

INCULCATING POSITIVE THINKING IN THE SELF-CONCEPT OF CHILDREN WITH LEARNING DIFFICULTIES

By

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ABSTRACT

Inculcating positive thinking can act as a valuable tool in enhancing the overall self-concept of children with learning disabilities. The value of positive psychology is recognized as the basis for recent research conducted in the field of strength development. Positive psychology is centered on the view that individual lives can be improved by simply teaching them how to focus and expand on their strengths. The primary aim of this study is to measure the effectiveness of positive psychology interventions in relation to the self-concept of children with learning disabilities. This approach has been developed specifically for children between the age of 12 and 14 in Jeddah, Saudi Arabia. Notably, the sample population comprised 40 children. Each participant was randomly assigned to either the control or experimental group. The intervention group underwent a five-week long intervention course on positive psychology. The Values in Action (VIA) Inventory of Character Strengths' Survey-earlier carried out among youth-was also completed in an effort to establish each child's individual strengths. Furthermore, the group was evaluated using the Strengths and Difficulties Questionnaire (SDQ) both prior to and following the intervention initiative. The current research revealed that, the adoption of the VIA Survey along with three class lectures on positive psychology led to improved post-test self-concept scores in comparison with pre-test scores among the intermediate school children.

Keywords: Positive Thinking, Self-Concept, Children with Learning Difficulties.

INTRODUCTION

This study is concerned with providing children diagnosed with learning disabilities with teachings on positive psychology principles with the aim of developing their self-concept. It is recognized that, this is a key area of education, learning and psychology, which will benefit from the completion of subsequent studies. In 2000, the American Psychological Association (APA) began directing their efforts towards preventing the various issues that were becoming highly prevalent amongst child populations, such as depression, schizophrenia, schoolyard violence, and substance abuse. These efforts resulted in the beginning of an undertaking geared towards achieving positive psychology.

Importantly, individuals with learning difficulties are commonly believed to have a low self-concept. Self-concept can be described as the views one holds about

himself/herself. The adoption of positive psychology principles is believed to have the potential to encourage resiliency and improve self-concept. One of the key statements concerning positive psychology is that a more fulfilled, happier life can be achieved through establishing one's strengths and focusing on these in life's key areas, i.e., personal life, school and work. Assisting children in establishing their main strengths can help to redirect focus away from their problems and issues and instead towards their abilities. Such a change in focus, along with complementary approaches, can result in long-term positive outcomes.

The Values in Action (VIA) inventory was established as a way of identifying culturally accepted strengths (Peterson & Seligman, 2004). This measure was subsequently adapted and implemented among child populations.

1. Background

A number of definitions are provided below to ensure an understanding of the terminology used in this research.

1.1 Positive Psychology

The research of the various conditions and processes which add to the optimal functioning of individuals, organizations, and groups (Gable & Haidt, 2005). According to Seligman and Csikszentmihalyi (2000), positive psychology seeks to gain understanding into positive feelings, strengths and virtues.

1.2 Learning Disability (LD)

Learning disabilities can be owing to isolated or a combination of neurobiological/genetic factors or injuries to the brain that impact functioning in a way that affects one or several learning processes. They can impact the acquisition, organization, retention and understanding of non-verbal and verbal information. Such issues are known to affect learning among people who would otherwise be seen to have average abilities in reasoning and thinking. Therefore, learning disabilities are distinct from global intellectual deficiencies. Although elements like vision and/or hearing, cultural, linguistic or socio-economic issues, ineffective teaching or a lack of drive can contribute to the various obstacles encountered by those with learning disabilities, they are not primarily responsible. Importantly, learning disabilities might be seen to co-exist with a number of different conditions, such as attentional, behavioral, and emotional, and medical and sensory, as noted by the Learning Disability Association of Canada (2003). (Notably, this is the definition utilized by the Saudi Arabia Ministry of Education).

1.3 Self-Concept

It encompasses the attitudes, beliefs and views held in regard to oneself. The self's affective or emotional aspect is self-esteem, and relates to how we value or feel about ourselves. Self-concept can also be associated with the general idea we have about ourselves, with self-esteem relating to specific measures of the self-concept components (Huitt, 2004). It is common for the two terms to be used interchangeably. Furthermore, self-concept is recognized by Harter (1999) as a way of describing

assessed judgments of qualities and characteristics within discrete areas, including cognitive competence, physical appearance, and social acceptance.

2. Values in Actions (VIA) Inventory

Peterson and Seligman's device aims at defining and categorizing character strengths and virtues. Empirical findings from international trials have demonstrated that adults on a global scale endorsed 24 character strengths (Peterson & Seligman, 2004).

The present study involves adapting such prior works with specific consideration to children with LD. Positive psychology studies have not yet been carried out and adapted for children with LD. It is therefore considered that establishing the strengths of each individual in this group will enhance self-concept, and consequently redirect focus from disabilities to abilities.

3. Self-Concept

As noted in the definitions, self-concept is related to particular self-perceptions, whereas self-esteem relates to the individual's general sense of self-worth, as noted by Bryan, Wong, and Donahue (2002). With specific regard to this study, the definition provided by Bryan, et al. (2002) will be adopted.

In relation to persistence, individuals with high self-concept are found to have a self-enhancing orientation, which aids them in exploiting their positive attributes and achieving success on the other hand people with low self-concept, are seen to have a self-protective orientation that leads them to identify solutions to their inadequacies, and circumvent failure and other drawbacks (Baumeister, 1999). Importantly, those with low self-concept are recognized as being less determined in terms of dealing with potential failure. This group is classified as being demotivated when faced with failure. Therefore, the question is raised as to whether the low self-concept is responsible for the lack of persistence or whether the lack of persistence is responsible for the low self-concept (Gilbert, Fiske, & Lindzey, 1998). Preliminary failure can be responsible for lowering the expectations of people with low self-concept.

3.1 Self-Concept Interventions

The effects of intervention on an individual are associated with the functioning cognitive developmental levels of the person in question (Harter, 1999). A number of factors affect self-evaluation, including general socialization and how a person has been raised, suggesting that environmental factors impact changes in self-concept (Harter, 1999). In the same vein, it is noted by Greca (1990) that, the viewpoints of children impact their behavior, and mediates treatment outcomes. Moreover, the possibility of changes in self-concept scores was confirmed by Harter (1999).

One of the key areas of study in social psychology, is the self (Gilbert, et al., 1998). The self is commonly examined in educational psychology studies, particularly with regard to children with learning disabilities (Elbaum & Vaughn, 2003). In the view of Erikson, during the first years of school, every child must resolve the conflict between a positive self-image and feelings of inferiority. If children succeed in school, they develop positive feelings about themselves and believe that they can succeed (cited in Ryan, 1994, p. 27). Accordingly, the value of a positive self-concept across all domains of a child's life has been highlighted by Brooks (2002), with self-concept being recognized as having a fundamental effect on learning, relationships, and academic performance.

Studies have demonstrated that, a low self-concept is particularly widespread amongst those with learning disabilities. More specifically, Brooks (2002) states that, considering the failures experienced by children with learning disabilities, they become more prone to having low levels of self-esteem. Such problems are recognized by Vaughn and Elbaum (1999) as lowering self-concepts and self-perceptions in terms of the academic and social aspects of school (Mather & Ofiesh, 2005). Moreover, Trautwein, Ludtke, Koller & Baumert (2006) states that, how one views their own qualities and attributes is impacted by their positive feelings about the self (Trautwein, Ludtke, Koller, & Baumert, 2006).

With reference to individuals with learning disabilities, there have been many more efforts directed towards educational psychology research. According to Musholt

(1974), academic failures or successes becomes deeply embedded within self-concept as in academic ability, with many studies recognizing that LD children's views of academic ability were significantly linked with their self-concept (Vaughn & Elbaum, 2003). Furthermore, how they feel about themselves generally can be affected by how they view themselves academically, which can also impact their future goals and aspirations.

4. Statement of the Problem

Children with LD are recognized as having a low self-concept as they place importance and directing their attention toward their weaknesses instead of their abilities (Brooks, 2002). In the researches carried out on LDs, there is a recognized gap in knowledge with regard to the ways of improving children's self-concept, in addition to knowledge concerning the application of positive psychology as a means of improvement among them.

5. Research Question

Can the self-concept of a child with LD be improved through positive psychology interventions that are focused on establishing character strengths?

6. Study Purpose

This pretest/posttest experimental study aims at analyzing the efficiency of positive psychology interventions on the self-concept of children. In particular, this research analyzes whether the self-concept of a group of children with learning disabilities, aged 10–15 years, can be improved through the use of such interventions, including VIA.

7. Hypothesis

The current research presents the hypothesis that the adoption of the VIA in combination with three class lectures on positive psychology would achieve an improved post-test self-concept score compared with the pre-test scores, among the intermediate school children, in the Strengths and Difficulties Questionnaire (SDQ).

8. Methodology

8.1 Research Design

This research utilizes an experimental pre-test/post-test design for both experimental and control group. It also

uses random assignment. Random assignment is recognized by Gall, Gall, and Borg (2002) as one of the most valuable approaches for verifying initial equality between different treatment groups. The data analysis involved descriptive statistics, mean comparison, and t-tests.

8.2 The Independent Variable

The positive psychology interventions, including the VIA inventory (Park & Peterson, 2005), will be the independent variable, with the research utilizing a control group consisting of children with learning difficulties, and an intervention group made up of children with learning difficulties.

8.3 The Dependent Variable

The pre-test/post-test self-concept scores, measured (pre-test/post-test) through the application of SDQ (Goodman, 1997), were treated as the dependent variable.

8.4 Sample and Sampling Procedures

The research utilizes the purposive convenience sampling (Creswell, 2008) with particular schools targeted, keeping in mind the principal's willingness to participate, location, informed consent, and the population of children with learning difficulties.

Forty boys with learning difficulties (n = 20 in each group) were selected as study population (Table 1). They were enlisted from both private and public schools/centers located in Jeddah, Saudi Arabia. The children were from intermediate schools, and aged between 12–14 years old. The principals of the schools were visited in order to acquire permission to meet the teachers. Upon receiving permission, the researcher visited classrooms, explained the study, and provided consent letters. After the consent letters were returned, the participants were randomly assigned to a group (control or experimental). The school

| Age | Number | Percentage |
|-------|--------|------------|
| 12 | 7 | 35.0 |
| 13 | 7 | 35.0 |
| 14 | 6 | 30.0 |
| Total | 20 | 100.0 |

Table 1. Number and Percentage of Participants' Age

was the site for the pretest, intervention application and the posttest.

8.5 Instrumentation

8.5.1 The Strengths and Difficulties Questionnaire (SDQ)

SDQ comprises a short behavioral screening questionnaire concerning children aged between 3–16 years. It is available in several versions to address the requirements of researchers, educationalists as well as clinicians (Goodman, 1997; Goodman, Meltzer, & Bailey, 1998). SDQ encompasses five scales: emotional symptoms, conduct problems, hyperactivity, peer problems, and pro-social. Every scale comprises three elements which are marked not true, somewhat true and certainly true. It also has an impact supplement which queries whether the respondent is of the opinion that the young individual has an issue. It is aimed at further probing about chronicity, social impairment, distress as well as burden for other people (Goodman, 2001). The subsequent version of SDQ includes a couple of follow-up queries:

- Has the challenge been reduced by the intervention?
- Has the intervention assisted in rendering the challenges more tolerable?
- This is to raise the possibility of tracing change.

9. Data Analysis

T-tests scores were utilized for the analysis of the collected data. The key effects of the interventions (independent variable A) were tested with the data amalgamated in order to establish any differences between the pre and post tests scores of the study groups. The data underwent analysis on a school-by-school basis, with all schools subsequently combined. The data were also analyzed separately in terms of the age of the children.

10. Results

Evaluation was performed to substantiate the two randomly designated divisions were equal before commencement of intervention. For this purpose, t-test scores were employed as illustrated in Table 2.

The preliminary evaluation of the study findings signified that, there were no numerically significant variations

| Subscales | Groups | Mean | Standard Deviation | (t) value | Degree of Significance | The Level of Significance |
|--------------------------|--------------|--------|--------------------|-----------|------------------------|---------------------------|
| Emotional Problems Scale | Control | 1.4400 | 0.49247 | 0.088 | 0.989 | Not sig |
| | Intervention | 1.3100 | 0.32102 | | | |
| Conduct Problems Scale | Control | 1.4300 | 0.37431 | 0.511 | -0.810 | Not sig |
| | Intervention | 1.5200 | 0.32703 | | | |
| Hyperactivity Scale | Control | 1.7400 | 0.30505 | 0.864 | -0.105 | Not sig |
| | Intervention | 1.7500 | 0.29647 | | | |
| Peer Problems Scale | Control | 1.4100 | 0.25526 | 0.285 | 0.838 | Not sig |
| | Intervention | 1.3500 | 0.19331 | | | |
| Pro - social Scale | Control | 2.8200 | 0.25047 | 0.076 | 1.474 | Not sig |
| | Intervention | 2.6700 | 0.37989 | | | |
| Total Difficulties Score | Control | 1.7680 | 0.20004 | 0.309 | 0.827 | Not sig |
| | Intervention | 1.7200 | 0.16518 | | | |

Table 2. Descriptive figures and T-test Scores for Intervention and Control Group Specimen Pretest

among the randomly allocated intervention and control groups before the interventions.

In order to answer the research question and prove the hypothesis of the study, the VIA Survey was conducted in combination with three class lectures on positive psychology. The improved posttest self-concept scores were compared with the pretest scores obtained from the

SDQ-1 (Marsh, 1992).

Table 3 shows that there are statistically significant differences in emotional problems scale ($\alpha > 0.05$) and peer problems scale ($\alpha > 0.05$), which proves the effectiveness of the intervention.

Table 4 shows that the average mean in the pretest intervention was 2.75 that decreased to 1.8; thus, proving

| Subscales | Groups | Mean | Standard Deviation | (t) value | Degree of Significance | The Level of Significance |
|--------------------------|--------------|--------|--------------------|-----------|------------------------|---------------------------|
| Emotional Problems Scale | Control | 1.8400 | 0.50095 | 4.914 | 0.033 | sig |
| | Intervention | 1.3100 | 0.32102 | | | |
| Conduct Problems Scale | Control | 1.8200 | 0.37781 | 0.239 | 0.628 | Not sig |
| | Intervention | 1.5200 | 0.32703 | | | |
| Hyperactivity Scale | Control | 2.1000 | 0.40782 | 2.086 | 0.157 | Not sig |
| | Intervention | 1.7500 | 0.29647 | | | |
| Peer problems Scale | Control | 1.5200 | 0.37501 | 12.739 | 0.001 | sig |
| | Intervention | 1.3500 | 0.19331 | | | |
| Pro - social Scale | Control | 2.4100 | 0.34012 | 0.399 | 0.531 | Not sig |
| | Intervention | 2.6700 | 0.37989 | | | |
| Total Difficulties Score | Control | 1.9380 | 0.21579 | 2.431 | 0.127 | Not sig |
| | Intervention | 1.7200 | 0.16518 | | | |

Table 3. Pre-test/post-test Scores of both Experimental and Control Group

| | Pre - test | | Post - test | |
|----------------------------|------------|------------|-------------|------------|
| | Number | Percentage | Number | Percentage |
| No | - | - | 5 | 25.0% |
| Yes, minor difficulties | 8 | 40.0 | 14 | 70.0% |
| Yes, definite difficulties | 9 | 45.0 | 1 | 5.0% |
| Yes, severe difficulties | 3 | 15.0 | 0 | 0 |
| Total | 20 | 100.0 | 20 | 100.0% |
| Average Mean | 2.7500 | 6875% | 1.8000 | 45% |

Table 4. The Difficulties faced by Participants in areas such as Emotions, Concentration, Behavior, or being able to get on with Other People

| | Pre - test | | Post - test | |
|-----------------|------------|------------|-------------|------------|
| | Number | Percentage | Number | Percentage |
| Not at all | 4 | 20.0 | 7 | 35.0% |
| Only a little | 10 | 50.0 | 10 | 50.0% |
| A medium amount | 3 | 15.0 | 3 | 15.0% |
| A great deal | 3 | 15.0 | 0 | 0 |
| Total | 20 | 100.0 | 20 | 100.0% |
| Average Mean | 2.2500 | 56.25% | 1.8000 | 45% |

Table 5. The Levels of distress experienced by the Participants due to the Difficulties

| | Pre - test | | Post - test | |
|-----------------|------------|------------|-------------|------------|
| | Number | Percentage | Number | Percentage |
| Not at all | 8 | 40.0 | 14 | 70.0% |
| Only a little | 6 | 30.0 | 6 | 30.0% |
| A medium amount | 6 | 30.0 | 0 | 0 |
| A great deal | 0 | 0 | 0 | 0 |
| Total | 20 | 100.0 | 20 | 100.0% |
| Average Mean | 1.9000 | 47.5% | 1.3000 | 32.5% |

Table 6. The Difficulties Interfered with Participants' Everyday Life

the effectiveness of the intervention in reducing the perception of the impact of the difficulties encountered by the participants.

Table 5 shows that the average mean in the pretest intervention was 2.25 that decreased to 1.8; thus, proving the effectiveness of the intervention in reducing the distress, caused by the difficulties, of the participants.

Table 6 shows that the average mean in the pretest intervention was 1.9 that decreased to be 1.3; thereby,

| | Pre - test | | Post - test | |
|-----------------|------------|------------|-------------|------------|
| | Number | Percentage | Number | Percentage |
| Not at all | 8 | 40.0 | 15 | 75.0% |
| Only a little | 4 | 20.0 | 3 | 15.0% |
| A medium amount | 5 | 25.0 | 2 | 10.0% |
| A great deal | 3 | 15.0 | 0 | 0 |
| Total | 20 | 100.0 | 20 | 100.0% |
| Average mean | 2.1500 | 53.75% | 1.3500 | 33.75% |

Table 7. The Difficulties Interfered with the Participants' Everyday Life in terms of Friendships

proving the effectiveness of the intervention in reducing the extent to which the difficulties interfere with participants' everyday life.

Table 7 shows that average mean in the pretest intervention was 2.15 that decreased to 1.35; thus, proving the effectiveness of the intervention in reducing the extent to which the difficulties interfere with participants' everyday life in terms of friendships.

Table 8 shows that the average mean in the pre-test intervention was 2.1 that decreased to 1.7; thus, proving

| | Pre - test | | Post - test | |
|-----------------|------------|------------|-------------|------------|
| | Number | Percentage | Number | Percentage |
| Not at all | 8 | 40.0 | 9 | 45.0% |
| Only a little | 4 | 20.0 | 8 | 40.0% |
| A medium amount | 6 | 30.0 | 3 | 15.0% |
| A great deal | 2 | 10.0 | 0 | 0 |
| Total | 20 | 100.0 | 20 | 100.0% |
| Average Mean | 2.1000 | 52.5% | 1.7000 | 42.5% |

Table 8. The Difficulties Interfere with the Participants' Everyday Life in with regard to Classroom Learning

| | Pre - test | | Post - test | |
|-----------------|------------|------------|-------------|------------|
| | Number | Percentage | Number | Percentage |
| Not at all | 9 | 45.0 | 13 | 65.0% |
| Only a little | 4 | 20.0 | 6 | 30.0% |
| A medium amount | 6 | 30.0 | 1 | 5.0% |
| A great deal | 1 | 5.0 | 0 | 0 |
| Total | 20 | 100.0 | 20 | 100.0% |
| Average Mean | 1.9500 | 48.75% | 1.4000 | 35% |

Table 9. The Difficulties Interfere with the Participants' Everyday Life as far as Leisure Activities are Concerned

the effectiveness of the intervention in reducing the extent to which the difficulties interfere with participants' everyday life with regard to classroom learning.

Table 9 shows that the average mean in the pretest intervention was 1.95 that decreased to 1.4; thereby, proving the effectiveness of the intervention in reducing the extent to which the difficulties interfere with participants' everyday life as far as leisure activities are concerned.

Table 10 shows that the average mean in the pretest intervention was 2.2 that decreased to 1.55; thus, proving the effectiveness of the intervention in reducing the difficulties of people around the participants.

Table 11 revealed that the intervention was effective for students across different age groups as the mean values for the problems decreased after the interventions.

11. Discussion

Helping children to develop a positive self-concept may be one of the most difficult tasks of parenting or teaching. It is a concentrated effort between both the teachers and parents. Values in Action (VIA) can be used to deal with a variety of life challenges and achieve both positive personal and professional results. The hypothesis stated

that by implementing the VIA Survey (Park & Peterson, 2003) along with class lectures on positive psychology, a statistically significant increase of self-concept scores among experimental group students, from pretest to posttest, can be achieved. This is reflected in the SDQ (Goodman, 1997). The literature provides sufficient evidence to suggest that intervention would result in self-concept gains (Harter, 1999; Vaughn, & Elbaum, 2003).

Findings from the current work, however, did not validate the hypothesis, with no statistically significant difference having been found with regard to the improvement of SDQ scores. However, the results provided a foundation for drawing the conclusion that an intervention centered on the principles underpinning positive psychology in particular, those aimed at influencing the self-concept of LD students would result in higher scores in relation to decreasing emotional and peer problems. Such findings imply that there is a practical significance associated with them. The average mean in the pretest intervention was 2.25 that decreased to 1.8; thus, proving the effectiveness of the intervention in reducing the distress, caused by the difficulties, of the participants.

The current research was aimed at addressing an identified gap in literature with regard to successful interventions centered on enhancing the self-concept of LD children; in particular, an approach centered on positive psychology principles. Studies providing support for the current work include the research of Sridhar and Vaughn (2002), which emphasizes that academic achievements have an effect on self-concept which is recognized as an issue for students with LD. Moreover, the study conducted by Trautwein, Ludtke, Koller, and Baumert (2006) recognizes that one notable effect stemming from the effect of self-concept on achievement suggests that the way that one views their own performance will affect their achievement. Seligman and Csikszentmihalyi (2000) also suggested that, students should be given guidance with regard to where their best strengths lie and how these can be utilized. Similarly, the work of Cosden, Brown, and Elliot (2002) suggests the development of interventions aimed at assisting students with LD in enhancing their strengths.

| | Pre - test | | Post - test | |
|-----------------|------------|------------|-------------|------------|
| | Number | Percentage | Number | Percentage |
| Not at all | 4 | 20.0 | 11 | 55.0% |
| Only a little | 10 | 50.0 | 7 | 35.0% |
| A medium amount | 4 | 20.0 | 2 | 10.0% |
| A great deal | 2 | 10.0 | 0 | 0 |
| Total | 20 | 100.0 | 20 | 100.0% |
| Average Mean | 2.2000 | 55 % | 1.5500 | 38.75% |

Table 10. The Difficulties make it harder for those around the Participants (Family, Friends, Teachers, etc.)

| Age | Groups | Mean | Standard Deviation |
|----------|----------|--------|--------------------|
| 12 years | Pretest | 1.8400 | 0.23551 |
| | Posttest | 1.6571 | 0.16469 |
| 13 years | Pretest | 1.9943 | 0.24704 |
| | Posttest | 1.7714 | 0.14182 |
| 14 years | Pretest | 1.9867 | 0.12817 |
| | Posttest | 1.7333 | 0.19377 |

Table 11. Mean and the Standard Deviation before and after the Intervention

In line with the intervention approach of the current work, Harter (1999) recommended utilizing both cognitive and verbal reframing in an effort to redirect views so as to highlight desirable qualities. Prior positive psychology works carried out by Seligman, Steen, Park, and Peterson (2005) acted as a framework for the intervention applied in this study. Hence, Cowen and Kilmer (2002) suggest that positive psychology research has redirected its emphasis from adults to children, meaning that the competencies and skills leading to positive results can be acquired early, allowing other positive skills to be developed. In this regard, Berndt and Burgoyne (1996) suggested that interventions may be carried out in groups of peers, as was incorporated into the current study's design. The average mean in the pretest intervention was 2.1 implying the effectiveness of the intervention in reducing the extent to which the difficulties interfere with participants' everyday life with regard to classroom learning.

However, the findings of the current research go against those derived from previous works such as that of Marsh (1992), who emphasized that non-academic interventions (such as those included in the current research) had significant effects on the non-academic elements of self-concept. In addition, it was reported by Harter (1990) that the effects associated with an intervention on an individual ultimately depend on a person's level of cognitive development. Owing to the fact that the intervention group comprised children aged between 12–14 years, the participants' developmental age could have impacted the findings. The findings of the current study are pertinent, however, considering that they both substantiate the current research while also raising questions with regard to future research.

Marsh, Ellis, Parada, Richards, and Heubeck (2005) emphasized that, age is a critical variable in the context of self-concept studies. Even though, through the application of secondary data analysis, the age factor was recognized as not statistically significant across various arenas of self-concept. Harter (1999) established in his study that in early and late adolescence, physical appearance and abilities, along with social self-concept, are recognized as more important.

In line with the suggestions made by Elbaum and Vaughn (2003), students in the present study were asked to provide self-concept intervention-related feedback. Accordingly, an impact supplement was distributed amongst the student sample, with the expectation of adding value to existing learning practices and strengthening the academic outcomes

Conclusion

In general, the findings suggest that all those who were involved in the intervention group enjoyed their involvement in the study. With respect to the control group, the posttest scores show the effectiveness of the intervention in reducing the perception of impact of the difficulties faced by the participants, the extent to which the difficulties upset or distress the participants, the extent to which the difficulties interfered with the participants' everyday life, and the difficulties faced by the people around them. The findings gathered through the current research add value to the concerned literature, and are, therefore, useful in providing recommendations for subsequent studies.

Limitations and Implications for Future Research

Regardless of the significant progress made in positive psychology, it is noted by Simonton and Baumeister (2005) that further research needs to be carried out, with Rich (2003) recognizing that positive psychology needs to be examined in terms of the suitability of methods for inquiry, combining and embedding prior studies in psychology within the movement, and ensuring that the ideals of a 'good life', as viewed by particular cultures, are avoided. Importantly, more qualitative and quantitative studies need to be carried out.

As an expansion of the work carried out with regard to happiness intervention, Seligman, et al. (2005) highlighted that additional studies on the efficiency of such intervention exercises have the potential to overcome the limitations of the generality of positive exercises; at the present time, they are examining such questions with the cooperation of disability counselors, whose main objective is assisting those with disabilities in achieving high-quality employment and a high quality of

life. This research and its results have the potential to influence the adoption of positive interventions among children with learning disabilities.

With regard to the reliability and validity of using the VIA Survey, the results were consistent. However, there is a need for the use of a larger sample in order to facilitate an in-depth analysis (Peterson and Seligman, 2004).

As the researcher spent time working with children with learning difficulties, he observed many of the students were seen to be lacking in self-esteem because emphasis was being placed upon their weaknesses rather than their strengths. Utilizing a tool concerned with positive psychology could prove to be fundamental to changing the focus of such individuals from negative to positive, thus allowing them to be more successful in the future. The use of a positive psychology intervention initiatives would mean all children could become more aware of and focused on their abilities, which, through increasing levels of happiness, could have a significant impact on their lives (Simonton & Baumeister, 2005).

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