r = .476, p < .01$), Negative Affect ($r = .610, p < .01$) and Affiliation ($r = .809, p < .01$). Emotional intelligence too showed significant positive correlation with Temperament dimensions self-awareness ($r = .913, p < .01$), problem solving ($r = .784, p < .01$), optimism ($r = .846, p < .01$), relationship management ($r = .781, p < .01$).

A novel strategy shows how temperament and emotional intelligence greatly affect conduct. Sensory responses and intrinsic tendencies affect behavior. Early childhood and genes shape personality. Unique stimulus responses alter emotional processing and communication. Altering temperament with emotional intelligence reveals relational strengths and weaknesses. Developing emotional intelligence helps people adjust their behavior and interactions. Compassion and self-reflection develop emotional intelligence.

Temperament and emotional intelligence are positively correlated, supporting H13.2. Temperament and EI affect learning disabled adolescents' emotional and managerial skills. They may have temperament traits such as impatience, reactivity, and emotional and behavioral inclinations that affect their emotional intelligence. Impulses may struggle with emotional intelligence and comprehension. Temperament determines relationships and social success demands empathy. Learning-disabled teens' personalities affect relationships and challenge-coping. Adaptable and resilient people with learning disabilities may have stronger emotional intelligence by handling stress, problem-solving, and relationships. Temperament affects emotional intelligence and self-control which can be developed in family, school, and

community settings that support awareness and self-regulation. Adolescents with learning disabilities have temperament and emotional issues. Understanding how these attributes interact may assist develop therapies that improve emotional intelligence, target group well-being, and social functioning.

Adolescents have trouble with emotions and mental health. Martín-Ruiz, González-Valenzuela, & Infante-Cañete (2023) compared emotional support needs for adolescents with and without learning disabilities. Anxiety, depression, hostility, anger control, rebelliousness, and antisociality as well as personal resources were measured. Two groups revealed positive relationships between externalizing and internalizing issues and negative correlations with personal resources. Learning-disabled adolescents had reduced self-esteem, emotional awareness, internalizing and externalizing symptoms, social integration, and competence. These data suggest temperament and emotional intelligence are linked.

Based on the objective relationship psychological variable coping skills and emotional intelligence the following hypothesis was proposed:

Hypothesis 13.3: There will be significant relationship between psychological variables coping skills its dimensions with emotional intelligence its dimensions among adolescents with learning disabilities

Coping skills and emotional intelligence are linked since both require understanding and managing one's emotions in different settings. They both involve emotion regulation, or controlling one's emotional responses to situations. Better emotional control and coping abilities help people handle issues with calm and adaptability. As Emotional intelligence emphasizes self-awareness, or understanding one's own emotions. Coping skills sometimes start with awareness of one's emotional

state in response to stress or adversity. Emotional intelligence requires awareness of emotions to develop coping abilities. To handle emotional challenges, emotional intelligence involves adaptive coping. Problem-solving, social support, and positive reframing are coping strategies. Stress management and emotional resolution are better in emotionally intelligent people who use adaptive coping mechanisms.

Table 30

Correlation of Psychological Variables Coping Skills and Emotional Intelligence and Their Dimensions Among Adolescents with Learning Disability (n=110)

Coping skill	Emotional intelligence				
	EmISA	EmIPS	EmIO	EmIRM	EmITot
CoPS	.634**	.552**	.572**	.633**	.683**
CoCR	.797**	.682**	.657**	.698**	.821**
CoEE	.602**	.532**	.568**	.524**	.642**
CoSCo	.616**	.532**	.480	.539**	.628**
CoPA	.697**	.598**	.570**	.551**	.706**
CoWT	.673**	.603**	.574**	.617**	.709**
CoSCr	.585**	.524**	.549**	.551**	.633**
CoSW	.598**	.558**	.605**	.613**	.673**
CoTot	.886**	.781**	.780**	.806**	.937**

** $p < .01$

The correlation table (Table 30) for the total sample (n = 110) revealed that a total score of coping skills has been found to be significantly and positively related with a total score of Emotional intelligence ($r = .937, p < .01$) along with its dimensions

i.e. problem solving ($r = .683, p < .01$), Cognitive Restructuring ($r = .821, p < .01$), Express emotions ($r = .642, p < .01$), Social Contact ($r = .628, p < .01$), Problem avoidance ($r = .706, p < .01$), Wishful thinking ($r = .709, p < .01$), Self-criticism ($r = .633, p < .01$) and Social withdrawal ($r = .673, p < .01$). Emotional intelligence also showed significant positive correlation with coping skills dimensions self-awareness ($r = .886, p < .01$), problem solving ($r = .781, p < .01$), optimism ($r = .780, p < .01$), relationship management ($r = .806, p < .01$).

This result supports Hypothesis H13.3, which indicates a positive correlation between coping skills and emotional intelligence. Overcoming life's challenges promotes emotional intelligence. This link promotes well-being and adaptation, enabling people understand and respond to others' feelings, build relationships, manage stress, and strengthen social relationships. Emotional intelligence helps people overcome challenges and build resilience. Reframing and cognitive restructuring help people acknowledge and alter their thoughts and beliefs, enhance moods, build adaptive emotional responses, and enhance psychological resilience and well-being. Learning-disabled adolescents require emotional and coping skills to succeed in school, make friends, and manage their emotions. Low emotional intelligence can hinder communication, support networks, academic achievement, learning from failures, problem-solving, resilience, self-regulation, classroom stress and dissatisfaction, and deeper obstacles like new learning methodologies. Emotional intelligence is recognition and expression of emotions. Understanding emotions helps learning-disabled adolescents negotiate classroom concerns with classmates, parents, and teachers. Self-control, emotional awareness, and social skills improve IQ. Adolescents with learning disabilities require emotional intelligence and coping skills to excel academically.

Overcoming obstacles improves emotional intelligence. This link improves well-being and adaptation by helping people comprehend and respond to others, develop partnerships, manage stress, and strengthen social interactions. EQ helps people overcome obstacles and create resilience. Cognitive restructuring and reframing help people recognize and change their thoughts and beliefs, improve moods, develop adaptive emotional responses, and increase psychological resilience and well-being.

Firth, Nola, Greaves, Daryl, and Frydenberg, Erica (2010) compared seventh- to ninth-grade learning-disabled children's coping measures. Learning disabled persons ignored the problem rather than coping, according to the research. Learning disabled students employed more methods including ignoring the problem and addressing passive coping.

Adolescents with learning disabilities need emotional and coping skills to succeed in school, make friends, and manage their emotions. Low emotional intelligence can hinder communication, support networks, academic achievement, learning from failures, problem-solving, resilience, self-regulation, classroom stress and dissatisfaction, and deeper obstacles like new learning methodologies. Emotional intelligence is recognition and expression of emotions. Understanding emotions helps learning-disabled adolescents negotiate classroom concerns with classmates, parents, and teachers. Self-control, emotional awareness, and social skills improve IQ. Adolescents with learning disabilities require emotional intelligence and coping skills to excel academically.

Correlation of Social Variables and Its Dimensions

Based on the objective relationship social variable family interaction and peer involvement the following hypothesis was proposed:

Hypothesis 14.1: There will be significant relationship between social variables family interaction and its dimensions with peer relations and its dimensions among adolescents with learning disabilities

Table 31

Correlation of Social Variables Family Relationship and Peer Relationship Among Adolescents with Learning Disability (n=110)

Variable	Peer Involvement			
	Social Interaction	Peer Acceptance	Peer Pressure	Total
Independence	.38	.25	.09	.45
Cohesion	.40	.34	-.13	.31
Achievement Orientation	.31	-.57	.28	.39
Intellectual Orientation	.57**	.27	-.03	.53**
Conflict	.53**	.43	.04	.59**
Social Orientation	.38	.21	.12	.51**
Ethical Emphasis	.21	.12	.20	.33
Discipline	.43	.18	.26	.56**
Total	.81**	.43**	.22*	.93**

* $p < .05$, ** $p < .01$

The correlation table (Table 31) for the total sample (n= 110) revealed that a total score of Family interaction has been found to be significantly and positively

related with a total score of Peer involvement ($r=.93, p < .01$) along with its dimensions i.e. Social interaction ($r=.81, p < .01$). But family interaction does not show any significant relation with peer acceptance and peer pressure dimensions. Peer involvement showed significant moderate positive correlation with family interaction dimensions independence ($r=.45, p < .01$), intellectual orientation ($r=.53, p < .01$), conflict ($r=.59, p < .01$), social orientation ($r=.51, p < .01$) and discipline ($r=.56, p < .01$).

Adolescents with learning disabilities may have difficulty connecting with family and friends. Understanding how learning disabilities affect relationships is crucial for providing effective support. Adolescents with learning disabilities need strong family interactions, parental empathy, support, and a nurturing environment that promotes coping skills and open communication. Being sympathetic and providing a secure environment could help adolescents evaluate their experiences.

Parents' relationships with teachers and administration improve learning environments. Frustration and low self-esteem often plague learning disabled teens. Family can assist and control emotions. Raising family understanding of learning challenges supports problem-solving, social acceptance, and empathy in inclusive learning environments. Anti-bullying, social skills development, peer tutoring, and school-based aid can help learning disabled students succeed academically. It promotes peer understanding and collaboration. Caring families and peers must collaborate to solve academic and social problems. Respect, acceptance, and healthy parental and peer relationships boost adolescent well-being and self-esteem. Parents, teachers, and friends should aid these teens intellectually and socially.

Family intimacy affects teenage peer relationships, according to Zhou, Huang, Qin, Tao, & Ning (2023). Parent–child interactions may affect children's peer relationships, although the mechanism is ambiguous. According to ecological systems theory, family and self-identity psychological capital moderates teenage peer relationships. Family connection improves teenage peer interactions through psychological capital. Positive self-identity moderates familial intimacy's direct and indirect impacts on peer relationships. This study examines familial intimacy and adolescent peer connections.

Pham, Murray & Good (2015) explored adolescents' disability adjustment and parent, peer, teacher, and mentor relationships among disabled high schoolers. Life satisfaction, problem behaviors, school relationship, and teacher–student relationships were closely linked to children social interactions. Specific relationship characteristics including teacher–student trustworthiness and disengagement predicted adjustment. Mentors also improved adolescent life satisfaction. Overall, the study found that nonfamilial adults promoted disabled adolescents well-being. Floyd and Olsen (2017) examined how family relationships can help intellectually and learning disabled children improve social skills. The study examined how group differences in children's actions, peer acceptability, and parents' egalitarian problem-solving predicted engaged and skillful problem-solving. Dominant and directive mothers predicted fewer of these qualities in their offspring. Fathers' actions conflicted with their children's because they were reacting to their uninteresting and bad behavior. Family-peer relationships, which increase involvement, facilitation, and positivity, help children at risk of peer rejection.

This supports Hypothesis H14.1 that family interaction and peer involvement are positively correlated. Only one characteristic of peer involvement, social

interaction, was significantly related to family interaction, suggesting family plays a significant role in promoting social interaction in adolescents with learning disabilities. Because very few studies have found a link between family relationships and peer relationships, more research is needed.

Based on the objective relationship social variable family relationship and student teacher relationship the following hypothesis was proposed:

Hypothesis 14.2: There will be significant relationship between social variables family relationship and its dimensions with student teacher relationship and its dimensions among adolescents with learning disabilities

Table 32

Correlation of social variables family relationship and student teacher relationships among adolescents with learning disability (n=110)

Variable	Student Teacher Relationship			
	Teacher Support	Intimacy	Teacher Quality	Total
Independence	.44	.37	.29	.44
Cohesion	.28	.22	.29	.30
Achievement Orientation	.42	.42	.29	.45
Intellectual Orientation	.44	.44	.29	.49
Family Interaction				
Conflict	.54**	.40	.34	.53**
Social Orientation	.46	.38	.38	.38
Ethical Emphasis	.38	.31	.21	.48
Discipline	.31	.44	.43	.57**
Total	.43	.75**	.62**	.92**

** $p < .01$

The correlation table (Table 32) for the total sample (n= 110) revealed that a total score of Family interaction has been found to be significantly and positively related with a total score of Student teacher relationship ($r=.92, p < .01$) along with its dimensions i.e. Intimacy ($r =.75, p < .01$) and Teacher quality ($r=.62, p < .01$). But family interaction shows moderate positive correlation with Teacher support dimensions ($r=.43, p < .01$). Whereas student teacher relationship showed only moderate positive correlation with all the dimensions of family interaction, independence ($r=.44, p < .01$), cohesion= ($r=.30, p < .01$), Achievement orientation ($r=.45, p < .01$), Intellectual orientation ($r=.49, p < .01$), Conflict ($r=.53, p < .01$), Social orientation ($r= .38, p < .01$), Ethical emphasis ($r= .48, p < .01$) and discipline ($r=.57, p < .01$).

Family relationships influence student-teacher interactions for adolescents with learning disabilities. Parental concern for adolescent needs improves student-teacher relationships by Discussing learning issues with their teachers and thereby helping parents overcome misunderstandings about academic challenges faced by adolescents with learning disabilities. If parents and teachers have different understandings of learning requirements, students may feel neglected, which might impact their mental health. Emotionally supported children are more likely to communicate with teachers and ask for assistance, but family concerns might affect students' mental health and teacher-student interactions, which determine student-teacher relationships. Safe and supportive academic environments are created through emotional influences and communication between parents and teachers on academic expectations and aspirations. Parents and teachers may have inconsistent expectations, leading to confusion, distrust, and isolation towards students. Disparities in communication between families and schools might impair student-teacher

interactions and hinder students' willingness to connect with teachers. Parents who attend parent-teacher meetings, workshops, or IEPs inspire teacher's views about their children.

Learning challenges affect families' views positively and negatively. Positively, it encourages children to address learning concerns with teachers, which might help teachers and parents accept and understand differences in learning. Parents may be hesitant to discuss learning problems with teachers due to negative family attitudes, fear of disapproval, or misinterpretation. Family interactions profoundly affect how children with learning disabilities interact with teachers, promoting strong family interactions, open communication, and strong parent-teacher relationships to support adolescents with learning disabilities. However, familial problems may prevent students from trusting and getting support from teachers.

Granot (2016) explored how mother-child and teacher-student emotional relationships affect disabled children's social and emotional adjustment. Homeroom teachers and students with a learning disability (LD), ADHD, or LD/ADHD comorbidity were studied. In addition to the impairment, excellent teacher-student interactions reduced the children's externalizing issue behaviors and improved their learning capacities, which are controlled by executive functional adequacy. In addition, maternal connection reduced internalizing dangerous behaviors. The research examined the impact of teachers' protective responsibilities on students with disabilities and the quality of teacher-student interactions. Wang and Kuo (2019) suggested that teachers' positive discipline would improve students' well-being and teaching effectiveness, while students' well-being would moderate the relationship. Students' well-being partially moderated the association between teachers' positive discipline strategies and their students' assessments of teaching efficiency. Thus,

instead of addressing student misbehaviors, the authors suggest that teachers must focus on positive classroom management, which has been linked to improved student and teacher outputs.

This result supports Hypothesis H14.2 that there exists significant positive correlation between family relationship and student teacher relationship. It was also observed that only two dimensions of student teacher relationship: teacher intimacy and teacher quality was observed as having high correlation with respect to the family relationship. As limited reviews report a relationship between family relationships and student teacher relationships, further investigation is required.

Based on the objective relationship social variable peer relationship and student teacher relationship the following hypothesis was proposed:

Hypothesis 14.3: There will be significant relationship between social variables peer relations and its dimensions with student teacher relationship and its dimensions among adolescents with learning disabilities

Table 33

Correlation of Social Variables Peer Involvement and Student Teacher Relationships Among Adolescents with Learning Disability (n=110)

Variable		Student Teacher Relationship			
		Teacher Support	Intimacy	Teacher Quality	Total
Peer Involvement	Social Interaction	.76**	.63**	.49	.76**
	Peer Acceptance	.34	.28	.34	.37
	Peer Pressure	.26	.27	.11	.27
	Total	.89**	.78**	.58**	.91**

** $p < .01$

The correlation table (Table 33) for the total sample (n= 110) revealed that a total score of Peer involvement has been found to be significantly and positively related with a total score of Student-teacher relationship ($r=.91, p < .01$) and with one of its dimension Social interaction ($r =.76, p < .01$). Student teacher relationship showed a significant and positive correlation with peer involvement in two dimensions teacher support ($r=.89, p < .01$), Intimacy ($r=.78, p < .01$). Only moderate correlation was observed between teacher quality and peer involvement ($r=.58, p < .01$).

Adolescents with learning disabilities interact with peers and teachers to enhance their social and academic lives. Positive peer relationships provide guidance, social support, and a sense of connectedness and closeness. Teachers who promote inclusive classrooms generate good peer relationships, enable pupils with disabilities to comprehend and complete their tasks, and create interactive learning environments. Peer and teacher relationships guide learning-disabled adolescents increase socialization, communication, cooperation, and resolution of conflicts. Inclusive teachers function as role models who promote interactions with peers and promote learning, emotional management, and social awareness. Teacher and peer acceptance of these adolescents improves self-esteem, academic development, and mental wellness. Student-teacher communication improves when adolescents handle peer disagreements, Academic goals, Group projects, research, and classroom activities, simplify needs expression, aid, and learning. Children with learning disabilities must manage peer and student-teacher relationships. Positive dynamics in these areas can promote a more supportive and inclusive school environment, helping these children's academic and social development. good

student-teacher relationship and peer relationships may help learning-disabled adolescents admire school.

Yu, Wang, Zheng, & Zhou (2023) identified Personal relationships have long been a concern in education. The majority of research indicated a positive relationship between healthy relationships between individuals and academic success. However, few studies have looked into how different types of personal relationships affect academic success, and previous research has produced inconsistent results. The current study used a large sample to investigate how adolescents three close forms of human relationships (with parents, teachers, and peers) linked with their academic success. The findings found that: (1) the quality of personal relationships was significantly and positively correlated with academic success; and (2) of the three types of relationships evaluated, the quality of student-peer interactions was the most closely related to academic achievement. This study provides insight into future research opportunities in this area, while also demanding teachers to pay attention to their students' relationships, particularly peer relationships.

Lu (2023) found that parental affection, teacher-student relationships, and peer trust give adolescents hope. Positive relationships were found between parental warmth, teacher-student interactions, peer trust, and hope. The nested model comparison found that parental emotional warmth affected hope more than teacher-student interactions or peer trust. Parental affection can enhance optimism by building teacher-student and peer trust. Rural youth can find hope by enhancing parental love, teacher-student bonds, and peer trust.

Schwab and Rossmann (2020) evaluated the relationship link the development of depressive symptoms in adolescents enrolled in secondary schools and peer

integration. 393 seventh-graders (194 boys and 199 females) made up the sample. Of these, 34 were diagnosed with SEN (23 males, 11 girls), which is a learning disability accompanied by social and emotional issues, as well as emotional or behavioral illnesses such as hyperactivity disorder. According to structural equation modeling, low levels of social integration and depression were predicted by unsatisfactory teacher-student interactions. Relationships between educators and their students influence both peer integration and students' mental health.

This result supports Hypothesis H14.3 indicating existence of a positive correlation between peer relationship and student teacher relationship. Peer relationship showed significant correlation with teacher support, teacher intimacy whereas social interaction of peer involvement scale showed significant correlation with student teacher relationship.

Correlation between psychological variables and social variables

Based on the objective relationship between psychological and social variables the following hypothesis was proposed:

Hypothesis 15: There will be significant relationship between psychological and social variables among adolescents

Table 34

Correlation Between Psychological Variable and Social Variables Among Adolescents With Learning Disability (n=110)

Variable	Family Interaction	Peer Involvement	Student Teacher Relationship
Temperament	.90**	.95**	.89**
Coping Skill	.69**	.68**	.68**
Emotional Intelligence	.93**	.95**	.87**

** $p < .01$

A significant positive correlation was indicated between psychological variables and social variables. Temperament showed a significant correlation with family interaction ($r = .90, p < .01$), peer involvement ($r = .95, p < .01$), student teacher relationship ($r = .89, p < .01$). Coping skills showed significant correlation with family interaction ($r = .69, p < .01$), peer involvement ($r = .68, p < .01$), student teacher relationship ($r = .68, p < .01$). Emotional intelligence showed significant correlation with family interaction ($r = .93, p < .01$), peer involvement ($r = .95, p < .01$), student-teacher relationship ($r = .87, p < .01$).

A person's social and psychological environment can have an impact on their mental health, academic performance, and life experiences. Adolescents with learning disabilities show relationships between certain characteristics like temperament, coping skills, emotional intelligence, family relationships, peer relationships, and student-teacher relationships. Participants may exhibit low self-esteem, academic achievement, high social challenges, and low self-awareness that can lead to stress and anxiety in adolescents. An underlying emotional characteristic, temperament, can negatively impact adolescents mental health by impairing emotional regulation and creating frustration, dissatisfaction, and incompetence. Psychological factors can impact disabled adolescents' coping skills, leading to adaptive or maladaptive responses to academic and social challenges.

This study investigates family, peer, and student-teacher relationships as important social factors that may affect the mental health and academic success of adolescents with learning disabilities. Poor peer interactions, like bullying, stigma, and negative social interactions, can isolate, lead to stress, anxiety, and low self-esteem. But good ones can empower them for socialization. Supportive and caring teachers improve students' academic experiences, whereas a lack of support might

increase difficulties. Educational inclusivity, accommodations, and support services may aid learning disabled students to become independent. Parental and family support can help individuals overcome their anxiety, maintain good relationships with their peer group members, communicate their difficulties with teachers and maintain good student-teacher relationships.

Trigueros, Mercader, José, and Rocamora (2019) investigated the relationship between emotional intelligence and social skills and how these influence bullying among Spanish high school students. The findings showed a positive relation between emotional intelligence and social skills, but a negative relationship with bullying. These findings highlighted the importance of implementing educational programs that aim at developing emotional intelligence in the classroom to prevent bullying behaviors.

A prosocial classroom model by Jennings and Greenberg (2009) emphasizes teachers' social and emotional competence (SEC) and well-being in developing and maintaining supportive teacher-student relationships, effective classroom management, and successful social and emotional learning program implementation. This approach says these characteristics make classrooms more learning-friendly and increase child development. Furthermore, contemporary study shows a link between SEC and teacher burnout, as well as an investigation into intervention efforts to increase teachers' SEC through stress reduction and mindfulness programs. Finally, the authors suggested examining the effectiveness of intervention in enhancing teacher SEC and student learning outcomes. Only limited studied can be observed indication relation between psychological and social factors among adolescents with learning disabilities, which indicates need for further investigation in this area of study.

This result supports Hypothesis H15 indicating presence of significant positive correlation among psychological social variables considered in the current investigation.

Based on the objective relationship between psychological variable temperament and social variables family relationships, peer relationships and student teacher relationships the following hypothesis was proposed:

Hypothesis 15.1: There will be significant correlation between a psychological variable temperament with social variables family interaction, peer involvement and student-teacher relationships among adolescents with learning disability.

Table 35

Correlation between a psychological variable temperament with social variables family interaction, peer involvement and student-teacher relationships among adolescents with learning disability (n=110)

Variable	Family Interaction							Peer Involvement					Student Teacher Relationship				
	Ind	Coh	Ach O	IntO	Con	SocO	EthE	Dis	Tot	SocI	PeA	PeP	Tot	TeSu	Int	TeQ	Tot
EC	.39	.27	.12	.46	.43	.45	.09	.33	.63**	.59**	.26	.11	.62**	.60**	.54**	.39	.62**
Su	.35	.28	.22	.33	.31	.24	.24	.29	.57**	.42	.26	.12	.52**	.61**	.60**	.43	.65**
NA	.15	.04	.31	.25	.38	.22	.24	.32	.48	.53**	.25	.22	.59**	.45	.35	.21	.43
Tem.																	
Af	.44	.45	.29	.45	.48	.39	.15	.43	.77**	.70**	.36	.23	.81**	.72**	.66**	.56**	.77**
Tot	.48	.37	.35	.55	.60**	.48	.26	.51	.90**	.84**	.42	.27	.95**	.87**	.77**	.57**	.89**

* $p < .05$, ** $p < .01$

The correlation table (Table 35) for the total sample (n= 110) revealed that psychological variable Temperament showed significant positive correlation with Family interaction ($r= .90, p<.01$), Conflict ($r=.60, p<.01$), Effortful control ($r=.63, p<.01$), surgency ($r=.57, p<.01$), affiliation ($r=0.77, p<.01$). Family interaction

showed moderately significant positive correlation with Discipline ($r=.51, p<.01$), and intelligent orientation ($r=.55, p<.01$).

Social interaction showed significant moderate positive correlation with Effortful control ($r=.59, p<.01$), Negative affect ($r=.53, p<.01$), Affiliation ($r=.70, p<.01$), and with temperament ($r= .84, p<.01$).

Peer involvement showed a significant positive correlation with dimensions of temperament Effortful control ($r=.62, p<.01$), Surgency ($r=.52, p<.01$), Negative Affect ($r=.59, p<.01$) and affiliation ($r=.81, p<.01$)

While considering correlation between Temperament and student teacher relationships, a significant positive correlation ($r=.89, p<.01$). Teacher support had significant positive correlation with Effortful control ($r=.60, p<.01$), Surgency ($r=.61, p<.01$), Affiliation ($r=.72, p<.01$), Temperament ($r=.87, p<.01$).

The Intimacy dimension of Student teacher relationship scale indicated a significant moderate positive correlation with Effortful control ($r=.54, p<.01$), Surgency ($r=.60, p<.01$), Affiliation ($r=.66, p<.01$) and Temperament ($r=.87, p<.01$) Teacher quality showed significant positive correlation with Affiliation ($r= 0.56, p<0.01$) and Temperament ($r= 0.57, p<0.01$)

Student teacher relationship showed a significant positive correlation with Temperament ($r=.89, p<.01$), Effortful control ($r=.62, p<.01$). Surgency ($r=.65, p<.01$) and Affiliation ($r=.77, p<.01$)

This result supports Hypothesis H15.1, which indicates existence of significant positive correlation between temperament and 3 social variables family relationships, peer relationships and student teacher relationships. Moderate positive correlation was identified between conflict and temperament, social interaction and

temperament and 3 dimensions of student teacher relationship and temperament. Very low positive correlation exists between negative affect and family relationships, which mean negative emotional expression, resulted in poor family relationships. Surgency and negative affect both indicates moderate positive correlation with peer relationships, which implies both extreme positive and negative emotions resulted in poor peer relationships. Negative affect showed low positive correlation with student teacher relationships, which indicates expression of negative affect led to poor student teacher relationships.

Research consistently shows that temperament plays a significant role in the student-teacher relationship among adolescents with learning disabilities. Buonomo (2017) and Cardell (1988) both found that children's temperament, particularly emotionality and social orientation, can predict their general psychological difficulties and social competence. This is further supported by Bender (1985), who found that learning disabled children exhibit lower task orientation and personal-social flexibility, which can impact their behavior and interactions with teachers. The quality of the student-teacher relationship is also a key factor, with Griggs et.al, (2009) both highlighting its moderating influence on the association between temperament and behavior problems. These findings underscore the importance of considering both temperament and the student-teacher relationship in supporting adolescents with learning disabilities.

Research has consistently shown that adolescents with learning disabilities (LD) face challenges in peer relationships, with lower popularity and self-concept (Bruininks, 1978). These difficulties are not related to IQ or achievement, but rather to behavior and social interactions (Kistner, 1989). Temperament, particularly low task orientation, flexibility, and positive mood, can exacerbate the impact of negative

peer influence on delinquent behavior (Mrug, 2012). Positive temperament patterns, on the other hand, can enhance peer interactions (Neuharth-Pritchett, 2006). The role of temperament in social adjustment to peers has been confirmed (Parker-Cohen, 1988), with specific temperamental dimensions influencing social relationships (Neuharth-Pritchett, 2006). The interaction between temperament and parenting styles can also influence neural response to peer evaluation (Guyer et.al., 2015). ADHD symptoms, which are often comorbid with LD, can mediate the relationship between temperament and peer relations, particularly through the role of school bullying (Bacchini, 2008). Adolescents with multiple LD, particularly girls, may experience poorer emotional adjustment and school functioning (Martínez, 2004). Research has consistently shown a link between temperament and learning disabilities in adolescents. Masi et.al., (2003) found that adolescents with anxiety and depressive disorders, often comorbid with learning disabilities, exhibited higher levels of emotionality and shyness, as did their parents and siblings. Scholom (1980) suggested that infant temperament, including lower activity levels and negative mood, could contribute to the development of learning disabilities. Windle (1991) and Teglasi (2004) both highlighted the role of difficult temperament in adolescents with learning disabilities, with Windle (1991) specifically linking it to greater degrees of depressive symptoms and delinquent behaviour, as well as poorer perceived family support. Al-Yagon (2012) further emphasized the importance of close relationships with significant adults, such as parents and teachers, in the socioemotional and behavioral adjustment of adolescents with learning disabilities. Bender (1994) underscored the need for further research on the secondary emotional and social problems, as well as the differences in temperament and behavior, in this population.

Based on the objective relationship between psychological variable coping skills and social variables family relationships, peer relationships and student teacher relationships the following hypothesis was proposed:

Hypothesis 15.2: There will be significant correlation between psychological variable coping skill and social variables family relationships, peer relationships and student-teacher relationships among adolescents with learning disability

Table 36

Correlation Between Psychological Variable Coping Skill and Social Variables Family Relationship, Peer Relationship and Student-Teacher Relationships Among Adolescents with Learning Disability (n=110)

Variable	Family Interaction							Peer Involvement					Student Teacher Relationship				
	Ind	Coh	Ach O	IntO	Con	SocO	EthE	Dis	Tot	SocI	PeA	PeP	Tot	TeSu	Int	TeQ	Tot
PS	.29	.28	.35	.47	.44	.39	.24	.36	.71**	.65**	.33	.12	.72**	.70**	.61**	.45	.72**
CR	.39	.34	.32	.45	.53**	.48	.32	.53**	.85**	.72**	.38	.22	.85**	.82**	.69**	.55**	.83**
EE	.40	.42	.26	.42	.36	.34	.14	.40	.69**	.54**	.37	.14	.68**	.63**	.56**	.55*	.68**
Sco	.24	.18	.35	.44	.37	.32	.30	.39	.66**	.53**	.30	.29	.69**	.65**	.64**	.46	.70**
CoS. PA	.39	.41	.22	.38	.48	.38	.15	.36	.69**	.60**	.38	.06	.68**	.64**	.58**	.49**	.68**
WT	.39	.13	.31	.46	.44	.31	.34	.47	.73**	.63**	.30	.25	.75**	.76**	.62**	.47	.75**
SC	.25	.13	.27	.32	.39	.37	.27	.37	.60**	.54**	.14	.25	.64**	.62**	.52**	.31	.60**
Sw	.28	.21	.30	.31	.42	.30	.28	.40	.60**	.60**	.31	.19	.67**	.59**	.53**	.36	.60**
Tot	.45	.35	.40	.55**	.60**	.48	.35	.56**	.94**	.82**	.42	.26	.97**	.92**	.81**	.61**	.95**

* $p < .05$, ** $p < .01$

The correlation table (Table 36) for the total sample (n= 110) revealed that psychological variable Coping skills showed significant positive correlation with Family interaction ($r=.94$, $p<.01$), problem solving ($r=.71$, $p<.01$), cognitive restructuring ($r=.85$, $p<.01$), express emotions ($r=.69$, $p<.01$), social contact ($r=.69$,

$p < .01$), problem avoidance ($r = .69, p < .01$), wishful thinking ($r = .73, p < .01$), self-criticism ($r = .60, p < .01$), social withdrawal ($r = .60, p < .01$).

The dimensions of coping skills showed a significant positive correlation with family interaction. Problem solving ($r = .71, p < .01$), cognitive restructuring ($r = .85, p < .01$), expressed emotion ($r = .69, p < .01$), social contact ($r = .66, p < .01$), problem avoidance ($r = .60, p < .01$) and wishful thinking ($r = .63, p < .01$).

A significant correlation was observed between peer involvement and dimensions of coping skills problem solving ($r = .72, p < .01$), cognitive restructuring ($r = .85, p < .01$), express emotion ($r = .68, p < .01$), social contact ($r = .69, p < .01$), problem avoidance ($r = .68, p < .01$), wishful thinking ($r = .75, p < .01$), self-criticism ($r = .64, p < .01$), social withdrawal ($r = .67, p < .01$).

Teacher support had significant positive correlation with coping skill ($r = .92, p < .01$) and its dimensions problem solving ($r = .70, p < .01$), cognitive restructuring ($r = .82, p < .01$), express emotion ($r = .63, p < .01$), social contact ($r = .65, p < .01$), problem avoidance ($r = .64, p < .01$), wishful thinking ($r = .76, p < .01$) and self-criticism ($r = .62, p < .01$). Teacher closeness indicated a significant positive correlation with coping skill ($r = .81, p < .01$), problem solving ($r = .61, p < .01$), cognitive restructuring ($r = .69, p < .01$), social contact ($r = .64, p < .01$) and wishful thinking ($r = .62, p < .01$).

Student teacher relationship showed a significant positive correlation with coping skills ($r = .95, p < .01$), problem solving ($r = .72, p < .01$), cognitive restructuring ($r = .83, p < .01$), express emotion ($r = .68, p < .01$), social contact ($r = .70, p < .01$), problem avoidance ($r = .68, p < .01$), wishful thinking ($r = .75, p < .01$), self-criticism ($r = .60, p < .01$), social withdrawal ($r = .60, p < .01$).

This result supports Hypothesis H15.2 that is a significant positive correlation existed between coping skills and 3 social dimensions like family relationship, peer relationship and student teacher relationship in the following dimensions intellectual orientation, conflict and discipline. Greater the awareness on various intellectual daily aspects higher will be coping skills. More the disciplined living patterns at home higher will be coping skills among adolescents with LD.

Various dimensions of coping skills showed significantly moderate positive correlation with social interaction. Moderate high and very high positive correlation was identified between coping skills and its dimension with peer relationships. Dimensions of coping skills showed significant positive moderate correlation with teacher support and teacher intimacy. But moderate to high positive correlation exists between coping skill dimensions and student teacher relationships.

Research indicates that adolescents with learning disabilities often struggle with coping skills, which can impact their peer relationships. Shulman (1995) found that these adolescents have difficulty appraising stress and seeking information, while Geisthardt (1996) noted their reliance on cognitive avoidance and lack of peer support. Jiboc, (2019). highlighted their use of nonproductive coping strategies. These challenges can lead to social skills deficits (Bruck, 1982) and low peer acceptance (Gresham, 1986). However, positive peer relationships can foster behavioral adjustment (Wiener, 2004), and the quality of these relationships can predict active coping and self-esteem (Mota, 2013). Interventions such as peer mentoring have been shown to improve work-related performance (Westerlund, 2006). Research has consistently shown a link between coping skills and the student-teacher relationship among adolescents with learning disabilities. Firth (2013) found that a coping program and teacher feedback intervention can improve perceived control and

adaptive coping. However, learning disabled adolescents often struggle with coping, showing less ability to appraise stress and seek information (Shulman, 1995), and using nonproductive coping strategies (Firth, 2013). They also report higher levels of stress and use cognitive avoidance as a coping strategy (Geisthardt, 1996). The role of parents in influencing coping styles is also significant (Shulman, 1995). The importance of supportive teacher-student relationships for these students is emphasized (Murray, 2007), and peer teaching has been found to be effective in improving social skills. Interventions that provide students with effective coping strategies are crucial (Givon, 2010).

Shulman et al. (1995) found that learning disabled adolescents used a variety of coping mechanisms, which could affect their independence, suggesting a link between familial interactions and coping skills. Holahan, & Moos (1987) examined personal and contextual characteristics of active and avoidance coping mechanisms in 400 community persons and 400 unipolar depression patients. Activity and avoidance coping were strongly influenced by education, money, personality traits like self-confidence and ease, and contextual factors including bad life events and family support. Active and avoidance coping were strongly correlated with negative life events in healthy people and sick. More personal and environmental resources increased active coping and decreased avoidance. After controlling the stable component in coping in a longitudinal design, most factors still predicted active and avoidance coping methods for both groups.

Halpern (2004) examined preschoolers' stress-coping strategies. Their issue behavior, coping, family environment, and how coping moderated family environment and psychological adjustment were assessed. This study included 58 preschoolers and their caretakers. Caregivers completed home and child behavior

surveys. Daycares assessed children's cognitive progress, behavioral maturity, and coping methods. In mastery, parent-child, peer, and separation stressor vignettes, children's reactions were coded. Discovered aging success. A lack of coping reactions was positively correlated with problem behavior, although overall coping attempts, expressiveness, and family closeness were negatively correlated. No matter the stress, reactions were consistent. Coping affected family conflict, children's externalizing difficulties, regressions' cohesiveness, and internalizing problem behaviors. Children seem protected by coping methods, family closeness, and expressiveness.

A comprehensive quantitative review by Haddow, Taylor, and Schwannauer (2021) examined how positive peer connections affect psychological traits linked with coping and resilience in adolescents in alternative care. The review examined alternate care for 10–18-year-olds. After a systematic literature search on psychological resilience and peer interactions, ten papers were included. Studies were assessed using methodological quality ratings. The four main themes were peer happiness, peer group networks, adolescent good attachments, and social skills. Standardized resilience and peer attachment measurements are needed to study more beneficial outcomes in this cohort. It reviews the literature and prepares for rigorous longitudinal investigations on peer bonds and resilience. It highlights positive developmental discourse based on group strengths. These findings are crucial for developing information that could greatly benefit this vulnerable community.

Based on the objective relationship between psychological variable emotional intelligence and social variables family relationships, peer relationships and student teacher relationships the following hypothesis was proposed:

Hypothesis 15.3: There will be significant correlation between psychological variable emotional intelligence and social variables family relationships, peer relationships and student-teacher relationships among adolescents with learning disability

Table 37

Correlation Between Psychological Variable Emotional Intelligence and Social Variables Family Relationships, Peer Relationships and Student-Teacher Relationships Among Adolescents with Learning Disability (n=110)

Variable	Family Interaction							Peer Involvement				Student Teacher Relationship						
	Ind	Coh	AchO	IntO	Con	SocO	EthE	Dis	Tot	SocI	PeA	PeP	Tot	TeSu	Int	TeQ	Tot	
SA	.43	.36	.33	.57**	.54**	.51**	.22	.51**	.87**	.82**	.41	.17	.89**	.79**	.71**	.51**	.82**	
PS	.42	.23	.31	.47	.55**	.50**	.24	.44	.79**	.73**	.37	.18	.81**	.76**	.59**	.43	.73**	
Eml.	Op	.39	.21	.33	.55**	.54**	.40	.25	.43	.78**	.74**	.35	.21	.82**	.70**	.64**	.45	.72**
RM	.36	.28	.43	.41	.45	.31	.32	.45	.76**	.70**	.36	.20	.80**	.75**	.68**	.44	.77**	
Tot	.46	.33	.39	.59**	.60**	.51**	.28	.53**	.93**	.87**	.43	.21	.95**	.86**	.75**	.53**	.87**	

* $p < .05$, ** $p < .01$

The correlation table (Table 37) for the total sample (n= 110) revealed that psychological variable emotional intelligence showed significant positive correlation with Family interaction ($r = 0.93, p < 0.01$) and its dimensions self-awareness ($r = .87, p < .01$), problem solving ($r = .79, p < .01$), optimism ($r = .78, p < .01$) and relationship management ($r = .76, p < .01$).

Emotional intelligence showed significant positive correlation with peer involvement ($r = .95, p < .01$) and its dimensions self-awareness ($r = .89, p < .01$), problem solving ($r = .81, p < .01$), optimism ($r = .82, p < .01$) and relationship management ($r = .80, p < .01$). Social interaction and emotional intelligence also showed a significant correlation ($r = .87, p < .01$).

Emotional intelligence showed a significant positive correlation with the student-teacher relationship ($r = .87, p < .01$) and its dimensions of self-awareness ($r = .82, p < .01$), problem-solving ($r = .73, p < .01$), optimism ($r = .72, p < .01$) and relationship management ($r = .77, p < .01$). Emotional intelligence also showed a significant correlation with Teacher support ($r = .86, p < .01$) and closeness ($r = .75, p < .01$).

This supports Hypothesis H15.3, which states that emotional intelligence positively affects family, peer, and student-teacher relationships. Problem-solving and optimism were linked to intellectual and social orientation. Only peer social interaction positively correlated with emotional intelligence. All emotional intelligence dimensions were positively correlated with teacher support and intimacy.

Family environment and emotional intelligence have been studied extensively. Family cooperation and a positive environment boost emotional intelligence, Naghavi (2012) and Family size and parental education moderate this relationship (Naghavi, 2012). Ulutas (2012) study the neurobiological effects of maternal attitudes and parent-child interactions on emotion regulation, a key component of emotional intelligence. Family climate predicts teen emotional intelligence consistently find a positive correlation between adolescent emotional intelligence and peer High emotional intelligence leads to more cooperation and leadership nominations and fewer disruptive, aggressive, and dependent ones (Petrides, 2006).

According to Szczygieł (2017), it not only predicts personality traits, but it also indicates how socially regarded individuals are. Peers' perceptions of an individual's ethical behavior are shaped by their emotional intelligence, which in turn affects the individual's social abilities and interactions (Lopes, 2005; Mestre, 2006).

These findings support the idea that emotional intelligence facilitates relationships amongst peers. Güler (2022) asserts that teenagers' social interactions are influenced by their emotional intelligence. Empathy and social competence are more important than academic and intellectual traits in determining acceptance or rejection by one's classmates in this group (Kistner, 1989).

Peer attachment and class-level emotional intelligence predict mental health (Balluerka, 2016). Learning disabled students with social vulnerabilities may have lower peer group centrality (Pearl, 2004). Multiple learning disabilities can negatively impact emotional adjustment and academic performance (Martínez, 2004). These students may be more hyperactive in peer interactions and have lower cognitive and affective role-taking skills (Bruck, 1982). Despite these obstacles, emotional intelligence aids social and academic development (Mestre, 2006). Study suggests a complex relationship between emotional intelligence and student-teacher relationships in learning disabled adolescents. Emotional intelligence is linked to academic success (Mohzan, Hassan & Halil, 2013), but teacher-student conflict can cause emotional and behavioral issues (Poulou, 2017). Disabled students, including learning disabled ones, dislike teachers (Prino, Pasta, Gastaldi, & Longobardi, 2014). Additional study on adolescents with learning disabilities is necessary to clarify the function of emotional intelligence in these connections.

Bhatia (2012) and Naghavi (2012) discovered that a healthy family relationship influences emotional intelligence in young adolescents. According to Al-Yagon (2012) and Amerikaner (1984), close parent-teacher relationships help adolescents develop their socioemotional and behavioral skills. Colb (2003) and Elias (2004) argue that emotional intelligence and character influence social development and relationships. Family support is crucial for adolescents with learning disabilities,

particularly developmental language disorder, in behavioral, emotional, and school adjustment, according to Valera-Pozo (2020) and Huntington (1993).

Brackett and Katulak (2013) conducted a study that examined emotional intelligence in the classroom. The focus of their research was on skill-based training for both teachers and students to achieve success. Educational institutions prioritize the comprehensive mastery of fundamental competencies, such as reading and mathematics, while also fostering a robust foundation in additional disciplines such as science, history, and foreign languages. Support for a comprehensive curriculum that prioritizes teachers' and students' growth in social and emotional competencies has emerged among both groups in recent years.

Szcześniak and Tulecka (2020) studied the connection between emotional intelligence, family functioning, and life satisfaction. Cohesion, adaptation, communication, and family pleasure positively and considerably affect emotional intelligence and life satisfaction. Life pleasure negatively correlates with entangled, disengaged, and disordered functioning. Conversely, emotional intelligence negatively impacts unorganized and unmotivated performance. Family functioning (cohesion, flexibility, communication, family satisfaction, disengagement, and disorder) and life satisfaction were partially mediated by emotional intelligence. Thus, EQ connects happy families and rewarding lives. Petrides, Sangareau, Furnham, and Frederickson studied how trait emotional intelligence affects school connections in 2006. The characteristic emotional intelligence exam was given to 160 students, 83 of whom were female. They then had to identify peers who were 'intimidating,' 'dependent,' 'disruptive,' 'shy,' 'aggressive,' and more. We also asked teachers to propose all youngsters who satisfied all seven criteria. Leadership and cooperation were more common for high trait EI students than violence, dependence, and

disruption. Teacher nomination factor analysis yielded orthogonal prosocial and antisocial components. High trait EI students do better on prosociality tests and worse on antisociality tests. Distinctive EI affects school peer relationships. In 2013, Mohzan, Hassan, and Abd Halil examined how emotional intelligence affects education faculty students' academic achievement.

This study examined students' emotional intelligence and academic performance via a questionnaire. The Self-Emotion Appraisal and Understanding of Emotions categories showed excellent emotional intelligence in respondents, which was favorably and significantly associated with academic achievement. The results suggest that teachers' emotional intelligence affects students' academic performance.

Corcoran & Tormey (2013) showed emotional intelligence would impact student teachers' performance. Theory supports teachers' need for emotional intelligence (EI). There is no data on whether student teachers' EI levels affect their teaching performance. There is growing evidence that instructors need emotional intelligence. Teachers' emotional skills affect students' behaviour, engagement, and academic performance. Teachers with stronger emotional intelligence, including emotion control, have lower burnout and higher job satisfaction (Brackett, Palomera, Mojsa-Kaja, Reyes, & Salovey, 2010).

Understanding the relationship between temperament and emotional intelligence is critical for developing effective remedies. Individualised interventions can be devised to improve emotional intelligence capabilities in adolescents with learning disabilities based on their individual temperament patterns. These programs may emphasise emotion management, empathy development, and successful communication.

The ups and downs of parenting a child with an LD can take an impact on a parent's sense of self-efficacy, mental health, and bonding with their child. Because they can give their children the one-on-one attention and make quick changes, parents of children with learning disabilities frequently tutor their children and offer home interventions to boost their academic performance (Leach & Siddall, 1990). According to research (Rapus-Pavel et al., 2018; Roll Pettersson & Mattson, 2007), parents may experience feelings of inadequacy and stress as their children become older due to the increasing demands of their daily academic assistance. They are at risk for stress, anxiety, sadness, and dysfunctional parent-child interactions due to the difficulty and exhaustion of understanding and managing their child's emotional, behavioral, and learning requirements.

Oguntayo, Agberotimi, Oyeleke, Olaseni, and Ayinde (2020) examined how psychosocial factors affect learning difficulties in Nigerian special needs adolescents. A cross-sectional survey included 120 adolescents who voluntarily participated. No gender difference in learning difficulties among special needs individuals was found, and those with severe social stigma had significantly larger difficulty. Learning difficulties were significantly impacted by disability type. The report recommends strengthening disability laws and improving school learning for pupils who require support services to stay engaged.

Brady and Woolfson (2008) examined how teacher characteristics affect their explanations for children's learning challenges. Inclusive education requires assessing teachers' attitudes towards teaching learning-challenged students. Teachers' involvement affected stability and control. Empathy for the disabled revealed long-term learning issues. Teaching efficacy and special needs experience predicted external causality.

CHAPTER 5

SUMMARY AND CONCLUSION

- ❖ Resume of the Research
- ❖ Tenability of Hypotheses
- ❖ Major Findings of the Research

Resume of the Research

To investigate the psychosocial components of learning disabilities in adolescents, as understanding these factors would enhance social and academic outcomes in this population. The objectives of the research included identifying psychological variables (such as temperament, coping mechanisms, and emotional intelligence) and social factors (such as relationships with family, peers, and teachers) among adolescents with learning disabilities, as well as comparing these variables to those of adolescents without learning disabilities and identifying gender differences. It also Investigated the relationship between psychological and social factors in assessing the well-being of adolescents with learning disabilities. The descriptive correlational research design was used for this study. To ensure a methodical and planned approach, the current investigation was separated into three phases. Phase I examines various psychological and social variables, whereas Phase II entails development of tests, translation of tests, and selection of appropriate tools to measure the selected variables of interest. Phase III involves participant selection, tool implementation, data collection, analysis, and interpretation. Despite the availability of many types of emotional intelligence tests and teacher-student interaction measures, they did not meet the criteria for current research. So the investigator's developed two tools in Malayalam language, the emotional intelligence scale (EIS) and student-teacher relationship scale (STRS), and their psychometric properties were analyzed. Due to the fact that English might be difficult for adolescents with learning disabilities to comprehend, the reliability of the two selected instruments was assessed following their translation into Malayalam, their mother tongue. According to the findings, psychological and Social factors related to adolescents with learning disabilities were significantly different from those of adolescents without such

disabilities. Adolescents with learning disabilities scored significantly poorer in all of these categories. Gender differences were also seen, with girls exhibiting more psychosocial well-being than adolescent boys. A considerable positive relationship has been found between psychological and social attributes. Early identification and the cultivation of positive relationships in family, peers, and teachers may aid adolescents with learning disabilities in overcoming a range of challenges and exhibiting enhanced social and personal adaptation.

Statement of the Problem

The purpose of this study was to investigate the psychosocial aspects linked with learning disabilities. Also, compare these factors with typically developing adolescents to determine whether these factors are specific to adolescents with learning disabilities or are observed among the adolescent population. The focus on these factors becomes essential as these individuals progress through a phase of adolescence and its direct or indirect influences on individuals with learning disabilities.

So, the current study is titled "Psychosocial Correlates of Learning Disability."

Objectives of the research

1. To explore and identify the important psychological factors like temperament, coping skills and emotional intelligence influencing and being influenced by learning disability
2. To explore and identify the social factors like family relationships, peer relationships and student-teacher relationships influencing and being influenced by learning disability

3. To develop and standardize the emotional intelligence scale for adolescents and find its psychometric properties
4. To develop and standardize the student-teacher relationship scale for adolescents and find its psychometric properties
5. To translate the coping strategies inventory and peer involvement scale into Malayalam for samples to help understand the items presented in the scale.
6. To identify the frequency and percentage of sample based on certain demographic variables like age, gender, class, parental education, and socioeconomic status
7. To examine whether there exists a difference in temperament, coping skills, emotional intelligence, family relationships, peer relationships and student-teacher relationships among adolescents with and without learning disabilities
8. To study and understand whether there is a relationship between the variables temperament, coping skills, and emotional intelligence (psychological variables)
9. To study and understand whether there is a relationship between the variables family interaction, peer involvement, and student-teacher relationship (social variables)
10. To find the mutual relationship between psychological variables and social variables and to determine whether one variable affects or depends on another variable.

Hypotheses for the Study

The major hypotheses proposed for the current research, based on the objectives outlined, were:

- There will be significant differences in Psychological and Social variables among adolescents with and without learning disability
- There will be significant gender differences in Psychological and Social variables among adolescent boys and girls with learning disability
- There will be a significant relationship between psychological and social variables among adolescents with learning disability

Method

The researcher used a quantitative descriptive-correlational design. The results were analysed using several methodologies. Test development and translation were carried out to provide new tools and improve understanding of the items asked to be answered during the data gathering process.

Participants

The participants included in this research are high school students from various schools in Kerala State who are enrolled in English and Malayalam-medium schools and those who were under remedial training under various psychologists, special educators and remedial teachers. These students, with and without learning disabilities, included 220 students from grades 6 through 10. Of the 220 samples considered, 110 were adolescents with LD, and 110 were adolescents without LD, ranging in age from 11 to 16 years.

Tools used:

- Early Adolescent Temperament Questionnaire -Revised (EATQ-R)
- Coping Skills Inventory (CSI-SF)
- Emotional Intelligence Scale (EIS)
- Family Interaction Scale (FIS)
- Peer Involvement Scale (PIS)

- Student Teacher Relationship Scale (STRS)
- Personal Data Sheet

Procedure

After receiving permission from the head of the institution, psychologists, and parents of adolescents with and without learning disabilities, an entire overview of the study was presented to each participant individually. Participants were told that the inquiry was for study purposes and that all information acquired would be kept strictly confidential. Their identities would not be shared with anyone. Participation in the research was entirely voluntary, and participants had the option to withdraw if they did not choose to continue with the study. Prior to acquiring the information, rapport was created with all participants. A sample was drawn from a list of pupils who had previously been assessed for a learning disability (LD) and those who do not report any academic issues (Non-LD) at school. Personal information was acquired using a socio-demographic data sheet. During the pandemic, administration was done via online mode. After pandemic the students were met individually in classroom rooms and required information was collected from schools and clinics. Parents and institutional heads provided informed consent.

Table 38

Phases of the study

Phases of research	Task performed	
Phase 1	Expert Suggestions	<ul style="list-style-type: none"> ● Information and experiences of instructors, teachers, special educators and psychologists ● There is a need for early identification and

		proper individualized remedial training for improving their academic and non-academic skills
	Pilot study	<ul style="list-style-type: none"> ● For understanding psychological and social factors ● Determining mode of data collection. ● Appropriate selection of variables for research ● Availability of samples ● Application of questionnaire technique
	Exploring psychological and social variables	<ul style="list-style-type: none"> ● Identification of relevant variables studied in previous research ● Significance of the selected variables ● The mode of research conducted in other studies ● Feasibility in conducting research ● Deciding sample group
Phase 2	Tools Selection	<ul style="list-style-type: none"> ● Previously standardized tools selected ● Early Adolescent Temperament Questionnaire ● Coping strategies inventory ● Family interaction scale ● Peer involvement scale
	Development of Tools	<ul style="list-style-type: none"> ● As current tools do not fulfil requirements of the current research, emotional intelligence scale (EIS) and student-teacher relationship scale (STRS) were developed

		<ul style="list-style-type: none"> ● Tools were developed in Malayalam language ● EIS: 23 items that measure four dimensions- self-awareness, problem solving, optimism, and relationship management ● STRS: 34 items that measure three dimensions: teacher support, intimacy and teacher ● Exploratory Factor Analysis, Reliability and Validity established
	Translation of Tools	<ul style="list-style-type: none"> ● Due to difficulty in reading and comprehending English language, previously developed and standardized questionnaires and coping strategies inventory and peer involvement scale were translated into Malayalam ● Reliability of translated scale assessed
Phase 3	Data Collection	<ul style="list-style-type: none"> ● Adolescents aged between 11 and 16 years ● Adolescents with LD (110) and without LD (110) ● Purposive sampling technique ● Descriptive Correlational design
	Statistical analysis	<ul style="list-style-type: none"> ● Descriptive Statistics (mean) of Psychological variables and social variables

		<ul style="list-style-type: none">● Statistical indices like mean, median, mode, SD, skewness and kurtosis about study variables● t test● correlation
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Test Construction

To investigate the psychological and social correlates among adolescents with and without learning disabilities and to examine gender differences in psychological and social variables among adolescents with learning disabilities, the investigator employed previously developed and standardized instruments such as the Early Adolescent Temperament Questionnaire, Coping Strategies Inventory, Family Interaction Scale, and Peer Involvement Scale. Because the scale has to be administered to adolescents with learning disabilities who struggle to understand English, the researcher had to translate the coping strategies inventory and peer involvement scale into Malayalam and test their reliability. Because the previously produced emotional intelligence scale and student-teacher relationship scale do not meet the needs of the present study, a new tool was constructed, and its EFA, reliability, and norms were defined. The Cronbach reliability for translated coping strategies inventory (SF) was .81 and Peer Involvement Scale (Malayalam translated version) was .853 by statistical analysis.

To assess emotional intelligence, a 23-item scale was designed with four components. The four dimensions were self-awareness, problem solving, optimism, and relationship management. Exploratory factor analysis found that each observed variable has the capacity to assess every component and decide which links between observed variables and factors. The scale demonstrated strong internal consistency,

with Cronbach's alpha values of .88 for the whole scale. The reliability coefficients for self-awareness, problem-solving, optimism, and relationship management were .82, .67, .66, and .62, respectively.

A 34-item student-teacher relationship measure (student's perspective), a self-report instrument, was developed to examine students' perceptions of their connection with a teacher across three dimensions: teacher support, closeness, and teacher quality. The Cronbach Alpha technique was used to determine the reliability of the three dimensions and the overall scale. The overall scale's dependability was determined to be .88. The Cronbach Alpha coefficient for the dimension of factor 1 classroom coordination is .87, factor 2 intimacy is .73, and factor 3 teacher quality is .50. The split-half dependability for the overall scale was measured at .90.

Tenability of the hypotheses

In accordance with the research objectives, numerous hypotheses were developed and examined. To investigate the psychosocial correlates of learning disabilities, this study examined three psychological variables: temperament, coping skills, and emotional intelligence—and three social variables: family relationships, peer relationships, and student-teacher relationships—among high school students with and without learning disability in Kerala. The following hypotheses and sub hypotheses were developed and tested for this research.

A. With respect to group (LD & NLD)

The first Hypothesis states that there will be significant difference in Temperament among adolescents with and without Learning disabilities. In order to examine this hypothesis, a series of sub-hypotheses were developed:

1.1: There will be significant difference in Effortful control among adolescents with and without Learning disabilities.

1.2: There will be significant difference in Surgency among adolescents with and without Learning disabilities.

1.3: There will be significant difference in Negative affect among adolescents with and without Learning disabilities.

1.4: There will be significant difference in Affiliation among adolescents with and without Learning disabilities

The acceptability of the hypothesis can be determined by analysing these sub-hypotheses. The t-test is utilized to examine the hypothesis and its four sub-hypotheses.

Individuals with learning disabilities exhibit distinct variations in their emotional and behavioral traits due to a substantial disparity in temperament and its dimensions. There is a significant variation in temperament, which comprises effortful control, surgency, negative affect and affiliation the characteristics which are enduring and use innate methods of responding to stimuli, situations, and people. The discrepancy in temperament has the potential to influence numerous facets of interpersonal and personal engagements. They employ diverse communication styles to foster positive relationships, facilitate effective collaboration, and establish effective communication in personal, professional, and social contexts. Thus Promoting an environment that acknowledges and values the variety of temperaments present among adolescents can promote enhanced collaboration and reciprocal comprehension. Thus there is significant difference in temperament and its

dimensions among adolescents with and without learning disabilities. So the first hypothesis is accepted

The second Hypothesis states that there will be significant differences in Coping skills among adolescents with and without Learning disabilities. Eight sub-hypotheses were created to investigate this hypothesis:

2.1: There will be significant differences in Problem solving used among adolescents with and without Learning disabilities.

2.2: There will be significant differences in cognitive restructuring among adolescents with and without Learning disabilities.

2.3: There will be significant differences in the expression of emotions among adolescents with and without Learning disabilities.

2.4: There will be significant differences in social contact among adolescents with and without Learning disabilities.

2.5: There will be significant differences in problem avoidance among adolescents with and without Learning disabilities.

2.6: There will be significant differences in wishful thinking among adolescents with and without Learning disabilities.

2.7: There will be significant differences in self-criticism among adolescents with and without Learning disabilities.

2.8: There will be significant differences in social withdrawal among adolescents with and without Learning disabilities.

By examining these sub-hypotheses, the acceptance of the hypothesis can be ascertained. In order to assess the hypothesis and its eight sub-hypotheses, the t-test is applied.

There will be considerable disparities in characteristics of coping skills such as problem resolution, cognitive restructuring, emotional expression, social contact, problem avoidance, wishful thinking, self-criticism, and social disengagement between adolescents with and without learning difficulties. Coping skills are cognitive and behavioral strategies that people employ to deal with difficult situations, emotions, or challenges. When there is a substantial variation in coping skills used by adolescents, with and without learning disabilities, indicating distinct talents and techniques used for managing stress, challenges, or difficult situations. These abilities can fluctuate greatly between individuals and may influence how adolescents with LD react and adapt to various life experiences. They may struggle more with managing stressful life situations, controlling their emotions, maintaining resilience, and seeking social support, whereas adolescents without LD would handle independently. These preferences can have an impact on how interpersonal relationships develop, and struggle with transitions, affecting both their physical and emotional health. Thus Understanding and accepting the differences observed in adolescents with LD is critical for fostering empathy and constructive support in relationships, organizations, and communities. It highlights the importance of identifying individual strengths and problems, creating a supportive environment, and giving resources for building effective techniques for coping as needed. Thus There is significant difference in Coping skills and its dimensions among adolescents with and without Learning disabilities. Thus, the entire hypothesis is confirmed.

The third Hypothesis states that there will be significant differences in Emotional intelligence among adolescents with and without Learning disabilities. To examine this hypothesis, a sequence of sub-hypotheses was formulated:

3.1: There will be significant differences in Self Awareness among adolescents with and without Learning disabilities.

3.2: There will be significant differences in Problem solving among adolescents with and without Learning disabilities.

3.3: There will be significant differences in Optimism among adolescents with and without Learning disabilities.

3.4: There will be significant differences in Relationship management among adolescents with and without Learning disabilities.

Through the examination of these sub-hypotheses, the acceptability of the hypothesis can be ascertained. To evaluate the hypothesis and its four sub-hypotheses, the t-test is used.

Adolescents with learning disabilities will exhibit significant differences in emotional intelligence and its various components, including self-awareness, problem-solving, optimism, and relationship management, compared to those without learning difficulties. Adolescents without learning disabilities exhibit a notable disparity in emotional intelligence compared to adolescents with LD, demonstrating superior ability in perceiving, comprehending, controlling, and utilizing emotions. A learning disability can affect cognitive processes, causing adolescents to have distinct social and emotional abilities in comparison to their peers who do not have such disabilities. Individuals may encounter difficulties comprehending social signs, articulating emotions, or establishing significant interpersonal relationships. Emotional intelligence can impact academic achievement through its influence on motivation, self-control, and interpersonal communication. Lack of emotional self-awareness and difficulty in regulating emotions create obstacles in properly

recognizing and managing one's own emotions. as Emotional intelligence is strongly linked to one's emotional well-being. Therefore, Comprehending the distinctions in emotional intelligence is essential for educators, parents, and professionals who are involved in assisting adolescents with learning challenges. Customizing assistance and interventions to boost emotional intelligence may contribute to better social and academic results for these individuals. It is crucial to acknowledge and capitalize on the aptitudes of every adolescent while offering specific support in areas where they may encounter difficulties. Thus There is significant difference in Emotional intelligence and its dimensions among adolescents with and without Learning disabilities. So this hypothesis is completely substantiated.

The fourth hypothesis states that there will be significant differences in family interactions among adolescents with and without Learning disabilities. Many sub-hypotheses were developed to explore this hypothesis:

4.1: There will be significant differences in independence among adolescents with and without Learning disabilities.

4.2: There will be significant differences in cohesion among adolescents with and without Learning disabilities.

4.3: There will be significant differences in achievement orientation among adolescents with and without Learning disabilities.

4.4: There will be significant differences in intellectual orientation among adolescents with and without Learning disabilities.

4.5: There will be significant differences in conflict among adolescents with and without Learning disabilities.

4.6: There will be significant differences in social orientation among adolescents with and without Learning disabilities.

4.7: There will be significant differences in ethical emphasis among adolescents with and without Learning disabilities.

4.8: There will be significant differences in discipline among adolescents with and without Learning disabilities.

By studying these sub-hypotheses, it is possible to determine whether the hypothesis is accepted. The t-test is utilized to assess the hypothesis and its eight sub-hypotheses.

Adolescents with learning disabilities are a diverse group, who show significant inequalities in family relationships and their dimensions among adolescents with learning disabilities due to a variety of reasons that may contribute to the complexities of family dynamics. Communication Challenges may result in misunderstandings, frustration, and difficulties expressing their needs and feelings in the family setting. When parents and caregivers are stressed and concerned about the academic success of adolescents, tensions may arise within the family. The adolescent's unique learning styles may lead to misunderstandings and difficulty in providing the required support for their education. Social and emotional challenges may result in emotions of irritation, low self-esteem, or social isolation, which can have an impact on family connections. Family members may struggle to understand and manage these emotional issues, as well as the pressures placed on them to meet the child's specific requirements. Family relationships might vary depending on parenting approaches. Learning disabilities are occasionally stigmatized, and misconceptions about these disorders can influence how family members see and

interact with the adolescent. This sociocultural aspect has the potential to influence family interactions and dynamics. Families may need to provide additional resources, such as time and money, to support an adolescent with learning impairments. Balancing these resources among family members can lead to conflict and inequities in family relationships. It is critical to handle these difficulties with empathy, understanding, and a collaborative spirit. Providing assistance and resources to both the adolescent and the family, encouraging open communication, and creating a good and inclusive family atmosphere can all help to enhance family relationships and general their well-being. In addition, getting expert advice from educators, therapists, and counselors can help address specific issues connected with learning disorders. Thus There is significant difference in Family interactions and its dimensions among adolescents with and without Learning disabilities. For this reason, the fourth hypothesis is accepted.

The fifth Hypothesis states that there will be significant differences in Peer involvement used among adolescents with and without Learning disabilities. To examine this hypothesis, the subsequent sub-hypotheses were developed.

5.1: There will be significant differences in Social Interaction among adolescents with and without learning disabilities.

5.2: There will be significant differences in Peer acceptance among adolescents with and without learning disabilities.

5.3: There will be significant differences in Peer pressure among adolescents with and without Learning disabilities.

The hypothesis and its three sub-hypotheses are evaluated using the t-test.

The peer relationships and their dimensions, including social interaction, peer acceptance, and peer pressure, of adolescents with learning disabilities will be notably distinct from those of adolescents without learning disabilities. Adolescents with learning disabilities may have different peer interactions due to the distinct problems they confront in the academic, social, and emotional areas. Potential variations in class participation, assignment completion, and overall accomplishment have an impact on their academic relationships. They may have difficulty with social skills such as reading social signs, interpreting nonverbal communication, or initiating and maintaining discussions, limiting their capacity to build and maintain peer connections. They may be subjected to bullying or stigmatization by their classmates, resulting in social isolation or unpleasant interactions. Low self-esteem and confidence can lead to feelings of inadequacy, reducing their motivation to interact with peers and influencing the dynamics of peer interactions. Furthermore, experiencing heightened emotions or stress might have an impact on their interactions with peers and contribute to social issues. Addressing these problems entails developing an inclusive and supportive atmosphere, raising awareness and understanding of learning disabilities, and implementing techniques to improve social and emotional well-being. Educators, parents, and peers can all play important roles in creating a pleasant and welcoming environment in which all adolescents can thrive socially and academically. Thus There is significant difference in Peer involvement and its dimensions used among adolescents with and without Learning disabilities. Consequently, the fifth hypothesis is accepted.

The sixth hypothesis states that There will be significant differences in Student-Teacher relationship observed in adolescents with and without Learning

disabilities. In order to examine this hypothesis, the following sub-hypotheses were formulated.

6.1: There will be significant differences in Teacher support observed in adolescents with and without Learning disabilities.

6.2: There will be significant differences in Closeness observed among adolescents with and without Learning disabilities.

6.3: There will be significant differences in Teacher quality observed among adolescents with and without Learning disabilities.

The t-test is used to evaluate the hypothesis as well as its three sub-hypotheses.

Adolescents with learning disabilities will have different student-teacher relationships and dimensions, such as teacher support, intimacy, and teacher quality, compared to adolescents without learning disabilities. Students with learning disabilities often have special learning needs, such as more attention and support. To accommodate adolescents with LD, teachers may need to adjust their instructional methodologies, provide more resources, or administer other assessments, all of which will affect the nature of the student-teacher interaction. Several adolescents with LD have Individualized Education Plans (IEPs), which include specific accommodations and modifications. They require extra emotional support to overcome academic and social challenges. Teachers who inspire, comprehend, and provide a supportive environment foster effective teacher-student connections. Teachers must recognize the unique requirements of children with learning disabilities, create a supportive and inclusive classroom environment, and communicate openly with both students and their support teams. Therefore, the hypothesis is supported.

B. With respect to gender

The seventh Hypothesis states that there will be significant difference in Temperament among adolescent boys and girls with Learning disabilities. To test this hypothesis, the following sub hypotheses were developed:

7.1: There will be significant difference in Effortful control among adolescent boys and girls with Learning disabilities

7.2: There will be significant difference in Surgency among adolescent boys and girls with Learning disabilities

7.3: There will be significant difference in Negative affect among adolescent boys and girls with Learning disabilities

7.4: There will be significant difference in Affiliation among adolescent boys and girls with Learning disabilities

Analysing these sub-hypotheses will help establish whether the hypothesis is acceptable. The hypothesis and its four sub-hypotheses are examined using the t-test.

Temperament refers to an individual's intrinsic predispositions and behavioral patterns, which vary greatly among individuals, regardless of gender. Girls have a consistently greater temperament than boys due to biological, social, and cultural factors. Hormonal variations, social and cultural expectations all influence the expression of temperament traits, as well as the internalization of society norms about how males and girls are "supposed" to behave. Cultural conventions, parenting styles, and practices can also influence a child's temperament. The observed disparities could be attributed to the school environment and peer interactions, as well as expectations and social dynamics. in temperament. thus Emphasizing the individuality of each

individual, regardless of gender, is critical to creating a more realistic and compassionate understanding of human behavior.

Effortful control and attachment are temperament components that include self-regulation and social behaviors. Effortful control entails the ability to regulate one's attention, suppress urges, and manage emotions. Girls tend to demonstrate more effortful control than boys because they may have stronger ability in self-regulation, focus, and emotional management. Affiliation refers to the desire to interact and connect with people. Girls are more likely to bond, create relationships, and participate in cooperative activities.

Surgency and negative affect are temperament qualities that comprise a variety of behavioral and emotional characteristics. Surgency is connected with high levels of activity, impulsivity, and positive emotionality, whereas negative affect is associated with feelings of dread, frustration, and despair. Despite the fact that many research findings imply potential gender differences, the current study found that surgency and negative affect were similar in both boys and girls, indicating that there is no gender difference. This could be related to similar feelings of dread, dissatisfaction, and grief.

Temperament and its dimensions effortful control and affiliation showed a significant gender difference among adolescent boys and girls with learning disabilities. Whereas no significant gender difference is observed between surgency and negative affect dimensions of temperament. Therefore, the hypothesis is partially accepted.

The eighth Hypothesis states that: There will be significant differences in Coping skills among adolescent boys and girls with Learning disabilities. To test this hypothesis, the following sub hypotheses were developed.

8.1: There will be significant differences in Problem solving among adolescent boys and girls with Learning disabilities.

8.2: There will be significant differences in cognitive restructuring among adolescent boys and girls with Learning disabilities.

8.3: There will be significant differences in the expression of emotions among adolescent boys and girls with Learning disabilities.

8.4: There will be significant differences in social contact among adolescent boys and girls with Learning disabilities.

8.5: There will be significant differences in problem avoidance among adolescent boys and girls with Learning disabilities.

8.6: There will be significant differences in wishful thinking among adolescent boys and girls with Learning disabilities.

8.7: There will be significant differences in self-criticism among adolescent boys and girls with Learning disabilities.

8.8: There will be significant differences in social withdrawal among adolescent boys and girls with Learning disabilities.

The acceptance of the hypothesis can be judged by examining these sub-hypotheses. The t-test is used to evaluate the hypothesis and its four sub-hypotheses.

According to current research, girls have stronger coping skills than boys, suggesting that, on average, girls use more adaptive or effective coping techniques in particular situations. Coping abilities are extremely customized, based on individual attributes, personality traits, and life experiences. An effective coping strategy in one setting may not be helpful in another. Social and cultural factors have an important

influence in shaping coping behaviors. Expectations about gender roles and societal standards may influence how boys and girls are taught to deal with stress and difficulties. Additionally, educational, familial, and cultural circumstances all have an impact on the development of adaptive coping abilities. Finally, encouraging healthy coping techniques entails identifying individual strengths, resolving challenges, and giving support and tools for building effective stress and adversity management strategies.

Coping Skills and their Dimensions Problem solving, cognitive restructuring, social contact, and problem avoidance, Wishful thinking and self-criticism displayed a substantial gender difference among adolescent boys and girls with learning disabilities. There is no substantial gender difference between express emotion and social withdrawal dimensions. Thus, the hypothesis is partially accepted.

The ninth Hypothesis states that: There will be significant differences in Emotional Intelligence among adolescent boys and girls with Learning disabilities. To test this hypothesis, the following sub hypotheses were developed.

9.1: There will be significant differences in Self Awareness among adolescent boys and girls with Learning disabilities.

9.2: There will be significant differences in Problem solving among adolescent boys and girls with Learning disabilities.

9.3: There will be significant differences in Optimism among adolescent boys and girls with Learning disabilities.

9.4: There will be significant differences in Relationship management among adolescent boys and girls with Learning disabilities.

Analyzing these sub-hypotheses will help establish whether the hypothesis is acceptable. The hypothesis and its four sub-hypotheses are examined using the t-test.

According to the present study, girls consistently have stronger emotional intelligence than boys. Societal and cultural expectations of emotional expression and communication, educational settings, teaching methods, and neurobiological variables may all lead to increased emotional intelligence. It's important to note that emotional intelligence is a complicated and varied quality, with considerable variances between genders. Encouragement of females to express and discuss their feelings more openly promotes the development of emotional intelligence. Girls who are socialized to talk more expressively and verbally about their feelings benefit from the development of emotional understanding and management skills. Some parenting approaches, including emphasizing emotional expression, affirmation, and empathy, can help build emotional intelligence. If females are exposed to emotion-focused parenting, it may improve their emotional awareness and understanding. When females participate in more relational and emotionally expressive relationships with their peers, emphasizing emotional connection and communication, they can help to build emotional intelligence. Many According to research, girls tend to have higher levels of empathy and compassion than boys. Emotional intelligence attributes include recognizing and responding to the emotions of others. Both boys and girls can have high emotional intelligence, and individual experiences and contextual circumstances influence this development. Recognizing and respecting the diversity within each gender group is critical to advancing a more accurate understanding of emotional intelligence. Optimism a dimension of emotional intelligence was found similar among both boys and girls.

Emotional intelligence and its dimensions self-awareness, problem-solving, and relationship management showed significant gender differences between adolescent boys and girls with learning disabilities. However, there is no significant gender difference in optimism dimensions. Thus, the hypothesis has been partially accepted.

The tenth Hypothesis states that: There will be significant differences in Family interactions used among adolescent boys and girls with Learning disabilities. The following sub hypotheses were created to evaluate this hypothesis.

10.1: There will be significant differences in independence among adolescent boys and girls with Learning disabilities.

10.2: There will be significant differences in cohesion among adolescent boys and girls with Learning disabilities.

10.3: There will be significant differences in achievement orientation among adolescent boys and girls with Learning disabilities.

10.4: There will be significant differences in intellectual orientation among male and female adolescents with Learning disabilities.

10.5: There will be significant differences in conflict among adolescent boys and girls with Learning disabilities.

10.6: There will be significant differences in social orientation among adolescent boys and girls with Learning disabilities.

10.7: There will be significant differences in ethical emphasis among adolescent boys and girls with Learning disabilities.

10.8: There will be significant differences in discipline among adolescent boys and girls with Learning disabilities.

The acceptance of the hypothesis can be judged by examining these sub-hypotheses. The t-test is used to evaluate the hypothesis and its four sub-hypotheses.

Family interactions and values are influenced by the family structure, as well as the existence of siblings and extended family members. Emphasizing ethical ideals can have an impact on family dynamics. Parenting approaches towards each gender are contributors to ethical concerns and familial interactions. Family conflict is determined by the quality of communication and the amount of time each member devotes to each other. These factors genuinely influence the considerable gender difference in family relationships among adolescents with learning disabilities. However, other traits such as independence, coherence, discipline, achievement, and social and intellectual orientation did not differ by gender. Parental education and a broader understanding of the challenges connected with learning disabilities, as well as early awareness of this issue, might clarify parents and family members to have similar views towards both genders.

Adolescent boys and girls with learning disabilities differ significantly in terms of family interaction and its dimensions conflict, and ethical emphasis. Other factors, such as independence, cohesion, achievement orientation, intellectual orientation, social orientation, and discipline, do not show any significant gender differences. So, the hypothesis has been partially accepted.

The eleventh Hypothesis states that: There will be significant differences in Peer involvement among adolescent boys and girls with Learning disabilities. To test this hypothesis, the following sub hypotheses were proposed.

11.1: There will be significant differences in Social interaction among adolescent boys and girls with Learning disabilities.

11.2: There will be significant differences in Peer acceptance among adolescent boys and girls with Learning disabilities.

11.3: There will be significant differences in Peer pressure among adolescent boys and girls with Learning disabilities.

Through examination of these sub-hypotheses, one can ascertain the acceptability of the hypothesis. In order to assess the hypothesis and its three sub-hypotheses, the t-test is applied.

There may be differences in the communication styles of boys and girls. Boys may interact more physically or through activities, but girls typically place greater value on verbal communication and emotional expression. Boys may be urged toward more competitive or group-oriented activities, whilst girls may be encouraged to connect more cooperatively and relationally. Girls' propensity to establish close-knit, supportive groups may be seen as a sign of healthy social engagement. Boys, however, might participate in distinct kinds of solitary or group activities. Thus social interaction was found better among girls than boys. Promoting positive peer relationships entails creating supportive environments, encouraging open communication, and supporting the development of social skills and resilience. Understanding and accepting individual variations helps to provide a broader viewpoint on the complicated dynamics of peer acceptance and pressure.

Adolescent boys and girls with learning disabilities demonstrated significant gender disparities in peer relationships and social interactions. Other characteristics, such

as peer acceptance and peer pressure, do not show any significant gender differences.

Thus, the hypothesis has received some partial acceptance.

The twelfth hypothesis proposes that there will be notable disparities in the student-teacher relationships between adolescent boys and girls with learning disabilities.

Subsequent sub hypotheses were formulated in order to examine this hypothesis.

12.1: There will be significant differences in Teacher support among adolescent boys and girls with Learning disabilities.

12.2: There will be significant differences in closeness among adolescent boys and girls with Learning disabilities.

12.3: There will be significant differences in teacher quality among adolescent boys and girls with Learning disabilities.

An assessment of the hypothesis's acceptability can be made by examining these sub-hypotheses. This study used the t-test to investigate the hypothesis and its sub-hypotheses.

Boys and girls may have distinct communication skills and methods of communicating their needs, which influences how they perceive teacher support and intimacy. Some students may feel more at ease expressing their opinions and concerns to teachers, whereas others may prefer alternate types of support.

The quality of teacher-student relationships varies. Some pupils may respond better to specific teaching approaches, whereas others may have other preferences. Teachers' engagement and responsiveness may influence students' perceptions of support and intimacy. Boys and girls sometimes have different learning preferences and approaches. Teachers who acknowledge and address these individual differences

may be viewed as more supportive. Effective teaching that accommodates varied learning styles can help to improve teacher quality perceptions. The general classroom climate, such as trust, respect, and inclusivity, might influence students' impressions of teacher support and intimacy. A pleasant and supportive classroom culture may help to improve teacher-student relationships. Each teacher has distinct characteristics, instructional methods, and techniques to developing relationships with students. Teachers who are sensitive to their pupils' individual traits can help to provide a positive and rewarding educational experience for everybody.

C. Correlation Analysis

Correlation of Psychological Variables and Its Dimensions

The thirteenth Hypothesis states that: There will be significant relationship between psychological variables (temperament, coping skills, and emotional intelligence) among adolescents with learning disabilities

13.1: There will be significant relationship between psychological variables temperament its dimensions and coping skills its dimensions among adolescents with learning disabilities

13.2: There will be significant relationship between psychological variables temperament its dimensions and emotional intelligence its dimensions among adolescents with learning disabilities

13.3: There will be significant relationship between psychological variables coping skills its dimensions with emotional intelligence its dimensions among adolescents with learning disabilities

There is a significant relationship between psychological variables (temperament, coping skills, emotional intelligence) among adolescents with learning disabilities

Temperament is a set of natural behavioural and emotional inclinations that emerge from early life and shape how people respond to pressures and difficulties. Coping skills include the techniques and procedures that people use to manage and adapt to stressors, which are influenced by temperament, since people may naturally incline toward specific coping strategies based on their temperamental characteristics. Temperament qualities can affect emotional intelligence, which is the ability to notice, comprehend, manage, and express emotions effectively. Individuals with a more sensitive temperament may have increased emotional awareness, which could help them acquire better emotional intelligence over time. Emotional regulation, self-awareness, and empathy are all necessary for good coping. Individuals with high emotional intelligence are better able to perceive and comprehend their emotions, which can help them plan their coping techniques. Overall, these constructs are interwoven components of a person's psychological functioning, each contributing to the overall ability to negotiate and adapt to the intricacies of life's difficulties. Understanding these interrelationships can help guide interventions and methods for improving resilience, well-being, and personal development.

Correlation suggests that psychological and social variables have a relationship with their respective components. The relationship between the psychological variable temperament and its dimensions and the other two psychological variables, coping skills and its dimensions, and emotional intelligence and its dimensions, was partial. Thus, this hypothesis is partially supported.

Correlation of Social Variables and Its Dimensions

The Hypothesis fourteen states that: There will be significant relationship between social variables (family interaction, peer involvement, student teacher relationship) among adolescents with learning disabilities

14.1: There will be significant relationship between social variables family interaction and its dimensions with peer relations and its dimensions among adolescents with learning disabilities

14.2: There will be significant relationship between social variables family interaction and its dimensions with student teacher relationship and its dimensions among adolescents with learning disabilities

14.3: There will be significant relationship between social variables peer relations and its dimensions with student teacher relationship and its dimensions among adolescents with learning disabilities

Family ties, peer relationships, and student-teacher relationships are all interwoven and have a mutual impact on an individual's social and emotional development. Family ties provide the primary framework for socialization during childhood and adolescence. Positive parental ties can help children develop social skills, self-esteem, and emotional regulation, influencing how they interact with their peers. Peer relationships allow for social engagement, support, and affirmation outside of the familial setting. Peer acceptability, friendship quality, and social skills can all have an impact on the quality of peers' relationships. Relationships between students and teachers are critical for intellectual and social growth. Positive interactions with instructors are linked to stronger academic accomplishment, more motivation, and better social skills. connections between students and teachers can also impact peer connections. Teachers who provide a friendly and inclusive classroom climate can encourage healthy peer connections and social cohesion among their pupils. In contrast, unpleasant encounters with teachers, such as perceived rejection or unjust treatment, can have an impact on students' self-esteem and social interactions with

classmates. Peer relationships can influence how students see and interact with teachers. Peer acceptance and social status within the peer group may influence kids' interactions with teachers and participation in classroom activities. Additionally, peer interactions can have an indirect impact on student-teacher relationships due to peer influence. Peers may offer social support, encouragement, or validation, influencing students' attitudes and conduct toward teachers. Overall, these ties comprise a complex web of social connections that influence people's social and emotional development. Positive interactions and support within each of these areas can promote resilience, well-being, and academic performance, but bad experiences might present difficulties that necessitate assistance and intervention from a variety of sources. Recognizing the interplay of family, peer, and student-teacher connections is critical for encouraging healthy development and favourable outcomes in children and adolescents.

Correlation indicates that social variables such as family relationships, peer relationships, and student teacher relationships interact with their corresponding components. Therefore, this hypothesis is partially supported.

Correlation Between Psychological and Social Variables

The fifteenth Hypothesis states that: There will be significant relationship between psychological and social variables among adolescents with learning disability

15.1: There will be significant relationship between a psychological variable temperament with social variables family interaction, peer involvement and student-teacher relationships among adolescents with learning disability

15.2: There will be significant relationship between psychological variable coping skill and social variables family interaction, peer involvement and student-teacher relationships among adolescents with learning disability

15.3: There will be significant relationship between psychological variable emotional intelligence and social variables family interaction, peer involvement and student-teacher relationships among adolescents with learning disability

Psychological and social variables are intricately linked and frequently influence one another in complex ways. Psychological variables are internal aspects that affect an individual's ideas, feelings, and behaviors, whereas social variables are exterior factors that influence social interactions, relationships, and cultural contexts. Socialization, the process by which people learn society norms, beliefs, and behaviors, takes place through social interactions and experiences in the family, peer groups, and larger community. These social experiences influence psychological development through beliefs, attitudes, and self-concept. Positive social interactions and supportive connections boost self-esteem and emotional well-being, whereas unpleasant encounters can lead to psychological distress and the development of maladaptive coping techniques. Social support, which includes emotional, instrumental, and informational support from others, is an important psychological resource that helps people cope with stress and build resilience.

Strong social support networks have been linked to improved mental health outcomes, including lower rates of depression, anxiety, and psychological discomfort. In contrast, social isolation or a lack of social support might increase the risk of mental health issues. Social standards, peer pressure, and cultural expectations can all have an impact on people's behavior and decision-making. Conformity to social norms and

group ideals can influence psychological variables like attitudes, beliefs, and behavioral intentions. Individuals may adopt specific actions or attitudes in order to fit in with their peer group or conform to cultural norms. Psychological and social variables frequently interact in a reciprocal manner, with both affecting and being influenced by the other throughout time. Individuals' psychological features, such as personality traits or emotional intelligence, might influence their social interactions and relationships. In contrast, social events and interactions can influence people's psychological well-being and functioning. Culture, as a social variable, influences many psychological processes, including cognition, emotion, and identity. Cultural norms, beliefs, and practices have an impact on psychological factors such as self-concept, emotional expression, and attributional patterns. These cultural factors can differ among cultural groups and circumstances. Psychological notions like self-esteem, self-efficacy, and emotional control are socially formed and may differ among cultures and societies. Socialization processes in families, schools, and communities influence the development and expression of psychological constructs. Parenting techniques, educational experiences, and cultural attitudes about emotions, for example, all play a role in the development of psychological traits. Overall, the interaction between psychological and social characteristics is bidirectional and dynamic, with both affecting and modifying the other in complicated ways. Understanding human behavior, mental health, and social functioning requires an understanding of how these elements interact.

Temperament, coping abilities, and emotional intelligence are all key factors in shaping connections in all aspects of life, including family, peer, and student-teacher relationships.

Temperament influences emotions and related actions, which is critical in family dynamics, building respectful relationships among peers, and maintaining a healthy and respected learning environment.

Coping skills help people adapt to change, manage stress efficiently, and support family members; deal with peer pressure, social rejection, and interpersonal conflicts with friends; and manage academic load and classroom disruptions.

Emotional intelligence fosters empathy, communication, and trust within the family unit, as well as the ability to understand social cues and form strong, supportive friendships based on mutual trust and respect; these qualities are critical for fostering positive student-teacher relationships founded on trust, understanding, and effective communication.

To summarize, the relationship between temperament, coping abilities, and emotional intelligence is complex, with significant implications for the quality of interactions within families, among peers, and between students and teachers. Thus, the hypothesis is partially supported.

Major Findings of Research

Section A: Preliminary Analysis

- ❖ Descriptive Statistics (mean) of Psychological variables and social variables among adolescents with and without learning disability
- ❖ Statistical indices like mean, median, mode, SD, skewness and kurtosis pertaining to study variables

Section B: Result and Discussion of t-test

Comparison of psychological and social variables among adolescents with and without learning disability

- Significant differences in expression of psychological and social factors observed between adolescents with and without learning disability
- An individual's effortful control is determined by their capacity to regulate their emotions, behaviors, and attention in different settings. The higher mean score in effortful control for the non-LD group implies that adolescents without LD are better able to manage their emotions, behaviors, and attention than adolescents with LD.
- A greater surgency score for adolescents without LD implies extraversion or positive emotionality, which refers to the tendency to try out challenging situations, engage in high activity levels, and express pleasant emotions.
- Higher negative affect scores among adolescents without learning disabilities (LD) indicate that they have experienced negative emotions, such as sadness, worry, anger, and distress. Adolescents without learning disabilities (LD) can experience both positive and negative emotions. They might be joyful and excited about obtaining excellent comments on a school project while also feeling apprehensive about an approaching test. These emotions can coexist and interact with one another in complex manners.
- Individuals in the NLD group were more likely to seek interactions and establish relationships than the LD group. Affiliation is the desire or tendency to form and sustain social interactions and connections with others.

- Higher temperament scores among people without learning disabilities indicate potential differences in emotional and behavioral characteristics such as activity, emotionality, sociability, persistence, adaptability, and regularity among adolescents without learning disabilities, which can affect various aspects of functioning and development.
- Adolescents with learning disabilities may struggle with managing emotions, interacting with others, navigating social situations, adapting to changes in their environment, inhibiting impulses, controlling behavior, and maintaining focus. These challenges can impact academic achievement and daily functioning.
- Adolescents with learning disabilities (LD) struggle to successfully manage stress, deal with challenging situations, cope with difficulties and usage, and use a variety of cognitive, emotional, and behavioral methods to deal with stress and maintain their psychological well-being.
- Individuals who practice appropriate coping techniques show less emotional distress, an indication of increasing emotional intelligence. Conversely, increasing emotional intelligence may improve the efficacy of coping mechanisms.
- Adolescents with LD show low emotional intelligence than adolescents without LD, indicating that former group may struggle to recognize, understand, and manage their own and others' emotions; show difficulties in empathizing with the perspectives of others, interpreting social cues, and effectively communicating their own emotions, which impairs attention,

concentration, and participation in educational activities, resulting in academic challenges and behavior.

- LD had a profound impact on family relationships. Adolescents with LD may struggle to express themselves due to a lack of communication skills. Parents of adolescents with LD frequently face increased stress, become preoccupied by their children's academic challenges, and struggle to address social or emotional difficulties. Siblings may feel jealous, guilty, or ignored by their parents, when one parent has to take on the duty of the child, imbalances in family relations emerge. so Having an adolescent with LD might pose particular issues for families.
- Peer relationships between adolescents with and without learning disabilities (LD) vary because they struggle with social interaction, making it difficult for them to build and maintain friendships, as opposed to their peers without LD, who may find social interactions more natural. Adolescents with LD may feel uneasy or inadequate in comparison to their classmates, and they are more likely to face peer pressure. Adolescents with LD may struggle to find peer acceptance and inclusion in adolescent social circles. They may require additional assistance and supervision in developing self-advocacy skills, which can affect their ability to form and sustain peer connections.
- In contrast, bad or dysfunctional parental relationships may impede the development of social competence and resilience, potentially making it harder to create and maintain positive peer relationships.
- Positive peer relationships can complement and strengthen positive family relationships, providing social support and a sense of belonging. However,

peer interactions can have an impact on family dynamics. Conflicts or difficulties in peer relationships, for example, might have an impact on mood, behavior, and family interactions.

- Teachers who provide a friendly and inclusive classroom climate can encourage healthy peer connections and social cohesion among their pupils. In contrast, unpleasant encounters with teachers, such as perceived rejection or unjust treatment, can have an impact on students' self-esteem and social interactions with classmates. So teacher support, teacher quality, and intimacy all determined the student-teacher relationship, thereby impacting the academic achievement.

Comparison of psychological and social variables among adolescent boys and girls with learning disability

- For the present investigation, girls showed higher scores in psychological variables and social variables.
- Research shows that girls with LD have more effortful control and affiliation than boys. girls with LD were more likely to use effortful control methods to handle stress and sustain control. Girls were more likely to form and sustain social interactions, showing they valued friendships. Affiliative tendencies may be fostered more readily in girls with LD through this socialization process.
- Other temperament qualities, such as surgency and negative affect, exhibited no gender differences. Adolescent temperament is influenced by behavioral tendencies, emotional reactivity, and self-regulation abilities, which vary significantly.

- Girls with LD have greater coping skills than boys because of their supportive social networks, problem-solving skills, wishful thinking, and other aspects. Girls were more likely to actively address and overcome stress by recognizing the source, brainstorming alternatives, and, in some cases, disregarding or lowering demands. Girls' cognitive flexibility and ability to reframe negative views helped them in stress management. Girls value social connections and relationships and used wishful thinking that raised their spirits during difficult circumstances.
- No gender difference was observed in emotional expression and social withdrawal among adolescent boys and girls with LD this could be due to a lack of social emotional development and internalizing behaviors caused by low self-esteem and anxiety.
- Girls had slightly higher emotional intelligence than boys due to the complexity of factors that contribute to emotional intelligence and recognize the diversity of emotional experiences, such as emotional expression, empathy, social awareness, and so on. However, optimism, which involves having a positive outlook on life and expecting positive outcomes, is not strongly associated with gender.
- There was no gender difference seen in the areas of independence, cohesion, achievement orientation, intellectual orientation, social orientation, and discipline in family interactions. Parents provided equal emotional and intellectual support, as well as advocacy, to both boys and girls with LD to foster positive family relationships.

- Gender difference in conflict and ethical emphasis, the components of family interaction indicate unsatisfactory parent-child connections in families of adolescent girls with LD. This could be due to traditional gender roles, expectations that impose more load on girls, the stigma associated with having a girl with LD, and other factors that heighten pressure, stress, and confusion among parents which would lead to increased family conflict and ethical emphasis.
- The higher scores for girls in social interaction imply that they had more positive social contacts than boys with LD. This could imply that females are more socially engaged, with good communication skills, emotional intelligence, and social support networks, or that they are better at managing social situations despite their learning disabilities. However, no significant gender differences were found in peer acceptance and peer pressure since they shared similar school surroundings, as well as a sense of acceptance and belonging in school.
- Girls with LD had more supportive teacher-student relationships than boys. Positive teacher-student relationships encourage students to express their difficulties, seek assistance, and create strong bonds. Teacher support improved students' academic engagement, motivation, and well-being. Teacher intimacy through their empathy, warmth, and sensitivity strengthened their relationships with students. Learning disabled students expect their inclusive teachers to have empathy, understanding, respect, trust, active listening skills, approachability etc to foster good student-teacher relationships.

Section C: Result and Discussion of Correlation Analysis

Correlation of psychological variables and its dimensions

- Temperament, coping skills, and emotional intelligence are positively interrelated and interconnected aspects of an individual's psychological makeup, each influencing and being influenced by the others. Temperament, coping skills, and emotional intelligence among adolescents with LD can provide useful insights into their socio-emotional functioning and well-being.
- A positive correlation between temperament and coping skills indicates, a strong temperament, defined by adaptability and positive emotionality, make them use adaptive coping strategies like problem solving and social support to manage their disabilities. Learning disabled adolescents with negative emotionality or low adaptability are more likely to use maladaptive coping techniques like avoidance which can worsen their issues.
- A positive relationship between Coping skills and emotional intelligence help adolescents to handle stress, emotions, and social interactions. LD adolescents with excellent coping skills like problem solving and emotion regulation may have higher emotional intelligence because they can better understand and control their own and others' emotions. However, coping skill deficiencies may hinder adolescents' emotional intelligence development by making it tougher to regulate their emotions and adapt to social situations.
- A positive relationship indicates Temperament affects adolescents emotional responses, social interactions, and self-perceptions. LD adolescents with high empathy, social engagement, and emotional self-awareness may have higher emotional intelligence because they are more aware of their own and others'

emotions. In contrast, adolescents with LD who exhibit social withdrawal and poor emotional regulation may find it challenging to develop emotional intelligence due to their inability to recognize and control their emotions in social situations.

Correlation of social variables and its dimensions

- A positive relationship between family interactions and peer relationships indicates, supportive family relationships with warmth, support, and open communication can help learning-disabled adolescents develop social skills, self-esteem, and resilience that help them manage peer relationships, acquire social competence, and make healthy peer connections. Stressful or dysfunctional family relationships may cause social problems and peer rejection.
- A positive correlation between peer relationships and student-teacher relationships, indicates that they influence adolescents interactions with teachers. Positive peer connections can motivate, engage, and connect children in inclusive classrooms, as well as include them in peer tutoring activities. Adolescents with learning disabilities who have supportive peer networks are more likely to get academic and social support, leading to better teacher relationships and school experiences. Peer rejection or bullying can have detrimental effects on a child's self-esteem, academic achievement, school attitudes, and relationship with their teacher.
- A positive correlation between family relationships and student teacher relationships indicates, Family dynamics affect how adolescents view and interact with teachers. Families that support education and communicate with

teachers can help students respect authority, follow school rules, and succeed. Parents who support and encourage learning-disabled adolescents are more likely to form good teacher relationships, seek help when needed, and advocate for their educational needs. Family problems or a lack of parental involvement in school activities may hinder adolescents' capacity to build trust with teachers, articulate their learning requirements, and find assistance.

Correlation of psychological variables and social variables ((family, peer, and student -teacher relationships)

- A positive correlation between temperament and social variables suggests that adolescents with LD who are shy, disengaged, or emotionally unstable may struggle with social interactions, making it hard to form deep bonds and seek help.
- A positive correlation between coping skills and social variables suggests that adolescents with LD may have social issues and strained relationships due to inadequate coping skills such as avoidance, denial, or insufficient problem-solving. These persons may have trouble solving interpersonal issues, seeking aid, and adapting to new social situations.
- A positive correlation between emotional intelligence and social factors suggests that adolescents with LD who lack emotional intelligence may struggle to recognize and manage their emotions, understand social indicators, and respond appropriately in social circumstances. These people may struggle to form relationships, resolve disagreements, and build trust. Learning disabled adolescents with psychological issues like negative

temperament, poor coping skills, and low emotional intelligence may struggle to form meaningful social interactions, leading to feelings of isolation, rejection, and discomfort.

Thus, the research shows that adolescents without LD have higher temperament, coping skills, and emotional intelligence, as well as family, peer, and teacher relationships. Adolescent girls with LD demonstrated higher psychological and social skills than boys with LD. The presence of a positive link with psychological and social attributes indicates a greater emphasis on creating and maintaining excellent relationships with these adolescents for overall development.

CHAPTER 6

RECOMMENDATIONS OF THE STUDY

- ❖ Implications of Research
- ❖ Limitations of Research
- ❖ Suggestions of Research

The current study provides several significant insights into the psychological and social aspects that influence and are affected by the learning disabilities. It also demonstrates the interplay between psychological and social factors, as it determines the psychological and social well-being of adolescents with LD.

Implications of the research

The current study was conducted to clarify and determine the psychosocial correlates of learning disability. A substantial body of literature has investigated the association between learning disability and comorbidities such as psychiatric disorders, academic challenges, self-esteem, parenting skills, and so on. but the majority of the research has concentrated on the childhood population, which is readily accessible. However, the current study evaluated psychological and social elements that were not previously studied, and it chose an adolescent population because the majority of physical, psychological, and social difficulties were found during this stage of development.

This study is the first to examine the impact of three psychological characteristics: temperament, coping abilities, and emotional intelligence on key social variables such as family, peer, and student-teacher relationships. As adolescence is a period of turmoil, researchers attempted to determine whether these characteristics change as a result of adolescence or if the changes are specific to adolescents with learning problems. So a study between adolescents with and without learning difficulties was conducted.

The current study attempted to determine how the selected psychological and social variables related to one another. To ensure the precision of the results, the researcher created a questionnaire for assessing emotional intelligence among

adolescents with learning disabilities, as well as a tool for assessing the student-teacher relationship from the perspective of the children. The current study highlighted learning disability, along with other factors, as a cause of psychological and social problems for adolescents with learning disabilities.

Early detection of learning disabilities and appropriate intervention are essential for resolving academic, social, and emotional problems. Implementing screening methods and tests to detect learning disorders in children as early as feasible allows for early intervention and support services, which can lead to improved academic and life outcomes. Addressing the psychosocial consequences of LD requires a multidisciplinary approach that includes educators, psychologists, counselors, parents, and other specialists. Working together, these stakeholders can develop comprehensive intervention programs tailored to the specific needs of individuals with LD, such as academic, social, and emotional support strategies. Developing and implementing individualized education plans (IEPs) for children with learning disabilities is crucial to addressing their academic and behavioral needs. IEPs should include specific goals, adaptations, and support services to address the diverse needs of kids with learning disabilities and promote academic and life success. Individuals with learning disabilities can benefit from social skills training programs that teach them key social competencies, including the ability to communicate, work together, empathize, and resolve conflicts. These programs can be delivered through individual or group therapy sessions, social skills groups, or organized treatments included in the school curriculum.

Engaging parents as partners in the teaching and support of people with learning disabilities is crucial to attaining positive results. Giving parents knowledge, resources, and support services can enable them to advocate for their children, work

with educators, and create supportive home environments that encourage learning and well-being. Giving persons with learning impairments opportunities for peer support and mentoring can help them make social relationships, increase their self-esteem, and develop a sense of belonging. Peer support programs, buddy systems, and peer mentoring initiatives can aid people with learning difficulties in finding supportive peers who can offer encouragement, assistance, and friendship. Promoting a healthy school climate that values diversity, supports inclusion, and acknowledges individual strengths can assist in creating supportive environments for kids with learning difficulties. Educators can employ inclusive teaching methods, establish positive peer relationships, and create opportunities for collaboration and participation to ensure that children with learning difficulties feel respected and supported in the school.

Having excellent temperamental talents, the ability to manage with stress on their own, and good emotional intelligence that develops awareness of themselves and others Individuals with learning disabilities must cultivate resilience and self-advocacy skills in order to manage challenges, overcome obstacles, and advocate for their needs. Educators and counselors may empower people with learning difficulties by developing a growth mindset, teaching problem-solving skills, and encouraging self-advocacy in the classroom and beyond.

Continued research and evaluation of psychosocial correlates of LD are crucial for improving our understanding of persons with LD's unique needs and experiences, as well as establishing effective therapies and support measures. Researchers can employ longitudinal studies, intervention trials, and program evaluations to assess the efficacy of psychological therapies and impact evidence-based practices.

Limitations

- During the Covid outbreak, several schools were shuttered, and Due to limited databases and registries, in obtaining a representative sample was challenging; thus, only specific demographic groups were accessible, which may have resulted in sampling bias.
- Covid limitations in face-to-face assessments may have affected self-report measurements, restricting data gathering over time.
- Analyzing post-pandemic studies can be complex due to diverse situations and educational settings, making it difficult to generalize outcomes.
- Changes in psychosocial factors during the epidemic may have influenced some of the obtained data.
- issues of ethics of getting informed consent, maintaining privacy, and protecting participants' well-being, particularly in virtual environments.
- The cross-sectional methodology of the study and the constraints associated with longitudinal data collecting may make it difficult to determine causality or temporal correlations between psychosocial factors and learning disabilities.
- The stigma associated with learning disabilities may influence adolescent's and their families' willingness to engage in research, resulting in selection bias. Cultural beliefs and attitudes concerning disability can influence how people perceive and report psychosocial correlates.
- Disparities in educational resources, healthcare facilities, special education services, teaching quality, and support services may effect psychological well-

being and the diagnosis of learning disabilities, potentially influencing study conclusions.

- Constraints in assets, facilities, and research workers may limit the extent and depth of the study, preventing a thorough exploration of complex psychological aspects.

Suggestions for the Research

- Longitudinal research involving individuals of different ages allows us to investigate how psychological characteristics and interactions with others evolve among individuals with LD. This would provide a more complete knowledge of these variables' path through development and their effects on academic, psychological, and social adjustments.
- A mixed methods approach that incorporates quantitative and qualitative assessments would allow for a more in-depth investigation of the real-life encounters, opinions, and subjective interpretations of individuals with learning disabilities, as well as their families, peers, and teachers.
- Designing and implementing intervention studies to assess the efficacy of targeted interventions aimed at improving psychological variables (e.g., emotional intelligence training, coping skills workshops) and social relationships (e.g., peer support programs, family counseling) among individuals exhibiting learning disabilities. This would assist in identifying reliable strategies for promoting their social and emotional well-being.
- Considering the interplay between social factors (e.g., family dynamics, school climate) and psychological characteristics (e.g., temperament, coping skills) when examining the social experiences of individuals with learning

disabilities from an ecological perspective. This approach would yield a more holistic comprehension of the factors that impact their evolution and adaptation across diverse conditions.

- Taking into account the diversity of cultures, and differences in the experiences and perspectives of individuals with learning disabilities and their families can offer light on the cultural aspects that influence social connections and psychological consequences. Creating and evaluating training programs for parents and teachers that aim to improve their understanding of LD, promote positive family relationships, and foster supportive student-teacher relationships can help parents and teachers better support the academic and socio-emotional needs of people with LD.
- The sample characteristics may limit the generalizability of the research results. Purposive sampling used to choose samples from educational settings may have influenced study outcomes as only available samples were chosen. Instead, if the researcher could choose samples that meet all his requirements would provide better results.
- Self-report data can be influenced by biases such as social desirability bias and response bias, particularly among teenagers with learning difficulties who may fail to accurately describe their experiences or emotions. Researchers might look into combining data collection methods from other sources.
- Correlational study designs can make it harder to establish causal linkages between psychological features and social relationships in people with learning difficulties. As a result, a new instrument for diagnosing learning

disabilities should be created, which may be administered by any psychologist or investigator.

- While research into the psychosocial elements of learning difficulties might aid in theoretical knowledge and intervention development, putting study findings into practice can be challenging. When implementing evidence-based therapies in real-world settings, practitioners may encounter problems such as limited resources, competing agendas, and structural constraints.

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APPENDICES

APPENDIX - A

The Early Adolescent Temperament Questionnaire-Revised

(EATQ -R, Original by Ellis & Rothbart, 2001)

(Malayalam Translation and standardization by Dr. Milu Maria Anto & Dr. C. Jayan, 2014)

Department of Psychology, University of Calicut.

On the following page you will find a series of statements that people might use to describe themselves. The statements referred to a wide number of activities and attitudes. For each statement please call the answer that best describes how true it statement is for you. Didn't know best answers. People are very different in how they feel about these statements. Please tick the first answered it comes to you.

താഴെപ്പറയുന്ന പ്രസ്താവനകൾ വ്യക്തികളുടെ പ്രവർത്തികളെയും മനോഭാവത്തെയും സംബന്ധിച്ചുള്ളതാണ്. താങ്കളെ പറ്റി ഏറ്റവും ശരിയെന്ന് തോന്നുന്ന ഉത്തരത്തിന്റെ ക്രമനമ്പർ ഓരോ പ്രസ്താവനയ്ക്കു നേരെ അടയാളപ്പെടുത്തുക. ഇവിടെ ശരി /തെറ്റ് എന്ന ഉത്തരങ്ങൾ ഇല്ല.

- എല്ലായ്പ്പോഴും തെറ്റാണ് (almost always untrue of you)
- മിക്കപ്പോഴും തെറ്റാണ് (usually untrue of you)
- ചിലപ്പോൾ ശരിയാണ് ചിലപ്പോൾ തെറ്റാണ് (sometimes true sometimes untrue of you)
- മിക്കപ്പോഴും ശരിയാണ് (usually true of you)
- എല്ലായിപ്പോഴും ശരിയാണ്(almost always true of you)

താഴെപ്പറയുന്ന പ്രസ്താവനകൾ താങ്കളെപ്പറ്റി എത്രമാത്രം ശരിയാണ് (how true is each statement for you)

Sl. No	Statements	1	2	3	4	5
1.	It is easy for me to really concentrate on homework problems ഹോം വർക്കിൽ ശ്രദ്ധചെലുത്താൻ എനിക്ക് കഴിയുന്നുണ്ട്					
2.	I feel pretty happy most of the day ദിവസത്തിൽ മിക്ക സമയവും ഞാൻ സന്തുഷ്ടനാണ്					
3.	I think it would be exciting to move to a new city ഒരു പുതിയ നഗരത്തിലേക്ക് മാറ്റുന്നതിനെക്കുറിച്ച് ചിന്തിക്കുമ്പോൾ എനിക്ക് സന്തോഷം തോന്നുന്നുണ്ട്					
4.	I like to feel a warm Breeze blowing on my face എന്റെ മുഖത്ത് ചെറുകാറ്റടിക്കുന്നത് എനിക്കിഷ്ടമാണ്					
5.	if i am angry at somebody I tend to say things that I know will hurt their feelings എനിക്ക് ആരോടെങ്കിലും ദേഷ്യം തോന്നിയാൽ, അവരെ വേദനിപ്പിക്കുന്ന രീതിയിൽ ഞാൻ സംസാരിക്കാറുണ്ട്					
6.	I noticednoticed I noticed I noticed even little					

	<p>changes taking place around me, like light getting brighter in a room</p> <p>എന്റെ ചുറ്റുമുള്ള ചെറിയ മാറ്റങ്ങൾ പോലും ഞാൻ ശ്രദ്ധിക്കാറുണ്ട്, മുറിയിലെ വെളിച്ചം കൂടുന്നത് പോലും</p>					
7.	<p>I have a hard time finishing things on time</p> <p>കാര്യങ്ങൾ സമയത്തിന് ചെയ്തുതീർക്കുന്ന അത് എനിക്ക് പൊതുവേ ബുദ്ധിമുട്ടാണ്</p>					
8.	<p>I feel shy with kids of the opposite sex</p> <p>എതിർലിംഗത്തിലുള്ള കുട്ടികളുമായി ഇടപഴകാൻ എനിക്ക് ബുദ്ധിമുട്ടുണ്ട്</p>					
9.	<p>When I am angry I throw or break things</p> <p>രേഷ്യം വന്നാൽ ഞാൻ സാധനങ്ങൾ എറിഞ്ഞുടക്കും</p>					
10.	<p>My friends seem to enjoy themselves more than I do</p> <p>എന്റെ സുഹൃത്തുക്കൾ എന്നെക്കാൾ സന്തോഷിക്കാറുണ്ട്</p>					
11.	<p>I tend to notice little changes that other people do not notice</p> <p>ബാക്കിയുള്ളവർ ശ്രദ്ധിക്കാത്ത ചെറിയ കാര്യങ്ങൾ പോലും ഞാൻ ശ്രദ്ധിക്കാറുണ്ട്</p>					
12.	<p>If I get really mad at someone I might hit them</p> <p>രേഷ്യം വരുമ്പോൾ ഞാൻ മറ്റുള്ളവരെ അടിക്കാറുണ്ട്</p>					
13.	<p>when someone tell me stop doing something it is easy for me to stop</p> <p>എന്തെങ്കിലും കാര്യം ചെയ്യുന്നത് നിർത്താൻ എന്നോട് ആരെങ്കിലും ആവശ്യപ്പെട്ടാൽ യാതൊരു ബുദ്ധിമുട്ടും ഇല്ലാതെ ഞാൻ അനുസരിക്കും</p>					
14.	<p>I feel shy about meeting new people</p> <p>പുതിയ ആളുകളെ പരിചയപ്പെടുന്നത് എന്നെ അസ്വസ്ഥമാക്കുന്നു</p>					
15.	<p>I enjoy listening to the birds song/ singing</p> <p>പക്ഷികളുടെ പാട്ട് കേൾക്കാൻ എനിക്കിഷ്ടമാണ്</p>					
16.	<p>I want to be able to share my private thought with someone</p> <p>എന്റെ സ്വകാര്യ ചിന്തകൾ മറ്റൊരാളുമായി പങ്കുവയ്ക്കുവാൻ ഞാൻ താല്പര്യപ്പെടുന്നു</p>					
17.	<p>I would not like living in really big city even if it was safe</p> <p>സുരക്ഷിതം ആണെങ്കിൽ പോലും വലിയ നഗരങ്ങളിൽ താമസിക്കാൻ ഞാൻ ഇഷ്ടപ്പെടുന്നില്ല</p>					

18.	It often takes very little to make me feel like crying ചെറിയ കാര്യങ്ങൾ പോലും എന്നെ കരയിപ്പിക്കുന്നു					
19.	I am very aware of noises ഞാൻ ശബ്ദങ്ങളെ കുറിച്ച് ബോധവാനാണ്					
20.	I tend to be rude to people I don't like എനിക്കിഷ്ടം ഇല്ലാത്തവരോട് ഞാൻ മര്യാദയില്ലാതെ പെരുമാറും					
21.	I like to look at the pattern of Clouds in the sky മേഘങ്ങളുടെ ആകൃതി കണ്ട് ആസ്വദിക്കുന്ന എനിക്കിഷ്ടമാണ്					
22.	I can feel another person is angry by their expressions ഒരാൾക്ക് ദേഷ്യം വരുന്നുണ്ടോ എന്ന് അയാളുടെ മുഖം കണ്ടാൽ എനിക്കറിയാം					
23.	It bothers me when I try to make a phone call and the line is busy ആരെയെങ്കിലും ഫോണിൽ വിളിക്കുമ്പോൾ ലൈൻ ബിസി ആണെങ്കിൽ ഞാൻ ആകെ അസ്വസ്ഥനാകും					
24.	The more I try to stop myself from doing something I should not, more likely I am to do it ചെയ്യാൻ പാടില്ലാത്ത എന്തെങ്കിലും കാര്യം ചെയ്യരുത് എന്ന് വിചാരിക്കും തോറും അത് ചെയ്യാനുള്ള ആഗ്രഹം എന്നിൽ ബലപ്പെടുത്തും					
25.	I enjoy exchanging hugs with people I like എനിക്ക് ഇഷ്ടമുള്ളവരെ ആശ്ശേഷിക്കുന്നത് എനിക്കിഷ്ടമാണ്					
26.	Skyline fast down a steep slope sounds scary to me കുത്തനെയുള്ള ഇറക്കത്തിൽ കൈയിൽലിൻ ചെയ്യുന്നത് എനിക്ക് ഭയമാണ്					
27.	I get sad more than other people realise മറ്റുള്ളവർ കരുതുന്നതിനേക്കാൾ ഞാൻ ദുഃഖിതനാകുന്നു					
28.	If I have a hard assignment to do I get started right away ബുദ്ധിമുട്ടുള്ള എന്തെങ്കിലും ജോലി ആണ് ചെയ്യേണ്ടത് എങ്കിൽ ഞാൻ അത് നേരത്തെതന്നെ ചെയ്തു തുടങ്ങും					
29.	I will do most anything to help someone I care about					

	ഞാൻ ഇഷ്ടപ്പെടുന്നവർക്ക് വേണ്ടി ഞാൻ എന്തും ചെയ്യും				
30.	I get frightened Riding with a person who likes speed വേഗത ഇഷ്ടപ്പെടുന്ന ആളുകളുടെ കൂടെ യാത്ര ചെയ്യാൻ ഭയമാണ്				
31.	I like to look at trees and walk among them വൃക്ഷങ്ങളെ കണ്ടാസ്വദിക്കാനും അവയ്ക്കിടയിലൂടെ നടക്കാനും ഞാൻ ഇഷ്ടപ്പെടുന്നു				
32.	I find it hard to shift gears when I go from one class to another at school സ്കൂളിൽ ഒരു ക്ലാസിൽ നിന്നും മറ്റൊരു ക്ലാസിലേക്കുള്ള മാറ്റം എനിക്ക് ബുദ്ധിമുട്ടുണ്ടാക്കുന്നു				
33.	I worry about my family when I am not with them കുടുംബാംഗങ്ങൾ അടുത്തില്ലാത്ത അപ്പോഴെല്ലാം ഞാൻ അവരെ കുറിപ്പോർത്ത് ആകുല പെടുന്നു				
34.	I get very upset if I want to do something and my parents wont let me എനിക്ക് ചെയ്യണം എന്ന് തോന്നുന്ന എന്തെങ്കിലും കാര്യത്തിന് മാതാപിതാക്കൾ അനുവാദം നൽകിയില്ലെങ്കിൽ ഞാൻ അസ്വസ്ഥനാകുന്നു				
35.	I get sad when a lot of things are going wrong കാര്യങ്ങൾ ശരിക്കും മുന്നോട്ടു പോയില്ലെങ്കിൽ ഞാൻ ദുഃഖിതൻ ആകും				
36.	When I tried to study I have difficulty turning out background noise and concentrating പഠിക്കാനിരിക്കുമ്പോൾ പുറമേ നിന്നുള്ള ശബ്ദങ്ങൾ ശ്രദ്ധിക്കാതിരിക്കാൻ എനിക്ക് ബുദ്ധിമുട്ടാണ്				
37.	I finish my homework before the due date സമയത്തിനു മുമ്പേ തന്നെ ഞാൻ എന്റെ ഹോം വർക്ക് തീർക്കാറുണ്ട്				
38.	I am good at keeping track of several different things that are happening around me തന്റെ ചുറ്റും സംഭവിക്കുന്ന ഒന്നിലധികം കാര്യങ്ങളെക്കുറിച്ച് ഞാൻ ശ്രദ്ധിക്കാറുണ്ട്				
39.	I would not to be afraid to try a risky sport like a deep sea diving ആഴക്കടൽ മുങ്ങൽ പോലെയുള്ള അപകടകരമായ മുങ്ങൽ വിനോദങ്ങളിൽ പങ്കെടുക്കാൻ എനിക്ക് ഭയമില്ല				
40.	It is easy for me to keep a secret				

	രഹസ്യങ്ങൾ സൂക്ഷിക്കാൻ എനിക്ക് ബുദ്ധിമുട്ടില്ല					
41.	It is important to me to have close relationship with other person ആളുകളുമായി അടുത്തബന്ധം സൂക്ഷിക്കുക എന്നത് എനിക്ക് പരമപ്രധാനമാണ്					
42.	I am shy ഞാൻ ലജ്ജാലുവാൻ					
43.	I am nervous of some of the kids at school who push people into others and throw your books around ആളുകളെ തള്ളുകയും പുസ്തകങ്ങൾ എടുത്ത് എറിയുകയും ചെയ്യുന്ന സ്കൂളിലെ ചില കുട്ടികളെ കാണുന്നത് എനിക്കിഷ്ടമല്ല					
44.	I get irritated when I have to stop doing something I enjoy ഇഷ്ടപ്പെടുന്ന എന്തെങ്കിലും കാര്യം ചെയ്തുകൊണ്ടിരിക്കുമ്പോൾ നിർത്തേണ്ടി വരുമ്പോൾ എന്തെങ്കിലും ദേഷ്യപ്പെടുത്തുന്നു					
45.	I wouldn't be afraid to try something like mountain climbing പർവ്വതാരോഹണം പോലെയുള്ള വിനോദങ്ങളിൽ ഏർപ്പെടാനും എനിക്ക് ഭയമില്ല					
46.	I put off working on projects until right before they are due പ്രോജക്റ്റുകൾ പോലെയുള്ള ജോലികൾ ചെയ്യുന്നത് ഞാൻ കഴിവതും നീട്ടി വെക്കാറുണ്ട്					
47.	When I am really mad different I tend to exploded them സുഹൃത്തിനോട് ദേഷ്യം വന്നാൽ ഞാൻ ശരിക്കും പൊട്ടിത്തെറിക്കും					
48.	I enjoy going places where there are big crowds and lot of enjoyment ശരിക്കും തിരക്കുള്ള ഇടങ്ങളിലും ആഘോഷങ്ങൾ നടക്കുന്ന ഇടത്തും എല്ലാം പോകാൻ എനിക്കിഷ്ടമാണ്					
49.	I am not shy ഞാൻ ലജ്ജാലുവല്ല					
50.	I am quite a warm and friendly person ഞാൻ ഉഷ്ണമായ സ്വഭാവത്തിന് ഉടമയാണ്					
51.	I pay close attention when someone tells me					

	<p>to do സോമേതിൻ കാര്യങ്ങൾ എങ്ങനെ ചെയ്യണമെന്ന് ആരെങ്കിലും പറഞ്ഞു തരുമ്പോൾ ഞാൻ ശ്രദ്ധയോടെ കേൾക്കും</p>					
52.	<p>I get very frustrated when I make a mistake in my school work സ്കൂളിലെ എന്തെങ്കിലും ജോലിയിൽ തെറ്റുപറ്റിയാൽ എനിക്ക് ആകെ അസ്വസ്ഥത യാവും</p>					
53.	<p>It frustrates me if people interrupt me when I am talking ഞാൻ സംസാരിക്കുമ്പോൾ ആരെങ്കിലും ഇടയിൽ കയറി സംസാരിക്കുമെന്ന് എനിക്ക് തീരെ ഇഷ്ടമല്ല</p>					
54.	<p>I can stick with my plans and goals എന്റെ ലക്ഷ്യങ്ങളും പദ്ധതികളും ഒക്കെ ഞാൻ നടപ്പിലാക്കുന്നു</p>					
55.	<p>I get upset if I am not able to do a task really well. ഓരോ കാര്യവും ശരിയായി ചെയ്യാൻ കഴിഞ്ഞില്ലെങ്കിൽ എനിക്ക് ആകെ വിഷമമാണ്</p>					
56.	<p>I like the crunching sound of autumn leaves പൊഴിയുന്ന ഇലകൾക്കു മുകളിലൂടെ നടക്കുന്നതിന് ശബ്ദം എനിക്കിഷ്ടമാണ്</p>					

APPENDIX -B

COPING STRATEGIES INVENTORY –SHORT FORM

David L Tobin

The purpose of this questionnaire is to find out the kinds of situations that trouble people in their day-to-day lives and how people deal with them. Take a few moments and think about an event or situation that has been very stressful for you during the last month. By stressful we mean a situation that was troubling you, either because it made you feel bad or because it took effort to deal with it. It might have been with your family, with school, with your job, or with your friends. In the space below, please describe this stressful event in the following manner: a. Not at all / b. A little / c. Somewhat / d. Much / e. Very much

Sl. No	Statements /പ്രസ്താവനകൾ	Not at all	A little	Some what	Much	Very much
1	I worked on solving the problems in the situation സാഹചര്യങ്ങളിലേ പ്രശ്നങ്ങൾ പരിഹരിക്കുന്നതിന് ഞാൻ പ്രവർത്തിക്കാറുണ്ട്					
2	I looked for the silver lining so to speak try to look on the bright side of things സംസാരിക്കാൻ ഞാൻ നല്ല സമയത്തിനായി കാത്തുനിൽക്കാറുണ്ട്					
3	I let out my feelings to reduce the stress സമ്മർദ്ദം കുറയ്ക്കാൻ ഞാൻ എന്റെ വികാരങ്ങൾ പ്രകടിപ്പിക്കാറുണ്ട്					
4	I found somebody who was a good listener നല്ല ശ്രോതാവായ ആരെങ്കിലും ഞാൻ കണ്ടെത്താറുണ്ട്					
5	I went along as if nothing where happening ഒന്നും സംഭവിക്കുന്നില്ല എന്ന മട്ടിൽ ഞാൻ സഞ്ചരിക്കാറുണ്ട്					
6	I hoped a miracle would happen ഒരു അത്ഭുതം സംഭവിക്കുമെന്ന് ഞാൻ പ്രതീക്ഷിക്കാറുണ്ട്					
7	I realized that I was personally responsible for my difficulties and really lectured myself എന്റെ ബുദ്ധിമുട്ടുകൾക്ക് വ്യക്തിപരമായി ഉത്തരവാദി ഞാനാണെന്ന് മനസ്സിലാക്കി, സ്വയം നിർദ്ദേശങ്ങൾ നൽകാറുണ്ട്					
8	I spent more time alone ഞാൻ ഒറ്റയ്ക്ക് കൂടുതൽ സമയം ചെലവഴിക്കാറുണ്ട്					
9	I made a plan of action and followed it ഞാൻ ഒരു പ്രവർത്തന പദ്ധതി തയ്യാറാക്കി അത് പിന്തുടരാറുണ്ട്					
10	I looked at things in a different light and try to make the best of what was available ഞാൻ കാര്യങ്ങൾ മറ്റൊരു രീതിയിൽ നോക്കുകയും ലഭ്യമായവ പരമാവധി പ്രയോജനപ്പെടുത്താൻ ശ്രമിക്കുകയും ചെയ്യാറുണ്ട്					
11	I let my feelings out somehow ഞാൻ എന്റെ വികാരങ്ങൾ ഏതുരീതിയിലും പ്രകടിപ്പിക്കാറുണ്ട്					
12	I talked to someone about how I was feeling എന്റെ വികാരങ്ങളെ കുറിച്ച് മറ്റുള്ളവരോട് ഞാൻ സംസാരിക്കാറുണ്ട്					
13	I tried to forget the whole thing ഞാൻ എല്ലാം മറക്കാൻ ശ്രമിക്കാറുണ്ട്					
14	I wished that the situation would go away or somehow be over with ജീവിതത്തിൽ സാഹചര്യങ്ങൾ മാറുമെന്ന് ഞാൻ വിശ്വസിക്കാറുണ്ട്					
15	I blamed myself					

	ഞാൻ എന്നെത്തന്നെ കുറ്റപ്പെടുത്താറുണ്ട്						
16	I avoided my family and friends ഞാൻ എന്റെ കുടുംബത്തെയും സുഹൃത്തുക്കളെയും ഒഴിവാക്കാറുണ്ട്						
17	I tackle the problem head on ഞാൻ അഭിമുഖീകരിക്കുന്ന പ്രശ്നങ്ങൾ പരിഹരിക്കാറുണ്ട്						
18	I asked myself what was really important and discovered that things were not so bad after all എന്താണ് പ്രധാനമെന്ന് ഞാൻ സ്വയം ചോദിക്കുകയും, കാര്യങ്ങൾ അത്ര മോശമല്ലെന്ന് ഞാൻ കണ്ടെത്തുകയും ചെയ്യാറുണ്ട്						
19	I let my emotions out ഞാൻ എന്റെ വികാരങ്ങൾ പ്രകടിപ്പിക്കാറുണ്ട്						
20	I talk to someone that I was very close to ഞാൻ വളരെ അടുപ്പമുള്ള ആളുകളുമായി സംസാരിക്കാറുണ്ട്						
21	I didn't let it get to me, I refused to think about it too much സാഹചര്യങ്ങൾ എന്നിൽ സമ്മർദ്ദം ചെലുത്താനും അതിനെ കുറിച്ച് വളരെയധികം ചിന്തിക്കാനും ഞാൻ വിസമ്മതിക്കാറുണ്ട്						
22	I wished that the situation had never started സാഹചര്യങ്ങൾ ഒരിക്കലും ആരംഭിച്ചില്ലായിരുന്നെങ്കിൽ എന്ന് ഞാൻ ആഗ്രഹിക്കാറുണ്ട്						
23	I criticized myself for what happened സംഭവിച്ചതിനെല്ലാം ഞാൻ എന്നെത്തന്നെ വിമർശിക്കാറുണ്ട്						
24	I avoided being with people മറ്റുള്ളവരുമായുള്ള സമ്പർക്കം ഞാൻ ഒഴിവാക്കാറുണ്ട്						
25	I knew what had to be done so I doubled my efforts and try the harder to make things work എന്താണ് ചെയ്യേണ്ടതെന്ന് എനിക്കറിയാം, അതിനാൽ ഞാൻ എന്റെ ശ്രമങ്ങൾ ഇരട്ടിയാക്കുകയും കാര്യങ്ങൾ പ്രവർത്തിപ്പിക്കാൻ കഠിനമായി ശ്രമിക്കുകയും ചെയ്യാറുണ്ട്						
26	I convinced myself that things are not quite as bad as they seem കാര്യങ്ങൾ തോന്നുന്നത്ര മോശമല്ലെന്ന് ഞാൻ എന്നെത്തന്നെ ബോധ്യപ്പെടുത്താറുണ്ട്						
27	I got in touch with my feelings and just let them go ഞാൻ എന്റെ വികാരങ്ങളെ മനസ്സിലാക്കുകയും അവയെ പ്രകടിപ്പിക്കുകയും ചെയ്യാറുണ്ട്						
28	I asked a friend or relative I respect for advice ഒരു സുഹൃത്തിനോടോ ബന്ധുവിനോടോ ഞാൻ ഉപദേശം നേടാറുണ്ട്						
29	I avoided thinking or doing anything about the situation സാഹചര്യത്തെക്കുറിച്ച് ചിന്തിക്കുന്നതും, കാര്യങ്ങൾ ചെയ്യുതും ഞാൻ ഒഴിവാക്കാറുണ്ട്						
30	I hope that if I wanted long enough things would turn out ok ഞാൻ ദീർഘനേരം കാത്തിരുന്നാൽ കാര്യങ്ങൾ ശരിയാകുമെന്ന് ഞാൻ പ്രതീക്ഷിക്കാറുണ്ട്						
31	Since what happened was my fault I really chewed myself out സംഭവിച്ചതെല്ലാം എന്റെ തെറ്റായതിനാൽ ഞാൻ എന്നെത്തന്നെ സാഹചര്യങ്ങളിൽ നിന്നും മാറ്റി നിർത്താറുണ്ട്						
32	I spent some time by myself ഞാൻ തനിയെ കുറച്ച് സമയം ചെലവഴിക്കാറുണ്ട്						

APPENDIX - C

EMOTIONAL INTELLIGENCE SCALE

V A Ajitha & Dr Soumya Starlet C T, Department of Psychology,
Prajyoti Niketan College, Pudukad, University of Calicut

Name: _____ Age: _____ Sex: _____ Class: _____

ഇമോഷണൽ ഇൻറലിജൻസ് സ്കെയിൽ‌ലിൽ നൽകിയ പ്രസ്താവനകൾ ഓരോന്നും ശ്രദ്ധാപൂർവ്വം വായിച്ച്, വരെയുള്ള സ്കെയിൽ‌ലിൽ 5 മുതൽ 1നീങ്ങളുടേ അഭിപ്രായം സൂചിപ്പിക്കുക. "1ശക്തമായി വിയോജിക്കുന്നു" 5 എന്നും "ശക്തമായി യോജിക്കുന്നുവെങ്കിലും കഠിനം പ്രതിനിധീകരിക്കുന്നു" ബുദ്ധിയുടെ വിവിധ വശങ്ങൾ വിലയിരുത്തുന്നതിനാണ് ഈ പ്രസ്താവനകൾ തയ്യാറാക്കിയിട്ടുള്ളത്. താഴെ കൊടുത്തിരിക്കുന്ന ഓരോ പ്രസ്താവനകളും ശ്രദ്ധാപൂർവ്വം വായിച്ച് നിങ്ങളുടെ അഭിപ്രായം ഉചിതമായ പ്രസ്താവനയുടെനേരെ ഒരു ക്രോസ്സ് മാർക്കിലൂടെ (X) അടയാളപ്പെടുത്തുക. അധിക സമയം ചിലവഴിക്കാതെ ഓരോ പ്രസ്താവനയും കൃത്യമായി രേഖപ്പെടുത്തുക.

Sl. No.	പ്രസ്താവനകൾ	പൂർണ്ണമായും യോജിക്കുന്നു	യോജിക്കുന്നു	തിരുമാനം ഇല്ല	വിയോജിക്കുന്നു	പൂർണ്ണമായും വിയോജിക്കുന്നു
1	മറ്റുള്ളവരുടെ വികാരങ്ങൾ മനസ്സിലാക്കാൻ എനിക്ക് കഴിയാറുണ്ട്					
2	പുതിയസാഹചര്യങ്ങളുമായി സഹകരിക്കാൻ ബുദ്ധിമുട്ട് അനുഭവപ്പെടാറുണ്ട്					
3	എത്ര ബുദ്ധിമുട്ടുള്ള ജോലിയും ഞാൻ പൂർത്തിയാക്കിയിട്ടുണ്ട്					
4	ബുദ്ധിമുട്ടുള്ള അനുഭവങ്ങൾ ഉണ്ടാകുമ്പോൾ വ്യത്യസ്തമായ വഴികളിലൂടെ പരിഹരിക്കാൻ ശ്രമിക്കാറുണ്ട്					
5	സാഹചര്യങ്ങളേ വിശകലനം ചെയ്യുമ്പോൾ ഞാൻ വ്യത്യസ്ത കാഴ്ചപ്പാടുകൾ പരിഗണിക്കാറുണ്ട്					
6	ജീവിത ലക്ഷ്യങ്ങളെ നേരിടുമ്പോൾ "ചെയ്യാൻ കഴിയും" എന്റെ മനോഭാവം പുലർത്താറുണ്ട്					
7	കാര്യങ്ങൾ വിഷമകരമാണെങ്കിലും ഞാൻ ഉപേക്ഷിക്കാറില്ല					
8	അപരിചിതരുമായി സംസാരിക്കുമ്പോൾ എനിക്ക് ആത്മവിശ്വാസകുറവ് അനുഭവപ്പെടാറുണ്ട്					
9	വിമർശനങ്ങളെ ആരോഗ്യകരമായി എടുക്കാറുള്ളു					
10	സമ്മർദ്ദങ്ങളിൽ നിന്നും മോചനം നേടുവാൻ വിശ്രമസമയം കണ്ടെത്താറുണ്ട്					
11	ഐന്റെ കഴിവും ബലഹീനതകളും അറിഞ്ഞുകൊണ്ട് ഞാൻ എന്നേ അംഗീകരിക്കുന്നു					
12	ദുഃഖം അനുഭവപ്പെടുമ്പോൾ പോസിറ്റീവായ കാര്യങ്ങളിലേക്ക് എന്റെ ശ്രദ്ധ തിരിക്കാറുണ്ട്					
13	തെറ്റുകൾ തിരുത്താൻ എപ്പോഴും അവസരമുണ്ടാകുമെന്ന് ഞാൻ പ്രതീക്ഷിക്കാറുണ്ട്					
14	വിജയിക്കും വരെ വീണ്ടും ശ്രമിക്കുക എന്ന സിദ്ധാന്തത്തിൽ ഞാൻ വിശ്വസിക്കുന്നു					
15	പരാജയത്തേ ഭയന്ന് ഐന്റെ താല്പര്യങ്ങൾക്ക് മുൻഗണന നൽകാറില്ല					

16	തെറ്റുകൾ ഓർക്കുന്നതിനെക്കാൾ ക്ഷമിക്കുന്നതിൽ ഞാൻ വിശ്വസിക്കുന്നു						
17	പ്രധാനപ്പെട്ട വിഷയങ്ങൾ ചർച്ച ചെയ്യുമ്പോൾ ഞാൻ ശാന്തത പുലർത്താറുണ്ട്						
18	മറ്റുള്ളവരെ ഞാൻ സഹായിക്കാറുണ്ട്						
19	ഞാൻ സാഹചര്യങ്ങളെ നന്നായി കൈകാര്യം ചെയ്യാറുണ്ട്						
20	ഐന്റെ താൽപ്പര്യത്തിന് മുൻഗണന നൽകി ഞാൻ പെരുമാറുന്നു						
21	ദേഷ്യം വരുമ്പോൾ ഞാൻ ചിന്തിക്കാതെ പ്രവർത്തിക്കാറുണ്ട്						
22	ഞാൻ ജീവിതത്തിൽ സംതൃപ്തനാണ്						
23	ഏത്ര ബുദ്ധിമുട്ടുള്ള ജോലിയും ഞാൻ പൂർത്തിയാക്കിക്കൊടുക്കുന്നു						

APPENDIX – D
FAMILY INTERACTION SCALE

Asha C B (1987)

Department of Psychology, University of Calicut

നിർദ്ദേശങ്ങൾ:

കുടുംബത്തെ കുറിച്ചുള്ള ചില പ്രസ്താവനകളാണ് താഴെ കൊടുത്തിരിക്കുന്നത്. ഒരോപ്രസ്താവനയും നിങ്ങളുടെ കുടുംബത്തെ സംബന്ധിച്ചിടത്തോളം എത്രമാത്രം ശരിയാണ് എന്നു അടയാളപ്പെടുത്തുക. “എല്ലായ്പ്പോളും ശരിയാണ്”, “മിക്കവാറും ശരിയാണ്”, “ ഇടക്കൊക്കെ ശരിയാണ്”, “അപൂർവമായി ശരിയാണ്”, “ശരിയല്ല” എന്നിങ്ങനെയുള്ള അഞ്ച് ഉത്തരങ്ങളിൽ നിന്നു ഒന്നു മാത്രമാണു ഓരോ പ്രസ്താവനക്കും നൽകേണ്ടത് . ഉത്തരങ്ങളെ പ്രസ്താവനകൾക്കും നൽകേണ്ടത് . ഉത്തരങ്ങളെ പ്രസ്താവനകൾക്ക് നേരെ കൊടുത്തിട്ടുള്ള ബ്രാക്കറ്റുകളിൽ ക്രോസ്സ് മാർക്ക് ('X') ഇട്ട് അടയാളപ്പെടുത്തുക.

ദയവായി എല്ലാ പ്രസ്താവനകൾക്കും ഉത്തരം നൽകുവാൻ ശ്രദ്ധിയ്ക്കുക . നിങ്ങളുടെ ഉത്തരങ്ങളെ രഹസ്യമായി സൂക്ഷിക്കുന്നതാണ് .

നന്ദി

പ്രസ്താവനകൾ

ഉത്തരങ്ങളെ

		എല്ലായ്പ്പോളും ശരിയാണ്	മിക്കവാറും ശരിയാണ്	ഇടക്കൊക്കെ ശരിയാണ്	അപൂർവമായി ശരിയാണ്	ശരിയല്ല
A. 1	സ്വതന്ത്രമായി ഓരോന്നു ചെയ്യുന്നതിനുള്ള പ്രോത്സാഹനം വീട്ടിൽ നിന്നു എപ്പോഴും ഞങ്ങൾക്ക് കിട്ടാറുണ്ട് .					
2	സ്വന്തം കാര്യങ്ങളെ കുറിച്ച് അവനവൻ തന്നെ തീരുമാനമെടുക്കുകയാണ് വീട്ടിലെ പതിവ് .					
3	സ്വന്തം പ്രശ്നങ്ങൾ പരിഹരിക്കുന്നതിനായി ഓരോരുത്തരും മറ്റുള്ളവരെ ആശ്രയിക്കാറില്ല .					
4	ആവശ്യമുള്ളപ്പോഴെല്ലാം പുറത്തുപോകാനുള്ള സ്വാതന്ത്ര്യം ഞങ്ങൾക്കുണ്ട് .					
5	പുസ്തകങ്ങളും വസ്തുക്കളും തെരഞ്ഞെടുക്കുവാനുള്ള സ്വാതന്ത്ര്യം					

	വീട്ടിൽ ഞങ്ങൾക്കുണ്ട്.					
6	സ്വന്തം കാര്യങ്ങൾ തുറന്നു സംസാരിക്കാനുള്ള പ്രോത്സാഹനം വീട്ടിൽ ഞങ്ങൾക്ക് കിട്ടാറില്ല .					
7	എല്ലാ കാര്യത്തിലും സ്വാശ്രയശീലരാകാനുള്ള പരിശീലനം കുടുംബത്തിൽ ഞങ്ങൾക്ക് കിട്ടുന്നു.					
B.8	ഞങ്ങൾ ഒന്നാണ് എന്ന വിചാരം വീട്ടിലാർക്കും ഇല്ല .					
9	വീട്ടുകാര്യങ്ങളിലെല്ലാം ഞങ്ങൾ പരസ്പരം സഹായിക്കാറുണ്ട് .					
10	വീട്ടുജോലികൾ ചെയ്യുന്നതിന് ഞങ്ങൾ എല്ലാവരും സ്വമേധയാ തയ്യാറാകാറുണ്ട് .					
11	ഓരോരുത്തരും മറ്റുള്ളവർക്ക് തുണയാണ് എന്ന വിചാരം വീട്ടിലാർക്കും ഇല്ല.					
12	ഞങ്ങൾ വളരെ യോജിപ്പിലാണ് കഴിയുന്നത് .					
13	കുടുംബത്തിൽ ഓരോരുത്തർക്കും വേണ്ടത്ര ശ്രദ്ധയും പരിചരണവും കിട്ടാറുണ്ട്					
14	വിഷമാവസ്ഥയിൽ വീട്ടിൽ ഓരോരുത്തർക്കും മറ്റുള്ളവർ സഹായമാകാറുണ്ട് .					
C.15	ജീവിതത്തിൽ മുന്നേറുക എന്നത് ഞങ്ങളെ സാംബത്തിച്ചിടത്തോളം വളരെ പ്രധാനപ്പെട്ട ഒരു കാര്യമല്ല.					
16	ഞങ്ങൾ മത്സരത്തിൽ വിശ്വസിക്കുന്നു .					
17	ചെയ്യുന്ന കാര്യങ്ങളെല്ലാം വളരെ നന്നായിട്ടു ചെയ്യണമെന്ന് ഞങ്ങൾ കരുതുന്നു.					
18	വിജയപ്രപ്തിക്കായ് ഞങ്ങളെല്ലാവരും കഠിനമായി പ്രയത്നിക്കാറുണ്ട് .					
19	ഉദ്യോഗകയറ്റം , ക്ലാസ്സിലെ റാങ്ക്/ഗ്രേഡ് എന്നിവയേകുറിച്ചോർത്തു ഞങ്ങൾ എപ്പോഴും വിഷമിക്കാറുണ്ട് .					
20	ഓരോ പ്രാവശ്യവും ഒന്നിനൊന്നു മെച്ചമായി കാര്യങ്ങൾ ചെയ്യുവാനാണ് ഞങ്ങൾ ശ്രമിക്കുന്നത് .					
21	ജോലിചെയ്യുക എന്നത് പരമപ്രധാനമായ					

	ഒരു കടമയാണെന്ന് ഞങ്ങൾ കരുതുന്നു.					
D.22	ബുദ്ധിപരമായ പ്രവർത്തികൾക്ക് വിനോദത്തേക്കാൾ വളരെ പ്രധാന്യം ഞങ്ങൾ നൽകാറുണ്ട്.					
23	പുതിയതും വ്യത്യസ്തവുമായ കാര്യങ്ങളെക്കുറിച്ച് പഠിക്കുന്നതിന് ഞങ്ങൾക്ക് വീട്ടിൽ പ്രോത്സാഹനം കിട്ടാറുണ്ട് .					
24	ബുദ്ധിപരമായ ചർച്ചകളിൽ ഞങ്ങൾക്ക് തൽപര്യമില്ല .					
25	ടെലിവിഷൻ കാണുന്നതിനെക്കാൾ ഞങ്ങൾക്ക് തൽപര്യം ഗൗരവതരമായ വായനയിലാണ്.					
26.	ലിബ്രറിയിൽ പോയി വായിക്കുന്നതിൽ ഞങ്ങൾക്ക് തൽപര്യം ഇല്ല.					
27	പുതിയ ആശയങ്ങൾ പരീക്ഷിച്ചറിയുന്നതിന് ഞങ്ങൾക്ക് പ്രോത്സാഹനം ലഭിക്കാറുണ്ട് .					
28	വിജ്ഞാനപ്രദമായ സിനിമയാണ് വിനോദ പ്രധാന്യമുള്ളതിനെക്കാൾ ഞങ്ങളിഷ്ടപ്പെടുന്നത് .					
E.29	ഞങ്ങൾ പരസ്പരം കുറ്റപ്പെടുത്താറില്ല					
30	വീട്ടിൽ എപ്പോഴും സമാധാനം നിലനിർത്താൻ ഞങ്ങളെല്ലാവരും ശ്രമിക്കാറുണ്ട് .					
31	ബഹളം വെയ്ക്കുന്നതുകൊണ്ട് എന്തെങ്കിലും നേടാനാകുമെന്ന് ഞങ്ങൾ വിശ്വസിക്കുന്നില്ല.					
32	ഞങ്ങൾ ധാരളമായി വഴക്കു കൂടുന്ന സ്വഭാവക്കാരാണ്.					
33	മറ്റുള്ളവരെ വേദനിപ്പിച്ചിട്ട് സ്വന്തം കാര്യം കാണുന്നതിൽ ഞങ്ങൾക്കു തൽപര്യമില്ല					
34	വഴക്കുകൂടി ഞങ്ങൾ പലപ്പോഴും അടികലശത്തിൽ എത്താറുണ്ട്					
35	ദേഷ്യം തോന്നിയാൽ പരസ്പരം ചീത്ത വിളിക്കുന്നതിന് ഞങ്ങൾക്ക് മടിയില്ല					
36	മറ്റുള്ളവരെ സഹായിക്കേണ്ടത് കടമയാണെന്ന് ഞങ്ങൾ കരുതുന്നു					

37	സംഗീതകച്ചേരി , നാടകം , പ്രഭാഷണം തുടങ്ങിയ പൊതു പരിപാടികൾക്ക് ഞങ്ങൾ പോകാറുണ്ട്					
38	സാമൂഹികവും രാഷ്ട്രീയവുമായ കാര്യങ്ങളെക്കുറിച്ചു വീട്ടിൽ ഞങ്ങൾ ചർച്ചചെയ്യാറില്ല					
39	വിശ്രമ സമയം പങ്കിടനായി ഞങ്ങൾക്ക് ധാരാളം നല്ല സുഹൃത്തുക്കളുണ്ട്					
40	ഞങ്ങൾ മറ്റുള്ളവരുമായി ഇടപഴകാനിഷ്ടപ്പെടുന്നില്ല					
41	അവധി ദിവസങ്ങൾ മിക്കവരും ഞങ്ങൾ വീട്ടിൽത്തന്നെ കഴിച്ചുകൂട്ടുകയാണ് പതിവ്					
42	ഞങ്ങളെല്ലാവരും സാമൂഹ്യ സേവന പരിപാടികളിൽ പങ്കെടുക്കാറുണ്ട്					
43	നൻമ ചെയ്യുക എന്നത് വളരെ പ്രധാനപ്പെട്ട ഒരു കാര്യമായാണ് ഞങ്ങൾ കരുതുന്നത്					
44	ചെയ്യുന്ന നല്ല പ്രവർത്തികൾക്കെല്ലാം അർഹിക്കുന്ന പ്രതിഫലം കിട്ടുമെന്ന് ഞങ്ങൾ വിശ്വസിക്കുന്നു					
45	വിശ്വാസത്തിന്റെ പേരിൽ ചില കാര്യങ്ങൾ ഞങ്ങൾ സ്വീകരിക്കാറുണ്ട്					
46	തെറ്റുകൾക്കെല്ലാം ശിക്ഷകൊടുക്കേണ്ടതാണെന്ന് ഞങ്ങൾ വിശ്വസിക്കുന്നു					
47	ശരിയും തെറ്റും എന്താണെന്നതിനെക്കുറിച്ച് ഞങ്ങൾക്ക് വ്യക്തമായ ധാരണയില്ല					
48	നല്ല സ്വഭാവ ഗുണങ്ങൾ കുടുംബത്തിന് ഒരു നേട്ടമാണെന്ന് ഞങ്ങൾ വിശ്വസിക്കുന്നു					
49	ആദ്യം കടമ ചെയ്യുക , പിന്നീടു പരാതി യാകാം എന്നതാണു ഞങ്ങളുടെ മുദ്രാവാക്യം					
H.50	വീട്ടിൽ സമയനിഷ്ടക്ക് വലിയ പ്രാധാന്യമുണ്ട്					
51	കർശനങ്ങളായ നിയമങ്ങളാണ് ഞങ്ങളുടെ വീട്ടിലേത്					
52	ഞങ്ങളുടെ വീട്ടിൽ നിസ്സാരമായ					

	കുറ്റങ്ങൾക്കുപോലും കഠിനമായ ശിക്ഷ ലഭിക്കാറുണ്ട്					
53	ഞങ്ങളെ സംബന്ധിച്ചു നിയമങ്ങൾ അനുസരിക്കുക എന്നത് വളരെ പ്രധാനപ്പെട്ട ഒരു കാര്യമാണ്					
54	വീട്ടിൽ മിക്കവരും വളരെ കർക്കശസ്വഭാവക്കാരാണ്					
55	ജീവിത വിജയത്തിനു അച്ചടക്കം വളരെ ആവശ്യമായ ഒന്നാണെന്ന് ഞങ്ങൾ വിശ്വസിക്കുന്നു					
56	വീട്ടിലെ കാര്യങ്ങൾ വളരെ ചിട്ടയായി കൈകാര്യം ചെയ്യുവാൻ ഞങ്ങൾ ശ്രമിക്കാറുണ്ട്					

APPENDIX - E

PEER INVOLVEMENT SCALE

Prof K C Vashishtha (Head) & Neha Gupta (SRF)

Faculty of Education, Dayalbagh Educational Institute,

(Deemed University), Dayalbagh, Agra-282005

താഴെ കൊടുത്തിരിക്കുന്ന ഓരോ പ്രസ്താവനകളും ശ്രദ്ധാപൂർവ്വം വായിച്ച് നിങ്ങൾ കൂടുതലായും, സമൂഹത്തിലും സ്വന്തം അഭിപ്രായങ്ങൾ വിലയിരുത്തുക. ഓരോ ചോദ്യത്തിനും ഒരു ഉത്തരം മാത്രം നൽകുക. ഉചിതമായത് തിരഞ്ഞെടുത്ത് ഒരു ക്രോസ്സ് മാർക്ക് (X) അടയാളപ്പെടുത്തുക. അധിക സമയം ചിലവഴിക്കാതെ ഓരോ പ്രസ്താവനയും കൃത്യമായി രേഖപ്പെടുത്തുക. താങ്ങളുടെ വിവരങ്ങൾ രഹസ്യമായും ഗവേഷണ ആവശ്യത്തിനും മാത്രമേ ഉപയോഗിക്കുകയുള്ളൂ.

Sl.No	Items/ പ്രസ്താവനകൾ	Always	Mostly	Sometimes	Negligible	Never
1	I have number of friends എനിക്ക് ധാരാളം ചങ്ങാതിമാരുണ്ട്					
2	I share my things with others ഞാൻ എന്റെ കാര്യങ്ങൾ മറ്റുള്ളവരുമായി പങ്കിടാറുണ്ട്					
3	My friends like me എന്റെ സുഹൃത്തുക്കൾ എന്നെ ഇഷ്ടപ്പെടാറുണ്ട്					
4	My friends share their lunch with me എന്റെ സുഹൃത്തുക്കൾ അവരുടെ ഉച്ചഭക്ഷണം എന്നോടൊപ്പം പങ്കുവെക്കാറുണ്ട്					
5	I dressed myself as my friend's do ഞാൻ എന്റെ സുഹൃത്തുക്കളെപ്പോലെ വസ്ത്രധാരണം ചെയ്യാറുണ്ട്					
6	My friends do what I say ഞാൻ പറയുന്നത് പോലെ എന്റെ സുഹൃത്തുക്കൾ ചെയ്യാറുണ്ട്					
7	I enjoy helping others മറ്റുള്ളവരെ സഹായിക്കുന്നത് ഞാൻ ആസ്വദിക്കുന്നു					
8	My friends insist me to bring money from parents മാതാപിതാക്കളിൽ നിന്ന് പണം കൊണ്ടുവരാൻ എന്റെ സുഹൃത്തുക്കൾ എന്നെ നിർബന്ധിക്കാറുണ്ട്					
9	My friends insist me to tease others മറ്റുള്ളവരെ കളിയാക്കാൻ എന്റെ സുഹൃത്തുക്കൾ എന്നെ നിർബന്ധിക്കാറുണ്ട്					
10	I go along with my friends just to make them happy എന്റെ സുഹൃത്തുക്കളെ സന്തോഷിപ്പിക്കുന്നതിനായി ഞാൻ അവരോടൊപ്പം കൂട്ടി കൂടാറുണ്ട്					
11	I play cooperatively with my friends					

	ഞാൻ എന്റെ സുഹൃത്തുക്കളുമായ സഹകരണത്തോടെ കളിക്കാറുണ്ട്					
12	I can work well in group എനിക്ക് ഗ്രൂപ്പിൽ നല്ല പ്രവർത്തനം കാഴ്ച വക്കാൻ സാധിക്കാറുണ്ട്					
13	I would do something I know is wrong just to stay on my friends good side ചങ്ങാതിമാരുടെ പ്രീതിക്കായി തെറ്റാണെന്ന് അറിഞ്ഞിട്ടും ഞാൻ പലകാര്യങ്ങളും ചെയ്യാറുണ്ട്					
14	I help my friends in copying notes from black board ബ്ലാക്ക്ബോർഡിൽ നിന്ന് നോട്ട്സ് / കുറിപ്പുകൾ പകർത്താൻ ഞാൻ എന്റെ സുഹൃത്തുക്കളെ സഹായിക്കാറുണ്ട്					
15	My academic achievement is affected by my friends എന്റെ സുഹൃത്തുക്കൾ എന്റെ അക്കാദമിക് നേടങ്ങളിൽ സ്വാധീനം ചെലുത്താറുണ്ട്					
16	I spend maximum time with my friends ഞാൻ എന്റെ സുഹൃത്തുക്കളോടൊപ്പം പരമാവധി സമയം ചെലവഴിക്കാറുണ്ട്					
17	I bunk my classes because of my friends എന്റെ ചങ്ങാതിമാർ കാരണം ഞാൻ ക്ലാസുകൾ മുടങ്ങാറുണ്ട്					
18	I prefer to study with my friends എന്റെ സുഹൃത്തുക്കളോടൊപ്പം പഠിക്കാൻ ഞാൻ ഇഷ്ടപ്പെടാറുണ്ട്					
19	My friends insist me to go for parties പാർട്ടികൾക്ക് പോകാൻ എന്റെ സുഹൃത്തുക്കൾ എന്നെ നിർബന്ധിക്കാറുണ്ട്					
20	My friends copy my homework എന്റെ സുഹൃത്തുക്കൾ എന്റെ ഹോംവർക്ക് / ഗൃഹപാഠം പകർത്താറുണ്ട്					
21	My friends meet me in holidays അവധി ദിവസങ്ങളിൽ എന്റെ സുഹൃത്തുക്കൾ എന്നെ കണ്ടുമുട്ടാറുണ്ട്					
22	I feel safe with my friends എന്റെ സുഹൃത്തുക്കളുമൊത്തുള്ള നിമിഷങ്ങളിൽ എനിക്ക് സുരക്ഷിതത്വം തോന്നാറുണ്ട്					
23	My hobbies are greatly influenced with my friends എന്റെ സുഹൃത്തുക്കൾ എന്റെ ഹോബികളെ / വിനോദങ്ങളെ വളരെയധികം സ്വാധീനിക്കാറുണ്ട്					

APPENDIX - F
STUDENT - TEACHER RELATIONSHIP SCALE

V A Ajitha & Dr Soumya Starlet C T, Department of Psychology,
Prajyoti Niketan College, Pudukad, University of Calicut

Name: _____ Age: _____ Sex: _____ Class: _____

നിർദ്ദേശങ്ങൾ: താഴെ കൊടുത്തിരിക്കുന്ന ഓരോ പ്രസ്താവനകളും ശ്രദ്ധാപൂർവ്വം വായിച്ച് ഉചിതമായതിനുനേരെ ഒരു ക്രോസ്മാർക്ക് (X) അടയാളപ്പെടുത്തുക. അധിക സമയം ചിലവഴിക്കാതെ ഓരോ പ്രസ്താവനയും കൃത്യമായി രേഖപ്പെടുത്തുക. താങ്കൾ രേഖപ്പെടുത്തുന്ന വിവരങ്ങൾ രഹസ്യമായും, ഗവേഷണ ആവശ്യത്തിനു മാത്രം ഉപയോഗിക്കുന്നതും ആയിരിക്കും. 5. പൂർണ്ണമായും യോജിക്കുന്നു / 4. യോജിക്കുന്നു / 3. തീരുമാനം ഇല്ല / 2. വിയോജിക്കുന്നു / 1. പൂർണ്ണമായും വിയോജിക്കുന്നു.

Sl.NO.	പ്രസ്താവനകൾ	പൂർണ്ണമായും യോജിക്കുന്നു	യോജിക്കുന്നു	ഇല്ല തീരുമാനം	വിയോജിക്കുന്നു	പൂർണ്ണമായും വിയോജിക്കുന്നു
1	കാര്യങ്ങൾ എളുപ്പത്തിൽ മനസ്സിലാകുംവിധം അധ്യാപകർ അവതരിപ്പിക്കാറുണ്ട്					
2	പഠന കാര്യങ്ങളിൽ പരമാവധി ശ്രമിക്കണമെന്ന് അധ്യാപകർ പ്രോത്സാഹനം നൽകാറുണ്ട്					
3	പാഠ്യവിഷയങ്ങളിൽ ഉള്ള സംശയങ്ങൾക്ക് വ്യക്തിഗത സഹായം നൽകാൻ അധ്യാപകർ സമയം കണ്ടെത്താറുണ്ട്					
4	വിഷയങ്ങൾ എടുക്കുമ്പോൾ ക്ലാസ്സ് രസകരമാക്കാറുണ്ട്					
5	അധ്യാപകർ വിദ്യാർത്ഥികളുമായി മനസികബന്ധം പുലർത്താറില്ല					
6	ഞാൻ നല്ലത് ചെയ്താൽ അധ്യാപകർ ശ്രദ്ധിക്കാറുണ്ട്					
7	അധ്യാപകർ നല്ല പെരുമാറ്റത്തെ പ്രോത്സാഹിപ്പിക്കാറുണ്ട്					
8	അധ്യാപകർ കുട്ടികളുമായി വിനോദത്തിനായി സമയം ചെലവഴിക്കാറില്ല					
9	ഉന്നത വിദ്യാഭ്യാസത്തിനായുള്ള വ്യക്തമായ ഉയർന്ന പ്രതീക്ഷകൾ നൽകാറുണ്ട്					
10	ഞാൻ അധ്യാപകരെപോലെ ആകാൻ ആഗ്രഹിക്കാറുണ്ട്					
11	അധ്യാപകർ വിദ്യാർത്ഥികളുടെ ഫീഡ്ബാക്ക് ചോദിക്കാറില്ല					
12	അധ്യാപകർ ഉൾപ്പെടുത്തുന്ന പീഠിപ്പിക്കൽ നൽകാറുണ്ട്					
13	എനിക്ക് അധ്യാപകരെ വിശ്വസമാണ്					
14	അധ്യാപകർ വിദ്യാർത്ഥികളുടെ അഭിപ്രായത്തിന് പ്രാധാന്യം നൽകാറില്ല					
15	വിദ്യാർത്ഥികളെ ആശ്വസിപ്പിക്കാനും സന്തോഷിപ്പിക്കാനും അധ്യാപകർക്ക് കഴിയാറുണ്ട്.					

16	അധ്യാപകർ നല്ല മനോഭാവം പ്രകടിപ്പിക്കാറുണ്ട്					
17	അധ്യാപകരുടെ ക്ലാസ്സ് വളരെ ശ്രദ്ധയോടെ കേൾക്കാറുണ്ട്					
18	അധ്യാപകർ ശിക്ഷിക്കാറുണ്ട്					
19	പഠന വിഷയങ്ങൾ വിദ്യാർത്ഥികൾ എത്രമാത്രം പഠിച്ചുവെന്ന് അധ്യാപകർ ശ്രദ്ധിക്കാറുണ്ട്					
20	അധ്യാപകർ പാഠഭാഗങ്ങൾ വിശദീകരിക്കുമ്പോൾ ജീവിത പശ്ചാത്തലങ്ങളും അനുഭവങ്ങളും, ഉദാഹരണങ്ങളായി ഉപയോഗിക്കാറുണ്ട്					
21	പാഠ്യവിഷയങ്ങളിൽ പരാജയപ്പെട്ടാൽ അധ്യാപകർ ശിക്ഷിക്കാറുണ്ട്					
22	അധ്യാപകർ സത്യസന്ധത, ബഹുമാനം, വിശ്വാസം, എന്നിവയ്ക്ക് മുൻതൂക്കം നൽകാറുണ്ട്					
23	അധ്യാപകർ ഉചിതമായ പെരുമാറ്റരീതികൾ ക്ഷമയോടെ പഠിപ്പിക്കാറുണ്ട്					
24	ഒരു അധ്യയന വർഷം മുഴുവനും അധ്യാപകരുമായി നല്ല ആത്മബന്ധം നിലനിർത്താൻ കഴിയാതെ പോകാറുണ്ട്					
25	ക്ലാസ്സിലെ പ്രവർത്തനങ്ങളിൽ എന്നെ ഉൾപ്പെടുത്തിയിട്ടുണ്ടെന്ന് അധ്യാപകർ ഉറപ്പുവരുത്താറുണ്ട്					
26	അധ്യാപകർ ഒരു സുഹൃത്തിനെപ്പോലെ പെരുമാറാറുണ്ട്					
27	അധ്യാപകർ വിദ്യാർത്ഥികളുടെ കഴിവിനൊത്ത പ്രതീക്ഷകൾ നൽകാൻ ശ്രമിക്കാറില്ല					
28	അധ്യാപകർ എന്റെ തനതായ സ്വഭാവത്തെ ഇഷ്ടപ്പെടാറുണ്ട്					
29	ഒരു ചിട്ടയായ ക്ലാസ്റും പരിപാലിക്കാൻ അധ്യാപകർ ശ്രമിക്കാറുണ്ട്					
30	അധ്യാപകർ വിദ്യാർത്ഥികളിൽ നിന്നും അകലം പാലിക്കുന്നതായി തോന്നാറുണ്ട്					
31	ഞാൻ വിജയിക്കണമെന്ന് പ്രതീക്ഷിക്കുകയും അധ്യാപകർ വേണ്ട പ്രോത്സാഹനം നൽകുകയും ചെയ്യാറുണ്ട്					
32	ഞാൻ പറയുന്നത് കേൾക്കാനും സംശയങ്ങൾക്ക് ഉത്തരം നൽകുകയും ചെയ്യാറുണ്ട്					
33	വിദ്യാർത്ഥികളുടെ അഭിപ്രായം അധ്യാപകർ ഗൗരവമായി എടുക്കാറില്ല					
34	എന്റെ പരിശ്രമത്തെ അധ്യാപകർ അംഗീകരിക്കുകയും പ്രശംസിക്കുകയും ചെയ്യാറുണ്ട്					

APPENDIX - G
PERSONAL DATA SHEET

Name:

Age:

Gender:

Class of Study:

School of Study: State/ CBSE/ ICSE/ Aided/ Unaided

Socio Economic Status: High/ Middle/ Low

Siblings: 2/ 3/ 4/ NA

Birth Order: First/ Middle/ Last

Family: Nuclear/ Joint

Place of residence (District):

Age of Diagnosis of LD:

Area of Difficulty: Reading/ Writing/ Math/ All of these

Number of years of training received:

Comorbid conditions if any:

Father

Age:

Occupation:

Educational Qualification:

Mother

Age:

Occupation:

Educational Qualification:

APPENDIX - II

INFORMED CONSENT FORM

Informed Consent to Participate in a Research Study

Title of Research: PSYCHO SOCIAL CORRELATES OF LEARNING DISABILITY

Name of Research investigator: V.A.AJITHA
RESEARCH SCHOLAR
DEPARTMENT OF PSYCHOLOGY
PRAJYOTI NIKETAN COLLEGE, PUDUKAD

Phone Number of Principal Investigator: 8086672424

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A. PURPOSE AND BACKGROUND

V.A.Ajitha, Research Scholar is conducting research on Adolescents with and without Learning disability. The present research is conducted to assess various psychological and social issues faced by adolescents who have learning disability and those without learning disability. The present research aims to observe the difficulties and help them in managing those difficulties in a fruitful manner. This also aims to bring to focus of parents and teachers the problems faced by their adolescent children. The present subject that is adolescents with learning disability were chosen as the difficulties of these children was noted down and given more importance during their childhood state. But it is important to bring to focus that adolescents with learning disability too have many issues that may be affecting their daily life.

B. PROCEDURES

If you agree to participate in this research study, you are been requested to provide some details related to parents and type of family (nuclear / joint) and so on. Then you are requested to sign in the consent form as giving permission for researcher to collect information from the respective adolescent child. According to the convenience of the parent an interview session (2 sessions of 30 minutes each) will be planned with child. If child is willing to fill up the Google forms it can also be shared instead of the interview session.

C. CONFIDENTIALITY

The records from this study will be kept as confidential as possible. No individual identities will be used in any reports or publications resulting from the study. All data collected via interview or questionnaire will be kept with the researcher and will not be

shared with anyone. There will be codes provided to each data collected instead of name of child and will be stored separately from any names or other direct identification of participants. Research information will be kept in locked files at all times. Only research personnel will have access to the files. After the study is completed and theses is submitted the collected data will not be used further.

D. BENEFITS OF PARTICIPATION

There will be no direct benefit to you from participating in this research study. The anticipated benefit of your participation in this study is helping the researcher with unique information that can be used in improving remedial sessions for adolescents with learning disability more over the parents too can get a vision on the various social and psychological issues faced by the adolescent child. In interviews if participants and parents are willing to get any information related to study it will be shared with them.

E. VOLUNTARY PARTICIPATION

Your decision whether or not to participate in this study is voluntary and will not affect your relationship with the Institution. If you choose to participate in this study you can provide permission of participation. You can withdraw your consent and discontinue participation at any time without prejudice.

F. QUESTIONS

If you have any questions about the study, please contact V.A.Ajitha, Research Scholar by calling Ph: 8086672424.

G. CONSENT

You are making a decision whether or not to participate in a research study. Your signature below indicates that you have decided to participate in the study after reading all of the information above and you understand the information in this form, have had any questions answered.

Signature _____ Date _____

APPENDIX - H

വി എ അജിത
ഗവേഷക വിദ്യാർത്ഥി
മനുഷാസ്ത്ര വിഭാഗം
പ്രജ്യോതി നിക്കേതൻ കോളേജ്
പുതുക്കാട്

പ്രിയ സുഹൃത്തേ.

PhD ബിരുദത്തിനായി ഞാൻ ഏറ്റെടുത്ത ഒരു ഗവേഷണ പ്രവർത്തനത്തിനായി നിങ്ങളുടെ പൂർണ്ണസഹകരണം പ്രതീക്ഷിക്കുന്നു. എന്റെ പഠനം "Psychosocial Correlates of Learning Disability" ഇതുമായി ബന്ധപ്പെട്ടതാണ്. ഇതിനോട് നൽകുന്ന ചോദ്യാവലിയോട് നിങ്ങളുടെ മകൻ/ മകൾ/ വിദ്യാർത്ഥികൾ പ്രതികരിക്കുന്നതിലൂടെ, ഈ ഗവേഷണ പഠനത്തിൽ നിങ്ങളുടെ വിലയേറിയ അഭിപ്രായം രേഖപ്പെടുത്താൻ സാധിക്കും. നിങ്ങളുടെ പ്രതികരണങ്ങൾ ഗവേഷണ ആവശ്യങ്ങൾക്ക് മാത്രമേ വിനിയോഗിക്കു വ്യക്തിയെ തിരിച്ചറിയുന്ന തരത്തിലുള്ള യാതൊരു ചോദ്യങ്ങളും ഇല്ല. നിങ്ങൾക്ക് നൽകുന്ന ചോദ്യാവലിയിലെ എല്ലാചോദ്യങ്ങൾക്കും നിങ്ങളുടെ സത്യസന്ധമായ പ്രതികരണം പ്രതീക്ഷിക്കുന്നു.

നിങ്ങളുടെ മകൻ/മകൾ/വിദ്യാർത്ഥികൾക്ക് ഈ പഠനത്തിൽ പങ്കെടുക്കാൻ അനുവാദം നൽകുമെന്ന് പ്രതീക്ഷിക്കുന്നു.

നന്ദിയോടെ

വി എ അജിത

സമ്മതപത്രം

വി എ അജിത എന്ന മനുഷാസ്ത്ര ഗവേഷക വിദ്യാർത്ഥി നടത്തുന്ന ഗവേഷണ പഠനത്തിൽ എന്റെ മകൻ/മകൾ/വിദ്യാർത്ഥികൾ പങ്കെടുക്കാൻ ഞാൻ സമ്മതം രേഖപ്പെടുത്തുന്നു. ഈ ഗവേഷണ പഠനം പഠന വൈകല്യം ഉള്ളതും ഇല്ലാത്തതുമായ കുമാരക്കാരിലെ മാനസികവും സാമൂഹികവുമായ ബുദ്ധിമുട്ടുകൾ അറിയുവാൻ ഉള്ളതാണെന്ന് ഞാൻ മനസ്സിലാക്കുന്നു. ചോദ്യാവലി പൂരിപ്പിച്ചു കൊടുക്കണമെന്നും ഇതിൽ പങ്കെടുക്കാൻ, പഠനവുമായി യാതൊരുവിധ ബുദ്ധിമുട്ടുകളും ഉണ്ടാകില്ലെന്നും ഞാൻ തിരിച്ചറിയുന്നു. പങ്കെടുക്കുന്ന വ്യക്തിവിവരങ്ങൾ മറ്റെവിടേയും വെളിപ്പെടുത്തിയില്ലെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. പങ്കെടുത്ത വ്യക്തിക്കും ഈ പഠനത്തിൽനിന്നും ലഭിക്കുന്ന വിവരങ്ങൾ, മാതാപിതാക്കൾക്കും, സ്കൂളിനും അധ്യാപകർക്കും ഭാവിയിൽ സഹായകരമാക്കുമെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. ഈ പഠനത്തിൽ എന്റെ മകൻ/മകൾ/വിദ്യാർത്ഥികളുടെ പങ്കാളിത്തം പൂർണ്ണമായും സ്വമേധയ ഉള്ളതാണെന്ന് രേഖപ്പെടുത്തുന്നു. ഞാൻ ആഗ്രഹിക്കുന്ന ഏതെങ്കിലും സമയത്തും എനികി ഈ പഠനത്തിൽ നിന്ന് പിൻമാറാമെന്നും മനസ്സിലാക്കുന്നു. ഈ സമ്മതപത്രം വായിക്കുകയും മനസ്സിലാക്കുകയും ചെയ്തു. ഇതിൽ പങ്കെടുക്കാൻ ഞാൻ സമ്മതിക്കുന്നു.

ഒപ്പ്



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No. PNC/2023/REC

Dated 02/08/2023

CERTIFICATE OF APPROVAL

This is to certify that the research work entitled "**PSYCHOSOCIAL CORRELATES OF LEARNING DISABILITY**" submitted by *Ms. V A Ajitha, Research Scholar, Department of Psychology, Prajyoti Niketan College, Pudukad* under the guidance of *Dr. Soumya Starlet C T., Assistant Professor, Department of Psychology, Prajyoti Niketan College, Pudukad* is **APPROVED** by the Research ethics committee (REC), at its meeting held on 24/07/2023.

Signature

Member Secretary
Research Ethics Committee (REC)
Prajyoti Niketan college
Pudukad

Signature

Chairman
Research Ethics Committee (REC)
Prajyoti Niketan college
Pudukad



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PARENTING STYLE AND RESILIENCE AMONG ADOLESCENTS WITH LEARNING DISABILITY

V. A. Ajitha¹ and Soumya Starlet C T²

ABSTRACT

This study examines parenting styles and resilience among adolescents Children with and without learning disabilities (LD & NLD) aged between 11 to 14 years. 40 students with learning disabilities were paired with non-LD pupils. The questionnaire includes a personal data page to collect information about age, family, parental education, socioeconomic status, school, class, etc. The tool developed Abdul Gafoor's (2014) parenting style scale and Annalakshmi, BURS (2009) were used. The results show that teenagers with and without learning difficulties have different levels of resilience. Correlation analysis and t-test are used to compare the two groups. Parenting style, assertiveness, and resilience differ significantly between children with and without learning difficulties. Parenting style and resilience are positively correlated.

INTRODUCTION

Learning disability affects language, speech, reading, and social abilities (Kirk,1963). Neurological dysfunction was thought to produce school learning difficulty (Coles,1987). Parenting style is a combination of attitudes a parent transmits to the child to establish an emotional climate in which the parents' behaviours are displayed (Darling and Steinberg, 1993). Democratic discipline promotes Psychological autonomy against child opinions because parents don't force youngsters to complain about regulations. In behavioural strictness supervision, parents shape, manage, and evaluate a child's behaviour and attitude according to certain standards (Baumrind, 1996). Parents encourage positive adjustment by offering emotional and behavioural support to children in threatening and stressful situations (Werner, 1989). Authoritative parents synchronise with their child's needs, which helps the youngster master early developmental tasks and create sophisticated capacities needed to overcome environmental difficulties (Wyman et al., 1999). Resilience is a capacity or technique to become successful in challenging settings despite hurdles and accomplish positive outcomes despite high risk status (Garmezy, 1991). Children's achievement, classroom behaviour, and interpersonal skills are indications of resilience. Academic achievement appears to be linked to adolescents' perceived level of parental freedom. In many societies, parental education indirectly affects children's academic achievement (Brown, Lola, and Shrinidhi Iyengar, 2008).

HYPOTHESES

- There is significant difference in resilience among adolescents with and without learning disabilities
- There is a significant correlation between parenting style and resilience of adolescents with and without learning disabilities

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METHOD

Participants

The samples were 80 high school students, 40 with learning impairments and 40 without were randomly selected from different schools. The age of sample lies between 11 to 14 years and the Clinical population was pre-diagnosed children with learning difficulties who have been in training for 5 years.

Measures

Both parental responsiveness and control are measured by AbdulGafoor's (2014) parenting scale, with the responsiveness variable having test retest reliability coefficient of 0.81 and the control variable of 0.83. Bharathiar University Resilience Scale (BURS) by Annalakshmi (2009) is a 30 item likert type scale that has croanbach alpha of 0.82.

RESULTS

Frequency score obtained from chi square analysis shows parents of adolescents with LD adopted indulgent and negligent parenting style (12 and 11) where as Parents of adolescents with NLD adopted authoritarian and indulgent (12 & 11) indulgent and negligent parenting style. The t-test revealed that adolescents without LD more resilient than the adolescents with LD (4.704, $P < 0.005$) shows a significant difference in resilience. A negative correlation can be found between parental control, parental responsiveness with resilience (-0.297 and -0.205) but has no significant correlation.

DISCUSSION

Parenting style refers to the blend of mother and father parenting styles utilised of adolescents with and without learning disabilities. Parents of adolescents without learning disabilities employed Authoritarian and Indulgent parenting styles, whereas parents of adolescents with learning disabilities used Negligent and Indulgent parenting styles. The mean, S.D. and t-value of resilience among adolescents with and without learning disabilities revealed a significant difference in resilience between adolescents with and without LD. Adolescents with learning disabilities often feel frustrated, are competitive, and have trouble in school. These feelings get worse when they don't get any social support from their family or school (Mather & Ofiesh, 2005). Previous studies too identified a low level of resilience among adolescents with SLD (Panicker & Chelliah, 2016). The correlation results reveal a negative correlation between parental responsiveness and control and resilience which were not significant but can be identified in another study as parental treatment methods play an active role in shaping the personality of children and adapting them to the society in which they live (Kuppens & Ceulemans, 2018).

CONCLUSION

The findings of the study demonstrated that there is significant difference in resilience among adolescents with and without learning disability. A correlation analysis too reveals a negative correlation between parental control and resilience. Parental support and a positive relationship between parent and adolescent are considered essential determinants in the normal development of adolescents as well as the development of resilience. The study's findings support the role of parental style in promoting adolescent resilience.

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