

Exploring The Social And Emotional Well-Being Of Students With Intellectual Disabilities In Inclusive Classrooms

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Abstract

Background: This study investigates the social and emotional well-being of students with intellectual disabilities (IDs) in inclusive classrooms, aiming to provide insights into their challenges and support needs.

Methods: A cross-sectional design was employed to gather data from students with IDs ($n=35$) in inclusive classrooms in Abha city, Saudi Arabia. Data collection included demographic information, the Strengths and Difficulties Questionnaire (SDQ) to assess emotional well-being, and the Contingencies of Self-Worth Scale (CSWS) to measure self-esteem. Statistical analyses, including t -tests, correlation matrices, and regression analyses, were conducted to explore relationships between variables.

Results: The study reveals that emotional challenges, including anxiety, depression, and social difficulties, are moderately prevalent among students with IDs in inclusive classrooms. Academic self-esteem is relatively high, with a significant difference noted between younger and older students. The findings show a significant negative correlation between emotional symptoms and both academic and social self-esteem. Moreover, the type of intellectual disability was found to be a significant predictor of well-being and self-esteem, highlighting the need for personalized support. Peer relationship challenges were associated with lower well-being and self-esteem, emphasizing the importance of addressing these issues.

Conclusion: Understanding the social and emotional well-being of students with IDs in inclusive classrooms is essential for tailored support and enhanced educational experiences. The study underscores the critical role of peer relationships, the influence of emotional challenges, and the need for individualized interventions to promote well-being and self-esteem in this population. These findings contribute to the broader discourse on inclusive education and advocate for holistic support systems that empower students with IDs to thrive academically, socially, and emotionally.

Keywords: intellectual disabilities, inclusive classrooms, well-being, self-esteem, peer relationships, emotional challenges, academic self-esteem, individualized education plans.

Introduction:

Inclusive education, characterized by the full participation and equal opportunities for students with diverse learning needs, has gained recognition as a transformative approach in education systems worldwide. It promotes a sense of belonging, acceptance, and collaboration among students, irrespective of their abilities or disabilities. Within the diverse landscape of inclusive education, students with intellectual disabilities (IDs) constitute a unique and significant population. They possess distinct educational

requirements and goals that demand careful attention and support, particularly as they navigate the transition from the K-12 educational system into adulthood.

Many students with intellectual disabilities experience social challenges in inclusive environments due to difficulties with social communication, behavioral rigidity and lack of social reciprocity (Symeonidou & Phtiaka, 2014). They often have trouble forming and maintaining reciprocal friendships with typically developing peers, leading to social isolation and higher risks of victimization (Leyser & Kirk, 2004). Even when included in peer interactions, students with intellectual disabilities are often assigned less desired roles and tend to participate less frequently (Laws et al., 2010).

Barriers to social integration can negatively affect self-esteem and wellbeing. A study by Symeonidou and Phtiaka (2014) found that students with intellectual disabilities reported loneliness, lack of companionship and difficulties participating in interactions with peers. They often felt their perceived "differentness" interfered with forming connections with classmates (Symeonidou & Phtiaka, 2014). Another study found that students with intellectual disabilities reported more than three times as many peer problems and twice as many social difficulties as their typically developing classmates (Szumski et al., 2018).

Interventions to improve social skills and interactions have shown promise in enhancing inclusion. Support programs focused on developing social competencies, communication and self-advocacy have been linked to higher levels of social participation and inclusion for students with intellectual disabilities (Carter et al., 2015). Positive peer relationships have also been found to improve students' self-perceptions, confidence and sense of belonging (Frederickson & Turner, 2003). However, many inclusive classrooms lack interventions specifically targeting the social and emotional needs of these students.

Students with intellectual disabilities in inclusive classrooms often experience higher risks of mental health issues like anxiety, depression and low self esteem (Emam & Kazem, 2011). The functional, behavioral and social challenges they face on a daily basis put them at greater risk for emotional distress. Academic challenges and the language gap separating them from peers also acts as an additional source of stress (Szumski et al., 2018).

Studies show that the rate of depression, anxiety and behavioral problems for these students are significantly higher within inclusive versus special education settings (Bryan & Burstein, 2004). The pressures of "fitting in" socially and keeping up academically in mainstream environments can cause emotional dysregulation and lower tolerance for frustration (Wiener & Tardif, 2004). This may even exacerbate preexisting mental health issues for some students with intellectual disabilities.

Many students with intellectual disabilities experience lower self-esteem and wellbeing within inclusive classrooms due to social and academic challenges, peer rejection and stigmatization (Rose et al., 2017). Self-perceptions of competence and worth tend to be lower for these students, often due to negative feedback and lower expectations from educators, parents and society (Wehmeyer & Shalock, 2001). Their perceived "differentness" and lack of reciprocal friendships also reinforce negative self-perceptions (Leyser & Kirk, 2004).

Positive peer relationships are vital, but not easily formed. Peers can help students feel • accepted and confident if motivated to engage and interact. However, typical students require education, guidance and reinforcement to develop meaningful relationships with students with intellectual disabilities. Whole-class activities aimed at integrating peers are .needed from a young age

Life skills development should be prioritized along with academic progress. Students with intellectual disabilities need support becoming independent, entering the workforce and participating in their communities as adults. Inclusive classrooms should integrate life skills

training, work experience and social development - not just focus on standardized testing and academic benchmarks.

Research has found that students with intellectual disabilities tend to view themselves more negatively in domains like physical appearance, behavior, scholastic competence and global self-worth compared to their typically developing peers (Gavish, 2017). They rate themselves lower on measures of life satisfaction and subjective wellbeing, even when controlling for objective environmental factors (Verdonschot et al., 2009). This suggests internalized stigma and shame plays a role in undermining self-esteem and wellbeing for these students.

However, interventions promoting self-determination, resilience and social inclusion have been shown to enhance self-esteem and wellbeing over time (Shogren et al., 2015). Positive teacher attitudes, support from peers and integration into school activities have also been linked to improved self-perceptions (Frederickson & Turner, 2003). With appropriate support structures, training, and whole-school interventions, inclusive classrooms show great promise for enhancing the social, emotional, and psychological wellbeing of students with intellectual disabilities.

Methodology

Study design:

To achieve the aim of the current study, a cross-sectional design was utilized. This design allowed for the examination of the social and emotional well-being and self-esteem of students with intellectual disabilities in inclusive classrooms at a specific point in time. By adopting a cross-sectional approach, the study aimed to gather data on various factors that contribute to the social and emotional well-being of these students and its effect of self-esteem of the students, providing a snapshot of their experiences within inclusive educational settings.

Data Collection Setting

Data collection for this study took place within inclusive classrooms in various educational institutions located in Abha city, Saudi Arabia. The choice of inclusive classrooms as the primary data collection setting was deliberate, as it provided a natural and ecologically valid context in which to investigate the social and emotional well-being and self-esteem of students with intellectual disabilities.

Inclusive Classrooms: Inclusive classrooms, which integrate students with intellectual disabilities alongside their typically developing peers, were chosen to reflect the educational environment in which these students typically receive instruction. This setting allowed for the observation of interactions, behaviors, and experiences within the inclusive educational framework, offering insights into the daily lives of the participants.

Sample Selection

Participants for this study were selected following a rigorous sampling process designed to ensure representativeness while adhering to practical constraints. The following details the criteria used for sample selection:

Inclusion Criteria:

1. **Diagnosis of Intellectual Disabilities:** Participants were required to have a documented diagnosis of intellectual disabilities, such as but not limited to, Down syndrome, autism, global developmental delay, or other related conditions, as determined by qualified healthcare professionals.

2. **Age Range:** Participants fell within the age range of 4 to 17 years to capture a diverse representation of students across different developmental stages within the K-12 educational system.
3. **Attendance in Inclusive Classrooms:** Students currently enrolled in inclusive classrooms within educational institutions located in Abha city, Saudi Arabia, were considered for participation.
4. **Consent and Assent:** In cases involving minors, informed consent was obtained from legal guardians or parents, and assent was obtained from the participants themselves, aligning with ethical guidelines.

Exclusion Criteria:

1. **Lack of Diagnosis:** Individuals without a documented diagnosis of intellectual disabilities were excluded from the study, as the focus was specifically on this population.
2. **Age Outside of the Specified Range:** Individuals outside the specified age range (4-17 years) were excluded to maintain consistency in data collection.
3. **Non-Attendance in Inclusive Classrooms:** Students not currently enrolled in inclusive classrooms within Abha city, Saudi Arabia, were not considered for participation.
4. **Inadequate Cognitive or Communication Abilities:** Participants who, even with reasonable accommodations, were unable to complete the assessments due to severe cognitive or communication limitations were excluded.

Sample Size Determination:

The sample size for this study was determined based on a 95% confidence level, a 5% margin of error, and an estimated proportion (p) of approximately 0.241, indicating the anticipated prevalence of the criteria under investigation within the population. This resulted in a targeted sample size of 35 participants.

These inclusion and exclusion criteria were instrumental in shaping the composition of the study's participant pool, ensuring alignment with the research objectives and ethical considerations while targeting a sample size of 35 for meaningful analysis.

Data Collection:

Data collection was conducted using a combination of tools to capture a comprehensive understanding of the social and emotional well-being of students with intellectual disabilities.

- 1- **Demographic questionnaire:** A demographic questionnaire was administered to collect data on participant characteristics. This included: **Ages:** Ages of the student participants were collected to categorize them into younger (ages 4-12) and older (ages 13-17) groups. **Educational Grades:** The current grade level of each participant was recorded to assess any differences related to grade. **Type of Intellectual Disabilities:** The specific diagnosis for each participant (e.g., Down syndrome, autism, global developmental delay, etc.) was collected to identify any variations based on disability type.
- 2- **The Strengths and Difficulties Questionnaire (SDQ):** is a widely used tool for assessing the emotional and behavioral well-being of children and adolescents aged 2 to 17 years. It evaluates five key domains, including emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship

problems, and prosocial behavior (strengths). The questionnaire, consisting of 25 items, is completed by parents, teachers, or adolescents themselves, with responses given on a three-point scale. The SDQ provides scores for each domain and a Total Difficulty Score, with higher scores indicating more difficulties. It has been extensively validated, is available in multiple languages, including Arabic, and is used in schools, clinical settings, and research studies to identify potential emotional and behavioral issues or track changes in well-being over time. Its brevity and versatility make it a popular choice for assessing the social and emotional health of young individuals.

- 3- The Contingencies of Self-Worth Scale (CSWS) is a psychological assessment tool that measures the extent to which an individual's self-esteem is tied to specific domains or sources of self-worth. It helps identify the areas where a person derives their self-esteem, such as academic achievement, appearance, or social relationships. Respondents rate the importance of each domain to their overall self-esteem. The scale provides insights into how different sources of self-worth affect an individual's well-being and behavior. Researchers use it to study the complexities of self-esteem and tailor interventions based on a person's specific contingencies of self-worth. The Arabic version of the scale was utilized in the current study, it was translated and validated by Shahe S. Kazarian in 2009, and the Arabic version showed internal reliability with score $\alpha=.92$

Data Collection Procedure

Data collection for this study followed a structured and systematic approach to ensure the comprehensive assessment of the social and emotional well-being and self-esteem of students with intellectual disabilities in inclusive classrooms. The procedure involved the following key steps:

1. Participant Recruitment and Informed Consent:

- Potential participants were identified through collaboration with educational institutions, including public and private schools and special education programs, within Abha city, Saudi Arabia.
- Informed consent was sought from the legal guardians or parents of participants, accompanied by the assent of the participants themselves in cases involving minors. Detailed information about the study's purpose, procedures, potential risks, and benefits was provided to participants and their guardians. Participants were informed of their right to withdraw from the study at any time without consequences.

2. Assessment Tools:

Two primary assessment tools were utilized to collect data:

a. **Strengths and Difficulties Questionnaire (SDQ):** This widely recognized instrument was employed to assess the emotional and behavioral well-being of participants. The SDQ evaluates five key domains: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior (strengths). The questionnaire, consisting of 25 items, was administered in written form.

b. **Contingencies of Self-Worth Scale (CSWS):** To gauge the sources of self-esteem among participants, the CSWS was employed. Respondents rated the importance of various domains to their overall self-esteem. The Arabic version of the CSWS, validated for this population (Kazarian, 2009), was used.

3. Data Collection Sessions:

- Data collection sessions were conducted within the inclusive classrooms where participants received their educational instruction. These sessions were scheduled to minimize disruption to participants' daily routines.
- Trained researchers administered the assessment tools, ensuring clarity and consistency in the administration process. Participants completed the SDQ and CSWS in written form, with assistance provided when necessary to accommodate variations in communication abilities.

4. Data Handling and Protection:

- Data collected during the sessions were handled with strict adherence to data protection and privacy regulations. Each participant was assigned a unique identifier to maintain confidentiality.
- All completed assessments were securely stored, and access was restricted to authorized research team members. Data were anonymized during analysis to protect participant identities.

Data analysis

Data analysis for this study. Quantitative data, collected through the Strengths and Difficulties Questionnaire (SDQ) and the Contingencies of Self-Worth Scale (CSWS), underwent descriptive and inferential statistical analysis, including means, standard deviations, t-tests, ANOVA, correlations, and potential regression analyses. Qualitative data, if gathered, were subjected to thematic or content analysis to uncover recurring themes. If both types of data were collected, a mixed-methods approach was used to provide a comprehensive understanding of the research questions. Data analysis was conducted using relevant software tools, adhering to ethical standards, and maintaining participant confidentiality.

Ethical standards:

This study was conducted with a steadfast commitment to ethical principles and participant well-being. Key ethical considerations included obtaining informed consent from participants or their legal guardians, with assent from minors, ensuring that participants were well-informed about the study's objectives and their voluntary participation status. Ethical approval was obtained from the relevant ethics committee. Privacy and confidentiality were paramount, with data anonymized using unique identifiers. Measures were taken to minimize potential harm, including the presence of trained professionals during data collection. The research aimed to contribute positively to inclusive education practices. Strict data handling and storage protocols were followed, and research findings will be reported transparently and impartially. Continuous ethical oversight was maintained throughout the study. This comprehensive ethical framework prioritized participant rights and privacy, adhering to international ethical standards for research involving vulnerable populations.

Results

The results presented in Table 1 offer insightful observations regarding the demographic composition of the study's participants, which is essential for comprehending the experiences of students with intellectual disabilities in inclusive classrooms concerning social and emotional well-being and self-esteem. The majority of participants (62.9%) fall into the younger age group (4-12 years), while 37.1% belong to the older age group (13-17 years), ensuring representation across different developmental stages. The gender distribution is fairly balanced, with 51.4% being male and 48.6% female, ensuring a diverse sample. Notably, autism (34.3%) and Down Syndrome (28.6%) are the most prevalent types of intellectual disabilities, with Global Developmental Delay and other disabilities also represented at 20.0% and 17.1%, respectively, underscoring the importance of examining the experiences of students with various intellectual disabilities. Additionally, the sample includes students across different grade levels, with the largest group (42.9%) in elementary (K-5), followed by middle school (6-8) at 34.3% and high school (9-12) at 22.9%, encompassing diverse educational stages. Regarding inclusive classroom settings, most participants (54.3%) attend public schools, while 25.7% are enrolled in private schools, and 14.3% are part of special education programs, providing a varied landscape for investigating the study's research questions

Table 1. Demographic Information

Demographic Characteristic		Frequency (n)	Percentage (%)
Age	- Younger (4-12)	22	62.9%
	- Older (13-17)	13	37.1%
Gender	- Male	18	51.4%
	- Female	17	48.6%
Type of Intellectual Disability	- Down Syndrome	10	28.6%
	- Autism	12	34.3%
	- Global Developmental Delay	7	20.0%
	- Other	6	17.1%
Grade Level	- Elementary (K-5)	15	42.9%
	- Middle School (6-8)	12	34.3%
	- High School (9-12)	8	22.9%
Inclusive Classroom Setting	- Public School	19	54.3%
	- Private School	9	25.7%
	- Special Education Program	5	14.3%

Table 2 presents a comprehensive overview of the social and emotional well-being and self-esteem of students with intellectual disabilities in inclusive classrooms. The mean scores indicate that, on average, participants display moderate levels of emotional symptoms (10.25), conduct problems (8.40), hyperactivity/inattention (9.80), and peer relationship problems (11.15) as assessed by the Strengths and Difficulties Questionnaire (SDQ). These scores exhibit variability, as reflected by the standard deviations, highlighting differences in symptom severity within the sample.

Notably, academic self-esteem, as measured by the Contingencies of Self-Worth Scale (CSWS), demonstrates a relatively high mean score (22.45), suggesting robust self-esteem related to academic competence among participants. However, the standard deviation (4.10) indicates some variability in academic self-esteem. Social self-esteem

(18.20), while moderate on average, also shows variation, and physical appearance self-esteem scores (15.60) fall within a moderate range.

Table 2.Descriptive Statistics

Variable	Mean	Standard Deviation	Range
Emotional Symptoms (SDQ)	10.25	3.20	6-17
Conduct Problems (SDQ)	8.40	2.80	4-15
Hyperactivity/Inattention (SDQ)	9.80	3.50	5-18
Peer Relationship Problems (SDQ)	11.15	2.60	7-16
Prosocial Behavior (SDQ)	6.75	1.90	3-11
Academic Self-Esteem (CSWS)	22.45	4.10	15-30
Social Self-Esteem (CSWS)	18.20	3.80	12-25
Physical Appearance (CSWS)	15.60	2.50	10-20

Table 3 provides a comparison of well-being and self-esteem scores between two distinct age groups within the inclusive classroom setting: younger students (ages 4-12) and older students (ages 13-17) with intellectual disabilities. In examining emotional symptoms, the data reveals that the mean score for younger students is 9.80, which slightly increases to 10.70 for their older peers. However, the associated p-value of 0.324 indicates that this difference in emotional symptoms does not reach statistical significance ($p > 0.05$), suggesting a lack of substantial divergence in emotional symptoms between the two age groups.

According to academic self-esteem, younger students exhibit a mean score of 21.70, whereas older students achieve a slightly higher mean of 23.15. Notably, the p-value for this comparison is 0.041*, falling below the conventional significance threshold of 0.05. Consequently, this signifies a statistically significant disparity in academic self-esteem between the age groups ($p < 0.05$). More specifically, older students appear to possess higher levels of academic self-esteem when compared to their younger counterparts.

Table 3.Comparison of Well-Being and Self-Esteem by Age Group

Age Group	Mean Emotional Symptoms (SDQ)	Mean Academic Self-Esteem (CSWS)
Younger	9.80	21.70
Older	10.70	23.15
p-value	0.324	0.041*

*p < 0.05 indicates statistical significance.

The results presented in Table 4, the Correlation Matrix, offer valuable insights into the relationships among emotional symptoms, academic self-esteem, and social self-esteem within the study's cohort of students with intellectual disabilities in inclusive classrooms. Notably, a statistically significant negative correlation emerges between emotional symptoms, assessed using the SDQ, and both academic and social self-esteem, as measured by the CSWS. This negative correlation signifies that as emotional symptoms increase, the reported levels of academic and social self-esteem tend to decrease among these students. Conversely, a statistically significant positive correlation exists between academic self-esteem and social self-esteem. This positive correlation implies that students who exhibit higher levels of academic self-esteem also tend to report higher levels of social self-esteem, and vice versa. The correlations, while statistically significant, demonstrate a moderate strength, as indicated by the absolute values of the correlation coefficients (0.36, 0.28, and 0.42). This suggests that while there is a discernible relationship between these variables, it is not exceedingly strong.

Table 4. Correlation Matrix

Variable	Emotional Symptoms (SDQ)	Academic Self-Esteem (CSWS)	Social Self-Esteem (CSWS)
Emotional Symptoms (SDQ)	1.00	-0.36*	-0.28*
Academic Self-Esteem (CSWS)	-0.36*	1.00	0.42*
Social Self-Esteem (CSWS)	-0.28*	0.42*	1.00

*p < 0.05 indicates statistical significance.

The results presented in Table 5 offer valuable insights into the relationship between predictor variables and the social and emotional well-being, as well as self-esteem, of students with intellectual disabilities in inclusive classrooms. Notably, the "Type of Intellectual Disability" variable demonstrates statistical significance (p = 0.012), with a coefficient of -2.15. This indicates that certain types of intellectual disabilities, compared to a reference group, are associated with lower well-being or self-esteem scores, suggesting the need for tailored support for these specific groups.

On the other hand, "Academic Self-Esteem (CSWS)" exhibits a strong and positive association with well-being and self-esteem (p < 0.001), with a coefficient of 0.62. This implies that as students' academic self-esteem improves, so does their overall well-being and self-esteem. This finding underscores the importance of fostering positive academic self-perceptions among students with intellectual disabilities.

Furthermore, "Peer Relationship Problems (SDQ)" shows statistical significance (p = 0.021), with a coefficient of -1.28. This indicates that greater challenges in peer relationships are linked to lower levels of well-being and self-esteem. Addressing these peer relationship issues is crucial to promoting the social and emotional well-being of these students.

Table 5. Regression Results

Predictor Variable	Coefficient	Standard Error	p-value
Type of Intellectual Disability	-2.15	0.78	0.012*
Academic Self-Esteem (CSWS)	0.62	0.12	<0.001*
Peer Relationship Problems (SDQ)	-1.28	0.54	0.021*
Constant	8.45	1.60	<0.001*

*p < 0.05 indicates statistical significance.

Discussion:

Understanding the social and emotional well-being of students with intellectual disabilities (IDs) in inclusive classrooms is a fundamental prerequisite for fostering a truly inclusive educational environment. Inclusion goes beyond merely placing students with IDs in mainstream classrooms; it entails creating an educational ecosystem that caters to their diverse needs, ensures their emotional and social integration, and promotes their overall well-being. By comprehending the nuances of their social and emotional experiences, educators, policymakers, and stakeholders can design and implement more effective support systems, interventions, and educational strategies.

The study's findings shine a spotlight on the formidable emotional hurdles that students with intellectual disabilities (IDs) grapple within inclusive classrooms. Within these inclusive settings, emotional symptoms such as anxiety, depression, and social difficulties were discerned as moderately prevalent among these students. These findings align with prior research, reinforcing the persistent theme that students with IDs are particularly susceptible to emotional vulnerabilities (Emerson et al., 2011; Szumski et al., 2018). Importantly, these emotional challenges extend far beyond the classroom, with the potential to exert profound and lasting effects on their overall well-being and quality of life.

In this context, self-esteem emerges as a pivotal element in the emotional well-being of individuals, including those with intellectual disabilities. The study meticulously examines self-esteem across various domains, with a specific emphasis on academic, social, and physical appearance self-esteem. Notably, the study uncovers that academic self-esteem, on average, is relatively high among these students. This suggests that, as a group, they generally hold positive perceptions of their academic abilities and accomplishments within the educational setting. However, this broad average conceals a critical aspect: the substantial variability within this domain. It is crucial to acknowledge that some students within the cohort may be grappling with substantial challenges related to their academic self-worth, despite the overall positive trend.

These findings underscore the complexity of self-esteem among students with IDs, where perceptions of self-worth can significantly differ from one individual to another. While some students may exude confidence in their academic abilities, others may wrestle with self-doubt and feelings of inadequacy. Such variations within the same classroom necessitate a personalized and multifaceted approach to support these students effectively. It calls for educational interventions that not only bolster academic achievements but also address the intricate interplay between self-esteem, emotional well-being, and overall quality of life.

An intriguing and noteworthy discovery within this study is the age-related disparity in academic self-esteem among students with intellectual disabilities. Specifically, the findings reveal that older students, those in the age range of 13-17, consistently exhibit significantly higher levels of academic self-esteem when contrasted with their younger counterparts aged 4-12. This intriguing pattern aligns harmoniously with established developmental theories that posit self-esteem tends to ascend with age as individuals progressively acquire greater competence and autonomy (Harter, 2012). Understanding this age-related divergence in academic self-esteem is not merely an academic pursuit; it holds substantial practical implications for educational practitioners and policymakers.

The recognition of age-related differences in self-esteem underscores the necessity of crafting interventions that are not only developmentally appropriate but also tailored to the unique needs and experiences of students at different stages of their educational journey. For instance, younger students may require interventions that focus on building foundational skills and fostering a sense of competence, while older students might benefit from interventions that empower them to take on more autonomous roles in their learning. Acknowledging these age-related distinctions empowers educators to deliver more effective and targeted support, ultimately nurturing the self-esteem of students with intellectual disabilities.

Moreover, the correlation matrix featured in the study unfurls a compelling narrative. It highlights a substantial and statistically significant negative correlation between emotional symptoms and both academic and social self-esteem. This empirical linkage suggests that as emotional symptoms become more pronounced, students tend to grapple with diminished self-esteem, both academically and socially. This interplay between emotional well-being and self-esteem is a critical insight, accentuating the intricate web of factors that influence the self-perceptions and overall well-being of students with intellectual disabilities.

In practical terms, this correlation underscores the indispensability of holistic interventions that adeptly address emotional challenges, thereby indirectly bolstering self-esteem. To enhance the academic and social self-esteem of students with intellectual disabilities, it becomes imperative to develop strategies and support systems that not only focus on academic achievement but also nurture emotional resilience, coping mechanisms, and positive emotional experiences. These interventions should consider the multifaceted nature of well-being, recognizing that emotional and psychological aspects are intertwined with self-esteem.

Furthermore, the regression analysis conducted in this study unearths a salient revelation: the type of intellectual disability emerges as a substantial predictor of well-being and self-esteem among these students. Distinct categories of intellectual disabilities exhibit varying associations with well-being and self-esteem scores, underscoring the necessity for personalized and precisely targeted support mechanisms catering to the unique challenges and strengths of each disability category. This finding harmonizes seamlessly with the principles of individualized education plans (IEPs) ingrained within the framework of inclusive education.

Individualized education plans, as a cornerstone of inclusive education, acknowledge and respect the distinctiveness of each student, recognizing that their educational needs are not uniform (Kavale & Mostert, 2004). The revelation that the type of intellectual disability significantly influences well-being and self-esteem reinforces the imperative of tailoring educational interventions to the specific requirements of students with different disabilities. It urges educational stakeholders to craft interventions that are finely tuned to address the distinctive challenges and strengths associated with various intellectual disabilities, thereby promoting a more equitable and inclusive educational landscape.

The study underscores the pivotal and often underestimated significance of peer relationships in shaping the well-being and self-esteem of students with intellectual disabilities within inclusive classrooms. It elucidates that as the challenges in peer relationships become more pronounced, the levels of well-being and self-esteem among these students tend to decrease. This revelation underscores the profound impact that peer interactions wield on the lives of students with intellectual disabilities, transcending the boundaries of academic achievement and formal education.

One of the prevailing challenges these students encounter within inclusive settings is the difficulty in forming and sustaining peer relationships. The intricate nature of their intellectual disabilities can lead to challenges in communication, social reciprocity, and behavioral adaptability, making it more demanding for them to establish and maintain meaningful connections with their peers (Symeonidou & Phtiaka, 2014). Such challenges can inevitably result in a sense of social isolation and, subsequently, contribute to the development of negative self-perceptions. The feeling of being 'different' or 'othered' in the peer group can exacerbate these challenges, further eroding their self-esteem and overall well-being.

In light of these findings, it becomes evident that addressing peer relationship issues is paramount for the social and emotional well-being of students with intellectual disabilities. Interventions tailored to enhance their ability to engage effectively in peer interactions, communicate their thoughts and feelings, and navigate the intricacies of social relationships are of paramount importance. These interventions should not only foster the development of social skills but also promote a sense of acceptance, empathy, and inclusivity among typically developing peers.

Inclusive classroom environments offer a unique opportunity to bridge the gap between students with intellectual disabilities and their peers. Educational strategies that emphasize cooperative learning, peer mentoring, and inclusive group activities can serve as powerful tools to facilitate positive peer interactions and enhance the sense of belonging among students with IDs. Moreover, fostering a culture of acceptance and appreciation for diversity within the classroom can go a long way in alleviating the feelings of 'differentness' and promoting inclusivity.

Furthermore, the significance of peer relationships extends beyond the confines of the classroom. It permeates into various aspects of life, including extracurricular activities, community engagement, and even future employment opportunities. Hence, interventions aimed at bolstering peer relationships can have far-reaching implications, equipping students with intellectual disabilities with the social skills and support systems necessary for meaningful participation in society as a whole.

Implications for Inclusive Education:

The study's findings have significant implications for inclusive education. While academic progress is undoubtedly important, it is not the sole determinant of well-being for students with intellectual disabilities. Inclusive education must adopt a holistic approach that prioritizes social skills development, peer integration, and emotional support alongside academic achievement (Symeonidou & Phtiaka, 2014; Frederickson & Turner, 2003). It necessitates the creation of a supportive and inclusive school environment where students with intellectual disabilities feel accepted and valued (Giangreco et al., 2003).

Limitations and Future Research:

It is essential to acknowledge the study's limitations. The cross-sectional design provides a snapshot of well-being and self-esteem at a specific point in time, and longitudinal research would provide insights into how these factors change over time. Additionally, the use of self-report measures for students with intellectual disabilities may present challenges, as

these students may have difficulty accurately expressing their feelings and experiences. Future research should explore alternative methods, such as observations and interviews, to gain a more comprehensive understanding of their perspectives.

Conclusion:

In conclusion, this study contributes valuable insights into the social and emotional well-being and self-esteem of students with intellectual disabilities in inclusive classrooms. It underscores the complexity of their experiences and the need for multifaceted interventions that address emotional well-being, peer relationships, and self-esteem. Inclusive education should prioritize the creation of supportive environments that.

Acknowledgement

The authors extend their appreciation to the Deanship of Scientific Research at King Khalid University for funding this work through General Research Project under grant number (G. R.P-532-1444)

Conflicts of interest: The authors declare that no conflicts of interest related to

Reference:

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