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ABSTRACT

Intended for parents and professionals, the text considers characteristics and causes of severe learning disability (LD) in children. Separate chapters are addressed to descriptions of LD traits: disordered, immature, inflexible, lost in time and space, clumsy, free spirit, and defeated at school. Subsequent chapters examine the roles of parents and teachers and discuss special considerations for adolescence. Among six appendixes are lists of typical academic problems of LD children and a guide to helpful organizations. (CL)

No Easy Answers

the Learning Disabled Child

by

SALLY L. SMITH

Associate Professor, American University,
in charge of the Learning Disabilities Program

Founder and Director,
The Lab School of The Kingsbury Center,
Washington, D.C.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20857

Written for the
National Institute of Mental Health
by Sally L. Smith
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Foreword

It is a particular pleasure and honor to write this foreword since I know Sally Smith as an extraordinary human being, who writes this book from both personal and professional experience. She has had to make new ways and find new solutions, and she has succeeded.

Although entitled **No Easy Answers**, this descriptive work on the learning disabled child does provide answers to parents and teachers as to why a certain child has difficulty in learning, why he behaves as he does, and how the parents and teachers can help the child overcome his difficulties or at least acquire the competence to manage them, so that he can grow up to be a healthy, happy, and productive adult.

The author graphically describes the actions—the behavior—of the learning disabled child. She points out his needs and shows how an adult can help structure his day-to-day activities to help him learn in his childhood world and fit into the adult world. She describes the development of a child, step-by-step, from infancy through adolescence and how he learns at various stages. And she explains vividly and clearly why the learning disabled child differs in development and maturational skills.

In doing so, she holds out hope to parents—she provides reassurance that although the child may be out of pace with life around him, and falls many times along the path of progress, most often he gets there—in time.

Through her many years of observing and working with learning disabled children, she has acquired a wealth of knowledge about how a parent or teacher can best handle situations which hinder the child's ability to learn, to behave, to adjust to change. She stresses the need for planned structure in a child's life and provides guidance in how to do this, how to foresee obstacles and outcomes, how to help the child put on his emotional brakes, and how to organize his activities and surroundings at home and in school.

In her detailed descriptions of the problems faced by the learning disabled child, parents and teachers will recognize actions and behaviors with which they must contend and thus will not feel alone in their guilt, anxiety, and frustration. In the examples given of ways that many of these problems can be successfully handled, they will find answers, though they may not be easy, as the author states. But the examples can help provide excellent guidance as to what to say, what to do, and what not to do in assisting these children in developing their learning and organizational skills.

She closes her book with a useful appendix containing valuable information to parents and teachers, such as lists of voluntary organizations; a bibliography of books, journals, and articles on teaching strategies; lists of typical problems in learning to read and write; and informative material on the constructive use of television, the role of the arts, and the use of stock phrases in conversation and instruction which will help parents and teachers deal with these problems.

As she states in her book, "The needs of learning-disabled youngsters are at last beginning to be recognized. The child who was previously incorrectly labeled as retarded or emotionally disturbed can now receive the help he needs in many localities in America, thanks to the militancy of parents who demanded this help."

And I wish to add, thanks to the research which has escalated in the 1960's and 1970's and produced such useful findings, which can be applied nationwide in programs designed to help the learning disabled.

Promoting the mental health and improving the developmental skills of children and youth are some of the primary objectives of the National Institute of Mental Health. The Center for Studies of Child and Family Mental Health plans and administers research and demonstration programs in special problems areas, such as learning disabilities, and initiates collaborative efforts with other programs. Production of this publication is but one of the projects undertaken by the Center to disseminate information useful to parents and teachers and other professionals in its program to promote the well-being of the child and his family.

Bertram S. Brown, M.D.
Director
National Institute of Mental Health
1970-1978

Preface

This book is an introduction to the world of the learning disabled child. It is about the intelligent youngster who has trouble learning—it is not about the retarded or the emotionally disturbed child. It is about the child whose nervous system is delayed in maturing. He looks typical for his age, but he does not learn as other children his age do. He has a hidden handicap. He can perform effectively in some areas, and in others he lags far behind, making him a very uneven, inconsistent, unpredictable child who puzzles the adults around him.

DISORDER prevails in a child who is delayed in development. He is scattered in his attention as well as in his growth. He lacks the tools to organize what he sees, hears, touches, feels, smells, and tastes in order to make sense of his environment. Normally, a child develops a sense of order by school age. This order is the solid base on which future learning is built. The child with DISORDER does not have an organized base. He has a learning disorder. He is learning disabled.

This book is concerned with the immaturity that causes disorder. It describes the ramifications of disorder—the learning disabled child who is hampered by inflexibility, who cannot orient himself in time and space, who is physically and socially clumsy, who may also be delightfully nonconformist. It explains how the learning disabled youngster becomes defeated at school, how his movement, his language, reading, writing, spelling, and arithmetic are affected by his disorder. It deals primarily with the child who has a severe learning disability, but it is equally applicable to the great number of very mildly handicapped children who slide through school getting C's and D's when their potential is for solid A's. This book probes the multiple causes of learning disabilities. It taps the feelings of the adults closest to the learning disabled child—the many stages and dimensions of their reactions to him. It follows the learning disabled child into his adolescence and preparation for an independent life.

Addressed to parents, professionals in the education field, in health care, day care, recreational and youth organizations, the text outlines the problems and offers some suggestions. More than anything else, it deals with feelings. It explores in depth the strong feelings that a learning disabled child has and evokes in the people around him which, when understood, can lead to more successful ways of helping him.

Contents

"Why does he read SAW for WAS?"

"Can't he see the difference between b and d?"

"How come she could read all of these words yesterday, and she can't get a single one today?"

"Will he never learn the days of the week?"

"If he can talk about life on Mars, why can't he add 2 + 2?"

"Can't he stop talking for 5 minutes?"

"She wasn't still for a moment all day, but when I want her down here for dinner, I can't get her to stop what she's doing!"

"Good Lord, what will he do next!!"

"Why won't he behave at school?"

"How could she put down the same answer to four different arithmetic problems?"

"Will she ever get it all together?"

"He's so good and he tries so hard, why can't he learn?"

"Every year he has another birthday, but nothing seems to change except his age!"

Exasperated . . .
Puzzled . . .
Desperate . . .
Uncertain . . .
Frantic . . .
Exhausted . . .
Helpless . . .
Hopeful . . .

These are the feelings of the mother or father of a learning disabled child. IT ISN'T THAT OTHER CHILDREN DON'T BEHAVE THIS WAY—THEY DO. IT IS THE QUANTITY, INTENSITY, AND LONG DURATION OF IMMATURE BEHAVIOR WHICH MAKE THE LEARNING DISABLED CHILD DIFFERENT. It is the uneven quality of this child which is confounding. He is demanding. He is bewildering. He drains parents and teachers; they want to do the very most and best they can for him, but they don't know what to do. When they are with such a child, adults who are otherwise competent feel helpless and inadequate.

WHO IS THIS CHILD?

Usually . . .	This is an intelligent child who fails at school.
Usually . . .	This is the child who at school age reads "on" for "no," writes 41 for 14, p for d or q or b, and can't remember the sequence of letters that make up a word.
Usually . . .	This is the child who hears the dog barking, the truck honking, but barely hears his mother calling him . . . who hears the scratching of pencils, the sound of the air conditioner and footsteps outside, but does not hear what the teacher says.
Usually . . .	This is the child who forgets names of people, places, things, his own address and telephone number, but does remember the ads on TV.
Usually . . .	This is the child who loses her homework, misplaces her book, doesn't know what day it is, or what year, or what season.
Usually . . .	This is the child with the messy room, the shirttail hanging out, the shoelaces undone, the child who attracts dirt to his person like a magnet.
Usually . . .	This is the child who doesn't look where he's going, who bumps into the door, swings his lunch box into the nearest leg, who trips on his own feet and doesn't look at the person who is talking to him.
Usually . . .	This is the child who has trouble lining up, who can't keep her hands off the child in front of her . . . who doesn't stop talking, who giggles too much and laughs the loudest.
Usually . . .	This is the child who calls breakfast "lunch" . . . who is confused by "yesterday," "today," and "tomorrow," the child whose timing is always off.
Usually . . .	This is the child who can't tolerate making the smallest mistake . . . who explodes at the slightest frustration . . . who tunes out in mid conversation . . . who is happy one moment and tearful the next.
Usually . . .	This is the child who is reluctant to try anything new, who is frightened by change.
Usually . . .	This is the child who says "I don't care" or "I won't" when he or she really means "I can't" . . . who would rather be called *bad* than *dumb*.
Frequently . . .	This is the child who can't picture things in his mind, who can't visualize or remember what he sees.
Frequently . . .	This is the quiet child who bothers nobody in the classroom but does not learn.
Frequently . . .	This is the older child whose language comes out jumbled, who stops and starts in the middle of a sentence or an idea . . . who talks about hopsitals, aminals, and emenies.

Frequently . . .	This is the child who hugs the cat too tightly but can't hold his pencil . . . gets frostbite in the snow, and doesn't feel the hot water until it nearly burns him.
Frequently . . .	This is the good swimmer . . . who stumbles up the stairs.
Frequently . . .	This is the child who draws the same thing over and over . . . who asks constant questions but doesn't seem interested in the answers.
Frequently . . .	This is the child who can't keep a friend . . . who prefers to play with children younger than herself.
Frequently . . .	This is the child who wants everything done in a certain way . . . who tattle tales . . . who picks on others for every little thing and bosses everyone around.
Frequently . . .	This is the expert strategist in checkers or chess who can't understand a riddle or a joke.
Sometimes . . .	This is the child who doesn't want to go to school, who develops stomach pains, fevers, headaches instead.
Sometimes . . .	This is the child who lopes through life, slow to get up, slow to move or to think, but quick to play.
Sometimes . . .	This is the child who rushes headlong into his work, is the first one finished and has done all the problems wrong.
Sometimes . . .	This is the child who can add and multiply but not subtract or divide . . . who can do math in his head but can't write it down.
Sometimes . . .	This is the child who skips words, omits them, or adds them when he is reading aloud.
Sometimes . . .	This is the child who smiles at everyone, greets strangers with open arms, says "hello" to anyone he sees . . . whose good nature leads him into trouble as "the fall guy."
Occasionally . . .	This is the child who tends to feel that life is unfair, who carries a big chip on her shoulder and refuses to try.
Occasionally . . .	This is the child who can understand the *Odyssey* of Homer, but can't read the words "in," "the" or "if."

NEVER . . . DOES ONE CHILD HAVE ALL OF THE CHARACTERISTICS DESCRIBED ABOVE.

BUT

This is the distractible child
who tends not to LOOK
who tends not to LISTEN
who tends not to REMEMBER
who tends not to DO what he's supposed to do.
Is he bad?
Is he a willful
manipulative
lazy
spoiled child?

No, probably not . . .

Disordered

The learning disabled child is a child with disorder

His way of maturing does not follow the normal pattern. He is *immature* rather than *ab*normal. A doctor would say that he suffers from neurological immaturity or minimal brain dysfunction. An educator would say that he has a learning disability. A parent would say: "Something is wrong."

For children whose nervous systems develop normally, neural organization happens naturally. They sort out their world. They discriminate between essential and nonessential. They focus. They soon learn to judge distances and lapses of time accurately. They can place themselves and their belongings in their proper places; they can meet deadlines. By the third grade, they know half of everything they will ever know. Most of what follows will be regroupings, substitutions, refinements of categories, the creation of more sophisticated filing systems in their minds.

The learning disabled child can't make sense out of what he receives through his senses, even though his sight, hearing, and other sense organs are all intact. The messages he receives are jumbled, scattered all over the place. The pattern on the table cloth and the food on his plate come through to him with equal intensity, and he cannot tell which is which. Indiscriminately, he gives importance to everything, establishing no priorities or order. He can't ignore the footsteps in the hall, the light tumbling in through the venetian blinds, the arm of his neighbor up fixing her hair; the jangling earrings of his teacher remove focus on what the teacher is saying. Everything going on in the classroom distracts him from paying attention to what he is there to do—to learn. His nervous system is late in developing, and his immature brain is not yet equipped to filter out the irrelevant and the unnecessary automatically. The chances are that it will mature, in time.

The learning disabled child lives in a world of disorder. This intelligent child cannot filter out the sensations that are coming to his brain from his eyes, his ears, and through his body. He is overstimulated, bombarded by every sensation. He cannot sort out that which is relevant or essential from that which is not. The filtering mechanism of the brain is not working properly and so the mass of sights, sounds, and feelings is coming in unscreened, causing DISORDER. The child registers fragments of what is coming in, and what comes out is therefore fragmented, disorganized, irrelevant, disordered.

ing all around you was about? You couldn't make sense of the whole experience.

Have you ever been lost in a strange city and tried to follow someone's directions that referred to streets you haven't seen—and the noise of the traffic, screaming sirens, and people shouting all around you make it harder to understand?

When you want to understand something and you can't filter out what's important, what's meaningful from what isn't, how do you feel? Probably you feel overwhelmed, dumb, threatened, perhaps helpless, and then angry. It is totally frustrating to be unable to separate out the essential parts and pull them together into a meaningful whole.

For learning disabled children, the ability to organize has somehow been short-circuited, and normal learning cannot follow. If a child cannot be sure what comes first, in the middle or last, then getting dressed is an ordeal, the days of the week stay jumbled, counting or reciting the alphabet becomes a hopeless chore, and reading is an impossibility.

No task is simple until it can be ordered. Growth is order, one step building to the next. Safety is order, with clearly defined limits. Order clarifies what is expected, what is to be done, where things belong, what goes together. An immature brain that lacks order cannot make sense of the environment—a huge handicap since "learning" begins with the organizing and ordering of messages coming in through the senses. Actions that seem simple to most people can be immensely complicated to a child who does not know where to begin, what order to follow, or when to end.

Pull your chair up to the table and then analyze what you have just done—you moved your feet, lifted the chair, measured the distance, balanced your body, and put the chair down. Now do these things in the wrong order, and you know the feeling of being disordered in space. Analyze the process of tying your shoe laces, and appreciate how very complex an act it is. Now imagine trying to tie a bow when you can't even visualize a loop. It is the feeling of the lost driver who knows his destination but doesn't know where he is starting from—of the frantic mother who is being yelled at but can't locate her car keys anywhere.

Try threading a needle with a pair of heavy rubber kitchen gloves on, and you will come close to the feeling of the child whose hands don't work well for him, holding a pencil and trying to write. Try it while someone is stating firmly that if you only tried harder you could do it.

Waking up in an unfamilar hotel room, do you remember that feeling of disorientation—"Where am I?" There is nothing familiar to hold onto. The learning disabled child is disoriented in space and time. Frequently he does not know where his body begins, where it ends, or where he is. He is the victim of his own internal disorder. Parents and teachers must provide the order for him. They must take over the organization of most aspects of his

This is the child who is lost in the usual classroom. He can't read and write, often he can't do arithmetic. He can't process what's going on, and sometimes he can't express clearly what he wants to say. Often he can't see the difference between Africa and South America on the map, and he doesn't know North from South. He is intelligent, motivated, often talented, yet he can't learn without special help.

How many children are we talking about? It is hard to say because it is a question of degree. Several experts believe that 10 percent to 35 percent of America's children have some form of disability and that 3 percent to 7 percent are severe enough to require special schooling. Another one says: "One out of four American kids has some problem in regard to learning." "A minimum of eight million youngsters," states a different expert. Suffice it to say that *many* of our children have learning disorders.

Although DISORDER is the key characteristic of these children, the term "learning disabled" is appropriate for they are indeed disabled because of their disorder.

However, many other terms are used—you may have heard several already—and you should know that sometimes they are used to refer to the same thing. Here is a sampling:

Association Deficit Pathology
Attention Disorders
Brain Injured Child
Central Nervous System Disorder
Cerebral Dysfunction
Conceptually Handicapped
Congenital Alexia
Congenital Strephosymbolia
Diffuse Brain Damage
Disgraphia
Dyscalculia
Dyslexia
Educationally Handicapped
Hyperkinetic Behavior Syndrome
Hypokinetic Syndrome
Language Disability
Language Disordered Child
Maturation Lag
Minimal Brain Damage
Minimal Brain Dysfunction (MBD)
Minimal Cerebral Dysfunction
Minimal Cerebral Palsy
Minimal Chronic Brain Syndrome
Neurological Immaturity
Neurologically Handicapped
Neurophrenia
Neurophysiological Dysynchrony
Organic Brain Dysfunction
Organicity
Perceptually Handicapped
Primary Reading Retardation
Psycholinguistic Disabilities
Psychoneurological Disorders
Reading Disability
Specific Dyslexia
Specific Learning Difficulties
Strephosymbolia
Strauss Syndrome
The Child with Multisensory Difficulties
The Classroom Menace
The Interjacent Child
The Invisibly Handicapped Child
The Other Child
Waysider
Word Blindness

Immature

A 2-year-old runs around a room touching everything in sight. He screams when he is denied a cookie, he rolls on the floor in delight. He spills his milk and breaks his saucer. You can tell a home where there is a 2-year-old because everything moveable or breakable is out of his reach. Unless his environment is arranged to suit his 2-year-old ways, he is an absolute menace.

His movements are RANDOM—hit or miss. He uses his whole body when one hand would do—everything in EXCESS. His attention, his aims, and his belongings are SCATTERED. He is clumsy, unfocused, and INEFFICIENT in anything he does. Nobody expects him to be any other way because he is 2. He is funny, his mispronounced words and inappropriate remarks are a riot, and, although he keeps things hopping and may be exhausting, he is a joy and a delight.

But the same behavior in a 6-year-old is not delightful at all. It is a cause of ever-growing anxiety to his parents, and it is not accepted or tolerated by the other people around him. The behavior itself is not abnormal, but it is *inappropriate* to the child's age. It is *immature*.

A child who develops normally learns to control his body and focus his mind; each new step in his growth lays a foundation for the next. What was random and undirected becomes focused and efficient. If you watch a 4-year-old trying to throw a ball, you see him take an exaggerated stance with his feet wide apart, and his whole body, including his contorted face, goes into the act of throwing. He can't speak while he throws. It takes all his thought, energy, everything he has, to accomplish his throw, inefficient though it may be and he can't possibly do another thing. A 12-year-old throws the ball with accuracy and a neat economy of movement, while calling instructions to his teammates. Through trial and error he has built up a "body memory" of what works and what doesn't, and he can use only the necessary muscles and energy. His body knows the relationship of its different parts, and his reactions are fast. The superfluous, random movements of the younger child have been replaced by automatic, accurate ones. Not so for the learning disabled child!

Nobody expects a 3-year-old to sit still for long with a picture book on his lap. In a very few minutes he will be up and exploring—looking, touching everything around him, and any loud noise will draw him to it. This same behavior in a 7-year-old is called "distractibility," and it is one of the most easily recognized characteristics of a learning disabled child. He reacts indiscriminately to everything going on around him. He cannot focus on one thing to the exclusion of all others because his "filter" is not working properly.

to you—but all you can hear is the roar of the waves. The learning disabled youngster feels that desperation to understand what's going on, but gets swept up by the surrounding sensations. His immature brain can't automatically relegate them to a subordinate place so that he can focus on the real purpose of the moment.

Besides the poor "filter," his "brakes" are not working properly either. He can't slow down in order to think ahead to plan the next step. His thoughts come tumbling straight out, and he says the first thing he thinks of without pausing to see if it is really all right to say it. Jerry's mother and father were discussing how to seat their guests at a forthcoming dinner party and shared the impression that Mr. Brown was an old hypocrite. Jerry, whose vocabulary, at age 12, was large in spite of his learning disabilities, was interested in this new word and asked what it meant. His parents stopped to explain that it meant somebody who says one thing and does another, and Jerry showed that he understood this idea by identifying a child in his class who displayed these same traits. Mother and father were very pleased at Jerry's quickness and turned back to planning the party. That evening when Jerry came in to greet the guests before he went to bed, he met Mr. Brown with pure delight at his own new knowledge: "Hello, Mr. Brown—so you're the old hypocrite!"

He speaks before he thinks, acts before he reasons, and leaps before he looks. Is it any wonder that he is often accident prone? He follows his first impulse and becomes victim of his impulsivity. He sees a big, fat zipper on a lady's dress and just pulls it down before anyone knows what's happening. He does not stop and think about it, weigh the consequences of whether such fun is worth it or not. The same child, on his way across the room to get his sneakers, stops to play with a toy and forgets all about the sneakers. Not only is he distracted, but he cannot apply the brakes to his impulses in order to weigh his priorities; he cannot postpone what he feels like doing at that very instant.

A 2-year-old can run you off your feet in half an hour. A hyperactive child can do the same thing. However, all learning disabled children are not necessarily hyperactive. If one is, his purposeless, scattered, mindless, disordered activity is exhausting to cope with. All that misguided energy, never concentrating, never resting, make him an "enfant terrible." Yet the child is not *bad*. Nor is he damaged. His development is lopsided and irregular. Nobody calls a normal, energetic 2-year-old "hyperactive," yet by age 7 or 8 the same behavior has been given a name and is called pathological.

Hyperactivity (*hyper* means excessive) is frequently considered a disease and therefore a medical problem. In fact, hyperactivity is uncoordinated, random, unthinking, unfocused, restless, excessive movement stemming from an immature brain. It is characterized by constant motion—not necessarily running about all the time, but a seemingly endless fidgeting, wriggling, and talking, noisemaking, and disruptiveness also fit this picture.

The hyperactive child is irritable. Little things that don't bother other children of his age make him blow up in rage or dissolve in tears. People say he is "high-strung" or "over-sensitive." His moods are unpredictable. Within half an hour he may change from a tight-lipped, stubborn mule, to a screaming demon, to the sweet, manageable child you love so much, full of regret for the scene he has just created.

Usually, the learning disabled child feels terrible remorse after an impulsive act. "I didn't think—I'm sorry," he says sadly. It's as though the learning disabled youngster is completely gathered up and taken over by overwhelming impulses, helpless to do anything about it or to employ his reason to control himself until he calms down. He is known to have "emotional lability," a swing of moods, big ups and downs. He overreacts, underreacts, and rarely reacts in proportion to the situation at hand.

Not all hyperactive children have learning disabilities; in fact, many don't.

Not all learning disabled children are hyperactive, impulsive, emotionally labile and visibly distractible.

There are some learning disabled children who are hypoactive (the opposite of hyperactive). They have a lower than average activity level and are slow to react to everything.

Hypoactive youngsters (*hypo* means less than normal) are well-behaved well-controlled, no trouble to manage for parents and teachers. They may daydream quietly in a corner and often are "not there." The hypoactive youngsters who have learning disabilities tune out because they cannot process what is going on. Their organization is poor; they reverse letters and numbers. They, too, have trouble in the regular classroom.

Whereas the hyperactive child cannot tolerate any frustration and will impulsively throw the book, swear, stomp away from the game, slam the door the moment he can't do something, the daydreamer can either tolerate more frustration without falling apart or else he further detaches himself from the scene. His frustration tolerance is high, while the hyperactive child's is low and borders on catastrophic reactions to the least little problem.

Immaturity is evident not only in movement, behavior, and disorganization but also frequently in speech. The learning disabled youngster of school age often speaks in the manner of a much younger child. His pronunciation, his syntax, and his grammar are very immature, reflecting a lack of order. He can't phrase questions. "Why not you said it?" "He gotted it first."

the organizational skill to break things down into sequences of what comes first, next, and last. When given a series of instructions, he remembers the last thing said, or the first, but not all in the proper sequence. His brain is overloaded; he has too much to integrate all at once. What is most puzzling about the learning disabled child is that some days he remembers information and other days he doesn't. A parent or teacher hears him recite his multiplication tables and then it turns out, the next day or the same afternoon, he doesn't know them. Erratic, unpredictable, inconsistent—these are some of the characteristics of the learning disabled child that can only be explained as symptoms of his ever-pervasive disorder, where connections are often not made.

Ordinarily, the learning disabled child is highly egocentric. Like any very young child, he expects to be the center of attention, and basically he does not pay attention to others. He wants his parents to himself. Frequently he wants only one friend. Sharing is difficult, and just as he can handle only one thing at a time, so it is that very often he can manage best with just one other person. The learning disabled youngster of 7 or 8 is frequently very similar in his social behavior to the 2- and 3-year-old. He craves center stage, not out of any base ambitions but because of immaturity. He has trouble defining who he is. He seems to need constant recognition of his existence long after the preschool years are over. Because of his many difficulties (such as tying shoe laces, organization of speech, reading), he is dependent longer on the adults around him and must call for help over a longer period of time. The need for attention may equal the need for help, and many a learning disabled youngster has cleverly discovered that helplessness brings swift attention. Also, there are many children who would so much rather receive negative attention than no attention that they will purposely get in trouble or "act out" to evoke an adult response. Some youngsters will provoke trouble with other children to make sure they are not ignored; they can then complain about being teased or picked on, but they have been the center of everyone's attention. This happens frequently with learning disabled youngsters.

The preschool child spouts many an unrealistic goal with all the confidence of a believer. "Next year I shall climb the highest mountain in the world," says 4-year-old Les. Nine-year-old Hans, who has learning disabilities, also believes he can do it "next year." Many a learning disabled youngster continues to draw Superman as a representation of himself long after that stage has passed in most children. Why? Partly, because of his immaturity, but also because he's looking for ways to feel more powerful and competent.

The chronological age of a youngster simply states how much time he has spent on earth. The developmental age tells us at what stage he is in his growth—physical, social, emotional, mental. The child with learning disabilearlier phase of growth.

Frequently the immature child will give life and personality to objects. It is called "animism"—the failure to recognize the difference between animate and inanimate objects. A school-age learning disabled child may behave like a small child in the nursery who talks to his teddy bear, says that the car has "gone beddy-bye" when it is in the garage, or greets his breakfast with "Hello, Cheerios!" He will admonish his pencil, "Go on—write!," or see his cuisenaire rods as having a fight, "You go in here before the red guy gets you. O.K., blue guy, watcha going to do now?" This behavior reflects an unawareness of himself as a person fully separate from what is around him—a person who occupies a distinct personal space, with a precious individuality all his own.

Maturity is achieved by separating out the parts from a whole, differentiating them, and integrating them back into a unity which is understandable and useable. This produces organization. You can't pull things together properly until you can sort out the pieces. You have to know where the parts of your body are and what they can do before you can become coordinated, with all parts working smoothly together. A baby cannot move in a coordinated way, partly because he does not have sufficient awareness of his own body. Normally, by the age of 5 or 6, he knows his right side as distinct from his left and can use the two together in actions where both are needed, as in opening a jar. He has freedom of action.

Random action cannot become coordinated and efficient until the body knows which parts to use. By separating out the functions of the parts, he becomes aware of the limits of his whole body and himself as a separate entity in space. A baby's first big sorting job is separating himself out as an individual being from all around him. At first he tends to see everything as an extension of himself. Then he sees objects separate from himself.

As he grows older, he sees relationships among objects, isolates them, learns to see their differences and also their similarities. From these he makes generalizations and creates abstract ideas. His mind is going through the same process of development and control that his body followed earlier—separation—differentiation—integration.

The ultimate maturing occurs in the transition from adolescence to adulthood, when the young person sees himself both as a unique, differentiated part of a larger society and as a meaningful unit in his own right. The rest of his life will be spent discovering the infinite possibilities in his personhood and integrating them into wholeness.

At the very core of growth is this process of identifying differences and similarities and then pulling them together to give meaning to life. This is the very serious business of the preschooler, his prime developmental task. Through play, he is sorting out reality and fantasy, sights, sounds, and movements. All his exploring, touching, smelling, opening, closing, tasting, are ready for formal education, although some cultures believe they are not ready until 7. The child is ready for teaching. His equipment can handle it; he has the tools to do the job.

The learning disabled youngster is not ready on time. He is consumed by DISORDER. He is immature.

Inflexible

When we are most unsure of ourselves . . . we tend to become rigid and inflexible.

When we are most confused . . . we tend to look for one answer.

When we are overwhelmed . . . we want to cling to the familiar.

The learning disabled youngster does the same, but with greater intensity and duration than we do. On the one hand he may roam around half dressed, with one shoe on, forgetting that he set out to find the other, unable to complete what he started. On the other hand, he may sit glued to the TV for hours or stick to his coloring book nonstop, coloring page after page—all one color. It is hard for him to cope with more than one thing at a time and he feels safety in routine, ritual, familiarity. Yet . . . he can be driven beyond this to doing the same activity over and over again, going on and on in a mindless way with a purposeless act.

Swamped by an overload of sensations, in a world that often appears to him as an undifferentiated mass, he opts for one way to do things and rebels if there is to be a change. This child dreads the unknown and the unfamiliar. There is so little that makes sense to him.

The learning disabled youngster is reminiscent of a very young child who cannot deal with alternatives at the immature level of his age. He becomes anxious when he is taken to the park by a new, unfamiliar route. He is upset on a Sunday morning when his parents have breakfast in their pajamas—breaking the known routine of dress first, breakfast afterward. He won't accept a broken cookie, because a cookie is round; if the broken piece is jagged, it can't be a cookie. He doesn't recognize a teacher outside of school. He may appear paralyzed when faced with two equal choices, unable to select either one.

Choices of any kind can produce anxiety in a learning disabled child for they demand organization, isolating the prime characteristic or pleasure in each choice. But choices among many alternatives can drive him frantic. Unstructured time, such as recess or lunch time at school, can tax his powers of organization beyond the limit. He doesn't know what to do with himself. He complained that every day this 8-year-old came home from school, went to his room to play, and burst into tears within a few minutes. She was mystified: "He had a whole roomful of fascinating toys, and there he'd sit in the middle of the floor bawling!" Finally she discovered that what he was feeling was "I don't know which toys to play with." When she structured the situation by asking, "Jeremy, would you rather get out your soldiers or the Tinkertoys?" he was able to start playing and relax.

Due to his internal disorder, the learning disabled child may find one way to do a particular task and stick to that way of doing it forevermore, down to the last detail, insisting that it is the only right way to do it. It may not be right the second or third time he does it because the situation itself may have changed, but that makes no difference. You could almost give him a new name—the One Way Kid. When Jane finally learned to help set the table and put spoons on the right side of each plate, she would ritualistically put out the spoons for every meal thereafter, whether spoons were really called for or not.

Not allowing any deviation from his own One Way, the learning disabled child often cannot bear to see another child using a different method to attain the same goal. He will correct the child, insist that *his* way is the right way, pick on the child, and stand over him to be sure that he does not err. Sometimes the One Way Kid is so busy minding everybody else's business to make sure they do things his way, that he neglects his own work completely.

The order he has created around himself is so fragile that he may rush to an adult to announce that Johnny has broken a rule or Suzie has taken the wrong book. Other children see him as a tattletale and shun him. His inability to tolerate differences may make him suspicious or fearful of black or white people (whichever he is not), or of people with foreign accents, thereby causing embarrassment to his parents who wonder where he ever picked up such "prejudices."

Substitutions and alternative ways of doing or being baffle him. James made great friends with the janitor, whose name was Freddy. When a boy named Freddy joined his class, James became quite angry, insisting that it couldn't be his real name because Freddy was a man's name, not a boy's. James could also not find the cups in the kitchen when someone had placed them upside down on the shelf—with their bottoms up, they did not appear as cups to him. Nor could he recognize the letter *A* if it was written in another print or on a different texture of paper. He could not read the word *c-a-t* because it was printed in red. He insisted that the word "haul" meant to carry something, and that the corridor outside his classroom could not be called "the hall." To say that something is "the same as" another thing is pure nonsense to such a child. It can't be the same. There can be only One Way.

desperately.

Often inflexibility makes a perfectionist out of a learning disabled child, who, of all people, does not need that self-imposed burden on top of all the others! He can't bear to make a mistake and may react to his error as if it were a total catastrophe, dooming the whole of his project. Twelve-year-old Mitchell slowly, carefully wrote a letter to his grandmother. He showed it proudly to his mother who commended him on his very good effort but suggested, in a matter-of-fact way, that he should correct a spelling mistake near the end before he sent it. Mitchell snatched the letter from her hand, crumpled it up and stamped on it, crying as though his heart would break. "And I could have found him an eraser in two minutes!" bemoaned his mother later, as upset by the incident as Mitchell had been by his spelling error.

Or the child may not blow up. He may simply drop his work then and there—and walk away, never to return to it. Blow up or quit—either tendency makes him extremely reluctant to undertake something new, where a sure-fire One Way has not yet been established and mistakes are almost a certainty.

He may be hypercritical of a teacher who makes a mistake, harping on the fact again and again, making a big issue of it. He is reflecting the conviction that his own mistakes serve as living proof of his own failure. The adults working with learning disabled children need to give themselves permission to make mistakes and thus allow the children to do the same without collapsing. His fear of mistakes is reinforced everytime he watches an ad on TV, where intelligent, athletic, stunning, clean, clearly totally competent people serve as an example of perfection, achieved with no effort beyond buying the right floor wax or the right car. In our world of "instant products," success and perfection occur within minutes, and there's no time for error. "A perfect solution for every householder," "the answer to your prayers," "the way to meet a perfect mate" involve a simple soap or deodorant. The learning disabled child feels very particularly imperfect surrounded by all this perfection. He projects this feeling of inadequacy often by picking on the faults of others. He looks for defects. He tells Aunt Lily that she has a big mole on her chin. He calls everybody's attention to a run in the Principal's stocking. He points out the falling plaster, the uneven shelf, the barely chipped cup. He informs each of his classmates as to their ugliest feature. And he yearns to be well liked!

It is a rare learning disabled child who can be sportsmanlike in a game. Every loss is taken as another confirmation of worthlessness, and he will do anything to win. This does not preclude cheating, jiggling the board, or turning it over. There is the occasional child who not only fears losing, but also winning. A win this time somehow makes losing next time more likely and more terrible. He has been raised from infancy in our competitive society

Besides wanting to perform a familiar action his own, rigid way, where he can't go wrong, the learning disabled child may start doing it over and over again like a mindless habit. To *persevere* is a good thing, and learning disabled children are usually very hard workers. They have to work far harder than other children because they have no "automatic pilot" to help them, and they must consciously think through even simple actions like sitting down or taking a plate off the shelf. But to *perseverate* is to go beyond perseverance and do the same thing again and again, without thinking, without even being aware that the habit exists.

A child may draw a circle and continue to draw circles all over his paper until the teacher actually takes the pencil out of his hand. It is an unthinking action, where the mind is seemingly separated from the hand that is circling. Sometimes it is the one activity that a child can do and be successful at. He may fear not being able to manage a new task.

Often the perseveration is verbal. When a child comes up with a good thought, he has to interrupt you to say it. He's afraid he'll forget it. Then he says it over and over again, to be sure you heard. Sometimes he simply says the first thing that comes to mind and repeats it, like a broken record, until stopped. He may get hung up on a subject—submarines, ambulances, or a trip he took—which he talks about endlessly until everyone is sick to death of it. Or having accidentally said something amusing, which was appreciated, he may go on saying it in a stereotyped way long after it has stopped being funny.

He may want to wear the exact same clothing every single day, or he may get attached to one color and want blue shirts, blue shoes, blue sheets on his bed, and blue walls in his room. Harry was always in need of bandaids for real or imagined cuts; he perseverated on talk of ailments. Monique persisted in drawing Snoopy every minute. Holly continually gave the same response to all arithmetic problems modeled on her first response. Barry wrote the same letter or sometimes the same word all down the entire page. Cary sings the same tune over and over again. Frank clears his throat every few minutes. Mary asked for a drink of water before class one hot day and kept on wanting her drink of water all through the fall and winter as though she could not get into the classroom without it. Paul ate the same cheese sandwich every single day for 1 year. Jonathan kept on hammering so many nails into the boat he was building that when it was time to sail the boat, it sank from three pounds of extra nails.

Some learning disabled youngsters can't stop what they are doing at the proper time, as though the necessary energy and organization were more than they could muster. The brakes are not working. They can't put their toys away, turn off the television, stop coloring, take off the record. Often they need the help of an adult to take away the crayon or stand in front of the TV.

in the linoleum, and then she's occupied chasing a fly which she calls a bee. Finally she is led to her seat; focused by her teacher, she puts on earphones and listens to a book. Soon it is time to stop. The teacher motions to her, taps her, finally removes the earphones from her, and Emily flies into a tantrum. This is a very typical story of a learning disabled child. She can't get started, has a terrible time focusing, and then won't stop. The child flits from activity to activity at home, not settling down, getting under everybody's feet, but then—usually near a mealtime—becomes engrossed in something and won't, almost *can't* stop, no matter how many warnings are given. It's as though the activity has taken over the child and she can't get out from under it unless an adult does it for her.

To shift easily from one activity to another demands more flexibility and control than the learning disabled child seems to have. To the parent, it often seems like moving mountains, where you have to bring as much of the mountain to Mohammed as possible. Rather than have Abba create a scene, his mother will bring the clothes to him (instead of insisting that he get the clothes himself), practically dress him, to help him end the activity and be ready to go out for the party on time.

Teachers of learning disabled youngsters often live in dread of transitions for all the trouble erupts at those times. Putting away what he has been doing starts the storm. The child frequently explodes, shouts, swears, throws down his work. The hypoactive youngster or the one who doesn't overreact simply tunes out or daydreams at this time and needs constant reminders to get ready. Many a learning disabled child seems not to hear the directions. Lining up to go to the next class brings problems of who has which place in the line, who touches whom, and what's to be taken to the next class. Down the stairs, not watching where he's going, overhearing a remark which he thinks, rightly or wrongly, to be about him, a casual touch on the shoulder misinterpreted to be a hostile gesture—all these may lead to blows. This is followed by entering the next class where his chair may not be in the right place, the materials have been moved, and, anyway, he is now so furious with the remark and the touch on the shoulder that he can't settle down to work.

It's as though each transition wears out the learning disabled child so that he can't function effectively until well into the next activity. But we know that his neural development is delayed, that he is very slow to integrate more than one thing at a time—if at all. And it's easier to understand when we realize that planning and preparing oneself for change take organization, the ability to project ahead and to look backward. These are the disabled areas of this child.

Any kind of postponement, delay, change of plans, immediately upsets the learning disabled youngster. Bobby said: "People are tricking me. It's not fair," whenever a sudden change of routine, such as a substitute teacher coming, took place at school. Susan simply cried at these times. Jamie became more full of excess energy than ever and would ask a series of compulsive, nonstop questions to find out about the change but would not wait to hear the answers.

Anything sudden or unexpected throws the inflexible child off his track. On the other hand, he expects his wants to be met instantly—"I want it right now! Do it *now*!" The concept of "later," "in time," "wait" are meaningless to him. Many a scream in a restaurant, a tantrum on the floor of a department store, a grab at someone else's ball in the playground can be tracked down to the Now Child. In the first years of life this is understood by the passerby with the comment: "Poor little thing, he's overtired." But the older child is dismissed as "a spoiled brat," and the parents are criticized for having done an inadequate job.

No matter how conscientious a job the parents have done—most parents of learning disabled children do a superb, superhuman job—if the child is in a very early stage of emotional growth due to delayed development, he is not ready to delay or postpone. He is completely egocentric. The world is composed of *his* wants, *his* urges, *his* impulses. He has separated himself out as an individual, but he has not yet integrated himself into the reality around him. He doesn't think of others and their needs. He's a bit like the child who keeps looking at himself in the mirror to reassure himself that he exists.

Just as Sandy has trouble visualizing pictures, letters, words—so he has difficulty visualizing his impact on others. Seeing the consequences of his behavior is not in his repertoire and he really means it when he says "I never thought about that." So it is that Mary, who can't read, also has trouble "reading faces," decoding when somebody is happy, angry, sad, bewildered. She doesn't look carefully to begin with, or she overlooks the clues that are important. There are many learning disabled children who are extraordinarily perceptive about people's feelings and relationships, but still, they rarely can anticipate *their* impact on others.)

The inflexible child who wants what he wants when he wants it, no matter what is going on around him—a storm, a riot, an accident, a crisis—is the same child who doesn't see the wholeness of things. He gets caught up in the details and misses the big picture. Occasionally he sees the big picture but has no understanding of the parts and their relationship to one another. Subtleties, nuances, inferences, all escape this youngster. Sarcasm goes over his head.

"That's just great!" says the neighborhood bully, derisively.

"Oh, thank you! I didn't think I did that well," answers Bruce, gratefully.

"Get him!" laughs the bully, and all the other children join in ridiculing poor Bruce.

Bruce didn't pay attention to the different tone of voice. He didn't separate the tone from the words in order to understand that the tone of voice was not friendly.

"Concrete" is a term frequently used to describe the thinking of the learning disabled youngster. He has to see it, touch it, hear it, experience it to understand something. Abstractions and oblique references pass him by. That's why it is rare for a learning disabled child to have a sparkling sense of humor. Double meanings, exaggeration to an absurd point, distortion, innuendo, taking an unusual perspective—these are some of the ingredients of humor, and they mean that one has to look at situations in more than one way. To have humor, one cannot be literal as so many learning disabled children are. Unfortunately, their literalness often provides humor for others. Nine-year-old Thomas, having just heard the story of "John Henry," really meant it when he worried out loud that "it must have hurt John Henry's mother when he was born with a hammer in his hand." Ten-year-old Christine wondered where the stack was when she heard that the gym teacher "blew her stack." Eleven-year-old Jason looked anxiously at his feet when he was told "My, you've grown another foot!" Fourteen-year-old Janet was furious when she was given a book to read that she thought was about robots. It was a play, and the stage directions telling where characters were to sit and how they were to act were what she took to be the story. The immature, concrete child is so often stuck in the rut of one interpretation. Yet it is understandable when we realize how overwhelmed this child is with the indiscriminate mass of information assaulting him.

Frequently this child develops one way to act in a social situation and applies it across the board to all situations. He jives into a classroom, waving his arms, going "beep bop—big boy is here—ya dee da!" The first time it amused his classmates, but then he adopted it as his stereotyped entry. "Heil Hitler!" says Albert every time he is given an instruction. "Yes, your Majesty," says George perseveratively to each teacher's or his mother's requests. The parents wonder why the child can't see that these remarks or this behavior don't belong in the present situation. The teacher wonders if this is an attention-getter, a misfired attempt at humor, or simply rude behavior. The outsider finds it bizarre. Other children label him "weirdo kid."

Confused by so much he cannot understand, the learning disabled child clings to the known, the tried, the apparently infallible, for he is lost without these props.

CHAPTER FOUR
Lost in Time and Space

What's the difference between 1 2 3 and 123?
What's the difference between b and d?
What's the difference between act and cat?
What's the difference between + and ×?
What's the difference between OIL and 710?

What's reading? . . . It involves a series of graphic symbols placed in a certain order in space . . .

What's math? . . . It involves groupings in space, location of angles in space, order and placement of numbers in space . . .

What's geography? . . . It involves land space, water space, relationships in space . . .

What's history? . . . It involves spaces in time—relationships of one space in time to another . . .

What's art? . . . It involves the creative use of space . . .

What if someone takes your chair? Or places himself in a space that you consider to be yours? What if someone crowds you? What if someone leans on what you feel is your territory? How do you react to this infringement on your space?

Space is important in our conversations with others, not just with the words but in our conversational distances. How close do we talk to someone we like—or don't like—to an older person—or to a child—or to a sick person? Relationships in space cause trouble between people from different parts of the world, even from different cultures within one country. In the Middle East and in Latin America, people usually come very close, often making body contact, to talk with someone. Americans back off, finding these people aggressive, pushy, fresh. The others feel Americans are cold, distant, hostile.

We bring our children up to share our feelings of space because they copy the way in which we use space. They recognize the different atmospheres that exist in classrooms where the chairs are lined up facing the teacher and classrooms where the chairs are placed in a circle. They recognize the feelings and attitudes that underlie the work spaces, play spaces, eating spaces. They take note (often unconsciously) of the spaces in a couple's togetherness, a family's way of using space, a community's handling of outdoor spaces. Being able to enter a room and immediately organize it visually so that we place ourself in it comfortably is a skill we take for granted. Knowing instinctively how we'll use space gives us a sense of safety, confidence, freedom to relate to people or ideas. Being lost in space is groping, stumbling, shaking; with no borders, beginnings and endings, no directions, feeling unsafe, alien.

The learning disabled child is most often lost in space—lost in up-down, left-right, above-below, top-bottom, in-out, into-out of, under-over, apart-together. He does not know automatically how to operate in space; he cannot visualize spaces, organize spaces, find his way easily in space. How can he know where the top shelf is if he is not sure that his feet are below his head? How can he make reliable judgments about space if his body is not a reliable instrument of measure?

He can't remember where to go, frequently gets lost, loses not only himself but also his possessions, and doesn't see things that are right in front of his nose. Often when he's asked to stand in front of his desk, he stands behind it. Frequently he's asked to put the paper into the box, and he puts it beneath it. He is disoriented in space. Many times, when asked to write something on the bottom of the page, the learning disabled youngster turns over the page. When asked to place a dot in the middle of the page, he puts it on the edge or anywhere. When asked to touch his left knee with his right arm, he'll frequently mask his confusion with a sneeze or a joke.

With a faulty perception of space, this is the youngster who either clings to a grownup or gets lost in a big department store, the supermarket, or at a ball game. A class of learning disabled children from a special school in Washington, D.C., was invited to visit the White House with three of their teachers. When they entered the great ballroom with its huge space and vast, shiny floor, the children went berserk, each one running, sliding, rolling in a different direction, whooping and yelling. Such an enormous, unstructured space was more than their senses could manage. "It was as if each of those children had blown a fuse," reported one of the teachers later. "And it was the worst day of *my* life!"

This is why clearly defined spaces, or small spaces, spell safety to the learning disabled child. This is why security depends on the same seat at the dining room table, the same place in the car, the same chair at school. A learning disabled child usually has a poor image of his own body. He does not connect the parts to the whole body. He does not know how far it extends or how much space it takes up. His development in this respect lags way behind his chronological age.

A newborn baby learns about his body little by little, starting with his mouth which sucks, and by sucking obtains food. Awareness spreads to his face—eyes which follow movements, a smile of recognition. Then comes awareness of hands and arms which grope for what the eyes see. Next come the feet, pushing against the mother's lap, defining his length and his place in space, building a "body image." A baby who does not yet know the limits of his own body responds to the world with the whole of it, using great energy at random, with no order or pattern. When he smiles, even his feet are part of the action!

His own body is the baby's reference point by which he gauges the whole world—size and shape—far and near. All his judgments about space are related to himself. If his "body image" is accurate, he is getting good sensory feedback and is integrating it properly. All along, in the normal developmental pattern, he has been gaining a sense of himself by being held, being hugged, being rubbed, stroked, patted. He is moving and being moved. If he does not receive this stimulation, or if his nervous system does not properly interpret these tactile messages, the baby does not come to feel the dimensions of himself. When he learns to crawl, he tries to squeeze through spaces that are too small. The feelings in his shoulders and sides help him to determine how big he is in relation to the space. He learns by trial and error. He remembers, he organizes his experiences and builds up a "body memory" with which he can compare his movements and sensations. His whole body will tell him when he is about to lose his balance, and he will isolate out parts of his body to do different jobs. Mother takes the child's hand and says: "Look at your hand. See Mommy's hand?" She touches it, she shows it to him, waves it, kisses it. Words, too, then become a part of his "body image." The information is stored in his brain, pulled together to make a more and more detailed image, organized so as to make sense of his body. Starting with himself, using all his senses, he is beginning to perceive the world.

But if his senses are not conveying accurate information, if the "body image" is fragmented, if the parts remain scattered and do not relate to a whole, then the body cannot be used as a reliable instrument of measure. The body is not functioning as a prime information-gathering tool; it is not processing, storing, and applying the needed information. If the body is out of kilter, the whole world is out of kilter. If a child does not have complete body awareness, he can't isolate the different parts of his body and make them work together. He must be taught specifically how to do this step-by-step.

Normal development proceeds from bilateral (the use of both sides of the body at once) to unilateral (the use of one side at a time). At first, both hands hold the mug and both feet stand on each stair; but, as he grows, a child learns to reach with one hand and to walk downstairs with alternating feet. By age 5 or 6, he shows a definite preference for one hand over the other—he becomes clearly right or left handed. It is part of average growth for a child to develop an understanding of the two sides of his body and to learn to use them separately.

A true inner awareness of left and right is called *laterality*. If a child does not have laterality, his movements come helter-skelter from both sides. When he writes on a piece of paper, both his hands and arms move. When he kicks with one foot, the other one moves, too, and the child falls down. Also, this is frequently the child who mirror-writes. Without laterality, he cannot follow directions to find an object or a point in space. Poor body image leads to delayed development of laterality, which leads to poor "directionality" so that he is lost in space. He can't put his name in the upper left-hand corner of his page. If he cannot differentiate the left from the right side, how can he memorize a symbol which has a right or left side? He does not even know if he is right handed or left handed.

Until recently, and even now, both-handedness or ambidextrousness have been mentioned as a *cause* for reading difficulties rather than seen as an *indicator of immaturity*. It doesn't matter which hand a child uses as long as the maturation has taken place for him to feel two distinct sides of the body, differentiate them, and integrate them. Most of the world is right handed. Archeologists have dug up ancient tools which show that humans seem to have preferred their right hands as far back as the Bronze Age. All kinds of taboos and superstitions have centered on left-handedness. Even the term left-handed is called "sinistrality"—a word which has the same root as "sinister"—and there is nothing wrong with a child being left handed.

The child who "sights" with his left eye and uses his right hand (or who sights with his right eye and uses his left hand) is said to have "mixed dominance." For years, doctors and reading experts tended to believe that this was the cause of reading difficulties until studies showed that half the people who read well have mixed dominance.

The right side of the brain controls the left side of the body, and the left side of the brain controls the right side of the body, with an imaginary midline down the middle. Both sides of a baby's body move together toward the imaginary center midline but do not cross over. Normally, by the time a child is 5 or 6 and his separate sides are working together in a coordinated way, with one side preferred over the other, he easily crosses the midline. Without laterality, the immature child has no separate feeling of right and left—he does things on the left side of his body with his left hand, things on the right side with his right hand, and avoids crossing over the midline. Dana is sawing a plank of wood in half. She starts sawing and saws through to the middle of the board, then stops. She now goes to the other side and again proceeds to saw toward the center. Horace tries to conduct music without his arm ever crossing the midline; the music teacher finally takes his right arm and tries to push it way over to the left, but at the middle of his body she meets rigid resistance. Anne Marie starts writing on the left of her page and then way over to the right; it seems bizarre that the middle of the sheet is empty. Richard's drawing of a clock is equally bizarre. All the numbers on the round face—out of sequence, reversed, and rotated—are crowded onto the left side, leaving the right side blank.

For a child to plan his movements well, he must know where his body is in space, and he must be able to coordinate several parts of his body at the same time into one action. A learning disabled child with poor laterality may find this extremely difficult. If you have ever tried to mount the obstacles in a hard obstacle course, you know what kind of planning he needs simply to move around without knocking things over, bumping into the furniture, or falling down. This is called "motor planning." If you sit down now and try to write your name backwards, you will experience the kind of difficulty in motor planning that a learning disabled youngster may experience in writing his name forwards.

Occupational therapists, who traditionally worked with the victims of strokes, brain damage, and cerebral palsy, taught their patients how to dress, how to feed themselves, how to hold a pencil. Sometimes a patient who was physically able to put on her clothes still could not do so. Occupational therapists (OT's) found that such a patient had a faulty "body image," with so little sense of where her hands or her feet were, plus so little organization, that she could not plan her actions or coordinate several things at once.

The occupational therapists had to develop treatment programs, and they began applying the principles of this treatment to learning disabled children who are disorganized and who cannot move in a coordinated way. The occupational therapist works to bring the "body image" closer to reality by giving the child activities in a step-by-step sequence to encourage the development of movement, balance, and the sense of touch. These activities include rolling, rubbing, pushing, pulling—anything that gives the child a more accurate awareness of his body. She helps the child develop his reflexes and equilibrium, the natural mechanisms necessary to cope with gravity and movement through space. It may be necessary for the occupational therapist to teach the child the most basic concepts of space and direction, for instance repeating together the word "up" to identify the upward movement of the body as the child is moving. What the occupational therapist frequently does with the body is exactly what parents and teachers have to do with all aspects of learning; she breaks down each task into its smallest possible units and then puts them into their proper sequence for teaching. This is called "task analysis"—what steps does the task involve? Which ones has the child already mastered?

If a child has nervous-system immaturity, more than likely he has no stable basis for making order of the sensations coming to his brain because his body, which ought to be providing the basis for all spacial judgments, is not a stable reference point. It does not give reliable feedback and thereby prevents the child from obtaining mastery over space, mastery over directions, mastery over left and right. A child whose body is not giving proper feedback is receiving faulty information; he has no base to begin from, no steady place to return to, and no frame of reference for understanding time—today, tomorrow, yesterday—no way of visualizing past and future, forwards and backwards.

Space and time are organizing systems. We organize the way we view a room. We organize the way we enter it, choose a seat in relation to what's going on and who is there. We organize our bedrooms for maximum comfort and convenience. We place the furniture where it can be easily reached and arrange our clothes in drawers and closets so that we can find what we want at any time. We organize what we will do within a given time period. We organize where we are going in relation to our starting point.

Nine-year-old Dean stopped a teacher in the hall and asked "Where is 'around the corner'?"

"Which corner?" she replied mystified.

"*Around* the corner!" he insisted.

"There are many corners, Dean. Which one do you mean?"

"I don't know. The sports teacher told me to get the ball from 'around the corner.'"

"Where was the sports teacher standing?"

"I don't remember!"

"When did he tell you this?"

"A long time ago."

Dean was very intelligent, but he had terrible problems with time and space; he had no reference points. Both time and space demand . . . selecting out . . . remembering . . . integrating . . . sequencing. They demand ORDER, just what a learning disabled child does not have! This is why parents and teachers must immediately provide the structure in space and time for such a child. There must be a time and a place for everything in his life.

Space, at least, is something that the learning disabled child can see—he may see it distorted, out of proportion, and askew, but he can see it. It is tangible. *Time* eludes him totally for it is more abstract—it is something that happens between two points he can't see. He cannot feel a minute.

Intervals of time regulate our lives. People in America and the industrialized countries of the West are more strictly regulated by time than the people of Asia. In America we live by the clock. Time is precious, hurried, closely watched. Time is money.

We invest time,
save time,
borrow time,
budget time,
charge time,
spend time,
steal time,
waste time,
lose time,
check time,
share time,
squander time,
take time.

We hurry our children to grow up and tell older people to stay young. We hurry to learn. We crave shortcuts . . . quick solutions . . . easy answers.

SPEED is a way of life—fast cars, jet planes, instant cake mix, electronic communications. If you don't get where you're going today, tomorrow may be too late. Yet with all the emphasis on speed and saving time, boredom and the use of leisure time are big national problems today. So it is with the learning disabled child who cannot tolerate the pressure of time and yet cannot make constructive use of leisure time. Sleep is regulated by time. Meals are regulated by time. We time everything.

"HURRY UP!" How many times a day do we say this? But the learning disabled child can't organize himself to hurry, and he falls apart instead. With his random, excessive movement, his immature lack of planning, he expends more time and effort getting anything done and is therefore slower than normal. His distractibility and inefficiency keep him from accomplishing anything on a time schedule. His perceptions are slow.

Time is ORDER. Time is made up of sequences. That's why the learning disabled child is lost when trying to tell the days of the week, the seasons, the months, remembering the alphabet, counting, or telling time. Counting is the basis of measuring time. Counting what you don't see is what time is all about.

The charm of a little child saying that Grandma will be coming "one sleep away" is thought of only as peculiar when a 10-year-old says it. Primitive people and preschoolers cannot deal with the abstractness of time, either. They see it as a time to get up, a time to eat, a time to work or play, a time to sleep. Intervals of time, periods and durations have no meaning for them unless related to their own life experiences. An abstract time system based on counting does not exist for them.

An infant's time is body feeling related to his needs . . . time for MILK . . . time to CHANGE ME! It is personal or egocentric time, ME . . . MY NEEDS are time. What begins in egocentric, concrete terms moves steadily outward toward an abstract, universal scheme. The child can see a day and a night, awake and asleep. He can see a season and know if it is winter or summer. A 2-year-old's sense of time centers on NOW, but he is beginning to understand "wait" and "soon." At 3, he usually knows "yesterday," but he is much more able to talk about the future. By then he can tell how old he is, that he goes to bed "after supper and after a story," and he can talk about what he will do tomorrow. At 4, he knows what happened throughout a day, what to expect in the morning, what happens before, during, and after lunch, how the afternoon is spent, and he knows the sequence of supper, bath, story and bedtime. After 5, he knows the days of the week, he can tell what day follows Sunday, and project how old he will be on his next birthday. He uses the words "yesterday," "today," and "tomorrow" with ease. By 7 he knows the months, the seasons, and he can usually tell the time. The learning disabled child, occasionally as late as age 14, still does not know the days of the week. His perception of time is that of a preschooler.

Just as the 2-year-old, the Now Child, understands no time but the present, so the learning disabled child makes a sullen face or cries, screams, stomps around when he does not get what he wants NOW. Long time . . . short time . . . more time . . . less time . . . do not mean anything to him. Before . . . after . . . not yet . . . soon . . . later . . . wait . . . all this is mumbo-jumbo. Scolding by adults only shows him once more that he is out of phase with everybody else, that he is doing things wrong, and that he is bad. He needs an adult to place him in a time slot, to provide a system for him whereby he can structure his activity to fit into the adult time scheme. Structure of space and time can be lifesaving for the learning disabled child.

The past is more difficult to deal with than the present or even the future. A 5-year-old knows the age he will be on his next birthday but not his last birthday. Walking backwards is harder than walking forwards. You can't see where you are going, and you have to visualize what is behind you. Dealing with anything backwards is much harder than doing it forwards. It takes more organization. The past tense is difficult for many children—"I've got it" and "I'm gonna get it" are much easier than "I had it." Subtraction is harder than addition. Repeating numbers backwards requires additional concentration. Double negatives such as "it is not unusual that . . " are often baffling for they demand reversing to translate them. It takes years before a learning disabled child can cope with any of these things. He cannot figure out what letter comes before *E* without going back to *A* and reciting forward again. To find out what number comes before 9, he must go back to the beginning and count up from 1.

To apply reason to time, to understand cause and effect, you have to reconstruct time which is past. A child cannot normally do this until the age of 8, usually the third grade. Switching back and forth from past to present to future time demands organization and a great deal of memory. Impeded by impulsivity, distractibility, poor memory, and disorganization, the learning disabled child becomes lost in this process. With no concept of time except what has just happened, he may well answer "How was your day at school today?" by "Good" or "Terrible," depending only on what happened during his last activity of the day.

His timing is off in his speech—when to begin and when to stop. He has difficulty perceiving pauses in people's speech and in getting the implications of those inflections. He has trouble with raising and lowering his own voice. His rhythm may be off. Frequently he can't sing in established tempos. Often he can't rhyme . . . he's a poor judge of time and lingers after class and then is late to the next one. His timing is off in planning schoolwork. He can't complete projects . . . can't estimate the time needed for homework . . . can't judge how much time to allow for each question on a test . . . can't pace himself to produce a term paper . . . can't do work on three different subjects in one evening, even when the assignments are very short.

The concept of SELF (ME!) is essential in order to locate oneself in space and time. Until a person can see himself as quite separate from his environment, different, unique, yet related intimately to it, he has no real sense of self. Space and time "happen" to him, and he is helpless. The immature being starts there and slowly achieves a mastery over the present and the past, planning for the future as a defined, independent, fully functioning Self.

The child whose development is delayed gropes in time and space. He is lost without two of the major support systems of daily life. Lost in the space and out of pace with life around him, the learning disabled youngster falls many times along the path of progress and, yet, most often gets there . . . in time.

CHAPTER FIVE
Clumsy

Clumsiness is MISJUDGING,
overdoing,
underdoing,
off balance,
POOR TIMING,
too fast,
too slow,
NOT LOOKING,
NOT LISTENING,
NOT BEING ABLE TO COORDINATE SEVERAL THINGS AT ONCE.

A clumsy child takes longer to learn to remember what he has seen, heard, felt, or done . . . longer to make sense of information from two or more senses . . . longer to get meaning from looking, listening, touching, moving . . . longer to answer a question or repeat what he has been told. He does not have enough internal organization to "get it all together" rapidly. This is not surprising when we realize how much excess, random energy the child employs uselessly; it's exhausting. It makes him slow and inefficient.

There are some learning disabled children who are not clumsy at all. There are some who are well coordinated physically, who can build strong self-esteem on their prowess in sports. There are others who are gracious and thoughtful in social situations, not clumsy with people. However, many learning disabled children are clumsy in the way they approach situations.

Ivan was standing under a cliff when rocks began to fall. His father yelled at him to get out of the way, but Ivan continued to stand there. His father had to race over and grab him up bodily to save him, scolding him furiously for not obeying. Ivan was not being disobedient or stubborn. He simply could not get himself organized fast enough to meet the emergency. Over and over again, we yell accusingly: "What's the matter with you?" when a learning disabled child does not react quickly. How he wishes he could answer that question! And by asking it we make him even slower, for under the stress of being pushed, being yelled at, being hassled, he becomes almost paralyzed.

Distractibility and disorganization can cause clumsiness . . . combine this with poor coordination and what do you have? He can't look, listen, and move at the same time. Often he can't learn by watching others demonstrate. He can't eat and talk. When he reads, he can't translate words into sounds and think about their meaning at the same time. He stops all learning in a classroom while he picks a pimple.

Ruthie always dropped her boots or her book or her homework or her hat when she carried them to school. She couldn't organize herself to do all these things at once. She was clumsy in brushing her hair, brushing her teeth, putting on a kerchief and couldn't organize herself to cut meat with a fork and a knife. Hilda literally tripped over her own feet as though they were some alien objects attached to her, having nothing to do with the rest of her.

Muscular control and coordination develop from head to foot. A baby can raise his head after 2 or 3 weeks but does not walk on his feet until 10 to 18 months. He throws a ball before he can kick it. As he gains control of his muscles, learns which parts of his body do what, improves his eye focus, he finds he can do things faster and more efficiently; later on, he can tie his shoelace standing on one foot, talking all the time, without dropping the tennis racquet under his arm. With good organization, he can do many tasks at once and automatically. He reacts fast. But when a child wastes energy and motion in superfluous movement, then he does everything more slowly, more inefficiently, more clumsily.

If our body's messages are coming through to the brain clearly, we get quick feedback. If we lean too far forwards or backwards, we are acutely uncomfortable knowing that we are about to lose our balance, so we straighten up and resume a balanced posture. A child with poor body feedback can fall off his chair easily. Balance and equilibrium develop in stages also. A child of 3 can usually stand on one foot, at 4 he can hop, at 5 skip, but a child with motor learning disability may not have the balance to do some of these things at 9 or 14. A 7-year-old may have trouble alternating feet to go up and down stairs, an 8-year-old may swing from one part of the car to another each time it swerves, a 10-year-old may struggle to ride a bike. They do not have sufficient body control.

By school age most children can dress themselves quickly in the morning—if they want to. A few will even lay out their clothes neatly the night before. But not Bobby. Even before he started school and began writing his letters backwards and upside down, Bobby already had trouble getting his shirt on the right way around. He would habitually put both legs through one leg-hole of his shorts and put his shoes on the wrong feet. He couldn't coordinate his muscles to do things correctly. He knew the result he wanted, but he didn't know how to organize to get it.

Friendly and clumsy, a learning disabled child may long to join the neighborhood children in their games, but finds himself rejected, run away from, or the last one to be picked for a team. His awkwardness makes him a liability because he is sure to miss the ball or drop it or be too slow getting to first base. And he'll not understand the rules of the game. Helen's feet got tangled up in the jump rope. She showed her frustration by bending down and holding her foot with her two hands, trying to make it jump. She fell down, and all the children laughed. Her brain did not have the control to command her feet to do what she wanted.

Chuck's family had just returned to America from overseas. They were still living in a hotel, but Chuck, aged 9½, was already enrolled in a special school for learning disabled children. One Friday, his mother arrived by taxi to pick him up after school. Chuck ran happily out the front door, tripped on the sidewalk and went sprawling, while the contents of his lunch box rolled into the gutter and under the taxi. Chuck, lunch box, thermos, half-bitten apple, uneaten sandwhich were all picked up and put into the taxi. The following conversation then took place:

"Mom, guess what! I've got a new friend!"

"That's great, Chuck! What's his name?"

"I don't remember, but we're going to meet each other tomorrow."

"Where are you going to meet?"

"At school."

"Tomorrow's Saturday, Chuck—remember? No school."

"Oh . . . Well, that's OK. I asked him to come swimming in the hotel pool. He's gonna come."

"When did you ask him for?"

"Um . . . Oh! . . . Maybe that was *yesterday*!"

"Well, we'll just have to wait and see if he shows up. Did you tell him the name of our hotel?"

"Sure, the Hilton."

"Chuck! We're staying at the Sheraton!"

At this point the taxi driver turned around and said, confidentially: "Lady, you've got a PROBLEM with that kid!"

The taxi driver may have been right—but the real problem was Chuck's, not his mother's. Who . . . what . . . where . . . which . . . when . . . had all escaped him. With no firm ground under his feet, no fixed points in time to grip onto, he could only stumble and grope—and the result was a well-meaning, inept, clumsy performance. This lack of orientation brings with it a lack of grace. The child is awkward in the disconnected way he moves his arms and legs, he blunders into the furniture, trips over the rugs. He is frequently graceless in his social interchanges with other people—talking too much, or too loudly making an inappropriate spontaneous response, or not reacting when he should.

Henry was delighted when his mother and father had company because Henry loved people. He helped his mother set the table, and, in spite of his mistakes, he and his mother enjoyed these times together. Henry would greet the company, and one time he insisted on taking their drink orders. How he wanted to do it well! "Good for his memory as well as his spirit," said his father. But it turned out not to be too good for his spirit. He forgot the orders and had to ask all four guests to repeat them, several times. Then, when he finally came in, triumphantly carrying the drinks on a tray, he tripped and sent the whole lot crashing to the floor! Elizabeth's zeal to be helpful in the kitchen often led to too many, or too few, ingredients in the bowl, and rude remarks from her brothers at the table later. Ruth wanted more than anything else to be considered grownup and responsible. She begged her mother to let her help dress her 3-year-old sister, but somehow the clothes were never put on right, and it took so long that little sister usually ended up bawling.

With so little physical control, the learning disabled child can unintentionally be very destructive. "He breaks all his toys!" says Tommy's sister. He pushes and pulls too hard. He continues to press one lever when he is supposed to press and pull; he can't switch easily from one movement to another. He's often the "One Way Kid." He pulls the wheels off his toy cars, he winds too far on the wind-up robot, he presses too hard on the pencil and breaks it, and he nearly squeezes the life out of the pet turtle. He doesn't hold the leash tightly enough—the dog runs away. He's called "careless," "irresponsible," "hostile," when, in reality, he is unbelievably clumsy or perseverative.

A child may have good coordination but be clumsy in speech. He may speak slowly, groping for words, making him the butt of many jokes and imitations. Or immature speech may make him sound ignorant. Ten-year-old Sidney, from an educated family, claimed "He got dead" when he was trying to say "He was killed." He would say, "I buyed it," "My footses are wet," "My notebook is gooder than his."

Often a learning disabled child cannot make his wants clear because his phrasing of words is clumsy. Anne tugged at her teacher, saying, "Come quick! He wants you because it hurts him!" while her teacher tried frantically to find out *who* was hurt, *where* he was, and *what* had happened. People often do not understand what the learning disabled child is saying, for she begins in the middle of a story, at the end of an idea, or at some point that is unclear. She can't seem to recount the events that happened in order for them to make sense to a listener.

It's stumbling *socially* when Bea doesn't look at the person who's shaking her hand effusively or when Arthur pushes right between two adults actively engaged in conversation. Social ineptitude is demonstrated by Gladys barging into a private office without an "Excuse me," Hank throwing his books on the table where the guest is drinking coffee, Betty pulling at the teacher's sleeve and talking to her a mile a minute while the teacher is settling down the class.

Bea, Arthur, Gladys, Hank, and Betty are not stopping to look, listen, and feel what's going on. Not one of them takes a look at a person's face "to read" if the expression is one of sadness, anger, fear, or embarrassment. Not one looks to see if people are involved with one another. Not one listens to what's going on. It is extremely hard to "size up" a situation under these conditions—yet, we know that the learning disabled child is a poor judge of size, shape, direction and doesn't perceive more than his own wants and goals as of that moment. The learning disabled child is immature, egocentric, not *intentionally* unconcerned about others but not yet *ready* to focus on their needs.

It's quite likely that Bea or Arthur or any of the other children might demonstrate social clumsiness at the dinner table or in a school discussion by interrupting constantly and usually with inappropriate remarks. Without a good sense of timing, back-and-forth talk is nigh to impossible, and the tendency to monopolize the conversation is far too easy. This is an immature pattern, understood when it occurs with the very young child, but unacceptable in the older child.

Most children learn decorum and polite behavior not only by taught rules, but by copying their parents and others. The learning disabled child has trouble copying and just does not absorb the family's behavior. Furthermore, there are several ways of behaving in a given situation and our One Way Kid cannot deal with alternatives. When he sticks to one stereotyped way, his social clumsiness makes others feel uncomfortable and irritated.

He often feels picked on and bullied—and he often *is* because of his awkwardness and disruptive effect on others. He can wreck a group activity that depends on teamwork and cooperation. He can't wait . . . can't take turns . . . doesn't understand rules . . . misses the point. He may be a wet blanket, convinced that any deviation from a familiar method won't work. He may try too hard, injecting discomfort into the group by his loud laughter at jokes he doesn't understand, his over-eagerness, his tenseness. He is forever doing too much or too little. It is not misbehavior but miscalculation. It's clumsy.

Many a learning disabled child just does not know how to go about making a friend. He may start out well by being outgoing, sharing his toys, and inviting the other child in, but then he seems to lose contact with him. He get's involved in what he's doing and doesn't give his new friend another thought. This sensitive youngster does not empathize with his friends; he underreacts or overreacts, with little or no conception of how his behavior affects the other child.

Yet, he desperately wants friends. Often he'll steal money or food to use as a reward for someone who will be his friend. He'll cheat, lie, tattle, take on a new friend's values and prejudices which may be alien to his own; he may become a "slave" to a person in order to gain friendship. He tends to be off-balance here as in physical activities: overdoing, timing badly, judging incorrectly. Once more, he falls flat on his face and has to learn, one step at a time, how to cope with these situations.

Too often he tends to retreat to the TV, to become glued . . . or to the icebox, to become fat . . . or to playing with the mother and baby next door, because he has become battle scarred and weary. Or the adolescent may turn to the motorcycle or car. Social clumsiness isolates the learning disabled youngster even more than his physical clumsiness. "It's not fair" is a frequent rejoinder of the learning disabled child—and it isn't.

CHAPTER SIX

Free Spirit

There is something extremely appealing about a wide-eyed, open-armed youngster with a beaming smile. "Look, Mom, the sun is smiling on us today!" he says as he gives her a big hug.

There's a sheer joy—temporary though it may be—that many a learning disabled child brings to life. He seems to embrace life with an enthusiasm and jauntiness that most of us lose with maturity. The spontaneous expression of feeling, the unedited comment, the untrampled-upon gesture, are all trademarks of the impulsive child. There's a freshness which he conveys, perhaps because he doesn't see the whole picture, that turns our attention to experiences we have come to take for granted. In the midst of checking the route map, watching the road signs, estimating when the next gas stop must be made, our attention is suddenly diverted to an unexpected delight when the learning disabled child remarks: "How fresh and good the grass smells!"

Often overly sensitive to the feelings and relationships of the people around him, this is the child who slips her hand clumsily into the hand of a troubled adult and squeezes gently. The grownup silently wonders "How did that little child know what I needed just at that time?" Many adults have commented that learning disabled children seem to have "ESP," a certain profound knowledge of emotional states (even if the child can't apply it to himself!).

Usually, he meets people easily, although he may have trouble maintaining those relationships. In one family of three children, it was always the learning disabled child who knew everyone at the unfamiliar swimming pool, who had become a well-known figure in the hotel dining room, and had met every new neighbor within minutes of their arrival. He didn't remember their names but everyone knew his. "Oh, you're *Joe's* family!" people would say to the rest of them. His friendliness to strangers and his open, guileless remarks enchanted newcomers. In any new situation, this family found it was Joe who made everybody feel at home at once. His impulsivity may have led him to wandering but he did get the layout of a new place down pat—that is, if he found his way back to the appointed spot! Joe had a way of heading toward the men's room but along the way discovering all sorts of fascinating byways that he could share with his family. He was indiscriminate in his choice of companions. He was equally at ease with a beggar and a millionaire, both of whom introduced him to exciting new experiences. Joe would always come back from one of his little jaunts (while the family was frantically looking for him) bearing a precious gift somebody had given him—a flower or a candy—or leading some embarrassed but friendly stranger back with him.

Not sufficiently afraid of "the dangerous," "the bad," or "the unknown," the learning disabled child frequently embarks on adventures that could fill a novel. He's the one who discovers the unbeaten path to the hermit's cottage and has tea with him, uncovers the nest of blue eggs, finds the attic closet filled with treasures (even though he may get locked inside it for a while). Walking along the beach, picking up pebbles at random, he finds a half-dollar. He is the one who ducks under the barrier and gets to shake the Governor's hand. Important people are treated like any other friends by this child, who is not famous for diplomacy!

He is likely to be an asset at a party, where he genuinely welcomes people and puts others at ease. Trouble may come later if he meets with a frustration or misinterprets a remark. At school, he often takes on the welcoming role at the beginning of the term or in a new grouping.

There are learning disabled youngsters who are not hyperactive, impulsive, or outgoing, but they, too, have a quality about them that can make others feel good about themselves. Albert, quiet and resourceful, seems to gather children around him. They feel strength in him. They admire his athletic prowess. He seems to have a fund of resources, untried ways of doing things. The learning disabled youngster, because there is so much he can't seem to do like others, must call upon his own ingenuity and use a different perspective. Perhaps learning disabilities have been at the root of some of our most valued inventions. We know that Thomas Edison's learning disabilities brought him failure at school, but they also helped to bring us the light bulb! Auguste Rodin, the magnificent sculptor, had difficulty learning to read and write; he was known as the worst student in his school. Albert Einstein's teachers found him to be a slow learner and socially awkward. And Hans Christian Andersen, who spun all those lovely fairy tales, was an extremely poor student and said to be very immature. Yet his naivete and his eternal child-like qualities have brought pleasure to countless people.

The learning disabled youngster, along with all the heartache he feels and brings into his home, often touches the family with a freshness, a pure, natural quality. When Larry laughed, it was such a full, resounding roar of delight that his family couldn't help but laugh with him. The unscreened pleasure he took in watching the antics of a litter of puppies permeated the whole house. Unfortunately, that same loud laugh, and its duration, might send him to the Principal's office at school.

Although the learning disabled child is not known for his humor and is often laughed at for his clumsiness of speech, action, or social behavior, there are many times when he coins a phrase that is uproarious. Martin, after suffering along with a classmate who wouldn't stop talking about electricity, said: "That guy is so obsessed with electricity that some day he's going to go to the bathroom and a light bulb will come out!"

Moodiness, too, can bring bright moments. Just as a young child is very distractible and often can be led out of a bad moment by his own distractibility, so it is with the learning disabled child. The perturbed girl with the storm clouds gathering around her can suddenly change into a sparkling delight if an adult strikes the right chord and provokes her to laugh by imitating her pouting. Within minutes her mood can change, often for the better.

Courage is a quality we all admire. With the blind child, the deaf, the paralyzed, the public admires every effort. Such a large part of the learning disabled child's troubles go unseen that he does not receive anything like the praise he so justly deserves. Imagine the effort it takes to operate within the disorder felt by this child. It staggers the mind to think what it demands for the learning disabled child to lift his head up everyday and face the world of school with its meaningless symbols and confused instruction. Not only is he picking himself up literally much of the time, but he is also picking himself up from constant failures and disappointments, and keeping going. And the triumph of this exultant phrase: *"I can do it!"* has kept many a parent and many a teacher going, too, in spite of all the discouragements.

It is a wonder that so many learning disabled children have developed strong characters and unique personalities—but they have. True, some of them are quiet, very closed people, called eccentric, but more often than not they are respected for their difference and their specific talents. Many are free spirits, venturing into life with abandon. The brakes are not on enough. The differentiating and integrating which builds good judgment are not necessarily working enough. But there's a joy—a heart-warming quality that brings out all the good instincts in a person. Many a brother or sister of a learning disabled child (and I dare say a sprinkling of parents, too) have felt a certain envy and admiration of "the free spirit." One older brother said: "I'm so regulated by what I *should* do and what I *have* to do, I've lost sight of what I *can* do or *want* to do or *like* to do. And HE DOES IT ALL!"

CHAPTER SEVEN

Defeated at School

Henry was so smart that he could guess a word from all sorts of clues—pictures—the name of the book—his teacher's expression. It was only when he was faced with plain, unadorned words on a page that he developed a mysterious bladder complaint that obliged him to flee, tripping and stumbling, to the bathroom as soon as the reading lesson began.

Katie said: "I don't *want* to read. You can't make me!"

Andy was a good boy. He was quiet and well-mannered in class. Much of the time he was off in a daydream. He was a whiz at sports, and the other children admired him. But he could not speak well. It was so embarrassing for him to talk that his teacher let him read silently, rather than aloud in front of the class, and missed the fact that he couldn't read at all.

Teddy lost everything. He lost his pencil. He lost his homework. He lost himself going from one classroom to another. He lost interest in the middle of a project. And he lost his memory for the words that he could read perfectly well yesterday.

". . . Henry does not take the time to be careful or neat. His large vocabulary indicates a high degree of intelligence. He will not sit still long enough to master his reading thoroughly although he could easily do the work if he tried. Henry is a willful, lazy, manipulative child who needs stricter controls."

PARENT CONFERENCE RECOMMENDED

". . . perhaps the source of Katie's uncooperative attitude toward language arts may be found in her home environment."

PARENT CONFERENCE RECOMMENDED

"... Andy has adjusted well to the group. He is academically a "slow bloomer" but his shyness in class is more than compensated for by his outstanding abilities in the gym and on the playground, where he assumes responsibility and leadership. It is a pleasure to have him in class."

"Teddy is a careless student. His handwriting is messy and illegible. Unless he is threatened with punishment, he will not do his work. We have found no other way to gain Teddy's cooperation."

PARENT CONFERENCE RECOMMENDED

As a preschooler, Andy may have been inattentive to the stories that were read aloud. Words were as unmanageable to him as zippers, buttons, and coloring books were to Teddy. Henry knocked over the blocks and spilled the juice while he talked in an adult manner about unidentified flying objects. And Katie had a tantrum every time she was asked to perform for her nursery school class. None of these four children was identified as learning disabled because many preschoolers have these same problems and soon grow out of them. It was only when they started to fail in school that people panicked.

A child with an outstanding talent, like Andy, can manage to slide by for a while, with good will around him. A child who can sit still, who can follow directions, talk appropriately, and who has a good memory, can also get by. But sooner or later

failure to learn to read
usually spells
failure at school
which usually spells
a feeling of failure in life.

In a society where productivity is prized and a child no longer plays an economic role as he did up through the early 1900's, there is only one area where a child is required to produce, and that is AT SCHOOL.

"How's school?" is the question all grownups ask.

No matter how much they love him, parents take the child's failure as their own. So they try by every means possible to make him do better. They tell him, as his teacher has told him before, that he is not trying . . . or that he is not trying *enough* . . . that he's too used to getting his own way . . . that it's time for him to stop being a baby and grow up and to take responsibility by LEARNING TO READ. They talk to him at length. They bribe and punish, spend hours going over his school work with him. And they can't understand why all that extra effort doesn't bring him more success with the written word.

What is a written word—wrod—ɛojb—drow—?

A word is a message: *it carries an idea, an object, a person, a place, an action—which links up with an experience you can remember.*

A word is a symbol: *those black marks on a white page* mean *something; they stand for something specific.*

A word is a pattern: *like a code, each symbol in the pattern can be translated into a sound, and the series of sounds in their proper order make sense.*

A word is a sequence: *the shapes which make up the word have an organization of their own—a beginning, a middle and an end; they cannot be switched about and keep their same meaning.*

A word is a total shape: *it is a total configuration. It may have more than one internal pattern in it, but the sequence is fixed and when the symbols are translated into sound, the meaning is fixed and does not change.*

A WORD CONSISTS OF A SERIES OF GRAPHIC SYMBOLS IN SPACE THAT HAVE MEANING WHEN A SERIES OF SOUNDS ARE LINKED TO THEM IN THE PROPER ORDER.

WHAT IS NEEDED TO *READ* A WORD?

What it all boils down to is organization—sorting out . . . differentiating . . . remembering . . . integrating. It means doing more than one thing at a time, doing several things at once. It means making many connections and plugging them all in at once. It's connecting sounds and symbols. Sounds and symbols linked together in the proper order have to be perceived correctly in the first place. This takes perception.

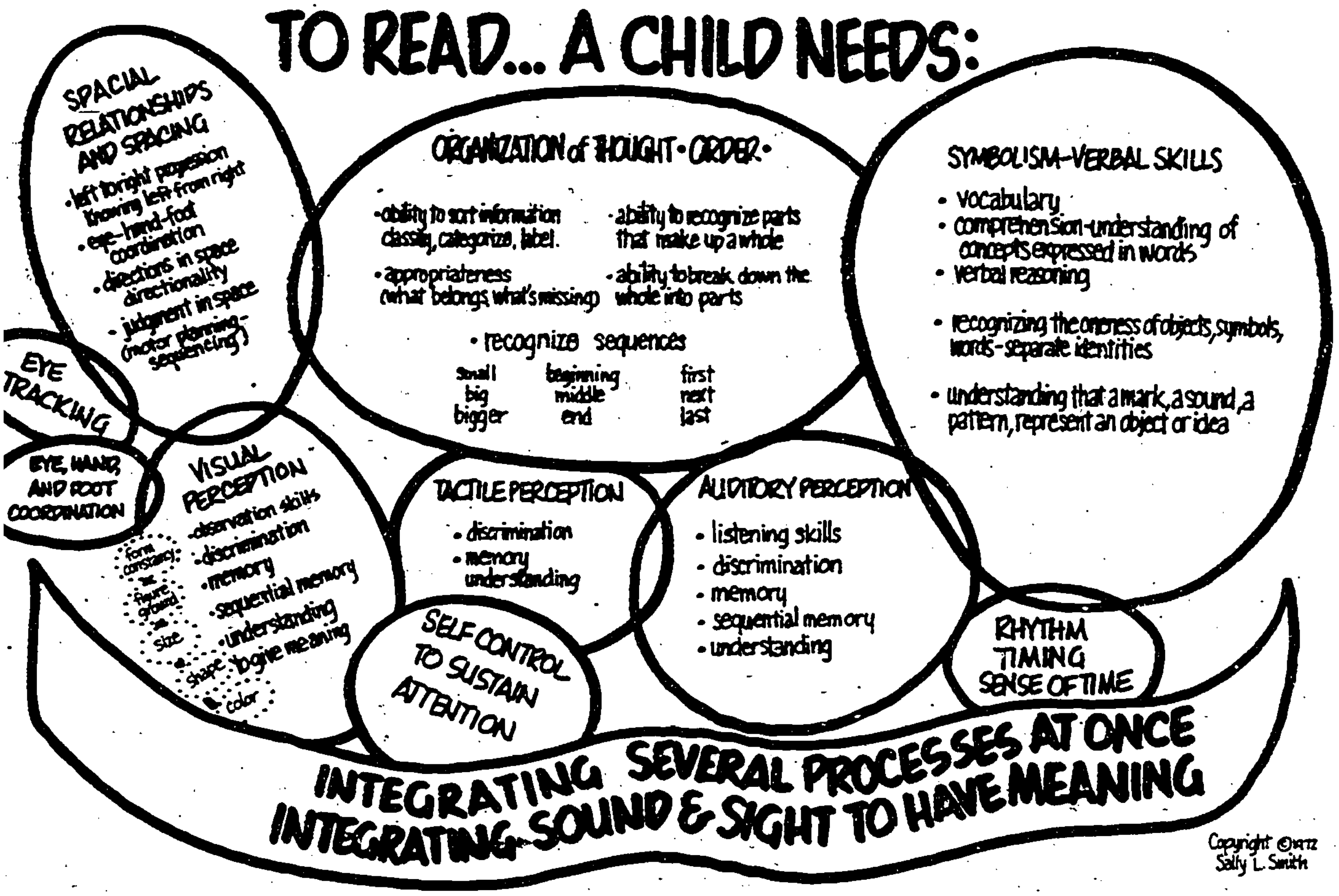
Perception is the ability to "read" the environment.

Perception is making sense of the environment through the stream of messages coming into the brain from the eyes, ears, nose, mouth, hands, skin, and the whole body.

Perception is the brain's picture of the world and the organized relationship of one sensation to another.

Perception is the foundation on which all learning is based.

Have you ever seen a baby under 1-year old with a cookie? He holds the cookie in front of him, beams, and looks at the whole satisfying treat. It looks round, feels round, *is* round. He proceeds to suck it, smell it, smear it around, drop it, perhaps sit on it. He has seen the whole cookie, and now only part of


TO READ... A CHILD NEEDS:
SPACIAL RELATIONSHIPS AND SPACING
• left to right progression knowing left from right
• eye-hand-foot coordination
• directions in space directionality
• judgment in space (motor planning - sequencing)
EYE TRACKING
EYE, HAND, AND FOOT COORDINATION
VISUAL PERCEPTION
- observation skills
- discrimination
• memory
• sequential memory
• understanding to give meaning
form constancy
figure ground
size
shape
color
ORGANIZATION of THOUGHT • ORDER •
• ability to sort information classify, categorize, label.
• ability to recognize parts that make up a whole
• appropriateness (what belongs, what's missing)
• ability to break down the whole into parts
• recognize sequences
small
big
bigger
beginning
middle
end
first
next
last
SYMBOLISM-VERBAL SKILLS
• vocabulary
• comprehension-understanding of concepts expressed in words
• verbal reasoning
• recognizing the oneness of objects, symbols, words - separate identities
• understanding that a mark, a sound, a pattern, represent an object or idea
TACTILE PERCEPTION
• discrimination
• memory understanding
AUDITORY PERCEPTION
• listening skills
• discrimination
• memory
• sequential memory
• understanding
SELF CONTROL TO SUSTAIN ATTENTION
RHYTHM TIMING SENSE OF TIME
INTEGRATING SEVERAL PROCESSES AT ONCE
INTEGRATING SOUND & SIGHT TO HAVE MEANING

it is left, a morsel. Does he still know it's a cookie? If he is handed a square cookie, he may not know it is a cookie until he tastes it, smells it, remembers—recognizes its prime characteristic which is YUM!

When he grows older and yells for "Cookie!" he's got a picture in his mind of how it tastes, feels, and looks. He creates a mental picture, a visual image, for the object. This is his visual memory, stored in his mind, ready to be recalled for future use. He learns by experience with other objects to recognize what makes them identical, similar, or different. This discrimination later gets transferred into seeing the difference between "want," "went," and "won't" (that's visual discrimination). And the same discrimination must be applied to the sounds he hears—hearing the difference between "berry" and "very," between "think" and "drink" (that's auditory discrimination).

His memory is trained during his preschool years as he remembers what he's seen, what he's done, and the names for everything—he memorizes labels of all kinds. This, though he doesn't know it, is visual and auditory memory training, the underpinning of reading readiness. He will need to remember not only individual letters with their names and sounds, but total configurations of letters:

The process of unlocking or decoding the symbols can be taught in many ways—by sight, by sound, and by touch. Most important is to match the method to the child. First, what are his strengths? Does he seem to learn more from what he sees than from what he hears? Then one would begin with a visual method of teaching reading. Perhaps his ears are his best channel. In this case, one would begin with an auditory method. Maybe seeing or hearing have to be combined with touching letters of different materials and textures, or with writing and tracing the shapes of letters to reinforce the learning. One builds on a child's strengths while remediating his weaknesses.

For the new reader, there are two basic methods: visual and auditory.

VISUAL METHOD:	*Instant recognition of the total configuration of a word. "Look and see" or "look and say."*
	Visual analysis of spelling patterns, leading to pronunciation of the whole word.
AUDITORY METHOD:	*Hearing the sounds in a word. Sounding out unknown words.*
	Learning the beginning, middle and end sounds of words.

Later on, when a child has begun to read, *structural analysis* is introduced.

He analyzes syllables, breaking a word into its elements and then pulling them together; he learns prefixes and suffixes. He also uses his reasoning powers to guess the meaning of a new word from the rest of the sentence; he learns to figure from *contextual clues* what's missing, what belongs, what's appropriate. (See Appendix A: Some Typical Reading Problems.)

Some children cannot use the visual method because they don't have the visual perception—visual focus, visual discrimination, and visual memory—for immediate recognition of a word. They have not yet learned to look carefully, find the visual similarities and differences, and remember them. And they are most incapable of this when they have laterality problems, rotations, reversals, and problems with their eyes tracking left to right. Reading involves moving the eyes smoothly across a line of print, then back again, a bit lower down the page. This is a hard task for a child with space difficulty and is why some youngsters need to guide their eyes with a marker, a finger, or a moving pencil to avoid losing their place.

Some children can't use the phonic method because they don't have the auditory perception, the auditory focus, auditory discrimination, and the auditory memory to attach new sounds to new words. They have not learned to listen carefully, they don't hear the differences between two sounds, or, if they do, they forget them right away.

Some children are fairly well developed in their ability to see and hear differences, but they cannot link the two together. In many ways, the ability to make the proper connections is the most crucial of all. It is the only way that experience can become usable. The process of combining and digesting the messages from two or more senses into one coherent meaning is like the process of cooking. You can take butter, flour, eggs, milk, spices and mix them together in a bowl, but they do not become a cake until you bake it. Understanding comes through making connections between things that did not appear connected before. At age 11, my youngest son, Gary, who has battled the whole spectrum of learning disabilities, said: "*Now* I understand how people can read to themselves. They have to share it with their brains!" Gary has been my finest teacher and the original source of much of the material in this book.

. . . Speech is what makes mankind human.

Words spoken . . .

Questions asked . . .

Words listened to . . .

Orders shouted . . .

Complaints voiced . . .

Tales told . . .

Hunched in their caves 3 million years ago, our hairy ancestors could make do with pointing, gesturing, and grunting UNTIL they needed to call attention to something out of sight, something yesterday, something tomorrow. Then a symbol was needed, and the symbol was a spoken word.

That was perfectly natural. The caveman didn't choose colored pebbles or scratches on the ground to be the symbols that represented objects to him. He chose *sounds* because his hearing was his most highly developed sense. It was his survival sense, his scanning system. He relied on his ears for the first warning of danger, picking up sounds from all directions, around corners, in the dark, through walls. His ear placed against the ground could detect sounds from far away. His ears were always alert, even when he was asleep. He would wake up at any hint of danger—just as today a parent wakes up at the first cry of the baby, or the tiptoed steps of a teenager coming in late.

The cavemen and women invented speech when they wanted to leave messages or make plans. Presumably they began with naming concrete objects, and moved on to abstractions. Languages evolved with different grammars and vocabularies, and language became the channel for culture. Words transmitted knowledge, intelligence, education. For more than 2 million years, *listening* has been the chief way of learning.

In the early years of a person's life, listening is still the first way of connecting meanings to words. A baby can stop when he is told "No" as early as 10 months. He can respond to "Give me that" by 15 months. Soon after that he can point to his own nose, eyes, and hair. But his brain is not ready for him to start speaking his own words and phrases until he is close to 2 years old.

After the age of 3, language is the most important tool a child has. If he does not have adequate use of language, then he continues to communicate through pointing, gesturing, and "body language." If language develops normally, he uses it to discover more and more about the world he lives in, to develop concepts and ideas about the world. He uses it to express his feelings and opinions, to transcend the "now" world of things he can see and touch in order to talk about things which are out of sight in another place or another time. Eventually he uses language to reason and to discuss ideas.

But in order to use this amazing tool of language properly, a child must have an intact nervous system. He must be able to *receive* language: listen and hear; understand what he hears, and store it away in his memory bank, ready to be recalled and used later, (the same system of sorting out . . . differentiating . . . integrating . . . remembering . . . which applies to every mode of perception). He must also be able to *express* language; find the right word in his memory bank and speak it correctly—but this skill depends partly on having heard the word correctly in the first place. Speech reflects hearing. A toddler says "aminal" for "animal" or "pisghetti" for "spaghetti" because he hears it that way. It is amusing in a 3-year-old, but it's a sign of poor auditory perception and "sequencing difficulties" in a 7-year-old.

Good listening is demanded of a child when he enters school. He has spent 6 years listening to:

do's . . . *don'ts . . .*
noisy toys . . .
stories . . . *numbers . . .*
TV . . .
records . . . *songs . . .*
people talking . . .
happy talk . . . *loud talk . . .*
angry talk . . . *gentle talk . . .*

and in the normal way of development he is now ready to sit still, listen carefully, and follow directions.

In kindergarten he is taught many skills which are designed to make him ready. He learns to listen and look. He learns to count—although he probably won't be able to remember his own telephone number until he is 7, and he may not yet comprehend that four is bigger than two even though he sees that two here, and two there, make four when they are all put together in one pile. If his teacher taps her drum three times, he learns to answer with three taps on his own drum. He learns to speak clearly. If he is still saying "aminal," he now learns "animal" as if it were a brand new word, and he puts it in a new place in his memory. Most important of all, he learns to follow directions.

What does this involve?

First: *a child must be able to stay still and pay attention.*

Second: *he must hear all of the directions so as to get the main point and know what he is supposed to do. This also means understanding the sequence, getting the details in the right order.*

Third: *he must remember what he's heard—the main point of it and the parts of it in their right order.*

Fourth: *he must translate it all into terms of himself, organize himself accordingly, and turn those instructions into action as he carries them out.*

The child whose nervous system is developing at an uneven rate may meet his first troubles in the area of sounds. He finds himself bombarded with noises, and he pays equal attention to them all, slow to sort out the meaningful ones from the background. He may not talk until after he is 2½ or 3, and then he may use only a limited number of words with no connecting links. When he gets to nursery school and kindergarten, he may not be able to repeat a sequence of three claps after the teacher. He may not understand what his teacher says to him because he got distracted when a fly flew by his face, or he may have heard the first part fine but started thinking about that instead of listening to the rest, or he may have heard it all but forgotten it right away, or he may have confused some sounds or not known the words, or he may not be able to get himself organized to do what he's been told. He may be called "willful," "stubborn," or "uncooperative" because he doesn't follow directions.

The immature child, beset by distractions and muddled in his language, has a limited ability to control his environment through words. He cannot make reasoned requests or explain his problems—he takes action. Perhaps his hyperactivity and impulsive behavior become substitutes by which he tries to gain a measure of control over what happens to him, although they seldom work that way. Or, conversely, perhaps his immaturity forces the child to remain in the concrete "now" world of the 2-year-old, and his immature behavior inevitably follows. It's like the question "Which came first, the chicken or the egg?" Does immaturity prevent him from acquiring the language which would allow him to transcend the "here and now?" Whatever the cause, the nonverbal child encounters escalating difficulties at school as he grows older. (See Appendix A: Some Typical Language Problems.)

There is now ample evidence that in any school population there will be some children who are *not ready* for the standard language arts curriculum. Nevertheless, when he gets to school, a child is expected to be able to listen, pay attention and take the second great step in the process of civilization. For more than 2 million years, SPEECH was the overriding skill of man which made all other developments possible. It was only in the last 5 thousand years that a further need arose—the need to say things to people too far away to hear. A symbol was needed for the sound of words—WRITING was invented.

. . . *Listening decodes sound into meaning.*
. . . *Reading decodes symbols of sound into meaning.*
. . . *But writing puts it into code in the first place. This is called* encoding.

To write something down means going into the mind, plucking out a series of visual symbols with sounds attached to them, putting them in the right order (going from left to right) to produce the word you want, then putting several words in the proper order (also going from left to right) to convey the message you want. It takes *more* organization, *more* differentiation, *more* remembering, *more* sequencing, *more* integration than reading or many other skills. It is one of the most sophisticated activities devised by the human brain, and it clearly demands maturity. Whereas a child may be able to read on an adult level as early as 3rd or 4th grade, it is a very rare child who can write well, with precision, clarity and expression, before the 7th grade.

The learning disabled child with all his disorder, his visual and auditory problems, his connecting problems, is indeed defeated when faced with having to produce the written language. It has been the experience of many special classes and special schools that even though a child may reach or surpass his grade level in reading, arithmetic, and language, spelling will still tend to stay below grade level. It seems to be the last residual area that needs remedial help. (See Appendix A: Some Typical Spelling Problems.)

To compound his other problems of writing, this child usually has bad handwriting too. This is the child whose immaturity causes him to confuse his left and right sides, who has trouble crossing the midline, trouble tracing letters, trouble staying inside the lines . . . the child who leaves no space between letters and words and who can't visualize which way the letters go, what the letter looks like—much less a series of letters. This is the child who doesn't capitalize the beginning of a sentence and rarely uses a punctuation mark. Punctuations are visual symbols that have to be remembered, that mark endings, or represent pauses (that a child with poor timing doesn't have). This is the child who presses too hard, or not hard enough, on his pencil. This is the child whose thumb does not help to maneuver the pencil—he has to use his whole arm to write. (This is known as visual-motor difficulty, small motor difficulty, or eye-hand coordination difficulty.)

The child who has severe difficulty with handwriting is often the child about whom the teacher says: "It's as though his brain shuts down when his hand has a pencil in it." All his energy goes into the writing, and there is none left over for thinking. (See Appendix A: Some Typical Handwriting Problems.)

It is not infrequent that one finds a learning disabled child whose handwriting is extremely legible, well formed, and neat. He does not have visual-motor or fine-motor difficulties, but he still may not be able to spell—or read. His good handwriting ability can then be used to help him learn to read.

The child that puzzles many teachers is the one who can't remember which way the letters go (he reverses them and rotates them), yet he may be able to draw very well indeed. His problems are much more related to his visual perception than to eye-hand coordination.

The writing down of math problems causes many learning disabled children the same trouble as the writing down of letters and words. The number 14 becomes 41; 6 and 9 get mixed up, so do 2 and 5, 3 and E. Then 7 comes out looking like r, and 4 looks like a swastika. Somehow the child simply cannot picture in her mind what the number looks like and thus can't write it.

A child may be very talented at mental math but defeated every time he has to write down his answer or work out his processes on paper. In long division and long multiplication problems, he gets his figures in the wrong columns. Signs like + and × are hard to differentiate and even harder to reproduce, and a page with too many problems on it is too confusing. This brings wrong answers due to visual perception problems plus eye and hand not working together rather than failure to understand the math—although many learning disabled children do have a problem of understanding math.

To begin with, a child must understand that one object = 1, that one person = 1, that one symbol = 1. If a child cannot separate himself out from the environment to become a single self, how can we expect him to gain an understanding of this "one to one correspondence" or "one to one association"? Yet how can we proceed in math without it?

Counting is at the root of all computation. Adding is a shortcut to counting forward; subtracting is a fast way to count backward. Therefore, since addition and subtraction are counting forward and backward from a given point, then multiplication is counting forward in groups and division is counting backward in groups. Counting is sequencing. Counting is ORDER. The learning disabled child cannot remember sequences. He has DISORDER.

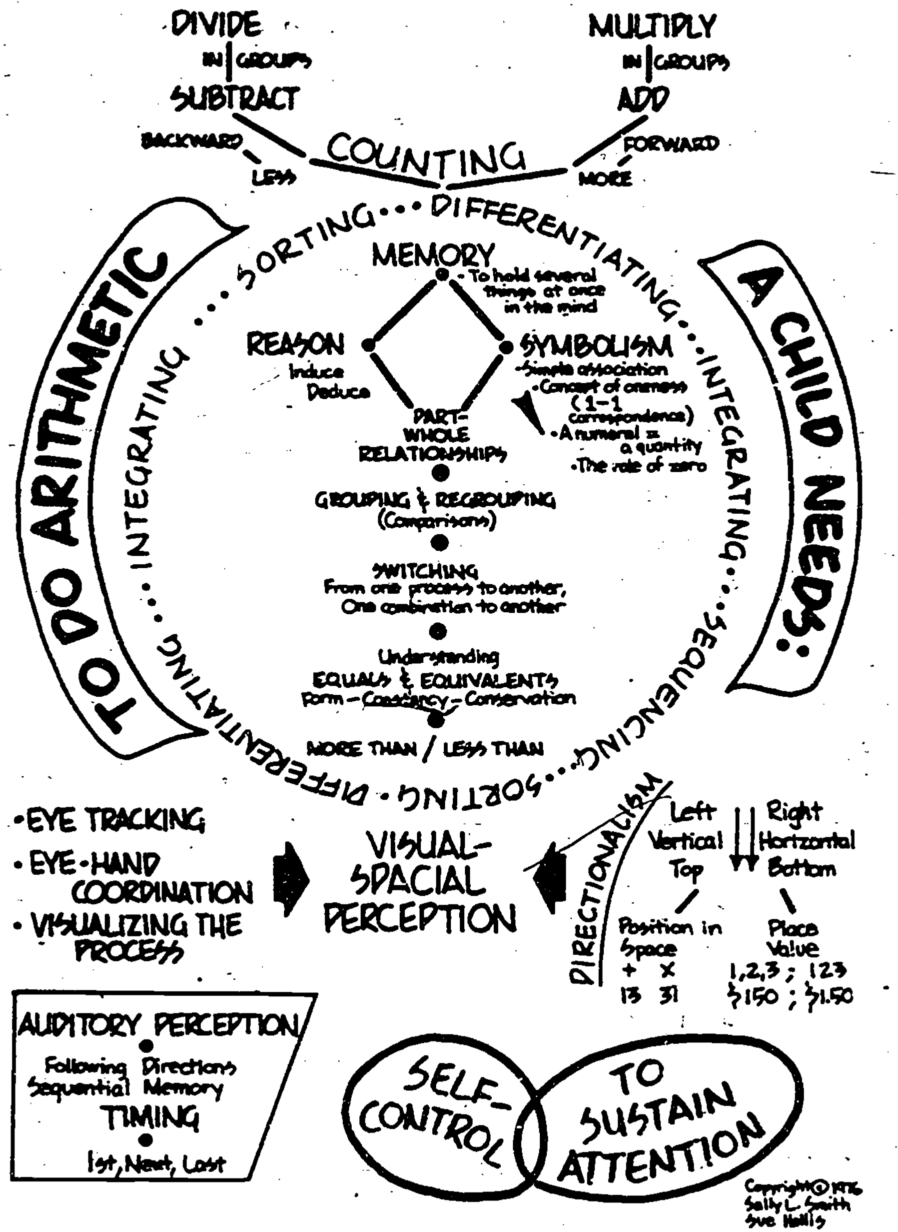
The concepts of *more than* or *less than* are dependent upon our perceptions of larger, longer, big quantities, as distinct from smaller, shorter, little quantities. How do you know that 3 is bigger than 2? You have to ~~understand one~~ in relation to the other. Math consists of seeing relationships, and that's what many a learning disabled youngster can't cope with; he can't group one set together as distinct from another set. It takes focus on the main principles, the binding force, and disregarding unessential information.

For the One Way Kid, math may be very upsetting. Four plus 6 is the same as 5 plus 5 is the same as 9 plus 1, and we know that in his pure sense there can be no equivalencies and alternatives until he has matured somewhat. We know that the inflexibility of the learning disabled child makes it hard for him to shift gears, to switch, and, yet, much of math is switching from addition to subtraction and multiplication. What if Maria is asked this word problem: "Mrs. Brown had five apples in the cellar. She had twice that number in her kitchen. She bought a dozen more at the store and gave six to the neighbor to make an apple pie. Her little boy ate three of the apples in the cellar. How many apples did Mrs. Brown have left altogether?" Even if Maria had no language problems, even if she had no problems clearing away extraneous information, still she might have considerable difficulty translating a dozen, figuring out which computation process to use, and then switching from multiplication to addition to subtraction. And what if she had memory difficulties?

Holding in the mind several things at once, remembering them, and integrating them are part of math. Sheer rote memory is part of math, such as memorizing the multiplication tables, and many learning disabled children have no rote memory; then there are some who do have rote memory but can't understand the principles. The very concrete child can only reason on the basis of what he sees and in regard to objects he can move around. He cannot deal with abstractions and numbers are very abstract!

There is the learning disabled child who does superbly in math, as opposed to reading and spelling, if the math problems are read to him. Speculation points to his superior reasoning and memory as the forces that make this possible. But, also, numerical symbols, once learned, mean a fixed set of things. Number 4 means a certain quantity, and there are no inferences, subtleties, multiple meanings as there are with words. (See Appendix A: Some Typical Arithmetic Problems.)

The same reasoning problems that show up in math may show up in a child's thinking in general. If he has trouble grouping like objects or like numbers, if he tends to get caught up in details and miss the main point, if he has trouble understanding relationships, then he may reason that $4+3+2$ cannot be the same as $5+5-1$ because "one problem has subtraction in it." This may be the


DIVIDE
IN | GROUPS
SUBTRACT
BACKWARD
LESS
COUNTING
MULTIPLY
IN | GROUPS
ADD
FORWARD
MORE
TO DO ARITHMETIC
A CHILD NEEDS:
SORTING ••• DIFFERENTIATING ••• INTEGRATING ••• SEQUENCING ••• SORTING • DIFFERENTIATING ••• INTEGRATING •••
MEMORY
• To hold several things at once in the mind
REASON
Induce
Deduce
SYMBOLISM
• Simple association
• Concept of oneness (1-1 correspondence)
• A numeral = a quantity
• The role of zero
PART-WHOLE RELATIONSHIPS
GROUPING & REGROUPING (Comparisons)
SWITCHING
From one process to another,
One combination to another
Understanding
EQUALS & EQUIVALENTS
Form – Constancy – Conservation
MORE THAN / LESS THAN
• EYE TRACKING
• EYE-HAND COORDINATION
• VISUALIZING THE PROCESS
VISUAL-SPACIAL PERCEPTION
DIRECTIONALISM
Left
Vertical
Top
Right
Horizontal
Bottom
Position in Space
+ x
13 31
Place Value
1,2,3 ; 123
$150 ; $1.50
AUDITORY PERCEPTION
Following Directions
Sequential Memory
TIMING
1st, Next, Last
SELF-CONTROL
TO SUSTAIN ATTENTION
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Sally L. Smith
Sue Hollis

same youngster who at a later age does not understand that cats, alligators, and hippopotami are all alike in that they are animals, four legged, and vertebrates; he can only focus on alligators being in water or hippopotami being fat. He deals with one part of a situation without relating it to the whole. "You're missing the point," is what he hears about himself over and over again. "You failed to pay attention" is another criticism he hears.

It is the sorting out of the essential from the unessential characteristics that causes him so much difficulty. In order to compare two items, he must define the main characteristics and find similarities and differences. He must rely on his ability to classify and categorize which, in turn, demand that he sorts the information properly. If he is to compare a red pencil and a green pencil, he must understand first of all that they are both pencils, having the same function and approximately the same size and shape. The difference is one of color. He has to avoid getting sidetracked by the fact that one may have a broken point and the other may have words printed on it. Organization of information makes possible the drawing of conclusions and the building up of generalizations. BUT the learning disabled child can't do either if he hasn't organized the information correctly in the first place. His assumptions make little sense and can cause him ridicule or failure at school. Many a learning disabled youngster cannot even come up with a simple assumption because he does not yet have the equipment to tie all the information together, let alone attempt a summary or a generalization. This child is often labeled as "preoccupied" or "refuses to try."

If she can't remember facts and she can't organize, how can Mary participate effectively in a discussion on how the American Revolution differed from the French Revolution? And can we expect Mary to be able to predict or foresee the consequences of being a revolutionary? She has trouble with analogies because she can't remember a word or because she can't focus on the prime characteristic under study. "Grass is to green as Snow is to ____" produces an answer of "ice" or "sleds" from Mary, who says what's uppermost in her mind or what relates to her life. Mary is egocentric. Her world does not yet include many things other than herself. She is very concrete, and she reasons about what she sees in front of her, not about abstractions.

"The cause was oppression: The effect was revolution." This kind of statement demands organization. It relates one thing to another—a condition to a consequence, motivation to incidents. It takes a certain maturity to state "this happened because . . . ." The learning disabled child is not a frequent user of connecting links like "because" and "therefore." He doesn't see the effect of his own behavior on others or anticipate its impact. Often, he does not understand why he is being yelled at or punished, for he does not understand the connection between what he did and what happened. This may bring him further defeat at school.

The ability to make decisions, to select choices, to make judgments, rests on being able to weigh several alternatives at the same time, compare them, and choose the one most appropriate to the situation. One alternative has to be seen as more valuable than the others. But the learning disabled child, bombarded by too many impressions at once, cannot tell what values to apply, is overwhelmed and thrown into a greater state of DISORDER.

Delayed and uneven maturation
  causes
    delayed and uneven perception
      causes
        delayed and uneven conceptual growth.

Often, the learning disabled youngster has average, or above average, reasoning abilities, but he cannot put them to good use when his perceptions of situations are off. He fails at school not only on the evidence of his work sheets, but by failing to demonstrate good reasoning and intelligence. (See Appendix A: Some Typical Thinking Problems.)

Defeat means losing. The learning disabled child is much too frequently a loser at school because the people around him don't understand what's preventing him from learning. Often he's trying his heart out while the world tells him "You're not trying hard enough." He's doing the best he can and we tell him he's not. (See Appendix A: Some Typical School Problems.) He wants to win over all his shortcomings, and it's up to us to find ways to help him do so.

CHAPTER EIGHT

Why?

It is not because the parents haven't tried.

It is not because the parents don't care.

It is not because the child is stubborn.

It is not because the child is dull.

It is not because the child is lazy.

It is not because the child is spoiled.

Why does a child have learning disabilities?

They do not occur for these reasons. There is no known simple explanation.

. . . there is no one cause

. . . there seem to be many that are held responsible for learning disabilities

BEFORE BIRTH

maternal malnutrition

bleeding in pregnancy

poor placental attachment to the uterus

toxemia in pregnancy

infectious disease of pregnant mother—German measles, a virus disease, influenza or a chronic disease

alcoholism during pregnancy

the taking of certain drugs during pregnancy

RH incompatibility

DURING BIRTH

long or difficult delivery producing anoxia (not enough oxygen in the brain)

prematurity

cord around neck or breech delivery

poor position in the uterus

dry birth where the water broke prematurely

intracranial pressure at the time of birth due to forceps delivery or a narrow pelvic arch in the mother

rapid delivery exposing the infant too quickly to a new air pressure

AFTER BIRTH

length of time to produce breathing after birth (often with prematurity, difficult delivery or twins)

high fever at an early age

sharp blow to head from fall or accident

meningitis or encephalitis

lead poisoning

drug intoxication

oxygen deprivation due to suffocation, respiratory distress, breath holding

severe nutritional deficiencies

HEREDITY

There are many families in which reading disabilities can be traced through several generations. Usually the father, an uncle or other relatives had the problem.

It is not worth agonizing over which of these factors produced the problems of a particular child. It might be something else not even mentioned here, not known yet! Placing blame, pointing an accusing finger, feeling overwhelmed with guilt, giving way to fear that some thoughtless action produced a child's learning problems have never been found to help parents help children with the problem. Sometimes it temporarily helps teachers (who feel totally frustrated by the learning disabled child) to blame parents but that doesn't help the children either. Teachers, like parents, usually wish to do the best they can for each child and often seek an easy cause that can be remedied fast. The causes of learning disability are beyond teacher control as they are beyond parental control.

All races, religions, economic classes . . . fat, thin, tall, small . . . youthful parents, older parents . . . have produced children with learning disorders.

In proportionately very few cases have doctors found evidence of actual brain damage. In fact there are many brain-damaged children who do not have learning disabilities. There are scientists who are working in the area of medical computer science to detect signs of brain damage or dysfunction which previously could not be monitored; these clinicians hope that, by locating exact areas and types of dysfunction in the brain, more precise treatments will be possible. The Quantitative Electro-physiological Battery (QB), currently being used at the Brain Research Laboratory of New York Medical College, holds out many interesting possibilities, but it does not yet provide any total answers. Some neurologists point out that stroke victims, adults who have suffered damage to their brains, those with cerebral palsy, show many impairments of language and thought similar to those of children with learning disorders. There is a theory that learning disability is simply "an extremely mild and narrowly selective form of cerebral palsy." In a special school educating only intelligent children with learning disabilities, there were 56 children. Four of them had known brain damage. But there were 36 who acted just like them; the other 20 simply seemed immature and needed more time to grow up.

We don't know much except that there is a lag in the development of learning disabled children, that their central nervous systems are delayed in maturing. Neurological examinations most often fail to reveal any medical evidence that would support a diagnosis of brain injury. The absence of "hard signs" of brain injury led the medical world to believe that the constellation of "soft neurological signs" had to be noted. This is what led up to such medical terms as "minimal cerebral dysfunction," "minimal brain injury," "minimal brain dysfunction," (MBD).

The soft signs are such conditions as:

persistence of some primitive reflexes of central nervous system which should no longer be present after certain ages

distractibility (lack of concentration)

hyperactivity

impulsivity

perseveration

inconsistency
left-right confusion
irritability
talkativeness
awkwardness
poor speech
social immaturity

Scientists, neurologists, neurophysiologists are right now seeking answers to the causes of neurological immaturity, what's responsible for this maturational lag that we currently call "learning disabilities."

There are those specialists who say that the cause doesn't matter; we must focus on educating the child. True, we must reach the child early and give him readiness. We must find ways to teach him to do the things he cannot do. There are those specialists who say that the cause *does* matter for then we will be able to treat the child faster and more efficiently. It is possible within the next 5 to 10 years that advances in neurochemistry and neurophysiology will pinpoint the dysfunctioning parts of the brain. When more precise localization of brain anatomy is correlated with various thinking processes, masses of research will have to be done to determine which part of the brain responds best to what type of education. At this point, there are no sudden cures, no easy answers.

The learning disabled child needs more time to grow, more time to do his work, more time to learn. He must work hard. His parents and teachers must work hard with him and provide him with the supports he needs in order to learn properly and to behave appropriately. Those are the only reliable cures at this point.

The field of learning disabilities, which did not become a recognized field that received Government grants until the late nineteen sixties and early seventies, faces many unanswered questions about causes.

Why is there so much learning disability today when there was not 10, 20, 30, 50 years ago? Part of the explanation may lie in the fact that these children were dumped into already established categories of "mentally retarded" or "emotionally disturbed." Many learning disabled children are still being written off as "culturally deprived." Disadvantaged conditions and poor schooling are cited as the causes of learning disabilities in inner-city children. Sometimes they are. However, insufficient account has been taken of the effect of high fevers, malnutrition, lead poisoning, maternal malnutrition, lack of proper prenatal care, and similar factors which may contribute to learning disabilities, causing poor performance at school.

In fact, there may not be more cases today, but more recognition of the problem. There are some specialists who claim that, until the advent of miracle drugs and the widespread use of antibiotics, many learning disabled youngsters died of respiratory ailments before they ever reached school age.

It is also possible that the one-room schoolhouse of yesteryear allowed for slow maturing. There were heterogeneous groupings which allowed a child to proceed at his own pace. In the early years of this century, as the frontier disappeared and Americans moved toward the cities, mass education took on a vast, new importance. Public school systems burgeoned, paralleled by the growth of public libraries, and standardization of education at all levels became the new order. No longer could parents direct their children's education as they saw fit. The rise of modern industry required standardized human components in its management, and our upwardly mobile society came to see education as a measurable step to individual success and to a prosperous, enlightened Nation. Only in a culture obsessed with education would the failures at school be considered as disabled people.

Our national panic when Russia launched "Sputnik" in 1957 was merely the latest phenomenon in the trend to standardization, now seen on a worldwide scale. The American public, worried that the Russians were smarter, more educated, more efficient than we, exerted pressure on the educators to hurry up. Out went a lot of the "play" in nursery schools and kindergartens; letters and numbers replaced motor activities in many preschools. It is possible that the child who needed more time, more sensory-motor activities, was deprived of them, and his development lagged further. As our population becomes more concentrated in cities and suburbs, our schoolrooms have become more crowded. We are surrounded by BIGNESS—the bigness of Government, of cities, of buildings, of business, of supermarkets, of jumbo eggs and giant-size aspirin. The standardization of quantity rather than quality often determines our values: how much we own, how many high grades we have, how many correct answers.

A child cannot always conform within the given time period and, too often, is then classed as a failure. Perhaps because of the uncertainty of our times, the rapid changes in lifestyles, the vanquishing of accepted traditions, we have become more dependent on "the right answer" than before and less tolerant of individual differences. The child with a learning disability, under this pressure, may become so burdened with defeat and failure that he doesn't even learn at his own pace and thus widens the gap.

There are those who subscribe to the theory that our polluted air and rivers—noise—our unclean environment—have contributed to the increase in delayed development in our children. Some believe that insecticides and pesticides pollute our children's brains.

Are there more children with immature brains today? We don't know. If so, there is no easy answer as to why.

Why are boys affected so much more frequently than girls? The ratio is seven to one nationally, and some believe that it is ten to one. There are theories that the male organism is more vulnerable at birth, more prone to injury since the infant mortality rate is much higher among boys than girls. Some theorists claim that the male fetus is somewhat larger than the female and thus is more susceptible to injury at birth. One researcher claims that male heads are larger and so have more trouble exiting at the time of birth. We don't really know.

Why is the learning disabled child much harder to manage and teach in hot, humid weather, before storms, on very hazy days and, some say, when there is a full moon? Educators have noted that weather and seasons affect their performance, but nobody yet knows why.

Is there a connection between hypoglycemia (low blood sugar) and learning disabilities? So far, no substantive connection has been proven.

Doctors have noticed a significant relationship among allergic reactions and hyperactivity and learning disabilities. Some of them have treated the children with antihistamines, corticosteroids, and megavitamins, and some of the children experienced relief from allergies which decreased hyperactivity and improved learning; some did not. This did not provide any general answer.

A few years ago, there were doctors who felt that these children had a vitamin B deficiency or some other kind of vitamin deficiency, and many of the children were pumped full of vitamins with no significant success. There are always a few children who improve dramatically, but, for any cure to be more than a panacea, it has to cure many. So far, it hasn't.

There are a few specialists, convinced that the learning disabled children are lacking in protein, who recommend a high protein diet (much red meat, eggs, soybeans, etc.) Although some youngsters have demonstrated more energy to learn as a result of this, no known instant school successes have resulted from this treatment. Some doctors state that high protein diets are dangerous and can cause metabolic imbalance.

A current theory is that food additives cause hyperactivity and therefore many cases of learning disability. The child is put on a special diet, monitored constantly, and, in a number of cases, has improved. Still, there is no definite proof of this connection and no clear evidence that food additives cause learning disabilities.

There are some educators who believe that learning disabilities do not exist; that there are simply unmotivated children. Others believe there are merely undisciplined students. Their remedies follow their interpretation of the causes. Every once in a while a child improves under their care, but these "hard-liners" do not have the answer for children with learning disabilities in general.

Today, big money can be made by taking advantage of the prevalence and seriousness of learning disabilities. Along with excellent schools and treatment centers, a number of "instant remediation" parlors have opened. From pinching ears, to systematic yelling, to acupuncture, to transcendental meditation, to tactile treatments, to patterning of one sort or another, to helium experiences, parents are being promised substantive help by fly-by-night groups. All kinds of causes are enumerated, and these entrepreneurs usually make parents feel responsible for the problem as well as for the success of the treatment.

In our culture, where speed is a supreme value and where we prize the frozen dinners, the freeze-dried coffee, the soup can, we grab for the instant answer. Unfortunately there is no one way. There is no easy answer.

CHAPTER NINE

Parents

July 17.

Dearest Joan,

I can't tell you how much I'm looking forward to your visit—it's been 8 years since the last one. I'm glad your family is growing well—I wish I could say the same.

Henry is almost 9, and I feel 90. You remember how sick he was as a baby when you were here last? Well, he kept that up for 2 years—colds, croup, ear-aches, bronchitis—never properly getting over one before he came down with another. It seemed like he never had time to just plain grow like other children. Bill was an angel—he did extra things with Rosie while I coped with Henry.

Once he walked, Henry always looked battered because he kept falling. I used to carry a silver 50-cent piece to press on his bumps to keep them from turning black and blue. He walked and talked at the normal age, like Rosie, but he was different. There was a pain deep inside me that just ached for this child—and it still does. Everything seemed so hard for Henry, though he was full of smiles and spark. Too *much spark. He was everywhere and into everything—still is. I could lose him in a flash. One time I ran upstairs to get a clean pair of rubber pants, and, when I came down, the front door was open and Henry was in the middle of the street with a police car stopped and a policeman about to pick him up and look for the right house! Now he climbs way up high in trees and can't get down, and it terrifies me.*

For 8 years, Joanie, I've lived with a pit-of-the-stomach fear that something will happen to him. It's a desperate feeling of "Oh my God—what will go wrong next?" I dread every time the phone rings. Bill's folks say, "A few good spankings will set him straight." Mother says I just need patience. Dad says, "What are you trying to do—turn him into a sissy? He's all boy." I'm trying everything I know how to do. I'm exhausted from trying. But when I take Henry out, people look at me askance and say, "Lady, do *something about this child."*

His nursery school teacher said I babied him because he couldn't button or zip, and his clothes were forever falling off. His kindergarten teacher said I should discipline him more because he was too lazy to learn his letters and numbers. His first grade teacher called one parent conference after another. I tried to help Henry sit still and learn his letters. At the same time, Rosie complained that I was never that easy on her, *and she hassled Henry half to death, telling him, "Just* try, *Henry. You're not* trying!" *Bill and Rosie and the neighbors all told me I spoiled him, so I tried to be tougher. I took away the TV, which was the only thing he enjoyed, but he cried all the time and seemed more babyish than ever. I couldn't make him be more independent because he had so little to be independent* with!

The pediatrician says not to worry, he's a "late bloomer." The eye doctor says he sees well. The Hearing Society gave some routine tests at school and tried to tell me he was deaf—and it took three ear specialists and an audiologist to prove that he wasn't. Now we've been sent to a psychiatrist who makes both Bill and me feel like the most inadequate parents in the world. He's asking us if our marriage is OK, and I sometimes wonder if it is! We've stopped going out or seeing friends. Henry is repeating second grade, and Bill has a session with him every night because he says I molly-coddle him. He shuts the door but I hear his voice getting louder and more impatient, then Henry crying and the books being slammed down on the table—and I wonder if our life will ever be good again.

I'm angry. Joanie, I hate the world for doing this to us. I wish we could just pick up Henry, get on a boat, and take him clear away from it all. Do you understand that we love this handsome little boy and we don't know what to do? He doesn't sit still and he can't do his school work. And yet he talks so intelligently (such a big vocabulary!), and he describes things wonderfully. He is *intelligent. Do you know he's called "dumb-head," "retard," "spaz" by the other children! I don't know which of us is crying more—Henry or me. Bill is carrying so much responsibility at the office that I try not to burden him with too much of this.*

It will be so good to have you to talk to, and I'll try to make your visit a good one. I promise.

Love,
Sue

Henry's mother feels **DRAINED**
BLAMED
GUILTY
HELPLESS

CONFUSED

ANXIOUS
UNCERTAIN
ATTACKED

AFRAID

. . . . ALMOST ALL PARENTS HURT WHEN THEIR CHILDREN HURT . . . .

Feelings are as contagious as a cold. When someone you care about feels depressed, you usually catch it. Have you had the experience of feeling cheerful when suddenly your child comes in brimming with anxiety and before you realize it you, too, are anxious? Or perhaps you have felt the deep injustice your child feels, the rage, the unmitigated fury. We all tend to overidentify with our children and feel their bruises with them. When the child is failing at school, when he is being teased and bullied, when he is friendless, or lonely, the hurt that a parent feels is almost unbearable. Sometimes, we take on the child's feelings and build from there, overreacting on his behalf. We know from his gestures, the way he walks, the manner in which he enters the car, the way he asks "What's for dinner?"—how school went that day.

Usually mother is home far more than father. She becomes more involved in the daily ups and downs, has to cope with the instant frustrations, the anger, the sadness. She worries constantly. The learning disabled youngster has so many defeats that he tends to feel bad about himself, and the person on the front line, probably his mother, feels defeated too.

Father, on the other hand, may not come home until dinner time, and he doesn't see the child so much. It's usual that at first he feels his wife is exaggerating the child's difficulties and that she's overconcerned. Then it's typical for a father to feel that stricter controls, more rewards and punishments, harder work, will take care of the situation. When it doesn't, and when the specter of learning disabilities raises its head, the father may have more difficulty than the mother in accepting it—particularly if it is a *son* who is in trouble. The dreams of achievement, Little League, a better livelihood than his, and all the unmet hopes he had go into a father's pain. The defects of the child overwhelm many fathers (and plenty of mothers, too) and they, too, feel defective.

A significant number of disabled youngsters are adopted. Presumably, they were affected by maternal malnutrition, poor maternal care, not enough oxygen at birth, and many other such reasons. Their parents, who have suffered the anguish of not being able to conceive a child themselves, hurt even more when faced with the child's defects—they tend to feel even more inadequate. Sometimes, however, they feel less guilt because, in fact, they did not give birth to the youngster and do not have to torment themselves looking for causes.

What do people do when they hurt?
Some people eat a lot.
Some people drink a lot.
Some people work a lot.
Some people fight a lot.
Some people withdraw.
Some people pity themselves.
Some people reject what is hurting them . . .

Rejection can take many forms when the hurt is caused by a child. It can take the form of too little care . . . too much care . . . too little concern . . . too much concern. Pain makes people anxious and sometimes unreasonable. A whole lifetime of resentments can be dumped on a child. Fear for the future of a child can loom threateningly large and be dumped on him. But most parents of learning disabled children have anxieties that are realistically based on their day-to-day experience. Parents can't anticipate the behavior of their learning disabled child; they can't explain it in the light of their own childhood experience or their understanding of their other children. Since they don't know what to expect, they remain anxious and off balance.

Eleven-year-old Max was late coming home from school one day. His mother was nervous. "Why hasn't he called?" Her mind ran to an accident. "He doesn't always look when he crosses the street." Then she heard an ambulance siren and stood frozen to the spot. A moment later she was running fearfully into the street, only to see Max ambling happily along, tenderly stroking a wounded bird. All she could do was explode at him. Max, in turn, yelled a bad word at her and stomped off with his bird, while all the neighbors watched.

This has happened to many parents, but with a learning disabled child it happens more often, more intensely, and for a longer period of time.

It's a two-way street. Parent's anxieties are just as catching as a child's and may cause a youngster who hasn't been particularly worried about himself to become suddenly terrified that something is dreadfully wrong with him.

One vacation morning, Patrick, aged 10, woke early and went down to the hotel dining room ahead of his parents. He asked the waitress what was for breakfast.

"Read the menu," she replied, curtly.

"Do you have scrambled eggs?" he pursued.

"What's the matter with you!" she snapped. "Can't you read the menu, a great big boy like you?"

Patrick could not read the menu. His face was pale and tearstained when his mother joined him a few minutes later. He didn't want to tell her what had happened, but when she coaxed the story from him, she was absolutely furious. Over Patrick's protests, she bawled out the waitress and called the manager. Patrick was mortified, and his half-formed doubts about himself were devastatingly confirmed by his mother's overprotective overreaction.

Another mother might never have given Patrick the freedom to go down to the dining room alone and take his chances with a bad-tempered waitress. She would have seen to it that each step of his day was planned, made fully manageable to him, and supervised. By providing the organization and foresight that he lacked himself, by buffering him against the insensitivity of other adults or the cruelty of other children, by taking over, she could easily have created a world for him in which he had no initiative, no privacy, no breathing space. This is a mother whom teachers and doctors call "intrusive." With the best of intentions, she leaves no room for a child to develop his own personality, she tries to absorb all life's bumps *for* the child, and prolongs his infantilism.

It's hard enough for *any* parents to accept the fact that they have a learning disabled child, but for some it becomes an almost overwhelming tragedy. This seems to be particularly true of families who are highly intellectual, whose whole world is tied up in abstractions—and the child is left out. It is often true of parents who are authors, journalists, playwrights, whose lives depend on writing and whose pleasure lies in books, who see their child excluded from the world of literature and words. It is true, frequently, of educators whose lives are devoted to academic excellence, who admire scholarship and value degrees, who feel that fate has slammed the door on their child's fulfillment. It seems especially hard for these families to accept the child at his own level, to nurture those areas of his intellect and imagination which are not defective, and to enjoy him for the qualities which lie outside his mind.

It seems especially poignant for the family of twins, where one twin is perfectly fine and a constant reminder of what the learning disabled one might have been. Parents suffer in a special way when their learning disabled child is the eldest one, and they find themselves holding the younger children back, trying to instill in them the need for respect for the eldest one, trying to gain time for the learning disabled one before he is inevitably overtaken and surpassed by the brothers and sisters. It is just as hard, in another way, when the learning disabled child is the middle one, the odd man out, surrounded, and surpassed academically on both sides. Parents feel a special ache when it is their last child who is learning disabled, when they see him left way behind by the others, turned into an only child. In some ways, it is hardest for parents to bear when he *is* their only child, the repository of all their hopes and dreams. It is almost irresistable to push him a little more, tutor him a little longer, urge him to try a little harder. Sometimes parents try consciously to avoid putting pressure on the child, without realizing that the shape, the pace, and the tension of their lives are in themselves a form of pressure.

A learning disabled child can provoke intense emotions in his brothers and sisters and complicate their lives in ways which they will inevitably resent at times. They had wanted a perfect brother or sister whom they could be proud of and stand with, shoulder to shoulder, against the world; they never find that anyway! However, now they are in the position of always having to "explain" the invisibly disabled child to other children. For, just as parents are blamed for the unacceptable behavior of their learning disabled child by neighbors and shopkeepers, so brothers and sisters are often held responsible by their peers. A youngster may feel very resentful at being labeled "Weirdo's sister," or at having a child she scarcely knows come up and say, "Hey, do you know what your brother did?" or "Is your sister dumb or something? She can't read!"

The other children in a family may feel a little neglected, and they envy the learning disabled child for the extra time and attention he gets from their parents. His illnesses, his school problems, his messiness, his incompetence, may appear to brothers and sisters as an unfair source of privilege. They don't see that mother makes concessions to the learning disabled child at certain times so that frustrations and commotion can be avoided, so father can unwind from a hard day, dinner can be enjoyed, and the whole family can be at peace together.

They may feel put-upon when they are urged to include the learning disabled one in their play and their free time activities. He has few friends of his own, and it is natural for parents to seek occasional relief, to expect cooperation and a sharing of responsibility from their other children. But he can be such a drag to take along! They have to watch him every minute to see he doesn't hurt himself, destroy someone else's possessions, or disappear. He wrecks any hope of making new friends that day. They can't go far or move fast. Or little sister may be perfectly behaved, but she doesn't understand the simplest things and they have to spend so much time explaining. . .

They may feel mean and guilty for feeling this way because they really do love their brother or sister. They care deeply about him underneath the irritations. It's a rare family where the siblings are not extraordinarily understanding at times and where they don't come through in emergencies. We can't expect more. They must come to terms with the problem in much the same way their parents do.

There are stages that parents go through with their perfectly normal-looking, intelligent child, who doesn't learn or behave as other children his age do.

It's a shock to see things going wrong.

It's a shock to hear that all is not well.

It's a shock to have to face up to these difficulties.

It's easier to deny it all, and it's normal to begin with that reaction. A whole gamut of emotions must be faced before parents can grapple effectively with the stark truth of a child having learning disabilities. There is no set order to these feelings. Usually they start with denial and, most often, end with acceptance and hope.

DENIAL...
My child doesn't really have anything wrong with him.
He only needs more time
more understanding neighbors
a better teacher
a better school
These people don't understand him.
He's just the way I was.
There's nothing basically wrong.

FLIGHT...
These doctors jump to conclusions. We're going to see another specialist.

They're only out to make money with more tests and more examinations.

They probably get a kickback from the other doctors they recommend.

We have to fly to the East (or the West).

There's a new specialist with a good reputation.

ISOLATION...
Why doesn't anyone care?
Nobody seems to understand.
Why can't they make allowances?
He's much more interesting and unique than most children.

GUILT...
Why me?
What did I do to him?
Why is God punishing me?
How could I have made life better for him?
If only I hadn't let him bump his head,
If only I had kept him from catching
measles,
If only I had played with him more,
If only I had been more strict,
If only I had talked with him more.

ANGER...
Doctors don't know anything!
They should have caught it earlier!
That teacher is out of her mind!
These psychologists are for the birds!
I hate this neighborhood!
That child makes a monkey out of me!

BLAME...
You baby him.
You're the one who spoils him.
You don't make him take responsibility.
We never had anything like this on my
side of the family!
This child is just perverse.

FEAR...
Maybe it's worse than they say.
Is he retarded and they won't tell me?
Is it a progressive disease?
Will he ever be able to marry?
have children?
hold a job?

ENVY...
Look at those other kids. .
They don't know how lucky they are. .
Everything comes easy to them. .
How did they become so popular?
We're better parents. .
It's not fair!

BARGAINING . . .
Maybe he'll be OK if we move.
Maybe he'll do fine in third grade.
Maybe if we stay home more he'll be OK.
Maybe if we send him to camp he'll shape up.
Maybe if I work with him every night he'll be OK.
Maybe if he goes to visit his grandparents he'll pick up.
Maybe if. .
I'll do anything to help him. .
Oh God, what can I do?
Maybe if. .

DEPRESSION . . .
I've failed him.
I'm no good.
No wonder he can't make it.
I can't either.
The world's no good.
I'm no good.
There's no hope.

MOURNING . . .
Think what could have been.
He might have . . .

ACCEPTANCE AND HOPE
OK.
So he's got learning disabilities.
What can I do to help?
How can I make him feel better about himself?
What are his strengths?
What are his interests?
We'll make it!
It will just take time and some concerted efforts.

OK. So your child has learning disabilities! As a parent you have the same choices your child does—to pity yourself or to do the best with what you have and work hard at it.

Can a learning disabled youngster make it in the adult world? Most of them grow up to be achievers. Many youngsters never excel in reading, and a huge number are poor spellers, but they still become successful in business, mechanical fields, architecture, the arts, and many other occupations. Some become exceptionally creative, imaginative problemsolvers (while others, of course, do not). Some have become doctors, scientists, inventors, generals. Harvey Cushing, brain surgeon; Paul Ehrlich, bacteriologist; William James, psychologist; President Woodrow Wilson; Vice President Nelson Rockefeller;

General George S. Patton; all these famous men are known to have suffered from one or more learning disabilities which they overcame, or compensated for, or simply learned to live with in adulthood.

Today, more than ever before, there is great hope that a learning disabled child will be able to function effectively in our society. We know so much more than previously. More professionals, as well as parents, are becoming alert to the problems of the learning disabled child earlier in his life. It used to be that a youngster's problems would not be recognized until the sixth grade unless they were very severe or unless they were mixed up with disruptive behavior. Now they are likely to draw attention in the second or third grade, and it certainly should be no later. Most services are becoming available to both the children and their families.

There are pockets of ignorance all over the country, and, in those cases, the first place for parents to seek help is the Association for Children with Learning Disabilities (ACLD) which has branches all over the Nation. In Washington, D.C., "Closer Look," an organization funded by the Department of Health, Education, and Welfare, has been supported by the U.S. Government to help parents find the help they need for their children. There are other organizations which also exist to help parents. (See Appendix B: Helpful Organizations)

Parents want and need information on learning disabilities as well as reassurance. A few good books can go far toward clarifying the complicated problems of this human being who is so deceptive in terms of what he can and cannot do. (See Appendix C: A Limited Book List)

If, by second grade, a child is really not doing well, and if a good deal of what has been described in the earlier pages of this book can be recognized, it may be worthwhile at this point for his parents to seek competent professional help. They should find the diagnostic center near them that knows the most about learning disabilities and have the child tested. If they need help in finding such a service, they should get in touch with their nearest ACLD chapter or write to "Closer Look," Box 1492, Washington, D.C. 20013, for information.

If there is no diagnostic center close enough, they should try to find a psychologist whose speciality is testing and who knows the manifestations of learning disabilities. It is important that the results be interpreted to them in detail. **Here are some of the questions they might want to ask:**

What are my child's strengths?
What are my child's weaknesses?
How much disparity is there between the two?
Is any further testing by medical specialists needed?
Is a neurological examination advised?
Will educational treatment alone be enough?
Does my child need a special class or *special school?*
Does my child need a tutor?
Does he need an occupational therapist?

Does he need a speech therapist?
Does he, or do we as a total family, need psychological counseling?
Does he need medication?
Which has top priority? And why?
What can the school do? And how can we tell them what to do?
What can we, as parents, do?

The most important thing a parent can do is provide structure in the child's life—order in his space and sequencing in his time. There needs to be a place for everything in his room. If there are not too many things, it is easier to have a clear place where each thing can be put away. Shelves are often preferable to drawers because he can see his things in their proper place, rather than having to visualize what's in a drawer. Structure can be introduced into his time by making him fully familiar with the parts of each of his usual routines—what come first, next, and last. Less common events, like excursions, are explained by steps. "First we'll go to the store in the car; we'll buy the groceries at the store; then we'll stop at Aunt Ruth's house to say hello; then we will drive home again."

The usual routines of the day need to occur at regular times, without too much deviation. It is worth the effort to keep mealtimes and bedtime as consistent as possible, given the vagaries of life.

Choices are best kept at a minimum, since the indiscriminate reactions of a learning disabled child prevent him from sorting out alternatives. At first a parent has to make all the choices, but the child can learn to handle limited choices even though many alternatives may still throw him. If, when he is getting dressed, he is asked, "Would you prefer to wear your red soccer shirt or your blue tee shirt today?" he will probably be able to make a clear decision, whereas the question, "What shirt do you want to wear today?" may produce total inaction or a tantrum.

Getting dressed is a struggle for many learning disabled children not only because of the choices involved, but because of a need for sequencing and order. Here a parent can be most helpful by putting herself in the child's place and analyzing each task. What steps are involved in putting on a pair of socks? In what order do the steps have to take place? What is involved in threading a belt through the loops on a pair of pants? What skills are needed?

Everyday behavior also requires structure. A learning disabled child needs to know more precisely than other children exactly what is expected of him. His parents have to set clear limits for him and let him know what is acceptable and what is out of bounds, patiently but firmly, over and over again. Parents must learn to structure the way they talk to him, using few words rather than many, being very specific when they give him instructions. "Put your puzzle back on the shelf now" will bring better results than "It's time to put your things away." Instructions that are given step by step are easier to follow than a bunch of instructions given all at once. "Go wash your face," followed by "And now brush your teeth," followed by "Now go get your pajamas on," will succeed, whereas "Run along and get your face washed and your teeth brushed and come back down when you have your pajamas on" will only result in confusion.

The way to play with another youngster must often be taught. Because of immaturity, a learning disabled child often cannot play in groups until he is much older than other children. In this case, parents need to "set the scene," provide imaginative and unusual playthings which will entice other youngsters to come over and play, and then structure the games that the children play together.

With careful forethought, parents need to plan for their learning disabled child to experience success. Sometimes they have to step in and save face for him when defeat or humiliation seem unavoidable. When he starts a project it is important for his parents to hold his attention span through each step, long enough to get him to finish the job and once more demonstrate to him that he can succeed. Leisure time, homework, and long-term projects are particularly demanding of a parent's imagination and patience.

Planning, foreseeing outcomes, avoiding debacles, applying a child's emotional brakes for him, providing structure in all areas—these take great stamina and perseverance. Parents of learning disabled children often find that they need more sleep than normal in order to keep their energy and equilibrium at a high level of efficiency.

Sometimes all the structuring in the world does not seem to be enough. This is particularly true if the child is hyperactive and so distractible that he can't focus on anything for more than a few minutes at a time. Then it is often a help if a physician—a pediatrician, neurologist, or psychiatrist—will treat the child with medication. A common reaction of parents to this suggestion is "I'll be darned if I'll let anyone drug my child." But experience has shown that certain stimulant drugs such as Ritalin or Dexedrine make these children calmer and less active, and consequently better able to concentrate. It appears that stimulant drugs help the child to blot out many of the unfiltered messages that come from his senses and his body, and habitually overstimulate him; in so doing they calm him down.

The aim of stimulant drugs is to improve a child's concentration and self-control. The person who can best tell if a certain drug is achieving this effect is the child's teacher. It is common practice for parents and doctors to tell the principal of a child's school, but not his classroom teacher, that the experiment is going on. It is usual that within a day or two the teacher will mention to the parents or the principal that the child has greatly improved. The teacher is not told ahead of time because her fresh reaction, uncolored by any expectations, is needed to tell if the drug is truly working.

Medication is not the right treatment for every child. Drugs have been badly abused in some places in America, especially where schools, not doctors, have prescribed medication for hyperactive youngsters. In many cases, however, medication has made previously impossible children available for learning, able to listen, concentrate, learn, and start up the ladder of success rather than remain on the treadmill of failure.

It is obvious that all children need as much positive reinforcement for their good efforts as they can get. They need to be rewarded whenever they succeed, with praise, a gesture, or some form of [illegible]. But even the best of parents cannot salvage the ego of a child who has tried and failed again in school, in the neighborhood, and on the athletic field. Often a tutor, a special class, or a special school is necessary to provide the therapy needed to make this child feel competent, to show him that he is capable of doing something about himself, that he is the master of his own destiny.

The defeat that is so often met by a learning disabled child can make it hard for him to develop a strong sense of self, and there are times when it is necessary for parents to consult a psychologist or psychiatrist. It is the job of these professionals to help build the ego strength so vitally needed for every child's development. Sometimes play therapy, sometimes an individual therapist who talks with the child, sometimes group therapy can help a child. These methods can help his parents, too, to cope with the reality of living with learning disabilities. The fears, the anger, the guilt, the anxiety that are suffered by both the child and his parents can become better understood and thereby eased. If a child feels victimized by his learning disabilities, or seems totally unmanageable, or very depressed, these are the times when it is frequently necessary to consult a professional counselor. To locate this person, one might begin by checking with the local Association for Children with Learning Disabilities (ACLD).

There are many psychologists and psychiatrists, even today, who do not know much about learning disabilities. Parents need to be aware of this, because a learning disabled child needs structure in his therapy just as much as he needs it in other areas of his life. How do parents find out if a therapist understands the unique problems of learning disabled youngsters? They ask questions like the following ones:

> *What do you look for to decide whether or not a learning disabled child needs therapy?*
>
> *How would you explain the purpose of therapy to a learning disabled child?*
>
> *How do you work with the child who has trouble expressing himself in words?*
>
> *What can you do with a child who can't focus his attentions?*
>
> *Is it effective to work with a child without working with his parents?*
>
> *How do you see the relationship of his low self-esteem to a child's learning disabilities?*
>
> *Under what conditions do you recommend medication?*
>
> *Can you explain to me the relationship of learning disabilities to my child's social problems?*

It may be that the parents have confidence in the therapist to do an initial evaluation but are not sure that this is a person they trust to work with the child and themselves. An evaluation consists of the therapist meeting with the parents once or twice to take down the history and to understand their concerns, having one or two sessions with the child and then an interpretive session with the parents.

After the diagnostic evaluation, parents have a right to ask the therapist or counselor some questions that will given them an impression of how he or she views their child and to see if the evaluation meshes with their own observations. There should be some new information from the evaluation, but they should also be able to recognize their own child. **Here are some questions they might ask at this time:**

> *Can you tell us what you see as our child's strengths and weaknesses?*
> *What would be realistic goals for our child at this time?*
> *How can therapy help achieve the goals you describe?*
> *How would you explain this to our child?*

A therapist qualified to work with a learning disabled child must be able to answer questions like these in clear, simple terms because he will be dealing with a child who has difficulty in processing language. If the therapist is vague, obscure, full of technical jargon not understandable to the parents, it is quite likely that he will not be effective with the child either. He also will not be able to give the kind of support to the parents that they need. If parents do not feel reassured by the answers they receive or do not feel positive toward the therapist, they should set about finding another therapist in whom they can place their confidence.

If the parents are not sure of their own feelings, they should not hesitate to go back and talk over the situation with the prospective therapist once more. One needs a positive, supportive relationship to proceed with the difficult work ahead. Helping the learning disabled youngster is a joint effort; trust in the therapist is necessary. One needs to begin with the trust before starting the child's treatment because it is crucial not to interrupt an ongoing therapeutic relationship. The therapist who understands learning disabilities can make an enormous impact on the child's behavior at home and at school, and he can have a marked effect on the parents' attitudes and their ability to manage the child. The therapist can affect the comfort and well-being of the whole family. But parents must begin by feeling some comfort with the therapist.

Great resourcefulness and planning are required from the parents of a learning disabled child—yet they are only human. Family life puts the same pressures on them as on anyone else, and there is no way they can do all they would like to do. Perhaps the most important place they can start work is in the area of their own attitudes.

Parents need to hold on to optimism regarding the child's strengths, building on whatever he likes to do best and using the momentum of his enthusiasm—even if the only thing he likes is TV. That, too, offers possibilities. (See Appendix D: The Constructive Use of Television.) He must know that his abilities are much more important to his parents than his failings.

It is best that parents try not to dwell on the future in their own minds. They can plan realistically for today, tomorrow, next week, even a few months ahead. But it is unrealistic to become preoccupied with the long-range future of a young child. There is not yet enough knowledge, there are too many variables, there are too many unknown factors for this kind of stewing to be in any way useful.

It is vital for them to develop their sense of humor in every way they know how. Laughter helps surmount many a hurdle, and it gives the child a terribly important unspoken message—that life is basically sunny despite all his difficulties. Comical elements can be found in many situations, even though they are sometimes pretty hard to see. When the whole family can see the humor in some of the experiences they go through together, it's really worth it.

If parents can face their problems truthfully, they will be able to talk to their child truthfully about his. They can emphasize that he is smart but that he does have problems. (See Appendix E: Stock Phrases that may help Parents and Teachers.) There are things people can do to help him, and they will. They can acknowledge that it will take time, that he will have to work harder than most people, that there are no easy answers, and that both they and he know it feels unfair. Clearly, they don't talk to a teenager the way they do to a 7-year-old, but the quality of honesty has to be the same.

The lack of talent in the learning disabled child can be recognized in the same way parents would recognize lack of artistic or musical talent or mechanical prowess in any other youngster. They can point out to him that they, too, have areas of incompetence. They would like to be talented, but lack of ability does not make them any less whole persons.

A parent should give herself permission to make mistakes and learn from them. This gives the child permission to make mistakes, too, and survive. He must be shown that amends can be made for the mistake and things can be restored—perhaps not quite the same as before, perhaps better. When something gets broken—particularly when the child breaks something—it must get mended. (It must not get thrown out! The child himself feels broken and incompetent and needs to see broken things put back together. He has trouble seeing the parts that make up a whole. He needs as much help as possible in "putting together" his whole world.)

A parent must try to identify her own feelings and those of her child, so she knows when they are stuck together. She can be more help to him when she knows what his feelings are. If she follows his ups and downs in her own moods, her life will be a veritable seesaw. She needs her own attitudes and feelings intact in order to give him the support he needs. And let's hope that these parents have caring families and friends who give them the support they need.

Last, but by no means least—parents need to trust themselves. They know their own child better than anyone else in the world.

CHAPTER TEN
Teachers

Either this kid goes or I go. The Principal has to do something!
This child can't learn.
He won't listen to me.
I can't teach him.
I can't control him.
I can't reach him.
He takes all my time from the other children.
He destroys my class.
He distracts the others.
He keeps me from doing my best.
He doesn't belong in my class.

It is common for a teacher to feel completely helpless to deal effectively with the learning disabled child. It is common for her to feel woefully inadequate as his teacher. It is normal for her to feel resentful at being placed in that position and then ashamed of her resentment and anger. This is perfectly understandable, for none of us likes to feel incompetent. Beyond the deep wounding of her feelings of competency, the teacher is also prone to catching the intense feelings of the learning disabled child. They are very contagious.

When the teacher says, "This child will never learn!"... she has caught the child's own feelings of defeat.

When she says "No matter what I try, it doesn't work"... she has caught his frustration and mixed it with her own.

When the teacher says angrily, "There's no point in trying to teach him!"... she is probably reflecting his angry feeling of "There's no point in trying to learn!"

When the teacher says "If only I could do better by him, make more materials, give him more time!"... she is probably mirroring his guilt at not learning.

At one moment she feels she can help him, at others she knows she can't. These feelings correspond to his own unevenness, his ups and downs.

When she says, "He's impossible. There's no way this child will ever learn," she reveals her feelings of total inadequacy—the same feelings as the child's.

**in the faculty lounge,
teachers struggling with learning disabled children
use phrases such as this:**

He completely consumes me.
He soaks up every ounce of my energy.
He wrings me out.
He devours me totally.
He eats me up alive.
He tears me limb from limb.

**Do you know
what this child
sounds like?**

**AN
OCTOPUS!**

The teacher of a learning disabled child must be willing to give and give and give. In return she receives criticism, defeat, failure. She has to absorb the child's frustration, anger, guilt, defensiveness, all of which seem to be directed against her. A learning disabled child can give a teacher the constant feeling of "You did the wrong thing," only adding to her frustration in trying to find the *right* thing. It is painful after hours of effort to hear a child say "You always work with the others—you never work with me." A learning disabled child can make an adult feel that nothing she ever says or does is good enough, and in the end she finds herself with no more to give. He is like an insatiable sponge, draining off all her effort and energy.

And, in fact, that is the effect he often has on adults. They find themselves drained by his constant demands. The teacher is exhausted by the amount of anticipating she must do, the planning, the extra preparation, the perpetual tension which never lets the atmosphere in class become relaxed. In a classroom of 32 children, one or two who can't sit still, who keep interrupting, who demand help incessantly, who constantly drop, lose, mess up papers, can easily extend this exhausting "octopus" quality into all its activities and drive the teacher almost to distraction.

Under such circumstances, it is easy for a teacher to become defensive. Every teacher likes to keep control of her classroom and to engage the cooperation and respect of the children. The people who go into the teaching profession usually are interested in minds; they like sharing; they enjoy ideas. The word "education" from its Latin derivation means "to draw forth," (not "to fill up a container" as, alas, it has sometimes been interpreted!). In drawing forth a child's ability to use his mind, a teacher counts heavily on the child's response, his demonstration of "I understand," for her professional satisfaction. In the learning disabled child too often she meets a blank wall.

Traditional educators—many of them excellent, caring, fine teachers—have a body of information which they want to impart to their students. They like their subject and they like to see it become a part of each student's intellectual formation. This teacher meets nothing but frustration with a learning disabled child. Progressive educators—many of them also excellent, caring, fine teachers—hope to spark the student's imagination so that he can take off on his own and chart his own course. This teacher, too, meets only frustration with the disordered child who can't organize himself or his work.

There is no question that learning disabled children produce anxiety in teachers. What do teachers do when they are anxious?

They become—more tense
more demanding
more punitive
more scattered
more clumsy

less patient
less humorous
less sensitive
less organized
less confident

Anxiety can wear out the best of teachers and reduce effectiveness.

Parents often do not understand how infuriating these children can be for a teacher in the classroom. Conversely, teachers usually do not realize how utterly exhausting and consuming the children are at home. Parents tend to blame teachers for not providing their child with the proper educational experience and for letting him bring home his feelings of failure. Teachers frequently blame parents for the child's inattentiveness, his rudeness, his messiness, feeling that these would surely improve if he were properly cared for and disciplined at home. Teachers and parents alike are exceedingly vulnerable when they try to deal with a learning disabled child because much of their pride and their feelings of self-worth depend on the child's performance.

On top of this, a teacher's ego is closely tied to the responsiveness of her students. It is unfortunate, but too often true, that some teachers measure their success by their popularity, by the degree to which their students show their appreciation of them. Others measure it by the degree of control they achieve over the students. There are occasional teachers who feel uncomfortable with fellow adults and at ease with children; such a teacher tends to depend excessively on children for ego support. However, if her ego depends on a learning disabled child, a teacher is cooked! She will be up one minute, way down the next—and mostly feeling defeated.

If there ever was a field that needed teachers with intact egos, whose gratifications are gained elsewhere, it is the field of learning disabilities! The learning disabled child has so many desperate needs of his own that he cannot be burdened with an adult's needs as well. He cannot tolerate the pressure, and he can only make a needy adult needier. There is already more than enough frustration, fear, anger, guilt, and free-floating anxiety which the child is dumping on his teacher. She is asking him to learn—knowing full well that his equipment for learning is faulty. This is a difficult situation at best, but it is impossible if her feelings of worthiness as a person depend on that child succeeding, enjoying it, or liking her.

Miss Bayard, in charge of a special education class, wanted to be loved by her students. She would let them act out any way they wanted and did not help them to control themselves for fear of losing her image as a lovable person. As a result, children were hurt more than once in her classroom during the one semester that she taught in the resource room.

Mr. Toby tried to impose discipline by behaving like a military commander with his learning disabled class of ten. He nagged the students for every small infraction of his rules and was always looking for any possibility that they might be contemplating trouble. Very little time was spent on teaching. Like his students, he was indiscriminate. He did not set priorities; he did not identify the most important issues that deserved reactions or consequences.

Mrs. Martin would whine helplessly in front of another teacher, "But Jerry won't *listen* to me!" It made the other teacher uncomfortable and alerted Jerry to the fact that his teacher couldn't cope with him. To make matters worse, Mrs. Martin would seek Jerry out at the end of the school day, saying "Let's talk about our relationship." This put an unfair responsibility on the child who was carrying more than his share of problems anyway. Mrs. Martin's needs were too great for her to be working with learning disabled youngsters.

Young Andy Cole, straight out of college, had an idealized view of learning disabled children. He claimed, "They see life in its purest form. They've got the right idea, man. They can teach the rest of us." He romanticized the lack of control to represent a positive expression of spontaneity and vibrancy. He saw the child's inability to follow instruction as an admirable way of flouting authority and encouraged it. Andy was too much an adolescent himself to assume an adult role. He felt that the children could enrich him and help him to "find himself." He lasted in a learning disabilities classroom for 1 month.

A superior science teacher in a public school system was given the title of "master teacher." He taught and supervised other teachers in the system and demonstrated new methods and [illegible]. At age 35, he was clearly one of the best in his field. Yet when he went into a special school for learning disabled children, he could not cope. Combined with his supervisory work, he taught six severely learning disabled, hyperactive youngsters three times a week. He talked with the Principal about how difficult it was, and they developed some new approaches together. The third week came, and he did not show up for his appointment with the Principal. He did not show up at his next scheduled class, and he did not telephone. He could not be reached. Unable to face the fact that he, a master teacher, had been sunk by a handful of children who didn't learn, he ran away from the job. The Principal, to whom this reaction was no novelty, tenaciously pursued him, called him back, and helped him to see that he had caught all the feelings of frustration and despair from the children themselves. She helped him to separate out his own feelings from theirs and aided him in programing for his success as a teacher in this special situation.

Parents and teachers of learning disabled children know all too well the experience of coming into a room feeling cheerful and competent, and, after 5 minutes of work with the child, feeling angry, guilty, and helpless. They have caught precisely the feelings of the child. But they cannot help him effectively if they are caught up in this cycle.

Usually a teacher's feelings about a student
tell
how the student is feeling.
Therefore a teacher's feelings about a student
are important diagnostic tools.

This is why it is important for teachers of learning disabled children to be in touch with their feelings, to recognize them, and to acknowledge them.

When the teacher can say "I'm not feeling angry. But the moment I'm with Agatha I feel anger, so Agatha must feel angry," then the teacher is in a position to help Agatha. If the teacher does not recognize that it is Agatha's anger she is feeling, the chances are good that she will become really angry herself and make Agatha angrier, until the two become locked in a battle for supremacy.

A psychologist spends from 9 a.m. to 1 p.m. each Wednesday at a special school for learning disabled children in Washington, D.C. She meets with teachers, individually and in groups, and talks with them about their feelings. She helps them to trust their feelings, identify them, and relate them to their students. She prefers to employ this process rather than working with children directly because the teachers are on the front line daily and can do the most for the students if they know how. In this school, the Principal sits in on these sessions so that she can reinforce this work throughout the rest of the week. The more the teacher understands of herself, the more she can understand her students. The more support a teacher receives, the more she can support her students.

What keeps the average teacher working with such difficult children above and beyond her regular, overloaded classroom schedule? For one thing, the learning disabled child needs her help badly—in some cases the teacher thinks she can make a real difference to his life. Sometimes she can, and that makes all the other efforts worthwhile. There is great reward in the pleasure the child may feel when he finally succeeds in making a step forward. His guileless enthusiasm and his sweetness emerge visibly, and for a little while his teacher can forget the exasperating, slogging hard work that led up to this moment.

A teacher can sometimes become militant on behalf of a learning disabled child. Mrs. Higgins took on her whole school administration in battle, demanding a speech therapist, extra tutoring, and special books for a child whom her supervisors would sooner have forgotten about. In this case, the extra help was sufficient. The child was able to catch up, and Mrs. Higgins had indeed rescued him in time. That knowledge bolstered her and gave her the courage to take on many more learning disabled youngsters.

It must be remembered that not all learning disabled children are hyperactive, disruptive, demanding, and draining. In some ways, the quiet daydreamer is in worse shape because he is very hard for a teacher to reach and very easy to forget. When a hyperactive, scattered child can be made to focus, he usually responds quite fully. The quiet one may be simply "not there," unavailable for response. He may be a reliable "good" child who has no friends but never bothers anybody; he can fill a teacher with guilt because she has never had time to give him her special, extra attention. Or she may become overprotective of him, finishing his sentences for him, shielding him from the jibes of other children, inadvertently bringing him the label of "teacher's pet" and further rejection. The daydreamer may avoid focusing or trying to put in a word for fear of doing it wrong, making a mistake, and risking failure again.

Learning disabled children, because of their disorder, need the certainty and safety of a confident adult in charge. But this is quite a different matter from the dogmas of the self-proclaimed experts. These are more like the great black and white truths which we discovered in college and which our exasperating parents insisted on seeing in shades of gray. Growing maturity allows a teacher to define what she doesn't know, to rely confidently on what she does know, and to make occasional mistakes.

As has been said before, it is crucial that adults give themselves permission, frankly and out loud, to make mistakes, so they can give learning disabled children permission to make mistakes, too. Miss Rockford, who gave one of her students the wrong workbook, said, "Whoops, I made a mistake here. I'm sorry about that. But there's something I can do about it right away." Mr. Hart, who sawed off the wrong end of a board needed for the puppet theater, said, "Well, look at what I did! I wasn't thinking properly. But now I am thinking well and I see there's a way to fix this..." Neither mistake was the end of the world. We are back with the One Way Kid who can't visualize alternatives, to whom each mistake is total defeat. A teacher needs to demonstrate through her behavior and her reactions, as well as her words, that mistakes can be useful and that they can lead to new solutions.

Similarly, a teacher must be willing not to know all the answers. By being able to say, "I really don't know but I can look it up and find out," she sets a model for the child who fears that every admission of ignorance is a confirmation of his worthlessness. Often, the learning disabled child will not admit that he doesn't know something and will not dare to say or do anything unless he is 100 percent sure he is right.

A teacher is thrown on her own resources when schools do not recognize the special problems of a child with faulty perception who cannot learn normally despite normal intelligence. Where schools adopt "mainstreaming" as a philosophy, it falls upon the regular classroom teacher to meet the special needs of any learning disabled child who lands in her class. She has rarely had special training, and often she does not know how to proceed. She cannot be expected to take on this job proficiently without proper support and guidance.

By the time Jake arrived in Miss Pendle's class for the first period, he was already frantic. He had experienced one tantrum while he was getting dressed and couldn't find one shoe. By the time the shoe was found, it was time for the school bus and he had missed his breakfast. An older child taunted him on the bus and brought him close to another tantrum. In his anxiety to get off the bus, he tripped and fell on the sidewalk, and he came into his classroom realizing he had left his lunch box behind.

In Jake's case, Miss Pendle was his best ally. Miss Pendle met regularly with a specialist in learning disabilities who knew how to manage, reach, and teach these children effectively. Jake's seat was closest to her in the room, and she had marked out an area around his chair with masking tape on the floor. The outline of his own space helped to curb his restless wandering, and he was close enough for her to put her hand on him for reassurance or restraint. When the children moved their desks around, Miss Pendle made sure that Jake's place faced a wall, where distractions would be minimized. As his ally, she helped hold him together until he could learn to hold himself together, and she helped to supply the emotional brakes. Yet Miss Pendle knew better than anybody that what worked yesterday might not work today!

Success comes slowly, but success can be programed, a stepping stone to further success. The child may already have the means within him. What are his strengths? What are his interests and his talents? These are the base to start building on.

Whatever task the child is taught, the teacher must first have done it herself, analyzed it, broken it down into parts, and noted the sequence in which each part was done. Then she finds the child's own point of mastery. She begins to teach the task at a point slightly below this point of mastery so as to ensure the initial success. Then she emphasizes the sequence, reinforces his efforts, reintroduces the task in different words, repeats it again and again, until the child has it truly in his bones.

Marie wanted to skip but she lacked the coordination. "Teach me to skip, Mrs. Willis!" she pleaded. Mrs. Willis analyzed what skipping entailed. Before Marie could skip, she must know how to hop. Before she could hop, she must know how to stand on one foot. Before standing on one foot, she must stand on two feet. Marie could hop, so Mrs. Willis began by having Marie stand on one foot. She explained that Marie would have to practice standing on one foot and hopping, first on one foot and then on the other, before she could skip. They started out the same way each time, and then Mrs. Willis varied the routine, creating games to help her hop on alternate feet. Much repetition insured that Marie could do it automatically. Marie was involved in the learning process with Mrs. Willis; she understood what was going on to help her reach her goal. Each time Marie was able to hop on one foot and then the other, she would fill in a colored square on her graph paper. She built up colored squares into a bar graph and kept a visual record of her progress.

When a child makes slow progress, it is necessary for him to have visible proof of his progress. He has heard too many easy platitudes—"Come on, you're doing fine," "You're doing great. Keep trying." He needs to be convinced. If his teacher keeps a folder for each month of his work, in February he can look back on his September work and see the progress with his own eyes. He can be encouraged to keep bar graphs like Marie's or stars pasted on a page. The teacher can help him draw a train, with a new car to be added for each achievement, or a simple check list to check off, if he can read well enough. How many words did I learn today? How many times did I raise my hand instead of blurting out a question?

Fernando's teacher decided she wasn't doing her duty unless she recorded every single failure, too, and she made him put them in his graph alongside his less frequent successes. As Fernando started to see his graph go down, he became disruptive, he made frequent trips to the bathroom, complained of headaches and tummy aches, and stopped trying at all. Marie's teacher "forgot" to put down most of the failures and that chart, as well as Marie, continued upward. Sometimes a child simply cannot do a task, in which case it is better not to continue it and certainly not to keep a visible record.

All children need the security of rules and limits, a predictable world. They need to know precisely what to do and when to do it in which order. Structure provides a framework that can be changed, that allows the child to succeed. Teachers often confuse structure with rigidity. The latter inhibits growth for it doesn't allow for any flexibility. Every child needs supportive structuring of his time, but for a learning disabled child it is essential. He needs a time and a space for everything. Routines are the backbone of his structure—how he enters the room, where he sits, what he puts on his desk. These must all be structured for the learning disabled child. He must be explicitly taught routines, step by step, until he's mastered them and can do them almost automatically. The things he uses must be kept in the same place. The place for puzzles is on the shelf by the window, big puzzles on the right, small puzzles on the left. When the child takes a puzzle to use, he must always put it back just where he found it. Mrs. Pendle's masking tape on the floor around Jake's own space served the same purpose. Jake knew exactly where he belonged and where he would always find himself. Three squares of masking tape on Jake's desk visually organized his work space. The upper left hand square held the papers he was going to work on; the lower center square was for his current work; the upper right hand square was where he put his finished papers. Later, Mrs. Pendle removed his squares, one by one, as he internalized the organization. She put a piece of colored masking tape *near* his desk, *in front of*, *behind*, and *to the side of* his desk to help him learn these spatial terms by standing in these places when directed.

Classroom materials, such as puzzles, work sheets, counting blocks, a book, were introduced to Jake one at a time, whenever possible. He could not integrate several things at once. Mrs. Pendle made a card to represent each material, with a picture on it. When Jake was given a card with a picture of a puzzle on it, it was his cue to fetch the puzzle, put it in front of him, work it, and put it away. Then he would turn over his card and wait for another. When the other children in the class got their assignments for a period, Jake would receive three or four cards which Mrs. Pendle put into a special holder on his desk. It had a pocket for each card, clearly marked to show the order, first, second, last, in which the assignments should be done.

Many learning disabled children have difficulty remembering and some have a word retrieval problem. If they can't find the right word when they need it, the teacher can avoid unnecessary frustrations by supplying the word immediately. Memory can be jogged by experience with concrete objects. An artist, who was also a very creative teacher, found that her class of learning disabled children could not remember basic historical facts. For example, they could never remember what Columbus was looking for when he discovered America. One day, she came to class with a heaping bowl of plain, boiled spaghetti, which she promptly offered to the children. Nobody wanted any.

"Why don't you want it?" she asked.

"There's no sauce!"

"What is sauce made of?"

"Tomatoes and stuff."

"What 'stuff'?"

"Spices and stuff like that."

"AHA! *Spices*! *Now* you know what Columbus was looking for!"

And the children never forgot it again.

Because learning disabled children are so concrete, they need to be introduced to abstract ideas through their bodies and objects and pictures. Evolution is a topic that is not only complicated for any 6-8-year-old, but contains the added difficulty for learning disabled children of many sequences which have to be remembered in their right order. In a special class it was taught by games played on an ordinary flight of stairs, with each step representing a stage of life—fish, amphibian, reptile, etc.—each with its own objects and pictures to identify it. The physical action of going up the steps, following the stages from fish to man, touching and seeing the objects at each level, helped to make the ideas and sequences stick.

Very sophisticated material can be presented to these children when the teacher thoroughly understands it herself and breaks it down into simple parts to teach it step by step. Conversely, very elementary skills which are ordinarily introduced to much younger children need to be and can be presented in a sophisticated way so as to lure learning disabled children who are older into doing what they must do. When a group of 10-year-olds needed the nursery school experience of touching and discriminating among textures, one special school for learning disablilities set up a "Tactile Museum" which included a wide variety of materials for them—styrofoam, sponge, velvet, fur, metal, among others. The children were very proud of their "Tactile Museum" since no other school had one, and they felt they were performing an adult activity while their teachers, who were artists, could give them exactly the experience they needed. The arts lend themselves to the imaginative use of concrete materials or concrete experience to learn abstract material. (See Appendix F: The Role of the Arts in the Education of Learning Disabled Children.)

Teachers can sometimes explain difficult situations in concrete terms. Leroy was ridden by so much anxiety that he was not available for learning. He seemed to carry the whole weight of his many problems on his shoulders—his inability to master reading, writing, and arithmetic. His teacher longed to ease the burden of responsibility he felt. She wrote two columns on a page.

YOUR STRENGTHS	YOUR PROBLEMS
You work very hard	*to read*
You are determined	*to write*
You care	*to spell*
You are a good artist	*to do arithmetic*

Then she tore the paper down the middle. She handed Leroy the list of his strengths. "You keep these," she said, "and it's my job to take care of the others." Leroy could see and understand the division of responsibility, and it went a long way toward relieving his anxiety. As he was more able to deal with his problems, his teacher was able to engage him more in the process of learning, but her first job was to relieve anxiety.

Most learning disabled children experience great difficulty in listening to, remembering, following a series of oral instructions. Most teachers are unaware of how wordy they are and how fast they tend to speak. It's important that teachers listen to themselves. One school requires each teacher to be taped so she will listen to herself. If a child has language problems, he cannot deal with many words. If he is learning disabled, usually he cannot remember a sequence of directions that surpasses two, sometimes three steps.

How many steps are involved in the following set of instructions that were overheard being given to a fourth grade classroom at a school last year? Count them. "Please sit down, take out pencil and paper, write your name on the upper left hand corner of the page, put the date on the upper right hand corner, draw a picture of a man in the center of the page, fold the paper in half vertically, place it on the left side of my desk and return to your seat." Could a learning disabled youngster carry this out effectively?

In giving oral directions it helps to have the children look at the teacher, to catch the eyes, to reinforce the sound. For some, it is necessary to give the reinforcement of being touched or held in a position facing the teacher.

It's important to be clear, precise, and succinct with directions.

It is vital to speak slowly enough and yet loud enough to be heard.

Often it helps to limit directions to one or two steps until a teacher is sure of a child's capability in understanding directions. Sometimes it helps to break down directions, giving one small part at a time. This follows a basic tenet of remedial education that one goes down as low as is necessary to discover what a child can do and then it's possible to move up from there.

It may be helpful to have the children repeat the instructions before carrying them out. "First we'll put away lunches, then we'll line up at the door, next walk quietly down the stairs and out to the playground. Now, what will we do first? Second of all, we'll line up. You tell us what's next. Last of all, we'll walk to the playground. Then what will we do?" (And the next set of explanations take place at the playground.) Needless to say, when the child follows oral directions properly, he deserves much praise and encouragement.

For solid learning to take place, a teacher needs to limit the amount of material she gives to a learning disabled child, being sure that each part is thoroughly learned before moving on to more, using as many creative ways as possible to repeat and reinforce each step. It is common for a new teacher to introduce too much, to cover too much material, to want the child to move ahead. She is pleased with the child and pleased with herself as he seems to move along at her pace, but too frequently she is serving her own ego rather than his needs. A child knows when he has not learned a lesson, and it makes him feel bad, but he may hide the fact to please his teacher and maintain her enthusiastic approval of him. Howard slid along like this for a whole term with a new teacher. When the same material was reintroduced the next term, he resisted it vigorously. He refused to go over it and reveal his inability to grasp it, insisting instead that he had done all this before and it was boring. The new teacher had ended her term looking good and feeling that she had succeeded where others had not, but she had done a real disservice to Howard.

But perhaps the most basic teaching tool of all is humor. If a child can begin to see the funny side of a bad situation, he can often find his way out of it. A teacher who can laugh at herself in an easy, accepting way is an important model for children who see themselves only as a source of worry to others and despair to themselves. The use of humor and the absurd, with a light touch, can be effective tools for discipline, for teaching, and for testing. Nothing dispels an atmosphere of tension faster than laughter.

Some of the dilemmas which a teacher faces seem to have no easy answers at all. What to do with the child who craves attention? He makes noise, chews gum, drops books, almost forcing the teacher to stop the class and reprimand him. If she does so, she gives him the attention he is demanding, thereby rewarding his negative behavior. If she doesn't, he disrupts the class to a point where it is impossible for her to teach the others. She frequently ends up sending him to the Principal's office. What to do about a defenseless child who is being teased? If she steps in to rescue him, he will not learn for himself how to handle one of life's recurring situations. If she doesn't, she risks allowing his weak ego to be eroded even further, making him still more defenseless next time. Both solutions can seem wrong. How to handle the child who can't bear to be touched? There are many such dilemmas.

All teachers know that a transition causes difficulties. It is when the children are changing from one classroom to another, moving to the library, going to the cafeteria, that the most trouble occurs. This is when the pinching or hitting happens, when there is teasing, and when cruel remarks are made. A buddy system often works best at these times for a learning disabled child. A well-controlled child can be asked to be his buddy, to help him find the way, help him to remember his books or his lunch box, be his friend during the transition. The learning disabled child can hold up his end of the bargain by saving a seat for his buddy or simply giving his affection. Even when the children make their transitions in an orderly manner, the change and the relative lack of structure and focus can cause considerable anxiety to the disordered child.

Physical education or gym can be extremely upsetting to him because these times, too, may have less structure. Routines are likely to be looser, and the level of noise much higher than in the classroom. If he is consistently upset and behaving badly after such a period, it is sometimes preferable to excuse a learning disabled child from P.E. and to use the time for special tutoring. The daily trip on the school bus, which can be very overstimulating, may also be more than some learning disabled children can handle. If teachers are on the lookout for trouble in this area, they can sometimes help parents to arrange car pools and avoid an unnecessary hassle in the day. Arrival and dismissal times, unless they are very orderly, can also be times of great stress. It may help if learning disabled children are assigned a particular place to wait until the hubbub dies down.

Unexpected changes of any kind can devastate a learning disabled child. Over one Christmas vacation, Mrs. Henry decided to paint and redecorate her classroom as a New Year's surprise for her class. Although some of the children were delighted, the ones with learning disabilities met her efforts with tears or tantrums. Holidays, such as Halloween, Christmas, Valentine's Day, need a long lead-in period, so that when the change in routine occurs, the learning disabled children are well prepared and expecting it. They tend to perseverate on holidays, becoming obsessed with one aspect or symbol of it. The day on which such a child is going to a birthday party after school can end up being a wasted day for him. He can think and talk of nothing but the birthday party. This is one reason why special schools or classes, with totally integrated school days and the minimum of overstimulation, are necessary for seriously learning disabled children.

Just as the teacher must build on a child's strengths, interests, unique talents—so must principals and supervisors do the same thing for their teachers. The tone of a school is set by its top administrators, by how willing they are to look at themselves and listen to their gut reactions, by how they deal with problems and uncertainty. The teacher of the learning disabled child is dealing with an uncertainty—an erratic, inconsistent, misleading, puzzling youngster. She may need help in sorting out what she knows from what she does not know. One of the significant signs of a mature person is the ability to recognize the areas where her knowledge is insufficent, be able to state it, and ask for help. This is a crucial skill for teachers of learning disabled children because, at times, there is a need for help, since the job is so difficult and demanding.

It may be helpful for a teacher with learning disabled children in her class to make a checklist of questions to ask herself. The following examples might be typical:

What did I do that worked today?
What did I do that should be avoided?

Am I looking at the strengths each child brings with him?
What are his interests?
What are the areas of my strengths, my weaknesses?
Am I too tough on myself?

Do I have enough change of pace in my program?
Do I always have enough alternatives to fall back on when the program is dragging?
How flexible am I?

How important is it to me to be right all the time?

Instead of merely disapproving of negative energies, am I finding ways to divert these negative energies into more constructive channels?
Am I devoting so much attention to negative behavior that I am reinforcing it?
Can I remember to praise positive behavior—the things we tend to take for granted?

Am I talking too much?

Am I unintentionally encouraging their "answer-grabbing syndrome," their feeling they must have an answer for all situations?
What kinds of questions am I asking the children?
Am I a good listener?

Am I encouraging the children to ask questions?

Since the basis of all relationships lies in the feeling of trust, what can a teacher do to establish trust? Can you rush it?

What are the cues that the children are not being reached?
Can children be listening even when they seem to be focused on something else?

Do I bring much humor, laughter, and smiles into my classroom?
How can I make more use of the absurd mistake, the absurd example, both as a learning tool and a source of humor?

What do I do with the child who stands on the perimeter?
What do I do with the hyperactive child or the child who may leave the room?
What do I do with the very aggressive child?
At what point do I send a child to "the crisis teacher?"

Is it helpful for the children to be told at the beginning the goal or goals for that period and to know that they reached them?
How important is it at the end of each period to repeat, rephrase, refresh, and restate the concepts, vocabulary, information that have been taught?

How do I know when a child is really tired or using fatigue as an excuse to escape work? Why does he need to use an excuse?
What special plans must be made for a rainy day?

How can I stimulate the children to recognize not only their own progress but each other's and to praise their peers?
What can I do in my classroom to foster respect, to promote a positive look at what each child can do?

Am I setting a model of inquiry?
How do I approach the unknown?

How can I help the children to see that mistakes are useful, not to be laughed at, but to be learned from?
Do I fear failure?

BASIC QUESTIONS

What will I teach? (what do the children need to know)
Why teach it?
How will I teach it?
How do I know I taught it?

CHAPTER ELEVEN
Adolescence

I can't do anything right.
I'm no good.
I'm dumb.
I'm a retard.
Nobody likes me.
Everybody's picking on me.

These are some of the feelings that the learning disabled child shoulders as he grows up. He doesn't understand or he misunderstands many aspects of his life, and he receives correction or criticism which he translates into "everybody's picking on me." It probably reflects his very real view of the situation because he doesn't interpret the correction or criticism as being helpful. Often, he sees his world as a series of mistakes, one after another, all totaling personal disaster. It's hard to grow up feeling good about himself under these conditions. If he has special skills, a learning disabled child can feel good about his success in sports, his artistic talent, his popularity with a group, but deep down inside him there is still that gnawing feeling of "What's really wrong with me?"

This is why straight talk is so important. It is vital that the child hear over and over again from different sources that he is intelligent, that he needs more time to learn than others, but that he will make it in the world. He needs as much information about himself as he can handle, and he needs it frequently. He may still feel dumb. But, at least, he knows he is not retarded and does not have any progressive brain disease or whatever else he may secretly dread.

In many ways, life seems very unfair to the learning disabled child. He perceives the world in the only way he can, albeit incorrectly, and he meets rebuff or ridicule as a result of what he says or does, based on that perception. Doesn't that seem unfair? This youngster is often brought into child guidance clinics because someone thinks he is an angry, willful, unmotivated, or spoiled child who is purposely not performing well at school. This very frightened child *cannot*, rather than *will not*, perform well at school.

If you are all thumbs and you are faced with the task of rewiring a delicate stereo set, the job has to be done by you and you alone, and you know you are not up to it—how do you feel? Supposing you don't know how to draw.

You have tried drawing many times, and you know you are terrible at it, but you have been told by an implacable authority that you must draw a picture for public display. How do you feel?

When you feel incompetent, you can easily feel "put-upon" and this can lead to anger. "Why me?!" is a frequent rejoinder of a learning disabled child when he is asked to do something—or anything at all. There are those who say of this child "He has a chip on his shoulder," or "He has a mad on the world." To an extent, he does.

He's angry at the world's demands on him—demands he cannot meet. He's angry at himself for not being able to do what he wants to do. He's angry at his parents, teachers, brothers, sisters, neighbors, and classmates for seeing him in the act of not being able to do. He's angry at God or God's representatives in Church or Synagogue. He's angry at being what he is.

What does a child do when he is angry?

He does a whole lot in excess, by acting out or withdrawing. He frequently makes others into scapegoats. A learning disabled child, seeing his own inadequacies reflected in others, can be a terrible tease, picking on the flaws of his companions and then perseverating, going on and on about it. A beautiful, blond boy of 13, who was very intelligent, had severe learning disabilities. He followed a pattern—in school, on the playground and at camp—of finding the least attractive youngster in the crowd and asking, "How does it feel to be ugly?" Here was a child who did not feel attractive himself; he felt ugly, worthless, inadequate, and he projected it on others. As soon as he overcame his handicaps to a point where he felt better about himself, he no longer displayed the need to do this. The amount of teasing, provoking, bullying that goes on in special classes for the learning disabled can be overwhelming, and it is one of the biggest management problems for teachers. "Mary is always calling me stupid!" complains Alison. Why? Because Mary feels stupid. "Harry's called me dumb fool all week!" says Jerry. Why? Because Harry feels like a dumb fool.

Along with the anger is the accompanying helpless guilt. Placing blame on things undone, constant self-castigation are familiar ways of acting when one feels guilty for not meeting standards. Rituals are important to the learning disabled child not only because his inflexibility craves what is familiar and safe but also because of a primitive belief that wearing a certain sweater, sitting in a special seat, using a red pen will make everything work fine. "If only I had worn my good luck ring and the blue ribbon which I had in my hair the last time I got a good mark on the test, I could have done well today," mused Connie. It is typical of a very young child to count on magic to solve problems.

The more profound the guilt a child feels,
the more disparaging he feels about himself,
the more he makes the people around him feel guilty
and bad about themselves.

If a young person's nervous system has matured and if he has received sufficient remedial help to overcome the worst of his learning disabilities by the time he reaches adolescence, he will probably suffer no more than the normal stresses and strains of that period of life. What is adolescence? It's the pathway from childhood to adulthood with much backward and forward movement. It's a time of identity crisis. Who am I? What do I believe in? Am I a child? Am I a grownup? If the turbulence of this period is combined with the profound self-doubt and confusion stemming from severe learning disabilities, the youngster faces a very painful and difficult time.

All children become less cute and endearing as they grow up, but this is normally offset by their developing sense of independence and responsibility. The learning disabled child, however, does not become much more independent as he grows older. His delayed maturation keeps him from acquiring the skills which are needed for independence. He has become a teenager by his number of years; he may have the physical size and puberty development of a teenager, but his neural development and his behavior are like those of a much younger child. Yet the world expects his behavior to fit with his appearance!

The parents of a teenager with learning disabilities are older and more tired than they were when he was a child. "Tomorrow has come." Not only is he not cured, he is more difficult than ever to manage. He is still very dependent, while becoming harder to control and guide. He is bigger, stronger, more defiant, and his parents find that now, more than ever before, they need *more energy.*

more stamina,
more patience,
more tolerance,
more hope that he will be able to manage effectively in the world.

It is normal for the parents of learning disabled adolescents to want to give up sometimes. It is understandable that their frustration and anxiety have increased by this time. The future has to be reckoned with, and parents are deeply concerned. Schooling, vocational possibilities, social opportunities have to be studied carefully. They have to devise ways to help the learning disabled adolescent be able to stand squarely on his own feet. When the child was younger, his parents could use their ingenuity and problemsolving resources effectively, programing ways for their child to succeed and have fun, tempting other children to join in and be his friends. But teenagers are rarely lured by parental endeavors except in the form of tickets to football games or other exciting events, and not always by these.

Teenagers live by the rule of the pack. They band together against or, at least, apart from the adult world. This is a normal process—separating themselves temporarily into their own society, integrating the past—their childhood—with the present, getting ready to deal with the future. It is a time when peer relationships are crucial, and they are most often guided by one another through communications that may appear incomprehensible to grown-ups.

There are some learning disabled teenagers who have the social maturity to keep up with the pack, who may feel defeated at school but not in the neighborhood. However, the majority of learning disabled adolescents do not have either the social maturity or the communications skills to gain solid membership in teenage groups, and they feel increasingly isolated. As Mrs. Anthony put it, "I used to cry because Jim couldn't read and he and I had to watch his younger brothers and sisters surpass him at school. Now I am filled with tears because he is so alone, so isolated, hanging around the house more and more, glued to the TV."

Often the learning disabled adolescent doesn't know what to do with himself. His constant proximity to his parents increases the friction between them, increases his feeling of being picked on, and heightens everybody's unhappiness as all the people involved come to feel more and more inadequate. It is common for parents to say:

> *"It's time for you to shape up."*
> *"You're too old for that!"*
> *"When will you start growing up?"*
> *"How long are you going to keep this up?"*
> *"Won't you ever learn?"*
> *"When will you stop acting like a two year old?"*
> *"When will this end?"*

They don't say these things to hurt their youngster, to be mean, to get even. These are expressions of helplessness, frustration, fear, guilt, anxiety. These words come spontaneously out of pain, out of not knowing what else to do. Yet, while parents are struggling with these realities, the other children in the family may criticize them for not being tough enough, or kind enough, or helpful enough with the learning disabled brother. Often they scream at their parents, "*Do something* about him!" Almost every parent tries to do his or her very best for a child, and when the best is not good enough to make things change, the parent may feel a certain desperation.

The learning disabled adolescent feels the same desperation. He absorbs all the angry, guilty, frightened feelings which make him feel unworthy. He learned during his most formative and impressionable years that he couldn't do things, couldn't understand, couldn't perform like other children, and the cumulative effect of repeated failure firmly established his poor image of himself. His perception of his home is frequently that his parents nag him all the time, that he can do nothing right. His perception of school is often one of nagging teachers. He feels he is being told he is "No good" all the time.

The learning disabled adolescent's disorganization infuriates his parents and teachers for he is so

careless,
untidy,
messy,
clumsy,
forgetful,
unthinking,
egocentric.

Hank begins each day by sleeping through the clatter of his alarm clock, and it is only his mother's strong will and strong arm which finally get him up. He skids out of the house many minutes too late, leaving a trail of chaos in his wake—unmade bed, dumped-out drawers, forgotten books, spilled milk, and the front door standing open behind him. By the time he reaches school, he has missed the bell, and classes have started. He is angry, defensive, miserable, and embarrassed; he hates the way the day has begun, and he hates himself for being the way he is. To cover these feelings, he makes a grand entrance into his classroom: "Ta-daaa! Superman is here!" He interrupts an interesting discussion, nobody thinks he is funny, and his teacher, thoroughly irritated, reprimands him sharply. Hank slinks to his seat, giving "the finger" to a cock-sure, athletic classmate who clearly scorns him. He does not hear one word that is said during the rest of the period, for he is fully preoccupied with his own inner turmoil, hurt feelings, helplessness, rage, and the firm conviction that nobody likes him—and never will, and that he cannot do anything right—and never will.

And so Hank's life goes. Untidy and disorganized, he forgets to take a bath, brush his teeth, and comb his hair. His bedroom smells awful, and he would never change his clothes if his mother did not take full responsibility for doing his laundry and laying out clean clothes. When other kids tell him his feet stink, he does not draw the conclusion that he should wash his feet and his socks; instead, he reacts with "They don't like me," "they're picking on me again." and he doesn't do anything. In fact it is likely that he becomes even more disorganized plowing through the morass of homework papers, dirty clothes, unfinished projects, all scattered around him. Most teenagers have a problem with messiness in varying degrees but the learning disabled youngster has them more pronouncedly, in more areas, and they last longer. Usually they are combined with poor planning, a lack of punctuality, poor study habits, poor follow-through, and unproductive uses of his time.

A college developing a program for intelligent students with learning disabilities concentrated heavily on audiovisual equipment and other academic props for these young people who had difficulty with reading and writing. After spending great amounts of time and money planning for these academic problems, the directors found in reality that the students could not get up in the morning, couldn't organize their homework, lost their belongings, could not find their classrooms, forgot their assignments, and in general were so hampered by their pervasive disorder that they could not benefit properly from the academic program. The college finally instituted a "buddy system" whereby a well-organized student was teamed up with each learning disabled one, and they began to work explicitly on the organizational problem so that the students could learn successfully.

The three R's are not substitutes for the Big O—organization! Organization needs to be taught, taught again and reinforced by every available means until habits and procedures become routine or, if possible, automatic. The learning disabled adolescent must consciously program himself to stop, think, figure out what comes first, next, last, and then go back and check to make sure he did it. This is a very demanding process and an exhausting one. The very tendency of the learning disabled youngster to react indiscriminately, to have his attention all over the map, uses up enormous amounts of energy. He fatigues very easily, making every task that much harder. This is something that is stressed frequently by learning disabled people who have made it successfully in the world as adults. They will tell you that, even today, the hardest thing for them to combat is this fatigue that comes from the constant overloading of their senses, the ever-present clamor of stimuli on their attention which they must consciously work to keep under control. They need to develop systems to help themselves with organization. They need to program for the fatigue by allowing more time, more intervals of rest or by obtaining extra help on certain aspects of their jobs. They must be more conscious than the average person of the slow processing in their brain and the resulting inefficiency that demands so much of them. They have to come to recognize their own patterns of fatigue (as they must know their deficit areas) and find ways to compensate.

From the time a child enters adolescence, school, parents, recreation centers, and all adults who come in contact with the learning disabled need to center attention on the organizational skills which he will employ for his adult life. The youngster has to be taught explicitly how to gather up what he needs to work with, how to begin a project, and follow through to the very end. Adolescence is the age when check lists have to be made up with the help of the child, outlining every stage of each task, each household chore. He has to be in on the planning, to get an overall view of how to accomplish a task and to see what all the stages are, to check off what has been done, step by step, and eventually internalize the process so that it can be performed automatically. This applies to mopping the floor, emptying the garbage, as well as delivering newspapers or making a project for school. It is hoped that this method of breaking down a task, systematically finishing each stage in order, and checking off a list will, with sufficient repetition, become a habit, transferable to all areas of activity.

Independence usually relies on organizational skills. Self-sufficiency means taking responsibility for oneself. In areas where a learning disabled adolescent needs to learn specific everyday skills to enhance his self-reliance, he can be taught to do many of these things, and the feelings of competence he derives from mastery set him up for more accomplishment.

USE THE BUS

learn to go around town
know the bus insignias
know their destinations

SIMPLE COOKING

be able to feed himself, if necesssary
cook eggs and toast
heat soup
make hamburgers, hot dogs,
frozen dinners

SET THE TABLE

lay out correct place settings
clear the table
wash or dry dishes

MAKE A BED

Sequence of sheets, blankets,
bed covers
Learn tucking-in techniques

NEWSPAPER

Know the organization
Learn where to find the sports,
amusements, want ads, etc.

RESTAURANTS

learn how a menu is organized
understand the check
learn to order
tipping

MONEY

learn to count change
keep money in a systematic way
make simple accounts

TIME

learn to read the clock
make approximate schedules
learn the "feel" of intervals of time:
how long is 15 minutes?
half an hour? two hours?

SHOPPING

plan purchases
find the right department
make choices

USE THE TELEPHONE

Know how to dial numbers
Learn emergency numbers
Learn how to ask clear questions
Give and receive pertinent information
Make an appointment

FILLING OUT FORMS

Learn to fill out job applications
Questionnaires
Understand bank forms
(Use enlarged forms, go slowly,
step by step, from very simple—
name only—to more complex)

Games are important for learning disabled adolescents for more reasons than the social know-how of playing chess, checkers, backgammon, Monopoly, ping-pong, pool, or pinball. Games also develop nonverbal reasoning and logic. Games demand strategies just as life demands strategies, and these are of vital importance to the learning disabled teenager.

Because of their good intelligence, most of them learn the strategies of con men at an early age, plus all kinds of strategies of avoidance and denial. The adults around him can provide the learning disabled teenager with the experience he needs to invent strategies as he needs them, ways to get through situations when he does not know what to do. Using games of confrontation can help him to confront his own battles and talk about them. There are ways to win, and he needs to know them.

The language skills of a learning disabled adolescent need special concentration, not only to help him get along with people but as a preparation for finding a job. In a job interview, he has to be able to answer questions on demand—and performance on demand may be his nemesis. He must know how to listen carefully to questions and stick to the point in answering them. He has to remember to have eye contact with the interviewer, to be appealing as a person, attractive and clean in appearance, to give indications of his reliability and sense of responsibility. Talking about these things is not nearly as effective as "role playing," in which the teenager can play the role of both the interviewer and the job hunter while an adult takes the other part.

The learning disabled adolescent frequently finds himself shut off from young people his own age, not only because of his appearance which advertises his own opinion: "I am not worth knowing," or because of his inappropriate behavior, but because he really can't share with other youngsters. He isn't yet capable of sharing ideas or feelings or even belongings with any degree of give-and-take. Often he has difficulty with communication. His language does not flow. Words are not useful tools for him at an age when young people like to talk about themselves a great deal. Words become a burden to him because they create confusion rather than clarity and understanding. When he tries to take part in group activities, he feels himself to be odd man out, and this feeling invites others to reject him. His personality, the sum total of his behavior, which was tolerated when he was younger or excused because he was just a child, now often turns people off. They are made edgy by his unreliability and impulsiveness—what on earth is he going to do now? They get fed up when he perseverates, going on and on about his pet subject. They become bored by his gullibility—how naive can you get?, impatient with his inability to do two things at once, threatened by his disorderliness, exasperated by his self-centeredness and stereotyped responses. Furthermore, a young person like Hank does not make people feel good about themselves when he is with them.

Tina was thought to be a most unfriendly young lady. She brusquely pushed past adults she met in the hallway at school, and she was barely civil to her parents' friends at home. She felt as unliked by grownups as she did by her classmates. Her parents wondered why Tina couldn't see what she was doing and observe what impact her behavior had on other people. They talked to her endlessly about this, but to no avail. Fortunately, she was one of a small group of teenaged girls at school who were invited to take a "grooming class." In fact, the class was designed explicitly to teach teenagers like Tina how to behave appropriately.

The teacher of the class asked one of the students to play the role of the "Hostess." The teacher then played the part of a guest. She barged into this pretend situation, did not look at the girl playing "Hostess," but brushed right past her. The teacher then did it over again, this time offering her hand, looking the "Hostess" in the eye, and saying, "Hi! It's so nice of you to invite me." She then discussed with the girls which of these two entries they preferred. Clearly it was the latter, and the students analyzed why. They each took a turn playing both Hostess and Guest in a variety of pretend situations, and talked over the effects together.

Parents can re-enact situations like this with younger children, but when they become teenagers, it is the schools, the recreation groups, church groups that are needed to do this kind of teaching. Learning disabled youngsters cannot fathom these very simple ways to make people enjoy being with them. Eye contact, a smile, a reassuring pat, a firm handshake, a pleasant greeting, a gently phrased question, a polite interruption, a thoughtful inquiry, and sometimes a needed silence—all these are social skills that must be taught, each for its own place, one by one. Videotape machines can be enormously helpful for a young person to help him see himself as others see him. The use of the absurd can also be an effective way to begin this kind of training, with the adult doing some most inappropriate and comical things. The exaggeration begins to define what is inappropriate and from there the adult and the adolescent can move together toward understanding subtler behaviors.

The art of socialization is highly complex. Many learning disabled children have mastered it. Some have not, but they can, in time. No child has all the problems listed below but even a few of them impede socialization.

WHAT WORKS AGAINST LEARNING DISABLED YOUNGSTERS USING GOOD JUDGMENT IN SOCIAL SITUATIONS?

Disorder, disorganization, scatter.

Lack of impulse control (acting without thinking).

Low tolerance of frustration and need for immediate gratification.

Body and spacial problems (difficulties in judging size, shape, distance, direction).

Poor concepts of time and timing.

Perseveration (repeating an action or phrase or topic over and over again).

Difficulty in shifting from one situation to another.

Emotional lability (over-reacting, moodiness, changeability).

Poor listening skills, poor memory, poor grasp of sequence (forgetting what they are doing and what they are supposed to do next).

Inability to look at what is going on, and to visualize.

Giving as much weight to the most minute detail as to the key point.

Difficulty in making choices of any kind.

Concrete, literal comprehension, missing subtleties and nuances.

Egocentric outlook (the inability to put themselves in others' shoes).

Inability to relate cause and effect, and to generalize from social experiences (the inability to predict).

HOW DO LEARNING DISABLED YOUNGSTERS DEMONSTRATE POOR JUDGMENT IN SOCIAL SITUATIONS?

Barging thoughtlessly into situations, interrupting what's going on without looking.

Having trouble taking turns.

Acting belligerent (when in reality they do not comprehend directions).

Making inappropriate remarks, gestures, actions, poorly timed responses.

Misreading the social signals given by others (not understanding facial expressions, posture of symbolic movements that indicate fear, anger, guilt, complicity, irritation, sadness, etc.).

Missing the point of what other people are doing, off target.

Letting others take advantage of them, being the "fall guy" by carrying out destructive acts for others.

Blowing up at the slightest hint of criticism, tiny mistakes, postponements or delays, overreacting to mild teasing.

Telling jokes that are not funny, not understanding the jokes, puns, riddles of others.

Picking on everything that is "different from last time" (appearing uncooperative and intransigent by seeing only one way to do things).

Bossiness (the need to organize others stemming from their own internal disorganization).

Poor planning.

Quitting, running away, or making fools of themselves when they cannot explain their failure to perform competently.

Placing blame on others (denial of their own role in a situation that has gone wrong).

Needing to win at all costs (this can lead to lying, cheating, destroying the game).

Scott is desperately lonely and he would do almost anything to feel accepted and liked by other youngsters. Because of his loneliness, he is in greater danger of being led astray by "bad company" than is his 14-year-old neighbor, a boy who is fortunate enough to have developed normally, with good judgment, self-confidence, and a clear understanding of right and wrong.

When Scott was little, other children found it was easy to take his toys. Now they find they can get his money. Where he used to give them cookies in exchange for "friendship," now he gives them money, which may be his own or he might have to steal: He'll often do anything to make a friend, to belong. Because he feels unwanted by his own kind, he may be drawn to fringe groups which harbor other lonely, alienated people—far-out religious cults or groups embracing bizarre food fads and diets. He may be drawn into vandalism or other delinquent behavior which he did not think up but for which he will invariably get caught. He may be lured into trying hard drugs. Alcohol is a common social route.

However, this same lonely longing to belong, if channeled and trained, can draw a learning disabled adolescent into groups that can do him a lot of good. These can range from chess clubs to bowling teams to amateur theatrical groups. Where such groups don't exist, parents, teachers, community organizations can create them. There is a shouting need for group activities where learning disabled teenagers can learn the skills of daily life, acquire the know-how, the social "passports" which allow them to move confidently in the grown-up world of everyday living. Teen clubs need to be a top priority among parents of learning disabled youngsters, where the emphasis is on success in socialization accomplished step by step.

Beyond these common social skills, it is crucial for a learning disabled youngster to find one talent or one skill on which he can concentrate, if this is at all possible. Once such an interest is identified, it can be encouraged and trained. If the youngster learns well by demonstration, he should have a chance to become apprenticed to somebody who is already skilled. Suppose a boy has a knack with machines; find a mechanic who will let the boy work in his garage as an assistant, or pay the mechanic as you would any tutor. Senior citizens are a great untapped resource in our society. Through church groups and interest clubs, they have a great deal that they could offer in working individually with learning disabled teenagers. Their calm manner and organization, their experience with life, their available time can make a difference in the life of a learning disabled adolescent.

Sports can open up a whole world even to an unathletic boy or girl. By dint of hard work with his learning disabled child, a parent can bring alive a sport which he loves himself. Step by step, he can build up an understanding and appreciation of football, baseball, basketball, golf, or almost any spectator sport. The ritual and procedure of stadium behavior can be learned and enjoyed. A learning disabled youngster with a keen interest in a sport may find purpose and satisfaction as a manager's assistant on a team—taking care of many routine but vital details, like towels and jackets, and earning the right to wear the team's uniform. He might become an expert on facts and figures concerning his favorite sport, or simply have fun attending games with his father.

To make the most of what one has, a realistic view is needed of one's own strengths and capabilities as well as one's weaknesses and disabilities. Nothing is more pathetic than the person who pretends to be what he is not, who chases after impossible goals, destroying himself all along the way. This is not to say that the learning disabled adolescent should settle for the lowest practical opportunities, without aiming higher. Indeed not! For many, a college education is possible and attainable. Community colleges are best for some, allowing them more time to mature and find a specialty. Vocational schools are the answer for others who have no particular, visible bent but who are especially good with their hands.

Originality, ingenuity, a fresh eye, an unconventional approach have led many learning disabled youngsters into the arts. Not held back by their learning disabilities, many can thrive creatively in fields like montage, cartooning, window display, film making, architecture, interior decorating, ceramics, and landscaping. Tony made a flute and learned to play it in a special class when he was 14, and something inside him caught fire. By sheer perseverance he made it through college, majoring in music. He became a first-rate musician and today he plays in an orchestra. Tom was a hyperactive boy who drove his teachers wild by drumming his fingers on the desk. He took up drums seriously in high school and, after he graduated, joined a band which is now touring the country. Boats have been a source of great satisfaction and employment to some—the building of boats, sailing, and teaching these skills. To others, marine biology, oceanography, environmental sciences, become a passion.

Too often in the past, an intelligent young person who doesn't spell well, who may be disorganized, reads with difficulty, and who does not make it to college has ended up as a short-order cook, a grocery sacker in a supermarket, or relegated to some other unimaginative job that he does not do well and where he is wasted. His abilities would qualify him for many useful challenging occupations if suitable training programs existed. There is a desperate need for systematic work-study programs in the helping professions such as hospital work, as nurses' aides or physical and recreational therapists; in day care centers and children's recreation programs; for work with growing plants in nurseries, plant farms, and with landscape architects; for jobs in hotels, stores, and banks.

In the end, what counts are human qualities. A person's sense of himself, his feeling of comfort with himself, and thus his ease with others are what matters. How many adults do you know whose knowledge of spelling or trigonometry makes any difference to you? Does it matter how good your friend's handwriting is or how many historical facts he can recite? Is it important that your friends be very athletic plus very scholarly as well as talented in some artistic field? The chances are that you want to be with a person you enjoy, someone with whom you share interests and concerns, someone who is fun and caring. You want a friend who laughs with you, not at you, who can share your worries as well as your pleasures. A friend does not have to be a fashion plate, but a certain amount of cleanliness, neatness, and attractiveness matters. You want someone you can count on whose word is good, and who comes through on promises, who doesn't keep score on favors given and received.

To be a good friend, to be a fine mate, to become a good parent—these are crucial roles in our society, yet we do not educate any of our young people to fulfill them. We study, we plan, we prepare for almost everything in life except our relationships. And what do we spend our whole lives doing except relating to other human beings? Most of us pick up enough clues, by tuning into what is going on around us, to get along well with other people. But there are many among us—and a good number of them are hampered by learning disabilities—who do not unconsciously absorb what happens around them and apply it to their own lives. They need to be taught these skills explicitly.

So the Big S of socialization joins the Big O of organization as top priorities for the learning disabled adolescent. As much as he needs systematic instruction in reading, spelling, math, and other academic areas, whether or not he will make it as an adult really revolves around the Big S and the Big O.

CHAPTER TWELVE
Order

There is order in the universe.
There is order in life.
There is order in development, from one step to the other.
The body has its own order.
Ordered movement of the body brings ordered growth of the mind.

When the nervous system matures naturally, it orders the messages coming into the brain from all the senses and prepares the way for the master organizational job of all—developing groupings, patterns, systems of thought. It is the organizing system within us that lets us relate one person, one object, one situation, one set of feelings to another. If ideas are not related, then each experience is unique, unrelated to everything else, the result of fragmentation. When every single thing has to be dealt with separately, energy is used inefficiently and wastefully. Part of growth is the making of connections for faster, more efficient performance.

The toddler flails his arms and screws up his face as he tries to run. He grows up to be a 12-year-old who runs gracefully and fast, relating his movements to each other, using his body as a unified, coordinated whole.

As we mature,
we relate more and more ideas,
on higher and higher levels,
adding, substituting, refining, regrouping,
boiling things down to their simplest elements.

Organization and reorganization produce simplicity. Formulation and reformulation produce clarity. We continue to order our existence as long as we live.

The child with learning disorders does not have the tools to do the job. The filtering mechanism of his brain is not working automatically. From the very beginning, he cannot tell what is important from what is not. The tools of academic readiness—sorting, differentiating, remembering, integrating several things at once—are delayed in their development. Adults have to build the organization into his life until he can take it over for himself. Adults have to set the boundaries, carefully establish limits, provide order for the child with disorder.

Sort, sort, sort. The child has to be given every possible opportunity to sort things—from buttons to toy cars to pictures to lotto cards, eventually to symbols, to words, to ideas. Even with the best provisions, neural maturation cannot be hastened, but a youngster's growth can be encouraged by this kind of activity rather than impeded by the pressure of unfair demands. He can be given experience so that when neural maturation does take place he can leap ahead. Strategies to help him build on his strengths, to get around some of his areas of weakness, can be taught to him.

> *Everything he does well is a jewel to be treasured.*
>
> *Every sense of accomplishment he feels is a deposit to success.*
>
> *Every adult he trusts is an investment that will pay off.*
>
> *Every opportunity he has to enjoy himself, to have fun, to feel good about himself, is in the order of a savings bond.*

Lives have been saved and made productive by people feeling good about themselves. This comes about through the mastering of tasks and through relationships. It comes about through very hard work on the part of the learning disabled youngster and all the important adults who share his life.

The needs of learning disabled youngsters are at last beginning to be recognized. The child who was previously incorrectly labeled as retarded or emotionally disturbed can now receive the help he needs in many localities in America, thanks to the militancy of parents who demanded this help. There is greater hope today than ever before. We know more. Parents and teachers are more on the alert so the child with difficulties is spotted earlier. There are many resources. More can be done.

Still, the major responsibility sits squarely on the shoulders of the parents of each learning disabled youngster, followed by his teachers. The job is immense; the demands are constant.

The continual providing of order,

the continual planning ahead,

the continual programing for a child's pleasure and success,

mean

continually putting a child's needs first

and

that is not always possible

nor

is it always desirable.

Adults have needs. Adults have pressures put upon them not only by their children but by other adults, by their employers, neighbors, co-workers, community, church, and by their own parents. Adults have their ups and downs. It is only human.

One cannot serve the needs of even the most needy youngster every single moment. One can only do his or her best.

One can give as much structure as possible. One can attempt to obtain the best education for each child and to unearth the needed services. One can join parent, teacher, and community groups to apply pressure on officials to help with the job. This much must be done for these intelligent young people who have so much potential.

BUT

nobody is perfect.

There is no perfect parent,

just as

there is no perfect child,

just as

there is no perfect teacher,

just as

there is no perfect way to bring up and educate any child.

The learning disabled child will inevitably become frustrated, despairing, angry, anxious, guilty, and also hopeful. Big ups and huge downs—rarely a middle ground—characterize this child. The adults around him are very susceptible to the same feelings, and, if they allow themselves to take part in his ups and downs, their life can become a veritable seesaw.

It is normal to feel angry with a learning disabled child. What is important is to find the cause of the anger and analyze it. See what can be done to prevent the situation or the set of circumstances from happening again next time. Sometimes simple exhaustion from the ever-present demands causes anger, and a good night's sleep takes care of it. Sometimes it is deeper than that. The frustration of helplessness, of being unable by any human power to "make it all be all right" for a child, can produce many varieties of anger.

All parents share the experience of falling flat on their faces at times, particularly when they are surrounded by uncertainty, unpredictability, inconsistency—the climate of the learning disabled child. Any adult who is intensively involved with this child is unavoidably going to make many mistakes. Jean Piaget, the great Swiss psychologist, points out that a child's misunderstandings and his mistakes are the most revealing source of information about his progress and development. Perhaps the same principle can be applied to adults.

We can learn from our mistakes and our confusions, not only about the child himself but about where we, the adults, stand in relation to him. The more we know about the nature of the learning disabled child and the more we know about ourselves, the better we will be able to separate our feelings and reactions from his. There are times when this is very hard. We are affected because we care deeply about him and that makes us vulnerable. Yet it is clearly in the child's best interest that we not identify too closely with him.

If we take a long, hard look, most of us need not knock ourselves for failing to do enough. We are probably using as many resources as possible to help this child, and we are open to tapping more when we learn of them. Most of us enjoy the child for much of the time and share laughter, joy, and wonder with him, as well as tears. We crave to hear what the learning disabled youngster craves to hear—"You will make it." The chances are good that he will!

Appendixes

Appendix A

Some Typical Academic Problems of Learning Disabled Children

Some Typical Reading Problems

1. Confuses b and d, reads bog for dog and often confuses b,d,p,q.
2. Confuses the order of letters in words—reads was for saw.
3. Doesn't look carefully at the details in a word, guesses from the first letter: reads farm for front.
4. Loses his place on a page when reading, sometimes in the middle of a line or at the end of the line.
5. Can't remember common words taught from one day to the next; knows them one day not the next. Most frequently forgets abstract words: us, were, says.
6. If he doesn't know a word, he has no systematic way to figure it out. Guesses or says "I don't know."
7. Reads without expression and ignores punctuation. The mechanics of reading are so hard for him that he has no awareness of the ideas expressed by the written symbols.
8. Reads very slowly, and reading tires the child greatly.
9. Omits words or adds words to a sentence, attempting to make meaning out of the symbols he has trouble decoding.
10. Reads word by word, struggling with almost each one of them.

Some Typical Language Problems

1. Cannot state something in an organized, cogent way. Tends to muddle, starts in middle of an idea. Cannot organize words properly into a question.
2. Has trouble following directions, particularly long sequences of them.
3. Doesn't enjoy being read to. But does like looking at pictures in book.
4. Becomes distracted in class when instruction is presented orally. Learns from watching, not listening.
5. Very literal. Misses inferences, subtleties, nuances, innuendoes.
6. Poor sense of humor, doesn't understand jokes, puns, sarcasm.
7. Trouble with abstract words. Defines words by their concrete attributes or function.
8. Rigidity of word meanings, can't deal with multiple meaning.

9. Can't tell a story in sequence or summarize, can only recount isolated and highly detailed facts about an experience.
10. Forgets names of things that he knows, has to describe them (word-finding problem). Later, when not under pressure, will recall the word he wanted to say.

Some Typical Spelling Problems

1. Writes b for d and vice versa.
2. Transposes the order of letters, spells was, s-a-w or the, h-t-e.
3. Doesn't hear the sequence of sounds in a word and writes isolated parts of it; writes amil for animal.
4. Has no memory for common words that are not regularly spelled. May try to spell them phonetically, writes sez for says.
5. Does not hear fine differences in words, writes pin for pen.
6. Has trouble with consonants, writes wif for with.
7. Often disguises poor spelling ability with consciously messy handwriting.
8. In sentence writing, uses no capitals and no punctuation.
9. Leaves words out of sentences, can't express himself in complete written sentences.
10. Avoids writing whenever possible, at nearly any expense, because it is so difficult and so demanding.

Some Typical Handwriting Problems

1. Holds pencil awkwardly, too tightly, inefficiently. Gets easily tired by writing.
2. Can't write without lined paper. Spacing is poor. Leaves no space between words. Leaves no margins.
3. Writes letters backwards.
4. Mixes lower case letters with capitals. Memory for the forms of letters is poor, so he uses whichever form he can remember.
5. Letters are written above and below the line. No size consistency.
6. Writes in very large hand, can't control pencil enough to write small.
7. Holds pencil too tightly and writes very small. Can't relax hand and pencil. Also hides poor spelling.
8. Process of writing is incredibly slow. Takes 5 minutes to write a sentence. Perfectionistic tendencies—each letter must be perfectly formed.

9. Can't remember how to form letters, uses his own way. Draws letters inefficiently.
10. Erases often and writes over the same letter several times.

Some Typical Arithmetic Problems

1. Counts on his fingers.
2. Cannot commit multiplication facts to memory.
3. Reverses two place numbers—13 becomes 31. Also reverses 5 to ƨ, etc.
4. Doesn't understand place value.
5. May solve addition and even multiplication problems by counting on fingers, but cannot subtract, which is the reverse operation.
6. Subtracts smaller number in a column from larger number. In the problem 25−7, he subtracts the 5 from the 7 simply because the 5 is smaller, not seeing the 5 as representing 15, thus he arrives at the answer 25−7=22.
7. Often understands concepts but can't do it in written symbolic form with paper and pencil.
8. On the other hand, sometimes a child can do rote arithmetic on paper, but it has no meaning and he can't solve problems in daily life, such as making change for a dollar.
9. Can't remember sequence of steps to multiply or divide, has trouble switching from one process to another, such as dividing and subtracting in long division.
10. Solves problems left to right instead of right to left.

Some Typical Thinking Problems

1. Has a hard time sticking to the main point, brings up irrelevant, extraneous points.
2. Doesn't grasp cause-effect relationships. Rarely uses the word "because." Doesn't anticipate and evaluate.
3. Rigidity of thought. A word can have only one meaning. Or knows 5 + 7 = 12 but can't answer 12 = 5 + ?. Or knows 8 × 7 = 56 but can't reverse gears and solve 56 ÷ 8 = ?.
4. Has trouble seeing similarities and differences. Has trouble understanding relationships.
5. Doesn't see patterns. All words have to be memorized as he can't see spelling patterns; all mulitplication facts have to be memorized one by one (that's why he gives up) instead of seeing patterns that simplify the task. He doesn't group ideas together to form patterns of thought.

6. Poor memory. Can't remember names of people or places. Also trouble with faces. Reasoning often gets sidetracked because of poor memory.
7. Doesn't organize the facts and concepts he does have and thus can't mobilize them to solve problems, to predict or foresee consequences.
8. Can't categorize or classify. Each experience is an isolated event. Doesn't summarize. Can't generalize from the concrete to the abstract.
9. Doesn't transfer learning from one lesson to another. Has to relearn each concept from scratch.
10. Understands concepts too narrowly or too broadly. All 4-legged animals are dogs. Only black and white cats (like his own cat) are cats. Or he may call all cats Puff, the name of his own cat.

Some Typical School Problems

1. Erratic. Inconsistent. Unpredictable. Appears to be lazy. Good days, off days. Forgets what was learned yesterday. But without reteaching, he may remember it 2 days hence.
2. Poor attention span—no sustained focus.
3. Works very slowly—never finishes work in allotted time. Or works carelessly, finishing in half the expected time. Feels need to hurry, without thinking.
4. Poorly organized. Desk a mess. Always losing his coat or lunch.
5. Late to class, lingers after class.
6. Loses homework, or hands it in late and sloppily done. Doesn't understand or forgets assignments.
7. No study skills—doesn't know how to organize work, how to plan in regard to deadlines, how to organize time.
8. Low frustration tolerance. Gives up easily, or explodes.
9. Freezes when asked to perform on demand. When he volunteers information, he can tell what he knows; in responding to questions, he appears dull and ignorant.
10. Can't plan free time. Daydreams, acts silly, or repeats same activity over and over when given free choices.

Appendix B

HELPFUL ORGANIZATIONS

ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES (ACLD)
for parents, teachers, other professionals.
Purpose: to provide needed information and support.
to follow the latest educational and medical research,
to support legislation for special classes and trained teachers in the field.
Location: find the organization nearest to where you live by writing:
ACLD
5225 Grace Street
Pittsburgh, Pennsylvania 15236

CLOSER LOOK: A National Information Center for Parents and Professionals, operated by the Parents' Campaign for Handicapped Children and Youth.
Purpose: to provide practical advice on how to find educational programs and other kinds of special services for handicapped children and youth.
Location: Closer Look
Box 1492
Washington, D.C. 20013

NATIONAL EASTER SEAL SOCIETY
for parents, teachers and other professionals.
Purpose: to be a source of information on publications concerning the learning disabled child,
to provide clinics,
to sponsor research and workshops.
Location: National Easter Seal Society
2023 West Ogden Avenue
Chicago, Illinois 60612

THE COUNCIL FOR EXCEPTIONAL CHILDREN (CEC)

for administrators, teachers, therapists, clinicians, students, interested persons.

Purpose: to provide an information center for general and specific information on learning disabilities
to publish much useful material

Location: CEC
1920 Association Drive
Reston, Virginia 22091

THE ORTON SOCIETY

for teachers, other professionals, and open to parents.

Purpose: to study preventive measures and treatment for children with specific language disability,
to sponsor research and share their findings.

Location: The Orton Society, Inc.
8415 Bellona Lane
Towson, Maryland 21204

Appendix C

A LIMITED BOOK LIST

for

Introductions to the Learning Disabilities Field

Levy, Harold B.	*Square Pegs Round Holes: The Learning Disabled Child in the Classroom and at Home*
Siegel, Ernest	*Helping the Brain Injured Child*
Siegel, Ernest	*The Exceptional Child Grows Up*
Lewis, Strauss & Lehtinen	*The Other Child*
Hart and Jones	*Where's Hannah?*
Wender, Paul H.	*The Hyperactive Child*

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Five times per year at $7.50.
An interdisciplinary journal, directed to an international audience of teachers, parents, therapists, and specialists in all fields working with learning disabilities.

Journal of Learning Disabilities, 5 N. Wabash Avenue, Chicago, Illinois 60602.
Monthly, $10 per year.
A multidisciplinary journal focusing on all aspects of the learning disabled child.

Appendix D

The Constructive Use of Television

Television appeals to all children. They become enthralled by its magic, fun, silliness, excitement, and humor. To the learning disabled child, TV can also be a haven, a safe place to escape from a difficult world that makes exhausting demands on him, that makes him feel picked on and confused.

While the learning disabled child relaxes in front of the TV, it is bombarding several of his learning channels at once. He can see it, hear it, and associate his own experience with it. He knows and learns to predict the sequence of the program formats, the plots, jingles, and ideas. The repetition endears TV to this child who loves familiarity, who loves to know what will happen next. He can absorb what is presented with no fear that he will have to perform in response to it. It is safe and sure.

Parents can help a learning disabled child best through TV by helping him to organize in his mind what he has seen. It means that the parents will occasionally have to watch his programs too, but in this way they can get patterns of thought started which can be extremely valuable to him.

> *What was the show about?*
>
> *What happened—first, next, last?*
>
> *When did it happen? Where? How?*
>
> *What was the result?*
>
> *What was the main point, the theme?*
>
> *What do you predict will happen next?*
>
> *What do you predict the ending will be?*

By asking these questions in different ways, again and again, over a period of time, the parents can help him to build up the patterns, understand the logic of sequences, link cause with effect. If the child can't put his thoughts into words that make sense, the adults need to do it for him until he can do it for himself. This may take quite a period of time, even a year.

Police and detective shows are very simplistic, logically organized and easy to understand. They show a clear relationship between cause and effect. A child who has difficulty with abstractions can see it all visibly here, in concrete terms. Why did the action occur? What resulted from the action? If parents are worried about the violence in police shows, TV can be a good, sharing time for exploring these values together.

Family and situation comedies are another type of program with strong learning possibilities. The relationships between people touch the child's own experience and are a fruitful base for discussion. The plots tend to follow the humorous ramifications of a single event. The child can be helped to recognize and isolate the repeated patterns. The people in the stories are usually predictable stock characters, each of whom has one outstanding attribute: the kind, helpful person with a heart of gold; the insensitive bore; the super-efficient, impatient boss; the flighty scatterbrain. These oversimplified characters can be used to help a learning disabled child understand cause and effect in social situations, especially his own. It is perhaps for this reason that comedies about hip teenagers hold such a fascination for learning disabled adolescents.

Cartoons are much harder for parents to deal with, and often the role has to be one of interpretation or a conscious decision to leave this area alone. Although the drawing is usually clear and the animation is simple, the narrative is often far too sophisticated—the dialogs are full of adult nuances and adult humor which are incomprehensible to a learning disabled child. Yet, for some reason, he seems to enjoy cartoons. Many of the good, educational "specials," which delight most children and adults, can be resented by children with learning disabilities. It is as though the television, which has been his friend and fortress, is suddenly seen as a traitor, allying itself with teachers and schools, trying to teach him something! Educational programs, like "Sesame Street," are likely to have some parts paced too fast and to include too much, although he does enjoy and profit from other parts. Newscasts can interest a learning disabled child if he develops some expertise in an area such as politics, the environment, or the stock market and follows it closely. From one special interest, he can be helped to find similarly engrossing qualities in a second area and then a third.

Doctor shows offer parents a chance to talk with their child about illnesses in general. What are the causes? The symptoms? The cures? It may be a good time to reassure him about his own troubles, which he may identify as an illness or a terrible injury. Quiz shows may help him to add to his fund of knowledge but are more likely to add to his interest in money (or the prizes). Sports programs can be a source of real interest and growing expertise. Once they have been taught the rules very explicitly, the youngsters can frequently understand football games better on TV than on the field where they have trouble locating the ball and following the action.

Some parents look on television as a pure waste of time for children. "Why aren't you reading a good book instead of looking at this junk? Why aren't you out in the fresh air instead of cooped up in front of the TV? Why aren't you doing your homework?" It is not a waste of time for a learning disabled child if he is helped to use it properly. It can serve to expand his vocabulary, train him in the skills of focusing, observing, and listening carefully. It can help him sustain and lengthen his attention span. It can reinforce the skills of readiness that he needs for academic learning—classifying and categorizing, seeing parts in relation to a whole, improving language skills. Parents can make extensive use of television as a teaching instrument and enlist the willing cooperation of the child as well. Parents can build on their child's interest in order to work on his weak areas, programing what he needs into what he likes to do. For example, Alan needs to organize, he needs practice expressing a sequence of ideas clearly, and he needs a larger vocabulary. Alan's favorite program is "Star Trek," so frequently at dinner, his mother, father, and older brother ask him to describe the latest episode in a straightforward, concise way. Sometimes they try to predict how it ended, and he has to correct them.

Teachers can use TV constructively for homework by creating simple forms that the child has to fill out, requiring him to name the program correctly, write down the day of the week and the time it took place, requiring that he categorize it as a mystery, a comedy, a quiz show, or science fiction, that he name the main characters, and that he describe the main theme in one or two sentences. Furthermore, teachers can play "category" games by having the children group their favorite programs into doctor shows, detective shows, quiz shows, and so on. Comparative thinking games can be built around TV programs. When there is anything that a learning disabled child really likes, the adults in his life need to grab hold of it and use it to teach him the skills he needs!

Appendix E

STOCK PHRASES

That might be helpful to parents and teachers of learning disabled children.

"Some babies walk at 9 months, some at 1½ years, and others don't walk until they are 2 years old. They walk when they are ready. The ones that walked earlier don't walk better than the others. Some children read earlier than others. You will read! You need more time but you will read!"

"That's not appropriate behavior. (It does not fit the situation.) This is the appropriate behavior. Let's try it."

"Are you ready now? ready to sit down? ready to concentrate? good . . ."

"Calm down. Pull yourself together."

"I'm helping you to help control yourself. It's hard for you to control yourself. Sometimes it's best for you to be away from the group for a while until you can pull yourself together."

"I know it's hard for you, but you can master it. I'll help you if you need it. You try first. I'm here."

"When you're frustrated, it helps to tell us about it and then we can help you deal with it."

"It's O.K. to be angry. Everybody gets angry at times. It's how we handle it that counts."

"Yes, I am bossy and I'm going to continue to be bossy, until you can boss yourself a little better."

"When we see you tease others that way, we know that someone has hurt you real bad with teasing. Let's talk about that hurt. When people tease you it's because something really bothers them. They have a hurt."

"Remember how hard that was for you in September? You tried so hard and couldn't do it. Look at you now!"

"It's good thinking that counts in this world. You have a good mind, and I like the way you use it. That's what's important!"

"Slow down now. Organize your thoughts. We have time."

"Is that relevant?"

"Keep your eyes on what you're doing."

"Look at me. Eyes on me. Now think through what things you need to bring with you."

"Stop. Think. What are we going to do first?"

"Let's review what we did. First we went outside. Then, what did we do? I remember what we did next . . ."

"It's hard for you to stop what you are doing, so I'm going to give you a warning and then ask you to stop."

"The most important thing about mistakes is that we can learn from them. Don't worry about making mistakes for you can learn so much from them. Many great inventions have come as a result of mistakes."

"You don't have to be perfect. Nobody is perfect. How dull the world would be if people were perfect."

"How great that you can laugh at yourself."

"First, let's look at what you are good at, what you *can* do. Then we are better able to tackle what you can't do."

"Let's approach this in an organized, systematic way. We'll do it step by step."

"It's hard to lose a game, but I'm sure you'll win one soon. This is a game of chance anybody can win or lose. It has nothing to do with how smart you are!"

"It's hard to lose a game (of skill). That's hard for you! Let's work on it together for a while. You'll see that you'll improve."

"You don't have to cheat to win. You're winning as a person, and you'll get better at the game!"

"When you say something is too easy it really isn't. It's hard. I know it is, and I can help you do it."

(same with "It's boring" and "It's babyish")

"You and I know now that when you say you are too tired to do this that you are afraid you can't do it well. Let's try it together."

"You are just going to have to try to accept my knowledge that you are making progress. You will see it for yourself soon."

"You may have learning problems but that's no excuse for poor manners!"

Appendix F

The role of the Arts in the Education of Learning Disabled Children.

It is through the arts that almost every child can be reached and taught. Art, music, dance, puppetry, drama, pottery, woodwork, and film-making can help develop perceptual skills. They offer opportunities to strengthen visual, auditory, tactile, and motor areas, and they provide readiness for other forms of learning. Through the arts, a child can order his world, make sense of what he knows, relate past experience to present, turn muscular activity into thought and ideas into action.

There is a discipline underlying every artistic endeavor. People think of the arts as being very free; they are—but they only become so after one has mastered a set of basic skills. These skills must be taught in an organized, purposeful way. Learning disabled children need to be introduced to the arts in a step-by-step progression, as with anything else taught to them. They need to sort, to differentiate, to integrate several things at once—and every art offers these organizing experiences. The special genius of artists must be tapped to offer these experiences in systematic ways.

In the arts, as in other areas, the learning disabled child needs to be focused. A child who often misses the main point needs to know what the goals are—since he cannot visualize well, he must see a model or a demonstration before he starts working on his own. He needs to know what is to be done first, next, and last in order to understand the parts that contribute to the whole and the order of procedure. Any arts program needs to be structured for his success and his pleasure. This can be done if not too much material is introduced at once and not too many words are used in explanation.

Often the child with a hidden handicap has a hidden talent in an artistic area because he has learned unique ways of looking at things. Very often he has survived on his "radar," picking up unusual signals or a special skill that bypasses his disabilities. Any particular talent that he may have (as with any of his strengths) needs to be encouraged, enhanced, and promoted to bring him esteem in the eyes of others and pride in himself. Any time a learning disabled child can have an experience of competence and mastery, he is developing a better feeling about himself and the confidence to try new things and take new risks.

The arts can ignite the whole learning process. To do so they need to be central to education, not peripheral. It is a mistaken idea that the arts are "frills," only useful as after-school activities. Where the learning disabled child is concerned, it is also a mistake to think of the arts as primarily a means of building talent or as a therapeutic expression of deep-seated feelings. The arts can and should play a central role as tools to further academic learning.

Learning disabled children need very systematic teaching, with much repetition. At the same time, because they are intelligent, they need to have their intellect and imagination challenged and stretched as far and as fast as they can go. This is where the arts become significant. The nature of the arts produces professionals who are capable of providing children with both extremes. While the child concentrates on his product in the arts (and the artist most certainly helps to make it an excellent product) the artist concentrates on the learning process. It can consist of readiness skills or pure academic material. For many learning disabled children, academic content—mathematical functions, grammar, syntax, spelling—can be taught and made to stick through the arts. A vowel can dance between two consonants. Computing methods can be "invented" to save a flock of sheep in a make-believe encampment of ancient Assyria.

Artists are usually untraditional, able to find unorthodox ways to teach youngsters who don't learn by usual means. Problemsolving ingenuity, resourcefulness, flexibility—all greatly needed in work with learning disabled children—are common traits among artists. Any practicing artist or performer develops systematic ways to achieve his or her goals and usually does so with a contagious enthusiasm. Artists are often excited by the challenge of trying to reach and teach the child who puzzles most adults, and they are often willing to make their time and talent available. Their richness of style, depth, originality and ability to create with what there is on hand, make them uniquely suited to teach children who defy usual school practices.

The most resourceful of artists are needed, for the learning disabled youngster does not need to become uninhibited in order to use his imagination and artistic talents. He needs just the opposite in order to become creative: one must *limit* his space, his time, his choices, the materials used, the amount of work, the directions given and the discussion. It is not that the artist must limit the child, but that because of the lag in the development of the child's central nervous system, *his world must be limited to allow him to create.*

Artists working part time in a school bring freshness and relief to the regular teacher. Remember, the learning disabled child consumes teachers, and one teacher cannot give her best to these youngsters 5 hours a day. It is shortsighted of many schools to put the whole burden on one teacher who cannot possibly have the time to develop individualized materials for each child.

Educators and artists share many common goals. Both habitually share what they know in one form or another, both work toward creating awareness of the environment. Joining together is an integration of talents and techniques. Congress, when it passed Public Law 94-142, Education For All Handicapped Children Act, intended that the arts should be an important part of the education of handicapped children. The Senate Committee on Labor and Public Welfare stated in part, "The use of arts as a teaching tool for the handicapped has long been recognized as a viable, effective way not only of teaching special skills, but also of reaching youngsters who have otherwise been unteachable . . ."

Artists and teachers together can create a powerful team meeting the needs of a learning disabled child. They can work on precisely the same readiness skills, such as organization, visual perception, or auditory perception, in different ways. Teachers can ask "What does this child need to know?" and, through task analysis, isolate the component skills, concepts, and ideas that the child needs. Artists can take these and weave them into their own art or medium with imagination and resourcefulness. Each reinforces the other.

At the core of each of the arts is the sorting process, discriminating one thing from another, one way from another, and then integrating them into a unified form. This is what readiness for achievement in school is about. This is what allows formal teaching to take place so that information can be slotted effectively into the proper filing systems in the brain. Information has to be categorized, classified in order to be retrievable. Artists, through their individual art forms, can program all manner of exciting ways to help this kind of organization to take place.

Barnaby had particular success with woodwork. The wood was strong and stood up well to his clumsy handling. The sculptor he was working with made him draw a basic design for the chair he wanted to make. The sculptor told him it didn't have to be great art but he had to have a design. Barnaby had to figure out the materials he needed. They discussed the project, the teacher setting the pattern at first by verbalizing what had to be done, what the next step would be and then the next. Barnaby had seen a chair made by the teacher but he was making a different kind. As he proceeded, step by step, Barnaby took over the verbalizing and explained what he had done and what he would do next. As his chair took shape, he had to measure it against his own body, his source of reference. After he sanded it, he painted it; but before he could take it home, Barnaby had to be able to teach another child to make a chair or to explain the process clearly to another person so that the experience became organic—a part of his being.

Robin loved rhythm and music. She was very bright but she couldn't read; she couldn't decode symbols. In her music class, loud sounds were represented by red poker chips and soft sounds by yellow ones. When she saw two red chips and a yellow chip (going from left to right) she knew that this meant loud-loud-soft and she would play loud sounds on the drum, soft sounds on the xylophone. As the patterns of sound became more complex and she grew more adept at "reading" the symbols (which also became more complex, including different sizes and shapes), Robin's ability at decoding letters and words in the classroom improved also.

Gregory had a wonderful way with words but he was always stumbling, tripping and falling. Like many learning disabled children, he did not know automatically how to operate in space. He confused left and right, up and down, above and below, inside and outside. He could not visualize space, organize the space around him or follow directions in space. Without first differentiating the parts of his own body, without being able to isolate and identify arms, legs, head or back, there was no way he could make them work as a unified whole. His dance teacher began each exercise with Gregory standing in his appointed place against the wall, so he would be clear about his own point of departure. Similarly, his classroom teacher marked the space around his desk with masking tape on the floor. He learned to plan his movements in dance class, where he had to leap over and glide under all sorts of obstacles. He used his hands and feet separately, pretending to be a puppet. He learned to use his arms and legs as though they were pulled by imaginary strings and he came to know how the parts of his body worked together as a whole. As he began to plan more for his body in space and to move more effectively, he used the paper space better on his written assignments, he planned the placement of his math problems on a page and even his handwriting showed improvement. "The upper left hand corner" and other directions took on meaning as he learned where his own body was. As Gregory, who had not been able to move backwards in space, began to do this with ease, his classroom teacher noticed that he could now do subtraction problems and that his use of the past tense in English was more accomplished.

Brian was asked to play the part of a strong king and then a weak king in his drama class. The way he portrayed them, they both looked the same, although he knew they were different. He could not isolate the main characteristic of each king and therefore could not exaggerate those qualities in order to communicate the difference by his acting. He could not integrate gesture, movement, and speech at the same time. The actress who was teaching him first demonstrated a strong walk and then a weak walk so the children could see the difference. They practiced strong walks, accenting their struts. To these they added strong gestures, strong facial expressions, and, in time, they also gave strong oral commands. Then they did the same, step by step, with the feeble king. Subsequently, they played guessing games of strong and weak, first verbalizing what they had to remember: What will the walk be like? the gestures? the facial expression? the voice? As the children learned to organize and integrate more effectively in drama, this carried over into the classroom.

Alvin and Mary decided to make a movie. It was to be a melodrama. First they figured out a plot for the story: The hero and heroine would be walking in the park. A villain would carry off the heroine and tie her to the railroad tracks, but the hero would come and rescue her in time. When they actually started shooting the film in the park, with three friends as actors, the film-maker who was teaching them frequently reminded Alvin and Mary to "focus and frame," to keep their camera on the main action. The constant attention to visual focus in film-making paid off in terms of more focused attention to visual detail in the reading program. In editing the film, the film-maker had them organize the sequences in such a way that the action was interesting, exciting and understandable. This required that Alvin and Mary think out clearly the main point of their film and determine what should come first, next and last. Then they added on an animated title, a list of actors and subtitles. The experience required intense concentration and organization. When they put in music and sound effects, they understood how sound established mood. The integration of sight and sound to achieve a specific dramatic effect demanded experimentation, the sorting out of experience and the purposeful welding of one medium to another. Alvin and Mary were able to handle this, with enthusiasm. Previously, they both had experienced great difficulty in dealing with several things at once and had become easily disorganized and confused. In film-making, where they were having fun, they discovered new strategies to help them organize and integrate. They brought these strategies back to the classroom.

In each of these examples, the practicing artists drew upon the richness of their own particular arts to teach these children the precise skills needed for improved academic performance. The children were having fun, learning an art form, while picking up all kinds of information and processes useful to a lifetime of learning. The arts were central to their schooling and to their feelings of self-worth. With mastery grows confidence. In the arts, a child can see success with his own eyes and experience that exhilarating feeling of "I can do it!" Nothing can replace that!

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