

Learning Disabilities Around the Globe: Making Sense of the Heterogeneity of the Different Viewpoints

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“Learning disability” is a globally, very widely used, yet very heterogeneously understood term related to academic failure. The way the concept has emerged in different parts of the world has been strongly influenced by the ideals, norms, language, historical heritage, political currents, and scientific paradigms that affect education in a given culture. As a result, it is very unlikely that the various perspectives can be united behind a commonly accepted definition. In order to promote mutual understanding among scholars and practitioners from different nations, it is important to provide articulate and palpable information about how a learning disability is viewed across societies.

Keywords: learning disability, academic failure, mild mental retardation, dyslexia, diagnostic systems.

LEARNING DISABILITY AS A GROWING ISSUE

Of all the students with special needs, those who do not meet the minimum requirements with regard to their academic progress are by far the most common (Büttner & Hasselhorn, 2011; Vaughn & Bos, 2014). Such students fail to develop the knowledge, skill, will, and self-regulation necessary to succeed in key subject areas. Oftentimes, they leave school without any kind of certificate and end up in danger of spending a lifetime in precarious employment relationships or dependent on social welfare benefits. Children and youth who face these challenges as well as adults who continue to struggle to acquire knowledge and skills after finishing school are often referred to as having a learning disability.

Countless professional unions, scholarly societies, and support groups around the world are dedicated to helping these individuals address or overcome their challenges (e.g., British Institute of Learning Disabilities, Council for Learning Disabilities, Foundation for People with Learning Disabilities, Learning Disabilities Association of America, Learning Disabilities Association of Canada, Learning Disabilities Association of New Zealand, Learning Disabilities Worldwide, Mencap – The Voice of Learning Disabilities, National Center for Learning Disabilities, Scottish Commission for Learning Disabilities). Furthermore, a large number of scholarly periodicals disseminate empirical knowledge to inform practice in all sectors of professionals working with struggling learners, such as education, sociology, medicine, social work, criminology, mental health, and others. Apart from the outlet in which the present paper appears, the *British Journal of Learning Disabilities, Insights into Learning Disabilities*, the *International Journal for Research in Learning Disabilities*,

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the *Journal of Learning Disabilities*, *Learning Disability Quarterly*, and *Learning Disabilities Research & Practice* are prominent examples. Indeed, the psychological database PsychINFO lists close to 1,500 articles and books mentioning the diagnosis of learning disability in their titles that have been published just within the past five years (2010-2015). In fact, Heward (2012) notes that "... no area of special education has experienced as much rapid growth, [and] extreme interest ... as learning disabilities" (p. 181).

THE PROBLEM OF VARYING CONCEPTIONS, CONSTRUCTIONS, AND MEANINGS OF THE TERM "LEARNING DISABILITY"

The fact that all the organizations and periodicals mentioned above include the term "learning disability" in their names and that so much is written about it seems to suggest that there is a broad consensus about its meaning and scientific definition. Publications on the topic generally regard it as if it were an objective category with formal criteria accepted in the scholarly literature (Katchergin, 2014). However, this is not the case. Understanding of the term ranges from viewing it as a disorder that is characterized by at least average intelligence with isolated developmental delays in very specific areas (like reading, spelling, or arithmetic) to a condition that is basically identical with what is commonly known as mild mental retardation. The fact that many non-English-speaking countries that operate with a literal translation of the phrase "learning disability" in their respective language makes the matter even more complicated. Even though the well-known *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) mentions and defines the phenomenon, this classification system is by far not generally accepted or used cross-culturally. Thus, often other diagnostic tools or country-specific disability related legal provisions determine what scholars, practitioners, and laypersons in a certain part of the world consider to be key components of a learning disability (Al-Yagon et al., 2013; Sideridis, 2007).

But the diffusion concerns much more than definitional issues. For example, the DSM-5 considers a learning disability an umbrella term that covers a range of neurologically grounded disorders (Vargo, 2015). This conception is mainly based on a medical paradigm. The way that severe difficulties in acquiring knowledge and skills are viewed is in large part determined by the respective local history of dealing with these problems. In the United States, for example, children and youth who demonstrated serious deficits in school achievement did not fit any existing category of exceptionality until the early 1960s. It wasn't until 1963 that the term "learning disability" was introduced by Dr. Samuel Kirk and even later when U.S. federal legislation provided access to public education for students with disabilities (USDOE, PL 94-142, 1975). Up until then, schools had no programs for these students, and their parents did not turn to teachers and educators for help. Instead, they mainly approached physicians and psychologists, who, in turn, labeled struggling learners with terms that were fitting for their disciplines (such as brain damage, minimal brain dysfunction, neurological impairment, or perceptual handicap). The federal definition of learning disability in the U.S. is essentially unchanged from its initial definition in the 1975 legislation. The Individuals with Disabilities in Education Act (IDEA 1990, 1997, 2004) defines a learning disability as "a disorder in one or more of the basic

psychological processes involved in understanding or in using language (spoken or written) that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.“ The early medical model of learning disabilities in the United States during the 1960s still influences the broad definition of LD today (Heward, 2012).

In contrast, the German translation of the term “learning disability” (“Lernbehinderung”) was introduced in the 1960s during a restructuring of the national education system by the Standing Conference of the Ministers of Education and Cultural Affairs (Kultusministerkonferenz) to characterize the population of children and youth who fail in all core school subjects. Influenced by a history of severe discrimination and even of killing of people with disabilities during the Third Reich, there is a marked reluctance among scholars and educators in Germany to label anyone with a term that might be perceived as pejorative or derogative. Thus, the term “Lernbehinderung” is used with great caution and usually not to describe a defect within the person (as would be the case if the problem was looked upon as a neurological disorder or some form of mental retardation). Instead, it is predominantly viewed as a condition resulting from sociocultural and socioeconomic deprivation, or sometimes from poor teaching (Al-Yagon et al., 2013; Grünke & Grosche, 2014; Opp, 1992).

The U.S. definition presented in IDEA was later amended to include a consideration of environmental, cultural, or economic disadvantage and was only recently added as a consideration in the DSM-5 under one of the four criterion for diagnosing a specific learning disability. The DSM-5 notes that “adverse conditions” such as inadequate instruction must be ruled out before a diagnosis of this phenomenon can be made.” However, one of the DSM-5’s most common counterparts, the International Statistical Classification of Diseases and Related Health Problems (ICD-10; World Health Organization, 2015), does not include contextual or environmental considerations in its diagnosis code for a learning disorder (F81.9). The ICD-10 views a “significant” aptitude-achievement discrepancy with an intelligence level in the normal range or above as a defining element of this group of disorders. To be called a learning disability, therefore, poor academic achievement must not be explained by the intellectual potential of the respective individual or by external factors (like inadequate teaching) (Büttner & Hasselhorn, 2011).

Not surprisingly, different vantage points highly influence what is regarded as appropriate methods for supporting people with learning disabilities. But even though professionals in countries like the United States mainly follow the definition of a learning disability outlined in the IDEA and in clinical settings, the aligned DSM-5, this supposed consensus is not far-reaching. Individuals who are labeled with this diagnosis do not outwardly appear to have a disability. They seem physically intact, and their challenges are not instantaneously evident. By contrast, a person who suffers from a visual impairment or cerebral palsy is easily recognizable. And there is not much debate about how to characterize and define most sensory or physical dis-

orders. With a learning disability, it is a different story, however. Even though most scholars and practitioners in the United States adhere to the definition outlined in the IDEA, there is still considerable disagreement about even the most basic questions on how this phenomenon manifests itself and even greater tension surrounding the appropriate method of identification (Heward, 2012; Lloyd, Keller, & Hung, 2007). Thus, as Büttner and Hasselhorn (2011) rightly point out, "... many questions on classification, definition, and identification of LDs as well as on etiology and effective intervention remain unsolved" (p. 75).

REASONS, WHY "LEARNING DISABILITIES" WILL REMAIN AN INCONSISTENTLY USED DIAGNOSIS

One obvious solution to settling the inconsistency in terminology and diagnosis would be to reach a global agreement on which terms to use for what condition. As mentioned above, in some countries (like Great Britain and Ireland), a learning disability is by and large viewed as similar to what is often referred to as a mild mental retardation. Further, one could specify the criteria of what constitutes a learning disability (e. g. according to the DSM-5). In addition, one could try to clearly distinguish it from a so-called "mild mental retardation." The latter term could then be reserved for those exhibiting significantly below-average intellectual abilities with an intelligence quotient (IQ) between 55 and 70 (see, e.g., Vargo, 2015) and, at the same time, demonstrating serious problems in school achievement. However, to hope for this to happen in the near future would be unrealistic for at least three reasons:

(1) As indicated above, even for people who try to strictly abide by the diagnostic criteria described in the DSM-5, the matter of both etiology and manifestation of a learning disability has not been settled. Poor academic achievement is a very complex construct. That is, the reasons why somebody is unable to meet certain culturally dictated standards are extremely difficult to determine. However, a great number of empirical studies indicate that learning problems can be effectively alleviated or even remedied if the individuals in question receive timely, evidence-based interventions that are responsive to their unique needs (Swanson, 2014). This claim can be verbalized even stronger if applied to developmental delays that become full-blown difficulties if no appropriate treatment is given. Whereas Trisomy 21 or the Velocardiofacial Syndrome always stays with a person, different expressions of academic failure are not set in stone. As a result, one may define a learning disability as a very specific disorder in an isolated cultural technique with otherwise average or above-average intellectual capacities or as a general learning difficulty that affects performance in all core school subjects and correspond with an IQ level between the second and third negative standard deviation. The current status is always changeable within a much broader scope than it would be the case with most other special needs, particularly sensory and physical impairments. Under such odds, it appears overly optimistic to hope for a general agreement on a definition of a "disability" that is neither stable nor evident across contexts.

(2) A learning disability is often considered to be a social construct within a given society (e.g., Dudley-Marling, 2004). Imagine a boy with a tendency to struggle with written language and problems developing a sense of direction. It makes a difference whether he is born to a lawyer couple in a major city in Italy or a tribal Maasai

family in rural Tanzania that leads a traditional life of hunting and gathering. In the first case, his poor sense of orientation will most likely not affect him very much. He can use a GPS system for directions or take public transportation to get him where he wants to be. However, he would probably make a bad hunter and gatherer in rural Tanzania. On the other hand, having a predisposition for reading and writing disorders might not play the slightest role in his life as Maasai tribesman, whereas he might encounter major difficulties if he tried to stand his ground in a knowledge-based environment such as urban Italy, where dyslexia is a great risk factor for failing to graduate from school with a decent diploma and developing an anxious or a depressive symptomatology (Mugnaini, Lassi, La Malfa, & Albertini, 2009).

The above example may appear a bit far-fetched, because the concept of academic failure is not equally relevant in all cultures. However, Lloyd et al. (2007) legitimately pose the question: "Does [a learning disability] emerge in similar ways in different societies where different historical, linguistic, sociopolitical, and psychological perspectives affect education?" Of course, the formal process of acquiring cultural skills in a given society is not detached from the features that make it what it is. A one-size-fits-all approach to what constitutes a learning disability and how it emerges can never do justice to the peculiarities of a specific civilization.

(3) Even though the DSM-5 serves as a widely accepted tool for psychiatric diagnosis in the United States and other countries, its role in specifying a learning disability is not dominant. Most diagnoses of learning disabilities in the U.S. are made in school settings using the IDEA definition and individual states have the freedom to determine their own criteria for identification. For example, the reauthorization of IDEA in 2004, allowed states to use the response to intervention (RTI) method as an alternative to the IQ-achievement discrepancy previously widely used. This has resulted in tremendous variability with 37 states using the IQ-achievement discrepancy model *and* RTI for the identification of learning disabilities and seven states mandating RTI and disallowing the use of the discrepancy model for the determination of learning disabilities (U.S. DOE, 2011).

If the DSM-5 clinical classification system was the undisputed standard with few individuals, groups, or organizations viewing things differently, it would probably be possible for the scientific community to unify behind its definition. But this is not the case. One example might illustrate this point.

The Lancet is one of the oldest and most prestigious international medical journals in the world. With an impact factor of more than 45, it is ranked second among the hundreds of scientific outlets of its discipline (Thomson Reuters, 2016). In their basic position paper on learning disabilities, published in *The Lancet*, Gillberg and Soderstrom (2003) state about this phenomenon: "Learning disability and mental retardation are ... labels applied to individuals who consistently test below a certain IQ level (usually 70) and who show functional impairment as a consequence of low IQ" (p. 811). This concept runs counter to the DSM-5 definition but is nonetheless adopted by large parts of the professional world. Thus, it cannot be considered marginal. A scientific community that is divided between very influential factions will not come together easily. It is much more likely that the various factions will continue to claim the term "learning disability" for their respective understanding of the concept.

AN ATTEMPT TO SHED LIGHT ON THE DIFFERENT PERSPECTIVES RELATED TO LEARNING DISABILITY

Almost 10 years ago, the journal *Learning Disabilities Research & Practice* published a special issue entitled “International Understanding of Learning Disabilities.” It covered the perspectives of Guatemala and Spain (Jiménez & García de la Cadena, 2007), Taiwan (Tzeng, 2007), Norway (Thygesen, 2007), South Korea (Jung, 2007), Portugal (Correia & Martins, 2007), Africa (Abosi, 2007), as well as Israel (Gumpel & Sharoni, 2007). In 2013, the *Journal of Learning Disabilities* released a position paper about the effects that the changes in the DSM-5 were expected to have on the understanding of and approach to specific learning disabilities in Australia, Germany, Greece, India, Israel, Italy, Spain, Taiwan, the United Kingdom, and the United States (Al-Yagon et al., 2013). However, the passages about each outlook were rather terse.

While definitions have been shared, researchers have not moved for deeper cross-cultural understanding or collaborative approaches to a standard definition (Cavendish, 2013). In 2016, it is about time to come up with an updated and more detailed overview of worldwide perspectives on learning disability. It is important to have sound resources on this topic to refer to when writing an article for a journal or presenting paper at a conference. After submitting a manuscript, authors are all too often asked by editors of professional outlets to specify what they mean when they talk about a learning disability. Being able to point to a publication that explains the particular characteristics of this phenomenon as it is understood in a given author’s culture makes this task a lot easier.

The present special issue of *Learning Disabilities: A Contemporary Journal* and an accompanying supplemental issue are intended to serve this purpose. Renowned experts from around the globe present current and comprehensive overviews of perspectives about this term, specifically, the views of the Arab World, Australia, Austria, the British Isles, Canada, Chile, Germany, Greece, Hong Kong, the Iberian Peninsula, Israel, Italy, New Zealand, Scandinavia, South Africa, Turkey, the US, and West Africa. From the respective viewpoints of their part of the globe, the authors explain the history and current use of the term “learning disability,” respond to diagnostic criteria, provide information on the epidemiology, outline theories regarding the causes, present common practices of diagnosis and assessment, and address the challenge of attending to the needs of the individuals concerned inside and outside of the school. This timely and scholarly compilation will make a major contribution to facilitating communication and mutual understanding between researchers and practitioners from different angles.

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