

CHAPTER 14

THE PRACTICE OF DIAGNOSING LEARNING PROBLEMS

1. INTRODUCTION

A child with learning problems is touched in his/her total personal actualization (See Van Niekerk and Sonnekus, 1979) and, therefore, it is necessary to show how his/her actualization of becoming and learning relate to the nature of his/her learning effects, as the symptoms or manifestations of his/her learning problems.

It is not always possible to show which factors can be considered the cause of a learning problem and if they indeed play a causative role. More often, it is the case that the deficient actualization of becoming and learning appear simultaneously with learning problems and, thus, there is a correlation rather than cause. (This matter is discussed in a previous chapter). However, in its turn, a learning problem can give rise to problems of actualizing becoming, in connection with which there are symptoms of learning problems.

2. DISHARMONIOUS ACTUALIZATION OF BECOMING

A child with learning problems is in a disharmonious teaching situation, as explained in Chapter 11, and the meanings he/she attributes to his/her handicap are again sedimented in his/her actualization of learning. Thus, there is a continual interaction among the actualization of becoming and learning, on the one hand, and learning effects, on the other hand. "In researching emotional problems, the question that most often arises is whether reading disability is caused by emotional problems or whether reading disability results in emotional problems. It appears that each tends to contribute to the other ... " (Ekwall and Shanker [in English], 1985: 12).

Usually, a child with learning problems is convinced that he/she cannot handle his/her schoolwork or any assignment. He/she shows feelings of frustration, impotence, inadequacy and aggression against the school and school subjects. In this respect, Ekwall and Shanker (1985: 318) say [in English] "Most students become

irritated when they fail to experience some success. Students with severe reading disability, however, tend to become extremely irritable on meeting a task at which they are not immediately successful. Their moods may also change rapidly."

Affective lability is common and can result in a withdrawal into a unique world of fantasy and the unreal, a refusal to do homework when it is connected with reading and writing, and even to truancy or vandalism--the possible deviant behaviors are multiple.

Thus, emotions and personal meanings determine a child's (also always an adult's) attitude and behavior, and even can aggravate his/her already existing distressful situation, of which a further consequence is that the child shows an inadequate grasp of subject matter contents.

Hence, a child in a disharmonious teaching situation is restrained in actualizing his/her total person, which creates a fertile ground for further restraints in his/her learning. Thus, a child, as it were, is in a vicious circle from which he/she cannot find an escape by him/herself. A defective learning effect is the symptom of inadequate personal actualization. This is discussed in the following division (Part V) of this book.

3.

DEFICIENT

LEARNING EFFECTS

3.1

Introducti on

A child
with
learning
problems
progresses
poorly
with the

instrumental skills of reading, spelling, writing and arithmetic,

although
there often
then are
correlated
problems
regarding
subject

matter
contents as
a result.

When a
child's
problem

with a skill
is
described,
this should
be done in
terms of
his/her

grade
level, the
requirements
determined by the
syllabus, as

well as
his/her
individual
abilities.

3.2

Deficient
reading

Children
with
reading

problems
usually
show a
variety of
reading
techniques
which arise

in all of
them. For
example, a
child can
read with
the help of
his/her

finger,
read word
for word,
repeat,
insert,
guess at, or

sound out
words.

A deficient
understan
ding of the
content is

clear when
a child
reads with
incorrect
phrasing,
poor
intonation,

ignores
punctuatio
n marks
and cannot
answer
questions

about the
content.

There are
different
levels of
reading

passages
which are
ranked
according
to their
degree of
difficulty

based on a
particular
child's
accuracy of
reading
techniques
and

understan
ding, and
which can
help with
the
selection of
suitable

reading
materials
for each
child. The
independe
nt level is
defined by

approximately 99%
reading
accuracy
or word
recognition
, and

approximately 90%
accuracy in
understanding,
which
means that

a child can
use this
reading
material
for
independe
nt reading.

The
teaching
level is
defined by
95%
reading
accuracy

and 75%
accuracy in
understan
ding,
which
means that
this level

of reading
material
can be
used for
reading
instruction
. The

frustration
level is
defined by
approximately 90%
reading
accuracy

and
approximately 50%
accuracy of
understan
ding,
which

means that
this
reading
material is
too
difficult
for the

child, and
also cannot
be used for
instruction
before
his/her
skills have

improved
(Ekwall
and
Shanker,
1985: 368-
369).

The
criteria are
explained
by Betts
(1946) and
further
clarified by

Johnson
and Kress
(1965: 6,
10) in
terms of
behavioral
characteris

tics which
usually go
together
with them:

The level
of

independence:

*

Rhythmic,
expressive

oral
reading;
* accurate
use of
punctuatio
n;

* silent
reading is
faster than
oral
reading;
* answers
to

questions
are in
language
equivalent
to that of
the
questioner;

* no sign
of lip
movements
, use of
fingers,
head
movements

, reading
aloud or
anxiety
regarding
his/her
assignment
s.

The
instructional level:

* The
same
particulars.

The
frustration
level:

*

Abnormall
y loud or
soft voice;

* a-

rhythmic

or word for
word
reading
aloud;
* absence
of
expression

in oral
reading;
* faulty
use of
punctuatio
n;

* use of
finger (by
regularly
pointing to
each
word);

*

movement
of lips or
head;

* requests
for help;

* lack of
interest in
selecting
reading
material;

* yawning
or clearly

fatigued;
and
* refusal
to
continue.

Although
other
authors
propose a
few other
levels of
reading,

they
usually are
based on
intuitive
feelings
(Ekwall
and

Shanker,
1985:
370).

The more
intelligent
child

usually can
understand
the
content of
the reading
material
even when

mistakes
are
committed
in his/her
inaccurate
reading.
Albert

Harris
(Harris and
Sipay,
1972: 42)
states [in
English]
"as the

nature of
the reading
task
becomes
more one
of
comprehen

sion and
interpretat
ion,
intelligenc
e becomes
a stronger

determinin
g factor."

Adequate
eye-
movements
are

extremely
important
for
developing
reading
skills, and
a deviation

can greatly
restrain
this
developme
nt. When
there is
any

indication
of a
deviation
in this
regard
(Ekwall
and

Shanker,
1985: 282-
285),
corrective
means are
required,
either by

means of
glasses or
eye
exercises
prescribed
by an
oculist or

optometris
t.

Faulty eye
movements
will be
manifested

in looking
back to
previous
words or
parts of a
sentence,
omitting or

repeating
words,
pausing at
the end of
lines, the
loss of
orientation

point
during
transcripti
on, moving
the head
or keeping
one's place

with a
finger,
eyes held
too close to
the book
and eyes
which are

red or
watery.

The types
of reading
errors
committed

are
multiple,
and their
appearanc
es differ
with
individual

children.
Here is an
attempt to
indicate
some of
the most
general

types of
errors and
the
accompany
ing
perceptual

disturbances:

* Possibly
a child
does not
know the

correct
sound
values of a
written
symbol or
doesn't
know how

to
pronounce
vocal
combinatio
ns such as
diphthongs,
for

example,

"loo*i*"*

instead of

"loe*i*".

* Errors

can arise at

* All words in quotation marks are Afrikaans words.

the
beginning
of words,
for
example,
"been"
instead of

"leen"; or
at the end
of words,
for
example,
"lenig"

instead of
"lening".

* Reversal
of letters
within a
word can
occur, for

example,
"bak"
instead of
"dak"
(spatial
orientation
).

* Letter
sequences
can
change, for
example,
"kruk"

instead of
"Kurk".

* Letters
can be
omitted,
for
example,

"daai"

instead of

"draai",

"braai"

instead of

"baai".

*

Inadequate
discriminat
ion can
lead to
mis-
readings,

for
example,
"nooit"
instead of
"mooi".

*

Anticipatio

ns can lead
to
substitutin
g a word or
part of a
word, for
example,

"koud"

instead of

"koel".

* A child

can show

an inability

to

synthesize
auditorily
when
he/she
articulates
a word.

* Most
reading
errors
committed,
in each
case, are
attributable

e to an
inadequate
analysis,
and all the
above
errors can

be applied
to this.

Standardiz
ed as well
as informal
tests are

available
in both
languages
(Afrikaans
and
English) to
evaluate a

child's
reading
skills. This
is given
attention
in Chapter
14,

Diagnostic Practice.

3.3

Writing deficiencies s

Written
work can
be judged
in terms of
language
use,

gnostic-
cognitive
level
(concrete
or abstract,
logical or
unorganize

d, creative
or
stereotypic
patterns of
thinking)
and
content. In

addition,
the quality
of
handwritin
g ought to
be judged
in its

completed
form as
well as
during its
execution.
The grasp
of the

writing
implement,
as well as
the
position of
the arm
and body,

and the
nature of
the writing
action are
responsible
for the
legibility of

the
writing.

Any
conspicuous
ness
during the
act of

writing
ought to be
considered
in the
judgment.
The ways
in which

corrections
are made
(spontaneo
usly or
after being
pointed
out) are

important
as
manifestati
ons of a
child's
spontaneo
us

attending
and ways
of
thinking.
Deviations
in written
symbols

can be
attributed
to motor
inaccuracies,
motor
inhibitions,
motor

perseverati
ons or
inadequate
visual-
motor
integration
. Spacing

of letters
and words,
and the
slope of
lines often
are a
conspicuous

S
manifestati
on of
inadequate
motor
control

and use of
space.

3.4

Spelling
deficiencies
s

Spelling
can be
judged by
independe
nt work,
transcripti

ons and
dictation
so that it
can be
determine
d if the
discrepanci

es which
might arise
can be
ascribed to
an error in
thinking or
to a visual

or auditory
loss. The
following
are general
spelling
errors:

* Phonetic
ways of
spelling,
for
example,
"toegmaak
" instead of

"toegemaa
k".

*

Omissions
such as
"trug"

instead of
"terug".

* Faulty
implementation of
spelling
rules such

as open
and closed
letter
groups, for
example,
"boome"
instead of

"bome";
doubling
of
consonants
, for
example,
"kate"

instead of
"katte";
diminutive
forms such
as
"karriekie"

instead of
"karretjie".

The aim of
dictation is
to
determine

if a child
can link
sounds to
letter
symbols,
and if
he/she is

able to
correctly
remember
auditorily.
During
transcripti
ons, the

degree to
which a
child
controls
his/her
work must

be
observed.

3.5

Arithmetic
deficiencies
s

Here it is
important
to note
computatio
nal
fluency,

number
understan
ding and
the ability
to use
abstract
methods

for solving
problems,
written as
well as
oral.

Deficiencies
can be

manifested
in counting
with the
fingers,
counting
and
computatio

nal errors
in ordinary
notational
forms or in
abstract
problem
solving.

3.6

Manifestations of neurological "dysfuncti

ons" and
their
implicatio
ns for
harmonizi
ng
teaching

A
neurologic
al
dysfunctio
n does not
necessarily

have to
lead to a
learning
problem,
but indeed
can be the
reason for

problems
with the
instrumental skills. In
this
connection
, Ekwall

and
Shanker
(1985: 10)
state [in
English]
that "The
fact does

remain
that a
certain
proportion
of disabled
readers do
have

neurologic
al
difficulties
but that
neurologic
al
difficulties

probably
account for
a small
percentage
of the
actual
causes of

reading
disability.
However,
... the fact
that a
student is
classified

as having a
minimal
brain
dysfunction
, does not
help in the
diagnosis

of the
child's
reading
problems.
A student
... must be
taught to

read
regardless
of how we
label his or
her
condition."

Although
there are
no obvious
indications
of
neurologic
al

problems,
children
with
learning
problems
often show
the so-

called "soft
signs" of
neurologic
al
dysfunctio
ning: slight
motor

problems,
clumsiness,
visual-
motor
deficiencies,
deviant
or

abnormal
retardation
in
language
acquisition
, problems
with

reading
and
mastering
arithmetic
skills
(Lerner,
1981: 61),

impulsivity
and
hyperactivity (DSM III,
1980: 44).
In the past,
this group

of children
was known
under a
variety of
labels:
hyperkinet
ic

syndrome,
hyperactiv
e child
syndrome,
minimal
brain
damage,

minimal
brain
dysfunction,
minimal
cerebral
dysfunction,
(DSM III,

1980: 41),
psychoneu-
rological-
dysfunctio-
nal, the
child with
specific

learning
handicaps
or
restraints,
and the
neurologic
ally

handicapp
ed child
(Du Toit,
1980: 59).
Hyperactiv
ity is
manifested

in gross
motor
activities
such as
excessive
running or
climbing.

The child
appears to
be
physically
driven,
and he/she
finds it

difficult to
sit still.

Older
children
and

adolescent
s can be

exceedingly
restless
and
fidgety.
The
quality of
the motor

activities
differentiat
es these
children
from
children
who are

merely
overactive,
since the
hyperactivi-
ty is
characteriz-
ed by

haphazard,
aimless
and
unorganized ways of
doing
things

(DSM III,
1980: 41).

The label
child with
attention
deficits is

chosen
because
deficient
attending
is the most
general
and

conspicuous
s
characteristic of these
children,
and it
continues

to appear
in
adolescenc
e while
over-
activity
decreases

(DSM III,
1980: 41).

The
diagnostic
criteria for
the

attention
deficit
syndrome
with
hyperactiv
ity are:

* Poor
attending

At least
three of
the
following:

* Often
does not
complete
tasks;

* often

does not

listen;

* attention

is

distractible

;

* finds it
difficult to
concentrat
e on school
work or
tasks
requiring

sustained
attention;
and
* finds it
difficult to
maintain a

play
activity.

*

Impulsivit
y

At least
three of
the
following:

* Often
acts

without
thinking;

*

continually
changes
activities;

* finds it
difficult to
organize
his work;
* needs
lots of

supervisio

n;

* often

talks out of

turn in

class; and

* finds it
difficult to
wait for his
turn in
play or
group
situations.

*

Hyperactiv ity

At least
two of the
following:

* Runs
and climbs

excessively

·
;

* finds it

difficult to

sit still;

continually

fidgeting;

* finds it
difficult to
remain
seated;
* moves
excessively

in his
sleep; and
* always
on the
move and
appears
driven.

*** Onset
before the
age of
seven.**

*** Has
persisted**

for at least
six
months.

* Not
attributable
to
schizophrenia

nia,
affective
lability, or
mental
retardatio
n (DSM III,
1980: 44).

The attention deficit syndrome without hyperactivi

ty has the
same
characteris
tics as
above
except that
the

characteris
tics and
restraints
are less
accentuate
d.

The most
important
question
for the
orthodidac
tician
(education

al
psychologi
st) is how a
child with
attention
deficits
comes

forward to
meet and
deal with
learning
assignment
s, how
he/she

proceeds
to give
meaning
via
learning,
and how
his/her

"deficiency
" can be
contributo
ry to the
disharmoni
ous
dynamics

of
teaching.

The
characteris
tic
disturbanc

es in
attending,
impulsivity
, and
hyperactivi
ty have the
following

implications
for an
attention
deficit
child's
actualizati

on of
learning:

There is a
direct
relation
between

bodiliness
and
learning
(Engelbrecht,
1970:
103). This
relationship

p is
disturbed
by a child's
hyperactivi
ty and
impulsivity
so that

his/her
body, as a
standpoint
in the
world, and
a situation
from which

he/she
acquires a
perspective
and grasp
of reality,
loses its
meaning.

In this
way,
his/her
own body
is
experienc
d as a body

with
deficiencies
because
it
continually
leaves
him/her in

the lurch.
The
possibility
of
completing
the
learning

assignment
, thus, does
not acquire
adequate
form
because
the body

between
him/her
and the
task is
unstable
(Du Toit,
1980: 69).

This
impedes
spatial
orientation
because
matters
such as

size,
distance
and
especially
constancy,
all directly
related to

perception,
are not
adequately
actualized
by his/her
bodily
involvement

nt in the
world.

Temporal
orientation
also occurs
via the

body.
According
to Kephart
(1971: 54)
temporal
orientation
initially is

a motor
activity
which later
is
combined
with
auditory-

visual
perception.
Understan
ding time
is brought
about by
three

aspects of
motor
activity:
simultaneity,
rhythm
and
sequence.

Simultaneit
y is
perceived
when
muscles
move
together,

rhythm is
perceived
when
muscles
are moved
alternately
or

repeatedly
and
sequence is
perceived
when
movements
occur as

coordinate
d patterns.
Because of
his/her
hyperactivi
ty and
impulsiven

ess, a child
finds it
difficult to
be able to
proceed to
generalize
from

several
perception
s, he/she
does not
acquire a
fixed
notion of

time
(Cruickshank, 1981:
175-180)
with the
consequence that

problems
such as
figure-
ground
confusion
and
dissociatio

n arise.

The
classroom
as a
learning
space must
be

arranged
in such a
way that
learning
via
bodiliness
is

optimized:
smaller
classrooms,
providing
individual
cubicles
and

teaching
within
arm's
length of
the child
(Cruicksha
nk, 1981:

176-177).

In this
way, a
child
experiences
that
he/she

acquires
control of
his/her
body in
space and
his/her
field of

perception
is
restricted.

The
sensing, as
a mode of

learning,
of a child
with
attention
deficits is
restrained
because

his/her
world is
experienc
ed as
unstructur
ed owing
to his/her

pathic
unrest, and
he/she
continually
confronts
learning
tasks

subjectivel
y.
Consequen
tly, there
are figure-
ground
disturbanc

es,
dissociatio
n and
perseverati
on (Lerner,
1981: 63).
His/her

hyperactiv
e
behaviors
can be
interpreted
as a
desperate

attempt to
acquire a
grip on
reality by
attending:
his/her
inability to

selectively
attend not
only
restrains
his/her
perceiving
but also

his/her
feelings of
intense
frustration
result in an
enduring
underlying

anxiety
(Du Toit,
1980: 73)
and an
attenuated
experience
of his/her

self-esteem
(Cruickshank, 1981:
179).

Perceiving,
as a

distanced,
objective
act of
learning
directed to
analyzing,
ordering

and
synthesizin
g, as
necessary
steps in
solving a
problem, is

actualized
inadequate
ly by a
child with
attention
deficits.
Penetrating

to the
essences of
what is
perceived
is almost
impossible
for a child

who
experience
s
deficiencies
s in
analyzing
and

synthesizing
g on an
auditory
and visual
level. The
consequences of an

inability to
perceive
effectively,
among
others, are
reversals,
problems

of
sequence
and
problems
with sound
and word
recognition

(Cruickshank, 1981: 90-91).

The act of
thinking is
not

actualized
authentical
ly,
especially
because of
defective
classifying,

categorizin
g and
ordering
which
ultimately
gives rise
to an

inability to
think
abstractly
(Du Toit,
1981: 75).
Characteristic of an

attention
deficit
child's
inability to
think is the
fact that
his/her

language
primarily
functions
on a
concrete-
visual
level.

The modes
of learning
of
imagining
and
fantasizing

are not
actualized
adequately
on a
gnostic-
cognitive
level

because a
child with
attention
deficits
finds it
difficult to
think in

terms of
the
perspective
of
something
or
someone

(Tansley
and
PanCkhurst
, 1981:
118-119).

Remember
ing also is
not
adequately
actualized
by a child
with

attention
deficits
because
he/she has
problems
with
registering

memory,
sequencing
and with
the speed
with which
he/she
recalls

facts
(Dumont,
1980: 160-
161).

The
reduction

of learning
materials,
and
curriculum
planning,
in general
do not

consider
the diffuse
grasp of
reality and
the
particular
ways of

actualizing
learning of
the
attention
deficit
child, as
noted

above.

The

demands

of the

amount of

learning

contents

holds the
possibility
of
disharmoni
zing the
dynamics
of

teaching.

If the

stated

problem

(of a

lesson)

does not

consider
such a
child's
inability to
penetrate
the
sensory-

experience
d
actualities,
and merely
directs a
gnostic-
cognitive

appeal to
the child,
he/she will
not be
guided to
penetrate
what is

immediately
present,
and he/she
will
experience
an ever
increasing

gap in
his/her
knowledge.
The result
is a
disharmoni
ous lesson

event in
which the
learning
material
gradually
appears to
be more

fragmente
d and
meaningles
s.

To
harmonize

the
dynamics
of teaching
concerning
a child
with
attention

deficits,
the
integration
of a
detailed
image of
the

actualizati
on of
learning of
each child
along with
refined
pedagogica

1 essences
is required
(Du Toit,
1980: 83-
84).
Cruickshank
(1981;

176) refers
to the
orthodox
education's
task with
respect to
the

principle
of
individuali
zation:
Children
with
attention

deficits in
no way are
a
homogene-
ous group-
-the degree
of

distractibility,
as well as its
nature
might
differ. For
one child,

the
problem
might be of
a visual-
motor
nature, by
another

auditory-
motor and
by yet
another
tactual-
motor and
hyperkines

thetic, so
the idea of
a "group"
of children
with
attention
deficits

often
merely is
hypothetic
al.

4.

SYNTHESIS

The
mutual
interwoven
ness of
deficient
becoming

and
defective
learning
outcomes,
as
deviations
with

respect to
specific
symptoms,
have come
to the fore
in the
above

discussion.
The variety
of ways of
manifestati
on or
symptoms
of learning

problems
continually
must be
related to a
child's
total
personal

actualizati
on and
his/her co-
constitutio
n of the
dynamics
of

educating
and
teaching,
especially
with
respect to
his/her

learning
role in
these
dynamics,
and with
special
reference

to his/her
unfavorabl
e
functional
activities
in this
regard.

Reading
problems,
writing
deficiencies,
spelling
errors and

erroneous
computations,
as
deficient
learning
outcomes,
on the one

hand, and
neural
dysfunctio
ns, poor
concentrati
on,
hyperactivi

ty and
perceptual
problems
as the
defective
actualizati
on of

learning,
on the
other
hand, must
not be
isolated as
symptoms

but rather
be
recognized
as
moments
of the
disharmoni

ous
dynamics
of teaching
to specify
what the
dysfunctio
nal effect

is on a
child's
actualizati
on of
learning,
as such.

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