CHAPTER 1
INTRODUCTION

1.1 Rationale

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1.1 Rationale

Human exceptionality is a vast field that has intrigued researchers over last few centuries. A number of professional groups, in a manner never previously realized, are deeply concerned about how children learn. Some learners read well but do not handle arithmetic efficiently. Some manage number work but are poor at spellings. Others narrate experiences vividly but their writing is nearly illegible. Some children do not learn in a normal way even though they have an above average intelligence. Such problems of Students’ are further accentuated when their Learning Disability or Learning Difficulty, both commonly known as (LD), is not a result of deficit in sensory input and have no processing physiological or neurological diagnosis. Severe discrepancy is sometimes observed among children regarding what they should be able to do and what they actually do at school. They do not go as far in education as their abilities would justify. These deficits represent a discrepancy between ability and achievement, between potential of learning and the level of learning attained, the cause of which are certain learning disabilities. In the present study, the term Learning Difficulties is used rather than Learning disabilities, because the term Learning Disabilities has negative connotation, and it is interchangeably used with the term Learning Difficulties. LD is frequently used and accepted worldwide, in recent years.

The concept of LD is still new in many developing countries. However, India has a history of research in this area, primarily over the past two decades. Investigators from different disciplines have been involved, such as, education, psychology, pediatrics, speech and hearing and psychiatry.

The purpose of this study is to find out the age-group wise correlation of behavioral and emotional problems of children having Learning Difficulty in Languages (LDL), commonly known as Dyslexia and Learning Difficulty in Numbers (LDN), commonly known as Dyscalculia and also to study the utility of Malin’s Intelligence Scale for Indian Children (MISIC). This scale is adapted from Wechsler Intelligence Scale for Children (WISC) as a diagnostic tool for identifying the children with LD. The desire to examine these variables
evolved through clinical practice and preliminary research review. Observations and frequency of test administration on children during clinical practice demonstrated the selection of this particular test for children with LD. A review of literature showed a lot of research work done by using WISC-R by various researchers, but there are very few studies done by using MISIC.

Despite the fact that LD is a known classroom problem or difficulty, it has not reached its optimum awareness level in the schools in India. Teachers either ignore the deficiency or blame child’s personality branding as laziness, attitude or aggression. The child continues to proceeds from one class to another totally inept at handling the pressure of the higher classes, ultimately results in drop-outs. This may lead to many behavioral and emotional problems which may further disturb the child’s day to day activities.

There is a strong need to understand the problems of LD children, also to understand if there is any chance that a particular cognitive ability is hampered in a specific LD, mainly LDL, and LDN. Also it is necessary to study, whether there are any different patterns of performance on MISIC which can be useful to discriminate LDL and LDN groups? Findings will help us to form proper remediation and treatment. Counseling sessions would be beneficial for LD children and their family members. Better understanding of their scholastic backwardness can be pinpointed, which will help them to be successful in further life. Their life will be less stressful and controlling the emotional health may be possible.

‘Education for all’ still remains a distant dream and for disabled. It is even more remote in India. The hard fact is that LD is a stumbling block for our nation’s development process. According to article presented on Learning disability in India, they reported that, “around 13% to 14% of all school children suffer from learning disorders in India”. Unfortunately, most schools fail to lend a sympathetic ear to their problems. As a result these children are branded as failures. (http://www.sspconline.org/article_details.asp?artid=art10)

In 1980's educational attention shifted to the children who did not perform well in schools, in particular subject due to specific difficulties. For example, LD, Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), some kind of emotional problems likes anxiety, low self-esteem and lastly social problems of these children. The identification
and description of LD began in the western world in 1950's and 60's. The major developments of the LD movement during this period centered on children, who appear normal in many intellectual skills but displayed a variety of cognitive limitations that seemed to interfere with their ability to read, to write and to learn in the classroom. These were essentially deficient general learning processes centering mostly on what we today call distractibility, hyperactivity or visual-perceptual and perceptual-motor problems.

Also there are a few studies which reflect on certain emotional factors of LD students. One of the contradictions in these studies is that a student can have LD but which is not due to emotional factors. In contrast, if a student has Serious Emotional Disturbance (SED), it must affect academic performance. The former diagnosis of LD cannot co-occur SED, but the later SED must co-occur with academic problems, that presumably, include LD. This contradiction is confusing and it has fostered invalid classification, placement and treatment decisions (Gibbons, Ubbal, Handwerk and Marshall, 1994). Clearly there are situations where a child has co-existing learning and behavioral problems, with each adversely affecting educational performance (Forness & Knitzer, 1992). Unfortunately little is known about students who exhibit both disorders.

Many studies were already undertaken on emotional and social problems of children and adolescents with learning difficulties, psychological co-morbidity in children and adolescents with LD (Johnson, B., 2000, 2005; Bender, W. & Wall, 1994; Handwerk, Michael, Marshall, Richard, 1998).

Majority of the studies related to LD showed the correlation between LD and Attention Deficit Hyperactivity Disorder (ADHD) (Mays, Susan, Calhoun, Susan, Crowell, 2000; Maynard, Tyler & Arnold, 1999).
A review of literature in the area of intellectual abilities and LD was mainly focused on IQ assessment of LD children using different intelligence scales, discrepancy between IQ and achievement, comparison and analysis of various intelligence scales with LD and non-LD children. The common Intelligence test used for the assessment was Wechsler Intelligence Scale for children (WISC) (D’Angiulli, Amedeo, Linda, 2003). Diagnosis of LD, especially in India, by using various intelligence scales in different languages is the least studied area and it needs special attention.

Lot of awareness and treatment options of LD were made possible because of these research studies carried out in the western countries. Conclusions derived from these studies were considered for treatment plans, remediation, building Individualized Educational Plan (IEP) and policy making. LD research field today is covered with variety of different aspects and problems which are associated with lives of LD children. Majority of the research work is done for the comparisons of various factors like intelligence, learning styles, social and emotional problems, neonatal problems, and developmental milestone achievement with LD and non-LD, that is, normal population, with different age groups. Early detection of LD is very much important for further treatment, because LD is a lifelong disorder. Thus, there are many issues related to LD.

The LD movement in India is of a recent origin and is today comparable with that of its western counterparts. Reports of lower incidences of LD in Eastern world were attributed by western scholars to the general lack of awareness and sensitivity among educationists to the specific difficulties faced by children learning to read in overcrowded classrooms.

The Nalanda Institute report has highlighted that in India, during the last two decades or so, there has been an increasing awareness and identification of children with LD in India. Despite this growing interest, India still does not have a clear idea about the incidence and prevalence of LD. Unfortunately epidemiological studies of LD are fraught with difficulties ranging from the very definition of LD, identification, assessment, to socio-cultural factors which are unique in India. (http://www.nalandainstitute.org)
Conducting studies of LD in India is not an easy task because of its multilingual and multicultural background (Ramaa, 2000). The common objectives for most of the LD studies carried out in India are -

1. Identification of different types of LD or any one type of LD.
2. Identification of the specific difficulties faced by student with LD in any one or more areas of academic learning.
3. Analysis of the errors committed in spoken language, reading, writing or arithmetic.
4. Diagnosis of underlying psychological deficits which covers various psychological processes, Piagetian stages of cognitive development and information processing deficits.
5. Development of remedial program in specific academic areas.
6. Construction of various ability, achievement and diagnostic tests which are useful in identification and diagnosis of LD in some languages.

LD can affect a person’s ability in the areas of listening, speaking, reading, writing and mathematics. It is often first suspected when there is a clear and unexplained gap between an individual’s level of expected and actual levels of achievement. LD’s also encompasses problems in the areas of social and emotional skills and behavior, so some children with LD struggle with peer relationships, and social interactions in addition to the academic challenges.

This situation leads to several questions that provoked the present research -

1. Is there any relationship between behavioral and emotional factors associated with LD?
2. Are there any specific cognitive abilities that are hampered / affected in different types of LD?
3. Are there actually different patterns of performance on the Weschler’s Intelligence Scale for Children (WISC) which can be applied for Malin’s Intelligence Scale for Indian Children (MISIC) to discriminate LDL, popularly known as Dyslexia and LDN known as Dyscalculia?
4. Is it possible to identify children with LD by using reliable intelligence scales?
5. Do the correlations between ADHD & LDL and that between ADHD & LDN differ?
6. Is there any age related specific problem of students with LD?
7. Is any particular emotional problem predominant in specific age group?
8. Can we develop Individualized Educational Plan (IEP) for therapeutic intervention?
9. Can we make this plan according to specific age group needs? Are there any needs which are common in particular age group of LD children?
10. How far the plan can be effective?
11. How far emotional and social problems of children with LD can be considered in IEP and in counseling techniques?
12. What assistance or resources do we have for teachers who are working with children with so many different ability levels in India?

The present research will tries to answer some of these research questions.

Ironically, any policy related to LD is yet to see the daylight in India. There are some provisions made by the Secondary School Certificate (SSC) Board to help the children with this problem. In absence of such a policy and incongruous environment, children with LD cannot be rehabilitated in regular school in India. Though isolating these children from regular school for training at special school is not a good precedent, it is the apt option. However it is difficult to implement.

The first step in this strategy should be early detection, acceptance by parents and broad awareness among the academic community and above all mature handling of the problem. At the government level, there is a need to formulate a constructive policy in this regard. To see that these steps are implemented, school vigilance and parental awareness is equally important.

1.2 Significance of the Present Study

The objective of the present study is to find out the correlation of certain intellectual abilities, behavioral and emotional problems of children with LDL and LDN along age.

Diagnosis of LD and identification of behavioral and emotional problems are essential steps so that it will help us in the following areas.
1.2.1 Educational Institutions

It is observed that many children in mainstream school do not accomplish the optimum level of their intellectual potential. They go unidentified or are wrongly labeled as lazy, not interested in studies, etc. If the students intellectual potential is identified and the reason for their under achievement pinpointed, the teachers will have a better idea regarding how to deal with these students. They can also plan an IEP which would be beneficial for such students. This may in long run decline the rate of school dropouts.

1.2.2 Private Practice

When distressed parents approach to the pediatrician or a psychologist with their child’s problem of scholastic backwardness or academic under achievement, those professionals should be able to give them a fair idea about the reason with respect to why the child is not doing well in school as well as give them a guideline regarding how to deal with the problem. For this purpose having diagnostic tool at hand will prove beneficial. If age-group wise emotional problems could be identified it will help us to formulate the solutions.

1.2.3 Family

It is a proven fact that family of a child having LD is more stressful and emotionally unstable as compared to non LD child. Family counseling can be made possible; support groups of LD can be formed to discuss the problems. Solutions can be obtained through the discussions. Case studies would be possible. Different strategies and treatment alternatives can be discussed among the parents, which would relieve the family stress. Time management, organization and study skills would be imparted to the child and his or her family members. All this will help the child with LD to learn in a different manner and to achieve the path of success in life.

1.2.4 School for Teachers

If we can identify the child’s LD earlier, it would be better for the school teachers to take the proper plan of actions. It will help school teachers to concentrate on the child and to plan his studies according to his or her varying needs. Especially in India, remedial educators, school counselors and speech therapists are hardly available in schools. Teachers have to perform the roles of all therapists. In the class, there are usually 60 to 65 students among them 1 or 2
children with special needs can be found. The actual number of children who have a learning disability problem in India is difficult to assess because no national census has been taken. According to the National Council of Educational Research and Training (NCERT) in New Delhi, there has been no systematic collection of data and they follow the figures generally quoted by international agencies. Figures issued by American educators place the number at 10% to 12% (Nakra, 2001). In schools, within Delhi, about 3 children out of 40 were found to have a specific learning disability. If we can make any special provisions or guidelines based on the present research, it will be helpful for teachers to control those 1 or 2 children in the class effectively and professionally. If they came to know the age group wise emotional and behavioral problems of the children with LD, then they can help the child in the better way, they will understand the child better (Nakra, 2001)

Let us in the coming chapters try to understand what exactly is meant by LD, the definitions, characteristics, types, DSM-IV-TR (2000) criteria for LD, and how the field has grown in leaps and bounds during the last 40 years.