

WHO IS THE CHILD WITH SPECIFIC LEARNING DISABILITIES?

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1. INTRODUCTION

In teaching circles it is generally accepted that there are a number of children who in spite of the absence of hearing, visual, physical, cerebral or other disabilities and in spite of adequate intellectual abilities as well as good teaching still experience serious learning problems.¹ These pupils find it difficult to understand, to learn to speak, read and write, to differentiate between right and left and establish favorable relationships with others.²

Often the parent's of these children who visit the Child Guidance Institute complain that they have already tried everything and also have seen various doctors without them being able to find anything wrong. Langeveld says that a number of parents have commented in contrast to him: "Als dit kind blind was geweest of doof, dan had iedereen begrepen wat het was. Dan waren er scholen en inrichtingen voor en de artsen waren er op ingesteld en de maatschappij begreep het en wij hadden er misschien iets van begrepen, maar van dit kind begrijpen wij niet veel, begrijpt de maatschappij niet veel".³

Moreover, it is also a fact that previously seldom have so many scientific disciplines cooperated with the aim of diagnosing and providing help to a specific group of pupils.⁴ Nevertheless, there is still great agreement with John McFie who comments that they belong to a terrain that he describes as: "Largely unchartered [sic] seas, swept by uncertain currents".⁵ Also there is increasing interest from the general public as reflected by various recent newspaper articles. There have also been several panel discussions on television that in sensationalistic ways try to create the impression that the responsible teaching authorities are really unaware of the existence of such a group of pupils.

That such suggestions are devoid of all truth is reflected in the fact that already in 1968 the Minister of Education had appointed a committee to investigate this matter, that in the Transvaal there are already more than ninety help-classes where specialized orthopedagogic help is provided, and more than 875 pupils with specific learning problems receive special teaching in schools for Special Education.⁶

As far as the Republic of South Africa is concerned, it seems that the incidence of children with specific learning disabilities corresponds with that in overseas countries and constitutes between four and six percent of the school population.⁷

2. THE CONNECTION BETWEEN SPECIFIC LEARNING PROBLEMS AND NEUROLOGICAL DYSFUNCTIONS

Intensive neurological research without doubt has already shown a connection between specific failures in the functioning of the central nervous system and particular learning and behavioral effects. These deficiencies in the central nervous system appear in various ways and in reciprocal combinations that are expressed in perception, language, memory, the control of attending, and much more.

Since about 1950 various publications have appeared on the effects of minimal cerebral dysfunction in children. Mostly this includes clinical impressions regarding the effect of slight neurological deviations of children with learning and/or behavioral difficulties. Almost all of these authors refer to “syndromes” within which neurological as well as behavioral phenomena are unclearly defined while there are connections suggested among the different aspects that, however, are seldom scientifically shown, according to Kalverboer.⁸ Moreover, it must be indicated that especially the Anglo-American writers emphasize the nature of the (possible) defect and the causes of such impairments. In the absence of an identifiable deficiency in the central nervous system there is then a penetrating investigation for circumstances in the child’s historicity to be able to confirm the presence of a brain dysfunction.

The close connection between specific learning problems and deviations in the central nervous system have also given rise to a variety of labels with respect to this phenomenon such as minimal brain dysfunction⁹, psycho-neurological learning disability¹⁰, brain damage behavior syndrome, hyperkinetic impulse disorder, Strauss syndrome, post-encephalitic behavior disorders, etc.

A fundamental objection to the label “minimal brain dysfunction” is that the word “minimal” can be misleading because, although it is related to non-conspicuous brain deviations, it creates the impression that the learning disability correlated with it also is small in scope, while in reality and in various respects it can be very disruptive to a child’s total learning. Also, there are often children who show all of the symptoms without one being able to confirm a minimal brain dysfunction. Still other children manifest some of the symptoms while others show none of them even though minimal brain dysfunction is strongly suspected.

In light of the above it is understandable why Gomez¹¹ pleads for the elimination of the concept minimal brain dysfunction and views it as “catch-all” diagnosis applied to a very heterogeneous group of children.

In addition to the labels that are directly connected with a neurological deficiency, there also is reference to these children as “children with specific learning handicaps” on the one hand and “children with specific learning disabilities” on the other. These two labels deserve further explanation.

3. HANDICAPS IN CONTRAST TO DISABILITIES

A handicap in a child refers to an identifiable shortcoming with respect to his given potentialities such as deafness or epilepsy, or a describable lack in his educative situation, e.g., poor housing. Because these handicaps can restrain a child’s learning, there is mention of aggravating circumstances regarding the realization of his given learning potentialities. However, this indeed does not imply that, in spite of these aggravating circumstances, the child cannot adequately actualize his learning potentialities. These burdensome moments can be referred to as specific learning

handicaps precisely because they are repeatedly and without a doubt identifiable.

In the practice of teaching there is an attempt, by means of special teaching, to counteract the effect of these handicaps, as burdensome circumstances, and to help the child to adequately realize his given learning potentialities. These specific learning handicaps also determine what “sort” of special teaching the child is dependent on. This special teaching is also always primarily directed to the child with a restraint in his given potentialities and the educator must try, along with the child, to thereby attain the best possible results.

A child’s disability does not primarily refer to an aggravation with respect to his personal actualization but to its slower progression. A learning disability thus means learning that progresses slower than what can and ought to occur.

A learning disability always includes the possibility of its elimination in contrast to a learning handicap where such a possibility is seldom present. It is precisely the possibility of eliminating the gap between a child’s learning-achievement and learning-achievability that necessitates intervening orthodidactically with the learning disability while special teaching intervention is necessary in the case of the learning handicapped child.

Synthesis

Stander¹² says that the terminology regarding these children has a long history but still remains unsettled. It varies from precise labels such as “psycho-neurological dysfunction” and “dyslexia” to more general terms such as “learning handicaps”. Because it emphasizes more the psychological and educational aspects, the latter term, translated as “learning disabilities”, is beginning to find acceptance locally in South Africa and abroad as a relatively more acceptable view, according to Stander.

As early as 1963 “learning disabilities” was being advocated by Samuel Kirk as the only concept that provides a degree of homogeneity to a group of otherwise heterogeneous children; they are all alike in that they learn inadequately. However, the

translation of the English “Children with specific learning disabilities” as “Children with specific learning handicaps” is an unfortunate choice since “disabilities” means an “impediment” [and not a handicap].

Kirk and Bateman’s¹³ description of this matter as a disability is also relatively representative of the current literature: “A learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, writing, arithmetic, or other school subjects resulting from a psychological handicap caused by a possible cerebral dysfunction and/or emotional or behavioural disturbances”.

On the basis of the comprehensive findings of a number of researchers it can be accepted that neurological handicaps lay the foundation for these learning defects in a large percentage of cases but it can also be asserted that they are not the only reason for them:

Although the underlying causes of learning disabilities are not as evident as, e.g., blindness or a physical handicap, with the consequence that the child appears “normal”, he is indeed different. Stander¹⁴ says he shows all kinds of subtle deviations that let him learn “differently” than other children. Therefore, he can easily be ignored as inconspicuous in a large class. However, should he be investigated more closely, the gap or disparity between his potential and his achievement is corroborated.¹⁵ Although he is not deaf, he does not listen or hear “normally”; although he is not blind he does not see as a normal child does; and although he is not intellectually handicapped, nevertheless he develops problems with respect to scholastic progress.

Thus, he is handicapped in respect to defective equipment for communicating, although this is not specifiable. If one accepts that this is a child with a (hidden) neurological handicap, it is correct to refer to him as a “a child with a psycho-neurological learning handicap”, but not as “a child with specific learning handicaps”. In this light, the term “children with specific learning disabilities” is used as a comprehensive term for all children who, in the absence of conspicuous handicaps, cannot adequately actualize their

learning potentialities (as determined)—a concept that is also used by the Transvaal Department of Education and, by implication, also accepted by the Department of National Education, which refers to these children as “children with specific learning problems”.¹⁶

4. THE SPECIFIC LEARNING DISABILITIES

4.1 Inadequate learning

From a survey of the extensive literature on the child with specific learning disabilities, the following observations are summarized:¹⁷

- (i) The pupils have average or even above average intellectual abilities at their disposal;
- (ii) there is a gap between their achievable and achieved scholastic achievements;
- (iii) although not all simultaneous, problems are experienced with language, reading, spelling, discourse, language comprehension, arithmetic, thinking, mastery of attending, concept formation, motor functioning and perception;
- (iv) there is no outwardly perceivable physical defect present that can underlie the learning problem;
- (v) affective lability is not the primary cause of the learning problem but is usually mentioned as a result of it;
- (vi) the learning problem is not primarily the result of poor teaching or inadequate educating; and
- (vii) although a number of authors have concluded that there is no irrefutable evidence that a dysfunction in the central nervous system is the cause of a learning disability, it is generally accepted that it is related to such a dysfunction and thus should be referred to as a “psycho-neurological learning handicap”.

One gets the impression that a child with specific learning disabilities is someone who belongs to one category of “deviant” children that is different from other types of “deviant” children and he often is described in terms of characteristics that he lacks: for example, his learning problems are not a result of a mental handicap, poor educating, etc. Indeed, one cannot explicate a

phenomenon in terms of what it is not and, moreover, because medical intervention cannot occur regarding the “assumed” (but non-specifiable) neurological handicap to in any way neutralize or alleviate it, the proper way to explicate who these pupils are is to investigate the specifiable manifestations of such a child’s personal realization and from that to arrive at a comprehensive qualification of it.

With respect to qualifying a child with specific learning disabilities it is generally accepted that there are two ways of proceeding,¹⁸ namely:

- (a) an indirect approach where there is a search for the origin of the problem; and
- (b) a direct approach where there is a search for the manifested difficulties.

Because the origin generally cannot be precisely determined—among other reasons because of the current state of scientific knowledge about neurological functions and also because a complete team of researchers is often lacking that consists of a neurologist, a speech therapist, a pediatrician, an orthopedagogue, an optometrist, an orthodidactician, a sociopedagogue, a social worker, etc.—we cannot really proceed in any way except via a direct approach. Thus, one must begin with the inappropriate learning results, as such, and acquire as complete an image as possible of the realization of learning underlying these results. This confronts one with the question of what commonly manifested personal characteristics are found in these children. According to Dumont, with these children this does not involve a learning disability but a learning impotence and he says: “Kinderen met leerstoornissen zijn kinderen waar niet uitkomt wat er inzit”.¹⁹

A child’s learning results and also the quality of actualizing his various modes of learning can to a large extent be determined. Furthermore, a learning disabled child always presents a problematic for pedagogics, and in particular for orthopedagogics and orthodidactics because he not only fails to adequately realize the learning task but also establish a

meaningful world as a world-for-himself; that is, on the basis of the coherencies of his specific learning disabilities and inadequate guidance with respect to them in his educative situatedness, he does not come to optimally realize his abilities. Thus of greater importance than the origin (of the problem) is how it is that the child cannot master the basic academic skills as well as what the nature is of his other behavioral phenomena such as a fluctuating attending, hyperactivity, etc.

With this it is stressed that an analysis must be done of the disability rather than the handicap. Also Stander,²⁰ who provides an image of the learning structure of the child with specific learning disabilities, shines the spotlight on the deficient actualization and results of learning, as such, rather than on the impeding factors that lie in the child's aptitudes. To do this, knowledge of the actualization of the psychic life of the child-in-education is necessary—a matter that cannot be thoroughly considered here²¹ but that will be referred to in passing only to the extent that it is related to determining who the child with specific learning disabilities is.

4.2 Deficient learning results

It has already been mentioned that the child with specific learning disabilities can manifest deficiencies with respect to the mastery of speech, language, reading, spelling, writing or computing. Indeed, deviations can be found in sensory integration, perceiving, conceptualizing, remembering, controlling attending and impulsivity, etc. However, the children differ from each other in the way they experience problems with acquiring these skills. A wide variety of inadequate behaviors also manifest themselves with these children, e.g., in the form of hyper- and hypo-activity, impulsivity, labile emotionality, spatial disorientation on a two- or three-dimensional level, etc.

According to Vliegthart²² a characteristic that also often is manifested by these children is “being too childish for their age”, that emerges as a weak disposition to work and a labile attention span by which a child, in the words of Dumont,²³ is “not in a

position to sift and sort incoming information (also familiarly called stimuli)".

When a child with specific learning disabilities must be described in terms of the modes of manifestation as an expression of the under-actualized modes of learning, their state must clearly be shown as well as fine and gross motor movements, visual-motor coordination, laterality, visual and auditory perception, bodily and spatial orientation, etc.

The particular child's level of becoming and learning must be illuminated. In particular, these pupils have difficulty mastering the techniques of reading and spelling and this is shown in reading derailments such as reversals, elisions, confusion of sounds such as b, d and p, etc. With respect to spelling reversals, elisions, letter-transpositions, phonetic errors, confusions of b and d, n and u and meaningless spellings are general errors that are found. Many pupils with specific learning disabilities succeed in recognizing letters but fail in the reading of words and are not in a position to blend letters into words or to visualize the word as a whole.

With respect to children who are poor readers Vedder²⁵ says the errors they make in writing words especially emerge in dictation. It seems that sometimes they are in a position to transcribe the word correctly—although this is sometimes merely a one-by-one copying of the characters. However, when the child does not see the word and it is only dictated to him, it is miswritten in a variety of ways. He omits letters and places them in the wrong sequence; briefly, he sometimes corrupts a word to such an extent that it is unrecognizable. Since these children do not know how to spell the word, they attempt to arrive at the correct spelling by means of analyzing the sounds and thus the words are written phonetically.

According to Vedder we can understand something of the difficulties that a poor reader faces when he has to write down a dictated word if we consider how we would behave when in a country where a language is spoken that we do not understand. If we want to translate a spoken word into a written one then we

act the same as a poor reader and first “translate” it into sounds and then into letters. However, the result is poor because changing a sound image into a visually represented image is not easy if one does not know the word in its visual form. The sound image of a quickly spoken word is too diffuse to be able to analyze into its constituent parts.

Many children with specific learning disabilities also show behavioral problems, especially when they first attend school. Vedder²⁶ refers to aggressiveness, bullying and restlessness by some while others are defensively shy and reserved. Anxiety and emotional lability also come strongly to the fore.

In general these children are hyperactive. Cruickshank²⁷ distinguishes between sensory and motor hyperactivity. Sensory hyperactivity is closely related to a deficient attending where a child’s attention is diverted by the slightest movement, as well as by color, sound, smell or unusual experience in his immediate surroundings. They particularly show motor [hyper] activity and cannot easily sit still. There is little mention of being tranquil and relaxed.

Children with specific learning disabilities often appear clumsy. For example, they find it difficult to stand on one leg, to catch a ball, cut with scissors, to turn the pages of a book, etc. Their handwriting is usually irregular. There is mention of visual-motor disturbances and they experience problems with activities where movement and visual perception are paired, e.g., imitating patterns and reaching for objects. Such a child’s parents usually comment that he often falls or drops objects. He breaks many things; he cannot ride a bicycle; he has difficulty tying his shoelaces or build with blocks. These phenomena that arise in very diverse forms begin to draw attention.

Children with specific learning disabilities also usually have a limited knowledge of their own bodily make-up. Bodily and spatial orientations are poor and directional uncertainty arises. Instructions to move particular bodily parts, e.g., are carried out with difficulty.

Although bodily these children seem to be indefatigable, mentally they tire quickly.

On the basis of the deficient learning effects it is justified to conclude that on the one hand there is qualification necessary but on the other hand, it can be determined diagnostically what specific modes of learning the child does not actualize adequately. The latter contain the essences of the label “*specific learning disabilities*”.

To be able to determine that a child cannot read, write or compute does not require any special skill of the teacher. Children with specific learning disabilities do not make different errors than “ordinary” children; they only make more of them.²⁸

The question about the origin of the problem—in terms of under-actualized modes of learning—and the possibility of trying to functionally eliminate it with the greatest possible effect within the shortest possible time in terms of particular content is not a question of a few contrivances, isolated exercises of functions or remedial recipes but rather a defining of the quality of the disharmonious actualization of learning and how to eliminate it.

4.3 Deficient actualization of learning

Because the inadequate actualization of particular modes of learning is at the foundation of “deficient learning results” a penetrating analysis must be made of this and of the child’s strengths and weaknesses in this regard.

A structural image of the personal actualization of the child in terms of learning is therefore necessary with the emphasis on what is disharmonious as well as the mutual relations among the various modes of learning.

Thus, this child must be described in terms of the disharmonious moments of actualizing that figure in his learning. He learns on his own initiative by actualizing the modes of learning for which he has aptitude. Indeed, the learning restraints are a disharmony in his self-actualization of learning that also include a

disharmony in the actualization of experiencing, willing and lived experiencing that result in a disharmony in his giving meaning via a labile emotionality and a disordered cognitive experience of meaning by which there is a defective ground for integrating new possessed experiences.

Consequently, the learning restraints must not be viewed as the exclusive result of neurological defects but as the result of the child's inadequate, attenuated possessed experience that is the result of his being blocked in the learning task.

Learning restraints can never be seen only on a cognitive level but as also involving the form, content and style of living on the basis of which the total course of his becoming becomes restrained.

The moments of learning restraint are manifested in the child's total experiencing, willing, lived experiencing, knowing and behaving going out to reality in connection with his sensing, attending, perceiving, thinking, imagining, fantasizing and remembering relationship to and involvement with learning contents.

A structural image of the realization of learning—that, according to Stander,²⁹ can only be disclosed by a “thorough individual clinical analysis”—is the most reliable gauge of the reasons for the deficient learning effect.

Hence, this involves a qualification of the moments of under-actualization of each distinguishable mode of learning and showing the relations among them. Therefore, the child's learning deficiency also cannot be qualified in terms of synaptic short-circuits or other malfunctioning moments of the central nervous system.

The following is a synoptic reference to a few restraining moments of learning.

(i) Affective lability

Olivier³⁰ says usually have at their disposal a qualitative possessed experience that so labilizes childlike willing that willful effort and will power to become involved with the learning contents is lacking. As a result of repeated failures self-confidence and an exploratory attitude are extremely weak and there is a continual search for acceptance, understanding and support from the adult. Affective lability in the form of anxiety, insecurity, tenseness and aggression are fairly obvious and an intense experience of being unsafe is generally rule.

(ii) Deficient attending

Deficits in attending that are very conspicuous with these children wreak havoc on the realization of all of the cognitive modes of learning. The origin of deficiencies in perceiving must also largely be sought in the child's inadequate attending rather than in his perceptual "hardware".

Hyperactivity is closely related to this distractibility. The child is as active in attending as he is bodily. As difficult as it is for him to control his body be sitting still, it is equally difficult for him to attend to what, at the moment, is important. His ways of thinking and working are thus often unorganized, disordered and unsystematic.³¹

Perseveration is an additional phenomenon that is closely related to defective attending. Here perseveration means "the inability of the individual to shift with ease from one mental activity to another".³² The implication for learning is that the child is restrained in realizing the cognitive modes since the appeal that captivates his attending is often the trivial or only less important background data or only part of a figure such that a total perception is not realized and figure-ground confusion prevails.

(iii) Deficient perceiving

Although the senses can be intact, such a child's perceiving is impaired. For example, with respect to visual perceiving he shows figure-ground problems, he cannot synthesize a number of

parts into a whole and he primarily directs himself to details instead of to the whole.

Because sense perceptions of hearing and touching are deficient, there is spatial disorientation. Consequently, for these children estimating distance or orientating in a room or in space are extremely problematic.

The individual child's deficiencies in perceiving, as a specific learning disability, must thus be shown as slow visual reception, as a disturbed notion of "Gestalt", as an inability to globalize, as reversal phenomena, etc.³³

(iii) Inadequate thinking

Perceiving, which includes planning, ordering and reflecting, is already the beginning of thinking. If the perceiving is already inadequate because of its under-actualization and deficient attending, the realization of thinking will also be restrained. These children are usually bound to the concrete, their thinking is stereotypic and their abstracting is defective.

4.4 Synthesis

Within the coherencies of the modes of manifestation, the moments of learning restraints and the structural occurrences of the modes of learning observed in each individual child with specific learning disabilities, his specific learning restraints must then be explicated.

Specific learning disabilities are considered in a two-fold respect: on the one hand the learning results are deficient and on the other hand learning is inadequate. These matters must not be described in isolation from each other but rather their mutual relations must be clearly shown. Because the child must always be seen as a totality-in-function, as a person who continually wants to be someone and who wants to learn he must never be allowed to disappear behind an analysis of so-called functions and types by which he is compartmentalized and given a particular label.

Because this child is so seriously blocked in school, especially regarding the event of learning, he must be viewed as a child in a problematic educative situation or a problematic learning situation. He is someone who acts, who orients, who exists. He is corporeality and not merely a body with functions and therefore he must proceed from his situation as it exists for him and in which he is involved in self-actualizing in order to establish a learning world.

Against this background there are specific restraining moments of learning to be indicated as they become manifest in the child's psychic and social life and in his self-actualizing, especially regarding the realization of his learning—matters that will not be considered further.

In this light, the question of who the child is with specific learning disabilities can only be answered by showing the disharmonies in the realization of his psychic and social life, i.e., by describing his “learning structure” from a totality perspective. Indeed, even when a medical diagnosis is clear, the question still remains what course we should take regarding this child's future—a question that can only be answered from an educative perspective.

That the child with specific learning disabilities contains a particular educative task is obvious. When he comes to school he is confronted with problems. He experiences that he lags behind his classmates in particular areas, that daily he must do things that he can't, while the other children can do them. He gradually acquires a dislike for reading and going to school in general and it is understandable that feelings of inadequacy can arise that he doesn't know how to deal with.

Now it also is the case that “hidden” and unobservable disabilities give the impression that the child is “normal” in all respects but only “will” not answer to the standards that are expected of him. This often puts him in a position to be ridiculed by his fellow pupils.

Research has also shown that parents often have more difficulty accepting a “limited” handicap than a more serious one since it cannot be shown to be “organic” and the disabilities in becoming and learning are attributed to an unwillingness on the part of the child.³⁴

Thus it is obvious that the question of who the child is with specific learning disabilities cannot be fundamentally discussed via the question of what area or field of knowing is ultimately affected by the restraint. The primary matter is and remains the educating of these children and the consequences these restraints hold for them.³⁵

These learning restraints and resulting effects are observable and influence the teaching the child must experience. The consequence of the restrains is too diverse to simply pair up the problem with the remediation of the inadequate learning effects. Indeed, he does not experience his deficiencies in terms of particular defects in achievement or as a defective brain. The disorientation that he experiences cannot merely be reduced to one or another aspect of his involvement in the learning situation.

A comprehensive detailing of the unsuccessful events is necessary—events that lead (have led) to this child now being a child with specific learning disabilities and who, as such, can be “typified” as belonging to a particular group of “deviant” children.

Finally there is a brief reflection on the necessity for “grouping together” these “types” of “deviant” children.

5. CHILDREN WITH SPECIFIC LEARNING DISABILITIES AS A “HOMOGENEOUS” GROUP

In addition to the complexity of the phenomenon of children with learning disabilities, as such, the problematic also largely revolves around the particular heterogeneity of this distinguishable group of children. Stander³⁶ indicates that they do not form a homogeneous group either in terms of etiology or

specific area of disability; aside from under-achievement in learning, they really have little in common.

With the aim of consolidating the explications of their learning disabilities it is however important to examine a few aspects of their being “typified”. The most important goal of any typifying is usually to recognize, order or classify. A typing with respect to specific learning disabilities is therefore of particular importance for orthopedagogic-orthodidactic practice because it directly provides suggestions about matters that eventually must contribute to establishing a definitive practice of providing help.

However, typifying usually also implies a consolidation of information with the aim of promoting situations or a series of situations in which proven therapies or procedures can be more or less immediately implemented in order to get the helping program underway.³⁷ In this context think of particular exercises of functions that are preconditions for a program regarding motor problems, etc.

Similarly, a typing of the “sorts” of deficient learning effects give direction to all involved in the sense that it brings particular conjectures to the fore, especially via diagnostic work.

A qualifying of the deficient learning results is vague in terms of the general insights that it verbalizes, and this vagueness must be eliminated through greater particularizing. A deficient learning effect is always nuanced and these nuances must be described. This can be a question of emphases, fixations or even fallacies. In this context, Van der Stoep³⁸ says that there can be mention of a fallacy in the sense that part of a macrostructure is interpreted as if it were the whole and this easily leads to a one-sided description.

Therefore, the nuanced nature of the learning disabilities requires a nuancing from within the framework of the diagnostic and the programs that arise in light of them. This statement makes a very important difference in perspective on the matter of specific learning problems because the general or macro-structure within which the problem appears only brings to the

fore an accompanying know-how on the basis of which the orthodidactician must arrive at a micro or part structure and that must be brought into correspondence with the particularities of the specific problem, according to Van der Stoep³⁹. For example, in this respect, compare the discriminations possible in an investigation of visual and auditory dyslexia that show distinct, i.e., discriminable nuances with different children regarding, e.g.:

- (a) The problem itself; and
- (b) the degree of learning disability resulting from the problem as it can be manifested in the cognitive grasp of language, the affective blockage in experiencing language and expression in language.

By analyzing the quality of actualizing the various modes of learning a sharper designation in the diagnostic can lead to a clearer outline of the nature, i.e., the nuances, of a particular learning problem. These particulars always show a unique relief with which the planned therapy must be coordinated. In this connection, there then can be particularizing regarding the so-called exercise of functions of the different levels of perception (meaningful perceiving) when there is planning for a particular child's perceptual-motor skills (for each sense) in terms of recognizing, differentiating, classifying, determining, recalling, reproducing; and also with respect to exercises connected with gross and fine motor movements, three-dimensional perception, non-verbal symbols, verbal symbols and school work.

No particular mode of learning can be elevated to an overarching explanation of the child's learning problem. Moreover, in most cases a learning difficulty is also complicated by an "emotional" layer⁴⁰ that in practice makes it very difficult to penetrate to the primary origin of the deficient learning effect.

6. CONTEMPORARY TEACHING SUPPORT FOR THE CHILD WITH SPECIFIC LEARNING DISABILITIES

In practice there are now three groups of children with specific learning disabilities that are distinguished, namely:

- (i) Pupils whose disabilities are not of a very serious nature and who can acquire the necessary help in an ordinary class—known as Group A.
- (ii) Pupils whose problems are more serious and who must receive specialized help in a help-class of the provincial departments of education—known as Group B.
- (iii) Pupils who probably will not profit much, even from the orthodidactic assistance they receive in the help-classes, so that they cannot return to the ordinary class—known as Group C. Some can be classified early on as Group C pupils while others will receive teaching in help-classes for a time. If after two years the latter still cannot enter an ordinary class they must be referred to the Department of National Education as possible Group C pupils.

These children cannot be placed back in the ordinary class because they cannot even fend for themselves and because orthopedagogic help usually can be implemented only to a limited degree when primary deficiencies in educating give rise to learning disabilities, it can be accepted with greater certainty that these are children with psycho-neurological handicaps.

The stronger the psycho-neurological handicap, the more the teaching has a special and specific approach with the consequence that the teaching shows an increasing relation to specific learning handicaps.

7. SOURCES

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AUTHOR'S ENGLISH SUMMARY
[Slightly edited]

WHO IS THE CHILD WITH SPECIFIC LEARNING
DISABILITIES?

In addition to the increased interest shown in children with serious learning problems, including those for which the causes cannot be attributed to specific handicaps, limited mental abilities or ineffective teaching, specialized remedial assistance is also increasingly provided to them.

Although research shows a close connection between neurological dysfunction and certain learning and behavioral problems, neurological handicaps cannot be indicated in all children who learn in a "different" way and, therefore, preference is given to the terms "specific learning handicaps" and "specific learning disabilities" rather than the term "minimal brain dysfunction".

"Handicap" refers to an apparent shortcoming that can be alleviated only with difficulty, whereas "disability" indicates slower learning because of aggravating circumstances that possibly can be alleviated. Children with specific learning disabilities show ineffective learning actualization, and the qualification of this requires a direct approach to inappropriate learning results as a factor in itself rather than an investigation to determine possible causes.

In addition to the quality of actualizing the modes of learning (actualizing the learning task), an assessment of the child's constituting his own world is extremely important, and therefore a pedagogical investigation is also implied.

The manifested learning problems necessitate qualification, but also an investigation of the inadequately actualized modes of learning. A close analysis of learning disabilities inevitably reveals that they contribute to a labile affective and chaotic experiencing of the learning task so that the child's desire to explore and his willingness to learn are severely impeded;

consequently, the result is that his experiential gains are markedly impoverished. As such, learning disabilities not only disrupt the cognitive but hinder a child's total becoming. Hence, learning disabilities should not simply be traced to neurological dysfunctions.

The child with specific learning disabilities should be seen as a person, as a totality-in-function, who finds himself in a problematic educative situation and whose assistance demands a particular pedagogical approach.

Because of the variations of learning disabilities, a differentiated approach is needed regarding both diagnosis and assistance.

Differentiated teaching is provided for these children in ordinary classes, in special classes in the Provincial Education Departments and by the Department of National Education. The more a specific neurological handicap is manifested, the more the teaching has a special and specific approach, with the consequence that the teaching shows an increasing relatedness to specific learning handicaps.