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An overview of the implications of labeling in special education

Rhoda Marie Brink

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AN OVERVIEW OF THE IMPLICATIONS OF LABELING IN SPECIAL EDUCATION

by

Rhoda Marie Brink

A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
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This research paper has been approved for the Graduate Committee of the Cardinal Stritch College by

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CHAPTER I
INTRODUCTION

Purpose

One of the concerns which continues to perplex professionals and all those related to the educational environment deals with the constant exposure to new terminology which appears to surface regularly in special education.

In all probability, the brain-injured child has always been among us. This child has been called by many labels, including brain damaged, educationally retarded, autistic, dyslexic, perceptually handicapped, neurologically impaired, minimally brain damaged, dysgraphic, interjacent, and a host of other names. (Voller, 1970, p. 267)

Without employing a specific label or term, Wiederholt (1974) extended his studies of learning disabilities back to 3000 BC when "Egyptians reported head injuries with accompanying loss of speech" (Lilly, 1977, p. 116).

What do these names or labels mean to educators, parents, and children? This is the abiding question inherent in the concern of all those who work directly or indirectly with children. The purpose of this research paper was to explore and to review literature pertinent to the arguments for and
against special education labeling of children. The purpose included conclusions relating to the general and specific effects of labeling as well as recommendations for alternatives to labeling.

**Problem**

Special education programs for "learning disabled" children are currently acceptable and fast-growing throughout the United States.

Obviously, all children are labeled, either as fourth-graders, seniors, short, dummies, or whatever. The issue thus is not over labeling as such, but over the appropriateness and relevance of the labels used. The problem in special education is that almost all the labels used are not specifically related to the needs of the children involved. The labels create stereotypes that cause a blurring of focus." (Reger, 1974, p. 650)

However, thousands of children have been and are being classified today as learning disabled; but, "the fact is that no one has discovered for sure what a learning-disabled child is" (Keller, 1976), p. 17).

Are labels relevant in meeting children's needs, or are they merely speculations of their needs? This paper reviewed research in an attempt to answer these questions and to support the justification for serious consideration to be given to the act of labeling. Emphasis has been on the learning disabilities label.
**Definition of Terms**

For the purpose of this paper, the author chose to define specific terms as follows.

**Label**—a name, category, or classification used to describe.

**Special Education Class**—a class organized to provide educational instruction for children who have difficulty learning and succeeding under ordinary classroom conditions.

**Learning Disabilities**—

A learning disability is present when a child does not manifest general mental subnormality, does not show an impairment of visual or auditory functions, is not prevented from pursuing educational tasks by unrelated psychological disorders, and is provided with adequate cultural and educational advantages but nonetheless manifests an impairment in academic achievement. (Ross, 1976, p. 11) [Learning disabilities, specific learning disabilities, learning disabled, and LD have been used interchangeably in this paper.]

**Limitations of the Study**

The researcher limited the review of the literature to the following areas:

1. Establishing background and an historical perspective pertaining to the label of Learning Disabilities.

2. Presenting pros and cons of the label.

3. Presenting a general overview of the effects of LD labeling upon elementary and secondary level students, their
parents, teachers, and so-designated programs.

4. Proposing possible alternatives to labeling.

The research concerning this topic was found to be limited to these areas. There existed some overlapping and differences of opinion among the authors reviewed.

**Summary**

One of the issues which has gained popular concern in special education involves the process of labeling. Judgment need not be passed on the existing labels; but rather, the advantages and disadvantage must be weighed to determine if, by labeling, children are impaired or truly benefited. The purpose of this research paper was to review literature to support the need for serious consideration to be given to the act of labeling.

The problem established in this paper was that labeling, in itself, can be meaningless and full of uncertainty for all who encompass the labeled child's environment.

Education experts have devised clever "gobbledygook" to deal with learning disabilities, then soon discover that all their latest information is rendered incorrect—or at least obsolete—by new children cropping up with still newer learning problems. (Shelton, 1978, p. 1)

Hence, the scene is once again bombarded with still another new label to replace or to perpetuate the old.
Definitions which the author felt were relevant to the paper were defined.

The study and research was limited in general, to special education, and specifically, to learning disabilities.
CHAPTER II
REVIEW OF THE LITERATURE

Background and Historical Perspective

In discussing any aspect within the field of Learning Disabilities a brief history of this sub-specialty of special education seems warranted.

The initial stages of LD got underway in 1963. Previous to that time, terms such as "brain injured" or "perceptually handicapped" to "neurologically impaired" were employed to describe the child who was eventually to become known as "learning disabled." Disapproval and displeasure with the aforementioned labels led to a group meeting of concerned parents in April 1963. Their goal was to explore the terminology. In doing so, they formed a national organization devoted to the education of "special" children (Bloomer, 1975).

At this meeting, Dr. Samuel Kirk, a leading authority in the field of special education, proposed using the term "learning disability."

Kirk addressed the parents and group members as follows: The term brain-injured has little meaning to me from a management or training point of view. It does not tell me whether the child is smart or dull, hyperactive or underactive. It does not give me any clues to management
or training. . . . Recently, I have used the term learning disabilities to describe a group of children who have disorders in development in language, speech, reading and associated communication skills needed for social interaction.

In this group I do not include children who have sensory handicaps such as blindness or deafness, because we have methods of managing and training the deaf and the blind. I also exclude from this group children who have generalized mental retardation. (Lewis, 1977, p. 244)

In brief, the term and the Association for Children with Learning Disabilities were born.

Throughout the 1960's, LD programs were federally supported under the administrative category of "crippled and other health impaired." It was in 1970 that the term "LD" was officiated under federal law.

Gearhart (1973) reported that the term LD first appeared in the titles of a professional text in 1967. He reported further that in 1969 state provisions for LD services existed in only 12 states.

Unlike earlier labels, this new phrase was an attempt to emphasize the nature of the learning disability rather than causative factors. Capobianco (1964) stated that the new
label "provides for the inclusion of all youngsters with a syndrome of behaviors which interfere with the learning process and yet eliminates the inherent difficulty in establishing the existence of a brain injury" (Capobianco, 1964, p. 187).

Given the new label, controversy over mislabeling, unanswered questions, and shifting definitions regarding the term "learning disability" continued. Bloomer (1975) in speaking about this controversy, stated:

Defining the term learning disabilities is analogous to family members deciding who the new baby looks like. The description depends on which side of the family is talking. Some definitions are medically oriented; some are more educationally focused. Thus, there are many definitions of LD currently in use, and these differ from discipline to discipline and locality to locality. (Bloomer, 1975, p. 55)

Multi definitions have resulted in "mislabeling slow learners and other children who don't seem to fit into any category as learning disabled. Looking at the other side of the coin, some severely impaired LD children may be mislabeled mentally retarded because they are functioning academically at a retarded level" (Bloomer, 1975, p. 55).
Again, in relation to the discrepancy among definitions of a learning disabled child, Bateman (1964) noted "who is the child with a specific learning disability? He belongs to a category which, like many other categories, is easier to describe than to define" (Bateman, 1964, p. 167).

Despite the extensive disagreement over the LD label, Bryan (1974) stated "I would not deny that somewhere some children exist who would fit whatever mish-mash of characteristics one would put together to describe the 'learning disabled' child" (Bryan, 1974, p. 306). The educational implications of this statement are several: First, Bryan seemed to hypothesize the non-existence of a universally accepted definition for a learning disabled child. Further, he suggested that in all probability there is a child to fit "any" definition. According to Glenn (1975) "the learning disabled child can exhibit one of a pair of contradictory attributes; however, not all children who exhibit any one of these characteristics has a learning disability" (Glenn, 1975, p. 378). Perhaps Bryan meant that in theory, any definition can be applied against one given being; in fact, there may initially be only a definition of one in mind and, therefore, the definition would have merit.

The previous studies indicated the need to take a closer look at who the LD child is. To label a child LD does not
necessarily identify his specific strengths or weaknesses, or the skills he needs in order to correct or to compensate for his deficits. "It cannot be assumed that an individual who is labeled learning disabled has specific characteristics or a combination of characteristics" (Glenn, 1975, p. 360).

From these studies and the brief historical perspective, it seems apparent that for a relatively young field there exists a considerable amount of discord among prominent authorities concerning the term "learning disabilities." Perhaps, learning disabilities evolved from the inadequacy of existing special education categories. It developed essentially, as a category to include children who "fall between the cracks" of pre-existing categories, such as mental retardation and emotional disturbance. Had those categories been adequate to describe and contain problems . . . the term, learning disabilities, would never have come into existence.

To endow such a catch-all term, developed for such utilitarian purposes, with an elaborate history based on research on . . . brain injury, seems to be over-drawing the case. It smacks of creating an instant tradition and raises the danger of institutionalizing a field which is having significant problems in defining itself. (Lilly, 1977, p. 116)
Concensus among the previous authors reviewed appears to be that of an acknowledgment of the fact that LD is not clearly defined and therefore, the probability of children being mislabeled is prevalent. In the opinion of this reviewer, the risk-benefit element underlying the definitional problems is to be expected.

Of significance to the history of LD is a reflection of the attempts to define it. In reviewing the research in this area, this author noted two major points: There exists: (1) multi-synonymous terms; and (2) multi-definitions for LD.

In considering the first of these two aspects, Lilly (1977) suggested that the generalness of the term LD has led to a "proliferation of (additional) terms and resulting definitions. In a study conducted by McDonald in 1968, Lilly reported the attempts of 35 experts in the special education field to define the term "children with learning disorders." Resulting definitions were inconclusive; "a total of 22 separate terms was used by one or more of the respondents as an exact synonym for learning disorder" (Lilly, 1977, p. 116). Similarly, Cruickshank (1972) recognized over 40 terms employed to identify essentially the same group of children (Lilly, 1977).

As a final word on this point, Gutknecht (1976) summarized his ideas regarding LD as a label, by stating that the label generally applies to
children who do not [learn] well, to teachers who teach children who do not [learn] well, to programs in which teachers teach children who do not [learn] well, and to rooms housing programs in which teachers teach children who do not [learn] well. Thus, a "learning disabled" child is taught by a "learning disability" teacher working a "learning disabilities" program in the "learning disabilities" room. (Gutknecht, 1976, p. 419)

Noteworthy is how Gutknecht discussed the LD label as a term applicable to the child, the teacher, the program, and the room. Hence, synonymous terms may also be applied to the child, the teacher, the program, and the room.

In relation to the second point, Lilly (1977) felt that definitions were "barely better than" the terminology. In a study by Vaughan and Hodges (1973) designed to determine whether special education personnel could reach an agreement upon a definition for LD, Lilly reported the following results: From an original list of 38 different definitions of LD, 10 were selected to be used in the study. One hundred special education representatives, including teachers, directors of special education, school nurses, social workers, speech therapists, and school psychologists ranked these 10 definitions in order from one to 10, with number one being their most preferred/acceptable definition of LD and number 10, their least preferred/acceptable definition. There was also a blank space for respondents
to write in any other definition they would have included. Five of the 10 definitions were categorized as "specific in description" and the remaining five as "generic in description." Results indicated that the respondents preferred the specific definitions for LD to those which were generic in description. The most acceptable definition ranked number one by 87 of the participants, was the following definition by Baer:

A child with a learning disability is any child who demonstrates a significant discrepancy in acquiring the academic and social skills in accordance with his assessed capacity to obtain these skills. In general, these discrepancies are associated with specific disabilities such as: gross motor, visual memory, visual discrimination, and other language-related disabilities. (Helmuth, 1968, p. 375)

As an interesting note, four of the five generic definitions were rejected.

The previous reviews of the terminology and definitions associated with LD have provided supportive evidence that attempts to define LD lack agreement and may very well be influenced by the background and school-of-thought to which the definer has been exposed. The authors of the last study felt additional research, including "replication in another area would be interesting" (p. 664).
Divoky (1975) wrote about the "practice of labeling as learning disabled those children who do not fit someone else's expected patterns of behavior" (p. 317). Although not a proponent of LD, Divoky implied an air of optimism regarding the lack of a concise, coherent and agreeable definition of LD. She stated, 

concurrence . . . comes only in the acceptance of what learning disabilities are not--they are not due "to visual, hearing or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage" (p. 317).

From a different viewpoint, Hammill (1977) commented that definitions allow for broad, generalized descriptions of children. Hammill further stated that definitions are much too obscure, open-ended, and subjective to be used as actual criteria for selecting individual students. Many of the words used in these definitions do not have any precise meanings and several of the ideas expressed or implied are currently surrounded by professional controversy . . . . Because definitions are not very definitive, and therefore cannot be used to identify precisely the populations to be served, state education agencies have had to design regulations in which the exact criteria to be used in operationalizing
the definition are set forth in specific detail. For example, the intelligence quotient (IQ) restrictions, the degree of educational or linguistic deficiency, the kinds of tests to be used, the formula to be applied, etc., are usually specified in the regulations. These are then used by local education agencies for the purpose of identifying those students whose education will be supported financially under the "learning disabilities" label. Therefore, in any particular state, the nature of the students diagnosed as having a learning disability is actually a function of the regulations used to identify them rather than the definition used to describe them" (Hammill, 1977, p. 2)

Obviously, Hammill found a particular definition of LD to be of secondary importance to the state and local regulations used in identifying children as LD.

An interesting comment recognized by Lewis (1977) with regard to federal and state definitions of LD was that both exclude retarded children who also are disabled in learning . . . the legal distinction implies that two different categories of mentally handicapped children exist; one that is classified as retarded and the other, as disabled. (Lewis, 1977, p. 109)
The review thus far has presented a brief historical background of LD. Included in this presentation were the ideas of prominent authors regarding the initial stages of learning disabilities, the existing controversy over the LD label, and problems accompanying the terminology and definitive aspects of the label.

Pros and Cons

It has often been said that every argument has two sides. Examination of the research which supports labeling and that which offers criticism against labeling, tends to confirm this belief.

The researcher hopes to convey a sense of neutrality regarding the pros and cons of labeling. Opinions and discussions of this nature are dealt with in Chapter III of this paper.

In reviewing the literature, the researcher found considerably fewer advantages than disadvantages for labeling.

In discussing the advantages Kronick (1977) noted four positive aspects:

(1) the label supplies a name for the child's problems; thus, offering "concrete assurance" of what the child is not, such as: emotionally disturbed, mentally retarded, etc.

(2) the label provides a basis from which the parents can seek additional information or assistance dealing
with the child's problems. It means that parents can affiliate with a volunteer organization, if they so wish, meet with other parents with similar problems, share techniques and information about services and, most importantly, realize that they are not alone with their problem.

(3) a label provides an educational opportunity "specifically directed to the disability provided by a multiprofessional team who have received very specific training." Kronick (1977) further felt that such a situation was more beneficial to the LD child than "undifferentiated special educator."

(4) a label reduces the child's problems to narrower parameters, so that we have defined areas of intellect and deficit within which to work. (Kronick, 1977, pp. 102-103)

Refuting Kronick's third point, Forness (1975) cautioned that "research has failed to show conclusively that special class placement is any more beneficial for certain children than simply leaving them in a regular classroom in competition with normal peers" (Forness, 1975, p. 14).

Gutknecht (1976) presented three different concepts in favor of labeling. These were:

(1) a label necessitates a "special" program, for which more money is generally available from federal, state, or district/local sources.
(2) with a new program comes the need for an additional teacher(s); "extra teachers on the scene provide an extra measure of support for the program as well as the school."

(3) the label, which leads to a new program, constitutes a "category or place to put children who are having trouble." (Gutknecht, 1976, p. 420)

Another study, by Towne and Joiner (1968) discussed the benefits of labeling, from a social viewpoint. The authors felt that the label "LD" replaced descriptions such as "naughty," "ill-mannered," or "bad-tempered." By doing so, the label, learning disabilities, allows the child to develop a sick role performance; thus, society will not hold him "responsible for being sick; and he is exempted from performing certain normal role and task obligations" (Towne & Joiner, 1968, p. 220).

Ross (1976) pointed out three advantages:

(1) LD is a term which is helpful/useful in designating a classification/category.

(2) Proper application "can open learning opportunities that might otherwise remain unavailable" (Ross, 1976, p. 3).

(3) "A label can benefit a child for administrative or statutory reasons" (Ross, 1976, p. 7).
In general, the research data relating to the positive aspects of labeling in special education and LD labeling in particular, has shown that labeling need not be de-emphasized, but rather, be viewed from a practical point. Labeling, in itself, can result in creating a much needed program for a child, in providing sources of funds or generating funds for the program, and in establishing a reason (not necessarily a cause/explanation) for the child's problems. Last, but not the least, in terms of significance, LD labeling can promote a sense of security or reassurance for the parents in that it sounds like a less threatening label, or condition indicative of their child's problems.

The arguments against labeling exceed those favoring it, meaning that in number, not necessarily importance, there appear to be more negative comments regarding labeling than positive comments.

Allington (1975) presented the following six statements in defense of his stand against labeling:

(1) Few of the labels have a single commonly accepted definition.
(2) Labels do not communicate useful information.
(3) Determining etiology is difficult, if not impossible.
(4) Etiology doesn't matter.
(5) Assigning some labels is beyond the professional scope of teachers.
The use of a label shifts the burden of failure to the child. (Allington, 1975, pp. 364-367)

In general, Allington felt that "labeling is professionally unsound and educationally unwise." He further concluded that the education of so-named learning disability children must stem from a specifically defined disability, which would identify specific remediation. Allington summarized his ideas in the form of the following analogy: if a rat fails to learn, he may be brain damaged or his failure to learn could be due to the trainer, similarly, if a child fails to learn, he may be brain damaged, LD, or any other convenient/applicable "thing," or, the child's failure to learn may simply be due to the teacher. This analogy brings many facets of the LD syndrome into light. Allington chose to leave the implications to the reader; likewise, so has this researcher.

In discussing the negative aspects of labeling, Lilly (1975) discussed two major shortcomings. First, in order to provide any special services to these children, a name or label must be affixed to them. Lilly felt we rely upon labels to provide children with appropriate programs. Secondly, he felt that the label provides these children with "special help," but results in segregating them from their peers. Lilly described several problems which "this reliance on labels . . . has created":

1) Labels invite us to over-generalize concerning individual children.
(2) Labels ignore the interactive nature of instruction, and assume that the cause of instructional problems is in the child.

(3) Labels remove the "burden of proof" for children's learning from school personnel, by providing unalterable conditions in the child and reasons for repeated failure.

(4) Labels provide information to the teacher which is, in most cases, irrelevant for instruction.

(5) Labels are often not accurate and can be embarrassing to students. (Lilly, 1975, pp. 12-13)

Again, in relation to disadvantages of labeling, Kronick noted that certain behaviors previously considered "normal" may be seen as "disabled" or undesirable once a child is labeled. Extending this concept to another dimension, Kronick felt that such behaviors become viewed as "manifestations of the disability . . . and follow the child for too many years" (Kronick, 1977, p. 102). As a final note on this topic, Kronick believed that if we are truly child advocated we must allow the child to voice his reaction to the label. Is he comfortable with it or does it create feelings of ineptitude and lessen his self-concept?

Another author, Kline (1972), in studies of adolescents with learning disabilities, concluded that labeling only puts children into "stereotyped groups . . . [and] has created the illusion that we understand their problems" (Kline, 1972, p. 262) Oftentimes, Kline suggested, the
adolescent has experienced many years of frustrating failure and underachievement before he is labeled LD. Once labeled

he learns the necessity of hiding his disabilities from peers and adults [educators included] because many people still confuse learning disabilities with mental retardation and, at the least, he will be labeled as "that stupid guy." (Kline, 1972, p. 273)

In summarizing his ideas, Kline stated that the learning disabilities label is really an indication of basic "societal problems fostered by the society which has created an educational system which often fails to educate" (Kline, 1972, p. 262). The underlying implications of this statement appear to correlate with Allington's trainer/teacher analogy presented earlier.

As a final comment on adolescents with learning problems, Kronick (1969) stated:

By the time the child reaches junior high, there is usually a huge folder containing data that suggest that he is immature, that he will grow out of it, that he needs to try harder, that he is lazy, and that he doesn't care. Although there may have been evidence at an early age that the child was ear-marked for failure,
the cause frequently goes undetected and the parent becomes the focal point of blame for the child's learning and behavior failures. (Kronick, 1969, p. 10)

Towne and Joiner (1968) also discussed the social aspects of labeling a child "learning disabled." The authors felt that social variables are often overlooked. The initial stages of placing a child in a special class, in itself, represents a social act. Three further matters of importance are apparent: (1) the child is separated from his peers, through special classroom placement; (2) the other children in the program are said to have similar problems in learning, and (3) whatever the label means to others, regardless of its accuracy or connection with the child's immediate behavior, each person's expectations and interpretations of the child's behavior will be affected by his definition of what this kind of person is supposed to be like. Vague feelings and observations about the child's behavior become anchored to the label. A social object is created by developing a cognitive category which connects many disparate characteristics. (Towne & Joiner, 1968, pp. 219-220)

The previous five studies reflect that authorities in special education, in general, tend to question the use and overall necessity for labeling. The primary arguments
against labeling which have evolved from this review were:
(1) a label often "blames" the child/parent for failure;
(2) a label appears to be necessary for a program; (3) a label results in segregated placement which is not ordinarily conducive to overall positive self-concepts; (4) labels are too general, "catch-all," and even meaningless; in the words of Kirk,
labels we give children are satisfying to us but of little help to the child himself. We seem to be satisfied if we can give a technical name to a condition. This gives us the satisfaction of closure. (Lewis, 1977, p. 244);
(5) few labels can be commonly defined; (6) a label "sticks" with a child; (7) a label can easily be misused, to the point of mislabeling a child; (8) "a further and more distressing use of "labels" is that classroom teachers are now using the jargon in describing children even though no formal assessment has been made" (Allington, 1975, p. 368); (9) a label does not represent the assurance of meeting a child's needs; and (10) a label can often be misinterpreted, or interpreted differently by various professionals working directly or indirectly with the child; therefore, any one child may easily be seen as "LD," "retarded," "slow," "lazy," "indifferent," or "dumb," depending upon who is interpreting the label.
A study by Semmel and Dickson (1966) serves to further exemplify this last point. The authors discussed two kinds of meanings which they felt verbal labels evoke:

(1) **denotative meanings**, which are those associated with the objective definitional aspects of a sign, and

(2) **connotative meanings**, which are those associated with the emotive reactions linked to the encoding or decoding of signs. (Semmel & Dickson, 1966, p. 443)

In general usage, **denotative meanings** refer to the literal, dictionary interpretations relating to a specific "sign" (label). **Connotative meanings** are underlying and implied interpretations stemming from one's background of experience as well as one's emotional state. "For example, if one is labeled a 'skunk' there is considerable excess meaning beyond the denotative definition" (Semmel & Dickson, 1966, p. 443).

The authors felt that signs (labels) are usually learned similarly within our social structure. "Thus, it is reasonable to assume that they are used in relatively similar ways by persons in the culture (e.g., the sign 'Hot Dog' will be decoded in the same way by most Americans)" (Semmel & Dickson, 1966, p. 443).

In referring to disability labels, Semmel and Dickson (1966) believe that the same sign (label) may have different
denotative and connotative meanings depending upon attitudinal reactions and the context/situation in which the labels are used.

Connotative meanings, however, are particularly subject to individual differences due to considerable variation in amount and type of education and in personal experiences with signifcates (i.e., disabled persons). (Semmel & Dickson, 1966, p. 443)

From their study, concerned with exploring the connotative meanings of disability labels, the authors concluded that different disability labels do evoke substantial differences in connotative reactions. Their results generally suggested that signs which denotatively signify intellectual deficits and brain pathology have more negative connotative associates when compared to labels which denotatively indicate sensory and speech impairments. (Semmel & Dickson, 1966, p. 447)

As a final word on this point, the authors found that as "contact increased, there was a corresponding increase in the positive reactions to the disability labels" (p. 450). These results support their assumption that connotatives to disability labels may socially be learned in the same way.

Such learning is probably more positively mediated through direct contact with signifcates [disabled persons] when compared to simply learning precise and expanded denotative meanings through didactic courses in special education. (Semmel & Dickson, 1966, p. 450)
The present research has attempted to, thus far, highlight the pros and cons of labeling in special education. Emphasis has been on the LD label. The remainder of Chapter II focuses upon two presentations: (1) a general overview of how labels affect children, parents, and teachers; and (2) possible alternatives and further considerations to be given the act of labeling.

**General Overview of Affects at Primary and Secondary Levels**

Having examined and reviewed the research data relating to the pros and cons of labeling, it would seem that additional attention needs to be paid to the overall effects of labeling. This research has found much overlap between these two areas. In view of the research, and the apparent growing concern of how labels affect children (primary and secondary levels, inclusive), parents and teachers, this portion of the literature review is pertinent.

In a study of peer popularity of learning disabled children, Bryan (1974) focused attention upon the "social forces" associated with a child who has been classified as learning disabled. His conclusions presented "evidence to suggest that children with learning disabilities may experience interpersonal difficulties with peers, parents, and teachers" (Bryan, 1974, p. 621). In examining the social interactions of learning disabled children and their
peers, Bryan maintained that such relationships depended upon race and sex. He concluded that learning disabled children, particularly white children or female children, are not accepted but are rejected by classmates. Their peers described those children as a group of scared, unhappy, worried, albeit not hyperactive, children who are not desirable as playmates. (Bryan, 1974, p. 623)

Bryan did not offer substantial reasons for this, other than attributing the findings to possible "differences in intellectual abilities" (p. 623).

In concluding his discussion, Bryan stated that there is clear evidence that children with learning disabilities would be less popular, more disliked, and more likely to be characterized by negative personality traits and behaviors than randomly selected peers. (Bryan, 1974, p. 622).

In another study, four years later, Bryan (1978) reached a similar conclusion:

learning disabled children experience difficulties in social development, interpersonal relationships, and perceiving and understanding other's affective states. It is also quite clear that teachers, peers, and even strangers make negative evaluations of these children. (p. 115)
Siperstein, Bopp, and Bak (1978) also examined peer relationships of LD children. Their conclusions were that children labeled LD "experience academic problems [and] are socially hampered but not necessarily rejected" (p. 101). The authors believed that "the effects that their educational problems and special educational treatment have on their social acceptability have not been well documented" (p. 98).

Foster, Schmidt, and Sabatino's (1976) report on teacher expectancies and the "LD" label was significant in demonstrating that "a label of learning disabled carries with it certain evaluative components" (p. 61). The authors felt special education, as we know it today, has as a foundation, several categories of disability. They presented a developmental history of these categories in the following summary by Maurer:

In 1911 Alfred Binet was commissioned to find a way to locate those who could not learn so that teachers would not be charged with failure on their account. This eliminated the imbecile . . . . Educationally handicapped branched into neurologically and emotionally handicapped; these in turn spawned the brain damaged--minimal to be sure. Faster and faster the categories multiplied; the aphasic, the autistic, the multihandicapped, the educable and trainable, orthopedically
handicapped, those with organicity or with emotional overlay, the culturally deprived, and eventually the "underachiever," defined as below average. (Maurer, 1972, p. 108)

Foster, Schmidt, and Sabatino (1976) cited still another author, Blatt (1972) who argued that "there is widespread usage of the systems for labeling children that dehumanize and stigmatize both these children and their families" (Foster, Schmidt & Sabatino, 1976, p. 58).

In citing Jones (1972) the authors felt that children placed in special classes as a result of a label "are stigmatized . . . and feel the effects of negative disability labels, i.e., those in classes for the mildly emotionally disturbed, neurologically impaired, learning disabled, and trainable mentally retarded" (Foster, Schmidt, & Sabatino, 1976, p. 59).

Forness (1975) also spoke of teacher expectancies. He concluded that a labeled child's behavior in academic situations may be self-fulfilling because the label contributes to a teacher's expectations of his academic progress . . . it nonetheless suggests that some children, labeled . . . actually fulfill the role . . . only when certain social conditions are imposed on them. (Forness, 1975, p. 15)
Mention was made earlier to Foster, Schmidt, and Sabatino's (1976) report on teacher expectancies and the LD label. Specifically, they suggested that the label does produce "evaluative components."

Combs and Harper (1967) elaborated somewhat upon that suggestion. The authors felt that one of the, if not the most important environmental factors which contributes to the exceptional child's adjustment and development is the school. From their studies on the effects of labels on teacher attitudes toward so-labeled children, they concluded that labels do affect the attitudes of children toward exceptional children. The effects varied among exceptionalities . . . . Additional research is needed to determine the degree to which this conclusion can be generalized to other populations. (Combs & Harper, 1967, pp. 402-403)

Combs and Harper (1967) summed up the total picture of labels influencing teacher expectancies when they gave reference to a quote by Menninger (1964): "the label applied to the illness becomes about as damaging as the illness itself" (Menninger, 1964, p. 12).

In summarizing their ideas in reference to teacher expectancies and the "LD" label, Foster, Schmidt, and Sabatino stated that data relating to the topic are
"scarce and educators are forced to rely upon 'impressionistic evidence'." They did conclude, however, despite evidence, that the "LD" label can and does generate "negative expectancies in teachers which affect their objective observations of behavior and may be detrimental to the child's academic progress" (Foster, Schmidt & Sabatino, 1976, p. 59).

The previous three studies indicated that labeling a child as "LD" can result in: (1) social/emotional problems; (2) negative teacher expectancies; (3) poor self-concepts, and (4) family stigmatizing.

Kronick (1974) suggested agreement when she stated that just as some parents of the learning disabled feel that few outsiders comprehend their experience, the child also may feel alone in his experience. His loneliness will be accentuated if the parent's discomfort with the disability furnishes him with the message that they are unable to discuss it or face many of the unpleasant aspects of his reality or share his concerns. Before he learns that there are other learning-disabled persons, he may imagine that he is the only person in the world with this problem. He may indeed stand out as being different from his family. (Kronick, 1974, p. 145)

The following studies present the views of nine authors concerning the "LD" label and the adolescent.
In Rosenberg and Gaier's (1977) review of the literature, differences between the self-concept of the learning disabled adolescent and the "normally achieving" adolescent were compared. They concluded that

the adolescent with a learning disability has established a pattern of academic failure: He is a child forced to realize his differentness in academic areas, coupled with a sense of impotence to eradicate his learning handicap leading to feelings of inadequacy, lack of self esteem and helplessness in the learning setting.

At a particularly vulnerable phase of life when ego-ideal alliances are eagerly sought, the adolescent with learning disabilities has been set aside and labeled as different because of his academic history, often with no visible handicap to provide a basis for performant differences. This adolescent, especially the one who has been placed in a special class, is separated from the larger population of his age and grade peers both psychologically and physically and heir to all the ramifications associated with being segregated and stigmatized in his social interactions. Another source of self-esteem, acceptance of significant others, is again denied the individual. It follows, consequently, that the self-esteem of the adolescent with learning disabilities may be poorer than the self-
esteem of the adolescent of matched age and general intelligence level, unemcumbered by academic failure and attendent social and emotional problems. (Rosenberg & Gaier, 1977, p. 490)

Gordon (1968, 1969) discussed the emotional confrontations of the adolescent, in that by the time the LD adolescent reaches junior high school, he appears withdrawn, extra sensitive, shallow, and "odd." He has little capacity to apply himself over long periods of time. He seldom has been accepted as a member of the class "in" group. It is quite likely that he just gives up trying. (Gordon, 1968, 1969, p. 90)

In a sense, Gordon concluded that the needs of the [LD] adolescent conflict with established social patterns . . . his own inferiority feelings and by the anxiety and guilt of his parents . . . he probably still is a source of irritation to his brothers and sisters--and to his parents and his teachers . . . his lack of success in the past has created for his additional emotional problems. (Gordon, 1968, 1969, pp. 87 & 89)

Lerner, Evans, and Meyers (1977) enlarged upon Gordon's summation. The authors felt that along with the usual emotional problems associated with adolescence, years of failure, low self-esteem, poor motivation, and inadequate peer acceptance, often lead to disruptive and maladaptive behavior . . . the behavioral and
social problems appear to take precedence over the learning problems during adolescence. Behavior such as avoidance of tasks, impulsivity, emotional swings, overreactions, disorganized study habits and use of time, as well as poor attention, often lead to non-productive or disruptive actions. (Lerner, Evans, & Meyers, 1977, p. 8)

Another author, Humes (1974), also made reference to the LD adolescent and accompanying emotions. He concluded that "it is well established" that the learning disabled youth has difficulties coping with academic activities and, as a result, develops related emotional problems. However, Humes concluded that "it is extremely difficult to differentiate such problems with the adolescent population" (Humes, 1974, p. 211).

Wilcox and Wilcox (1970) further agreed that the LD adolescent suffers from additional emotional difficulties: he enters adolescence already disoriented toward himself and toward his social environment at a time when new factors promoting disorientation are about to appear . . . he finds these new factors violently inconsistent with his conceptions of himself and of his environment, and seeking a solution to this dilemma, he acts in a manner unacceptable to society. (Wilcox & Wilcox, 1970, p. 274)

The preceding studies have suggested several common points, with regard to the affects encountered by the adolescent labeled "LD."
1. The LD adolescent has already undergone several years of frustration and failure, prior to reaching adolescence.

2. The LD adolescent, once so-labeled, is aware of being "different" even though he may not understand exactly the why or how of his "condition."

3. The LD adolescent experiences extra emotional problems, in addition to those usually associated with adolescence.

4. The LD adolescent often has a lower self-concept than his non-LD adolescent peer.

5. The LD adolescent is often disadvantaged in developing social relationships with peers.

6. Identity seeking of the LD adolescent is complicated by his accompanying emotional problems.

7. The LD adolescent may also develop inappropriate behaviors, as an attempt to "hide" his failures.

8. The LD adolescent may develop family "role" problems due to his inappropriate behavior.

All of the preceding studies emphasized the need to take a more careful and critical look at the implications inherent in labeling an adolescent "LD." It is the contention of this reviewer that such implications would also apply to any child labeled "LD."
Affects upon the labeled "LD" child, in general, were also evidenced in six other reviews of the literature.

In essence, the following reviews dealt with remarks and self-concepts as they apply in terms of affecting children labeled "LD."

Lehman (1966) presented the following remarks as those typically made by parents, teachers, school guidance counselors, and even neighbors with regard to "mysteriously troubled (LD) children" (Lehman, 1966, p. 10).

Johnny seems to have normal intelligence, but he just can't catch up . . . with the rest of the class . . .

Joe is very impulsive and at times insulting . . .

Bill is such a nice boy, but he is the clumsiest thing and fidgets constantly. (Lehman, 1966, p. 10)

Gutknecht (1976) also discussed remarks relating to the LD child.

No matter what label is applied to a child, he or she knows that someone has made a judgment about him . . . most of the labels applied to children are negative in nature, indicating a deficiency, [and] the self-image of the child is affected. Children know, that in the eyes of teachers, parents, and peers, they are not as good as they should be. (Gutknecht, 1976, p. 420)
As a result of such comments, continued failure seems inevitable. DeWitt (1977) contended that a learning disabled child may mask his disability by apparent disinterest in school . . . by withdrawing his effort, . . . [he] often causes teachers and counselors to think, "It is attitude that prevents this student from achieving. He doesn't try, wants attention . . . seems capable in some areas, and could learn if he wanted to. (DeWitt, 1977, p. 69)

Once again, the negative results of such remarks and continued failure are inevitable.

Leviton and Kiraly (1975) found that academic achievement and self-concept of learning disabled children is different from the academic achievement and self-concept of non-LD children. Within this same parameter, Sebeson (1970) quoted Brookover (1964) as saying that "a relevant aspect of self-concept [in school learning] is the person's conception of his own ability to learn the accepted types of academic behavior; performance in terms of school achievement [in various areas]" (Brookover, 1964, p. 271).

Sebeson agreed with Strang (1967) that self-concepts are learned.

They are built up in many subtle ways. They are derived, in part, by negative comments of parents, teachers and classmates and from repeated experiences of failure.
The child becomes fearful of making mistakes, afraid and ashamed to be wrong again. Self-confidence, on the other hand, arises when others show a positive expectancy that the individual can close the gap between his present performance and his potential: it is reinforced by experiences of success. (Strang, 1967, p. 457)

Siperstein, Bopp, and Bak (1978) concluded that "though learning disabilities initially concern performance in academic subjects, the ramifications of the disability extend into other spheres of the child's life" (p. 98).

These three authors made specific reference to the physical appearance and athletic ability of learning disabled children. They concluded that these two factors, in combination with the LD child's academic ability, help to determine and to explain the child's social position (Siperstein, Bopp, and Bak, 1978).

The previous six studies served primarily as a review of the literature concerning the LD label as it affects the child's self-concept. They further reflect and enumerate issues and problems with which future research in this area need be concerned.

Rabinovitch (1970) summarized the urgency of this aspect faced by LD children by stating:

there are massive social and personal consequences that are operative during and long after the child is done
with school and, for many of these children the specifics of their problem will change little. (p. 43) Several of the forementioned studies offered suggestions for aiding learning disabled children in developing more positive self-concepts.

From Sebeson's (1970) study, the following five suggestions evolved:

(1) The teacher can help a child in reaching self-realization by accepting the child "as a unique person worthy as an end in himself."

(2) Children should be encouraged to express their feelings and opinions regarding their beliefs, problems, and anything relating to themselves.

(3) "The teacher must seek some area where the child can find success so he will find acceptance among his peers."

(4) "Teachers must deal with the child's feelings of how he can relate what he has to learn in school to his own worth as a member of his immediate environment."

(5) Assuming a child's self-concept is learned, in part, from experience, teachers and parents must "give all children a real opportunity for success in learning tasks, provide an example and . . . demonstrate to children that they care about them" (Sebeson, 1970, p. 463).
From these suggestions, it appears that Sebeson has focused upon the roles and the influence of the teacher and the school as well as the parents, in assisting the LD child to develop a more positive self-image.

Special education authorities from the Missouri State Department of Education (1977) offered these suggestions.

(1) Establish a trust relationship with your students . . . . Let them know you are interested in them as people and see them as worthy individuals who happen to have special needs.

(2) Keep the self-concept of your students uppermost in your mind . . . believing that each child can learn and succeed.

(3) Realize you don't have to do it alone . . . [utilize] building staff, parents, district personnel, state consultants, and a host of national associations, conferences, and publications.

(4) Shape your behavior expectations to fit each special need.

(5) Offer alternative routes to academic success.

(6) Find special-needs materials and get to know them.

(7) Reinforce the unique aspects of each [child]. Show kids that you value differences . . . encourage [them] to accept others' differences and see that in many important ways we are all alike. (Instructor, 1977, p. 150)
Gordon (1968-1969) summarized his ideas of helping the LD child formulate a positive self-concept by saying: convey . . . that there are only two ways of responding to a handicap. One: He can spend the rest of his life being unhappy and feeling sorry for himself. Two: He can learn to make the best of his assets and become as independent and self-sufficient as possible.

Above all, . . . inspire confidence by your own confidence. Pity and pessimism will feed the child's symptoms. Confidence will promote confidence. (Gordon, 1968-1969, p. 91)

Auerbach (1971) concluded that two factors would help to lessen negative self-concepts: (1) consistency in the approach or method used with the LD child; and (2) a "neutral atmosphere conducive to a cooperative relationship" (Auerbach, 1971, p. 377) for designing a program for the learning disabled child.

Brown (1969) suggested that self-concepts may be benefited from attention to five specific areas:

(1) understanding the individual child,
(2) structuring the environment,
(3) setting good examples and standards,
(4) controlling with loving firmness, and
(5) providing opportunities for success to build self esteem. (Brown, 1969, p. 97)
Possible Alternatives

Having acknowledged existing and possible effects of labeling, two questions arise: Are there alternatives which may be considered to be better than labeling and more beneficial to the child? and if alternatives do exist, what are they? Although this paper had not intended to provide definite answers to these questions, the review of the literature clearly indicates that alternatives do exist.

Yarborough (1969) discussed past efforts in relation to what must be recognized in the future, in order to subside the practice of labeling children "LD." He acknowledged three points of truth: (1) not all children having specific learning disabilities have been recognized; some have "slipped through the cracks of educational diagnosis" (p. 439). (2) Most LD children have been recognized by many other labels or "lumped into heterogeneous groups" (p. 439). (3) "The problems of these children are finally beginning to be explored and understood" (p. 439).

In acknowledging these truths, Yarborough (1969) concluded that the future direction must lead away from defining/labeling children to defining specific programs. What is needed now is a comprehensive program on the national level to serve these children, and to prevent future instances of misdiagnosis as has happened all too many times in the past. (p. 440)
Yarborough (1969) further believed that the emphasis of specific programs must be on an analysis of the learning task, on the development of special teaching techniques and materials, on meaningful use of these materials to find the learning abilities of the child, and to determine barriers to learning which must be circumvented. Coming to terms with these children in designing educational programs is going to help us to learn more about education for every child. It is going to help us realize that children have individual learning styles and characteristics. . . . Educators should be able and will be able to design special, individualized, approaches to the learning tasks which face children. (Yarborough, 1969)

Forness (1974) described a transformation occurring in the field of special education. In regard to categorical labels, he suggested a trend emphasizing a shift from categorical labels to categorical needs. According to Forness, the idea of "abandoning" categorical labels (and special class placement) has long been evidenced by "a series of class action lawsuits . . . brought against several school districts across the nation on behalf of parents whose children had been either misdiagnosed or misplaced in special classes . . . " (Forness, 1974, p. 446). Forness (1974) stated the trend as follows:
administrative modifications alone do not necessarily eliminate labels. Simply reassigning children into different grouping patterns will not guarantee their decertification from a specific category ... ways must be found to reconceptualize not only the way such children are grouped but the very ways in which professionals think about them. The traditional labeling stimuli associated with what a child is must be dropped and he must be perceived in relation to what he needs in order to achieve his optimum school progress. This should come more easily as new, previously unlabeled children enter the system for the first time, and any professional's preconceptions have had increasingly less chance to operate on his individuality ... while the effect of a "no-label" system may be advantageous to some children (e.g., those labeled mentally retarded), it is by no means certain that either teachers or other children outside the system will treat exceptional children as a group any differently. (Forness, 1974, pp. 447, 449)

Forness also contended, "there is no evidence to guarantee that similar expectancies are not already generated by present programs and labels for learning disability children" (p. 449).
From a study by Reger (1972), Lilly (1977) indicated a need for good teaching and good educational programming being independent of diagnostic labels. While such labels may be useful for administrative and research purposes, they have little or no utility in determining educational methods, materials, and procedures likely to be most helpful with individual children. (Lilly, 1977, p. 118)

As a final point on this topic, Lilly (1977) suggested a merging of categories and concluded:

Functional analyses of school problems must replace diagnostic labels as the beginning point of special education services. This conclusion demands that existing categories of special education be merged without delay so that the major purpose can more adequately be served: to assist school personnel in dealing with the most severe functional problems of learning and social behavior within the school. (Lilly, 1977, p. 121)

Bateman (1975) introduced compelling insights into the area of alternatives to labeling. Putting aside the label
"learning disabilities," Bateman posed the question of possible existing "teacher disabilities." She emphatically stated:

At the present time teachers cannot change children's genes or rewire their brains. We can change our teaching. Labeling children "learning disabled" serves no useful educational purpose except obtaining extra dollars or trampolines or smaller classes or larger classrooms. If these are really essential to providing better education, might we not also achieve them by facing the problem more constructively as "teaching disabilities?" (p. 320)

DeWitt's (1977) feeling for "tearing off the label" were similar to Bateman's.

The specific learning-disabled student has long been discriminated against. General education has spent many years and millions of dollars developing an awareness of various handicaps affecting academic achievement. Long ago educators recognized their responsibility to find a way to teach the blind, deaf, mentally retarded and other children afflicted with other disabilities. Must the student have an overt handicap such as blindness, deafness or be orthopedically crippled to gain sympathy
for curriculum modification? Must the student continue to mark academic time until "graduation?" (DeWitt, 1977, p. 77)

DeWitt's suggestion for an alternative look at labeling consisted of the teacher adapting "curriculum methodologies" to fit the specific emotional and academic needs of each student. The author felt curriculum modification, rather than the "LD" label would especially benefit the older student who has been often pushed and crammed into the can of an unsuitable curriculum. Once satisfied that a learning problems exists, the educational system tries to fit the cure to a label . . . new labels become old labels soon to be torn off and replaced . . . . Only time will tell if the label "specific learning disability" will endure. Regardless of the enduring quality of the label, those dedicated to overcoming learning problems keep trying and trying to find the key. The path always leads one back to the new for knowledgeable, experienced, and dedicated teachers as well as philosophy that is student oriented rather than teacher oriented. (DeWitt, 1977, p. 78)
Summary

Chapter II has presented a review of the literature relating to labeling in special education. Emphasis has been on the "LD" label. An historical perspective of the field of learning disabilities was presented. Prominent to the initial stages of the field and responsible for coining the term "learning disabilities" was Dr. Samuel Kirk.

It is apparent from the literature review that there exists considerable controversy among experts in the field concerning a clear definition for "learning disabilities." Further, experts are in disagreement as to who the so-labeled "LD" child really is.

As a label, the term "learning disabilities" also raised some doubts. More data was found against labeling than in support of it. In general, authorities felt labeling was primarily needed for programatic purposes and funding.

The sequence appeared to be:

child - label - program - money

Labeling was also seen as a means by which teachers can establish a "reason" for a given child's problems. In turn, the label can generate a sense of security or reassurance for the parents--indicative of their child's problems.

Conversely, the authorities felt that the labels used in special education do not communicate useable information,
are not definitive enough, often cause poor self-concepts in children, are too generalizing and stereotyping, are misused and misinterpreted, generate teacher expectancies, and are somewhat professional/societal "excuses" for a child's problems in school. Specific factors regarding the "LD" label and the adolescent and suggestions for aiding "LD" children in developing more positive self-concepts were also discussed.

Finally, Chapter II presented the opinions of authorities regarding alternatives or the "now what?" of labeling. The views presented emphasized the need to take a more careful and critical look at the implications inherent in labeling a child. This need appeared to include taking an immediate recognition of teaching styles, methods, and curriculum, as well as looking at the red-apple recipient himself/herself—the teacher!

In summarizing special education (LD) labeling and its "alternatives," DeWitt (1977) offered the following:

"Man, Man.
Put him in a can.
Place a label on it.
Pretend to understand.
Excuse him.
Defend him.
When he doesn't fit in
Tear off the label
And try again. (p. 70)
DeWitt's poetry clearly and simply serves to exemplify the total labeling practice. Labels do promote the idea that we "understand" a child's problems; they do provide convenient "excuses" for a child's problems; and, when a child no longer appears to "fit" the so-called label requirements, the labeling procedure is begun "again."

Although wanting to demolish or at least do away with labels, DeWitt (1977) left the reader with the following optimistic words concerning labeling:

Looking back, one remembers the day when within the school system there were no labels and no special education. Remembering "back when" often restores one's faith in the system. Progress is being made. So what if we tear off the label and try again? At least we are trying and that is the key. (p. 78)
CHAPTER III

SUMMARY AND CONCLUSIONS

Learning disabilities is a relatively new, and fast-growing sub-specialty in the field of special education.

Historically, its roots have evolved from an array of many other fields: medicine, psychology, optometry, audiology, language, speech, reading, physical education, and special education areas such as mental retardation and emotional disturbance. Each of these fields has offered input into the development of learning disabilities. Since Kirk coined the term "learning disabilities" in 1963, a phase integrating the medical, behavioral, and educational fields appears to have had the greatest impact in defining LD. Most definitions appear to have several factors in common:

1. Many definitions are centered around different constructs (i.e., IQ, brain impaired)

2. Most definitions have some element of exclusion (i.e., mental retardation, culturally deprived)

3. Most attribute less attention to minimal brain dysfunction, and

4. Many include insights into behavior aspects.

Yet, there exists much controversy over existing definitions of LD.

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Given "fuzzy" definitions, one would question the merit for using LD as a label for generating programs for questionably-defined children.

In the words of Shelton (1976) "learning disabilities are so many and varied they defy the very labels that tend to make educators comfortable" (Shelton, 1978, p. 1).

It is the contention of this reviewer that greater attention needs to be given to good teaching, rather than to labeling. The focus of teaching may be different for each child, but good teaching methods can and do work well with any child. Time is the most crucial factor in matching teaching style with child needs, but in the long-run, research supports good teaching and good programming without labels.

If we are to have learning disabilities programs, definitions are necessary. They must, however, have greater clarity and utility, in terms of being operationally applicable. If the label "must be," "let it be," provided it is used only for administering funds, for placement purposes, and for giving children access to appropriate resources. Children need not be "stamped" with a label we have yet to define.

Returning to an earlier comment by Reger (1974), obviously, all children are labeled, either as fourth-graders, seniors, short, dummies, or whatever.
The issue thus is not over labeling as such, but over the appropriateness and relevance of the labels used. The problem in special education is that almost all the labels used are not specifically related to the needs of the children involved. The labels create stereotypes that cause a blurring of focus. (Reger, 1974, p. 650)

In the future, educators and related professionals must continue to recognize the value of: (1) early detection of a child's difficulties in learning; and (2) investment of time necessary to treat and to meet each child's needs.

We have acknowledged the fact that children do have different learning needs/problems. Is a category or label, such as LD, necessary to further designate this existence? Research has evidenced that the term "learning disabilities" covers a wide variety of children and, therefore, merits little usefulness. Given that LD children have difficulty learning within the confines of the regular classroom situation, it appears that the only feasible approach includes re-examining our individual teaching philosophies, goals and objectives. As teachers, the time has come for us to determine the most effective and relevant ways in which we
can help each child learn. Smaller classrooms, allowing for greater/necessary individual observations and help is included here.

No child need "fall through the cracks." It remains obvious that the emphasis should not be on labeling, but rather, on teaching.
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