

# Learning Disabilities: Futile Attempts at a Simplistic Definition

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*An unsuccessful search continues for a definition of learning disabilities. The effort is within a unidimensional framework without recognition of the lack of unidimensional characteristics in children. No other definition of any handicapping condition meets the rigid criteria that seems to permeate the illusory search. As with all other handicapping conditions, the working definition varies within and among schools. Explicit recognition and sanctioning of the modus operandi would allow rational planning for funding and programming.*

**B**ateman (1964) was one of the first to give national attention to the term *learning disabilities* as a way of referring to children who experience problems in learning but who do not fit other classifications of handicapping conditions. However, since 1964 not much progress has been made in defining the term.

Recently at least two major journals in the field of special education have seen fit to produce editorial comment about the problem of definition. In *Academic Therapy*, Greenlee

and Hare (1978) note, "Professionals find it difficult at present to agree upon a single definition. Stating what the category is not seems to be much easier than defining specific criteria for inclusion" (p. 346). In the *Journal of Learning Disabilities*, Senf (1977) observes, "There is another impediment to the orderly accumulation of knowledge involving both research and practice: the definition of those termed learning disabled" (p. 537).

Obviously there is a problem. After more than 10 years of struggling with defining what a learning disability is, it seems time to consider the possibility that such effort is futile. The effort may be futile as long as the search continues along the path taken to date. The underlying assumption among those who try to define the term seems to be that somewhere in the maze of complexities there is a hidden area of commonality, that within the population of children there is a mysterious but as yet undiscovered homogeneity. The major model used in conceptualizing learning disabilities is a discrepancy model—a child performs lower

than is expected. The expected level of performance is almost always based on age and measured intelligence.

## THE PARADOX

Despite all the definition problems, there exist today many programs for children classified as learning disabled. How is it possible to call children learning disabled and place them in programs designed specifically for the learning disabled if, in fact, there is no definition of learning disabilities? Part of the answer is that a definition *does* exist, at least enough of a definition to move programs forward. There is a saying, perhaps apocryphal, that according to aerodynamic theory the bumble bee is not supposed to be able to fly because its size and weight are too large for its wings, but the bee flies anyway.

Even with definitional problems, there is an overriding need to provide special educational services for children who are not responding to the regular school program. This need has been so great and so apparent to such a large number of people that action has been taken without the sanction of acceptable ways of precise categorization and classification. As with the small town fire department that wanted a two-week notice before every fire, the population has been unable to meet the requirements for orderliness and predictability.

## A DISCUSSION

With the exception of people at the very extremes of human differences, there probably has never been a successful effort to sort people into discrete, unique categories that allow for precise predictability. Probably no test designer claims that any test in itself can slot people into absolutely discrete categories; some traits or characteristics are prominent or more likely to be observed in one person rather than another. Yet when it comes to learning disabilities, the continuing search is for the absolutely discrete:

this child *is* learning disabled, and the evidence shows he is similar in characteristics to all other children classified as learning disabled and different from all others not so classified.

Even a casual historical perspective suggests that the unidimensional, single-factor trait discrepancy model of learning disability never will result in a satisfactory definition. Human behavior is multidimensional; each dimension interacts with every other dimension, and these are in constant interaction with multienvironmental factors. This is not to deny that gross predictions can be made about human behavior, especially from an actuarial viewpoint. However, it is not the gross behavior that is causing the definitional problem; it is the single-case, unique individual who has many characteristics in common with those who share the problems as well as those who do not share them.

Ultimately the term *learning disabilities* has to be defined in a certain context. It is not a discrete category. What is called a learning disability in one context is viewed a different way in another context. This is not unusual. The supposedly objective classification of mental retardation is subject to exactly the same conditions. In some school districts there will be more children classified as mentally retarded than in other. Indeed, even in the same school district one building will produce more mentally retarded children than other buildings, while some may produce none. This is not necessarily due to actual differences in the children but due to attitudes, expectations, curriculum, professional sophistication, parental involvement, funding and service availabilities, and even to differences among the behaviors of such persons as school psychologists.

Consider only the attitude dimension. One school may have a permeating attitude that children in school should want to learn; if they do not want to or cannot learn, they do not belong there. Contrast this with a school having an attitude that all children belong in school, that each teacher is responsible for how each child

learns, and that every child's needs will be accommodated. Typically in the first school, a psychologist will be expected to keep very busy testing children so that the nonresponders can be more appropriately placed. In the second school, the faculty will be seeking new materials, ideas, and services to help them fulfill their responsibilities. In the first school, removing a nonresponding child is the first priority; in the second, removing the child is the last resort.

Why, then, are expectations about the definition of learning disabilities greater than those for all other special education categories? In large part, undoubtedly, the reason lies in the illusory belief that all other categories have objective definitions. The child called "mentally retarded" is stereotypically similar in significant characteristics to all other children called "mentally retarded" and different in significant characteristics from all children not called "mentally retarded."

## THE WAY IT IS DONE

The literature contains many estimates of the numbers of learning disabled children. These figures range from small percentages up to 30% or more. Nobody seems to know how the figures are derived; apparently they pop out of the heads of experts. Sometimes the figures are justified on the basis of the results of scores on achievement tests. An expert may decide that all children who score below average (which obviously would be 50%) are learning disabled, or some arbitrary cut-off area may be designated as the area of the learning disabled, such as one standard deviation below the average.

But the question remains: How, in fact, are children today *really* classified as learning disabled? Typically, the way it is done is conceptually quite simple. A child is viewed by parents and/or teachers as having learning problems in school. With or without a psychological evaluation (which typically functions to rule out mental retardation), a group of people meet formally or informally to review

*objective* performance data and then make a *subjective* decision on classification.

The objective performance data usually are reading and math test scores, examples of work done in the classroom, observations of behavior from a management viewpoint, and comparisons in other ways with children of the same age and grade. The subjective decision is based on what the group feels is appropriate and inappropriate, the degree of differences, and significantly the probable chances of success with or without the classification (and presumed placement). Available services, whether or not special funding is available, and attitudes and personalities are also involved. *The definition is based on the homeostatic needs of the particular educational and social environment, including the needs of the child.*

If this description is reasonably accurate, there are implications on a large scale for legislation and funding. The only practical way to fund programs for children classified as learning disabled is on an actuarial basis: a certain arbitrarily defined maximum percentage of designated school populations would be fundable as learning disabled. This, in fact, has been recognized in Public Law 94-142. Test scores of various kinds may be used as rationalizations for different percentage allocations in different settings, such as larger cities compared with suburban or rural areas.

The problem is that without special additional funding many children would not receive the help they need. With a restrictive definition the result would be the same for some children who have problems, but do not fit the definition and thus would not be eligible for services. This already happens in some areas with slow learners who are not eligible for services under the mental retardation category, but also are not considered eligible for help under the learning disability category because their performance, even though failing in grade, still is consistent with "expectations."

By actuarial limitations on funding, each local school district would make its own decisions on

the classification of children for receiving special educational services based on whatever specific criteria were considered locally appropriate. By this method all children requiring services would be eligible whether or not they fit into existing slots that too often are narrow and exclude children from service. The problem for each school would be to establish a local cut-off point for determining who needs special educational services.

The reason for funding limitations is that no legislature is going to provide special education funding for more than a limited percentage of the school population. While it may be possible to offer evidence that 50% of a school is learning disabled, such action strains the credibility of the school in the eyes of those who control purse strings. To the average legislator, handicapped children are a relatively small proportion of the population. They are aware that in one way or another almost every child could be called handicapped (by size, weight, popularity, parent status, etc.), but they also are aware that by calling all children handicapped, something significant is lost. A blind child elicits more legislative sympathy than a child who is reading at the 49th percentile.

This is not new; it is only a description of what has existed for the past few years. What is necessary is that the practices should be legitimately recognized and sanctioned, with perhaps some procedural guidelines provided. There are ways of funding special education programs without uniformly inclusive categorical definitions. Consider again the category of emotional disturbance, which has almost no definitional parameters unless one considers the opinion of a psychologist and/or psychiatrist as a "definition."

Many issues remain with definition. There is an issue about the implications of the *disability* presumption when a child experiences learning problems. The literature seldom or never touches upon the contribution made to learning problems of children not only by schools and teachers but also by parents. Since the middle of

this century there has been a reaction against the Freudian assertion that psychological problems stem primarily from relationships with parents; the child disability notion continues to protect parents from responsibility for their children's learning problems. While finger-pointing to assess blame does little or no good once a problem has been discovered, it may be helpful in some instances if parent responsibility was recognized when it comes to remedial efforts.

Finally, the entire labeling process requires considerable review and change. Why is it necessary for a child to be labeled—in effect, called a derogatory name—before help can be offered? Add to this the stereotyping that follows labeling and the implications of stereotypical treatment rather than individualized, personalized treatment.

There is much to be initially done, most conceptually. While many people in the field want to get on with shovels and bricks—and tests of statistical significance—it is first necessary to have a conceptual plan. We are building something today, but we do not quite know what it is.

#### ABOUT THE AUTHOR

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