

https://dspace.org/

# Pig and pepper: Adventures in the field of learning disabilities

**Fincham, Francis Derrick**

**1978**
Johannesburg College of Education
https://hdl.handle.net/10539/27598
Fincham, F.D. (1978). Pig and pepper: Adventures in the field of learning disabilities. Symposium: A Journal of Education for Southern Africa, pp. 23-25.

Downloaded from a DSpace repository. https://dspace.org/

# Pig and Pepper -- Adventures in the field of Learning Disabilities

F FINCHAM

*ADVENTURES IN THE FIELD OF LEARNING DISABILITIES*

> " 'Would you tell me, please, which way I ought to go from here?'
>
> 'That depends a good deal on where you want to get to,' said the Cat."
>
> ALICE IN WONDERLAND.

There appear to be many different destinations in the area of learning disabilities each reflecting the traveller's personal predilictions, background training and professional interests. In fact territorial imperatives are jealously guarded with over forty terms thus emerging to refer to the same child (Cruickshank & Paul, 1972). Not surprisingly, this field of special education has been characterised as a "complex, confused, conglomorate of ideas and professional personnel" (Cruickshank, 1972, p. 271). Like Alice, it seems that most people working in the area are content merely to get 'somewhere'. This might be an acceptable modus operandi if all roads lead to Rome. Often, however, one finds oneself marching to Pretoria, or never reaching Tipperary. The present article explores this impasse. Based as it is on the needs of the child it does not favour any one profession and may therefore constitute the basis for a solution acceptable to all who deal with the learning disabled.

This field of study as a distinct discipline is a phenomenon of the past fourteen years and has thus been able to avoid some of the pitfals encountered in other areas of special education. Unfortunately, the field's speedy severation of its links with the past and other areas of exceptionality has resulted in much unnecessary confusion. For example, the competence-performance distinction pointed out by Werner (1931), a co-founder of the field, and the importance of motivation, which has been emphasised in mental retardation for some time (Zigler, 1966), have only recently emerged in the learning disability literature. In view of this conceptual lag it is perhaps not surprising to find that special educationists are no closer to an operational definition of learning disability than when Kirk first introduced the term. In the United States only two of the forty-two states reported in Mercer, Forgnone, and Sabatino's (1976) recent study have attempted to quantify the criteria for identifying learning disabled children. All too often the learning disabled are those whom the diagnosticians want them to be and consequently estimated prevalence rates vary from one to thirty per cent of the population (Lerner, 1976). In addition, formal diagnostic testing is often difficult to translate into remedial practice.

Such indulgence can no longer be afforded for a learning disability, if left unaided, can "have more devastating effects on children than most childhood diseases" (Tarnopol, 1971, p. 1). It is ironic that the practical needs which gave birth to this field may well be the force which brings about its destruction. Under such pressure there is an unprecedented questioning of basic philosophical assumptions. This is exemplified by Hobbs (1975) who in response to the United States Secretary for Health, Education and Welfare's reappraisal of present classification systems concludes "We see little value in incorporating the term learning disability, as it stands in current popular usage, into the lexicon of exceptionality in children" (p. 82).

Attempts to offer viable alternatives often flounder in meeting the needs of parents, government organisations, and the various professions involved. The child's needs, however, appear to have been neglected in our haste to generate and candy-coat Goffman's "betrayal funnel". Focusing on these may be a key to the present confusion. After all it is the child's status which is changed from "normal" to "learning disabled" — from one who can to one who cannot. He is the one who is teased by his peers and called "dumb" (the grown-ups are never wrong). And once he has been diagnosed how can he be taught to read if he pretends or believes he is a reader? All possible behaviours are now suspect no matter how normal they may have been. The system requires that he see himself as a failure and eventually he accepts himself as such, for one constructs a self image which is consistent with society's view of one (Mead, 1934).

Surely there is a less traumatic manner of assisting children who may experience difficulty with one or more academic tasks?

Some might argue that the above picture paints an unfair scenario, as being diagnosed learning disabled under the present system is an acceptable process which does not generate negative expectancies. This myth is cogently dispelled by Foster, Schmidt, and Sabatino (1976). In their study a sample of forty-four university-trained elementary school teachers (average experience, 9,2 years) viewed a twelve minute videotape of a normal child doing the Wide Range Achievement Test (reading recognition subtest), the Peabody Individual Achievement Test (general information sub-test), various perceptual-motor tasks and in free play. Ostensibly the purpose of the exercise was to validate a new referral questionnaire. Half the group were then told the boy was normal while the remainder were led to believe that he was learning disabled. The latter evaluated him more negatively ($p<.001$) in academic skills and potential problem areas involving language, perception, attention and personality behaviours when compared to the former. It is thus possible that teacher expectations evoked by the term learning disability may reinforce, or even create, difficulties experienced by the child. To the extent that these expectations are maintained in the presence of conflicting evidence, the evaluation and treatment of a learning disability may be contingent on this label rather than the child's individual needs and abilities. Obviously, this is not in the best interests of the child.

It is not merely intended, however, to decry the use of labels as frequently occurs in the special education literature. Such a solution is perhaps

unrealistic for all children are labelled. What is at issue is the appropriateness of the term learning disability when considered in terms of the child's best interests. Owing to the extreme heterogeneity of this population (Clements, (1966) lists over 100 symptoms associated with learning disabilities) the term often generates a set of expectancies which may not be true of any one child diagnosed as learning disabled. The false belief that a definition has specificity, when, as is apparent in the present case, it has not, is perhaps one of the gravest dangers in special education. Recognising this danger Wepman, Cruickshank, Deutsch, Morency, and Strother (1975) the committee on learning disabilities in Hobb's task force, insist that the term be reserved for children demonstrating a deficiency in some academic area owing to a perceptual or perceptual-motor handicap. But what happens to learning disabled children whose problems are not perceptual? At this stage one cannot claim that all learning difficulties are perceptual for there are theoretical problems in specifying whether factors such as poor attention, short term memory deficits and so on have a perceptual basis. Nevertheless such factors do inhibit learning. Wepman *et al's* approach thus seems overly restrictive for it would be more accurate to consider such children as "perceptually disabled" and as constituting a subgroup of the learning disability population.

An alternative means of obtaining the same end is, paradoxically, to widen the definition of learning disabilities. This would force recognition of heterogeneity and therefore necessitate greater specificity with regard to each child's particular disabilities. This is the viewpoint propounded by Hallahan and Kauffman (1976) who argue that the emotionally disturbed, educable mentally retarded, and learning disabled should be treated as a single exceptional group. To support their viewpoint they show that these children cannot be distinguished in terms of etiology or teaching methods. Furthermore, traditional differences are held to be quantitative rather than qualitative.

Thus the groups are seen to be homogeneous in behaviour characteristics although they differ in frequency of occurrence.

This approach comes closest to the one presently advocated for several reasons. First, it focuses not on what a child *is* (e.g., retarded, learning disabled) which theoretically predisposes him to behave in certain ways but on what he *does*. Hence problems are described in terms of objectively assessed behaviour and not performance on some standardised test from which a specific disability is then inferred. Secondly, delivery of services is by definition based on individual differences, a concept which is at present verbally overworked but practically underworked. Thirdly, diagnosis translates directly into educational guidelines.

Finally, a common language based on education emerges rather than confusing terminology generic to non or paraeducational disciplines.

However, Hallahan and Kauffman (1976) do not develop their concept to its logical conclusion. If they see learning disabilities as a concept rather than a category why do they restrict it to children presently labelled learning disabled, emotionally disturbed and educable mentally retarded? Surely, other exceptional children also experience difficulties with academic tasks? Perhaps the concern with etiological considerations hints at their reticence for the maximum simila similibus curantur, "like is cured by like", persists in several disciplines. Some time ago Lindsley (1964) demonstrated the fallacy of this notion and noted that it was no longer accepted in medicine. More recently, Rourke (1975) has empirically related attention deficits to brain injury, yet shows that positive reinforcement can improve attention span in those with brain damage. Once this dictum is cast aside medical and environmental intervention become equally important in their potential application to all exceptional children.

In suggesting the centrality of exceptional needs the term "learning disability" becomes superfluous as children would acquire either a single or multiple labels specifying their exact problems (e.g., difficulty with arithmetic operations, etc.).

This approach generates hopefulness rather than hopelessness as it shifts focus from an irrevocable 'in child' disorder to an interaction between the child and specific tasks. Under such a system normal children with a single difficulty would receive the attention they deserve in the same context as those with more general difficulties. This may obviate the stigma associated with current labels. However. even if it does not alter the perception of those outside the system the within system advantages outlined above recommend it.

The far-reaching ramifications of the present approach suggest that it be carefully considered.

For example, a volte face in teacher training would be required. Although the emergence of a generic special education teacher obviates the present duplication of training and services in special education it is likely to cause at least an initial disruption to the field. The traditional roles of ancillary professionals are also likely to be affected. Dealing with specific problems it appears more appropriate to look beyond job titles to the professional skills which may be most effective in remediating these problems. Furthermore the detection of these difficulties would best be accomplished by continuous direct measurement and not one shot, formal test diagnoses. Clearly these changes, which should be seen as representative rather than exhaustive, will encounter resistance from several quarters. Such resistance should be viewed positively as it is crucial to refining the viewpoint developed in this article. In case the suggestion has been otherwise, it should be emphasised that the above suggestions are seen merely as a first approximation to an emergent and viable model acceptable to all in special education.

Motivated by concern for the confused state of learning disabilities as an area in special education it has been argued that this category be discarded. One may justifiably ask whether this is ultimately in the interests of the presently labelled, "learning disabled child". In answering this question it should be remembered that the suggested system is in fact very similar to the theoretical model of services advocated in the learning disability literature. The new system has the added advantage, however, that it may even enhance the handling of those with learning diffi-

culties. For example, concepts presently used in other areas of exceptionality may be more readily utilised with these children while models developed in a learning disability framework may be employed with different exceptional groups resulting in refinements when reapplied to the learning disabled. Similarly, the field of special education as a whole might benefit in that the energy expended in deciding issues such as whether a dyslexic with behaviour problems is best placed in a class for the learning disabled or emotionally disturbed, could be more fruitfully employed. Perhaps, the final answer to this question rests with Kirk who in establishing the term learning disability maintained that

> "Sometimes names block our thinking. I would prefer that people inform me that they have a child that does not talk instead of saying to me their child is dysphasic. People apparently like to use technical terms. I have received letters from doctors and psychologists telling me that 'we are referring a child to you who has streposymobila.' I would prefer that they tell me that 'the boy has been in school two years, and he hasn't yet learned to read even though his intelligence is above average'." (Kirk, 1963 cited in Hallahan & Cruickshank, 1973, p. 6.)

Paradoxically, the proposed system of exceptional needs rather than exceptional children, which heralds the death of learning disabilities as a distinct area in special education, appears to be a logical extension of the spirit in which the field was established.

## BIBLIOGRAPHY


Clements, S. D. 1966. *Minimal brain dysfunction in children.* NINDB Monograph No. 3, Public Health Service Bulletin No. 1415. Washington DC: US Department of Health, Education and Welfare.

Cruickshank, W. M. 1972. Some issues facing the field of learning disabilities. *Journal of Learning Disabilities,* Vol. 5, 380-388.

Cruickshank, W. M. and Paul, J. L. 1972. The psychological characteristics of brain injured children. In W. M. Cruickshank (Ed.), *Psychology of exceptional children and youth.* Englewood-Cliffs, N. J.: Prentice-Hall.

Foster, G. G., Schmidt, C. R. and Sabatino, D. 1976. Teacher expectancies and the label "learning disabilities". *Journal of Learning Disabilities.* Vol. 9, 58-61.

Hallahan, D. P. and Cruickshank, W. M. 1973. *Psychoeducational foundations of learning disabilities.* Englewood-Cliffs, N. J.: Prentice-Hall.

Hallahan, D. P. and Kauffman, J. M. 1976. *Introduction to learning disabilities.* Englewood-Cliffs: Prentice-Hall.

Hobbs, N. 1975. *The futures of children.* San Francisco. Jossey-Bass.

Larsen, S. C. 1976. The learning disabilities specialist: roles and responsibilties. *Journal of Learning Disabilities.* Vol. 9, 498-508.

Lerner, J. W. 1976. *Children with learning disabilities.* Boston: Houghton Mifflin.

Lindsley, O. R. 1964. Direct measurement and prothesis of retarded behaviour. *Journal of Education.* Vol. 147, 62-81.

Mead, G. H. 1934. *Mind, self, and society.* Chicago: Univ. Press.

Mercer, C., Forgnone, L. and Sabatino. 1976. Definitions of learning disabilities used in the United States. *Journal of Learning Disabilities.* Vol. 6, 376-386.

Rourke, B. P. 1975. Brain-behaviour relationships in children with learning disabilities. *American Psychologist.* Vol. 30, 911-920.

Tarnopol, L. 1971. *Learning disorders in children; diagnosis, medication, education.* Boston: Little, Brown, & Co.

Wepman, J. M., Cruickshank, W. M., Deutsch, C. P., Morency, A. and Strother, C. R. 1975. Learning disabilities in N. Hobbs *ed. Issues in the Classification of Children, Vol.* 1, San Francisco, Jossey-Bass.

Werner, H. 1937. Process and achievement — a basic problem of education and development psychology. *Harvard Educational Review, Vol.* 7, 353-368.

Zigler, E. 1966. Mental retardation: current issuer and approaches. in L. Hoffman, and M. Hoffman, *eds. Review of Child Development Research, Vol* 2, New York: Russell Sage Foundation.