Children, the most precious asset of any Nation deserve the best care that mankind can offer. Opportunities need to be provided to foster fullest development of their potentialities. To this extent every nation is investing heavily in the education of its young. Recognition of individual differences in every aspect of human life led to the development of various special education measures to cater to the obvious needs of special pupils viz., visually, auditory, physically handicapped etc., with less emphasis laid on their scholastic achievement. Mostly the special education is geared to help the handicapped help themselves with various day to day life activities. It is quite surprising to note that despite enormous efforts of the government to separate the exceptional children from the normals and provide them with the special education, educational returns regarding the normal children, which are assessed mostly in terms of school achievement, are not encouraging.

Scholastic attainment is not always directly and proportionately related to one's potentialities. Even among the normal children, who are not physically or mentally disabled, various other non-cognitive factors have a role in the process of learning. Wastage and stagnation persist in the educational system, unless these factors are thoroughly weeded out. Till then, expectation of equivalent educational returns becomes highly ambitious.
Every classroom has an alarming proportion of non-achieving student population. Examination of the etiology of pupils' non-achievement reveals incidences of slow learning, learning disorders, learning difficulties, learning disabilities etc., which may go mostly unnoticed in the name of low or under achievement, negligence or poor motivation on part of the pupil. It reflects the teachers unawareness regarding the causation of their pupils' disability to learn and achieve well on par with their achieving classmates matched in intelligence. They may be normal but may be emotionally disturbed, socially or culturally disadvantaged, learning disabled. They need to be given due recognition to help these children overcome their disability.

The term "learning disability" (LD) may appear to be new and of recent origin. But its identification dates back to the middle of the last century. In remote history, H.C. Bastain, a British neurologist was credited with first describing what might be referred to as word-deafness and word-blindness. In 1869, he described a patient who could hear well but was unable to recognize spoken words, and like wise a patient whose vision was adequate but who failed to recognize printed words. W.A. Morgan, also a British physician described a congenital word-blindness in 1896. Since then research in the area was very sporadic. Learning disabilities gained their due recognition as specific learning disabilities requiring special care and attention only in mid 1960's.

There were no special public school classes for the learning disabled children for remedial reading programmes in the United States of America prior to the 1960's. Only those children who were called brain injured, neurologically impaired were recommended for special services (Gearheart, 1973). However, there was tremendous change and progress in this area due to considerable additional research conducted between 1965 and 1970. By 1969 there were twelve states in the United States of America which had legislation specifically mentioning children with learning disabilities and four states used the term "Learning disabilities". Different other states used different terminology while describing a learning disabled child. California and Colorado used the term "educationally handicapped", Idaho
used the term "perceptual impairments", Nevada referred to "neurologically disorders or defects", New Jersey used "neurologically or perceptually impaired", Pennsylvania referred to "Brain damage" and Texas used the term "language handicapped". Finally the term "learning disabilities" became most popular and as a result "a Journal of Learning Disabilities" was first published in January 1968 (Gearheart, 1973). Thus awareness of the significance of the term learning disability has expanded during the past few years.

The learning disabled children could be found in nearly every typical classroom in the nation, including those serving our most advantaged urban and sub-urban areas. There are some children who are unable to perform certain required academic tasks. They may resort to disruptive behaviour in the classroom whenever they believe that they will be asked to perform in any one of their areas of disability. The problem teachers face to day in the class rooms is that of the poor performance of healthy and normal children who are neither mentally retarded nor physically handicapped. There are many children who do not do well in schools. They may have difficulty in learning. But not all are learning disabled. Recognizing the ones with learning disabilities is a delicate and perplexing problem.

Ross (1977) in his book entitled, "Psychological aspects of Learning Disabilities and reading disorders" outlined clearly in what way the learning disabled are different from the mentally retarded, the physically handicapped, the emotionally disturbed and the culturally disadvantaged.

A learning disabled child is not mentally retarded, a child whose intellectual capacity is below the normal range will have difficulty in deriving benefit from an unspecialized school instruction. His or her difficulty almost always affects every area of behaviour which involves learning. Such a child would have been late in acquisition of language, slow in learning certain motor skills as stair climbing and slow in learning such self help skills as feeding and dressing. In school, such a child will have trouble in all subject areas, be it writing, spelling,
reading or arithmetic. There are many labels like mental retardation, mental deficiency and mental subnormality to identify such children.

The learning disabled child is not physically impaired. A child with a physical impairment such as poor eye sight or difficulty in hearing will have difficulty learning in a class room where no effort is made to take this handicap into account. An eye examination is usually one of the first steps recommended because if the child cannot see what is written on the chalk board, learning would obviously be difficult for him. There will also be learning disabled children who are near sighted or otherwise, in need of corrective lenses but their visual problem is not the basis of their difficulty. Thus learning disabled children are not children with cerebral palsy or children with metabolic defects. They are not children with gross neurological disorders, nor are they children with brain damage. So one must not lose sight of the fact that the learning disabled child is not a child with a physical impairment, and so does not really belong in a class for such children.

The learning disabled child is not emotionally disturbed. While emotional problems are not the cause of such children's difficulty with learning, they may well be the effect. If a child sits in class and despite his best efforts, is unable to learn and people blame, reprimand and punish him for not learning, when his parents show anxiety when younger brothers or sisters succeed when he is failing, one should not be surprised if such a child were to develop negative attitude toward himself or school or studying. Hence, it is not at all unusual for learning disabled children to be identified an emotionally disturbed and to receive treatment that is focused on their anxiety, their aggression or their depression while these secondary emotional reactions are sometimes alleviated, their problem with learning does not go away because it is the cause and not the result of the emotional problems. Further more, just as a learning disabled child does not belong in a special class for the mentally retarded or the physically handicapped, so he does not belong in a special class for the emotionally disturbed.
The learning disabled is not culturally disadvantaged. Just as a learning disabled child may have poor eye sight so may be learning disabled child also came from a cultural background that places him or her at a disadvantage in a school which fails to recognize cultural diversity. Some culturally disadvantaged children may be learning disabled, some learning disabled children may be culturally disadvantaged. It is a mistake to include under the rubric "learning disabled" those children who have difficulty in benefiting from school instruction because their cultural or language background differs from the mythical average child for whom the class room instruction and the underlying expectations are geared.

Learning disability is an "umbrella" term which encompasses a broad range of learning problems like dyslexia, dyscalculia, aphasia, dysgraphia etc. Nearly more than 90 terms have been used by various groups of individuals to describe LD children (see Appendix 1).

Many definitions of the term "learning disabilities" appear in the professional literature during recent years. An examination of these definitions reveals the existence of two distinct approaches to define learning disabled children, the cause-oriented and the effect oriented. Those who look at learning disorders from the first perspective attempt to identify the source or etiology of observed behaviours. Those who take the second approach are primarily concerned with behaviours regardless of underlying causes. The distinction between cause and effect orientation is readily apparent. Etiological terms include phrases such as minimal cerebral dysfunction, organic brain damage, and organic behaviour disorder. Examples of effect terms are hyperkinetic syndrome, specific learning disability and perceptual handicap. Clinicians generally prefer the etiological description while school personnel favour terms associated with school learning abilities (Frierson and Barbe, 1967).

According to cause-oriented definition of Clements (1966) "children with learning disabilities are also known as those with the term "minimal brain dysfunction syndrome". It refers to children of near average, average or above
average general intelligence with certain learning or behavioural disabilities ranging from mild to severe, which are associated with deviation of function of the central nervous system. These deviations may manifest themselves by various combinations of impairments in perception, conceptualization, language, memory and control of attention, impulse, or motor function.

Johnson and Myklebust (1967) also hinted at central nervous system dysfunction in defining learning disability. According to them the LD children have a psychoneurological learning disability, meaning that behaviour has been disturbed as a result of a dysfunction of the brain and that the problem is one of altered processes, not of a generalized incapacity to learn.

The other cause-oriented theorists also emphasize the involvement of minimal brain dysfunction (Srauss and Kephart, 1955), Maturational lag in general neurological development (Bender, 1946 and Rabinovitch, 1962), a failure of the brain to establish cerebral dominance (Orton, 1937) and a failure to achieve certain stage of neurological development (Birch, 1964; Critchley, 1964; Delacato, 1959; Lanfer, 1962 and Wender, 1971) in the etiology of learning disabilities.

On the other hand the effect-oriented theorists stress the educationally significant factors such as the child’s difficulty in academic and learning tasks and discrepancies between achievement and potential while defining the LD children.

According to Kirk (1962), a learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, spelling, writing or arithmetic resulting from a possible cerebral dysfunction and/or emotional or behavioural disturbance and not from mental retardation, sensory deprivation or cultural or instructional factors.

Bateman’s (1965) definition stresses the “principle of disparity” and disorders in the basic learning processes. In her view, children with specific learning disabilities manifest an educationally significant discrepancy between their estimated intellectual potential and actual level of performance related to basic disorders in
the learning processes which may or may not be accompanied by demonstrable central nervous system dysfunction and which are not secondary to generalized mental retardation, educational or cultural deprivation, severe emotional disturbance or sensory loss.

Organizations like the Council for Exceptional Children (CEC), the American Psychological Association (APA) and the American Medical Association (AMA) would define "learning disabilities" in terms of related to the organizations emphasis. The CEC might tend to establish a new category of "exceptional" child. The APA might choose a behavioural syndrome approach while the AMA would try to isolate and label a pathological condition in the central nervous system. To facilitate clearer communication among the disciplines Pierson and Darbe (1967) suggested that learning disorder might best designate a known impairment in the nervous system. The impairment may be the result of genetic variation, biochemical irregularity, perinatal brain insult or injury sustained by the nervous system as a result of disease, accident, sensory deprivation, nutritional deficit, or other direct influence; and learning disabilities might best designate a demonstrated inability to perform a specific task normally found within the capacity range of individuals of comparable mental ability. They further argued that considering the effect of developmental lag, neurological impairments, nutritional and chemical imbalance, experiential deficits, genetic variations, sensory losses, metabolic disorders, emotional disturbances and other potentially harmful influences upon the human system, brain damage, while a prevalent cause of learning disabilities among children with 'normal' intelligence, accounts only for a part of the learning disorders encountered. Further, it is accurate to discuss many learning disabilities in terms other than organic impairment. One cannot overlook the fact that some manifest disabilities in learning tasks are related to inappropriate education rather than to impaired learning.

Thus, owing to the difficulty involved in drawing a clear cut line between the learning disabled and those with learning difficulties or problems the investigators in the field could not evolve satisfactory definition of learning disabilities. However, the matter was settled with the most agreeable definition of the National Advisory
Committee on handicapped children (1968), which states that "children with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or to environmental deprivation".

Empirical findings of several others (Blanchard, 1935; Bower, 1961; Bryan, 1977; Engelman, 1970; Fabian, 1991; Stephanie, 1986) also suggested involvement of some of the psycho-social and environmental factors such as emotional disturbance like fear, anxiety, rebellious behaviours, a lack of motivation, a developmental lag and lack of environmental experience, defective teaching, deficiencies in educational stimulation during the first six years of life, bilingualism, undue family pressures, traumatic experiences, conditioned avoidance reactions, poor visual or auditory perception and discrimination, slow understanding and interpretation of concepts, poor organizing and generalizing ability, minimal motor and verbal skills, inability to express concepts vocally or manually, defective short-term memory, general debility, some poor school and home adjustment problems etc., in the causation of learning disabilities.

Eisenberg's (1972) emphasis on psychodynamic interpretations of behaviour led most professionals to conclude that educational deficiencies which LD children exhibit were of environmental causation. Thus, it was implied that since the most meaningful relationship was that between the mother and child, the child's learning problems must have been caused by deficiencies in this relationship.

After overcoming the problem of defining learning disabilities various types of disabilities such as dyslexia, dysgraphia, dyscalculia etc., were identified. Accordingly several educational approaches have been advanced towards identification and remediation of the learning disabilities. Some of the major approaches are
the perceptual motor system (Kephart, 1971), Carl Delacato's system (Delacato, 1959), A psycholinguistic/diagnostic system (Kirk and McCarthy, 1968), Dr Marianne Frostig's approach (Frostig, 1964), Multisensory systems approach (Fernald, 1943), Language Development system (Myklebust, 1956), Environmental control systems (Strauss, Lihtinen, and Cruickshank, 1947) etc. Many efforts have been made to test empirically the effectiveness of these approaches or strategies either individually or in combination with others.

Ever since the learning disabilities gained recognition and general acceptance, many councils and organization came into existence. In the west many parents groups were formed to bring the findings of this field to the attention of educators, physicians and legislators.

In United States, many councils and organizations such as Division for Children with Learning Disabilities (DCLD), Association for Children with Learning Disabilities (ACLD) were established. A congressional bill entitled the "children with specific learning disabilities Act" became law in 1970 as part of the elementary and secondary education's amendments of 1969 (Learner, 1976). This legislation included special programmes for children with specific learning disabilities and authorized provision for research, training of educational personnel and the development of model centers in the field of learning disabilities. The term was thus officially accepted and as a result much work was contributed by ACLD and DCLD for the benefit of the learning disabled.

However, no substantial thought and attention had been given to this dynamic field in India. Indian educational system is plagued with the twin problems of wastage and stagnation. There seems to be lacunae in the attempts of the educationists to identify the causative factors of dropouts and stagnation. Systematic efforts in this regard would have brought into the light a variety of factors responsible for the phenomenal waste in man-years and national finances which a developing country like Indian can hardly afford.
The National Policy on Education and Programme of Action 1986, India stresses the need for equal educational opportunity for the disabled. To this extent development of instructional material was undertaken by the Project Integrated Education for the Disabled (PIED). It is for the first time that education of the disabled has been recognized as human resource development activity rather than a mere welfare activity. However, the learning disabled occupied no specific place in the centrally sponsored scheme of Integrated Education for the Disabled children. It speaks of the extent to which the learning disabilities are kept away from their due recognition on foot with the other types of disabilities. It may be because of the unawareness or underestimation of the educationists regarding the magnitude of the problem the learning disabilities pose. Perhaps non availability of even approximate estimates of the incidence or prevalence of learning disabilities in schools might be keeping them in darkness. This situation indicates an urgent need to initiate systematic nation wide attempts to save the L.D. children from their disabilities and utilize their resources for the welfare of the state.

There are some benevolent private and voluntary services, viz., Saraswathi learning centre, Madras; Developmental care for Exceptional Children (D.E.C.), Bangalore; Institute for Mental Health Care, Madras; Spastic Society of India, Madras and Bombay; spastic society of Tamilnadu, Madras including the National Institute of Mental Health and Neurosurgery, Bangalore, which are occasionally able to identify the learning disabled children among their clientele. However, no specific remedial programmes have been developed for them. There is a dire need to develop diagnostic tests suitable to identify the learning disabled children in Indian Population and also to develop remedial instructional programmes in the regional languages of India to help the children overcome their disabilities.

Against this background, keeping in view the very limited or negligible amount of research conducted in India, a modest attempt was made in the present study to identify the children with learning disabilities; examine their personality characteristics in comparison with their non-learning disabled (non-LD) counterparts; assess the attitudes of parents and teachers of their learning disabled wards; develop intervention programmes to improve the scholastic performance of the LD children; and evaluate the efficiency of intervention in mainstreaming these children.