Comparative study: the characteristics of the learning disabled and behaviorally disturbed child

Judith Canfora

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A COMPARATIVE STUDY: THE CHARACTERISTICS OF THE LEARNING DISABLED AND BEHAVIORALLY DISTURBED CHILD

by

Judith Canfora

A RESEARCH PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN EDUCATION (EDUCATION OF LEARNING DISABLED CHILDREN) AT THE CARDINAL STRITCH COLLEGE

Milwaukee, Wisconsin

1978
This research paper has been approved for the Graduate Committee of the Cardinal Stritch College by

Date: May 1, 1978

[Signature]
(Advisor)
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CHAPTER I

INTRODUCTION

A major focus in education today has been the refinement of techniques to identify and subsequently label those children who have exhibited exceptional educational needs. The labeling process itself has become an area of controversy. Proponents of labeling have felt the positive benefits of labeling outweigh the negative implications. The overall rationale has been that the child who is labeled receives more services than if he were not labeled. As Reger pointed out, "It's a way--some say the only way of getting money and therefore programs."\(^1\) Opponents of labeling have cited mislabeling as a major problem. The effect of the label on the child himself has also been an area of concern. Jones stated:

Insufficient attention has been given to the fact that some of the labels used imply deficiencies and shortcomings which generate attendant problems of

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lowered self concept and expectations which interfere with children's optimum growth and development.  

While the purpose of this paper was not to investigate or to determine the appropriateness of labeling, an overview of current trends was a foundation for a comparative study of two specific labels: learning disabled and behaviorally disturbed. There has been a trend in current research on labeling to shift from categorical labels to categorical needs.

Further analysis of educational labels could provide insight into the identification of the needs of children.

Research has been one step ahead of the schools in terms of determining the effectiveness of labels. Paradoxically, as research has indicated more negative aspects of labeling, the departments of public instruction have increased the emphasis on labeling the special education child. On the administrative level, the trend has been toward more classification, stringent guidelines, and strict categorization of specialties.

A statement of the problem was summarized by Hobbs: Classification can profoundly affect what happens to a child. It can open doors to services and experiences the child needs to grow in competence, to become a person sure of his worth and appreciative of the worth of others,

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to live with zest and to know joy. On the other hand, classification, inappropriate classification or failure to get needed classification—and the consequences that ensue—can blight the life of the child.

**Purpose**

The purpose of this paper was threefold:

1. To review current research and theory on the categorical labels of L.D. and B.D., and their characteristics.

2. To define and correlate the behavioral characteristics of children identified as having a learning disability or a behavioral disability.

3. To comparatively analyze the correlations to determine any functional similarities or dissimilarities between the two classifications or labels.

**Limitations**

The author of this paper has restricted the review of current research to the years 1965 to 1977. The area of focus was the primary child, age four to eight. The study was limited to learning disabled and behaviorally disturbed children. Some references pertinent to the emotionally disturbed child were included, particularly to allow for variance in definition from author to author.

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Although current research on generic labeling has provided alternate means of viewing the process of classifying children, the purpose of this paper was not to investigate the effects of the generic label.

**Definitions**

**Learning disabilities.** A learning disability refers to one or more significant deficits in essential learning processes requiring special educational techniques for its remediation. Children with learning disabilities generally demonstrate a discrepancy between expected and actual achievement in one or more areas. The learning disability referred to is not primarily the result of sensory, motor, intellectual, or emotional handicap, or lack of opportunity to learn.

**Emotional disturbance.** An emotional disturbance is characterized by emotional, social and behavioral functioning that significantly interferes with the child's total educational program and development including the acquisition or production of appropriate academic skills, social interactions, interpersonal relationships, or interpersonal adjustment.

**Behavioral disturbance.** For the purpose of this paper, the term "behavioral disturbance" was considered synonymous with the term emotional disturbance as defined above.
Hyperactivity. A name given to that disorder which results in a response to unnecessary or irrelevant stimuli. It may be an organic or learned type of behavior in which the child is unable to refrain from reacting to stimuli which produce or prompt a motor response, sometimes referred to as motor distractibility, hyperkinesis, hyperkinetic syndrome, and motor disinhibition.

Disorganization. The child appears unable to carry out a task or pay attention to the material at hand in an orderly fashion. Responses are random and meaningless to others. The child’s attention cannot remain focused.

Perseveration. The child is unable to shift attention or to change behavior that is no longer appropriate.

Impulsivity. The child is unable to evaluate or anticipate consequences of a given action. The behavioral characteristic of acting on impulse without consideration of the consequence.

Feedback. The process of monitoring and modifying one’s own response, a cybernetic system; includes both an internal form where part of the response pattern is fed back into the system prior to effecting a response and an external form where overt response is monitored.
Summary

The intent of this paper was to determine the existence of behavioral differences or similarities between the learning disabled child and the emotionally/behaviorally disturbed child. An attempt was made to formulate a differential diagnosis of the two classifications. The overall goal was to identify specific elements in a differential diagnosis which could justify labeling a child in either category.

Should the research reveal a lack of differentiating behavioral characteristics, a further investigation of generic labeling would be employed. Although labeling itself was not the area of concern for the purpose of this paper, the lack of justification for labeling a primary child as learning disabled (L.D.) or behaviorally disturbed/emotionally disturbed (B.D./E.D.) could be indicated.
CHAPTER II
REVIEW OF RESEARCH

Characteristics of Learning Disabled and Emotionally Disturbed Children

The term "exceptional child," or "exceptional educational need--EEN" by name implies difference. What has been the difference between a child who came into the regular classroom and learned and the one who did not? Children who have not learned, and were subsequently labeled EEN, were failing. The characteristics which these children have in common have been discussed, analyzed, and given a multitude of names. However, one characteristic which was common to all children labeled L.D., B.D. or E.D. has been failure in the regular classroom.

The components of their failure have been classified for the purpose of this paper into four categories:

1. Physiological characteristics;
2. Intellectual characteristics;
3. Social/Emotional characteristics;
4. Learning Patterns/Problems

The term "emotionally disturbed" (E.D.) or the more recent "behaviorally disabled" suggests the child's
difficulties do not lie primarily in the lack of learning capacity, or in health or sensory handicaps. The term "learning disabled" implies difficulties not resulting from emotional disturbance, poor motivation or deprivation. By definition they are defined as mutually exclusive groups. An analysis of their failure components seemed to have revealed some definite overlap between the two groups.

Physiological Factors

Authorities in both fields (L.D. and B.D.) tend to agree on one concept regarding physiological or biochemical factors. Minimal brain damage, CNS dysfunction, or any multitude of terms can be used to describe a condition which results from highly suspect damage or injury to brain or nerve tissue. There appears to be little doubt that the condition can and does affect behavior and learning of human beings. Bower in his research on the identification of emotionally disturbed children referred to neurological problems.¹ Many authorities in the field of learning disabilities have concurred on the incidence of minimal brain damage in the learning disabled child. Brain damage has also been associated with behavioral disabilities. In a study done in 1967 by Gittelman and Birch, it was found that

perinatal complications were frequent in a sample of children labeled schizophrenics, and that CNS dysfunction (usually considered a characteristic of the L.D. child) was directly related to the onset of clinical symptoms.² The more grossly aberrant the behavior of the child, the more likely there was evidence of physiological problems.³ Some "psychoses" can be caused by toxic substance affecting the brain. Birth trauma, oxygen deprivation, infectious disease, drug intoxication, and congenital defects have a profound effect on a child's behavior and on his ability to learn.

Evidence of brain damage as such does not appear to differentiate L.D. and E.D. type children. As Bower stated, almost every baby suffers some injury at birth as a result of strain and pressure during the birth process.⁴ Overall there appeared to be a higher incidence of suspected brain damage in the populations of L.D. and E.D. children.

³Ibid.
⁴Bower, Early Identification of Emotionally Handicapped Children in the Schools, p. 18.
Attempts to pinpoint specific biological correlates of individual learning or behavior problems, however, have not been successful. All brain injured children do not have learning or emotional problems, and all children with these problems do not show clear evidence of brain damage.

One condition arising from the concept of brain injury was found to be included in descriptions of both B.D. and L.D. children. Hyperactivity was mentioned in some form in almost all lists of characteristics of both populations. The uncontrollable response to unnecessary stimuli appeared to be a somewhat general characteristic of both groups. Research report by Stock strongly suggests that hyperactivity has a physical cause and that the child may develop personality disorders which are secondary to the basic problem. Names or labels applied to hyperactivity include hyperkinesis, hyperkinetic syndrome, organic hyperkinetic syndrome, or "driveness" depending on the orientation of the author being studied. Definitions of the condition include behavioral descriptions of a child who is in constant motion, who is restless, and who fails to repress inappropriate responses. The condition of hyperactivity again does not


affect all L.D. or B.D. children. The condition has been extensively researched, and Dunn made some general statements about the research:

1. About 20 percent of school age children classified as brain injured will display noticeable hyperactivity.

2. Hyperactivity, while a persistent trait, usually fluctuates with the situation. Children tend to outgrow hyperactivity as they reach adolescence.

3. It is not just the amount, but the timing and type of hyperactivity which leads the teacher to refer the child.

4. Six behavioral characteristics attributed to hyperactive children are: (a) restlessness; (b) inattentiveness; (c) distractibility; (d) excitability; (e) management problems; and (f) lack of frustration tolerance. 7

It was interesting to note that four of the six characteristics directly referred to characteristics classically applied to E.D. children. Restlessness, excitability, management problems, and lack of frustration tolerance are emotional factors which could have been found in almost any checklist of behaviors for suspect E.D. problems. Yet, the list of behaviors was found in an analysis of research on the learning disabled child.

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7 Dunn, Exceptional Children in the Schools, p. 556.
Werry provided an interesting evaluation of the hyperactive child. He felt the hyperactive child is one who is judged deviant or maladjusted at least as much by the social inappropriateness of his motor behavior as by any quantitative excess. He furthermore felt it was best to view hyperactivity as a symptom which may be due to factors such as brain function, biological variation, developmental disorders, emotional disturbances, or deficient socialization. Again, there is indicated the relationship of hyperactivity to both learning disabled and emotionally disturbed youngsters.

Perseveration was mentioned primarily in lists of characteristics of L.D. children. The condition refers to the inability of the child to alter a learned response. Generally, perseveration applies to a motoric or verbal response. However, a child may persevere behavior pattern and emotional experiences as well as details of learning and social situations. Perseveration is not exclusively a characteristic of brain injury. It appears to a less exaggerated degree in young normal children.

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9 Stock, Minimal Brain Dysfunction, p. 17.
Other physical factors which occurred with less frequency were allergies, real or feigned illnesses, and some biochemical imbalances. Rapaport studied the relationship of allergy and the L.D. child. He established that one in five school age children has major allergic reaction. These physical symptoms interfere significantly with the child’s ability to learn and function at optimum level.\(^{10}\) Along with allergies, other diseases appeared to occur to a higher level than would be expected. They are hypoglycemia, imbalance of acetylcholinesterase, and hyperthyroidism.\(^{11}\)

Among the physiological characteristics of E.D. children, one which appeared to occur with some frequency, was a tendency to develop physical symptoms or pains. Recurrent vomiting, headaches, and abdominal pain were among symptoms noted. Reference to real or feigned illnesses were not found in the research done on L.D. characteristics by this author.

**Intellectual and Academic Characteristics**

By definition, the child who has been labeled learning disabled exhibits intellectual functioning which falls within the normal range of intelligence.

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\(^{10}\) Howard Rapaport, "Is There a Relationship Between Allergy and Learning Disabilities?" *Journal of School Health* 46 (March 1976):140.

Emphasis has been upon the discrepancy between expected potential and actual achievement. The U.S. Office of Education called together a committee to attempt to formulate a definition of learning disabilities. The definition resulting from the work of this committee included the following discriptions:

1. Children with learning disabilities generally demonstrate a discrepancy between expected and actual achievement in one or more areas, such as spoken, read, or written language, mathematics, and spatial orientation.

2. The learning disability referred to is not primarily the result of sensory, intellectual or emotional handicaps, or lack of opportunity to learn.\textsuperscript{12}

The intelligence factor related to children labeled E.D. or B.D. appeared to be a less definitive factor. Research done by Rutter revealed that intelligence was not a major factor in the emotional disorders of children.\textsuperscript{13}

One study done by Wagonseller directly analyzed factors relating to differential diagnosis of learning disabled, emotionally disturbed and institutionalized,


\textsuperscript{13}M. Rutter, "Intelligence and Childhood Psychiatric Disorders," \textit{British Journal of Social and Clinical Psychology} 3 (January 1964): 123.
emotionally disturbed children. The instrument used was the WISC and the subjects were elementary school age children. Data obtained from the WISC indicated that the verbal scale I.Q. score was the only one of the three total mean WISC I.Q. scores which statistically discriminated among the three groups. The emotionally disturbed group obtained the highest verbal mean score followed by the L.D. group and institutionalized E.D. children. There were no significant differences on total mean WISC full scale I.Q. scores or on the total mean WISC performance scale I.Q. scores. An important note on any reference to I.Q. scores was the current research on the I.Q. tests themselves. Intelligence tests are highly weighed with language. Even performance sections, those measuring perceptual and motor skills, require a ready grasp of verbal instructions. The routine use of intelligence tests for placement purposes is considerably less defensible according to Hobbs in his research on classifying children.

Again inherent in most definitions of L.D. children was the characteristic of poor academic achievement.

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Interestingly enough, the characteristic of poor academic achievement also was referred to in several sources describing emotionally disturbed children, particularly, when considering mild to moderate forms of emotional disturbance. Bower stated that the inability to learn which cannot be explained by intellectual, sensory, or health factors is perhaps the single most significant characteristic of emotionally disturbed children in school.16

In comparing the two populations, Wagonseller also included data on performance on the WRAT. There were significant differences between the three groups on the WRAT total mean reading score and also on the WRAT total mean spelling score. The E.D. Group obtained the highest reading and spelling scores followed by the L.D. group and by the institutionalized emotionally disturbed group. There was no significant difference between learning disabled, emotionally disturbed, and institutionalized E.D. children on WRAT total mean arithmetic scores.17

In a Bureau Memorandum from the Wisconsin Department of Public Instruction, an attempt was made to define the poor academic achievement of those children labeled L.D. in order to limit the category so only the most serious

16 Bower, Early Identification of Emotionally Handicapped Children in School, p. 22.
problems should qualify. They defined limits of deficits as follows:

1. Preschool and kindergarten--1.5 deviations.
2. First and second grade--1.5 standard deviations on tests of readiness, language or achievement.
3. Third through seventh grade: estimate the grade that the child should be in according to his CA; divide the grade by two; if his measured performance in an academic area is below that figure, he qualifies.\(^{18}\)

It would appear that poor academic achievement was a characteristic of both groups of L.D. and E.D. children. This was particularly true when considering mild to moderate forms of E.D. children found in the schools. Researchers have attempted in the case of the learning disabled child to further define the academic delays according to formulas as to how much delay actually constituted a delay in performance. The concept of performance lag in terms of potential also appeared to apply to both categories of special education students.

Again, overlap was apparent between the two categories. The only difference ascertained from examination

of the research was that the academic delay was apparent in all L.D. children by definition, and the academic delay was a significant factor involved in E.D. children but was not a general characteristic by definition.

**Emotional and Behavioral Characteristics**

In 1976 a study was done by Grieger and Richards to analyze the prevalence and structure of behavior symptoms among children in special education and regular classroom settings. Grieger and Richards did factor analysis of the Behavior Problem Checklist developed by Peterson and Quay. The factor analysis revealed three dimensions of disturbance which were "conduct disorders," "personality disorders," and "inadequacy immaturity disorders." Their data were based on one hundred children in twelve classes for the emotionally disturbed or learning disabled. Teacher ratings were used to determine the occurrence of the behaviors.

The following were behavioral symptoms identified in approximately 40 percent or more of the special education students.

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Lack of self-confidence 84.2 %
Restlessness, inability to sit still 80.5 %
Short attention span 80.5 %
Feelings of inferiority 72.0 %
Disruptiveness; tendency to annoy others 68.3 %
Easily flustered and confused 68.3 %
Laziness in school and in performance of other tasks 62.2 %
Fighting 61.0 %
Attention seeking, "show off" behavior 59.8 %
Inattentiveness to what others say 59.8 %
Boisterous, rowdiness 56.1 %
Irresponsibility 56.1 %
Hypersensitivity 53.7 %
Self-conscious; easily embarrassed 48.8 %
Anxiety; chronic general fearfulness 48.8 %
Oddness; bizarre behavior 47.6 %
Distractibility 45.2 %
Preoccupation; in a world of his own 43.9 %
Temper Tantrums 43.9 %
Shyness; bashfulness 42.7 %
Dislike for school 42.7 %
Loyalty to delinquent friends 41.5 %

The study determined that special education students scored higher on the factor analysis on all behavioral symptoms than did their regular classroom counterparts in terms of problem behaviors. The study did not analyze the special education students in terms of their disability label. An overview of the twenty behaviors occurring within the special education population revealed seven characteristics which classically apply to learning disabled students; while thirteen characteristics were more apt to be found in a list of characteristics of emotionally disturbed youngsters. The characteristics differentiated between regular classroom students and special education students. However, it was interesting to note that the characteristics did not seem to differentiate between the two populations of special education students.

In viewing emotional/behavioral characteristics of the L.D. and E.D. children, an overlap between the two populations was noted. One distinction seemed apparent

20Ibid., p. 35.
in the lists of characteristics. The emotionally disturbed youngster theoretically exhibited emotional and/or behavioral factors which caused the basic problem for the child. The learning disabled youngsters exhibited emotional and/or behavioral symptoms which resulted from the basic problem of the child.

Johnson analyzed salient features and sorting factors in attempting to diagnose exceptional children. She states:

With respect to differentiating emotionally disturbed children from learning disabled children on the behavior problems dimension, the two groups do seem to differ on the severity of the problems they exhibit. On the other hand, there are problems similar to those associated with I.Q.'s. When a particular case falls close to either end of the continuum, the diagnosis is clear-cut. But when the child's behavior falls in the middle ranges, varying interpretations may occur.\(^{21}\)

Research tended to fairly definitively discriminate between "normal" children and "exceptional" children. Although behavioral and/or emotional characteristics generally apply to E.D. children, several studies pointed to the high incidence of similar problems in the learning disabled child.

Bryan studied one such characteristic; namely, peer rejection. Peer problems are documented well in terms

of the E.D. child. Bryan looked at a population of learning disabled children and found that the L.D. child was also likely to be rejected by his peers. 22

Factors related to peer rejection which were identified by Bryan were that school failure produced anxiety and an impression of self-negation. A child who is anxiety-ridden and who says negative things about himself may be a less desirable friend. Bryan felt that the behavioral basis of forming good peer relationships are not known for the L.D. child. 23 Rolf identified a similar problem in the E.D. population. He reported that peer-related social incompetence was a recurrent characteristic of E.D. children. He stated that the E.D. child was

... more likely to be disliked by peers, and to achieve poor grades when compared to their matched controls (regular classroom students). 24

The most salient feature of emotional disturbance is some form of behavior problem. A difficulty exists, according to Johnson, in determining what kinds of behaviors

23 Ibid., p. 308.
are signs of emotional disturbance. The most prominent type of problem in classes for the emotionally disturbed youngster sees to be inappropriate conduct or acting out behavior. Highly visible symptoms of this acting-out behavior were items like fighting or profanity. Nearly every list of characteristics of E.D. behavior reviewed had items related to aggressive behavior. The difficulty appeared to be in again distinguishing between the L.D. child's hyperactive-aggressive behavior and that of the E.D. child.

Emotional instability is one of the most frequently mentioned characteristics in the literature concerning children with brain dysfunction according to Hammell.  

Reasons related to the emotional problems of the L.D. child were:

1. Motor problems in a child make for a prolonged dependency on the mother.

2. Perceptual or intellectual problems which thwart the child's efforts to make a successful contact with the world lead to frustrations, misinterpretations of reality and bizarre behavior patterns.

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25 Johnson, "Salient Features and Sorting Factors in Diagnosis and Classification of Exceptional Children," p. 145.

3. Disturbed patterning of impulses leads to distortion in actual patterns.

The Task Forces III and IV reports on the mental health of children identify the learning disabled child as a high risk population in terms of emotional instability. In a study on behavior problems associated with learning disabilities done by Paraskevopoulos and McCarthy, it was found that the profiles of problem behavior of emotionally disturbed and learning disabled children differ only in level. Teachers of emotionally disturbed children perceived more problems of greater severity than did teachers of learning disabled youngsters.

Similar findings were noted in a study by Barr and McDowell. They found that the two groups differentiated from one another by a comparison of frequency of behaviors. Three specific behaviors were studied: (1) Negative physical contact; (2) Out-of-seat behavior; and (3) Vocalizations. The emotional disturbed sample demonstrated significantly higher frequencies of negative physical contact and vocalizations.


Learning Patterns

As stated previously, the most salient feature or characteristic of the E.D. child was found to be some form of behavior problem. The most salient feature or characteristic of the L.D. child appeared to be a substantial discrepancy between I.Q. and actual achievement because of a basic learning problem.

The L.D. child was found to be the child with faulty perceptions. He was the youngster who exhibited physical awkwardness and poor motor integration. Myklebust defined the perceptual disturbance as "... inability to identify, discriminate, and to interpret sensations."\(^29\) The child with a learning disability may have difficulty with the way the material is presented, rather than with the material itself. The pattern of learning strengths and weaknesses has been thoroughly identified by many authors. The child may have a pattern of strength in either the auditory or visual channel. He may have intact receptive modes, but have difficulty with expression or response. The child may operate well on the representational level but poorly when it comes to automatic-type responses such as non-meaningful memory. The learning disabled child may be

a "superstar" in math, but a "loser" when it comes to reading. Kephart attempted to analyze the handicaps present within the child who has trouble learning. He viewed the problems of the learning disabled child as largely perceptual motor in nature. He emphasized the need to develop basic perceptual skills in their natural order of development. He felt that higher intellectual functions, such as memory and concept formation, depend upon the adequacy of basic skills.

The lists of variations in the types of deficits exhibited by children with learning disabilities is almost as limitless as the numbers of children exhibiting the problem. Kirk has provided some classifications useful in discussing the characteristics of various types of disabilities. Kirk identified them as follows:

1. Reading Disability: A child having a deficit in the development of psychological characteristics basic to the acquisition of the academic skill of reading. Also called dyslexia.

2. Writing Disability: A child who has difficulty learning to write due to some deficit related to motor encoding or other psychological function. Also called agraphia or dysgraphia.

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30 Newall Kephart, The Slow Learner in the Classroom (Columbus, Ohio: Merrill, 1960), p. 79.
3. **Arithmetic Disabilities**: The child has difficulty acquiring quantitative concepts due to some possible psychological deficits such as defective auditory memory, auditory association, space orientation, etc. Also called dyscalculia.

4. **Perceptual Disabilities**: The child with a perceptual disorder has intact sensory abilities but cannot perceive, discriminate, or recognize efficiently in one or more sense modalities.

5. **Expressive Nonsymbolic Disabilities**: The child who has not acquired a repertoire of manual or vocal expressive habits is said to have expressive disabilities. Disabilities in writing or in speaking may have their origin in non-symbolic expressive dysfunction.

6. **Linguistic or Symbolic Disabilities**: A child who can hear but cannot understand the meaning of the spoken word or who is delayed in understanding of the spoken word can be said to have receptive aphasia. A child who has difficulty expressing ideas vocally or manually may be said to have a symbolic or representational disability.31

The Illinois Test of Psycholinguistic Abilities was developed as an attempt to provide a diagnostic instrument for the identification of children with learning disabilities.

However, there was some research to indicate that the strengths/weaknesses patterns do not necessarily discriminate the learning disabled child from the child with emotional difficulties. A study was done by O Grady testing psycholinguistic abilities in learning disabled, emotionally disturbed and normal children. The I.T.P.A. was administered to the three different groups and then analyzed in terms of the performance on the I.T.P.A. subtests and the individual means and I.Q. scores.

The findings of the study indicated that children in L.D. classes were deficient in total psycholinguistic abilities; however, the findings also indicated that the children in the E.D. classes were also deficient in overall psycholinguistic abilities. The E.D. and the L.D. group were significantly different from the normal group but not significantly different from each other.32

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Therefore, what appeared in the research on the learning problems of the B.D. child was that these children also exhibit educational difficulties. Bower identified poor academic achievement as the most obvious characteristic of the E.D. child in the academic setting. One study was found which denied the existence of academic problems in the E.D. child. In a study of thirty-four children admitted for residential treatment at an Ohio psychiatric hospital, only 32 percent demonstrated some degree of educational disability, while 41 percent were educationally advanced and 27 percent were at their expected grade level. 33 The study did find lower scores in arithmetic than in reading. However, it should be noted that this study used subjects who could be considered severe enough to warrant residential treatment.

In the mild to moderate forms of disability, the distinctions again became more difficult to determine.

A study by Stone and Rowley indeed identified educational disabilities in both reading and math in a

specific E.D. population.\textsuperscript{34} Arithmetic scores were found to be significantly lower, as in the previous study.

The quantity of research available on the learning problems of the L.D. child was enormous. Study after study revealed problems innate in educating the L.D. child. Research on the learning problems of the B.D./E.D. child was not as extensive and was found to be less definitive, particularly when considering mild to moderate forms of disturbance.

**Summary**

Research on the characteristics of the learning disabled and emotionally disturbed child is extensive. Differential diagnosis of the two groups appears to be difficult, particularly when considering the diversity of their characteristics. Similar characteristics are found in both learning disabled and emotionally disturbed children. The education process should reflect a concentration on dealing with the problem; not the label, since the labels do not appear to be identifying two mutually exclusive groups.

\textsuperscript{34} F. Beth Stone, "Educational Disability in Emotionally Disturbed Children," *Exceptional Children* 30 (May 1964): 426.
CHAPTER III

IMPLICATIONS OF RESEARCH

A Summary

An overview of research regarding the characteristics of the learning disabled child and the emotionally disturbed child revealed a large degree of overlap between the two groups. As much as the educational systems attempt to differentially diagnose, categorize, and classify the two groups of exceptional children, research tends to support the concept that by no means are schools dealing with two mutually exclusive groups. The more extreme the child's disability appears to be, the easier the process of diagnosis becomes. The job of the diagnostician in the schools, however, tends to be complicated by the fact that many times the child exhibiting exceptional educational needs falls in the mild to moderate form.

Johnson demonstrated the overlap between the specialities in diagrammatic form:¹

¹Johnson, "Salient Features and Sorting Factors in Diagnosis and Classification of Exceptional Children," p. 147.
Johnson stated: "As is true with all textbook cases, the number of children conveniently exhibiting the salient feature of only one disorder is apt to be rather small."\textsuperscript{2} The assignment of individual children to diagnostic categories rests on the assumption that all members of the group have a significant number of characteristics in common to differentiate them from all others. In the real world, the validity of this assumption is certainly questionable. Within any one group of children, one cannot expect all children to be alike for educational and/or remedial purposes. The problems inherent in the concept of labeling have given impetus to the use of behavioral descriptions of the child, not of his label.

\textsuperscript{2}Ibid.
The implications of the research on the characteristics of the L.D. and E.D. child affect four areas:

1. Implications of State and Federal Requirements;
2. Teacher Education Programs;
3. Diagnostic Procedures;
4. Teaching the Child—Not the Label.

Implications of State and Federal Requirements

Schools, parents, and educators appear to have little choice in most states. The child must be labeled in order to receive service. There has been movement lately toward generic labeling; however, concurrent with this trend one can find the trend toward "refinement" of the classifications in D.P.I. requirements.

Houts cites a case of just how extreme the refinement of the labeling process can become. He discusses an attempt by the Office of Education to develop a formula to identify children with learning disabilities. The formula is as follows:³

\[
C.A. \left( \frac{I.Q.}{300} + 0.17 \right) - 2.5 = \text{severe discrepancy level}
\]

As Houts states, the mathematical formula itself is outrageous enough but when one begins to consider that at least some sectors of the Office of Education are attempting to reduce the unique problems of human beings to mathematical formulas denies all reason. According to the formula, the only generally accepted manifestation of a learning disability is that there is a major discrepancy between expected achievement and ability which is not the result of other known and generally accepted handicapping conditions or circumstances. Research simply does not support this view of the child with learning disabilities, or of children in general.

Fortunately, many state classifications do not reflect the rigidity noted in the formula cited. An analysis of state definitions done by Mercer, Forgone, and Wolking indicated the generic nature of the term "learning disabilities." The results of the study were as follows:

1. The data collected concerning the intelligence component reflects a lack of consensus regarding an I.Q. range. Fifty-two percent of the definitions did not specify the intelligence variable, 19 percent stressed that the L.D. individuals must fall above the retarded range, and 26 percent required average or above intelligence.

2. Many definitions do not have provisions for children who score in the borderline range (I.Q. 70-90).
3. The process component was the most prominent factor in most definitions. Eighty-three percent included process deficits in their definitions.

4. Reading, writing, spelling, and arithmetic disorders were included in 74 percent of the state definitions.

5. Learning disorders that are primarily the result of visual or hearing impairment were excluded in 62 percent of state definitions.

6. Learning disorders resulting from motor disabilities or environmental disadvantage were excluded in 55 percent of the definitions.

7. Emotionally disturbed individuals were included as meeting the L.D. criteria in 10 percent of the state definitions, while 14 percent of the definitions included socially maladjusted.

8. Attention deficits and motor deficits, which frequently appear in lists of characteristics of L.D. children, were included in only 12 percent of the state definitions.

9. Thinking deficits were included in the majority (71 percent) of state definitions.

10. The discrepancy clause was included in 29 percent of state definitions.  

---

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>NUMBER OF STATES</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td></td>
<td></td>
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<tr>
<td>NACHC only</td>
<td>9</td>
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</tr>
<tr>
<td>NACHC with</td>
<td>15</td>
<td>35.7 %</td>
</tr>
<tr>
<td>variations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different</td>
<td>16</td>
<td>38.1 %</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>4.8 %</td>
</tr>
<tr>
<td>Intelligence</td>
<td></td>
<td></td>
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<tr>
<td>Average &amp; above</td>
<td>11</td>
<td>26.2 %</td>
</tr>
<tr>
<td>Above mental</td>
<td>8</td>
<td>19.1 %</td>
</tr>
<tr>
<td>retardation</td>
<td></td>
<td></td>
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<tr>
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<tr>
<td>Process</td>
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</tr>
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<tr>
<td>Writing</td>
<td>31</td>
<td>73.8 %</td>
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<tr>
<td>Spelling</td>
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<td>73.8 %</td>
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<tr>
<td>Arithmetic</td>
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<td>73.8 %</td>
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<tr>
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<td></td>
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<tr>
<td>Visual impairment</td>
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</tr>
<tr>
<td>Auditory impairment</td>
<td>26</td>
<td>61.9 %</td>
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<tr>
<td>Motor impairment</td>
<td>23</td>
<td>54.8 %</td>
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<tr>
<td>Mental retardation</td>
<td>21</td>
<td>50.0 %</td>
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<tr>
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<td>59.5 %</td>
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<tr>
<td>Environmental dis-advantaged</td>
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<tr>
<td>Exclusion - primary &amp; secondary</td>
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<td></td>
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<tr>
<td>Visual impairment</td>
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<td>7.1 %</td>
</tr>
<tr>
<td>Auditory impairment</td>
<td>3</td>
<td>7.1 %</td>
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<tr>
<td>Motor impairment</td>
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</tr>
<tr>
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<td>26.2 %</td>
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<tr>
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<td>2.4 %</td>
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<tr>
<td>Environmental dis-advantaged</td>
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<td>2.4 %</td>
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5 Ibid.
TABLE 1--Continued

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<tr>
<th>COMPONENTS</th>
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<td>Neurological Impairment</td>
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<tr>
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</tr>
<tr>
<td>Not included</td>
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<tr>
<td>Possible</td>
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<td>61.9 %</td>
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<tr>
<td>Not stated</td>
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<td>28.6 %</td>
</tr>
<tr>
<td>Affective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes emotionally disturbed</td>
<td>4</td>
<td>9.5 %</td>
</tr>
<tr>
<td>Includes socially maladjusted</td>
<td>6</td>
<td>14.3 %</td>
</tr>
<tr>
<td>Miscellaneous</td>
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<td></td>
</tr>
<tr>
<td>Attention deficits</td>
<td>5</td>
<td>11.9 %</td>
</tr>
<tr>
<td>Motor deficits</td>
<td>7</td>
<td>16.7 %</td>
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<tr>
<td>Thinking deficits</td>
<td>30</td>
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<td>Special education required</td>
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<td>33.3 %</td>
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<tr>
<td>Intraindividual differences</td>
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<td>9.5 %</td>
</tr>
<tr>
<td>Prevalence</td>
<td>2</td>
<td>4.8 %</td>
</tr>
</tbody>
</table>

A similar study was done by Schultz regarding special education for the emotionally disturbed. The results were as follows:

1. Most definitions provided by the states included some combination of the terms: causal factors; normal intelligence; achievement problems; and the use of a diagnostician.
2. The most common combination specified both academic achievement and behavior and/or adjustment problems.

3. Thirty-three percent of the states used a prevalence estimate of 2 percent. The overall range reported was from .05 percent to 15 percent.

4. Common responses regarding a child's exclusion from school were categorized as follows:
   
a. The child could not profit from the educational program provided.
   
b. The child's behavior was too disruptive and thus interfered with the educational program for other children.6

In analyzing the state definitions of the terms L.D. and E.D., it becomes more apparent that the populations are not exclusive. As Schultz states, "Overall, there appears to be a lack of consensus regarding the target population (E.D.)."7 One aspect which appears to determine, to a large degree, the child's label is the diagnostician's judgment. The diagnostician is forced into the position of determining "primary" disabilities over "secondary" disabilities. He must surmise causal factors and attempt to explain present behaviors in terms of those

7Ibid., p. 315.
factors. A diagnosis thusly becomes very judgmental.

Teacher Education

Research indicating the overlap between the two populations of exceptional children has definite implications for teacher education in general. In preparing professionals to deal with the exceptional child, it seems essential that the educator must be exposed to the variety of behavioral and learning characteristics inherent in both the L.D. and the E.D. populations. Teachers must be trained to deal with the behavioral traits of the child, no matter what his/her label. The history of systems of classification shows attempting to fit persons into categories is a futile game of vocabulary terms. Direct observation of the child's behavioral and learning characteristics and analysis of these characteristics is far more valuable than determining a label or a classification for the child. Some children almost defy diagnosis in one category or another, so teacher education must give a broad view of the field of exceptional and normal education to provide the educator with the variety of methods and skills to deal with the diversity seen in the population of children who are failing in the regular classroom.
Along with the philosophy regarding special education teachers, a comment on education itself seems warranted. Wallace states:

As health related disciplines have discovered that good health procedures and practices are the best preventive of disease, educators have observed good teaching is the best prevention of school learning problems.  

Diagnostic Procedures

The purpose of diagnosis needs to be investigated when considering some of the research reviewed in this paper. It would appear that diagnostic procedures should determine observable characteristics essential to the process of educating the child along with behavioral and/or learning problems which prevent the child from learning or functioning. State law still requires labeling as part of the process of helping the child; however, the label should be secondary to a clear concise description of the child no matter what category he tends to resemble.

Teaching the Child--Not the Label

If diagnostic procedures indeed do reflect an accurate baseline of the child's performance, weaknesses, strengths, and problems, the job of the educator is to take this data and provide an educational program to aid

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the child to be as successful as possible. Schools have been mandated by law to provide an education for all students. It does not appear that labeling will aid schools in providing this education. Presently, by law the label is necessary—but in reality, what is needed is responsible professionals working together with parents and the child to ensure success!
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