

This article explores the semantics of the term, "learning disabilities." As currently used, the term often tends to reflect the professional and/or personal interests of the user rather than a concern for the respect and treatment of the child so labeled. The authors suggest that if the field were re-oriented toward learning how to teach these children, it could, perhaps, evolve as an instructional discipline with more tangible benefits for the children, their teachers and their parents.

Learning disabilities: description, diagnosis or explanation?

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The term, *learning disabilities*, (LD) has become literally a household term during the past 10-15 years. It has become, through common usage, an acceptable part of the vernacular or common language of lay and professional persons alike. The term is used descriptively by some, diagnostically by others and as an after-the-fact explanation by still others. The various meanings of the term, *learning disabilities*, is the subject of this paper.

LD As Description

Educators, perhaps more extensively than other persons or professional groups, employ the term, LD, to describe the children whom they teach. Inasmuch as learning disabled children are often grouped for instructional purposes, the term serves to describe the group as well as each individual who comprises the group. Grouping children for instructional purposes implies that the children share one or more commonalities such as chronological age, rate of learning, or interests, that will contribute to effective group learning. Although many group instructional practices have not been successful with most LD children, the children themselves do share in a number of educationally relevant descriptions.

When compared with other children of the same ages and ability levels, LD children learn differently, i.e., usually more slowly, more inconsistently, more haphazardly and more inefficiently.

LD As Diagnosis

Psychologists and others concerned with identifying and specifying the source of an LD child's failing typically use a battery of test instruments to study the child and to pinpoint the cause(s) of his failing. As the child progresses through the tasks of the various tests, his areas of strengths and weaknesses are observed.

For purposes of interpreting test results, the child's performance is viewed through an information-processing model. In this model the child is considered as a mini-computer. The diagnostician controls what is input to the computer and how it is input, either visually, auditorily, by touch or in combination. He then studies the output of the computer to determine which central processing functions are intact and which may be dysfunctioning.

Since the central processing functions or psychological processes of the child cannot be observed directly, they must be inferred from the output furnished by the child. In this manner the child's preferred mode of reception may be determined as well as his stronger or preferred mode of expression.

Since the central processing functions of the child are not available to direct observation, many theoretical systems have been developed to explain what does or does not function within the LD child. If, for example, a child who has failed to learn to read through the traditional approach were subjected to psychological testing, it is likely that a number of *test-related* dysfunctions would be identified. These may include the perceptual problems such as visual, auditory, social or motor. Integration problems as well as conceptual problems may also be indicated. Perhaps memory problems such as visual or auditory sequential memory difficulty may also be observed. In some cases the alleged dysfunctions may be attributed to cross-modal transfer problems. This type of meandering assumes there is something wrong with the child. As processing dysfunctions are observed through test instruments, it is often assumed that these dysfunctions are causing learning problems. Therefore, what began as a problem in school learning—with some obvious implications for teaching—is often redefined as a psychological problem very much the fault of the child.

LD As Explanation

The field of learning disabilities appears to have emerged rather clearly from the accumulated knowledge of brain-injured individuals. When one considers the symptoms associated with brain injury and the symptoms of many LD children, the overlap is striking and obvious. However, the severity of the symptoms and the interference of the symptoms with normal functioning is not clearly differentiated in the literature between the learning disabled and the brain-injured. Many individuals with known brain injury do not suffer learning disabilities. Also, brain injury cannot be demonstrated in the vast majority of children with learning disabilities. However, subtle brain injury or cerebral insult is assumed to exist even though it cannot be demonstrated diagnostically in many LD children.

Recently, social scientists have observed that many juvenile delinquents are deficient in the tool subjects of reading, writing, spelling and computational arithmetic. This observation is not unique to the 1970's as the juvenile delinquents of earlier decades were also noted for their poor academic achievement. What is unique, however, is the increasingly popular interpretation that LD is not only related to juvenile delinquency but, in fact, may actually cause it.

Many parents have seized upon the term, learning disabilities, and its related terminology as an explanation not only of the shortcomings of their children, but also of their own shortcomings. It is not unusual to encounter parents who have become somewhat expert in employing the terminology of the field after having learned it from educators, psychologists, physicians, optometrists or perhaps from articles in popular magazines. It is a particularly strange phenomenon to observe lay persons employ highly theoretical terminology so convincingly in conversation that the listener may believe a known entity is being discussed. Such is simply not the truth. The terminology used to depict the theoretical constructs

assumed to be relevant in the field of learning disabilities are not firmly supported by empirical data and certainly are not fact.

Consensual Data Source

In order to determine if a consensus of the meaning of learning disabilities exists or is imminent in the near future, the authors consulted a data source not commonly employed in educational investigations—the prefaces of standard texts on the subject. Most—but not all—authors tend to reveal their views on the LD child and the educational alternatives they require in the preface of their books. The following are short sections extracted from the prefaces of a collection of texts on learning disabilities. Hopefully they will provide a concise and clear view of the meaning of learning disabilities by the various authors.

Although Kephart (1960) addressed his book to slow learning children, a number of contemporary researchers and writers have suggested that he had essentially described the LD child before the term had been advocated and generally accepted by educators.

To most teachers, as well as parents, the slow learning child is a complete enigma. One day he learns the classroom material to perfection; the next he seems to have forgotten every bit of it. In one activity he excels all the other children in the next he performs like a two-year-old. His behavior is unpredictable, and almost violent in its intensity. He is happy to the point of euphoria, but the next moment he is sad to the point of depression (Kephart, 1960, 1971, p. v).

At the Institute for Language Disorders at Northwestern University, Johnson and Myklebust (1967) describe their students with learning disabilities as follows:

Some had deficiencies in learning to read, some in learning to spell or in acquiring the written word. Many were aphasic or dyscalculic. Most had deficits affecting academic learning although some were deficient in social perception, in ability to tell them, in distinguishing between right and left, in orientation and direction. Others could not judge distance, size, and speed or learn to use maps—though otherwise there was no impairment of intellect (Johnson and Myklebust, 1967, p. xiii).

Frierson and Barbe (1967) describe learning disabled children as:

... the child with special learning disabilities has learning needs and problems similar to those of children classified in other categories, but just as often he has problems, unique to his special deficit, which may be perceptual, neurological, biochemical or other specific disorder (Frierson and Barbe, 1967, p. vii).

Meyers and Hammill (1969) provide a somewhat different viewpoint in moving from a medical/neurological approach toward a behavioral/instructional viewpoint.

The medical orientation ultimately rests upon the assumption that something is wrong with the child. It emphasizes his liabilities and shortcomings, ignores his assets and strengths, and encourages grouping children on the basis of their disabilities. An alternate approach, advocated by the authors, views the so-called brain-damaged child within a

behavioral frame of reference and describes him as a learner with a difference. The point is not that he learns poorly but that he learns differently. A behavioral description of his learning style dictates the selection of appropriate instructional techniques and materials as no medical model can (Meyers and Hammill, 1969, p. v).

The pervasiveness of learning disabled children is noted by Lerner (1971) in that it is usual to find a few in every classroom.

A typical school class includes two or three children who are destined to become educational discards unless their learning disabilities are recognized and diagnosed and ways are found to help them learn. Although children with learning disabilities are not blind, many cannot see as normal children do; although they are not deaf, many cannot listen or hear normally; although they are neither retarded in mental development nor deprived of educational opportunities, they cannot learn and many develop personality and social disturbances. Moreover, many of these youngsters exhibit other behavioral characteristics which make them disruptive in the classroom and at home (Lerner, 1971, p. v).

Other authors note the lack of consensual agreement on this very important subject of children with learning disabilities.

We do not think it possible to write a distinguished treatise on the subject of learning disabilities at this time, though many would yearn to write such a book and even more to read it. There is no such thing as professional consensus on the subject because there is so little in the way of firm data to support a given point of view (McCarthy and McCarthy, 1971, p. xi).

Although he did not describe the learning disabled child in the preface to his book, Gearhart (1973) did address the pick and choose, or cafeteria style, method of selecting educational approaches for these children.

... in attempting to explain the variety of educational approaches, systems and methodologies ordinarily included under the learning disabilities "umbrella," I have repeatedly found it necessary to utilize a number of texts and resources because all needed materials were not available in any one volume (Gearhart, 1973, p. ix).

Wallace and Kauffman (1973) deal with learning and behavioral problems rather than with the labels typically used to describe unsuccessful learners.

Learning problems are defined in terms of specific behavioral deficits rather than in terms of non-functional categories or traditional special education labels. Principles of behavior management and academic remediation are described in understandable language and illustrated with examples drawn from the classroom. Early detection and good teaching are discussed as primary facets of prevention of learning problems (Wallace and Kauffman, 1973, p. iii).

Although not alike in many respects, they all come to the attention of the teacher of learning disabled children. What the future holds for these children and how the educational system will deal with them is currently unclear in the views of Bryan and Bryan (1975).

He is the brain damaged, the poor reader, the poor speller and the poor mathematician. In other words, the learning disabled are a melange of children with a variety of academic problems. Clearly, all of these children are not really alike in important elements, but they all fall within the scope of the learning disability specialist. How they will be grouped, viewed and otherwise treated in the future remains to be seen (Bryan and Bryan, 1975, pp. xiii-xiv).

Ross (1976) suggests, perhaps, that educators are overlooking an important source of information in their attempting to understand the problems of learning disabled children.

At first these children were known as underachievers; then people seeking a cause for the problem spoke of minimal brain damage. Later, when no brain damage could be demonstrated, the phrase "minimal brain dysfunction" was coined. Most recently, the term "learning disability" has attained wide acceptance. The problem of these children has been described as hyperactivity, impulsivity, distractibility or short attention span. Labels such as "hyperactive child syndrome," "perceptual handicap," and "specific learning disorder" continue to have currency. The problems of the learning-disabled child lie in the areas of perception, attention, memory, association and information processing. Psychologists have investigated these topics for many years, yet the results of these investigations have rarely found their way into the literature on learning disabilities (Ross, 1976, pp. xi-xiii).

Discussion

At least two major currents of thought emerge from this cursory investigation of authors' views of LD. First, children are seen as inefficient learners due to a presumed neurological dysfunction within the child. The child may be brain damaged, hyperactive, impulsive, distractable, perceptually dysfunctional, or his disability may be specific in that he cannot read, write, spell or work arithmetic problems. However stated, the meaning of LD in this view is "something is wrong within the child." It is the child who is responsible for his learning problems; and if anyone is to be blamed, it must be the child.

The second current of thought emphasizes the LD child's differences as a learner rather than his liabilities as a child. Rather than addressing labels and the categorical concerns of special education, this approach emphasizes the academic and social deficits of the child and specifies the tasks which the child must learn. Rather than placing full responsibility on the child for his failure to learn, this approach advocates a responsibility for learning shared between the child, his teacher and the learning environment. Some authors refer to this approach as behavioral. Regardless of its designation, the approach is child-oriented, positive, constructive and continually guided by an instructional strategy of "can do."

This brief investigation has led to the same polarity of thought one would glean from an investigation of the research literature. That is, the field of LD after perhaps 15 years of research, thought, and practice is still as nebulous and as polarized as it was shortly after its inception. Specialists, professionals and lay persons alike use the terminology of the field with ease and authority, but what they actually mean with their verbage is often of

doubtful value to the teachers who must teach these children. This is a critical issue in the field of learning disabilities.

Perhaps if the field were more oriented to the needs of the teachers who must often struggle alone in trying to meet the needs of these children, much of the nebulosity of the field could be eliminated. If the crucial recipients of research and expert opinion were to be identified as the "teacher," perhaps Grossman's (1974) observations of the morale problems experienced by LD specialists; and the considerable doubts they harbor concerning the validity of their professional activities could be eliminated. Perhaps if more consideration were directed to the needs of the teachers who live and work daily with LD children, a unified front could be developed within the field and the full resources of the field focused on the serious business of educating the child who happens to be a different learner.

In conclusion, while a state of confusion may be healthy for researchers and scholars in the development of a new discipline, it is of small comfort to the teachers and parents who must live and work with LD children on a daily basis. Perhaps if the field were to become more concerned with learning *how* to teach these children, it could evolve as an instructional discipline rather than the semantic jungle it currently reflects.

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Athletics and art

Among those many things most of us do as well as we can—without once considering them as acts of intelligence—are athletics and art. The nonathlete has long derided sports as the doltish domain of mental laggards and meatheads, but there is at least inferential evidence that such surpassing motor skills are in the truest sense intelligent. The finest sort of spatial and kinesthetic intelligence may not be limited to dance and sculpture but may also be tautly at work on a circus tightrope, in the pert muscularity of an Olga Korbut, in the crack of Hank Aaron's bat against baseball, in the fifty-yard "bomb" a quarterback lays in the outstretched arms of a racing flanker.

Human Intelligence. Jack Fincher. New York: G.P. Putnam's Sons. 1976. p. 133.