

Education of Disabled Children

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It is found that, in India, 77 percent of the children joining the first standard in schools do not complete the seventh standard. Among the various other factors, one reason for this high drop-out rate is their inability to cope up with the school curriculum because of their disability to learn. This means that these children have some problems related to thinking, perception, language ability, control of attention or activity levels. Studies have indicated that 10 to 15 percent of the Indian children have some such kind of handicaps (Shanker, 1984).

There are various types of retardation—emotional, social, physical and educational. An educationally backward child is described as one, who would, in the middle of his/her school career, be unable to do the work even of the class next below that which is normal for his/her age (Bhattacharya, 1985). In this paper, we restrict our attention to the problems of educational backwardness only.

Identification of Educational Retardation

The learning disabled children may be identified through their general behaviour in the class and through their attainments in the class and examinations. They are often described as hyperactive, uncoordinated, inattentive and as having a poor visual and/or auditory discrimination. They often manifest a left to right confusion and may reverse letters or symbols when doing written work. They may be operating with varying degrees of deficiency in terms of seeing, hearing and emotionally experiencing the world as others do.

It is possible to diagnose the problem through the cooperation of teachers, doctors, psychologists and parents. There is the possibility of a minimal brain dysfunction presumably thought to exist in a child having learning disabilities (Keat, 1978). Physicians can exclude any disease and neurologists can throw light on the functions of the nervous system. But in the case of an exclusively learning disabled child, the medical and clinical evidences are not easily identifiable.

Very often the classroom teacher is the first person to suspect that a child has a learning disability. But only a psychologist can give specific tests to assess the potential and the areas of weakness.

It is important to rule out other possible causes of educational backwardness besides the learning disability. One of the first things

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to be determined is whether the behaviour exhibited in the classroom is the result of a learning disability or of a social or emotional disorder. It may also be that the teacher's classroom management techniques are not suited to the particular child. Here the psychologists can intervene and diagnose the real problem through screening devices. The psychologist may administer intelligence tests, test for visual perception, test for auditory perception, some achievement test and occasionally, some sort of projective technique. If needed, the psychologist can also observe the child's behaviour in the classroom.

Specific Symptoms of Learning Disability

(1) The disabled children have difficulty in interpreting what they see or hear. They either cannot perceive the relationships or integrate the information or take longer time to get the meaning of what they see, hear and touch.

(2) Most of the children with learning disabilities demonstrate hyperactivity in their behaviour. The causes of hyperactivity is a mystery. The most widely held theory is that hyperactivity is the result of minimal brain dysfunction. These children respond to inessential stimuli and are easily distracted by colour, shape or smell. Paying attention or concentration is difficult for them.

(3) Another characteristic of disabled children is "dissociation". This means that they are not able to see things as a whole or as a 'gestalt'. It is manifested in their reading, writing or spelling. When they are reading, "disability", they are likely to pronounce it as, d, i, s, a, b, i etc. not as a whole unit.

(4) They have a tendency to reverse the figure and ground. 52 is written as 25, 43 is written as 34, "on" is written as "no" and "T" is confused with "F".

(5) They find it difficult to shift with ease from one mental task to another. There is a kind of inertia or lethargy in the organism to make a move from one set of activity to another. This tendency is called preservation.

(6) These children suffer from lack of motor coordination or erratic body control or imbalance. Spatial disorientation is shown and is expressed in confused laterality or directionality. They may find it difficult to distinguish "right" from "left" or "up" from "down".

(7) Abstract thinking and concept formation is generally difficult for them. They often make mistakes in conceptualizing time and place. "yesterday—tomorrow—today", "top—bottom" and "front—behind" are often confused.

The above characteristics may lead to behavioural or emotional problems. They may show poor impulse control, low frustration tolerance and a decreased ability to inhibit.

It is true that the solution of many problems relating to retardation is not always under the control of the educational system. But there are some steps which can be taken in order to deal with some specific problems here and now. It takes a great deal of adult nurturance and structuring to help such children to survive and grow psychologically, outside of the school.

Helping strategies

(1) The biochemical imbalance of the child's body is an extremely important consideration in helping. If there are any physical manifestations of behavioural disorders, some dietary or drug forms of treatment are considered. Ritalin is one of the drugs commonly used in learning disabled children who are hyperactive so as to increase their attention and concentration (Cott, 1975).

(2) The classroom setting of these children should not have too many stimuli. This will reduce distraction and will increase focusing. Experiments have shown that classrooms rich in stimulation value are good for normal kids but the children with learning disability need a different educational setting, structured, closed in and free from distractions (Bhatia, 1982). Walls, furniture, floor and curtains may be of the same colour. Window glass preferably be opaque so that the children will not be distracted from stimuli outside.

(3) The slow learner, because of his limited ability to grasp concepts readily, will need more repetition of subject matter than a normal child. Interests of these slow learning children may be appreciated for what they can do than to emphasize what they cannot.

(4) The children with learning disabilities need motor exercises for obtaining motor control and body balance. Introducing them to Yoga and Meditation techniques will be helpful to achieve concentration and relaxation.

(5) It is possible that children with learning disabilities have missed certain developmental steps in early years. Hence, the helping of such children involves simply taking them back through the steps missed in childhood, and gradually bringing them up to a stage of development appropriate to their age. A clinically trained psychologist can do that.

(6) A programmed learning experience should be designed involving materials and tasks with immediate feedback, as well as consistent and positive reinforcements. Children should be encouraged to use the skills they have. It is sometimes observed that the slow learner surpasses normal children in motor capacities. There are various helping models developed by different psychologists but unfortunately a proper and adequate Indian model has not yet developed.

(7) The qualities of the teachers are of extreme importance in educating the slow learning children. The teacher should start

with the confidence that these children will improve (Rosenthal & Jacobson 1968). The children should not be labelled as "idiot" or "stupid"; otherwise, their self-concept will be in the process of deteriorating and eventually lead to delinquency and antisocial behaviour. The teacher should be a person of practical rather than academic inclinations, with interests that are concrete and must have a talent for creative and artistic expressions. If he is to be really successful, he must look upon his task not as a burden but as a pleasure.

Conclusion

It is beyond the scope of this article to propose a precise helping model which needs further scientific study and research. The Government and voluntary organizations should turn their attention to this important issue of educating the learning disabled children. The excellence of a society seems to consist in the degree of care it takes of the weaker sections of the population. An administrative model for the organization of special education program should be planned out and executed by educational technologists at the earliest so that we can enter the 21st Century with enlightened, educated and socially responsible young people. □

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