

order in the academic area, is inconceivable. To declare that youth in correctional facilities are unable to qualify for services in the face of David Morgan's (1979) data is simply unbelievable. We have just completed a study of the transition of middle to secondary school age learning disabled students. What we are witnessing is that nearly one-third of those who are severe (the most severe group) learning disabled students in the middle school (6th grade) are considered and presumed as behaviorally disordered in secondary schools.

I agree that the concept "learning disabilities" may exist; at least we see children who fail to learn according to their abilities and who require extraordinary instructional services. I fail to agree, however, that they do not have significant developmental histories or functional disorders as measured or observed in personalogical growth. The six longitudinal studies in the literature clearly differentiate two populations in early adulthood—one which for some reason failed to "catch up" with academic learning (underachievers), and another with positive developmental findings who fail to "catch on" (brain different). The first group needs life-long support each time new learning occurs.

I am horrified that primary diagnosticians in the schools have nothing more challenging to do than access the seven areas outlined by the Federal Regulations, which can be done with a good old WISC and a quick (short form) WRAT. The life works of many eminent behavioral scientists who have worked on such constructs as memory, motivation, self-concept, perception, functional language, and language development are not utilized or under-utilized. The result is that the state-of-the-diagnostic art, overlaid by an ambiguous definition, has not and will not change. And it hasn't in 15 years.

Let's stop and look at this issue through the eyes of the educational sociologists. There are always reasons that things stay the same, and most of these reasons reside in the social organizational pressure of the society, a social institution, or a vocal group.

In this case, it is all three. There is no real call for a change in the ambiguity of the learning disability movement. The

larger society is satisfied that it has an excuse, and expression to explain why somebody's kids don't learn. Similarly, many teachers are delighted with the rubric as an excuse for not teaching. Schools and homes, thus, have a catch-all, with no pressure to change. For a headache, we take aspirin; for a difficulty in school, we take learning disabilities.

Other special educators (nonlearning disability) are not so happy with this confusing term that has created a stiff bite on their budgets, and which, in many states, has the largest turfdom.

Then finally, there is the real squeaking wheel—that group of frustrated, suburban parents, bored with bridge, who can strike terror wherever they go by citing laws and due process procedures, readily supplied them by a social welfare "Age of Aquarius" that has quickly passed. And, if one were not careful, and were riding a horse that, once out of the barn door, many feared could run away—financially and socially—its time in educational history could be short. I personally believe that there is a growing resentment of educators by legislators, taxpayers and, more importantly, the ultimate consumers (kids), that this imprecise use of language to describe a person (that should reference a task or environment) must be changed.

Permit me one prophecy; in my lifetime I will see special education return to a rigid definition of a handicap requiring

a physical, sensory, or mental problem diagnosed as a clear entity. We may see regular education serve an underachieving group that can be called this or that. But then, my crystal ball is hazy. But this I do know—special education is not a necessity; it is an add-on based on a surplus of monies and other resources. When these surpluses are threatened, special education is also. The first to be conceived; programs for the visually and hearing impaired, and those for the mentally retarded, will be the longest lived. The Johnny-come-lately's that are not fixed on a disability that is real in the nature of attributes of the person will be the first to go. I'll give 2 to 1 odds that if the economy slips just a bit more, so will the concept "learning disabilities." In my humble opinion, this term will not survive; the concept may if something serious is done, and soon.

REFERENCE

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ABOUT THE AUTHOR

David A. Sabatino is the Dean of the School of Education of the University of Wisconsin at Stout. He is also associate editor of the *Journal of Learning Disabilities*. Address: Dr. David A. Sabatino, School of Education, & Human Services, 106 Harvey Hall, University of Wisconsin, Stout, Menomonie, WI 54751.

Learning Disabilities: A Neurophysiological Dysfunction

William M. Cruickshank, PhD

Due to space limitations this paper will consist of the essential elements in a definition and of my long-standing point of view regarding learning disabilities. A complete statement and an expansion of this article can be found in W. M. Cruickshank, "Learning Disabilities: A Definitional Statement," Chapter 6, pp. 80-110; and "Learning Disabilities: Perceptual or Other?" Chapter 7, pp. 111-122, both in W. M. Cruickshank, Selected Writings: Learning Disabilities, (Vol. 2). Syracuse: Syracuse University Press, 1981.

It causes me no little wonder and concern that nearly fifty years after the first writings of Alfred A. Strauss, Heinz

Werner, and their associates that the issue of definition of learning disabilities is still a problem. In no other field of

childhood exceptionality does such a state exist. The confusion which exists in the delivery of services to children and youth called learning disabled is in a large measure due to the failure of an acceptable definition which is recognized by the professions, and due to the advancement of numerous definitions which illustrate a lack of understanding of the basic issue by those who have prepared them. Too many people have become "experts" without training or clinical experience with children. To place the beginning of learning disabilities in 1963 is to overlook a long history of the problem under other terminology which antedated that occasion. To recall the haste with which a definition of the new term was created in 1963 is to understand why so much confusion exists, why thousands of children with exogenous types of retarded mental development were excluded and since have not received appropriate services, and why children and youth who do not possess certain characteristics of learning disabilities are nevertheless included by educators and others as being those with learning disabilities. Part of the problem also exists because of the very term "learning disabilities," a term which does not reflect the nature of the problem and which is so vague and inclusive that it permits many children to be so labelled who do not possess the historically accurate characteristics of this problem.

A definition of learning disabilities is based upon certain "givens." First, all learning is neurological. It can be nothing else. All sensory modalities involve the utilization of the neurological system of the organism, whether this be in humans or in infrahuman species. No learning can take place without the nervous system being involved. Emotions are neurological. Memory is neurological. Sensation is neurological. Perception is neurological, and so on, through any environmental stimuli penetrations into the human organism which result in a response of any nature—motor, subliminal, autonomic, active, or other. Perceptual processing likewise is a neurological phenomenon of great importance in learning.

Second, learning is conditioning. This is true whether it be learning involving Pavlov's old dog or learning of a more abstract nature which takes place on the

psychiatrist's couch. Learning is conditioning and as such is totally immersed in the neurologic system of the organism. Experimentation in vast quantities exists to support this statement. We don't have to wonder if we are dealing with a psychoanalytic point of view, with phenomenology, or another theoretical point of view of human adjustment. In the final analysis each filters down to conditioning, to efferent and afferent nerves and to the extraordinarily significant structures called synapses, to actions within the cortex, the thalamus, the cerebellum, or involving, among other structures, the association fibers.

These two facets of human life in large measure are the basis of a definition of the problem under consideration. We can state an accurate definition, and then, within space limitations, expand upon it briefly. Approaching the issue of learning disabilities from the point of view of psychoeducational realities, "it can be stated that (1) learning disabilities are problems in the acquisition of developmental skills, academic achievement, social adjustment, and related emotional growth and development, which are the result of perceptual processing deficits." We have already stated that each of these types of learning is neurological in nature, i.e., neurologically based. We are now adding the fact that when some form of trauma impacts on the central nervous system, particularly the brain, the upper brainstem, or the basal ganglia, then perceptual processing per se becomes a perceptual processing deficit. It is this which causes disruption in the various learning areas which have been mentioned in this preface to the definition. "Further defined, learning disabilities (2) may be of any etiological origin, (3) may be observed in children and youth of any age, and (4) of any level of intellectual function, (5) are the result of perceptual processing deficits which, in turn, (6) are or may be the result of a (diagnosed or inferred) neurophysiological dysfunction occurring at prenatal, perinatal, or (in the case of linguistic dysfunction, for example) at the postnatal periods of development." (See W. M. Cruickshank, "Learning Disabilities: A Definitional Statement," *ibid.*) Originally, David Kendall, a psycholinguist from British Columbia, urged me to state that learning disabilities

are the result of "perceptual and linguistic processing deficits," and that is the way the statement appears in the article to which I have referred above. At this time in my thinking, it is my considered opinion that linguistic deficits are undoubtedly the result of auditory-motor perceptual processing deficits or insults in the temporal lobe or in Broca's area, and are the cause of linguistic deficits. Hence, in this definition I have dropped linguistic, just as I would drop visual, tactual, olfactory, or gustatory deficits, each and all being the result of some aspect of perceptual deficit and neurological dysfunction.

People immediately attack this position when they read in the definition that the perceptual processing deficit is either diagnosed or inferred. The term "inferred," to those who are unfamiliar with neurophysiology or neuroanatomy, implies guesswork, and indeed to a degree they are correct. However, the time has come when, with all of the neuroradiological hardware available, inference will soon be a thing of the past. The continuing developments in computerized axial tomography (the CAT scan), in positron emission tomography (the PET scan), in nuclear magnetic resonance (NMR), and a variety of other devices now available, take inference out of the picture and replace it in most cases with definiteness in diagnosis. Furthermore, the techniques of amniocentesis on a completely different level are prophylactic to learning disabilities, among other problems, and often clarify the problem before it happens.

A definition is relatively worthless unless it results in action. The neuropsychological dysfunction concept of learning disabilities can be translated almost directly into an educational regimen or a series of regimens in every case. Tremendous responsibility is placed upon the neuropsychologist and the pediatric neurologist, but when these two disciplines perform adequately and translate their data for the educator in an appropriate manner, an educational regimen, total in nature, can be conceptualized and put into operation which will assist the child to learn. The psychoeducational match, or as Newell Kephart used to state, the perceptual-motor match, will function, and the child will grow and develop. As

yet the weakest link in the definitional concept about which we write pertains to the lack of well prepared neuropsychologists. When these professional persons become available in greater numbers and have experience with children and youth with central nervous system dysfunctions, then the children with learning disabilities will have significant allies and their progress will be both enhanced and insured.

Educational programming without adequate diagnosis is most likely to be worthless. Diagnosis without an adequate definition of the problem will be useless. When learning disabilities are defined in

terms of remediation or solely on the basis of academic deficiencies, nothing, in reality is accomplished. When definition goes to the heart of the problem, and when programming reflects in great detail accurate definition, then children prosper and special education becomes honest and usually of high quality.

ABOUT THE AUTHOR

William M. Cruickshank is a professor of Child and Family Health at the University of Michigan School of Public Health. Address: William Cruickshank, PhD, School of Public Health, University of Michigan, Ann Arbor, MI 48109.

LD or Not LD: That's Not the Question!

James E. Ysseldyke, PhD, and Bob Algozzine, PhD

When asked to prepare a piece on the definition of learning disabilities (LD), we groaned. To us, debate about who is LD and who is not has always been the world's closest rival for Sominex. Considering the question "Who is LD?", one is implying there is a correct answer. We are reminded of the lines from a Beatles song:

Her name was McGill.

And she called herself Lil.

But everyone knew her as Nancy.

We do believe there are students in need of remedial education services because they are failing in school; we also believe to ponder, argue, quibble, and mix about exactly what to call them and who they are has merely served to sidetrack interest from the bigger, more important question—what do we do with them?

As professionals in special education, psychology, and medicine have attempted to set parameters on the elusive concept or category that some want the failing students to be, we have missed the proverbial treatment boat. Significant numbers of students are failing to profit from the educational menu of experiences provided in America's schools (Ysseldyke &

Algozzine 1982). In trying to name, classify, and define them, our efforts were only justified by the potential promise of treatment, but as Lovitt (Note 1) indicated, we may have been engaged for different reasons:

I believe that if we continue trying to define learning disabilities by using ill-defined concepts, we will forever be frustrated, for it is an elusive concept. We are being bamboozled. It is as though someone started a great hoax by inventing the term then tempting others to define it. And lo and behold scores of task forces and others have taken the bait. (pp. 6-7)

Our "fishing" for *the* definition of LD has been largely unproductive and the entire field is suffering.

Criticism of the educational system is not new; as a field, special education is particularly vulnerable because an air of mysticism and undue sophistication sometimes surrounds our "therapies." Using the following quote, Goffman (1963) illustrated the "proneness to victimization" which is sometimes present in fields like special education:

Miss Peck [a pioneer New York social worker

for the hard of hearing] said that in the early days the quacks and get-rich-quick medicine men who abounded saw the League [for the hard of hearing] as their happy hunting ground, ideal for the promotion of magnetic head caps, miraculous vibrating machines, artificial eardrums, blowers, inhalers, massagers, magic oils, balsams, and other guaranteed, sure-fire, positive, and permanent cures for incurable deafness. Advertisements for such hokum (until the 1920's when the American Medical Association moved in with an investigation campaign) beset the hard of hearing in the pages of the daily press, even in reputable magazines. (Warfield, 1957, p. 76)

When "hokum" is the therapy of choice, critical acclaim is wanting. In fact, there has been a breakdown revealed in the practice of special education.

In a paper prepared for the Wingspread Conference on Public Policy and the Special Education Task of the 1980's, Glass (Note 2) was critical of the "effectiveness of special education"; consider the following based on his evaluation of "three major integrative analyses of special education efficacy":

- Special education placement showed no tangible benefits whatsoever for the pupils. Either someone thinks otherwise or else the placements continue to be made for reasons other than benefits to pupils. (p. 8)

Again virtually nothing indicative of an effective intervention. (p. 11)

Glass blamed the diagnostic process for many of the problems evident in treatment:

Indeed, it is a premise of this paper that most of the pupils labeled handicapped in our schools are diagnosed so arbitrarily as possessing such non-specific symptoms that most questions of treatment efficacy are perforce irrelevant. . . . Special education diagnosis is a duke's mixture of politics, science fiction, medicine, social work, administrative convenience and what-not. (pp. 1-2)

In his "comments on Glass," Michael Scriven (Note 3) agreed; he wrote of the "diagnosis scandal" in special education:

The ultimate scandal of "graduating" illiterate children from high school is not too far away from the scandal of classifying children as handicapped in order to get extra federal or state money, or because of inability to cope with them in the regular classroom, two abuses which everyone even faintly familiar with the