

Perceptual and Learning Disability: A Definition and Projection

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"LEARNING DISABILITIES," as a term, is now widely used in professional education and in many related disciplines. This term, however, is not synonymous with all of the problems of learning found in children and youth. Learning disability is a technical concept which, since 1963, has been subverted to mean just about anything that educators wished to sweep into this bin. The subversion of the term and the concept, essentially to meet the needs of educators, has been a tragedy. This tragedy is compounded by many well-intentioned persons as well as by agency administrators who may never have had a thorough understanding of it.

In 1974 the report of a study committee,¹ actually only one among many other committees that were requested to examine terminology, produced a significant definition of learning disability. Most of the previous definitions, including that of the U.S. Office of Education, have defined this problem by

¹ N. Hobbs, editor. *Issues in the Classification of Children*. San Francisco: Jossey-Bass, Publishers, 1974. Chapter 11.

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exclusion, that is, indicating what it is not rather than what it actually is. The Committee, headed by Joseph Wepman, reporting in Hobbs' publication, defines this problem by inclusion. It states that learning disability is essentially a problem of perception and perceptual disorder. If learning disability is perception, that means without question that the problem is centered in the neurological system of the human organism. As such this does not mean that all children admitted to programs for learning disability must be submitted to a neurological examination, for neither neurology nor psychology is yet sufficiently sophisticated to be able to ascertain the exact neurological problem. Furthermore, since the therapeutic program for these children is essentially psychoeducational, the exactness of the neurological diagnosis is not

absolutely necessary except in situations calling for controlled research. We mention the neurological basis of learning disability here only to support our concern for exactness in definition and educational conceptualization of what the problem really is.

The Wepman Committee report defines these children in terms of psychoeducational reality as those, of any age, who demonstrate an inadequate ability in functions such as "recognizing fine differences between auditory and visual discriminating features underlying the sounds used in speech and orthographic forms used in reading; retaining and recalling those discriminated sounds

and forms in both short and long memory; ordering the sounds and forms sequentially both in sensory and motor acts . . . ; distinguishing figure-ground relationships . . . ; recognizing spatial and temporal orientations; obtaining closure . . . ; integrating intersensory information . . . ; (and) relating what is perceived to specific motor information. . . ."

Of Any and All Intellectual Levels

For the first time since the early 1940's a national committee also states another truism. These *perceptually handicapped* chil-



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dren with learning disabilities will be found to be of any and all intellectual levels. Learning disability is not a problem characteristic only of children above an intelligence quotient level of 80! Federal, state, and local regulations and definitions pertaining to these children which state the contrary are definitely in error. They perpetuate an erroneous concept which unfortunately was assumed around 1963. Those definitions are wrong. Perceptual disabilities resulting in learning disabilities are to be found among mentally handicapped children where indeed the most significant research was done which established this clinical problem.

Although definitive demographic data are not readily available, it is likely that this problem characterizes a very large percentage of mentally retarded children, larger probably than that which will ultimately be found as an acceptable incidence figure for the child population above an I.Q. level of 80. This latter quotient, frequently found in state education regulations and in local board of education definitions, is without any scientific base whatsoever, and to perpetuate it means that thousands of children with ability lower than that figure are being denied their educational birthright. It is essential that perceptual and learning disability in children and youth be understood and accepted for what it really is.

Developmental Program Is Needed

Sometimes learning disability as formerly defined is accepted as a term almost synonymous with remedial reading. Certainly it is not that. A child with perceptual and learning disability does not need remediation in reading or in any other learned skill. The child needs a new learning experience of a developmental nature—a developmental program which may need to begin much below his or her chronological or mental age levels.

Such programs are widely described by Kephart, this writer, Frostig, Ayres, Barsch, Cratty, and other senior authors who have devoted their professional lives to this problem. No one will find remediation the key word in the writings of any of these authors.

"New learning," "developmental learning," "psychomotor match," "psychoeducational match," "perceptual-motor training," are the terms these authors use. Those who pursue the concept of remediation are not concerned with the best interests of the child in question.

Where does this type of new learning take place for these children? Some children with understanding teachers may be assisted in the ordinary classroom, although this situation will have its drawbacks for the child. If the teacher is assisted by an aide or by a team of well-oriented volunteers or both, the child's growth and educational development may be more ensured in the ordinary grade placement. Although he wrote concerning the mentally retarded child with perceptual handicaps, J. J. Gallagher's fine volume illustrating the potential of the tutorial approach to these children has great

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value. The resource room, if the teacher is appropriately prepared, is a valid solution for the majority of these children. But, there will be others for whom a special clinical teaching station, relatively self-contained, is the most appropriate decision. Here too the teacher's preparation is the keystone to the problem.

Structure Is Preferred

We feel that a structured program is the most appropriate for these children, structure being utilized as a tool for teaching and growth. A permissive environment pays less dividends for the children and their families. Although only passing comment can be made here due to limitations of space and

appropriate editorial writing, there is a full literature available on every topic here mentioned.

Numerous definitive statements have been made in this editorial. They are made from years of close personal relationships with these children, with classroom situations, and with extensive clinical data.

The "field" of perceptual and learning disability is relatively new, certainly very new as a widespread educational concern. There are dozens of pressing problems which must be solved. Some of them need solution before children will receive appropriate learning experiences in appropriate settings. The field lacks a sufficient corps of well-prepared educational specialists in the public schools. The fad of "mainstreaming" which has engulfed American education in the past few years is not a new concept, but it is one which is being employed in thoughtless ways at high cost to thousands of exceptional children and their families.

Speaking only of perceptual and learning disability, we guess that ordinary classroom teachers who know how to work with these children in anything but the global concept of "individualization," are a minuscule percentage of the total national teaching corps. If integration of these children is to be undertaken, general educators and administrators must know something more about it than they now do. Psychologists in great numbers who function in schools must also learn how to present to the educators a psychological picture of these children which can be matched to educational methodology appropriate to the child's needs. The I.Q. and the M.A. are not helpful data to the teachers of these children, but what constitutes the mental age is helpful if it is properly conceptualized.

Research Now Lacking

Research in all facets of this problem is needed and demanded. It is impossible to estimate the number of dollars which has been wasted to date in the interests of learning disability because the concept was not properly understood and because research

was almost totally lacking. Research is needed in both epidemiology and demography related to the problem. It is needed in terms of the structure-nonstructure issue. It is needed in terms of the role of perceptual-motor training.

Research is needed in the control of children's behavior with medication. It is needed in the relationship of these problems in children and the ingestion of artificial food colorings, genetic implications, biochemical imbalances, environmental deprivation on the total ecological spectrum, and nutritional deprivation (both prenatal and postnatal). Research is needed in the areas of neurological, educational, and psychological diagnosis and the development of instrumentation to make diagnosis more exact. Studies are needed regarding a logical attack on this problem when it is found in or persists into preadolescence and adolescence. Little consideration has been given this problem in terms of the secondary school levels.

Training programs based on content are needed for all professionals who purport to work in this complex field of child growth and development. Not only are content-oriented training and professional preparation required, but so are understanding and practice in the function of an interdisciplinary team attack on this problem. This should not be the traditional interdisciplinary team approach, that is, that moderated by medical personnel who function within the school.

The interdisciplinary team which is needed with perceptual and learning disabled children is that in which professionals function as equals among equals. The team supports the education program and has minimal direct relation with the child. It has as its focus the ultimate return of the child to the educational and social community as fully a participating person as is possible with what we know and will know regarding his or her needs and approaches to learning and adjustment.

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