THE FEELING OF "NOT LEARNING". THE IMPORTANCE OF SUPPORTING THE SCHOOL WELL-BEING OF YOUNG STUDENTS WITH SLD

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ABSTRACT

School is a central life experience in the developmental age. Specific Learning Disorders can make the school process more difficult and strenuous, generating considerable emotional complications that involve the student's own image, his way of "perceiving" school events, as well as learning and study motivation. Emotional distress secondary to SLDs is an aspect that is frequently underestimated but must instead be examined with great caution because it has important implications for health and psychosocial functioning. In the context of treating individuals with SLD, neuropsychomotor therapy represents an important therapeutic means to support the acquisition of the skills and competencies needed to cope more effectively with both the challenge of learning at school and the related emotional and motivational distress.

INTRODUCTION

The school is an environment of fundamental importance in childhood and adolescence. It constitutes an essential space for growth in which children and young people are confronted with tasks and experiences that favour their development on several levels: emotional, cognitive, and social. It is an empirical known fact that individuals who are in their developmental are more receptive to the influence of the contexts in which they are placed, with varying intensity depending on the age group and the maturity level of the individual [37]. By virtue of the bond of dependence that naturally binds the growing individual to his environment, events and situations that occur in the school environment are characterized by their centrality and importance in a child's maturation process. Thus the level of well-being linked to this context, can either support and encourage or damage his overall well-being [31]. Therefore, it is important to consider the presence of a Specific Learning Disorder (SLD) as a potential factor that could complicate a young student's schooling. SLDs refer to clinical conditions that have multifactorial origin and are of a chronic nature. In the absence of other clinical conditions or socio-economic and cultural disadvantages, they can cause difficulties in the acquisition and use of reading (dyslexia), writing (dysortography), handwriting (dysgraphia), and/or calculation (dyscalculia) skills [5]. However, students with SLD face difficulties in their education that, sometimes, not only affect their school performance but also have a significant impact on their overall well-being, leading to repercussions in the emotional-motivational sphere as well. Firstly, such a situation can aggravate learning difficulties and hinder the advancement of the student's level of academic competence. In some cases, the extent of scholastic malaise may result in more serious conditions of psychosocial distress, such as early school drop-out and the secondary onset of psychopathological complications. It turns out that there is a need to monitor the school experiences of students affected by these disorders to identify difficult situations and intervene with appropriate therapeutic modalities. Among the interventions that are necessary for the treatment of SLDs, Neuro and Psychomotor Therapy of the Developmental Age plays a leading role, as a global and holistic therapeutic approach capable of responding to the needs of these children and young people both on the learning and emotional fronts and favouring their harmonious psychomotor and cognitive development.

THEORETICAL ASPECTS

The school well-being

School well-being is an "essential part of an individual's overall well-being" and represents the well-

being of students in the school context [31]. According to a simplification of Bronfenbrenner's bioecological model [31], the school appears as a microsystem, namely as a circumscribed system that includes activities, rules, individuals, and roles in which the child or the young interacts. Three variables, in particular, must be taken into account when defining school well-being: the person, the process, and the context. The "person" variable refers to the individual student and the repertoire of personal factors he possesses. The child's or the young's educational well-being is in fact directly influenced by his traits, from biological to physical, from cognitive to psychological and behavioural. The process variable, on the other hand, refers to the set of relational dynamics that the student has at school, which includes relationships with the peer group, teachers, and parents. To these is added the relationship involving teachers and parents, defined by the term "mesosystem", of which the child or the young has no direct experience, but which unites in interaction two key micro-contexts of his daily life. Lastly, the context represents nothing more than the physical environment or defined place within which the school system is embedded. The three variables are closely interdependent and while they influence each other also contribute to shaping the student's school well-being.

The school well-being of students with SLD: the "spiral of failure"

Considering the "person" variable of school well-being in students with SLD, it takes on a unique form. Contrary to what one might think based on a superficial knowledge of these disorders, SLDs lead to difficulties that are not only limited to the cognitive and learning aspects but also affect the emotional and psychological well-being of the students. This includes aspects such as perceived self-esteem and self-efficacy, motivation to study, and how students explain to themselves what happens to them in their everyday school life. In particular, the discomfort resulting from learning difficulties originates and feeds itself within a dysfunctional system known as the "spiral of failure" [50]. This vicious circle in which repeated negative academic experiences diminish the student's confidence in his competencies, leading him to believe in the inevitability of his failure, and thus developing demotivation and disaffection with school tasks. The sense of discouragement that follows the difficulties experienced in school, exposes the students to the risk of further failures that reinforce the perception of inadequacy and facilitate the establishment of negative thought patterns. This results in attitudes of resignation and renunciation towards studying and can lead to a worsening of both school performance and the underlying malaise. In this "loop" system, the starting point is how the student evaluates himself in terms of self-esteem and self-efficacy. The scholastic complications that students with SLD experience can hurt both dimensions [11; 17; 21; 26; 27; 30; 45]. The first represents the value that the child or the young attributes to himself [23] as a learner and considers the aptitudes, characteristics, and behavioural traits possessed in the specific areas of learning and study [40]. The second dimension represents the confidence they have in their abilities, resources, and skills needed to effectively overcome educational challenges [10]. The main source of information that the students use to evaluate their worth and effectiveness is their past school experiences [8; 9; 13]. Generally, experiences of mastery and success increase their self-esteem and the belief in effectiveness, while failures reduce them. Students with SLD often face school activities with more effort, time, and sometimes even less success than their classmates, therefore they may lose confidence in their qualities and abilities in school. In addition to the source of personal experiences, both self-esteem and self-efficacy are also affected by secondary sources, namely the influence of the significant others [10; 13] with whom the students interact in the school macrosystem such as teachers, peers, and parents and with the way they react the outcomes of their school experiences. In addition to difficulties of a scholastic nature, children and young people with SLDs may have negative relational experiences that contribute to a negative view of the self such as teasing and bullying by peers. Additionally, adults may approach the condition of their children and students inadequately, such as holding mistaken opinions and prejudices that frequently frame these disorders. Experiences of inferiority and inadequacy in the school environment are certainly not without practical implications. Self-evaluation tends to reduce school motivation, namely, the energy put forth by the student in the various didactic subjects and the performance of academic tasks [39]; having a low opinion of oneself, especially in terms of effectiveness, reduces expectations of success [16], which are closely implicated in the emergence and maintenance of a motivation to learn and study [38]. However, expectations of success are not the only factor involved in school motivation. Other influential elements are the perceived value and affectivity of school and related activities [38]. For students with SLD, critical issues are also observed as they do not value school tasks very highly [54], do not recognise their usefulness [12], and they approach these tasks with negative affective states such as stress, anger, and sadness [2]. This can make them overall unmotivated and poorly predisposed towards school [49], as well as less determined to engage in homework to achieve better academic results [1]. This inevitably leads to low productivity and subpar work quality, increasing the risk of further failures [50]. Over time, due to the negative self-representations, they have developed and due to the fatigue and stress with which they experience the school, students run the risk of processing and interpreting the events of their everyday school life according to very dysfunctional beliefs. The complex of mental schemes through which each individual explains facts and events by attributing a cause to them is called

attributional style [24]. The causes that can be adopted to interpret the outcomes of one's action at school are multiple and can be divided between internal causes and external causes, controllable and uncontrollable, temporary and fixed [53]. Children and young people with specific learning disorders often adopt an attributional style referred to as "depressed" [22; 30; 46], characterised by a tendency to attribute their successes to the action of external, uncontrollable factors (e.g. strokes of luck, help received from other people or the ease of the task performed) and their failures to a lack of ability, an internal, uncontrollable factor [15]. In line with those who possess this style [36], they tend to incur a state of "learned helplessness" [20; 22; 42], where they believe they do not possess the resources to change their destiny [28], in this specific school case. This mindset is very negative, as it leads to a priori surrendering and avoidance behaviour of school tasks perceived as challenging [14]. However, as an alternative to this passive and resigned attitude line, more "active" behaviours may occur, but that can also conceal deep discomfort, such as self-sabotage or self□handicapping [3; 4; 33]. In these cases, the student does not "hide" himself behind a shield of passivity, but rather explicitly engages in inappropriate behaviour that is self-defeating to learning [14], such as procrastination and dissipation of energy towards things or people [6], to preemptively create an alibi to which attribute the cause of a possible failure, thus suffering fewer repercussions in terms of self-esteem [19]. Both passivity and self-induced sabotage result in a net worsening of academic performance - impoverishment of personal skills, increase in cognitive gaps and reduction of study- useful metacognitive strategies possessed [50] - and, consequently, contribute to the maintenance of the state of emotional malaise. Whether considered in its more practical, scholastic, and therefore performative aspects, or in its more emotional-psychological ones, the spiral of failure is not without relevant consequences in the long run. The first possible complication is school drop-out, namely the premature interruption of the course of study before it reaches its natural conclusion [29], which tends to occur during the secondary school years [43], a worrying phenomenon for the well-being of young adolescents, as it is often reported as a risk element for the appearance of the psycho-social critical situation [18]. A second complication is the occurrence of psychopathological conditions. Individuals with SLD have in fact higher psychopathological risk, which is mediated by several factors, environmental, genetic, but also psychological [52]. School difficulties represent a traumatic event for the growing subject, whose presence can greatly interfere with his emotional, as well as social and family experiences [7]. In particular, both internalising and externalising conditions can be observed. Internalising problems include, for example, depression, which has been reported both in single studies conducted on the child and adolescent population with SLD [41; 51;52] and in meta-analyses [35]. Comorbidity with symptoms of an anxious nature is also frequent, as reported in meta-analyses and literature reviews [25; 34]. In addition to internalising disorders, externalising problems can also be possible, even if with a lower frequency overall. Specifically, symptoms attributable to conduct disorder and oppositional defiant disorder are observed [25]. In addition, behavioural dysfunctionalities of a more general nature [44], including bullying of peers [32], can also be observed in the area of externalising problems.

METHOD AND MATERIALS

To understand how school well-being occurs in children and young people with SLD and to identify any gender or age differences in it, the Questionnaire on School Well-being 8-13 (QBS 8-13) [48] was filled in autonomously on the online Google Forms platform by a sample of 225 parents of children and young people with SLD of both sexes aged between 8 and 13 years who are not involved in reciprocal relationships. The data collected were analysed and expressed anonymously as stipulated in the privacy statement introducing the questionnaire.

The administration of the QBS 8-13 "Questionnaire on the School Well-Being 8-13"

The QBS 8-13 is a research instrument that investigates the school well-being of children and young people aged 8-13. It looks at personal experiences, school learning, and relational dynamics from the perspective of parents, teachers, and students themselves. The parents and teachers who participated in the research completed two separate versions of the QBS, the QBS-G version and the QBS-I version. Each version has 36 items divided into 5 subscales. Respondents provide a three-point Likert response (not true, quite true, very true), which is scored between 0 and 2 depending on whether the item is worded positively or negatively. From the sum of the scores of the 5 subscales, the total School well-being Score (QBS total) is obtained. The scores of each subscale and the total School well-being score can be converted into T-scores, which provide a description of the status of the investigated dimension of school well-being and/or of the total school well-being (above normal, normal, medium-low, deficient or severely deficient). The questionnaires completed by parents and teachers investigate the same areas:

- The "Parent/teacher's personal experience" section explores the emotional experiences of parents and teachers regarding their child/student's school situation;
- The "Evaluation of the child/student's learning" section considers parents' and teachers' perceptions of their child/student's scholastic skills;
- The "Child/student's emotional experiences" section explores how young people and children experience difficulties at school, as

viewed by parents and teachers;

- The "Child/student's awareness" section explores the extent to which parents and teachers believe that their child/student are aware of the school situation affecting them and how determined and interested they are in improving themselves;
- The "Relationship with teachers/parents" section assesses the relationship and level of trust that parents have with their child's teachers and that teachers have with respect to their student's parents.

An average of the raw scores obtained within each subscale and of the Total School Well-being scores was performed for both sexes and each age group of the students concerning which parents and teachers expressed their opinions. The averages obtained were processed and transported in graphs, correlated with the appropriate description: above normal (SN), within normal (N), medium-low (M-B), deficient (D) or severely deficient (GD).

DATA ANALYSIS

The parents' sample

The total average of QBS-G is predominantly below the norm. Differences are observed according to both gender and age group of the children; about the gender factor, higher scores are found for the parents of male children. Regarding the class factor, on the other hand, both the parents of male children and the parents of female children report higher levels of total scholastic well-being in secondary school with the former, however, having a greater gap. Even looking at individual subscales, a prevalence of average scores below the norm can be observed. In particular, the lowest scores are to be found concerning the parents' personal experiences, the children's perceived learning level, and the relationship with teachers. In these subscales, average scores of the deficient and severely deficient type mainly appear. Medium-low scores, on the other hand, are reported in the subscale "child awareness" in which are observed parents who consider their children to be aware of their difficulties. Considering the differences regarding the gender factor, higher scores for the male sex are found in three of the five analysed subscales ("parent's personal experience", "son/daughter's emotional experiences" and "relationship with teachers"). Exclusively in the subscales "evaluation of the son/daughter learning" and "son/daughter's awareness" a different situation is observed; in the first subscale, there are no nota-

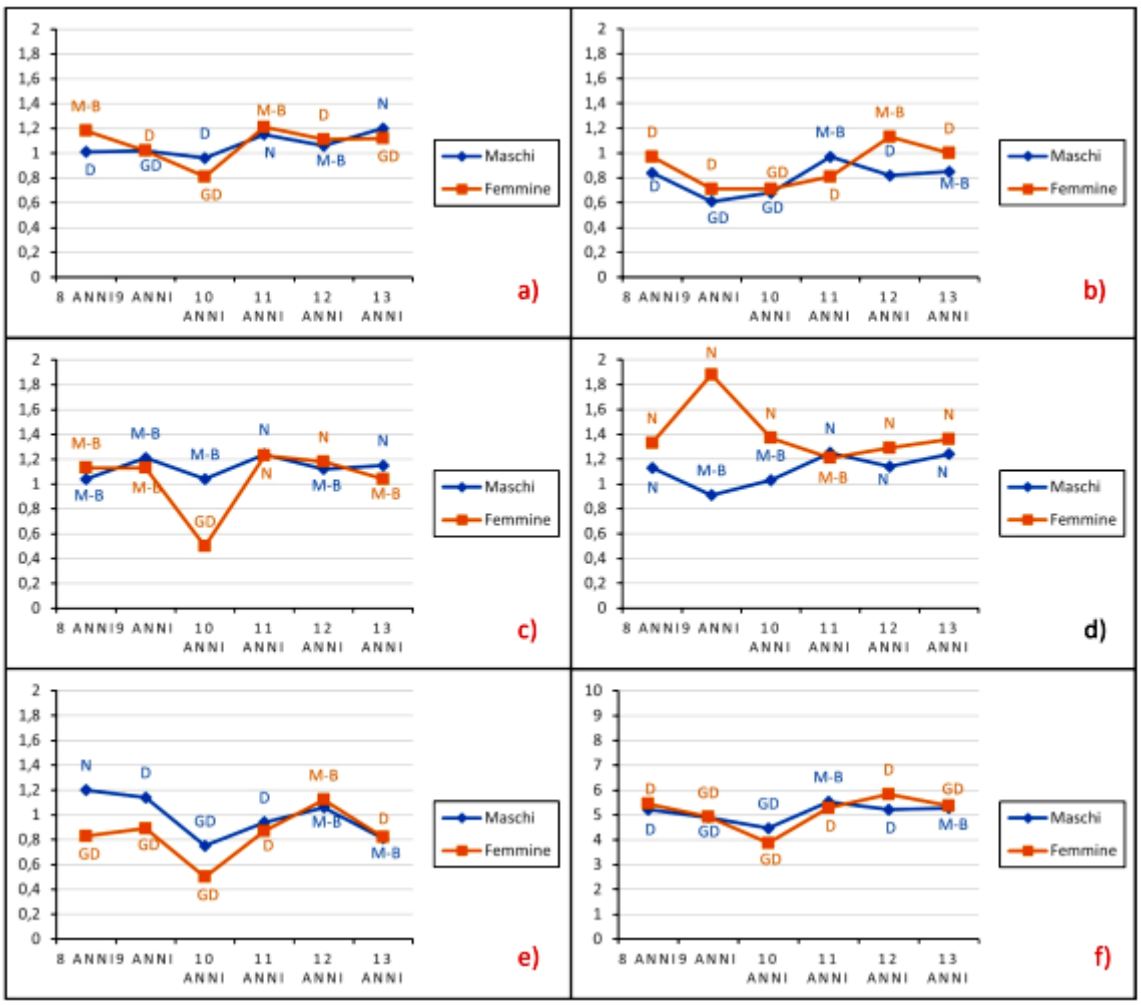

Fig.1 *Subscales: a) "Parent's personal experience", b) "Evaluation of the son/daughter's learning", c) " Son/ daughter's emotional experiences" d) "Son/daughter's awareness", e) "Relationship with teachers", f) Total QBS-G*

ble discrepancies between parents of sons and parents of daughters. In the second subscale, whereas, higher scores are observed in the parents of daughters. Considering the class factor, higher scores are generally observed in secondary school for both parents of sons and parents of daughters. There is only a difference in the subscales "son/daughter's awareness" and "relationship with teachers"; as regards the former, higher scores are found for parents of daughters in the primary school years rather than in the secondary school years, while as regards the latter subscale, no significant differences are found in the two school cycles by parents of sons.

The teachers' sample

The total average QBS-I scores are mostly in the normal range. No significant differences are observed either according to the students' gender or the school cycle they attended (primary or secondary school). Even looking at the individual subscales, the prevalence of average scores in the normal range can be seen, except for the subscales "evaluation of the student's learning" in which the prevalence of medium-low scores is recorded. The teachers, therefore, reported evaluations in the normal range regarding their personal experiences, the relationship with the students' parents, and the dimension investigating the students' level of awareness and emotional experiences. Returning to the subscales analysis, a gender difference does not emerge in the total QBS-I; there are higher average scores for female students and teachers in three of the five analysed subscales (the subscale " teacher's personal experience" and the subscale "student's awareness"). Scores on the subscale "relationship with parents" are also higher. However, in contrast to the previous assessments, the subscale investigating the learning level of female students has lower scores in comparison with those reported for male students. Regarding the "students' emotional experience" subscale, on the other hand, the teachers do not detect any clear differences according to gender. On examining the subscales according to the age/class factor, rather varied results emerged. As far as females are concerned, the average scores on the subscales "students' emotional experiences", "student's awareness", and "relationship with parents" remain stable over the two school cycles, whereas on the subscales "teacher's personal experience" and "student's learning assessment" the average scores are higher in the secondary school. For males, on the other hand, teachers report higher scores regarding their personal experience and the emotional experiences of their students in primary school; the

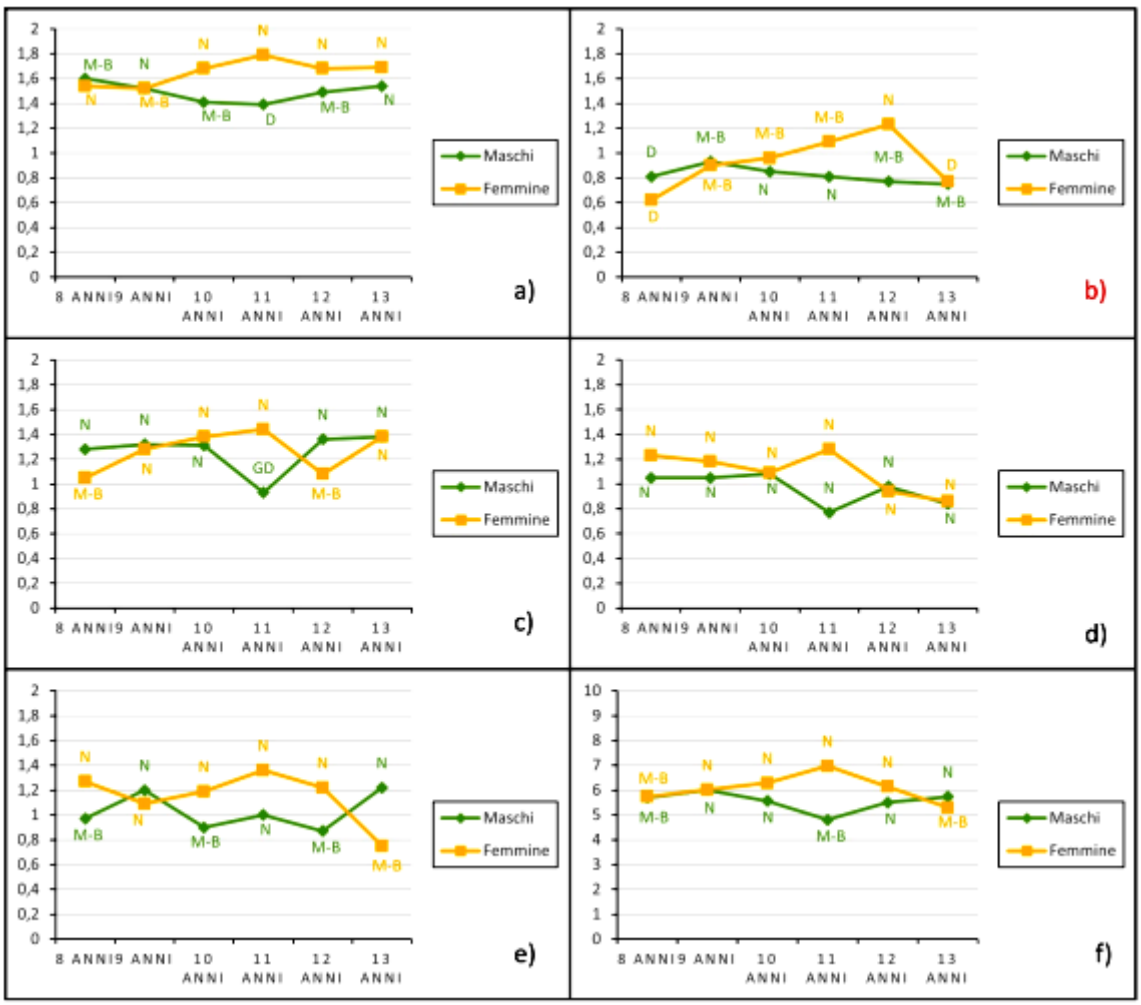

Fig.2 *Subscales: a) "Teacher's personal experience", b) "Evaluation of student's learning", c) "Student's emotional experiences" d) "Student's awareness", e) "Relationship with parents", f) "Total QBS-I"*

level of student learning and family relationships are better in secondary school, while there are no significant differences in student awareness levels are reported based on school cycle attended.

RESULTS AND DISCUSSION

The analysis of the data from the parents' QBS and the teachers's QBS reveals two situations that are distant from each other in many aspects. Parents report an overall low perception of the level of educational well-being of their children with SLD on the total QBS-G. In fact, the average scores are below the norm, with a prevalence of deficient and severely deficient assessments. On the other hand, if we examine the results obtained from the questionnaire filled in by teachers, overall scholastic well-being perceived by them concerning students with SLD is positive, with a prevalence of average ratings in the normal range. This discrepancy lends itself well to being thought of as reflecting the diversity of the contexts and life situations in which the parents and teachers interviewed had the opportunity to observe and assess the children and young people. The parents and teachers interviewed report significantly different average scores in the subscales and the total QBS-G/I. Regarding the parents, a prevalence of deficient average and severely deficient scores is observed, while in the case of teachers, a prevalence of scores is in the normal range. Discrepancies are thus observed both in how significant adults experience the DSA situation and in their perceptions of their children's and students' experiences. Parents, for example, reveal higher levels of stress and perceive themselves as less effective in helping their children, as well as judging their relationship with teachers negatively. Teachers, on the other hand, express themselves positively regarding both their personal experiences and the school-family relationship. The discrepancy found in the personal experiences of the two samples can be traced back to the fact that parents objectively spend much more time with their children than teachers do; furthermore, the relationship between parents and children is naturally characterised by emotional closeness and by the provision of a level of support and backing by the former towards the latter that is not seen in the teacher-student relationship. In relation to the dynamics that most closely concern students with SLD, on the other hand, some points of contact emerge between parents and teachers, as both share the perception that their children/students have low levels of learning but sufficient levels of awareness. However, concerning the emotional experiences of their children/students with SLD, parents and teachers have very divergent opinions. Teachers believe that their students experience their school difficulties positively without any particular criticality. On the other hand, parents detect an apparently risky emotional condition in their children. Parents outline, in fact, an emotional profile that is not frankly deficient, but rather includes both positive and negative phases. What is also inferred from the parents' opinion is the presence of an unstable emotional situation that could evolve, over time, into a negative one with the onset of a deeper discomfort. This difference in thinking between parents and teachers can be logically explained by considering that they find themselves observing and evaluating children and young people in very different contexts, so that some may pick up on aspects that others have not and vice versa, which leads them to develop opinions that are sometimes very different from each other [47]. Finally, considering the gender and age of the subjects with SLD, differences are also found about these two factors; parents tend to report more positive evaluations for sons, whereas teachers tend to report more positive evaluations for female students. In the parents' sample, moreover, the average scores are significantly more favourable in the secondary school years, a difference that does not emerge as clearly in the teachers' sample. The reason for this discrepancy can be found in a specific prerogative that belongs only to parental figures, namely the continuity of their presence in growth and development. Teachers, on the other hand, do not experience the same constancy, as each school cycle involves a change of teaching staff. In conclusion, both parents and teachers thus provided important information regarding more personal dynamics, such as their experiences regarding the difficulties of their children and students with SLD and the school-family relationship, but they also provided useful information regarding their children/ students' learning, level of awareness and emotional experiences. About the more personal dynamics of the interviewees, the results highlighted the need to pay attention to parental experiences, which emerged as more critical than those of the teachers. On the other hand, concerning the dynamics affecting students and children with SLD more specifically, parents and teachers expressed similar opinions, except in their assessment of their children's and young people's emotional experiences, thus highlighting a contradiction in thinking that certainly requires further investigation. The two samples also reported different opinions regarding the overall trend of perceived school well-being concerning the gender and age of the children/ students. To clarify the discrepancies that emerged between the two interviewed samples, it is therefore necessary to outline more clearly and critically the school well-being situation of subjects with SLD by administering the questionnaires to children and young people as well, to broaden and deepen the survey analysis by integrating the students' point of view and comparing it with that of adults of reference

Neuropsychomotor intervention in promoting the school well-being

In light of what has been said above, the importance of the professional contribution of the neuropsychomothor therapist of the developmental age in the treatment of children and young people with SLDs

becomes evident. These disorders can involve not only cognitive and learning functions but also the affective-emotional sphere, which is why it is necessary to adopt an integrated treatment approach that provides both learning development and supports the student's emotional well-being. Neuropsychomotor treatment is structured around two main macro-areas; that of the learning processes and that of emotional□motivational distress. In addition to these, there is a need for network efforts with the school and the family to support the child's acquisitions in everyday life contexts. The first part of the neuropsychomotor intervention would therefore involve active reinforcement of learning mechanisms, based on the acquisition and consolidation of the skills that underlie these processes and that enable the child to better interface with the school environment and fulfil the related learning tasks (e.g. executive functioning, metacognitive skills, processing speed, vocabulary, visual perceptual and visual/spatial skills, auditory processing, basic arithmetic skills, metaphonological skills, fine motor skills, etc.). The other part of the intervention would consist of work to strengthen the student's emotional and motivational background. In particular, within the neuropsychomotor setting, will be supported the development and strengthening of those aspects related to thinking, self-perception, and one's own abilities necessary for the child to cope with the stress and fatigue of learning and study situations. The key dimensions of the intervention can be identified as motivation, self-esteem, and resilience. In this sense, the child is helped to acquire an adequate representation of his own abilities and to internalise thinking constructs based on the idea of commitment as the key to success to foster a motivational drive towards school situations. The child's skills in dealing with obstacles and unexpected events, such as problem-solving and emotional self-regulation, will be enhanced. Nevertheless, the child will be directed towards greater self-esteem and a greater perception of efficacy to compensate for feelings of weakness and inferiority experienced in the various school situations through careful and continuous management of the relationship and communication within the dyad with the therapist as well as the proposed therapeutic activities. In addition to working directly with the child, the family and teachers are also involved as they play a key role in supporting the child's well-being, both scholastically and globally. In particular, the therapist will support the parents in solving problems and critical issues related to the daily management of their child and will collaborate with the school, taking care to facilitate dialogue between the latter and the student's family, providing both with single and comparable views of the child's functioning, needs, and treatment goals.

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