Faith, Strength, and Support: Exploring Resilience in Special Education

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Abstract

The U.S. Department of Education has estimated that about 7.3 million (or about 15%) public school students are currently enrolled in Special Education in the United States, and their enrollment has increased steadily over the past decade (U.S. Department of Education 2024). Students in Special Education can be labeled as 'different' and/or 'disabled.' These labels may be internalized by students, leading to lower self-esteem and experiencing symptoms of depression. My study aims to uncover the possible link between enrollment in Special Education and mental health in adolescence into emerging adulthood, and the differences for Black students and white students. I include resiliency factors (social support, religious attendance, and educational expectations), which may help to alleviate the stress that students experience from being labeled a 'Sped kid' in school. Although some school professionals working in the field of Special Education may use the term 'Sped' as a shortened way to refer to Special Education, the term 'Sped' can be especially offensive and demeaning when used referring to a person. Throughout this article, I use the term 'Sped' as a shortened version of Special Education programming in general and the term 'Sped kid' when used in reference to the negative labeling that some children in Special Education endure in school. Using national longitudinal data, my regression results suggest that enrollment in Special Education or having a learning disability is associated with lower self-esteem and higher levels of depressive symptoms in adolescence.

Keywords: Special Education, Learning Disability, Adolescence, Self-esteem, Depression

Literature Review

The U.S. Department of Education has estimated that 7.3 million children are enrolled in Special Education in the United States, which is about 15% of the public school population (U.S. Department of Education 2024). There are several categories of disability served by Special Education. The most common category that students fall under is Specific Learning Disability (33%), followed by Speech or Language Impairment (19%), Other Health Impairment (15%),

Autism (11%), Developmental Delay (7%), Intellectual Disability (6%), Emotional Disturbance (5%), Multiple Disabilities (2%), Hearing Impairment (1%), and Orthopedic Impairment (1%) (U.S. Department of Education 2023). While we know that many students are enrolled in Special Education under a variety of categories, we do not yet know the long-term consequences of enrollment in Special Education. The mental health impacts of Special Education also are yet to be determined, particularly for African American students.

Students enrolled in Special Education can be labeled as 'different' and/or 'disabled'. Labels are internalized by students and may lead to lower self-esteem (Crocker and Major 1989). It is plausible that students who experience stigma, such as being excluded from general education classrooms and labeled in a negative way, may also experience symptoms of depression as a result of these labels, and these experiences may become part of their self-concept. Stigma can shape how individuals see themselves and how they believe others perceive them, influencing identity formation and social interactions (Goffman 1963). Labeling theory further suggests that when individuals are assigned stigmatizing labels, those labels can influence both how others treat them and how they internalize their identity (Becker 1963). Therefore, students who were enrolled in Special Education and had negative experiences could have symptoms of depression and low self-esteem even after they graduate high school and are no longer enrolled in Special Education. They could also potentially receive an additional stigmatized label if they are diagnosed with depression. It is also possible that being labeled a 'Sped kid' may only have an immediate impact on the mental health of students, but not be a risk factor for mental health problems once students leave the school environment. Resiliency factors should be taken into account, such as social support from family, friends, and the community.

Students who were enrolled in Special Education may face an increased likeliness of experiencing psychological distress, particularly in emerging adulthood. Emerging adulthood is defined by Arnett (2000) as the ages between 18-25 wherein individuals are neither adolescents nor fully taking on most of the responsibilities of adulthood. During emerging adulthood, many individuals are free to explore their interests and develop their identities to achieve their aspirations. However, not all emerging adults will experience the same freedom from traditional adult roles, and emerging adulthood can be a time of increased risky behavior and mental health problems for some individuals (Arnett 2000). Students who were enrolled in Special Education may be particularly at risk for experiencing symptoms of depression during emerging adulthood because of the negative label that they have endured.

Research suggests that placement in Special Education has more dramatic consequences for African American students than students of other ethnic and racialized backgrounds (Harry and Klingner 2006). African Americans have a unique history in the U.S.

education system because they were the only group to be denied an education and then later made to receive a separate education based on racialized identification. In 1954, the Brown v. The Board of Education case argued that separating children in schools on the basis of race was inherently unequal. “To separate them from others of similar age and qualifications solely because of their race generates a feeling of inferiority as to their status in the community that may affect their hearts and minds in a way unlikely ever to be undone” (Wright and Wright 2022:24). African Americans have also had to endure segregated neighborhoods and concentrated poverty, which have led to poorly funded schools within poor neighborhoods. African Americans may be at a disadvantage in their neighborhoods because African American communities are more likely to face concentrated levels of poverty and are increasingly isolated from mainstream society, from employment opportunities, and from social institutions (Anderson 2000; James 1994).

Research on Special Education placement consistently highlights the intersection of race and socioeconomic status (SES) within school contexts. Scholars have long argued that disparities in Special Education identification cannot be understood through race alone, as race often operates alongside structural inequalities tied to class, school resources, and neighborhood disadvantage. Students from low-SES backgrounds are more likely to attend under-resourced schools, experience greater academic surveillance, and encounter disciplinary or evaluative practices that increase the likelihood of referral to Special Education services. At the same time, racial minority students—particularly African American students—have historically been disproportionately represented in certain Special Education categories, reflecting broader patterns of educational stratification and institutional bias. As a result, many education scholars emphasize that Special Education placement should be understood within a broader social context where race and SES interact to shape how students are perceived, evaluated, and supported in schools (Harry and Klingner 2014). These structural dynamics suggest that disparities in Special Education are not simply individual-level phenomena but are embedded within institutional processes that reflect both racialized and socioeconomic inequalities in the U.S. education system.

Students enrolled in Special Education may be more likely to endure lasting effects of stigma they experience in school. Internalized stigma may make students enrolled in Special Education vulnerable to experiencing symptoms of depression while they are in school as well as in adulthood. In contrast, several resiliency factors may protect against depression, for example being able to build social capital, access to peer support, and having a high sense of self-esteem. These resiliency factors could mean the difference between students in Special Education reaching middle class status and a state of well-being as an adult, or experiencing additional mental distress such as depression. According to social stress theory, higher levels of social support and self-esteem can lessen the negative mental health impacts due to

experiencing stress, including stress from having a lower social status position within a society or social institution (Pearlin 1989).

Peer and family relationships may promote resilience for students placed in Special Education. In general, social relationships positively impact mental health (Thoits 2011). Although relationships can be stressful, the positive aspects of relationships tend to outweigh negative impacts of conflict and strain (Thoits 2011). Relationships can provide an individual with purpose and meaning in life, which prevents anxiety and depression (Thoits 2011). Fulfilling roles that are highly valued by an individual may build his/her self-esteem, which also guards against anxiety and depression (Thoits 2011).

Fulfilling role obligations may also provide an individual with a sense of control/mastery (Thoits 2011). There are several different ways to measure social support. Emotional support is when an individual feels they have someone that they can lean on when feeling down. Emotional support includes allowing an individual to ‘vent’ by listening to their problems and affirming that everything will be okay. Instrumental support is when an individual provides needed services or resources to another individual, for example providing childcare or a meal. Perceived social support, when an individual feels they have others they can count on, also positively affects mental wellbeing (Thoits 2011). Relationships that children have with parents, siblings, and friends may be vital to the mental health of children.

When a child frequently moves to new schools or new neighborhoods, or when there are dramatic changes within family dynamics, they may find it difficult to maintain a support network. On the other hand, if a child is able to maintain strong social ties and has a sense of social support, they may be less likely to experience mental distress. I will be comparing the levels of peer and family support between students enrolled in Special Education and students not enrolled in Special Education. I hypothesize that students enrolled in Special Education may have more difficulty forming supportive relationships, perhaps due to exclusion at school and potentially lower levels of self-esteem. However, I will also examine the influence that social support can have in alleviating symptoms of depression for students enrolled in Special Education.

Research suggests that participation in religious activities can boost social capital (Ebstyne, King, and Furrow 2004). Boosting social capital may be especially important for the mental health of students enrolled in Special Education. Students enrolled in Special Education may be more prone to experiencing symptoms of depression, and religious participation could help to alleviate feelings of isolation and stigma felt by students enrolled in Special Education, and in turn boost mental health. This is because “religious values and norms are internalized and position youth within a group with similar values and norms thereby increasing cognitive social capital” (Ebstyne et al. 2004:26). Additional research suggests that cognitive social capital

is a mediator in the relationship between higher religious importance and lower prevalence of depression (Langille et al. 2011). However, as Langille et al. (2011) note, underlying factors such as experiences in early life may influence both the internalization of religious values as well as social trust, which could be the reason behind the association between higher importance of religion and lower depression (Langille et al. 2011).

Many Americans say that they are in some way religious. About 92% of Americans professed belief in the existence of God or a universal spirit, 82% reported religion to be very important or somewhat important in their lives, 88% attended church regularly, and 42% attended church in the previous 7 days (Gallup 2009). Because many American adults attend church, many children and adolescents also are religious to some degree. "Among American teenagers, 95% believed in God, and 45% belonged to a religion-sponsored youth group or attended worship services weekly" (Gallup and Bezilla 1992).

Individuals who regularly attend religious services display lower rates of depression (Idler, McLaughlin, and Kasl 2009), lower rates of anxiety, and higher life satisfaction (Krause 2003) compared to those who do not attend services or who attend less consistently. Moreover, religious attendance has been identified as the strongest predictor of well-being compared to more private dimensions of religiosity, such as prayer or belief salience (Fenelon and Danielsen 2016; Vanderweele 2017 as cited by Upenieks 2021). Nooney (2005) studied religious attendance among adolescents and found that it prevents school and health stressors, thereby reducing depression. Bennet, Deluca, and Allen (1995) found that attending church provided support for families with children with disabilities. In their study, Bennet et al. (1995) found that parents who attended church regularly reported increased confidence in their abilities as parents and increased hope for a positive future for their child. Bennet et al. (1995) emphasize that attending church provides access to social networks of support, coping strategies, and specific beliefs that can help to alleviate stress for parents of children with disabilities. It is therefore possible that there are benefits to attending church for children with disabilities, through parents who attend church regularly and also by attending regularly themselves. However, Whitehead (2018) examined church attendance rates found that children with chronic health conditions were more likely to never attend religious services than children without chronic health conditions. Whitehead also found that among children with chronic health conditions, children with health conditions which impeded their communication and social interaction were the least likely to attend religious services. Thus, more research is needed on the extent to which religious attendance and other forms of social support can help students with disabilities in the Special Education system and protect their mental health. While attending religious services may be good for mental health and facilitate opportunities to build social capital, for students who have been labeled as having a disability, or as deviating from

behavioral norms of the classroom, church may be a safe haven where students can participate in social activities and feel accepted by peers.

However, there is the possibility that students who were enrolled in Special Education are less likely to fit into their religious attendance setting. Church can also be a place of possible social isolation and stigmatization. The importance of religious attendance during the social and psychological journey to adulthood for students in Special Education is more likely to fall short of typical academic expectations. Research continues to show that students with disabilities are more likely to leave high school without a diploma and are less likely to enroll in postsecondary education compared to their peers without disabilities (Gonzalez 2006; Washington State ERDC 2025). Children in Special Education may be even more at risk of experiencing depression due to unmet expectations than children not placed in Special Education because they have been diagnosed with 'learning challenges.' I will consider 'educational expectations' of the students. Higher levels of educational expectations are linked with lower levels of depressive symptoms in young adulthood (Mossakowski 2011). Therefore, my study includes the student's educational expectations as possible resiliency factors, which could help to partially explain why Special Education placement affects mental health in young adulthood. I will also examine the role of parental college expectations. If parents have high educational expectations for students placed in Special Education, students may rise to what their parents expect and internalize feelings of efficacy. However, it is also possible that students in Special Education know that they cannot keep up with the coursework in general education classes and may feel even more inadequate if they cannot meet their parents' high expectations.

Special Education could have an influence on self-esteem by leaving an imprint on self-concept during adolescence and the transition to adulthood. In a study conducted in 1997 by Conley, Ghavami, VonOhlen, and Foulkes, children in Special Education (both those with diagnosed learning disabilities and emotional disorders) exhibited significantly lower levels of self-esteem than children not placed in Special Education. The lower self-esteem ratings of children in Special Education may be because they view themselves as less capable in a variety of categories, such as academic achievement or making friends (Conley et al. 1997). Conley et al.'s study was small (48 students participated in the study), was conducted at a single school, and consisted of only white students. Hale's (2014) study mentioned earlier focused on five high school students receiving Special Education services. Two of the students were African American and three were Hispanic.

The students in Hale's study expressed negative associations with Special Education (for example, that others generally consider Special Education students to be 'stupid' or 'retarded'), even though some of them said that Special Education could be helpful to some students (Hale 2014). One of the students in Hale's study did not even believe that he had a disability and said

that he did not think he needed Special Education services. Another student also said that she thought she was smart, but also expressed how others view Special Education students as 'slow'. Hale's study demonstrates the way in which students may have a positive view of themselves but, upon enrolling in Special Education may suffer from low self-esteem because "children in Special Education are wholly or partially excluded from the 'normal' social life of schools and seen almost exclusively through deficit perspectives" (Hale 2014:1077).

Methodology

I will conduct a secondary analysis of data from the National Longitudinal Study of Adolescent to Adult Health (ADD Health), which is available for public use. The ADD Health study was designed at the University of North Carolina at Chapel Hill. ADD Health is a nationally representative sample of adolescents in grades 7-12 in the United States and thus ideal for the purpose of my study. The first study (Wave I) was launched in 1994-95. Students were between the ages of 12 and 19 during Wave I. Students were first issued a questionnaire in school and then followed through adolescence and the transition to adulthood by researchers from the ADD Health study. The study used a multistage, stratified cluster sampling design in which high schools across the United States were first selected to ensure representation across region, urbanicity, school type, and racial composition. A feeder middle school was typically paired with each selected high school to capture a broader adolescent population. Students within these schools were then sampled and surveyed beginning in the mid-1990s, with participants followed across multiple waves into adulthood. Because the sample was initially drawn from schools, the dataset includes detailed information about students' educational experiences, peer networks, family backgrounds, and school contexts. This school-based design allows researchers to examine how institutional environments, including school structures and educational placement such as Special Education, shape developmental outcomes and long-term health trajectories. There are five waves of data collected in the ADD Health study. However, for the purposes of this study's secondary analysis, only Wave I and Wave III will be utilized. Wave II primarily consists of follow-up interviews focused on physical health measures, which are not central to the aims of the present study. Additionally, mental health measures were not included in Wave II.

The parents of students were asked if their child had been enrolled in Special Education in the past 12 months in Wave I when the respondents were ages 12 to 19. In my sample of Blacks and whites, 513 (10.69 %) were enrolled in Special Education in the past year and 4,284 were not in Special Education (89.31%). To better capture experiencing Special Education due to having a learning disability more than one year prior to the Wave I survey, I also include those diagnosed with a learning disability as part of my focal variable. Parents of students were

also asked if their child had been diagnosed with a specific learning disability (such as dyslexia, ADD/ADHD, etc.) in Wave I.

Race was included as a control variable to account for well-documented disparities in Special Education identification and educational experiences. The dataset originally contained several racial and ethnic categories, including White, Black, Asian, Native American/Native Hawaiian, Pacific Islander, and Hispanic ethnicity. During preliminary analyses, these additional categories were examined; however, when intersected with Special Education status, the number of cases within several groups became extremely small, limiting the ability to conduct reliable statistical analyses. To address this issue, Asian, Native American/Native Hawaiian, and Pacific Islander respondents were initially combined into an "other race" category, while Hispanic ethnicity was also explored through a separate control variable that included Hispanic White, Hispanic Black, and Other Hispanic categories. Despite these efforts, the sample sizes within these categories remained too small to produce stable estimates or statistically meaningful findings. As a result, the final analyses focus on comparisons between Black and White respondents, where sufficient sample sizes allowed for reliable modeling. Race is therefore treated as an important contextual control variable rather than a primary explanatory variable in the study. This approach allows the analysis to acknowledge racial disparities within Special Education while maintaining statistical reliability in the models.

The race category is either marked or not marked in the questionnaire in Wave I. In my sample, there are 3,573 respondents (74.48 %) who identify as white (marked white=1 and not marked white=0). There are 1,224 respondents (25.52%) who identify as Black (marked Black=1, not marked Black=0). There are 275 respondents (5.73 %) who identify as Hispanic (marked Hispanic=1, not marked Hispanic=0). There are 15 respondents (1.2% of Blacks) who identify as Black Hispanic and there are 260 respondents (7.25% of whites) who identify as white Hispanic in my sample. There were not many missing cases for Hispanic (19 missing). The missing cases for the Hispanic variable were list-wise deleted from my sample. There are 2,372 males (48.99%) and 2,470 females (51.01%). I coded sex as 1=male and 0=female.

In Wave I, respondents were asked how often they attended religious services in the past year. Respondents could answer in the following categories: never (=0), less than once a month (=1), at least once a month, but not every week (=2), once a week or more (=3). There were 8 missing cases for the religious attendance variable which were excluded from analyses including this variable. The average religious attendance score is 1.77 which is moderate on a scale ranging from 0- 3. Religious attendance is a measure of social support from the community.

Students in Wave I were asked a series of questions about the support they received from their family. I combined questions asking if the students thought their parents cared about

them, if they thought their family was understanding toward them, if they thought their family had fun together, and if they thought their family paid attention to them. Students answered these questions using a 5-point scale of strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. The scale of these questions is such that 5=strongly agree, whereas 1=strongly disagree. A scale reliability test was performed, and the Cronbach's alpha score was high (.831). There were 12 missing cases for the family support variable that were list-wise deleted from my sample. Students were asked in Wave I how often they hung out or talked with friends in the past week. Students were asked to answer in the following categories: not at all (=0), 1-2 times (=1), 3-4 times (=2), or 5 or more times (=3). There were no missing cases in my sample for this variable.

Educational Expectations

In Wave I, parents were asked how disappointed they would be if their child did not graduate from college. Parents answered this question using a Likert scale where 1=very disappointed, 2=somewhat disappointed, and 3=not disappointed. There were 13 missing cases for the parental educational expectations variable that were list-wise deleted from my sample. In Wave I, students were also asked to rate how likely it was that they would go to college and how much they wanted to go to college. Students answered both of these questions on a 5-point scale (1=low and 5=high). I combined these questions to create a student educational expectations variable. A scale reliability test was performed, and the Cronbach's alpha score was .823. There were 22 missing cases for this variable that were list-wise deleted from my sample.

To further assess resilience, self-esteem is used in this study as an independent variable to measure a personal resource to cope with stress and as a dependent variable. Self-esteem variables were created for both Wave I and Wave III, with Wave III as the dependent variable. I used the same questions to create the self-esteem variables in both Wave I and Wave III. Students were asked if they liked themselves as they were, if they felt they were doing just about everything right, if they felt they had a lot of good qualities, and if they felt they had a lot to be proud of. Students answered these questions using a 5-point scale of strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. The scale of these questions was recoded to reverse the scale coding so that 5=strongly agree, whereas 1=strongly disagree. A scale reliability test was performed, and the Cronbach's alpha score was .779 for Wave I and 0.778 for the Wave III self-esteem scale.

I composed the scale of depressive symptoms using questions that are asked in Waves I and III and align with the five questions asked for the Center for Epidemiologic Studies Depression Scale (CES-D). Respondents were asked how often they felt depressed in the last week, how often they had trouble getting started doing things in the past week, how often they

could not shake off the blues in the past week, how often they felt too tired to do things in the past week, and how often they felt sad in the past week. Students answered these questions using a 4-point scale (most of the time, a lot of the time, sometimes, and rarely/never). Higher scores were coded to represent more frequent symptoms of depression A scale reliability test was performed and the Cronbach's alpha score was .750 for the depressive symptoms scale in Wave I, .746 for the depressive symptoms. There were 4 missing cases for the depressive symptoms variable in Wave I that were list-wise deleted from my sample. There were 1,183 cases lost due to attrition for the depressive symptoms variable in Wave III, which will be list-wise deleted from the analysis of Wave III.

Analysis

I conduct t-tests in Table 1 to compare the differences in resiliency factors for respondents enrolled in Sped and not enrolled in Sped. I also compare racial differences in resiliency factors. An important aspect of resilience involves social support. A dimension of social support that I examine is attending church regularly to seek support from one’s religious community. As expected, the average religious attendance score is significantly ($p < .001$) lower for students enrolled in Sped (1.34) than for students not enrolled in Sped (1.85). The religious attendance score is significantly ($p < .001$) lower for Black adolescents enrolled in Sped (2.38) than for Blacks not enrolled in Sped (2.44). Also, the religious attendance score is significantly ($p < .001$) lower for Whites enrolled in Sped (1.27) than for Whites not enrolled in Sped (2.00) (see Table 1).

Table 1. The Difference in Resiliency Factors for Students Enrolled in Special Education and for Students Not Enrolled in Special Education

Students	Sped	Not Sped	Total of All
Sample N=	696 (15.01%)	3,940 (84.99%)	4,636 (100%)
Religious Attendance	1.34[a]	1.85	1.78
Black	2.38[ac]	2.44	2.13[b]
White	1.27[a]	2.00	1.67
Family Support	12.50	12.55	12.55
Black	12.73	12.66	12.67[b]
White	12.43	12.51	12.51
Friend Support	1.93	2.00	1.99
Black	2.08	1.91	1.91[b]
White	1.92	2.03	2.02
Parent College Expectations	1.95[a]	2.29	2.26
Black	2.10[a]	2.46	2.43[b]
White	1.93[a]	2.23	2.20
Student College Expectations	7.58[a]	8.80	8.68
Black	7.65[a]	8.93	8.82[b]
White	7.56[a]	8.76	8.63

[a] Statistically significant (at least $p < .05$) t-test difference comparing Sped students and Not Sped students.
[b] Statistically significant (at least $p < .05$) t-test difference comparing Black students and White students.
[c] Statistically significant (at least $p < .05$) t-test difference comparing Black Sped students and White Sped students.

Interestingly, the religious attendance score is significantly higher for Black-Sped students compared to white-Sped students and the overall religious attendance score is higher for Blacks (2.43) than for whites during the transition to adulthood (2.20) (see Table 1). According to t-tests in Table 1, family support and friend support levels are not significantly different for those enrolled in Sped compared to those not in Sped for the full sample and the sub-samples of Black and white students.

In addition to social support, resilience can also involve a sense of human agency and higher aspirations, so I also include educational expectations in my analysis of protective factors pertaining to students. My descriptive statistics suggest that the parental college expectations of those enrolled in Sped (1.95) are significantly ($p < .001$) lower than for students not enrolled in Sped (2.29). The parental college expectations for Blacks in Sped (2.10) and for whites in Sped (1.93) are significantly ($p < .001$) lower than for Blacks (2.46) and whites (2.23) not enrolled in Sped. Overall, the parental college expectations are higher for Blacks (2.43) than for whites (2.20) in my sample (see Table 1). The average student's college expectations are significantly ($p< .001$) lower for those enrolled in Sped (7.58) than for those not enrolled in Sped (8.80). The student college expectations of Blacks (7.65) and whites (7.56) in Sped are significantly ($p <.001$) lower than the student college expectations of Blacks (8.93) and whites (8.76) not enrolled in Sped (see Table 1).

I conduct regression analyses in Table 2 to evaluate the association between Sped and self-esteem in Wave I, while controlling for sociodemographic and resiliency variables for my full sample. Religious attendance ($b= .073$; $p <. 001$) and family support ($b= .193$; $p < .001$) are significantly and positively associated with self-esteem in Wave I (see Table 2, Model 3). In Model 3, the R2 increased from 0.048 in Model 2 to 0.118, which means that 11.8% of the variation in self-esteem is explained by this regression model. However, friend support is not significantly related to self-esteem in Wave I. Contrary to my hypothesis, parental college expectations are also not significantly related to self-esteem in Wave I. While accounting for control variables and all resiliency factors, higher frequency of religious attendance ($b= .056$; $p <.01$), higher levels of family support ($b = .181$; $p < .001$), and higher student college expectations ($b = .083$; $p < .001$) remain significantly associated with higher levels of self-esteem in Wave I (see Table 2, Model 4). The inverse association between Sped and self-esteem remains statistically significant after controlling for all the resiliency factors in Model 4. In Model 4, the R2 increased to 0.127, which means that 12.74% of the variation in self-esteem is now explained by this regression model. These resilience factors do not mediate the relationship between Sped and low self-esteem. I also found a significant interaction effect between Sped family support ($b= .079$; $p < .01$) while measuring the relationship between Sped and self-esteem in Wave I accounting for resiliency factors (see Table 2, model 5). This suggests

that students in Sped who have higher levels of family support have higher self-esteem than students in Sped who report lower levels of family support.

Table 2. The Relationship Between Enrollment in Special Education and Self-esteem in Adolescence Wave I Accounting for Resiliency Factors

	Model 1	Model 2	Model 3	Model 4	Model 5
Sped	-.218** (.062)	-.271*** (.062)	-.227*** (.060)	-.172** (.060)	-.152** (.067)
Male		.429*** (.044)	.424*** (.042)	.459*** (.042)	.458*** (.042)
Black		.534*** (.051)	.472*** (.049)	.474*** (.050)	.487*** (.053)
Hispanic		-.051 (.096)	-.052 (.092)	-.023 (.092)	-.023 (.092)
Parental Income		.001*** (.000)	.001*** (.000)	.001** (.000)	.001** (.000)
Parental Education		.011* (.005)	.007 (.004)	.002 (.005)	.001 (.005)
Family Support			.193*** (.010)	.181*** (.010)	.181*** (.010)
Friend Support			.031 (.021)	.033 (.021)	.033 (.021)
Parent College Expectations				-.039 (.031)	-.039 (.031)
Student College Expectations				.083 *** (.012)	.083*** (.012)
Sped x Family Support					.079** (.027)
R^2=	0.002	0.048	0.118	0.127	0.127
N=					4,636

Significance level of $p < .05$*; $p < .01$**; $p < .001$***

I conduct regression analysis to account for the relationship between resilience and levels of depressive symptoms for my full sample in Table 3. Higher levels of religious attendance ($b = -.094$; $p < .01$) and higher levels of family support ($b = -.352$; $p < .001$) are significantly related to lower levels of depressive symptoms in Wave I (see Table 3, Model 3). Higher levels of friend support ($b = 113$; $p < .01$) are significantly related to higher levels of depressive symptoms in Wave I (see Table 3, Model 3). While parent college expectations are not significantly related to depressive symptoms, higher student college expectations ($b= -.077$; $p< .001$) are significantly related to lower levels of depressive symptoms in Wave I (see Table 3, Model 4). While accounting for control variables and all resiliency factors, higher levels of religious attendance ($b= -.063$; $p < .05$) and higher levels of family support ($b= -.298$; $p < .001$) remain significantly related to lower levels of depressive symptoms in Wave I. Higher levels of friend support ($b= .119$; $p < .001$) remain significantly related to higher levels of depressive symptoms. Higher levels of student college expectations ($b= -.057$; $p < .01$) and higher levels of self-esteem in Wave I ($b= -.238$; $p <.001$) are still significantly linked to lower levels of depressive symptoms (see Table 3, Model 5). After accounting for all control variables and resiliency factors, enrollment in Sped ($b= .516$; $p < .001$) continues to be significantly associated with higher levels of depressive symptoms (see Table 3, Model 5).

Table 3. The Relationship Between Enrollment in Special Education and Depressive Symptoms in Wave I Accounting for Resiliency Factors

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Sped	.517***	.678***	.619***	.557***	.516***	.403***
	(.100)	(.100)	(.095)	(.097)	(.096)	(.107)
Male		-.700***	-.710***	-.743***	-.633***	-.631***
		(.071)	(.068)	(.068)	(.068)	(.068)
Black		.507***	.621***	.629***	.743***	.672***
		(.082)	(.079)	(.080)	(.080)	(.085)
Hispanic		.371**	.407**	.393**	.387**	.384**
		(.154)	(.147)	(.148)	(.146)	(.146)
Parental Income		-.001**	-.001**	-.001*	-.000	-.000
		(.000)	(.000)	(.000)	(.000)	(.000)
Parental Education		-.026**	-.018*	-.012	-.012	-.011
		(.008)	(.007)	(.008)	(.007)	(.007)
Religious Attendance			-.094**	-.076**	-.063*	-.062*
			(.028)	(.029)	(.028)	(.028)
Family Support			-.352***	-.341***	-.298***	-.299***
			(.017)	(.017)	(.017)	(.017)
Friend Support			.113**	.111**	.119***	.116**
			(.034)	(.034)	(.033)	(.033)
Parent College Expectations				-.007	-.017	-.015
				(.050)	(.050)	(.050)
Student College Expectations				-.077***	-.057**	-.057**
				(.019)	(.019)	(.019)
Self-esteem WI					-.238***	-.237***
					(.023)	(.023)
Sped x Black						.538**
						(.227)
Sped x Family Support						.091*
						(.045)
R^2=	0.005	0.039	0.130	0.133	0.152	0.153
N=						4,636

Significance level of $p < .05$*; $p < .01$**; $p < .001$***

Table 3a. The Relationship Between Enrollment in Special Education and Depressive Symptoms in Wave I Among Black Adolescents Accounting for Resiliency Factors

Summary

According to the descriptive statistics, both Blacks and whites enrolled in Sped scored lower in almost all the resilience categories (religious attendance, parent college expectations, student college expectations, and self-esteem) than those not enrolled in Sped. There were no significant differences in levels of family or friend support, which contradicts prior research that states that those enrolled in Sped are more isolated from peers than students not enrolled in Sped (Kennedy et al. 1995). My results indicated that the average religious attendance score, however, is significantly lower for students enrolled in Sped than for students not enrolled in Sped. This finding aligns with prior research which found that children with chronic health conditions (particularly conditions affecting communication and social interaction) were less likely to attend religious services than children without chronic health conditions (Whitehead 2018). Additionally, students in Sped reported significantly lower parental and student college expectations. Lower college expectations of both parents and students enrolled in Sped is expected, given that students enrolled in Sped are less likely to graduate high school and less likely to go to college (Annamma et al. 2014; U.S. Department of Education 2019).

Higher levels of family support and higher student college expectations are significantly related to higher levels of self-esteem in Wave I for both Black and for white adolescents. Higher levels of religious attendance, however, are significantly related to higher levels of self-esteem in Wave I for whites, but not for Blacks. Enrollment in Sped remains significantly related to lower levels of self-esteem in Wave I for whites after accounting for all control and resilience variables. In contrast, after accounting for all control and resilience variables, enrollment in Sped is no longer significantly related to self-esteem in Wave I for Black adolescents.

My within group analyses of Sped students and non-Sped students also discovered similarities and differences in resiliency factors. Family support and student college expectations were significantly related to higher levels of self-esteem for those enrolled in Sped and for those not enrolled in Sped. However, higher levels of religious attendance was significantly linked to higher levels of self-esteem for those not enrolled in Sped only. This is not surprising given prior research which explains that individuals who are disabled or who have chronic health conditions are less likely to attend religious services (Whitehead 2018). Those who have a disability may also be more likely to face isolation in places of religious attendance if and when they do attend.

Higher levels of family support are significantly associated with lower levels of depressive symptoms in Wave I for both Blacks and whites. Higher levels of religious attendance are associated with lower levels of depressive symptoms for whites, but not for Blacks. Higher levels of friend support are significantly related to higher levels of depressive symptoms in Wave I for whites, but not for Blacks. This is a very surprising finding given that

prior research found that social support can help to alleviate mental distress (Turner and Brown 2010). This could also indicate how social support from friends can be mobilized to help those who are depressed. Stronger self-esteem is also significantly associated with lower levels of depressive symptoms for both Blacks and whites, which is consistent with prior research (Orth et al. 2016). My multivariate regression results confirmed that enrollment in Sped in the past year or being diagnosed with a learning disability are significantly associated with higher levels of depressive symptoms in Wave I for both Blacks and for whites. Additionally, my regression results show differences in resiliency factors between those enrolled in Sped and not enrolled in Sped. Lower levels of family support and lower levels of self-esteem are significantly related to depressive symptoms for those in Sped.

These resiliency factors were also significant for those not enrolled in Sped, but in addition to those factors, lower levels of religious attendance, higher levels of friend support, and lower levels of student college expectations are significantly linked to higher levels of depressive symptoms for those not enrolled in Sped. Self-esteem and student college expectations are significant mediators that help to explain the relationship between Sped and depressive symptoms for the full sample and for Blacks. However, while self-esteem is also a significant mediator for whites, student college expectations are not significant in explaining the link between Sped and depressive symptoms for whites

Discussion

I discovered that some of the resiliency factors are significant mediating mechanisms that help to explain the relationship between Sped enrollment and mental health outcomes for Black and white students. For the full sample of students, the interaction of Sped and family support shows that for students in Sped, higher levels of family support are related to higher levels of self-esteem (see Table 2). Resiliency factors (such as social support, self-esteem, and high educational expectations) may alleviate the negative impacts of the label of Special Education.

According to social stress theory, one’s lower status within a stratified system can be a source of stress and lead to greater vulnerability to stress via limited access to coping resources and damage to mental health (Pearlin 1989). Unfair treatment, exclusion from general education classes, and experiencing student prejudice could be acute and chronic stressors, which impact the mental health of students. While labeling theory also proposes that labeling negatively impacts mental health via the stigma of unfair treatment, social stress theory states that personal coping resources (i.e., self-esteem) and social support may moderate or buffer the negative effects of the stress of stigma that an individual experiences. According to the descriptive statistics, both Blacks and whites enrolled in Sped scored lower in almost all the

resilience categories (religious attendance, family support, friend support, parent college expectations, student college expectations, and self-esteem) than those not enrolled in Sped.

Higher levels of religious attendance are significantly related to higher levels of self-esteem in Wave I for whites, but not for Blacks. I expected to find that Blacks would benefit from religious attendance more than whites, given that prior research has proposed that Blacks gain self-esteem from social support by regularly attending religious services (Ellison 1993). Another interesting resiliency factor finding is that higher levels of friend support are significantly related to higher levels of depressive symptoms in Wave I for whites, but not for Blacks. This could be due to friends gathering to support a friend who is depressed among whites and a different dynamic between depression and friend support for Blacks.

One of the other resiliency factors that I included in my study is educational expectations. The college expectations of parents were not significant in my findings, but student educational expectations were significantly related to higher levels of self-esteem and lower levels of depressive symptoms. Student college expectations and self-esteem in Wave I significantly mediate the relationship between Sped and depressive symptoms in Wave I, according to Sobel tests. Whereas educational expectations may be a source of encouragement and motivation for some students, for students enrolled in Special Education or who have learning disabilities, high educational expectations may be a source of additional stress or may be irrelevant due to their educational environment. Students may feel as though they are unable to keep up with their classwork, and the expectation of furthering their education may feel daunting to students who are struggling academically. Research indicates that students with disabilities are less likely to attend college and more likely to leave college without a degree than students without disabilities (Welding 2023). It is estimated that about 20% of 25-34-year-olds with a disability have a bachelor's degree or higher, compared to 41% of 25-34-year-olds without a disability (Welding 2023).

Conclusion

Although my findings did not show a lasting impact of enrollment in Sped on mental health, I did find evidence that labeling students as different and as 'disabled' is associated with lower self-esteem and with experiencing depressive symptoms during adolescence in the United States. My findings also shed light on racial differences in the experience of being labeled at school. I found evidence that key resiliency factors such as the level of education expectations that students have for themselves and students' level self-esteem could minimize symptoms of depression.

The findings of my study could help to guide future research on labeling and the impacts of labeling on student mental health. Depression is one of the most frequently occurring mental

issue in schools and is linked with suicide, which is the cause of over a third of adolescent deaths in the U.S. (Grossberg and Rice 2022). In 2023, 5 million, or about 20% of adolescents ages 12-17 in the U.S. reported having at least one major depressive episode in the last year (SAMHSA 2024). It is urgent to alleviate mental distress experienced by students and to explore the implications of labels which may harm the mental health of students. Understanding the negative implications of labeling students as 'disabled' or 'Sped kids', finding solutions to this type of labeling in schools, and finding ways to improve mental health outcomes of students is critical.

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