

# WHO IS THE CHILD WITH SPECIFIC LEARNING DISABILITIES?

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## 1. INTRODUCTION

In teaching circles it is generally accepted that there are children who, despite the absence of hearing, visual, physical, cerebral, or other disabilities, and despite adequate intellectual abilities, as well as good teaching still experience serious learning problems.<sup>1</sup> 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.<sup>2</sup>

Often, the parents of these children, who visit the Child Guidance Institute, complain that they have already tried everything, and have seen various doctors without them being able to find anything wrong. Langeveld says that some 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”.<sup>3</sup>

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.<sup>4</sup> Nevertheless, there is still great agreement with John McFie, who comments that they belong to a terrain which he describes as: “Largely unchartered [sic] seas, swept by uncertain currents”.<sup>5</sup> 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 which, in sensationalistic ways, try to create the

impression that the responsible teaching authorities are unaware of the existence of such a group of pupils.

That such suggestions are devoid of all truth is reflected in the fact that, in 1968, the Minister of Education had appointed a committee to investigate this matter, which 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.<sup>6</sup>

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.<sup>7</sup>

## **2. THE CONNECTION BETWEEN SPECIFIC LEARNING PROBLEMS AND NEUROLOGICAL DYSFUNCTIONS**

Intensive neurological research, without doubt, shows a connection between specific failures in the functioning of the central nervous system and learning and behavioral effects. These deficiencies in the central nervous system appear in various ways, and in reciprocal combinations, which 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 which, however, are seldom scientifically shown, according to Kalverboer.<sup>8</sup> Moreover, it is noted 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 dysfunction<sup>9</sup>, psycho-neurological learning disability<sup>10</sup>, 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 fact, and in various respects, it can be very disruptive to a child’s total learning. Also, there are often children who show all 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.

Considering the above, it is understandable why Gomez<sup>11</sup> 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 which are directly connected with a neurological deficiency, there 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/her given potentialities, such as deafness or epilepsy, or a describable lack in his/her 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/her given learning potentialities. However, this, indeed, does not imply that, despite these aggravating circumstances, the child cannot adequately actualize his/her 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/her 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/her 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/her personal actualization, but to its slower progression. A learning disability, thus, means learning which 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 which necessitates intervening orthodidactically with the learning disability, while special teaching intervention is necessary in the case of the learning handicapped child.

## **Synthesis**

Stander<sup>12</sup> says that the terminology regarding these children has a long history but 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 which provides a degree of homogeneity to a group of otherwise heterogeneous children; they are 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’s<sup>13</sup> 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”.

From the comprehensive findings of several researchers, it is accepted that neurological handicaps lay the foundation for these learning defects in a large percentage of cases, but it also is 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/she is indeed different. Stander<sup>14</sup> says he/she shows all kinds of subtle deviations which let him/her learn “differently” than other children. Therefore, he/she can easily be ignored as inconspicuous in a large class. However, should he/she be investigated more closely, the gap or disparity between his/her potential and his/her achievement is corroborated.<sup>15</sup> Although he/she is not deaf, he/she does not listen, or hear “normally”; although he/she is not blind, he/she does not see as a normal child does; and although he/she is not intellectually handicapped, nevertheless, he/she develops problems with respect to scholastic progress.

Thus, he/she 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/her 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 which 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”.<sup>16</sup>

#### **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:<sup>17</sup>

- (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 which 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 several 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, which is different from other types of “deviant” children, and he/she often is described in terms of characteristics which he/she lacks: for example, his/her 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,<sup>18</sup> i.e.:

- (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 because a complete team of researchers is often lacking, which 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”.<sup>19</sup>

A child's learning results, and the quality of actualizing his/her various modes of learning can, to a large extent, be determined. Furthermore, a learning disabled child always presents a problematic for pedagogics, and particularly for orthopedagogics, and orthodidactics because he/she not only fails to adequately realize the learning task, but also establish a meaningful world, as a world-for-him/herself; i.e., on the basis of the coherence of his/her specific learning disabilities, and inadequate guidance, with respect to them, in his/her educative situatedness, he/she does not come to optimally realize his/her 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/her 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,<sup>20</sup> 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 which lie in the child's aptitudes. To do this, knowledge of the actualization of the psychic life of the child-in-educating is necessary—a matter which cannot be thoroughly considered here,<sup>21</sup> but which is 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 is 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 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 Vliegthart,<sup>22</sup> a characteristic which also often is manifested by these children is “being too childish for their age”, which emerges as a weak disposition to work, and a labile attention span, by which a child, in the words of Dumont,<sup>23</sup> 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.

A child’s level of becoming and learning must be illuminated. Particularly, 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 which are found. Many pupils with specific learning disabilities succeed in recognizing letters, but fail in the reading of words, and are not able to blend letters into words, or to visualize the word.

With respect to children who are poor readers, Vedder<sup>25</sup> says the errors they make in writing words especially emerge in dictation. It seems that sometimes they are able 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/her, it is miswritten in a variety of ways. He/she omits letters, and places them in the wrong sequence; briefly, he/she 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 which a poor reader faces when he/she must write down a dictated word, if we consider how we would behave when in a country where a language is spoken which 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. Vedder<sup>26</sup> 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. Cruickshank<sup>27</sup> distinguishes 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/her 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/she often falls or drops objects. He/she breaks many things; he/she cannot ride a bicycle; he/she has difficulty tying his/her shoelaces, or build with blocks. These phenomena which 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 specific 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.<sup>28</sup>

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 specific 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 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 which figure in his/her learning. He/she learns on his/her own initiative by actualizing the modes of learning for which he/she has aptitude. Indeed, the learning restraints are a disharmony in his/her self-actualization of learning which also includes a disharmony in the actualization of experiencing, willing, and lived experiencing, which result in a disharmony in his/her giving meaning via a labile emotionality, and a disordered cognitive experience of meaning, by which there is a defective ground for integrating new possessed experience.

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, which is the result of his/her 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 by which the total course of his/her becoming is 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/her sensing, attending, perceiving, thinking, imagining, fantasizing, and remembering relationship to and involvement with learning contents.

A structural image of the realization of learning—which, according to Stander,<sup>29</sup> 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 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**

Olivier<sup>30</sup> says usually they have at their disposal a qualitative possessed experience which so labilizes childlike willing that willful effort and willpower 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 obvious, and an intense experience of being unsafe is generally the rule.

**(ii) Deficient attending**

Deficits in attending, which are very conspicuous with these children, wreak havoc on the realization 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/her perceptual "hardware".

Hyperactivity is closely related to this distractibility. The child is as active in attending as he/she is bodily [i.e., physically]. As difficult as it is for him/her to control his/her body by sitting still, it is equally difficult for him/her to attend to what, at the moment, is important. His/her ways of thinking and working are, thus, often unorganized, disordered, and unsystematic.<sup>31</sup>

Perseveration is an additional phenomenon which is closely related to defective attending. Here perseveration means "the inability of the individual to shift with ease from one mental activity to another".<sup>32</sup> The implication for learning is that the child is restrained in realizing the cognitive modes since the appeal which captivates his/her 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/she shows figure-ground problems, he/she cannot synthesize parts into a whole, and he/she primarily directs him/herself to details instead of to the whole.

If 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.<sup>33</sup>

### **(iii) Inadequate thinking**

Perceiving, which includes planning, ordering, and reflecting, is 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 coherence 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/her 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/she must never be allowed to disappear behind an analysis of so-called functions and types, by which he/she is compartmentalized and given a label.

Because this child is so seriously blocked in school, especially regarding the event of learning, he/she must be viewed as a child in a problematic educative situation, or a problematic learning situation. He/she is someone who acts, who orients, who exists. He/she is corporeality, and not merely a [physical] body with functions and, therefore, he/ must proceed from his/her situation as it exists for him/her, and in which he/she is involved in self-actualizing 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/her self-actualizing, especially regarding the realization of his/her learning—matters which are not 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/her psychic and social life, i.e., by describing his/her “learning structure” from a totality perspective.

Indeed, even when a medical diagnosis is clear, the question remains what course we should take regarding this child's future—a question which can only be answered from an educative perspective.

That the child with specific learning disabilities includes an educative task is obvious. When he/she comes to school, he/she is confronted with problems. He/she experiences that he/she lags behind his/her classmates in many areas, that daily he/she must do things

which he/she can't, while the other children can do them.  
He/she gradually  
acquires a dislike for reading and going to school, in general, and  
it is understandable that feelings of inadequacy can arise, which  
he/she  
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 which are expected of him/her. This often puts him/her in a position to be ridiculed by his/her 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.<sup>34</sup>

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

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

A comprehensive detailing of the unsuccessful events is necessary-- events which lead (have led) to this child now being a child with specific learning disabilities, and who can be "typified" as belonging to a 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, the problematic also largely revolves around the heterogeneity of this distinguishable group of children. Stander<sup>36</sup> 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 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 special importance for orthopedagogic-orthodidactic practice, because it directly provides suggestions about matters which eventually must contribute to establishing a definitive practice of providing help.

However, typifying also usually implies a consolidation of information with the aim of promoting situations, or a series of situations in which proven therapies, or procedures can be immediately implemented in to get the helping program underway.<sup>37</sup> In this context, think of exercises of functions which 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 conjectures to the fore, especially via diagnostic work.

A qualifying of the deficient learning results is vague in terms of the general insights which 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 Stoep<sup>38</sup> 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 which arise considering them. This statement makes a very important difference in perspective on the matter of specific learning problems because the general or macrostructure within which the problem appears only brings to the fore an accompanying know-how by which an orthodidactician must arrive at a micro, or part structure, and which must be brought into correspondence with the particularities of the specific problem, according to Van der Stoep<sup>39</sup>. For example, in this respect, compare the discriminations possible in an investigation of visual and auditory dyslexia, which 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 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 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 one 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" layer<sup>40</sup> which, 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 which are distinguished, i.e.:

- (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

1. Murray, C. H. d.C. Verslag van die Komitee van Onderzoek na die opvoeding van kinders met minimale breindisfunksie, Staatsdrukker, Pretoria.
2. Cruickshank, W. M. 1974. The brain-injured child in home, school and community, Pittman, New York, pp. 31-36.
3. Langeveld, M. J. 1972. Het kind met lichte cerebrale stoornissen en zijn pedagogische problemen: Een beknopte samenvatting, in Sonnekus, M. C. H. (Ed.): Die misdeelde kind en sy inskakeling in die maatskappy, N. G. Kerkboekhandel, Pretoria, p. 93.
4. Sonnekus, M. C. H. 1975. Onderwyser, les en kind. U. U. B. Stellenbosch, p. 6.
5. McFie, J. 1962. Minimal Cerebral Dysfunctions.
6. Toespraak van die Minister van Nasionale Opvoeding by geleentheid van die amptelike ingebruikneming van die Murial Brandskool op 17 Maart 1978, Publikasie van die Departement van Nasionale Opvoeding, p. 7.
7. Olivier, A. S. 1977. Gespesialiseerde onderwys van kinders met spesifieke leerprobleme in hulpklasse verbonde aan skole van die Transvaalse Onderwysdepartement, in: Van Niekerk, P. A. (Ed.): Hulpverlening aan kinders met leerprobleme, Publication Series of the University of Pretoria, Nuwe Reeks No. 123, p. 134.
8. Kalverboer, A. F. 1972. Over de relatie tussen neurologiese dysfunksies en gedrag by kinderen, in: De Wit, J., Bolle, H. and Cardozo-van Hoorn, R. J. (Eds.): Psychologen over het kind, 2, H. D. Tjienk Willink, Groningen, p. 157.
9. Murray, C. H. de.C., op. cit.
10. Strydom, D. 1969. 'n Onderzoek na sekere aspekte van laterale dominansie by 'n paar vorms van psigoneurologiese leeronvermoe, M.A. thesis, University of Pretoria.
11. Gomez, B. M. R. 1967. Minimal cerebral dysfunction (maximal neurological confusion, Clin. Pediat. 6,

pp. 589-591.

12. Stander, G. 1977. Kliniese neigingstrukturaanlyse van die leergestremde kind, Ph. D. dissertation, University of Cape Town, p. 19.
13. Kirk, S. A. and Bateman, B. Diagnosis and Remediation of learning disabilities, *Exceptional Children*, Vol. 29, No. 2, Oct. 1962, p. 73.
14. Stander, G., op. cit., p. 88.
15. See Dumont, J. J. 1972. *Leerstoornisse: Oorzake en behandelingsmetodes*, Lemniscaat, Rotterdam, p. 12.
16. Op. cit. onder 6, p. 5.
17. See Olivier, A. S. 1976. 'n Verkenning van leerremmingsmomente by kinders met spesifieke leergeremdheid, M.Ed. thesis, University of Pretoria, p. 140.
18. Den Dulk, C. and Van Goor, R. 1974. Inleiding in de orthodidactiek en de remedial teaching van het dyslectiese kind, Callenbach, B.V.-Nijkerk, p. 112.
19. Dumont, J. J. op. cit., p. 10; see also: Myklebust, H. R. *Progress in learning disabilities*, Vol. 1, Grune and Stratton, New York, p. 2.
20. Stander, G., op. cit., chapter 3.
21. For further information on this matter the reader is referred to the following article by Prof. M. C. H.

Sonnekus.

22. Vliegthart, W. E. and Rispen, J. 1972. *Onderwys van lees- spellingzwakke kinders*, Groningen, p. 12.
23. Dumont, J. J. op. cit., p. 63.
24. See: (i) Hellmuth, J. (Ed.) 1965. *Learning disorders*, Vol. 1, Special Child Publications, B. Straub & J. Hellmuth Co-Publishers, Seattle, p. 187; (ii) Turnapol, L. (Ed.) 1969. *Learning disabilities: Introduction to educational and medical management*, Charles C. Thomas, Illinois, p. 334; (iii) Stander, G., op. cit., p. 12; (iv) Vedder, R. 1964. *Kinders met leer- en gedragmoeilikheden*, J. B. Wolters, Groningen, p. 42.
25. Vedder, R., op. cit., p. 48.
26. Ibid, p. 50.
27. Cruickshank, W. M., op. cit., pp. 31-36.

28. See: (i) Van de Wissel, A. 1963. Spellingsmoeilijkheden, minus- variant of dysorthografie? Nederlands Tijdschrift voor de Psychologie, 18, p. 13; (ii) Bakker, D. J. 1965. Leesstoornissen: Een foute analyse, Nederlands Tijdschrift voor de Psychologie, 20, pp. 173 et seq.
29. Stander, G., op. cit., p. 16.
30. Olivier, A. S. op. cit., no. 7, p. 138.
31. Ibid, p. 136.
32. Cruickshank, W. M., op. cit., p. 47.
33. See: Vedder. R., op. cit., p. 48.
34. See: Cook, J. J. 1963. Dimensional analysis of child-rearing attitudes of parents of handicapped children, American Journal of Mental Deficiency, 68, pp. 354-361.
35. See: Van der Stoep, F. 1977. Wie is die kind met leerprobleme?, in: Van Niekerk, P. A. (Ed.): Hulpverlening aan kinders met leerprobleme, op. cit., p. 45. Trans. George D. Yonge. Available on line at: [georgeyonge.net/node/80](http://georgeyonge.net/node/80).
36. Stander, G., op. cit., p. 13.
37. Van der Stoep, F., op. cit., p. 47.
38. Ibid, p. 55.
39. Ibid.
40. See: (i) Stander, G., op. cit., p. 14; (ii) Francis-Williams, J. 1970. Children with specific learning difficulties: the effect of neurodevelopmental learning disorders on children of normal intelligence, Pergamon Press, New York, p. 105; (iii) Cruickshank, W. M. 1971. Buitenbeentjes: Kinderen met hersenbeschading thuis, op skool en in de groep, Lemniscaat, Rotterdam, p. 37.

**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 which can be alleviated only with difficulty, whereas “disability” indicates slower learning because of aggravating circumstances which 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 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/her 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 affectivity, and chaotic

experiencing of the learning task, so that the child's desire to explore, and his/her willingness to learn are severely impeded; consequently, the result is that his/her 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 him/herself in a problematic educative situation, and whose assistance demands a 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.