

## **Chapter Three**

### **Specific Learning Difficulties**

*This chapter focuses on the problems faced by children with specific learning difficulties. I begin with an explanation of specific learning difficulties and continue by reviewing the position of special education in India. The situation of special education in India indicates that the child with learning difficulties is isolated by the education system and faces excessive stress in school. This chapter contains the rationale for a study in life skills education for children with specific learning difficulties.*

#### **Definition of specific learning difficulties**

In 1963, Dr Samuel Kirk addressing a gathering of anxious parents used the term learning disability to describe children with a learning problem (Hallahan and Cruickshank, 1973). The concept of learning disability included:

*‘...children who could see and hear and who do not have marked intellectual deficits, but who show deviations in behaviour and in psychological development to such an extent that they are unable to adjust in home or to learn by ordinary methods in school’ (p. 4).*

Pumfrey and Reason (1991) indicate that the term learning disabilities (LD) is used in the USA to refer to problems similar to those described in the UK as specific learning difficulties (SpLD). They also suggest that there are several definitions of SpLD, LD and dyslexia drawn on in the UK, the USA and other countries. The definition issued by the National Joint Committee for Learning Disabilities (1981) is the definition schools and SENCOs in India refer to:

*‘Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous dysfunction, and may occur across a life span. Problems in self-regulatory behaviours, social perception and social interaction may exist with Learning Disabilities but do not by themselves constitute a learning*

*disability. Although Learning Disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences. '(p.1)*

### **The Indian milieu**

Research conducted in SpLD in India has been primarily done over the last two decades (Ramaa, 2000) and is today comparable with the research carried out in the west nearly half a century ago (Karnath, 2001). India is thought to have approximately ninety million people with varying degrees of learning disabilities and an average class in schools has about five students with learning disabilities (Sunil Thomas, Bhanutej and John, 2003). Yet we do not have a clear idea about the incidence and prevalence of learning disabilities in India (Karnath 2001).

Epidemiological studies of learning disabilities in India are burdened by problems ranging from identification, assessment, to socio-cultural factors unique to India. Therefore, I believe the number of children with SpLD may be much larger than five to a class of fifty and sometimes sixty students. In India identification and diagnosis of learning disabilities is extremely difficult as:

- Even though there is some research done in the field (Ramaa, 2000), at school levels learning disabilities still goes undetected because of the lack of teacher training. The 149-year-old University of Mumbai does not have a single course that trains teachers to be special educators to equip them to help students with learning disabilities (Birla, 2001; Banerjee, 2003). Shreemati Nathibai Damodar Thackersey Women's University (SNDT) has a teacher-training course in special educational needs; however, it encompasses all areas of special education and is not focused on learning disability.
- Children with learning disabilities are considered as burdens to the school (see Chapter 2, p.18). Therefore suggests Padegar, coordinator of Maharashtra Dyslexia Association (in Birla, 2001) '*it is easier to label such students as dumb or lazy and forget it...or simply ask them to leave the school.*'

- Often due to ignorance, parents refuse to accept that their child has learning disability. Thus even if a school has a special education cell, the child cannot be supported, as the parents are uncooperative. Additionally, parents are reluctant to have their children tested suggests Nakra (1996) since the end result of the tests many times results in nothing more than labelling the child. This is because a majority of schools in India are not equipped to deal with the special needs of the children with learning disabilities (Birla, 2001; Sunil Thomas, Bhanutej and John, 2003; Spaeth, 2003, Srivastav, 2004; Times India Network, 2004; see Chapter 2, p.18, 46).
- The insufficiency of trained persons in the field of special education in India makes assessment a frustrating procedure for parents (Nakra, 1996; Birla, 2001; Banerjee, 2003; Shrinivasan, 2004; Times India Network, 2004, 2005b). In Mumbai for example, the schools that follow the Maharashtra State Certificate (SSC) curriculum only recognize the learning disability certificate given by one hospital, the Sion Hospital, thus making testing and acquiring a certificate a long drawn out process. Sion Hospital is the only authorised learning disability centre for testing in the state of Maharashtra (Times India Network, 2005b).
- Standardised tools for testing are not easily available in India, nor are indigenous tools for identification of processing deficits, intelligence testing and testing for proficiency in reading and writing available. India has a multilingual and multicultural background. There are fifteen official languages, including English (associate official), which are recognized by the Indian constitution and these are spoken in over 1600 dialects. Additionally, an estimated 850 languages are in daily use (OCLC, 2004). The language of the testing instruments is occasionally unsuitable to Indian students who may not be proficient in English.

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### **My students**

SpLD can be classified into mild, moderate, severe and profound. All the ten children with whom I worked were assessed as children with mild general learning disabilities (MLD); additionally one child- Nihar was also diagnosed with Attention Deficit Disorder with Hyperactivity (ADDH).

The definitions of the degrees of disability are usually expressed in terms of IQ, behavioural competence and/or the need for special service (Nakra, 1996). Children with MLD typically have verbal and performance IQ scores in the 50-70 range, i.e., two to three standard deviations below the population mean (Barrett and Jones, 1996). They often have significant limitations in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. Specific cognitive deficits often exist in such areas as memory, attention or language.

One of the most common learning characteristics of children with MLD is that they have difficulty mastering academic content. In addition, these students frequently have difficulty with social behaviours. Often individuals with MLD will display one or more of the following characteristics:

- Perceptual problems
- Limited ability to abstract and generalise
- Difficulties with memory
- Slow speech and language development
- Limited social skills
- Inappropriate or immature personal behaviour
- Limited attention span and poor retention ability
- Decreased motivation
- Poor self-concept
- Low self-esteem
- General clumsiness
- Lack of coordination and of gross and fine motor skills
- Emotional disturbance

### **Inclusive education**

In the early eighties, conceptual shifts in ways of thinking about children with SpLD began to emerge, suggesting that separating and excluding children from their natural school environment did not always have positive consequences (Colfer, Farrelly, Limerick, Grealy and Smyth, 2000). The integration of children with SpLD into mainstream schools is an important social and educational issue.

The UNESCO Salamanca Statement (1994) states that:

*'Inclusion and participation are essential to human dignity and exercise of human rights' ... 'The fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have.'* (p.18)

There was a paradigm shift from integrated education to inclusive education, laying stress on a broadened education service for the child with disabilities. The term integration and terms such as mainstreaming and inclusive have been used concurrently. However, the term inclusive education is different from integration:

*'In integration learners with disabilities are placed in a regular school without making any changes in the school to accommodate and support the diverse needs. Inclusive education, by comparison seeks to adapt systems and structures to meet the needs of all learners. Moving from integration to inclusion requires changes/adaptations at various levels including to the curriculum, attitudes, values, language etc. These adaptations are made by fully involving the learners in the process. ... Inclusion is based on a social model of disability that views disability as a socially created problem and management of problem requires social action in the form of environmental modifications necessary for the full participation of persons with disabilities in every sphere of life.'*

(Scheme of Integrated Education for the Disabled Children (IEDC)  
India, 1986: section, 3.1; updated in 1992)

However, the question 'is mainstreaming good for the child with SpLD?' begs to be answered. Investigations (IEDC, 1986; Clarks, Dyson and Milward, 1995; Stakes and Hornby, 2000; Frederickson and Cline, 2002) show that inclusive education results in improved social development and academic outcomes for all learners. It leads to the development of social skills and better social interactions because learners are exposed to a natural environment in which they have to interact with other learners, each one having unique characteristics, interests and abilities.

Nevertheless, inclusive outcomes appear to be problematic for students with SpLD and more so with children with MLD (Cook, 2001). It is conventionally believed that the

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**Deleted:** Integration was based on a conceptual model that was medical in nature that viewed disability only as a pathology requiring medical care. On the other hand

children with SpLD benefit largely from inclusion due to the lack of meaningful difference between them and their non-disabled peers (Wang, Reynolds and Walberb, 1988). However, Cook (2001) suggests students with MLD are at greater risk for receiving inappropriate educational interactions for different reasons.

The first reason is that children with MLD do not reveal obvious signs of their disabilities, like for example children who are physically challenged. Therefore they are expected to attain model performance and behaviour standards. Thus when a student with MLD behaves atypically or falls below the level of academic performance of an average student in class they are looked on as an indifferent student. Teachers have brief and token interactions with children they perceive as indifferent students suggests Cook (2001; Silberman, 1971; Good and Brophy, 1972). In a typical Indian class of fifty children, children with SpLD, including the children with MLD, fall outside the teacher's tolerance level (cf. Cook, 2001).

Secondly, students with MLD are not well accepted by their nondisabled peers (Cook and Semmel, 1999). They are rejected precisely because they are perceived to be 'just like everyone else', yet their academic achievements and classroom behaviour suggests they are disparate.

Thirdly, the reason children with SpLD, including children with MLD are especially vulnerable, particularly in the Indian milieu, is that teachers do not know how to deal with these children (cf. Edwards, 1994). There is a visible lack of teacher training in the field of learning disabilities (see p.64-5). Even though, in India, the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PWD Act, 1995) suggests that schemes will be provided for the programme of training with regard to inclusive education to special teachers, general teachers and educational administrators, this is only on paper. There are many provisions made for children with learning disorder, however, a few are actually implemented.

#### **Amelioration**

Edwards (1994) suggests that the damage by inadequate or incompetent teaching is not irreversible. Nor are difficult or disruptive behaviour patterns a permanent feature of the child with SpLD emotional make-up. As an essential part of preparation for adult life, students with SpLD should also be offered programmes with an emphasis on life skills.

Social skills problems can be viewed as errors in learning; therefore, the appropriate skills need to be taught directly and actively. If students are expected to learn appropriate social skills their learning environment must be structured to enable them to practise pro-social skills (Algozzine, Ruhl and Ramsey, 1991). Activities that foster social and personal development, such as physical education, sport and leisure activities and arts and crafts, should also be emphasized. Success heals many wounds and strengthens self-image suggests Edwards (1994) and sometimes even a single incident of positive feedback can alter a child's self-concept (Riddick, 1996).

Poplin (1984) notes that teachers do not highlight the talent of the child with SpLD. Though children with SpLD experience difficulties in academic performance, they are often bright, creative, and talented individuals; their forte may include mechanical aptitude, artistic ability, musical gifts, and athletic prowess (Yosimoto, 2000). However, the student's days are then planned with remedial activities based on their weaknesses rather than their strengths (Hearne and Stone, 1995). In the remedial class greater emphasis is laid on the student's weaknesses which continue to adversely impact on their self-esteem. If a child is weak in mathematics or language she/he usually attends the remedial class in school during the music or art class, thus probably missing a subject she/he is accomplished in and finds enjoyable.

Researchers and clinicians have emphasized the importance of replenishing areas of strength in building self-confidence. Rutter (1985), in discussing resilient individuals, observed:

*'...experience of success in one arena of life led to enhanced self-esteem and a feeling of self-efficacy, enabling them to cope more successfully with the subsequent life challenges and adaptation.'* (p.604)

Katz (1994) suggests that *'being able to showcase our talents, and to have them valued by important people in our lives, helps us to define our identities around that which we do best'* (p. 10; also Chapter 8, p.224-6). Thus enrichment classes, like drama, painting, pottery, signing and dancing, can be suitable to enhance the students' talents (Yosimoto, 2000).

One of the most powerful approaches for helping students feel competent is to lessen their fear of failure (Ott, 1997). Effective teachers recognize that if children and

adolescents with SpLD are to succeed and become more hopeful in school, their basic needs to belong and feel connected, to be active participants in their own education and to experience the joys of competence and accomplishment must be met.

If the teacher makes learning an enjoyable experience for their pupils they could achieve much better results in the classroom. It would not only enhance motivation to learn but would additionally enhance the children's self-esteem (Csikszentmihalyi, 1990). When children enjoy whatever they are doing, they are going through what Csikszentmihalyi (1990) calls a '*flow experience*'. A flow experience is an experiential state that distinguishes an enjoyable moment from the rest of life. Csikszentmihaly (1990) suggests that the feeling is like being carried away by a current, like being in a flow. A teacher who understands the conditions that make children want to learn is in a position to turn classroom activities into flow experiences.

### **Conclusion**

Young people today face significant stresses in their lives. Some stresses are a part of growing-up, others are more individual, involving pressures to advance in school and earn a living. Children negotiate these stresses with varying degrees of resilience and mastery. Hendren, Weisen and Orley (1994) suggest that at least 3% of school-aged children suffer from serious mental illnesses such as severe depression, suicidal thoughts, psychosis, serious attention problem or obsessive-compulsive disorder. A study conducted in Mumbai (Kaila, SNTD in Ashar, 2005), which is a part of a global project focusing on the victimisation of children at school suggested that the figure is relatively higher. The study reported that every seventh school going child might have harboured suicidal thoughts on more than three occasions.

Recently in Mumbai four students committed suicide in a period of three days (Ashar, 2005) and all were related to academic failure and stress. According to Dr. Dhavale, head of the psychiatry department, Nair Hospital (in Sharma, 2003), parents and teachers need to convince the youth that things may not always go according to their wishes. In such a situation, the person must learn to accept any setback and learn the skills to get over it.

The way children can cope with stress, whether they blame themselves for their failure or handle it productively, has a great impact on their learning. This in turn affects

their self-esteem and self-concept (Fontana, 1995; Elbaum and Vaughn, 1999). The stresses a child with SpLD feels (Table 2) are considerably more than his/her peers. Johnson (2005) suggests that about 30% of children with SpLD have behavioural and emotional problems. Additionally, she suggests that those adolescents with SpLD had high rates of depression and alarming rates of suicide

**Table 2: Effects of stress on the child with SpLD**

|                    |  |
|--------------------|--|
| Behaviour          | withdrawal, avoidance and absenteeism, doing nothing and apathy, 'taking out feeling' on others, tendency to blame others, hostility, unpredictable and uncharacteristic behaviour |
| Thinking           | rigidity, making decisions and setting priorities  |
| Cognition          | difficulty in concentration and distractibility increases, forgetfulness and rate of error increases, decreased power of observation, reduction in memory span                     |
| Emotion            | panic, worthless, frustration, lowered self-esteem, anger, irritability, anxiety, emotional outbursts increase, depression   |
| Physical demeanour | exhaustion, can manifest in physical pains like headaches and stomach aches, speech problems like stammering, stuttering and hesitancy, and disturbed sleep pattern                |

(compiled from Fontana, 1995; Miles and Varma, 1995; Ott, 1997; Cornwall, 1999)

Investigators have stressed the need for management of high anxiety and low self-esteem in children with SpLD (Ramaa, 2000). This area is important to understand because the emotional stability of dyslexic children is a pre-requisite which underlines teaching and research (Edwards, 1994). Initially, researchers focused on academic and cognitive characteristics of an individual with SpLD, however, more recently there has emerged an increased interest in their social abilities (Edwards, 1994; Elbaum and Vaughn, 1999).

The development of psychosocial skills is required to deal with the demands and challenges of everyday life. Life skills education is aimed at facilitating psychosocial skills

and includes the application of life skills in the context of situations where children and adolescents need to be empowered. This enhances the children's mental well-being, self esteem, self worth and capabilities which should be the objectives of good education

