

# Affective-Emotional Aspects and Its Impacts on Learning: A Case Report in Brazilian Psychology Clinic

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**Abstract**— *This article is the result of a call in supervised training in Educational Psychology Clinic in Applied Psychology SPA-service, the Federal University of Rondônia. It aims to describe a case attended during practice, highlighting the impact of affective and emotional aspects of learning. Some considerations about the learning of singularities of learning of each and its relations with the emotional field. In the case report, intended to give a sample of the knowledge of the way that the evaluation of the patient was performed, from diagnosis to intervention. It concludes that affection and emotional should be better worked out, not only in the case met but in the educational process as a whole. And that affection establishes a relationship field that allows you to create an environment and take advantage of this.*

**Keywords**— *Psychology. Learning. Affective and emotional factors.*

## I. INTRODUCTION

When it comes to learning, we tend to associate it exclusively to school. Other times, the individual who does not learn or have difficulties to learn, is treated as solely responsible for its performance, and learning complaints are contained therein. We should consider the course of its history, the changes in the body, partly due to the maturation and other biological processes, but also largely due to the relationship with the environment.

The fabric of these relationships in the past history of an individual, combined with its genetic endowment and other organic factors, determines their present behavior. The behavior is therefore multidetermined and second Skinner (1967) each conduit is influenced by the interaction between many organic and environmental determinants.

One can, for example, charge a content child not yet assimilated by it, classifying it as incapable or as "backward" if you can not perform a task that others her age can have. We believe that even with such

commitments, development is possible and that clinical diagnosis should serve to assist in the development of the student, and not to stigmatization or to justify their non-learning.

Thus, the Psychology Clinic, as a field of knowledge and action seeks encompass different aspects of the subject's life, so understand how it is their way of learning, the establishment of its difficulty and how development happens. According to Weiss (2007), we explore affective-emotional, socio-economic and cultural aspects, as well as school and organic, aiming to meet the subject in full, and not fragmented, out of his reality.

This article aims to analyze the emotional aspects are important for effective learning. Are presented, at first, some considerations about learning, and then the report of a case treated at the Clinical Psychology Applied Psychology SPA-service, the Federal University of Rondonia. Diagnosis and intervention is highlighted how the educational psychologist's actions can contribute to the understanding of the subject and the operation of their learning. It is intended, therefore, to take a sample of the knowledge produced and the application of resources that occurs in Psychology highlighting its importance for learning difficulties are overcome in the educational process.

## II. CONSIDERATIONS ON LEARNING

Understand what learning is crucial to understanding how it happens and its importance for human development. In the case of Psychology, we will just deal with mishaps in this development, looking at what moment this stagnated learning (stagnated in fact) and that would have caused this. Pereira (2010, p. 112-128) that emphasizes this effect, learning or learning can not be both internal and external factors, closely linked, which are complementary.

We must take into consideration that, in principle, any individual is able to learn, even those with limitations or disabilities. No diagnosis or label appropriately describes the capabilities or difficulties of a person. The intelligence individuals considered normal, and even considered geniuses, can have serious deficiencies in specific areas. The teacher, based on analysis of the repertoires to be taught to identify the skills of the students and also the behaviors that they do not dominate, and teach these behaviors, constantly evaluating the results of their teaching procedures.

Many of the learning disability presented by the students can be attributed to the inadequacy of the procedures and not the intrinsic characteristics of the student or through

which it comes. It is possible that the difficulties presented by a particular student are, in fact, due to the lack of important prerequisites. In this case, instead of waiting for the mature student, or it reaches the appropriate stage of cognitive development, it is important to identify the prerequisites and teach them directly. The "maturity" involves the acquisition of precursors behaviors of learning a new repertoire.

As Tabile and Jacometo (2017, p. 79), learning "[...] it happens from the acquisition of knowledge, skills, values and attitudes through study, education or experience". Thus, we understand that learning does not take place only within the school, and should also be developed in extramural context. Family, social life, cultural life, values, economics, affection and disaffection, it influences the way we see the world, and therefore the way we learn. Like this,

The learning and development take place in the social plan for the individual. In this process, the most experienced subject of a culture help the less experienced, making it possible for them to take ownership of cultural meanings. Thus, it is understood that the construction of knowledge is a shared activity, which has important implications for education. (TABILE; JACOMETO, 2017, p. 79).

We can say that the way everyone learns is singular. This means that we all have the capacity to learn, however, how it happens and at what time depends from person to person. By being inserted in different contexts, we are beings who learn according to the present reality, which will be reflected in the classroom. Internal aspects can play an important role, but teaching procedures can play a key role and influence of the environment.

Second Natel, Tarcia and Sigulem (2012), the traditional school has historically standardization and harmonization of techniques that aims to teach many different things in a unique way. The authors warn: do not just give information and hope that everyone learns the same way. The learning style and individual cognitive style need to be taken into account when it comes to the educational process.

Another point to be emphasized, and has major factor in the development of this work, it is the affective-emotional aspect and its impact on learning. According to Fonseca (2016), "The emotion drive leads and guides behaviors can not be understood without recognizing learning her role as important in human adaptive function. [...] ". In this way, we can understand that behavior and emotions are intrinsic concepts. The emotional factor is essential for learning because it is contained which essentially directs our attention and concentration necessary for us to be willing

to learn. If a child has no positive affect the content, by classmates, or even a problem with emotional content happens in your family are examples of cases that must be taken into account, both the psychopedagogists as the faculty. According Banaco (1999), studying the emotions, suggests that, depending on the life history of each, the same stimulation could cause so much anger as sadness and different reports.

## 2.1 Case report

During the supervised internship in Educational Psychology Clinical Psychology Service in Applied-SPA at the Federal University of Rondonia, in 2018 it was granted the case of a patient of 11 years old, who attended the 5th grade of elementary school. The reported case preserves the identity of all those involved in the process, and obtained written consent of the responsible for the child answered, that will have the real name of Jonas when we refer to the patient.

During the visits, diagnostic sessions were held and intervention, aimed at understanding the complaint of difficulty of learning and knowledge of the patient. In this way, the sessions were held twice a week in Psychology specific room in Applied Psychology SPA-service of the Federal University of Rondonia.

## 2.2 About diagnosis and intervention

Sampaio (2014) states that the purpose of clinical psycho diagnosis is to identify what causes blockages present in person experiencing learning difficulties.

For Batista Gonçalves and Andrade (2015, p. 327) through the diagnosis is possible "[...] identify the mode of learning, the level of writing and the cognitive level." We believe that as a jigsaw puzzle, diagnosis begins even obscurely, with spare parts, which are slowly falling into place, allowing us to see what the patient wants to show us (even with all the difficulties and resistances).

To the extent that performs the diagnosis, also prevents their patients suffering from other personal difficulties arising from such difficulties in learning.

The diagnosis also helps us to outline the intervention. It is through the results obtained during the diagnostic sessions that can discern the most significant difficulties and work them in specific interventional sessions from case to case.

As Pain (2008), the intervention aimed at building conditions so that the subject can extricate itself from pathological behaviors, ie the symptoms presented as learning difficulties, aggressiveness, among others.

Through the patient's diagnosis, we identified its main difficulties and their main positive points that will be

discussed later. After the end of diagnostic sessions, started the intervention process. Without losing the aim of view, the complaint of learning difficulty, in addition to assessing these difficulties, also sought to develop their skills in relation to affective/emotional and socio-cultural patient, always seeking their integral development.

The process of diagnosis of a learning problem is not simple. José & Coelho (Apud SAMPAIO, 2011, p 28) statethat:

(...) symptoms and child behavior are presented with such intensity, that it is difficult for a teacher to distinguish learning problems disorders. It is a complicated task to differentiate the boundaries that separate them from each other, whereas the teacher only detect the difficulties that arise in the classroom and investigating the causes of broadly to include organic aspects, neurological, psychological and possible problems arising from the environment in that lives. By doing so, the educator would be facilitating the referral to the appropriate specialist, who will help the child, treating their problems.

## 2.3 Instruments - diagnosis

The diagnosis was performed with the grandmother with the patient the **initial interview**. We aimed to know the family better understand the complaint during the screening, check how the family itself, represented today by her grandmother, dealt with the difficulty of the patient. Took advantage also in this session to make the framework leaving agreed day of care (always on alternate days), the schedule of calls (always the same), the frequency of 2 times a week and we would have to diagnose about 8 to 10 sessions. It has also been said about the possible faults, secrecy and that at the end of the sessions of the diagnosis show the result by returning.

In the initial interview took up the opportunity to establish *rappor*t, understand the first impression, observe and consider what verbalize (what, when and at what pace) (anxieties and blockages) and non - verbal language.

Another instrument used was the interview **anamnesis** held with his father only. In order to have a more complete view of the patient 's life and the family, providing opportunities to know the history of early learning (non - school, informal) of the patient, their general development (development, control, acquisition of speech ...) clinical history (diseases, hospitalization, treatment, consequences ...), nuclear family history in a socioeconomic and cultural perspective, enlarged family history (maternal and paternal family) and their school history.

In **ICOL** (Interview Centered Operative in Learning) instrument proposed by Jorge Visca, (1987, p. 72) aimed to allow understand how to have the bonds that the patient has with learning and school materials, as well as demonstrating what he knows and has learned to do on the school.

They were also held in diagnostic sessions **testings and General checks**, so designated by Sampaio (2014, p.37), which were found from the motor coordination and visual-motor skills by reading, reading comprehension, writing and calculation poll.

The **TDE** (School Performance Test), which is a psychometric test, sought to offer an objective an assessment of basic skills for school performance, specifically reading, writing and arithmetic. In this test, it was indicated in a comprehensive manner, which areas of school learning that were preserved or impaired the patient.

Application of **Projective Techniques** aimed to investigate the network that links the Jonas patient set, taking leading role in affective-emotional expression, which is instructed to draw on three specific areas: school, family and herself. All the tests and the interpretation of each projective technique was carried out according to their particular data were applied.

**Evidence of the operative diagnosis** were used to determine the level of thinking of our patient, where a quantitative analysis to know the operation and development of their logic functions, cognitive level it was in and if there was lag in relation to their chronological age was conducted .

The playful sessions were performed with games and activities aimed at establishing an effective relationship with the patient as well as for general learning checks. These sessions help to recover the lost pleasure of learning and the autonomy of the intelligence exercise.

During the sessions of the diagnosis she was also told the patient to bring your school supplies to be carried out the analysis of school supplies. Thus enabled the understanding of its link to learning by organizing the verification of the material, hygiene, spelling, the letter, the activities of the notebook, the corrections ... school supplies Jonas patient in order was requested to observe the learning situation in a context outside the point of care.

They were also carried out visits to the school and the classroom, which provided an opportunity to observe their school routine, your interaction with colleagues, with teachers and their relational databases and posture in a different location of the service area.

There were also interviews with teachers and school coordinator, aiming their perception of the patient assisted in Applied Psychology Service of the Federal University of Rondonia as a student. Questions were raised as was the student in the classroom, describe some characteristics of your student as he behaved towards school activities if doing activities at home and how it identified the difficulty of learning of his pupil.

To end the diagnostic sessions was held devolution session and referrals, which was of significant importance to close the diagnostic cycle. What is meant by Return, according to Weiss (2007) is a verbal communication made to the end of all the evaluation, in which it is reported to parents and the patient the results obtained during the diagnosis. It's a problematic analysis, followed by integrative summaries, which should be repeated whenever new information is added, and somehow rearranging the situation towards the reduction of resistance.

The patient return was summarized and without compromising patient confidentiality, results and performance. It was performed with the father and the patient together, and separately, with differentiated structure, for the school staff at school.

#### 2.4 interventional procedure

In the intervention sessions were planned according to the patient's needs and difficulties encountered in diagnostic sessions.

They used various tools and games which were worked learning difficulties, as well as mobile applications to work with the sound of letters, syllables and words.

Regarding the playful use, both in diagnosis and intervention,

Alves, L. and Bianchini, MA (2010, p.286) point out that:

[...] it is of fundamental importance for the physical and mental development of children, assisting in building their knowledge and their socialization, involving cognitive and affective aspects. The playful is also an important educational tool that has the power to improve self-esteem and increase the knowledge of the child, when used with defined objectives.

In addition, the authors claim that the playful makes the learning environment more attractive, satisfying and stimulating. Their use, both in the classroom and in the psycho-pedagogical supervision, are essential to the educational process is seen as interesting and fun by the subject.



### III. RESULTS

For the presentation of the results of the instruments used, the interviews and observations, we believe it best didactically divide the results by area:

#### 3.1 Cognitive Aspects

In the analysis of this aspect, the patient shows good results, demonstrating good sense of logical sequence, time orientation, reading comprehension and listening skills. In all operative Diagnostic tests had consistent performance with their chronological age.

Also it showed very participatory, focused and attentive during all sessions of both diagnosis and intervention, with good intellectual and cultural level, referring to comic book characters, movies and stories of which he liked and that was part of their daily lives. He presented enough creativity and improvisational ability, inventing elaborate stories using puppets, dolls and other toys educational psychology room.

#### 3.2 Pedagogical aspects

Regarding the educational aspects, the Jonas patient showed good development and understanding in the survey of mathematical calculations and results consistent with their age at the TDE calculations. However, presented difficulties in testings of phonological awareness, phonemic manipulation, reading and writing skills survey.

During play sessions of the particular alphabet and numbers presented domain knowledge and the numbers but had difficulties in putting alphabet order and recognizing certain letters (B, D, K, M, N, P, Q, W, Y). His reading was syllabic, and to join the syllables and form words sometimes did not give meaning to what I read, did not recognize the word that he had just read.

In Projective Techniques, by portraying a person teaching another, he drew a blackboard with scribbles in place of letters, which can be interpreted as a lack of understanding of writing. Also did not achieve sufficient results during application of tests for reading and writing the TDE.

When the analysis of school material is carried out, it was found that some house chores were not done, others were incomplete. The room tasks, mostly were made.

In the interview with the teacher, it reported that because the patient could not read, the tests were performed with him orally. When it was necessary to write something, she read the question, he answered verbally, and then she copied your answer on paper the part, so that the patient copied in the race. In the classroom, the teacher adopted the strategy that a colleague to help him in the task, sitting beside her.

Another point to note is that the patient often had the best room notes. For example, in a simulated 20 issues hit 18. However, the teacher recommended his father to stay Jonas held the 5th year, even if he had enough passing grade, for not knowing how to read, since next year would face difficulties larger.

As well as the patient's difficulties were reading and writing, our main focus were the alphabet and the pronunciation of letters, syllables and words. Through the mobile application usage and other recreational sessions intervention was possible to work such aspects as well as the autonomy and self-confidence of the patient.

#### 3.3 Organic aspects

The patient presented with apparent normality of organic aspects having good fine motor coordination, eye-hand as well as good notions lateral and body structure. She had difficulty speaking, exchanging certain letters for others, such as "R" for "L", "G" for "V", among others, which sometimes made it difficult to understand what verbalized. We can not say, however, that his difficulty speaking is the result of organic impairment, needing thus professional specific evaluation of speech therapy.

I used drugs for memory and understanding that have been prescribed by the neurologist.

#### 3.4 Affective and Social Aspects

On the emotional-social, it was perceived good interaction of the patient with his father and grandmother. But note was little social ties outside the family, with few friends over to cousins and other relatives. Within the classroom, she had no friends. The patient claimed that his colleagues treated him differently and not approached because of his speech labored, featuring thus a form of *bullying*.

In Projective Techniques, represented his day to day monotonous and lonely way, summing up their day to go to school, come home, watch TV, use the phone and play *video games*. In the classroom and in the school room, stood up alone or isolated from the others, with activities focused only himself.

Another important point concerns the fact that the patient had lost his mother recently in a serious accident, and soon after the fact began the service sessions. It was considered that this fact had great impact on their emotional life, and that a fight not experienced could compromise their learning in this period of development.

#### IV. DISCUSSION OF RESULTS AS AFFECTION "KEY POINT"

When patients come to the SPA-Applied Psychology Service, go through a screening process, which is made an initial interview and sends the case to the appropriate staging area the needs of each. In the case of Jonah, complaints and contained in their screening form were difficult to remember what learning, reading and writing difficulties and speech difficulties. The grandmother and the father requested assistance of psychology under the guidance of neurologist. The neurological report the patient had as a result "Brain slowness" (term used in the report), being sent by the doctor to different professionals, including the educational psychology.

It is reported also that Jonah had experienced a recent loss: his mother had died in a serious accident. The patient lived with his father and paternal grandmother, since she was a baby, and never had close contact with the mother.

The first contacts have shown that it was a very communicative, intelligent child with great ease. However, his communication was troublesome because of a speech impediment. Having all this information in hand, the intervention with the patient turned primarily to their affective-emotional life. During the early realization of games and educational games, the times that used letters or words, the patient was lifted up, shouted, practiced verbal self-harm and the physically unable to perform certain tasks. At all times in which this occurred, activities were discontinued and was given the time needed for him to stay calm. Dealing with frustrations seemed very difficult for him, that he would rather give up or say that not knowing is considered "dumb".

Another point to note is that the diagnostic sessions the patient did not talk about his mother, only her grandmother and father commented about what happened. No one had explained and clarified to the patient in detail the fact that the mother's death. The grandmother said in the interview that told him only that his mother had passed away. Moreover, because there crying, not to talk about it and do not ask, everyone said Jonas felt nothing with her mother's death. His lack of reaction led them to believe that all was well as to fight and that this did not interfere in their learning.

Devolution in the family and the patient, he tried to, as discussed by Weiss (2007), not only to present conclusions about the case, but listen to what those involved in the process had to say, his views formed during diagnosis. the appropriate referrals were given showing the need for psychotherapy sessions, for exploration of issues raised and observed in educational psychology

sessions. Clarifying the Psychology of the object of study is learning and so there was the need to meet other professionals. In addition to psychotherapy, it was also recommended sessions with speech therapy and remedial classes. In the case of psychotherapy and speech therapy, they were given free care sites or accessible to the public,

In the intervention process, almost at the end of sessions, Jonas managed to talk about the mother. On its own initiative, during one of the games, she said she had promised to take him to Disney, but did not have time. At this point, it was sad and emotional. He asked for toys and was silent the rest of time left in the session. In the next session, Jonas said he wanted to learn to read and write, and their posture has changed considerably: choose games with letters and words (formerly avoided) and brought a book home to read that we try together.

In the following sessions, his performance made significant advances. When using a mobile application that emitted the sounds of letters and syllables, he could correct their own speech. He trained alone at home and practiced reading. Although still exchange letters, Jonas was calmer, almost reading the entire alphabet and understanding what it meant each letter read. His reading was still syllabic, but frustrations were being overcome, and he persisted longer in the reading without quitting the increase in difficulty.

It is considered that by associating insufficient literacy a speech labored, the patient ended up writing the way he spoke. That is, to pronounce certain words, syllables and words wrongly, and without being properly corrected, he ended up writing this way. In the same vein, the patient could not read words and sentences great because they do not recognize the same, which in his mind had different sounds. This signals the urgency and necessity of psychotherapy, in his speech to be crafted with specific professional and at the same time undergo a process of restructuring their learning.

#### V. FINAL CONSIDERATIONS

As explained during the work, we realized how much the topic of learning disabilities is wide and as Psychopedagogy is required within this debate. Indeed, a multi and interdisciplinary approach is the ideal, and we believe that every child, teenager, adult or elderly who want to learn and present learning difficulties should have your professional different scope to assist.

During our proposed work, we present a case that exemplifies how affective and emotional factors can impact the learning. Thus, we recommend that professional psychology should be involved in this, as in our case, a

bereavement not fully experienced and anguish expressed nonverbally were manifesting in their quality of learning.

Using different tools and methods, always the major one being attentive and empathetic listening, it was possible to understand how the child learned attended and what was preventing the execution of their formal school learning, specifically in the field of literacy.

Sometimes the report or diagnosis may be stigmatizing, jutting out who is that patient. It is important to us to see beyond the report, seeing possibilities and using the information contained in it as allies, not as paralyzing the psycho-pedagogical process. Thus, we understand that sometimes we forget that we are dealing with unique human beings with varying factors, feelings and experiences. We received in our offices not only patients, but life stories that must be told, understood, respected and assimilated. Of no use in a manual follow to the letter without being present, not body only, with every human being who seeks our help.

We believe that the practice within the school clinic provides a huge and significant growth. Direct contact with real people led to the understanding of what actually makes the educational psychologist in clinic. Despite all the difficulties, and often results in intervention are not as large as it would, because of the long established stage, we observed the potential of the patient as well as his desire to learn and continue to develop ever as a student and human.

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