

SELF-CONCEPT OF INDIVIDUALS WITH SPECIFIC LEARNING DISABILITIES: A RESEARCH OVERVIEW

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Abstract: This research overview examines the self-concept of individuals with specific learning disabilities (SLD), aiming to understand how these disabilities affect their self-perception, relationships, and overall life experiences. With a focus on age-related differences, the study uses the Self-concept Questionnaire (SCQ) to gather data from two age groups: adolescents (15-20 years) and adults (21-65 years). The findings reveal that self-concept among individuals with SLD is a dynamic construct influenced by various internal and external factors, including personal achievements, social interactions, and the challenges of their learning disabilities. The research identifies a notable prevalence of low self-esteem and anxiety and underscores the importance of empathy, support, and positive reinforcement in educational and professional environments.

Keywords: Self-Concept, specific learning disabilities.

1 Introduction

Self-concept is characterized as an individual's conception of himself or herself, which includes his or her evaluations, beliefs, and perceptions of his or her abilities, characteristics, and relationships with others (Harter, 2012; Hrabal, 2008). Thus, self-concept is the totality of the thoughts, feelings, and attitudes an individual has about himself or herself that influence his or her behavior and decision-making (Marsh & Craven, 2006; Macek, 2005). The development of self-concept occurs throughout the lifespan and is influenced by various factors such as social interactions, experiences, and culture (Leary & Tangney, 2012; Crookedhead, 2009).

Self-concept is a phenomenon that has been studied in psychology and social sciences for many years. It is defined as the cognitive component of the self-system, meaning it is a set of ideas and value judgments that describe the content of consciousness related to the self (Výrost & Slaměnik, 2008; Orel et al., 2016). This construct is hypothetical because its existence and structure are derived from theoretical assumptions and empirical data (Výrost & Slaměnik, 2008).

As stated by Dolejš, Dostál, Obereignerů, Orel, and Kňáček (2021), every person creates an image of himself and a relationship with himself from the beginning of his life. This image and relationship are influenced by several variables based on the individual's characteristics or are formed by interactions with his or her near and distant environment. The development of self-concept is influenced, on the one hand, by innate factors and, on the other hand, by acquired factors and their interaction. Self-concept is often negatively influenced by illness, poor interpersonal relationships, dysfunctional families, and, last but not least, disabilities or specific needs.

These specific needs may be specific learning disabilities. In the Czech Republic, the terminology regarding specific learning disabilities is not uniform. We encounter different labels, such as developmental learning disabilities, specific learning disabilities, or specific developmental disorders (Pokorná, 2010). Internationally, these disorders are known by different names, such as learning disability in the USA, dyslexia in France, specific learning difficulties in the UK, or legasthenia in Germany (Zelinková, 2015).

Specific learning disabilities are subdivided into specific types, including dyslexia, dysgraphia, dysorthographia, dyscalculia, dysmusia, dyspinxia, and dyspraxia (Pokorná, 2010). The prefix "dys-" denotes a discrepancy or deformity and, in the context of specific learning disabilities, is understood as a lack of or

incorrect development of skills. The following term refers to a specific deficit skill taken from Greek (Zelinková, 2015).

Specific learning disabilities include, for example, dyslexia, which is a disorder in the acquisition of reading skills and is the most well-known of them; dysgraphia, which impairs the graphic aspect of written expression; and dysorthographia, which manifests itself in specific dysorthographic phenomena and only secondarily affects the acquisition and application of grammatical rules; dyscalculia, also known as a disorder of acquisition of mathematical skills; dyspraxia, which is a disorder of acquisition, planning, and execution of free movements; dysmusia, which is a disorder of musical skills (Zelinková, 2015), but which is rare (Fischer, Škoda, 2008); and dyspinxia, a specific disorder of drawing (Michalová, 2001).

Within the school environment, we may also encounter pupils with a mixed learning disability, which is a combination of specific learning disabilities. Learners with specific learning disabilities often struggle with the effects of these disorders and may have negative attitudes towards certain subjects, teachers, learning, or school in general. They may also experience a range of psychosomatic difficulties, such as nausea or headaches, and some may have negative behavioral symptoms (Jucovičová, Záčková, 2017).

A student's self-concept is influenced by other people's evaluation of his/her personality. His successes and failures and comparisons with personal role models play a crucial role. Therefore, the overall support for this pupil is essential, which consists of three steps: adjusting the conditions of school work, re-education of specific learning disabilities, and providing help to strengthen the pupil and his parents to endure the long struggle with specific learning disabilities.

People with specific learning disabilities often excel in creativity, logical reasoning, or the ability to handle tasks of a constructive nature. However, negative self-image and self-concept may be caused by repeated school failures (Bartoňová, 2019). Bartoňová (2019) states that pupils with specific learning disabilities integrated into mainstream schools have a lower self-concept compared to pupils attending schools for these pupils. The approach of the environment and the specifics of the personality development of these pupils are closely related to the disorder and may affect self-concept. These pupils find it hard to tolerate punishment from parents and teachers but also crave support and encouragement to achieve a sense of security (Fischer, Skoda, 2008).

Family is crucial for support, help, and trust. Its influence is further reinforced by educational institutions and specific educators, whose impact can be positive or negative. The broader family structure, such as grandparents and relatives with personal experience of specific learning difficulties, also plays an indispensable role. Friends and coaches also play a significant role in the lives of these individuals.

Research by Brunswick and Bergary (2022) showed that students with dyslexia have lower levels of self-esteem. Gibby-Leversuch, Hartwell, and Wright (2021) examined the relationship between literacy problems, dyslexia, and self-concept in children and young people. They concluded that these people may be at greater risk of low self-concept.

In their research, Huang, Sun, Zhang, Lin, Lin, Wu, and Huang (2021) found that dyslexic children have poorer self-concept than their peers. They further highlight the need to improve self-concept in children with dyslexia for better physical and mental development. Burk and Hasbrouck (2023) present the consequences if people do not learn to read correctly, such as the increased risk of dropping out of school, anxiety, depression, and low self-concept.

Matějček, Vágnerová, et al. (2006) reported that students with low self-esteem regarding their reading skills have low overall self-concept and are dominated by negative emotions and low self-confidence. The best solution for people with these specific learning disabilities is to learn to cope with their disorders.

Family members of individuals with learning disabilities often face challenges related to their care. As Pokorná (2010) states, parental support is essential for these students from the first term of first grade onwards. For many parents, their children's performance is a surprise because it has not met their expectations. They are also often disappointed by their child's poor performance despite having practiced with them regularly. Such situations can lead to feelings of helplessness, stress, dissatisfaction, and guilt, which both teachers and parents of children often overlook. Educators need to be aware of these challenging circumstances.

Research by Sahu and colleagues (2018) has shown that the school problems of students with learning disabilities significantly affect the lives of their parents, who often have to give up some of their leisure activities in order to give their children sufficient attention to their studies.

The family is the basic social unit that should support and assist all its members. It should convey important information to children, motivate them to learn, be role models, provide them with a sense of safety and security, and help them develop adaptive skills (Paulík, 2017).

Parental disappointment can be a traumatic experience for a first-grade student (Pokorná, 2010). Matějček, Vágnerová et al. (2006) reported low levels of empathy among parents of students with learning disabilities, which may be due to their excessive focus on the child's school performance. A study by these authors also showed that the self-esteem of pupils with learning disabilities deteriorates with age, and they begin to rate their abilities as below average. They often feel that their parents are too directive and strict, which may result from a lack of emotional expression and support. A positive parent-child relationship can contribute significantly to a child's self-esteem and self-confidence, whereas a negative emotional relationship and a directive parenting style can do the opposite.

School can also impact students' self-esteem and self-worth, as their school performance is reflected in their self-concept (Vágnerová, 2012). School can be a compensatory factor for pupils whose families are failing (Jackson, Martin, 1998 in Paulík, 2017). Teachers, classmates, and family are also important sources of support for pupils (Rai, Stanton, Wu et al., 2003 in Paulík, 2017).

Richman, Rosenfeld, and Bowen (1998 in Paulík, 2017) argue that social support can influence school performance. Students with different types of social support available tend to have higher school achievement than those who do not have this support.

According to Krivohlavý (2009), social support is the help others provide to individuals in a challenging situation. Teachers should fulfill different student roles - friend, protector, and mentor (Davis, 2001). Classmates can be natural sources of resilience against stress (Paulík, 2017) and fulfill needs such as feeling safe, learning, and self-validation (Vágnerová, 2012). Friendships include confiding, listening, and mutual support (Mares, 2001).

Unfortunately, individuals with dyslexia and other specific learning disabilities are often confronted with misconceptions and myths, such as claims that they are lazy or that they should not study. Some non-experts even incorrectly associate these disorders with a lack of intelligence.

It is also often, unfortunately, true that individuals with these disorders are not sufficiently informed about their condition. Some parents fear exposing their children to potential social exclusion and prefer to avoid having their children examined.

Sometimes, they even fear "labeling" their child incompetent (Zelinková, Čedík, 2013).

On the other hand, the examination can bring many benefits, such as clarifying the individual's difficulties and finding ways to alleviate and compensate for these difficulties (Zelinková, Čedík, 2013). In order to best tailor support measures for the pupil or student, a good diagnosis of specific learning disabilities is essential and can help to ensure successful learning (Bartoňová, 2019).

According to Bartoňová (2019), the basis of diagnosis is to identify the pupil's needs, not to "label" them. Diagnosis and intervention should be carried out in conjunction with each other and concerning barriers to learning. The class teacher's role in the diagnostic process should comprehensively include the pupil's social relationships, interests, and values.

The examination of specific learning disabilities is carried out by the educational-psychological counseling center, which also makes the final diagnosis. The counseling center also provides pupils with specific learning difficulties with support measures, usually from level 1 to level 3. The first level, which is designed to compensate for mild learning difficulties, is determined by the school. The same school draws up an educational support plan.

Second- and third-level support measures are determined by the pedagogical-psychological counseling center on the basis of a recommendation from the school counseling center and with the informed consent of the adult pupil or his or her legal representative. Pupils in the second and third levels require an individual approach, may use particular textbooks and aids, and are provided special educational care.

University students can use the university's specialist departments, student support centers, or the educational and psychological counseling center. They can also be provided with support during the admission procedure and their studies, for example, increasing the time limit, creating optimal study conditions, or the possibility of making an audio recording of the lessons (Zelinková, Čedík, 2013).

In the work process, an individual with dyslexia may face hopelessness due to feeling overwhelmed by different materials and written texts. It is essential that he or she can openly communicate how he or she feels and what difficulties to expect. Fortunately, some employers are aware of specific learning disabilities and try to help their employees, for example, by tolerating their slow pace, showing patience, and simplifying, and repeating instructions (Zelinková, Čedík, 2013).

Adults with specific learning disabilities can benefit from joining community groups led by a professional. These groups offer them a space to share their life experiences and the particular challenges they face. Participation in these communities brings relief, support, and understanding and helps them find solutions and new perspectives. The inherent value of these community groups is a sense of security and belonging.

In addition, they can use self-help community groups where they meet people with the same or similar difficulties and experiences. This environment provides them valuable support and understanding (Zelinková, Čedík, 2013).

2 Literature review

Before using the research instrument, a literature review was conducted to find studies investigating the relationship between the constructs of dyslexia, dysgraphia, dysorthography, and the self-concept questionnaire.

In this search, we tried to find studies that could help us answer the question: "What is the self-concept of people with specific learning disabilities?"

We used the keywords specific learning disabilities, dyslexia, dysgraphia, dysorthography, self-concept, and self-concept

questionnaire to search for relevant resources. We searched the MEDLINE Complete, Complementary Index, Academic Search Ultimate, and CINAHL Ultimate databases.

Review question: What is the self-concept of people with specific learning disabilities?

Inclusion criteria:

Persons with specific learning disabilities must be classified in Standard 1 or Standard 2 (Standard 1: 15-20 years, Standard 2: 21-65 years)

Exclusive criteria:

- People without specific learning disabilities.
- Persons under 15 years of age and persons over 65 years of age.

Information sources/databases:

- MEDLINE Complete
- Complementary Index
- Academic Search Ultimate
- CINAHL Ultimate

Data refinement:

- English language
- full text
- Reviewed by

Bounded period:

- 2019-2023

Topic:

- special education (special pedagogy)

Content sources:

- MEDLINE Complete
- Complementary Index
- Academic Search Ultimate
- CINAHL Ultimate

A selection of studies: We removed duplicates from the studies we found.

Search strategies in English: "specific learning disabilities" AND (dyslexia OR dysgraphia OR dysortographia); "self-concept"; "self-concept questionnaire"; "specific learning disabilities" AND (dyslexia OR dysgraphia OR dysortographia) AND "self-concept"; "specific learning disabilities" AND (dyslexia OR dysgraphia OR dysortographia) AND "self-concept; questionnaire"

Tab. 1: Search results according to the selected criteria.

	Population	Intervention	Intervention	Results 1	Results 2
Limitations - abstract	(dyslexia OR dysgraphia OR dysortographia)	"self-concept"	"self-concept questionnaire"	(dyslexia OR dysgraphia OR dysortographia) AND "self-concept"	(dyslexia OR dysgraphia OR dysortographia) AND "self-concept questionnaire"
MEDLINE Complete	967	1122	28	3	0
Complementary Index	1162	1869	42	2	0
Academic Search Ultimate	1035	1578	25	2	0
CINAHL Ultimate	371	607	18	1	0
Directory of Open Access	574	1036	56	4	0

Journals					
APA PsycInfo	788	1422	13	3	0
MEDLINE	968	1117	27	3	0
OpenAIRE	284	518	20	1	0

As a result of the conducted research, it was found that no study in the internationally published literature investigates the relationship between the concept of dyslexia, dysgraphia, dysorthography, and the self-concept questionnaire.

Tab. 2: Summary of studies on the self-concept of people with specific learning disabilities.

Author Year Title Number of participants (if specified)	Key related results
<ul style="list-style-type: none"> • Brunswick, Nicola • Bargary, Serena • 2022 • Self-concept, creativity and developmental dyslexia in university students: Effects of age of assessment. • 145 University students with dyslexia 	The survey assessed self-esteem, self-efficacy, creativity, and estimated intelligence. Students with dyslexia reported lower levels of self-esteem, self-worth, and estimated intelligence. When the age of assessment was considered, those who were assessed early showed lower self-esteem and self-efficacy but no difference in estimated intelligence. Those assessed late showed lower estimated intelligence and self-esteem but no difference in self-efficacy. The findings highlight the importance of providing psychological support to dyslexic students to improve their self-concept.
<ul style="list-style-type: none"> • Lindeblad, Emma • Nilsson, Staffan • Gustafson, Stefan • Svensson, Idor • Costa, Sebastiano • 2019 • Self-concepts and psychological health in children and adolescents with reading difficulties and the impact of assistive technology to compensate and facilitate reading ability. • 137 children and adolescents with reading difficulties 	This study examined self-image, mental health, and the effects of assistive technology (AT) on self-concept and mental health in 137 children and adolescents with reading difficulties during a systematic intervention program and at a one-year follow-up. Participants were randomly assigned to a control or intervention group—the interventions aimed to teach participants how to comprehend texts using AT. The control group received no intervention. To examine self-esteem, self-worth, anxiety, and depression, all participants were assessed using the Cultural Self-Esteem Inventory, 3rd edition (CFSEI-3) before the intervention and one year after the interventions. Forty-one participants were also assessed on the Beck Youth Inventory (BYI). The AT was found not to affect participants' self-esteem. The CFSEI-3 showed similar levels of self-esteem in the norm and study groups at the pre-intervention time point, resulting in less of the expected increase due to the use of AT. The results are discussed regarding contextual explanatory factors such as teachers' increased knowledge of reading difficulties and dyslexia. The results of the BYI were somewhat inconclusive because the younger group of participants showed more anxiety than the norm group, but the adolescent group did not. This may be due to the small sample size, so further research is recommended.
<ul style="list-style-type: none"> • Rosa Gibby-Leversuch, Brittany K. Hartwell & Sarah Wright • 2021 • Dyslexia, Literacy Difficulties and the Self-Perceptions of Children and Young People: A Systematic Review 	This systematic review explores the links between literacy difficulties, dyslexia, and children and young people's (CYP) self-concept. It builds on and updates Burden's (2008) review and explores how other factors of attribution style and dyslexia labeling may contribute to CYP's self-concept. Nineteen articles are included and assessed for quality. Quantitative papers measured self-perceptions of CYP with literacy difficulties and/or dyslexia (LitD/D) and compared them with CYP without LitD/D. Qualitative papers explored the lived experiences of CYP with LitD/D, including their self-perceptions and how they were affected by receiving a diagnosis of dyslexia. Results suggest that CYP with LitD/D may be at greater risk of developing negative self-perceptions as learners but not their overall self-esteem. Factors relevant to promoting positive self-perceptions include adaptive attributional styles, good relationships with peers and parents, and positive attitudes toward dyslexia and neurodiversity. In some cases, CYPs with LitD/D felt that others perceived them as unintelligent or inactive; for these CYPs, the diagnosis led to a more positive self-perception because it provided an alternative image of themselves. Further research is needed to explore the impact of attributional style and the potential for intervention, as well as CYP experiences of diagnosis and associated advantages or disadvantages.
<ul style="list-style-type: none"> • Anyan Huang, Mingfan Sun, Xuanzhi Zhang, Yuhang Lin, Xuecong Lin, Kusheng Wu, Yanhong Huang • 2021 	They used the Piers-Harris Children's Self-Concept Scale (PHCSS) and the Chinese version of the Egna Minnen Beträffande Uppfostran for Children (EMBU-C) to assess the self-concept and parenting styles of the study population. The results showed that academic competence,

<ul style="list-style-type: none"> Self-Concept in Primary School Student with Dyslexia: The Relationship to Parental Rearing Styles 50 dyslexic children and 50 intact children 	<p>popularity, and general self-concept in the dyslexic group were significantly lower than those in the control group ($p < 0.05$). Based on multivariate linear regression, they also found that residence ($\beta = -0.32, p < 0.05$) and physical activity ($\beta = 0.36, p < 0.01$) could influence the self-concept factors of dyslexic children. In addition, Spearman's correlation analysis found a moderate and positive correlation between self-concept of physical appearance and maternal emotional warmth ($r = 0.36, p < 0.05$). The results suggest that dyslexic children have poorer self-concept than typically developing children. The self-concept of dyslexic children should be improved to achieve better physical and mental development.</p>
<ul style="list-style-type: none"> Solgi Z., Veisi R. 2019 The effectiveness of Mindfulness Training on anxiety sensitivity, self-concept and academic self-efficacy of students with dysgraphia 114 persons with dysgraphia 	<p>Findings showed that mindfulness training had a significant effect on anxiety sensitivity ($F = 16.46, P = 0.001$), self-concept ($F = 51.97, P = 0.001$), and educational self-efficacy ($F = 69.69, P = 0.001$), and this effect remained unchanged at the 2-month follow-up. Conclusion: Since mindfulness training leads to acceptance of emotions and physical and psychological symptoms in students, it can be used as an effective intervention method to reduce psychological problems, especially in children with dysgraphia.</p>
<ul style="list-style-type: none"> Burk K., Hasbrouck J. 2023 Connecting the science of reading to social justice: Introduction to the special section. 	<p>The Science of Reading is a consensus of research conducted across many disciplines over many years that informs how children learn to read, the types of instructional practices that work best for most students, and how to address the needs of students who struggle with reading. This converging body of evidence strongly suggests that approximately 95% of children can be taught to read at or near grade level, including students with dyslexia or other learning disabilities (Moats, 2020). Despite this compelling evidence, two-thirds of children in this country cannot read proficiently, and these data illustrate persistent disparities in reading proficiency across race, English learners, disability, and socioeconomic status (National Center for Education Statistics, 2022). The consequences of not learning to read correctly are profound, including increased risk of dropping out of school, anxiety, depression, and low self-concept.</p>

3 Research on the self-concept of people with specific learning disabilities

The research aims to determine the level of self-concept in people with specific learning disabilities. The research instrument used was the "Self-concept Questionnaire (SCQ)" by Dolejš, Dostál, Obereignerů, Orel and Kňážek (2021). The Self-concept Questionnaire (SCQ) provides information from several subdomains of a person that significantly influence and shape self-concept.

The questionnaire measures self-concept in adolescents (15-20 years) and adults (21-65 years). The presented questionnaire meets the methodological requirements imposed on this diagnostic instrument, and the method was developed on a sufficient theoretical basis. The self-concept questionnaire has 36 items in its basic form but also an 18-item version. We chose the full version of 36 statements.

The questionnaire reflects a variety of life themes that contribute to the formation of self-concept (coexistence within the family, functioning in professional or academic life, physical self-concept, balanced experience, acceptance by the social environment outside the family, happiness, and satisfaction, and perceived transcendence and meaningfulness of existence). The method includes six subscales: Social adaptability; Work and studies; Body confidence; Resistance to anxiety; Popularity in the society; Sense of meaning and self-actualization (see Table 3). The evaluation of the method includes a total score, which, according to the authors, is the most reliable indicator (Dolejš, Dostál, Obereignerů, Orel and Kňážek, 2021).

Proband answers the following statements on a four-point scale: strongly disagree/disagree/agree/strongly agree. At the same time, the authors of the questionnaire provide guidelines for decision-making on the above scale in the instructions to the questionnaire. "Strongly disagree - 90 percent or more disagree with the statement; disagree - the statement does not apply to the

proband only occasionally; agree - the statement applies to the proband only occasionally; strongly agree - 90 percent or more agree with the statement." (pp. 46)

Tab. 3: QSC-36 Inventory Scales and Items (Items marked with an asterisk are reverse scored).

Inventory Scales	Questionnaire Items
Social adaptability	1 Others at home are bothered by the way I behave.*
	7 I have no trouble getting along with people.
	13 I often get into troubles.*
	19 I often have a problem accepting the opinions of the others.*
	25 I often last only a short while in relationships.*
Work and studies	31 I often get into conflicts with others.*
	2 I am successful at work/school.
	8 I manage to fulfill my work/school duties.
	14 I am a good employee/student.
	20 I have an important role in the working team.
Body confidence	26 I am slow at work.*
	32 I feel sure at work/school.
	3 It bothers me how I look.*
	9 I look physically good.
	15 I would like to have a different body.*
Resistance to anxiety	21 I am in good physical shape.
	27 I have quite a pretty face.
	33 I often tell myself I should do something with my body.*
	4 I am often worried.*
	10 I get nervous.*
Popularity in the society	16 I am often worried, but I do not know why.*
	22 I am often sad.*
	28 I am a well-balanced person.
	34 I often feel anxious.*
	5 I feel excluded by the collective.*
Sense of meaning and self-actualization	11 I am rather unpopular.*
	17 I am usually the last one that is invited.*
	23 I have a lot of friends.
	29 People respect me.
	35 It is difficult for me to find friends.*
	6 I know where my life should go.
	12 Once there will be something left after me.
	18 I see the meaning in my life.
	24 I have a good opportunity of self-realization.
	30 My future is positive.
	36 I manage to find meaning.

A total of 88 people with specific learning disabilities participated in the study: 33 aged 15-20 and 55 aged 21-54.

The group was categorized by age into 15-20 and 21-65 years and evaluated according to the respective age norms.

The following table shows the population of people with specific learning disabilities aged 15-20 years. The scores on each subscale of the self-assessment questionnaire and the total score are shown for each individual.

Tab. 4: Population of respondents aged 15-20 years and their scores in each area.

Number	Social adaptability	Work and studies	Body confidence	Resistance to anxiety	Popularity in the society	Sense of meaning and self-actualization	Total score
1.	54	40	59	57	58	45	54
2.	54	51	65	54	58	51	59
3.	46	48	53	60	46	48	50
4.	46	48	51	49	52	45	47
5.	50	59	56	54	55	40	53
6.	24	33	43	44	38	42	34
7.	50	51	59	60	46	60	57
8.	70	63	53	77	74	63	74
9.	50	40	51	46	46	48	45
10.	46	37	43	49	40	42	40
11.	32	23	51	46	38	48	37
12.	35	44	53	49	40	40	41
13.	50	48	43	44	30	54	41
14.	39	23	51	31	38	37	32
15.	32	51	35	49	61	48	44
16.	46	51	45	46	52	45	46
17.	50	51	48	46	52	48	48
18.	46	37	53	49	43	48	45
19.	66	40	59	38	43	51	48
20.	50	33	48	49	40	45	42
21.	58	55	59	74	58	63	67
22.	54	48	53	65	49	48	54

23.	54	48	53	54	46	51	51
24.	50	48	59	54	49	60	55
25.	54	40	35	35	32	40	34
26.	46	40	59	52	46	57	50
27.	66	48	65	54	58	54	61
28.	39	33	59	63	49	51	50
29.	66	55	77	74	49	48	67
30.	54	40	62	57	32	51	49
31.	58	48	45	31	38	48	41
32.	54	44	59	63	58	51	58
33.	32	37	62	44	38	54	43

The SCQ authors consider the total questionnaire score the most psychometrically reliable indicator. Of 33 individuals aged 15-20 years, four show low total scores and severe doubts about their own worth. "Negative evaluations cut across multiple domains and are reflected in the individual's social functioning, with elements of withdrawal, discomfort with one's status, negativism, pessimistic self-concept, and passivity to inactivity in social relationships (maintained by fewer individuals) present. Furthermore, these individuals feel that their relationships are bad and blame themselves. The feeling of bad relationships is often part of family life. In extreme cases, low self-concept manifests in feelings of unpopularity, rejection by others, and social isolation. Individuals with low self-concepts fear acceptance by the social environment; they suffer from fear of their real, but more often only perceived shortcomings. Negative self-concept is largely based on the individual's internal subjective evaluations. Reduced self-concept is part of the clinicopathological picture, for example, in individuals with mood disorders based on anxiety or depressive symptoms." (pp. 53)

The exact number of respondents (4) showed above-average overall scores. Thus, these individuals rated themselves very positively. "They have no doubts about their abilities, are confident, active, and often less dependent on evaluation by others or those around them. The self-confidence resulting from a stable self-concept also carries over into social relationships, which are rated by these individuals as high quality, with appropriate depth, and fully satisfying. Within the psychopathological picture, extremely elevated self-concept is manifested in uncritical individuals, with features of grandiosity and ego grandiosity, or in individuals who do not admit to the slightest defects, failures, or moderate self-assessment. (pp. 53)" Thus, the majority of individuals (25) with specific learning disabilities were in the average score range, which indicates well-integrated individuals with a reasonable self-image. The self-concept is balanced, with a good view of both positive and negative elements in different areas of self-concept.

Tab. 5: Population of respondents aged 21-65 and their scores in each area.

Number	Social adaptability	Work and studies	Body confidence	Resistance to anxiety	Popularity in the society	Sense of meaning and self-actualization	Total score
1.	68	40	54	46	63	58	58
2.	55	54	70	69	67	69	69
3.	50	54	62	37	56	47	50
4.	50	58	58	53	56	62	60
5.	20	36	33	40	44	47	32
6.	28	49	33	31	44	36	32
7.	28	49	33	31	44	36	32
8.	24	49	51	37	52	39	38
9.	59	66	47	46	36	72	57
10.	28	20	20	21	20	20	20
11.	46	32	47	28	20	43	29
12.	20	28	22	21	22	23	20
13.	37	45	36	25	29	43	30
14.	59	45	66	46	63	50	58
15.	55	45	54	49	56	50	53
16.	24	36	40	21	26	36	23
17.	32	49	54	49	56	69	54
18.	59	40	54	63	67	58	62
19.	37	32	40	28	36	26	27
20.	41	40	40	25	44	36	32
21.	50	49	43	43	44	47	43
22.	68	54	66	40	63	47	59
23.	46	40	51	34	20	62	37
24.	50	36	62	43	48	47	46

25.	41	45	66	56	71	58	61
26.	59	49	51	37	60	47	49
27.	46	24	36	25	33	39	28
28.	37	40	43	28	40	36	32
29.	50	45	33	43	26	39	34
30.	55	36	51	37	48	50	43
31.	55	58	47	69	33	62	57
32.	50	45	51	34	44	47	41
33.	41	40	51	46	52	39	42
34.	46	24	36	28	52	23	29
35.	46	36	62	43	48	39	43
36.	20	36	62	31	29	29	29
37.	46	24	58	31	52	43	38
38.	72	36	54	56	40	39	49
39.	41	36	51	49	48	50	44
40.	24	40	43	25	33	33	27
41.	72	74	43	56	56	72	66
42.	32	24	22	40	44	36	28
43.	59	36	66	34	29	50	42
44.	64	20	80	37	75	50	56
45.	28	36	54	34	56	43	38
46.	50	62	66	49	60	69	64
47.	50	49	58	53	33	50	48
48.	50	20	43	25	36	20	25
49.	37	28	51	40	36	50	36
50.	37	36	26	37	48	36	32
51.	46	36	36	25	63	47	37
52.	41	58	51	21	56	50	42
53.	41	45	54	43	44	33	39
54.	64	36	62	21	33	43	38
55.	55	40	40	34	26	26	31

From Table 5, out of the sample of 55 respondents aged 21-65, 28 respondents are in the low score band, six are in the above-average score band, and 21 are in the average score band.

In both age categories, there are individuals with different levels of self-concept, from low to average to above average. The younger group had a more balanced distribution between low and above-average scores, while the older group had a higher proportion of individuals with low self-concept. In both groups, most participants were rated as well-integrated with average self-concept.

4 Discussion

A total of 88 people with specific learning disabilities aged 20-54 participated in the study, of whom 33 were aged 15-20, and 55 were aged 21-54.

The research, which focused on individuals' self-assessment in different areas of their lives, revealed exciting results, divided into two main age categories: younger respondents aged 15-20 and adult respondents aged 21-65. This data was carefully collected and analyzed better to understand certain social and personal well-being aspects.

The results of low scores in both age groups across all scales have been tabulated in the following table.

Tab. 6: Low scores in both age groups across all scales.

	Social adaptability	Work and studies	Body confidence	Resistance to anxiety	Popularity in the society	Sense of meaning and self-actualization	Total score
Respondents (15-20y)	7 (21.2%)	8 (24.2%)	1 (3.0%)	4 (12.1%)	0 (0%)	1 (3.0%)	4 (12.1%)
Respondents (21-65y)	17 (30.9%)	24 (43.6%)	13 (23.6%)	29 (52.7%)	19 (34.5%)	22 (40%)	28 (50.9%)

In the younger group of respondents, i.e., aged 15-20 years, it can be seen that only seven persons, representing 21.21% of this group, think that they have low social adjustment skills. This indicator may be significant as social interaction and the ability to adapt to different social situations are essential for psychological well-being and success in personal life. Another segment that requires attention is the area of work and study. Almost a quarter of the young respondents, more precisely eight individuals (24.24%), think they need to achieve satisfactory

results. This low score may indicate potential problems with academic performance or finding and keeping a job. These factors may significantly affect these young people's future opportunities and life trajectories. Looking at physical appearance, we find that only one respondent (3.03%) in this age group feels that their physical appearance is insufficient. This low number suggests that most young people are satisfied with their appearance or consider it a minor problem. Anxiety resilience is another critical area in which four respondents (12.12%) report low scores. This may indicate that this group tends to be more subject to anxiety-building or stressful situations, which may hurt their overall mental well-being. In terms of popularity in the collective, there were no respondents with low scores, which is a positive signal indicating that young people in this age group feel accepted by their peers. Meaning and self-actualization, critical components for feeling fulfilled in life, are areas where only one respondent scores low.

We now move on to the second age category, focusing on adult respondents aged 21-65. In this group, 17 individuals (30.91%) rate their social adaptability as insufficient. This result may be worrying as it shows that many adults have difficulty adapting to their social environment, which may limit their ability to successfully communicate and establish relationships in their personal and professional lives. Even 24 respondents (43.64%) report failing to achieve satisfactory results in the sphere of work and study. This figure is alarming as it shows that almost half of the adult respondents with specific learning disabilities have difficulties in achieving goals or maintaining productivity at work or in further education. Physical appearance is an area where 13 respondents (23.64%) score low. This high percentage may reflect societal pressure on appearance and affect an individual's self-esteem and overall satisfaction. In the area of anxiety resilience, 29 respondents (52.73%) show low scores, which is concerning as this may indicate high levels of stress and anxiety in this age group. This is particularly important in today's hectic times when people face many pressures and challenges. Popularity within the team is an area where 19 respondents (34.55%) feel they are not liked enough by their colleagues. This may affect their ability to form and maintain relationships at work or in other group contexts. Finally, meaning and self-fulfillment are vital to a sense of life fulfillment, and this is an area where 22 respondents (40%) feel a lack. This can lead to feelings of failure and frustration when individuals cannot achieve their personal goals or find meaningful work. These results show that low scores across the various self-assessment scales in both age groups may indicate more profound issues that should be the subject of further investigation and intervention.

We now focus on the subscales with the highest percentage of low scores in both age groups.

Specifically, a low score in the "work and study" subscale (8 individuals - 24.24% in the 15-20 age group) may indicate that the individual faces work or study environment challenges. This can result from many factors, from personal obstacles such as stress or lack of motivation to external factors such as unfavorable working conditions or lack of academic support. These individuals may feel that their performance could be better than their peers, leading to frustration and failure. Low scores in this area may only sometimes be a persistent characteristic. For younger adults, it may be a transient phenomenon that reflects a short-term developmental period or a period of adjustment to new life roles and responsibilities. Young people often undergo changes and challenges, such as entering university or their first work experience, which may be associated with uncertainty and searching. For older adults, on the other hand, low scores may be perceived as a more stable or even chronic aspect of their self-image. At this stage of life, individuals may have a long history of work experience that may influence their self-assessment. If they have experienced long-term difficulties or setbacks, this may lead to dissatisfaction and a negative perception of their abilities. It is important to note that the subscale of work and study is strongly influenced by age. This means an individual's age can be a significant factor in interpreting results. Older

adults typically have a broader range of work experiences that may influence their perceptions of success and self-esteem. In contrast, younger adults are often early in their career or educational paths, which may lead to more significant variability in their self-assessment in these areas.

The situation is more pronounced in the group of older respondents (21-65 years old) - low scores in the areas of anxiety resilience (52.73%) and work and study (43.64%) are most pronounced. These results suggest that anxiety and problems at work or study are very significant in this group and can hurt overall well-being and quality of life.

Our research on psychological resilience and general well-being focused on different age groups. One of these groups included respondents aged between 21 and 65, representing a demographic with a wide range of life stages and experiences. The results showed that this group, in particular, showed markedly different and distinct trends compared to other age groups. Specifically, more than half of the respondents in this category, 52.73%, were found to score low on a domain that measures resilience to anxiety. This result is alarming as it indicates a high prevalence of anxiety symptoms among adults and middle-aged persons. Significantly low anxiety resilience can have wide-ranging effects on an individual's daily functioning, including their ability to manage stress and cope with life's challenges. Another area where a significant percentage of low scores were recorded was related to work and study, where 43.64% of respondents reported low scores. This finding suggests that problems related to work or studies are a significant source of stress for this age group. Since many people in this age group are either in the middle of their careers or trying to achieve academic goals, these problems can significantly affect their professional and personal lives. These results suggest that anxiety and problems at work or study are very significant in this group and can hurt individuals' overall well-being and quality of life. It is important to note that these problems do not only have immediate consequences but can also contribute to longer-term health complications, including psychological and somatic illnesses. Thus, the survey results can serve as a basis for designing targeted intervention programs and support services for this demographic group to improve their psychological resilience and quality of work and personal life.

Detailed analysis of the data from the social adjustment, liking in the group, and meaning and self-actualization subscales revealed that a significant proportion of respondents scored low in these areas. This finding may be of concern as it suggests that these individuals may have difficulty adapting to their social environment, are unsure of their place within the group, or struggle to find meaning and satisfaction in their personal and professional goals. Low scores on social adjustment could indicate that individuals have difficulty forming new relationships or adapting to changes in existing social groups. Regarding likeability in a group, low scores may reflect feelings of isolation or lack of recognition by other group members. In terms of meaning and self-actualization, low scores may reveal more profound problems with identifying one's values and goals, leading to feelings of loss of direction and lack of motivation in life.

5 Conclusion

Research in the interdisciplinary collaboration between psychology and special education is one major topic that requires our attention. This is the self-concept of individuals facing specific learning disabilities. This area is highly diverse and full of nuances, reflected in the various results that have emerged from the research. Their complexity is due to many factors that shape and influence self-concept. In particular, age emerges as a significant determinant. It is remarkable how self-concept develops and changes as an individual ages. As for specific learning disabilities, these are not uniform. These special needs manifest themselves differently and specifically impact an individual's self-concept. For example, dyslexia, which affects reading and writing skills, may have a different impact on self-concept than dyscalculia, which relates to

difficulties with mathematics. Each type of learning disability brings a unique set of challenges that the individual must deal with.

Social interactions are another critical factor that plays a role in the development of self-concept. Friendships, relationships with family, teachers, and peers - all of these social connections can either strengthen an individual's self-esteem or contribute to its weakening. How individuals with specific learning disabilities are accepted and supported in their social environment can significantly impact how they see and evaluate themselves. At the same time, personal experiences are inextricably linked to self-concept formation. Every success, failure, setback, and victory contributes to an individual's image of himself or herself. For individuals with specific learning disabilities, these experiences may include struggles with academic tasks that, for others, may represent routine activities. In the areas of work and study, research reveals that individuals with specific learning disabilities often encounter significant barriers. These difficulties are not confined to the academic environment but spill over into the professional sphere, negatively impacting their career development and professional satisfaction. As work and study are essential components of self-concept, these challenges can lead to low self-esteem and self-worth.

Interestingly, the research noted a high prevalence of low scores on anxiety resilience among older respondents. This trend may be interpreted as an indicator that the risk of psychological difficulties may increase with age. This phenomenon could result from accumulated negative experiences and frustrations associated with prolonged exposure to a maladaptive educational system or work environment. Overall, research suggests that the self-concept of people with specific learning disabilities is not a static or isolated variable. It is a dynamic and multifactorial construct influenced by various individual and external factors. Understanding these influences is critical to developing effective interventions and support strategies to help these individuals academically and professionally.

The research findings provide insightful insights into the complex situation experienced by individuals with specific learning disabilities. The issue is wide-ranging and complex, touching on many aspects of these individuals' lives. The research points to the fact that self-concept is a significant issue that requires increased attention and intervention from professionals in many fields. It is also clear that society should not ignore this issue. Self-concept is a crucial element that influences an individual's personal, academic, and professional life. It is, therefore, essential that specific learning disabilities are seen not only as an educational barrier but also with an emphasis on their impact on the self-perception and self-esteem of those who suffer from them. Research highlights the need for a holistic approach considering all factors affecting self-concept. Individuals with these disorders must be supported in their educational and professional development. One of the most significant issues that has a direct impact on self-concept is anxiety. Anxiety can arise as a reaction to setbacks or fear of future challenges that may be associated with their disorder. Therefore, preventing and working with anxiety is considered a critical component of interventions aimed at improving the self-concept of people with learning disabilities. The family environment, school system, and workplace should be designed to promote the development of self-esteem and self-efficacy in these individuals. It is essential that these people feel valuable, capable, and respected in their communities and work teams. An approach based on empathy, understanding, and positive reinforcement can lead to an environment where individuals with specific learning disabilities can feel safe and motivated to achieve their goals. In conclusion, the research highlights the multifaceted impact of specific learning disabilities on individuals' self-concept and the need for a comprehensive approach to addressing this issue. It is imperative that this issue becomes a matter of public concern and that effective strategies and measures from all relevant sectors of society are applied to it.

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Primary Paper Section: A

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