THE SOCIAL DIMENSIONS OF LEARNING DISABILITY AND ITS IMPACT ON THE UNIVERSITY: A CASE STUDY

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Edmond, Oklahoma

1993

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF SCIENCE
July, 2000

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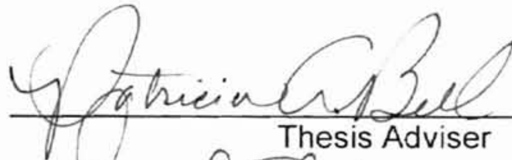
DISABILITY AND ITS IMPACT ON THE

UNIVERSITY: A CASE STUDY

Thesis Approved:



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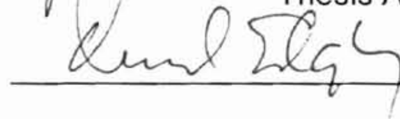

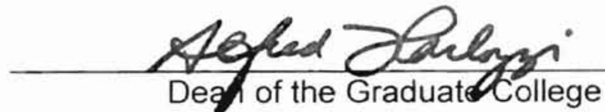

Dean of the Graduate College

Acknowledgments

I would like to thank my committee members Drs. Ed Arquitt, Patricia Bell, and Charles Edgley for bearing with me through this long arduous process and for making it easier when they were able. I am especially grateful for the advice and direction provided by Pat Bell.

I would also like to thank those who participated in this research for the gift of their time. Without them and others like them, it would be impossible to conduct this kind of research.

Special thanks go to Deborah Thompson. Without her constant support and encouragement I would not have been able to complete this project.

Finally, I would like to thank my wife Lisa and my two sons Oliver and Ian. As difficult as this process has been for me, it was even harder on them and their sacrifices have been greater than mine have.

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CHAPTER 1

INTRODUCTION

The phenomena popularly and professionally referred to as "learning disabilities" are the subject of this study. The study examines the historical development of the diagnostic category from behavioral and environmental to a clinical or medical category. It examines the meaning of learning disability and application of the diagnostic category within a social and political context. It also examines the middle class roots of the social movement associated with this social and political development. This is accomplished by examining the criteria and processes utilized in a university setting. This is a case study of how a university deals with learning disabled students and the implementation of policies related to learning disabilities.

Carrier (1986) stated, "...the rich know they are where they are because they are rich and the poor know they are where they are because they are poor; only the middle classes think they are where they are because they are bright." This illustrates the value of education in our society. Largely it is a middle class value because it is thought to be the road to economic success. Middle class parents want their children to be well educated and to do well in school. Students who do not succeed in school may be labeled as deviants. Placed in an awkward position, schools must explain to parents why some students do well and others do not. The schools are, therefore, an important part of the development of the phenomenon.

Although sociologists have analyzed the elements of social structure in education and the interactive processes between students and educators, they have largely neglected learning disabilities as a field of inquiry. The study of learning disability has been primarily a study of its' clinical and psychological characteristics and its' medical correlates. This study acknowledges that there are physiological conditions that impact the process of learning. The purpose is not to deny the existence of these conditions or to minimize their impact on those individuals who experience the conditions. Rather, the goal of this research is to examine the process of how the diagnoses is attached, evaluated, and handled in an educational institution.

The importance of this study is that it provides or places learning disability within a political and social context. Clinical studies do no provide explanations for the social correlates of being identified as demonstrating a learning disability. These correlates include social class, education level, and to some extent, ethnicity. The original intent of governmental policies regarding learning disability was to provide opportunities for disabled students to compete with other students in the university setting. However there is considerable evidence that learning disability policies are not always implemented as they were intended.

This study will provide a deeper understanding of the social context of the development of learning disability. Moreover, Individuals and organizations may define and measure learning disability in different ways. This study examines definitions, applications, and effects of learning disability within a large institution, for the purpose of demonstrating that it is a socially constructed category not

simply a medical or psychological fact. It is important that sociologists address these issues to provide a new and broader understanding of them.

From a simple theory of underachievement to the complete development into political and social policy, learning disability is rapidly becoming the dominant explanation for most of for individual problems in learning. Some achievement problems previously attributed to the quality of classroom instruction are now being linked to characteristics of the individual learner. Some of these characteristics include socio-economic background, race and ethnicity, and individual motivation and level of interest. The creation of the category "learning disability" has, in some ways served to further individualize underachievement, while ignoring important background factors.

A significant factor in the historical development of learning disability has been the disability rights movement, which developed to protect the rights of the physically handicapped. That movement has embraced the learning disabled as well. It has raised awareness of learning disability, legitimated it and designated the learning disabled as a minority group deserving of protection from discrimination. While the initial and main concern had been with primary and secondary schools, the last decade has seen an increasing number of learning disabled students in higher education. This is in part due to the fact that many persons initially diagnosed in primary and secondary grades have reached the college level. It is also due to the increasing pressures brought to bear upon colleges and universities to admit and accommodate students with learning disabilities. Nevertheless, the philosophy of higher education differs from the

philosophy of broad-based public education and so universities are now struggling to reconcile academic responsibilities with these new requirements. However, there is some concern that the philosophy that guides higher education may be held hostage to individual failure.

This study addresses the above concern by describing the policies, procedures, and views of individuals who are closely involved with learning disability issues at a university. It also offers a sociological perspective on learning disability, a phenomenon that is largely viewed as a medical or psychological problem. It provides a description of the legal and political contexts for the university's admission and accommodation policies. Furthermore it explores the meanings and viability of those policies by treating them as "policies in-intention" and "policies in-experience" (Lincoln & Guba, 1985).

CHAPTER 2

THE SOCIAL MEANING OF UNDERACHIEVEMENT

Underachievement as Deviance

There are many sociological conceptions of deviance and there is much disagreement in the field as to the proper approach for studying deviance (Schur, 1980). However, the most promising approach to understanding deviance in the context of education is the interactionist perspective. The interactionist perspective, as discussed in labeling theory, seeks to examine the ways in which deviant categories are constructed and individuals are identified and labeled as deviant (Conrad & Schneider, 1980). This interactionist approach however must also consider the values of those who label underachievers and critically examine their authority to do so. Howard Becker's labeling theory suggests that individuals who share a culture share values and beliefs as a part of that culture. They also have norms, or prescribed ways of behaving based on those shared values. Even though definitions of deviance vary from group to group, individuals or groups who violate behavioral norms are likely to be labeled as deviant by the larger society. Deviance is defined in relation to norms that generally reflect the interests of the dominant strata of society. Therefore the enforcement of norms and labeling of deviance also involves the use of social power (Conrad & Schneider, 1980).

Labeling of Deviance

Becker (1982) wrote that, "The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label." Deviance is less related to particular behaviors than to how those behaviors are judged by the group (Becker, 1982). Furthermore, groups define themselves, at least in part by defining what is normal and what is deviant (Schur, 1980). That is not to say that all members of a given group share the same values and abide by the same norms. Certainly, deviance occurs in all social groups but the deviants in any group are those who have been successfully labeled as deviant.

Other concepts important to the theory of labeling as discussed by Becker and others include the assumption that the individual or group doing the labeling must wield more political or economic power than the individual or group being labeled. Once labeled, however, individuals become deviant by definition. They are seen as deviant by the larger society and may come to see themselves as deviant also. Even minor violations of norms are likely to be defined as deviance once a person has already been labeled. Furthermore, to the extent that a person so labeled adopts a deviant identity, he or she is more likely to engage in deviant behavior in the future (Becker, 1989; Chambliss, 1991; Lemert, 1989).

Deviance is defined in relation to norms that generally reflect the interests of the dominant strata of society. Therefore the enforcement of norms and labeling of deviance also involves the use of social power. Since membership in a particular social group largely determines the goals, values, and norms of conduct for its members, and given that societies are stratified, it follows that

one's location within the system of stratification has a powerful influence on whether or not one will be defined as deviant (Conrad & Schneider, 1980). More powerful groups can enforce their norms of conduct on less powerful groups by labeling them as deviant. Powerful groups and individuals are less likely to be successfully labeled as deviant because their power allows them to resist negative labels (Becker, 1982). Since medical labels often have the effect of normalizing deviant behavior, some individuals may actively seek a diagnostic label to avoid the stigma associated with other labels. More powerful groups or individuals, of course, are more likely to acquire such a label than those with less power are. This is may be explained by examining the value of education in American society.

Underachievement as Anomie

According to Merton (1957) deviance is the result of anomie, a disconnection between the culturally approved goals and an individual's access to the means for reaching those goals. For instance, economic success is a culturally desirable goal (Merton, 1957) and a culturally approved method of obtaining economic success is education. So when a student is unable to achieve in school and is not already wealthy by virtue of his birth, he may not have access to any other legitimate means of obtaining wealth. This is nothing new to the poor but is difficult for middle-class parents to accept (Carrier, 1986). Middle-class parents have an interest in resisting the application of deviant labels to their children. They naturally wish to protect their children from the perceived negative consequences of underachievement.

The value of economic success through education reflects the interests of the middle- and upper-class. Dudley-Marling and Dippo (1995) argue that compulsory public education stresses "obedience and conformity" in order to produce "responsible citizens and productive workers." Those who receive the most benefits from education are those who have an interest in maintaining the status quo. Middle-class people value economic success and education because they believe that the goals associated with those values are accessible. Because these values are shared by most of society, their upper-class biases are disguised. Deviation from educational norms may pose a threat to the legitimacy of the value of education. Learning disability explains why some students fail to succeed in school without forcing them to abandon their values. The field of learning disability helps to sustain the ideology that maintains and reproduces inequality in society through the public school system (Dudley-Marling & Dippo, 1995).

Medicalization of Deviance

The Redefinition of Deviance

Medical explanations of deviance are taken for granted because medicine has the power and authority of science behind it. As Bickenbach (1993) declared, "Any organized scientific enterprise can legitimately make a claim to objective truth, thereby benefiting from the authority and social power such a claim brings with it." Medical explanations of deviance are widely accepted and more legitimate than traditional explanations of deviance.

All societies in all historical epochs have had their dominant systems of understanding deviance (Conrad & Schneider, 1980). Berger and Luckmann (1966) note that deviance "may be designated as moral depravity, mental disease, or just plain ignorance." Certainly, deviance has been viewed in many other ways in various social groups throughout history. With the rise of science however, these views have become less legitimate.

Medicine as an institution and scientific discipline has grown increasingly powerful as a model for understanding deviance (Conrad & Schneider, 1980). The medicalization of deviance refers to the redefinition of deviance as a medical problem (Conrad, 1976). The result of medicalization is that undesirable behaviors become symptoms of pathology that are amenable to medical treatment (Finlan, 1994). The medical model provides prescriptions for appropriate behavior and methods for identifying and controlling deviant behavior (Conrad & Schneider, 1980). Riessman (1983) described the processes by which deviance is medicalized:

> The term Medicalization refers to two interrelated processes. First, certain behaviors or conditions are given medical meaning--that is, defined in terms of health and illness. Second, medical practice becomes a vehicle for illumination or controlling problematic experiences that are defined as deviant, for the purpose of securing adherence to social norms.

The first process certainly applies to learning disability. Educators and learning disability experts use a medical discourse (Fulcher, 1989) to redefine underachievement as impairment, handicap, and disability. The second process however, is not as easily substantiated because "medical practice" has yet to discover a proper medical treatment for learning disability. Nevertheless,

professionals, working from a medical model, do prescribe specific treatments designed to normalize underachievement.

As more behavior is redefined in medical terms, medical terminology becomes part of our common discourse (Fulcher, 1989) and we tend to view other phenomena through a medical lens. As Szasz (1963) noted, "...social and moral values may be redefined as health values." Once medicalized, deviance becomes pathology or sickness as in the case of mental illness. Mental illness is one case of the medicalization of deviance that has been well documented by Szasz and others. Many other forms of deviance have been subject to medicalization in recent years. Having already redefined madness as mental illness, medicine is further expanding its authority over human behavior in the arena of underachievement.

Finlan (1994) wrote, "The category of learning disabilities is a paramount example of the medicalized thinking in education." Furthermore, learning disability is "a concept that was invented to explain underachievement" (Finlan, 1994). Labeling underachievement as a disability gives it a medical meaning. We believe that disabilities are diagnosed by qualified medical professionals and caused by medical problems Medical problems can be diagnosed etiologically, and alleviated through surgery or medical treatment. The medical discourse of disability disregards social processes as unimportant (Fulcher, 1989). It separates the phenomenon of underachievement from its social correlates and redefines it as a medical phenomenon.

From a medical point of view, deviance is assumed to be the direct result of biological or physical abnormalities (Conrad, 1976). This is evident in learning disability research, which assumes that learning disability is an organic dysfunction. Nevertheless, the evidence supporting that assumption is questionable at best (Christensen, 1999; Finlan, 1994).

Underachievement as a Disease

Finlan (1994) argued that there are two basic models of identifying and dealing with underachievement. They are the social systems model and the medical model. The social systems model and the medical model differ in their conception of underachievement. The social systems model treats underachievement as a form of social deviance while the medical model treats underachievement as an illness that can be diagnosed and treated medically. For the social systems model, underachievement is defined in relation to educational norms, rooted in social processes, and treated as a form of deviance. In the medical model, underachievement is identified by symptoms, caused by physical pathology, and treated as a disease.

The social systems model and the medical model both offered explanations of underachievement. Although the two explanations of underachievement were distinct from each other at first, that distinction was eventually blurred. When it could not be proven that underachievement was the result of medical abnormalities professionals began to focus on social indicators of underachievement, creating a conception of learning disability as "deviance from the norm" (Finlan, 1994).

Carrier (1986) described a similar view of this merger, as the "colonization of cultural deprivation." Cultural deprivation theory sought to explain, among other things, why poor minorities failed to succeed in school. Carrier (1986) summarized the argument well. "Deprivation hinders the mental development of the individual, who becomes inadequate and perpetuates the deprived emotions, so that when the inadequate person raises a family, the cycle begins anew." Learning disability researchers pointed to the similarities between symptoms of learning disability and cultural deprivation as the missing link between neurology and poor academic performance. They argued that the culturally deprived were more likely to have "brain injured" children, which was seen as an explanation of the higher incidence of learning disability in that population (Carrier, 1986). Learning disability became the disease offered by the medical model to explain underachievement.

CHAPTER 3

THE HISTORICAL DEVELOPMENT OF LEARNING DISABILITY

The Founders of Learning Disability Theory

The development of learning disability as a scientific discipline is closely tied to the development of the field of neuro-psychology. Beginning in the mid 1800's several German scientists made contributions to "the concept of cerebral localization" of phenomena such as dyslexia and aphasia. These scientists "...struggled to establish the link between the observed patterns of pathologic behavior and their neuroanotomic basis" (Opp, 1994). This research laid the foundations of learning disability research in the United States.

In 1872, Carl Wernicke, a physician, conceptualized the locations of various sensory and motor centers he believed to be involved in the production of speech. He described aphasia as a result of a disruption of the associative pathways between these centers, or the destruction of one or more of these centers. Wernicke's work is important because he attempted to isolate the brain structures that are responsible for certain behaviors (Chalfant, 1989).

In the 1880's, R. Berlin an ophthalmologist, observed patients with brain lesions but no disturbances of the visual organs. They could speak but not read. He termed this condition, dyslexia. At about the same time, Ludwig Lichtheim, a student of Wernicke's, expanded his teacher's model of brain structures and pathways, and his definition of aphasia, to include disturbances in reading and writing (Opp, 1994).

Eventually researchers adopted a more holistic approach. This approach emphasized "multidimensional, dynamic processes involving the whole organism" (Opp, 1994) instead of localized centers in the brain. Another of Wernicke's students, Kurt Goldstein, used this approach and made lasting contributions to learning disability theory. Goldstein, a psychiatrist, worked with soldiers who had suffered brain injuries during World War I. He determined that an injury to the brain affected the functioning of the brain as a whole not just a specific function.

Goldstein contrasted abstract thought with concrete thought and found that people with head injuries were impaired in their abilities to think abstractly. He described five effects of brain injury. Bearing some similarity to the symptoms of learning disabilities, the effects he described were 1) higher stimulus threshold (needing more time to perceive a stimulus), 2) perseveration, 3) distractibility, 4) problems perceiving patterns, and 5) impairment of the "abstract attitude" (Carrier, 1986; Opp, 1994).

Heinz Werner, a developmental psychologist, was interested in why certain mental abilities failed to develop in some children. He, like Goldstein contrasted different modes of thought and argued that they existed in a hierarchy. The two modes described by Werner were civilized and primitive. These two modes of thought shared many similarities with Goldstein's abstract and concrete modes of thought. Werner defined the civilized mentality as that of normal adults in civilized societies and the primitive mentality as that of children, people with brain defects, and "savages." He alleged that differences between

so-called savages or primitive societies and civilized societies did not reflect cultural differences but difference in mentality. He also argued that the civilized mentality was superior to the primitive mentality. Werner's idea of primitive mentality closely resembled Goldstein's effects of brain injury. Werner however made a leap of logic that Goldstein did not. He argued that the presence of this abnormal, primitive mentality indicated brain pathology (Carrier, 1986).

Alfred Strauss, a German neuro-psychiatrist, came to the United States in 1937. Before coming to the United States he had studied with Goldstein Strauss and Heinz Werner studied children with mental retardation in a state institution for mentally retarded children in Michigan. Strauss' research, influenced by both Werner and Goldstein, further naturalized mentality and made the idea central to learning disability theory (Carrier, 1986; Franklin, 1987). He explained deviance from dominant social norm expectations as neuro-pathology. Although he ignored possible social explanations (Carrier, 1986), social influence such as cultural values and moral judgments played a significant role in the development of the theory and discipline of learning disability.

Strauss and Werner argued through their research that "...the existing curriculum of the day for the mentally defective was inappropriate for brain-injured children" (Franklin, 1987). They were the first to separate the "mentally defective" into the categories that we now know as the mentally retarded and the learning disabled. They identified two types of children with mental deficits: 1) endogenous defectives and 2) exogenous defectives (Carrier, 1986; Franklin, 1987; Scruggs, 1988). Children with endogenous defects had a familial history

of mental deficiency, exhibited a slight increase in IQ scores over time and showed no abnormal behavior. However, the children with exogenous defects had no familial history of mental deficiency, showed slight decreases in IQ scores over time and displayed a variety of abnormal behaviors. The similarities between the exogenous type of mental deficiency and Goldstein's effects of brain-injury supported Strauss' and Werner's conclusion that exogenous mental deficiency was the result of brain-injury (Franklin, 1987; Scruggs, 1988). Strauss' and Werner's research was the inspiration behind the medical model of underachievement that eventually led to the redefinition of underachievement as a disability (Kavale, 1988).

Samual A. Kirk, a colleague of Strauss and Werner, made major contributions to theory and research in the field of learning disabilities as the Director of the Division of Exceptional Children and Youth in the U. S. Office of Education He was the first to coin the term "learning disability" in 1962. He continued the trend toward medical explanations for underachievement by including learning disability in the special education category, "other health impaired" (Finlan, 1994). Kirk (1962) also offered the first of many published definitions of learning disability:

> A learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, spelling, writing, or arithmetic resulting from a possible cerebral dysfunction and/or emotional or behavioral disturbance and not from mental retardation, sensory deprivation, or cultural or instructional factors.

This definition locates the cause of learning problems clearly within the child but does not clearly define it as a neurological or perceptual disorder, although it does exclude social explanations of underachievement. What Kirk (1962) refers

to as "delayed development" is seen as being caused by a "dysfunction" or "disturbance" within the child, and is not the result of "cultural" differences or inadequate "instruction."

The first issue of *The Journal of Learning Disabilities*, the first professional journal in the field, was published in January 1968 (Sigmon, 1987). By this time learning disability had become a legitimate theory of underachievement. Its legitimacy rested on the assumption that underachievement was a medical problem and could be treated as a disease (Finlan, 1994).

The Beginnings of Learning Disability Policy

Problems Defining Learning Disability

The definition of what a learning disability is depends on the terminology being used and the discipline that defines it. Education journals are filled with articles dealing with the problems of defining learning disabilities (Finlan, 1994). Biller (1987) reports that "there have been at least 50 [learning disability] related terms published...." Furthermore there are at least thirty-eight definitions of learning disabilities. Finlan (1994) remarked, "People in different fields see the problem differently." The existence of so many definitions reflects the needs of the many disciplines (e.g., education, neurology, medicine, and psychology) that have vested interests in learning disability (Biller, 1987; Sabatino, 1976). These definitions have changed as learning disability has developed from a theory of underachievement into education policy. In many ways however, they have not changed. The historical development of these definitions illustrates the complexity of the problem of defining learning disability.

Political Pressures

According to Carrier (1986) conflicting political interests played a major part in the development of the learning disability field. During the civil rights movement of the 1960's, concerned parents began to see underachieving children as a minority group. Chalfant (1989) described this as "the parent movement." Under pressure from parents, educators sought to explain why they were not able to educate some students. Their explanation was that some students were not able to learn correctly. They had a disability in learning caused by a neurological dysfunction (Chalfant, 1989; Finlan, 1994).

The growth of the "parent movement" in the 1960's eventually led to more formal definitions of learning disabilities (Chalfant, 1989). In 1968 the National Advisory Committee on Handicapped Children (NACHC) provided a legal definition of learning disabilities in the Education of All Handicapped Children Act (PL 94-142) which states:

> Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage.

This definition has been criticized for being too vague. It defines a vague term with other vague terms such as "basic psychological processes" (Finlan, 1994). It is a definition by exclusion; more clearly defining what is not a learning disability than what is a learning disability (Finlan, 1994; Reid, 1988, Sabatino, 1976). Nevertheless, it provided a legal justification of learning disabilities for parents and educators. Parents of underachieving children readily accepted

medical explanations for the failure of their children to learn in school. As Finlan (1994) stated, "Learning disability theory lets everyone off the hook—parents, teachers, and students, while giving an apparent explanation for failure to learn."

Eventually learning disability theory became politicized due to special interest groups lobbying congress for recognition of LD as a handicap (Carrier, 1986). By 1969, the learning disability lobby had professional support for their claims and congress had officially recognized learning disabilities as handicaps with the Children with Learning Disabilities Act of 1969. Laws made learning disabilities real, although according to Finlan (1994), "Learning disability theory became law without evidence." Nevertheless, lack of evidence of neuro-pathological dysfunction did not affect the legitimacy of learning disability theory. It resulted in changing the concept of learning disability to a more heterogeneous one. Legitimacy without evidence allowed adults to classify children with a variety of worrisome or bothersome behaviors as learning disabled (Finlan, 1994).

By 1974 learning disability had become a catchall category for the convenience of educators. It became necessary to define learning disabilities inclusively rather than exclusively. The Wepman Committee examined learning disability terminology and declared, for the first time, what a learning disability was instead of what it was not (Cruickshank, 1981). Learning disability was defined as a deficit in:

> . .recognizing fine differences between auditory and visual discrimination features underlying the sounds used in speech and orthographic forms used in reading; retaining and recalling those discriminated sounds and forms in both short and long memory; ordering the sounds and forms sequentially; both in sensory and motor acts...; distinguishing figure-ground relationships...; recognizing spatial and

temporal orientations; obtaining closure...; integrating intersensory information...; (and) relating what is perceived to specific motor information.

Unlike earlier definitions, this statement defines learning disability as a perceptual disorder. It alleges that learning disabilities are related to problems of recognition and recall of sensory stimuli and that it affects motor skills as well. These assumptions have guided theory and research in the field ever since (Cruickshank, 1981). However, as a legal definition it was somewhat lacking. It would be difficult and expensive to obtain government funding if schools had to submit all students suspected of having a learning disability to a battery of neurological tests. Conceding that, "neither neurology or psychology is yet sufficiently sophisticated to be able to ascertain the exact neurological problem" in learning disability, Cruickshank (1981) argued that such tests are not necessary for admission of children to learning disability programs.

In 1981 the National Joint Committee on Learning Disabilities (NJCLD) offered another legal definition of learning disability. By then, the perceptual or neurological pathology model had been adopted by the NJCLD and most other professional organizations in the field (Reid, 1988). The NJCLD declared that:

> Learning disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in reasoning, or mathematics. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (e.g., sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g., cultural differences, insufficient/inappropriate instruction, psychogenic factors), it is not the direct result of those conditions or influences.

Similar to the NACHC definition this one is nebulous and exclusionary, but somewhat more clear (Reid, 1988).

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The establishment of learning disability as a category of special education, was a result of the conflicting interests of educators and concerned parents. Parents, believing education to be the key to economic success, were eager to accept this explanation and used their influence to establish a category for underachieving students. Once this was done they demanded different curriculum and funding for these special students (Carrier, 1986; Chalfant, 1989).

Increase in the Number of Persons Diagnosed with Learning Disability

The exact prevalence of learning disability is difficult to determine. Estimates vary, depending on the terminology being used and the source. Kavale (1988) stated that "It is impossible to say with any precision how many learning disabled students are in U.S. schools. One fact, however, seems to be agreed upon; an increasing number of students are now identified as learning disabled." More recently, Finlan (1994) reported that over two million elementary students have been labeled learning disabled. The American Psychiatric Association (1994) reports in the DSM-IV that about five percent of US public school students "are identified as having a learning disorder." Bos and Vaughn (1991) estimate that from "15 to 25 percent of all students have some type of learning or behavior problems." Reid (1988) reported that "Estimates of the incidence of learning disabilities have ranged from 1 percent to 30 percent of the school-age population, depending on what criteria have been implemented." The problem of determining the prevalence of learning disability lies in its numerous definitions and its lack of clear and uniform diagnostic criteria.

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Carrier (1986) tracked the growth of the phenomenon of learning disabilities in the United States. From 1948 to 1978 the portion of school aged children in special education programs in the US increased from 1.2% to 8.2%. Within special education, growth of the learning disability classification was even more dramatic. It was practically nonexistent in 1960, but by 1968 the category had been legally defined (Reid 1988) and special education programs for learning disabled children had been implemented in thirteen states. In 1969 congress officially recognized it as a handicap and forty-three states had developed learning disability curriculum. By 1978 the learning disabled outnumbered the mentally retarded and accounted for more than one-third of all students in special education programs (Carrier, 1986).

At the university level, learning disabled students are the fastest growing group of disabled students. Their numbers have increased from 25% of the disabled student population in 1991 to 41% in 1998. Since 1988 the total disabled student population has remained relatively stable but the number of students claiming a learning disability has nearly tripled (Henderson, 1995; HEATH Resource Center, 1999).

The growth of the learning disability phenomenon in primary education and other movements such as the ADA has opened the doors of the university to people with learning disabilities. They are now attending universities in larger numbers. For instance, in recent years there has been a sharp increase in the numbers of students seeking extra time to complete the SAT due to a learning disability. Most of those seeking such accommodations are white, wealthy males

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(Gose, 1999). Given that SAT scores often determine who is able to attend the university, learning disability has the potential to allow large numbers of wealthy although not academically qualified students to be admitted to the university.

It remains to be seen whether higher education will accommodate these students the way primary and secondary education has. If so, the result will almost certainly be a further legitimation of learning disabilities as a medical phenomenon. Furthermore, the entire philosophy of the university may need to be rethought.

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CHAPTER 4

METHODOLOGY

Several types of data were collected and analyzed for the purpose of describing learning disability and its impact upon individuals and organizations within the university. The themes identified in this study, in many ways, reflect the data that were gathered and how they were gathered. The primary sources of data were university policy documents and people who were in positions to know what is going on at the university. Policies were analyzed to identify official positions on learning disability. The interview participants were asked how the university dealt with learning disabled students and how learning disability affected the university. Other sources of data were used to provide a context for these themes. Descriptive statistics of the learning disabled university student population and learning disability research literature were used to supplement the interview and policy data.

The University

The university that was studied could be described as proactive in its attention to disability issues. Its involvement in several learning disabilities related lawsuits in the past decade has resulted in a heightened awareness of learning disability issues among staff, faculty, and students. It therefore provides a good example for this case study.

The university offers a wide array of services to people with a variety of disabilities and recognizes learning disabilities (including ADD and ADHD) as

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legitimate disabilities. It also has two administrative offices that deal with disability concerns. The Student Disability Service (SDS) office handles academic accommodations. Those accommodations are designed to assist disabled students with academic responsibilities in and out of the classroom. The ADA compliance office handles structural accommodations and accommodation complaints.

Interview Data

The in-depth interview is an invaluable tool to the social researcher because, it allows him or her to explore meanings in ways that other methods do not. It helps the researcher understand others' constructions of reality (Jones, 1985). In order to develop a deeper understanding of how learning disabilities and learning disability policies are experienced at the university, university staff and faculty members were interviewed, in-depth. No students were interviewed.

Beginning with administrators and other university staff members, individuals who were in positions to know what was going on in the university were identified and interviewed. Staff members were chosen because of their special knowledge of the university's learning disability policies and procedures and their extensive experience with learning disabled students. Staff members were also the most accessible. These initial interviews were a major influence on the direction of the research. The data obtained from them pointed the way, in terms of who else should be interviewed and what they should be asked.

Licensed psychologists were then sought as authorities on diagnosis of learning disability. However, after the first few interviews, it became obvious that

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professionals from other fields would be more likely to have dissenting views on the topic of learning disability. Therefore, faculty members who were not learning disability experts were interviewed as well.

Faculty members from eight departments were solicited for interviews via electronic mail. Very few responses were received. Of those who responded most were reluctant to give of their time unless they had a personal interest in the topic. All of the faculty members, who indicated a willingness to be interviewed, were interviewed.

As difficult as it was to find faculty participants, finding students experienced in learning disability issues would prove to be even more difficult. While survey research would be useful for identifying overall attitudes among students, in order to be a good candidate for an in-depth interview, a student would need to have a personal experience with learning disability. Such students were not easily identified. The attitudes and perceptions of disabled and non-disabled students are worthy of study, but they were not the focus of this study.

Participants

In all, fifteen individuals were interviewed. Five of them were female and ten were male. Fourteen participants were interviewed in their own offices. Eleven were tape recorded. All of the participants could be described as middle class and all had at least a college degree if not a graduate degree. The participants will be referred to based on: 1) their positions within the university and 2) their qualifications to diagnose learning disability. These categories are

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not necessarily representative of types of views expressed by participants. They are largely used here for descriptive purposes.

Nevertheless, at times it was appropriate to distinguish participants' views from one another based on the above descriptive categories. For example, different participants were interested in different aspects of learning disability at the university. Among university staff members, administrators talked mostly about policy and academic counselors spoke about their experiences with students and faculty. Although topics that faculty members were interested in discussing were more varied, their comments tended to revolve around the effects of learning disability accommodations on their methods of instruction and evaluation.

Eight of the participants were staff members, six of them were faculty members from three different departments, and one participant was not directly affiliated with the university but was involved in evaluating its students for learning disabilities. The term "staff members" is used generically to refer to administrators, academic counselors and others who, for the sake of confidentiality will only be referred to as "staff members". Administrators and academic counselors will be referred to specifically when the data suggests such a distinction is relevant and when that distinction does not compromise the identity of any participant.

As for their qualifications to diagnose learning disabilities, four of the fifteen participants were qualified to do so. As previously mentioned, one of the four was not directly affiliated with the university. Among the other three,

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"qualified professionals" one was a university staff member and two were faculty members. They provided a great deal of diagnostic and general information about learning disabilities. Of the eleven participants who were "unqualified" to diagnose learning disabilities, four were faculty members and seven were university staff members. Two of the seven unqualified staff members were administrators and four were academic counselors. The seventh unqualified participant is identified only as a staff member for the sake of confidentiality.

Participants were not chosen based on *a priori* categories. However, staff members were chosen for their assumed knowledge and experience with learning disability issues. Very few university staff members have enough first-hand experience with learning disability issues to express informed opinions on the topic. Fewer still have special knowledge of learning disability issues. Therefore, the data that was obtained from staff members do not reflect common sense notions of learning disability in that participants had uncommon experiences with the phenomenon. Furthermore, unless they are specialists in the field, faculty members' knowledge of learning disability is rather general and likely to be filtered through their unique academic perspectives. However, they have a great deal more experience interacting with learning disabled students than the average staff member. Once again, their data reflect views of learning disability that are in many ways unique and better informed than those of most other university employees.

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The Interview Guide

Considering Denzin's (1989) three interview forms, the interviews for this study largely took the form described as a "nonschedule standardized interview or unstructured schedule interview". However, in many ways they could also be described as "the nonstandardized interview or unstructured interview" (Denzin, 1989). In each interview, a general list of topics was covered with a few questions for each topic. All the participants were asked about their views on policy, campus climate for learning disabled students, and accommodations. However, the topics were covered in no special order and questions were rephrased as necessary (Denzin, 1989)

The goal of each interview was to understand how a participant constructed his or her experiences of learning disability at the university. Participants were allowed and encouraged to deviate from the interview schedule to explain or describe experiences that they viewed as interesting or important. The interview guide was used largely as a tool for directing or redirecting the interview when needed. It provided a checklist of interview topics, prompts to stimulate more conversation on certain topics, and was used to bring participants back to the focus of the interview when they ventured into topics that were judged to be irrelevant to the focus of the study.

Between interviews, questions were added based on experiences and perceptions described by previous participants. In this way, the participants influenced the direction of the research. Appendices A and B exemplify the topics that were discussed and some of the questions that were asked. Not all

participants were asked exactly the same questions. For instance, questions that were used initially to elicit descriptions of policies and procedures (see Appendix A) from administrators were subsequently dropped when it became apparent that they were not applicable to the experiences of academic counselors and faculty members. New questions were then added to tap the unique experiences of those participants (see Appendix B).

Changes in the questions that were asked affected the outcome of the research. The early interviews with university administrators and other staff members identified several questions that were not appropriate to the situation at the university. Those questions were dropped (see Appendix A). Furthermore, the early participants were authorities on the university s learning disability policies and its history. Therefore they provided a great deal of factual information in addition to perceptions and attitudes. In later interviews, there was more of a concentration on perceptions of policy and legitimacy of learning disability as a medical fact (see Appendix B). Tailoring the questions to the knowledge and experiences of the participants made the research process more flexible and allowed for an in-depth description of the many facets of learning disabilities at the university.

Reliability and Validity of Interview Data

The interview method described above is only reliable to the extent that another interviewer would ask the same questions in the same way and participants' responses would remain stable over time. The interviews were treated as observational encounters (Denzin, 1989). It was expected that

participants would formulate their answers within the context of the interview. Such responses only represent the participants' views at the time of the interview and would be expected to change over time. Therefore, my main concern was for getting valid responses. Reliability was less of a concern. Given the unstructured nature of the interviews it is probable that another researcher would have asked different questions and would have probed other areas of participants' experiences. Such variation in the interview situation would not lend itself to reliable responses. However even with a standardized interview schedule reliability is a problem in depth interviewing because the type, quality, and quantity of data obtained depend so much on the skill, interpretation, and interests of the interviewer as well as numerous other factors over which the interviewer has no control. (Denzin, 1989; Jones, 1985).

The in-depth interview generally, yields data that is high in validity. It is the best method for insuring that participants are interested in the research topic and for allowing them to describe their beliefs and experiences (Denzin, 1989). Furthermore it allows the interviewer to clarify what responses mean and place them within the context of the participants world. The interview method used for this study allows validity to be maximized at the expense of reliability. The validity of interview data also requires that the interviewer establish and maintain rapport with the interview participants and take measures to minimize the impact of his or her own biases on the interview situation.

Rapport

The fact that interview participants were willing to express views that were not politically correct or were contrary to official university policy illustrates that good rapport was established with them during the interviews. However, the fear of being identified, expressed by a few participants heighten my concern for their confidentiality. Confidentiality was essential to securing the participants' trust. Trust in turn was the basis for developing rapport with participants.

The nature of the research was explained to each interview participant and each was assured of the confidentiality of his or her information. Most of the participants stated, at least initially, that they were not concerned about confidentiality. It was generally easy to establish rapport although confidentiality was the primary obstacle to gaining participants' trust. Three participants expressed concerns that they might be identified.

One participant requested that the interview not be tape recorded but was nevertheless very candid and showed no fear of being identified. Another criticized the university's administration and some of its learning disability policies several times but insisted that the comments were "off the record" for fear of being identified by them. It was also difficult to earn the trust of another participant from the beginning. That participant was obviously concerned about confidentiality. Speaking about the differences between physical disabilities and learning disabilities, the participant used the phrase "real disability" in relation to a physical disability and then denied it when asked for clarification. Rapport nearly broke down at that point so we agreed that I had misunderstood the

comment and continued with the interview. However, that participant turned out to be the least candid of them all. The data that was obtained from that interview was only of limited use.

With the above exceptions, the participants were quite open and honest. Still, even the most trusting participants were, at times guarded, or expressed discomfort with certain questions by choosing their words very carefully. Some participants were more candid than others were but the ones who were the most candid expressed the most concerns about confidentiality. Additional assurances of confidentiality usually allayed these concerns.

Minimizing Bias

The best way for qualitative researchers to minimize their biases is to be conscious of them during the collection and analyses of the data. Making an attempt to understand participants responses by "projecting oneself into the other's situation" (Denzin, 1989) necessarily results in a more objective understanding of ones own biases. This is essential in accounting for the effects of those biases on participants' responses.

The researcher's biases were reflected in the theoretical position taken toward the phenomenon of learning disability and the methods used to study it. The first method of minimizing them was to acknowledge them and incorporate them into the research as much as possible while attempting to prevent them from influencing the responses of participants Gouldner (1976) suggested that bias is inevitable in all social science and that the researcher's values should be part of the research because they provide the original motivation to do it. He also

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argued that researchers who claim to be "objective" or unbiased are insincere. The researcher's biases in and of themselves do not compromise the validity of interview data but by identifying one's own biases to participants the researcher ensures that they are not hidden.

For example, the nature and focus of the research was explained to the participants but only in very general terms so as not to influence their responses to the interview questions any more than necessary. This explanation included a brief description of the theory of medicalization. However extended discussion of the theory itself was generally avoided to prevent the researcher's bias from becoming the focus of the interview.

Just as it was important to identify the researcher's biases, it was also important to minimize their impact on the responses of interview participants. It is likely that some individuals would have had strong negative reactions to the researcher's bias toward medicalization if they saw it as a threat to the legitimacy of learning disability and those reactions would have been an obstacle to developing rapport. Others quite possibly would have been too eager to provide evidence of medicalization. Once the researcher's biases were acknowledged, it was left to the interview participants to determine their own reactions to those biases and not let them influence their answers. Participants were merely encouraged to be honest and candid.

The questions that were asked further identified the researcher's biases. Participants reacted accordingly, sometimes confirming the theoretical underpinnings of the questions and sometimes contradicting them. Many of the

questions that were asked were designed to evoke responses that could be evaluated based on the assumptions of medicalization. In other words they were intended not to uncover evidence of medicalization so much as to compel the participant to consider whether learning disability was a medical or social phenomenon and to offer evidence to support their views. All responses were considered valid responses regardless of whether or not they supported or discounted the theoretical position of the researcher.

Other Sources of Data

Descriptive statistics were gathered from secondary sources in order to describe learning disabled college student populations and identify trends. The SDS office provided statistics for the university that was studied. A variety of policy documents were also gathered prior to and during the interview phase of this study. They were gathered from locations on campus and from the university's World Wide Web site. The documents were treated as official sources of policy information, in contrast to the unofficial, subjective accounts of policy given by university personnel.

Documents that were collected and considered relevant to this study were of two general types: 1) formal policy statements, and 2) policy information documents. Formal policy documents were accessed via the university's World Wide Web site. Some policy information documents were also collected in this way but most were collected at various locations on campus. Anything that dealt directly or indirectly with learning disability or learning disability policy at the university was considered relevant. The relevant documents were then analyzed

in an attempt to show the university's official positions on the learning disability issues.

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CHAPTER 5

PROCEDURAL DIMENSIONS OF LEARNING DISABILITY AT A UNIVERSITY

Policies and Procedures

Before describing the university's policies and procedures, it is important to describe how they are related. Policies are rules for conducting the daily business of the university. They may be very specific or general in nature. They sometimes define procedures, which are formal, systematic processes for doing things. For example, there are procedures for admission and enrollment. Often though, policies are more general. They may only prescribe an institutional philosophy, like non discrimination. In the absence of defined procedures, university personnel often develop less formal processes to accomplish policy goals. All participants were asked their opinions of the university's policies, but the two university administrators provided most of the factual information about policy. They were much more familiar with and committed to enforcing policy than other participants. The university has many policies and procedures but only those policies that dealt directly or indirectly with learning disabilities were of concern to this study.

According to an administrator, "Policies that exist are fairly general, like discrimination policies." Federal laws are the models for university policies that pertain to learning disabilities. Those policies are based on the ADA and Section 504 (Rehabilitation Act of 1973) both of which were designed to prevent discrimination against people with disabilities. They are civil rights laws similar to

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those intended to prevent race discrimination. The university's policies pertaining to admission and accommodation of learning disabled students share this same civil rights and anti-discrimination emphasis.

Policies that pertain to learning disability are for the most part, general disability policies. They apply to all students with disabilities. However, learning disability is explicitly covered by disability policy.

Policy often defines the procedures for accomplishing its goals. For instance, policy dictates that learning disabled students must be accommodated. First however, they must be admitted to the university and establish that they are eligible for accommodations. There are procedures defined by policy to accomplish each of these goals In cases where are not specifically stated, staff and faculty develop their own procedures.

Admission of Learning Disabled Students

Admission Policy and Federal Law

Admission policy data was obtained from policy information documents. Policy information documents explain, but are not formal statements of university policy. Nevertheless, they describe how policy is to be interpreted and implemented. For instance, a policy information document obtained from the SDS office begins, "Section 504 of the Rehabilitation Act of 1973, as amended, 29 U. S. C. sec. 794 states..." Quoting directly from the law, it continues:

> No otherwise qualified handicapped individual in the United States...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The next paragraph explains that, "In the context of postsecondary... education services, a 'qualified' handicapped person is someone who 'meets the academic and technical standards requisite to admission or participation in the recipient's education program or activity.'" In other words, the "recipient," the university must admit a learning disabled student if he or she is "otherwise qualified" for admission.

This policy information document not only represents the policies of the university but also unmistakably ties them to Section 504. It is typical of policy information documents found on campus that generally explain policy and back it up with federal law. Two other policy information documents published in 1993 and 1997 both address the same issues stating that, "Applicants must meet general admissions requirements for the University and specific requirements of the program in which they wish to enroll." Although these documents do not explicitly refer to federal law, its influence is evident.

The requirement for learning disabled students to be "otherwise qualified" effectively eliminates considerations of learning disability from the process of admission. For instance, if you are learning disabled and otherwise qualified, meaning that you meet the standards for admission, then the university is required to admit you. Conversely, if you are learning disabled and do not meet the requirements for admission, you are not otherwise qualified and the university is not required to admit you. Thus, the requirements for disabled students are very much the same as for other students.

General Admission Requirements

Policy information documents list the requirements to be admitted "in good standing." A student must: 1) have graduated "from an accredited high school or have earned a GED," 2) meet one of two "performance requirements," and 3) "satisfy all of curricular requirements." The performance requirements are either a score of twenty-two on the American College Test (ACT) or graduation in the upper one-third of your high school class with at least a 3.0 overall grade point average (GPA). However, there are exceptions to these requirements. Curricular requirements include four units of English, three units of Mathematics, two units of History, two units of laboratory sciences (e.g. Biology, Chemistry, Physics), one unit in Citizenship skills (e.g. Economics, Geography, Government), and three additional units from any subject.

Special Admission Programs

The university has several "special admissions programs." For instance, the "Adult Admission Program serves adults who are at least twenty-one years of age or on active military duty and have earned no more than six college credit hours." Other programs include the "Summer Provisional Program" and the "Transfer Probation Program". The Alternative Admission Program (AAP) has the most impact on students with learning disabilities. It allows up to 8% of any freshman class to be admitted without having met the minimum requirements. According to a policy information document describing the AAP, students must also have met at least fourteen of the fifteen minimum high school curricular requirements. Curricular deficiencies must be remediated within the student's

first twenty-four credit hours at the university. Furthermore, any student who scored below nineteen on any portion of the ACT is considered to have a "performance deficiency" in that subject. Curricular and performance deficiencies can be remediated by taking a remedial course or by passing a Computerized Placement Test in the deficient subject. If curricular and performance deficiencies are remediated and the student remains in "good academic standing" meaning that his or her GPA is above minimum standards, then the student is no longer considered to be "provisionally admitted" and may continue in a degree program as any other student.

According to academic counselors and SDS office statistics, many of students admitted through the AAP are learning disabled. Statistics based on students who registered with the SDS office at the university from school years 1988 through 1997 show that 54% of all disabled students admitted via the AAP were learning disabled. This is not surprising given that their average cumulative high school GPA and their average ACT scores were lower than those for any other type of disability (including ADD/ADHD); they were 2.87 and 18.7 respectively (Swoboda, 1998).

Nevertheless, many learning disabled students are otherwise qualified, meaning that they meet the minimum requirements to be admitted regardless of their disabilities. These requirements are based on established standards of the university. According to an administrator:

> .. to be admitted to the university... you have to be otherwise qualified, which means you need to be able to meet the standards established. The expectation is that the standards are not prejudicial. So the first thing to do is look at the standards that are established and make sure that they are clear that they will not because of disability prevent or limit somebody from participation. So as far as

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admission to the university... this is the bar for everybody. If you don't meet that then you're not otherwise qualified.

Admission standards are not altered for learning disabled students and even the AAP is not reserved specifically for them. An academic counselor observed that learning disabled students: "...have to meet the same admission criteria. Even the eight percent has its cut-off."

Academic Accommodation

Policies

When asked about accommodations policies administrators once again described them as anti-discrimination policies and compared them to federal laws. One stated that "...no student because of disability will be denied access to or benefit from the [educational] services based on disability." Information about academic accommodation policies was obtained from the formal statement of policy. Formal policy statements were more explicit than policy information documents. They explained the intent of policy and defined procedures for implementing it. Of course they are still open to interpretation.

The university's formal policy statement regarding academic accommodations for students with disabilities enacted in March 1997, clearly defines its own purposes which are to show compliance with federal law, to designate the authorities responsible for compliance, to "formalize procedures" for academic accommodations and to prevent discrimination against students with disabilities.

It also attempts to clearly define its own terminology. A "student with a disability" is a student who has, has record of, or is regarded as having a

"physical or mental impairment, which substantially limits... major life activities." Learning disability is considered a "mental impairment". A mental impairment is broadly defined as "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." The term "substantially limits" refers to a "significantly reduced" ability or inability "to perform a major life activity" in comparison with "the average person in the general population." Learning disability is described and defined as follows.

> Objective criteria for diagnosis of a "specific learning disability" have yet to be succinctly defined by educational psychologists.... While multiple approaches are used in this area, specific criteria for diagnosis of a learning disability include: average to above average intellectual ability; severe processing deficits; severe aptitude achievement discrepancies, despite adequate learning opportunities; and a condition of presumed neurological origin.

According to the policy statement, academic accommodations are of two types: 1) "classroom accommodations" having to do with the method and manner of instruction or evaluation and 2) "curricular accommodations" having to do with an "alteration in degree program requirements." The policy statement also defines procedures for establishing eligibility for, and requesting and receiving accommodations. These procedures will be described next.

Establishing Eligibility

Learning disabled students who wish to attend the university must first be admitted. However, once admitted the student must establish that he or she is eligible for accommodation. The general procedure for doing this is defined by policy but the SDS office has other processes for dealing with specific situations. First, the student must register with the SDS office. Once this is done, that office

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determines if the student is eligible for accommodations and makes recommendations for appropriate, individualized accommodations based on that person's disability.

Registration with the SDS Office

The disabled student services policy information document published in 1990 explains that "upon completion of the admissions process, students are encouraged to contact Disabled Student Services to arrange for an appointment to discuss special services and/or accommodations." In addition to the formal policy statement, three other policy information documents addressed this step of the procedure. The 1995 revision of the handbook for students with disabilities states that "Students with disabilities who wish to access services may initiate their request by contacting the Office of Student Disability Services." The formal policy statement concerning academic accommodations for students with disabilities states that "Any student desiring to receive classroom or curricular accommodations, as a mandatory prerequisite to receiving any such accommodation, must register with the Office of Student Disability Services…." The 1997 revision of the student disability services policy information document reflected this shift in responsibility, stating that, "After completion of admission and enrollment, students should contact Student Disability Services to initiate their request for services." The latest revision of the handbook for students with disabilities (circa 1998) simply states that "Students with disabilities… should contact Student Disability Services." From 1990 to 1997, the Disabled Student Services (DSS) office was renamed and designated, by policy, as the authority

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responsible for establishing eligibility for academic accommodations. Also during that time, policy language was changed to emphasize the student's responsibility for self-identification. For example, in 1990 students were merely "encouraged" to identify themselves to the DSS office. However, by 1997 a formal policy had been adopted that required students to identify themselves to the SDS office in order to establish eligibility for accommodations.

The theme of student responsibility to self-identify, surfaced over and over in interviews with university faculty and staff. A staff member stressed that the "responsibilities and rights are held by the student, not the institution." He felt that litigation often resulted from students not taking on this responsibility. All but one of the university staff members that were interviewed made some mention of this issue. They were also quite familiar with a well-publicized case from earlier in this decade.

A student athlete was, at a young age, diagnosed with a learning disability by the public elementary school he attended. According to a staff member who was very familiar with the case, the diagnosis was ignored until his sophomore year at the university. Neither the student nor his parents ever notified the university of his learning disability. However, after being put on academic suspension at the university his family got an injunction requiring the university to readmit him based on the university's failure to accommodate his previously diagnosed learning disability. The university argued that it could not accommodate him because he did not identify himself as learning disabled until after the fact. The case was eventually declared "moot" by the State Supreme

Court because, by that time, the student's grades had improved and the ADA had been "made applicable... to state institutions of higher education." According to a staff member, that case went against the process as it existed at that time. She summarized the process saying, "You identify your disability first to your professors and to the institution and then you're accommodated. What happened is [the student] was suspended. Then his disability was pulled out of the hat from second grade." This illustrates why the university stresses the importance of students identifying themselves before they have academic difficulty.

Documentation

The SDS office evaluates the student's request for accommodations based on the student's self report of academic difficulty and the documentation establishing eligibility. The SDS office must first determine that an academic accommodation is warranted. Once that determination is made, the office recommends either a classroom or curricular accommodation that is appropriate and reasonable and notifies the affected university personnel by letter.

The formal policy statement relating to academic accommodations for disabled students summarizes the requirements for documentation of a disability. It states that students must "provide competent medical documentation as requested evidencing the existence of a specific disability...." However, the policy information documents that were analyzed were more specific.

A policy information document describing testing and documentation standards for disability service providers in higher education concedes that

"Standards and practices regarding how people are diagnosing Learning Disabilities… still vary widely." That document nevertheless, lists the university's specific requirements for documentation of a learning disability stating that "Testing must be comprehensive… documentation must be current… [and] professionals conducting assessment and rendering diagnoses of specific learning disabilities must be qualified to do so." Comprehensive testing for learning disability must address aptitude, achievement, and information processing. Current documentation means that the diagnosis must be less than three years old or, if older, it must be "an adult evaluation."

Three separate policy information documents defined appropriate sources of documentation with the exact same wording. Documentation of a learning disability must be from one of two sources.

> Students diagnosed with a learning disability prior to graduation from an accredited high school may submit the psychoeducational evaluation on file at the respective high school. Students diagnosed after completion of high school must submit a psychoeducational evaluation performed by a licensed psychologist.

Regardless of the source there are also certain requirements for documentation. If a student is unable to obtain his or her high school evaluation or if it does not meet the requirements defined by policy, then an "adult evaluation" must be submitted. An adult evaluation is obtained from a licensed psychologist in private practice after the student has graduated from high school.

Administrators noted that although most students seeking academic accommodations have a diagnosis from high school, it does not automatically qualify them for accommodations at the university. One explained that:

> Easily eighty percent of people coming in have had testing done already in high school. The question is, is the testing that was done comprehensive enough or is it sufficient? A lot of schools will simply do… a quickie [evaluation]. .. Because its

> mandatory education a lot of schools will do whatever they need to do to be helpful whether they term it a disability or not. So the fact that somebody received services in high school does not automatically mean that they are eligible or what they received is appropriate at this level.

Another administrator made similar observations about documentation of learning disabilities in high school. He described the Individualized Education Plan (IEP) that learning disabled students receive in high school as a "concerted effort without professional input" meaning that professionals qualified to diagnose learning disabilities are usually not involved. He continued, describing the IEP as a "cafeteria plan" for services, and "not a diagnostic process."

Requesting and Receiving Accommodations

Administrators stressed that accommodations are "individualized" for each student based on his or her abilities and needs Nevertheless, based on my interviews with faculty and staff, accommodations seemed standardized. They are of standard types based on federal law, university philosophy and precedents.

Policy is based on federal law, which gives examples of appropriate accommodations. Those examples are used as guidelines. An administrator described the importance of those examples saying, "...those are things that you can point to and say 'yes, it says these are things that are appropriate." He also mentioned that the university provides accommodations that are not required by law but those are based on "an institutional decision philosophy." Another staff member argued that "not all requested accommodations are granted" because "usually there is a precedent for a particular type of accommodation that is granted." In his example "A student may ask for unlimited time and the SDS

office might say 'no, but how about time and a half'". Unusual accommodation requests are sometimes granted but the faculty members that were interviewed indicated that unusual requests were more likely to be scrutinized.

Classroom Accommodations

Classroom accommodations are of two basic types: 1) exam accommodations and 2) course content accommodations. Examples of exam accommodations include giving the student extra time to complete exams, allowing the student to take exams in a distraction free location, alternative formats for exams (e.g. multiple choice instead of essay), and various forms of prompting during exams. Examples of course content accommodations include, extra time to complete assignments, having another student take notes for the learning disabled student, books on tape, or supplying the student with the instructor's lecture notes. Although academic accommodations are supposed to be individualized, interview participants often described typical accommodations. Participants generally agreed that most accommodations involved exams and by far the most common type of academic accommodation is extra time for exams. According to the interview participants, other typical accommodations include having someone read exams for the students, allowing student to use computers for essay exams, and taking tests alone in a "private place". Student requiring exam accommodations such as privacy or extra time usually take their exams at the university's testing center.

According to one administrator, the university offers accommodations for learning disabled students in contrast to the services provided in high school. He

explained that "accommodations put primary responsibility back on the student while services are the primary responsibility of the institution." Faculty members agreed that students must be primarily responsible for accommodations. Instructors get a letter from the SDS office, that explains a student's difficulties and suggests appropriate accommodations, but the instructor does not take any action unless the student makes a direct request of him or her. A faculty member described this process saying that, "I get a sheet from them that says they're learning disabled and that by federal law ... they have the right to other kinds of testing but I am not to initiate any action. If they want special things they come and initiate it with me." Interestingly, several faculty members indicated that when they receive these letters from the SDS office, often the student never asks for an accommodation. In those cases the faculty member does nothing to accommodate that student.

The SDS office makes its recommendations for accommodations based on what it considers to be appropriate from an individual need perspective and reasonable from an academic perspective. The SDS office does not have an exhaustive list of appropriate accommodations because according to an administrator, policy:

> ...doesn't say, "here is the list of things that are okay, here is the list of things that aren't okay" because it may vary depending on the situation, the particular disability and on the particular nature of the academic environment.... What may be appropriate for one person may be inappropriate for someone else".

However, the SDS office does consider some types of accommodations to be inappropriate for university students and consequently unreasonable from an academic standpoint. Open book or open notes exams and unlimited time for

exams are examples of unreasonable classroom accommodations at the university level.

A staff member mentioned that "most requests for accommodations are reasonable and are consequently granted." Other staff members agreed that the SDS office does not recommend unreasonable accommodations. One stated that "the SDS office does not recommend excessive or inconvenient accommodations" and another declared, "I haven't seen any grandiose, shocking accommodations."

Although faculty members also did not refer to any accommodations as "grandiose" or "shocking" they felt that some accommodations were unusual. When asked whether they had dealt with any unusual or unreasonable accommodations, most faculty members had a story to relate. Various faculty members listed tape recorded exams, having an exam read to the student, the student tape recording answers instead of writing them, and a student using a dictionary during an exam as examples of unusual accommodations. Faculty generally did not consider classroom accommodations unreasonable though. One went as far as to say that a reasonable classroom accommodation was "anything the student needs." He then listed examples of extra time for exams, going to the testing center for exams, and large print exams, which are considered typical classroom accommodations. Although overall, faculty and staff members agreed that most classroom accommodations were reasonable there was a general consensus that some curricular accommodations were not reasonable.

Curricular Accommodations

The procedures for requesting curricular accommodations are much the same as for classroom accommodations. However, faculty members do not receive letters from the SDS office concerning curricular accommodations. All the faculty members that were interviewed indicated that their department heads would handle curricular accommodation requests.

Common curricular accommodation requests include substituting or waving courses and extra time to complete course or degree requirements. These types of accommodations were much more likely to be seen as inappropriate or unreasonable. Staff members agreed that substitution of one course for another was appropriate under certain circumstances but that waving courses was not something that was typically done. One administrator remarked.

> ...personally, I would not advocate for waving any subject. It would be a matter of substitution. Although, historically, looking at what [this university] has done, there have been some situations where they have waved things and that becomes an institutional philosophy or decision.

According to an academic counselor, "...the two most common requirements that we would see this relate to are the mathematics requirement for a degree and the foreign language requirement for a degree." Another staff member reported that "one of the most common situations is when a student wants a statistics requirement waved because of a disability in mathematics."

An administrator described a situation in which one course may be substituted for another:

> The first thing to find out would be what is the intent of that particular requirement in the department or in that college. Generally for something like math, the expectation is critical thinking skills, not the fact that you can manipulate numbers, or not the fact that you need this to go on to higher level math. So if that's the case, things that may be appropriate would be philosophy, logic,

> computer science, those types of courses that get at… the critical thinking and logical thinking skills.

Once again however, any accommodation that is seen as compromising the integrity of an academic program is likely to be scrutinized by faculty members.

CHAPTER 6

MEDICAL DIMENSIONS OF LEARNING DISABILITY AT A UNIVERSITY

The Authority of Medicine

Faith in Medicine

Faith in medicine refers to faith in the medical model as a means of identifying and treating most human problems including learning disability. One participant who was qualified to make learning disability diagnoses explained this view of the medical model. To him identification of learning disability involves a medical professional naming it. He explained that:

> In psychology… it is a medical model…. Through a medical model, you are trying to diagnose a problem and… from that diagnostic formulation then relieve you of the problem. So that's what you do about depression, learning disabilities, low IQ, you name it. Just like a physician trying to figure out what causes the sore throat and then providing the appropriate treatment. [Psychologists] do exactly the same thing in terms of all the diagnostic criteria…

An academic counselor put her faith in the diagnostic process to separate learning disabled students from those who were merely educationally disadvantaged saying that usually "this testing is incredibly thorough." Another academic counselor argued that medicine has isolated the causes of learning disability but was skeptical of the possibility of a medical treatment for learning disability. She posed the question herself saying "can you be cured?" and answering emphatically "hell no!"

Faith in medicine also means that we trust those who are charged with diagnosis of medical disorders. Physicians are the only ones qualified to make medial diagnoses. However, to the extent that learning disabilities

are seen as medical disorders, psychologists are the equivalent of physicians. They are "qualified professionals".

Psychologist as Physician

University policy designates who is qualified to make a diagnosis of learning disability. Accordingly, a "licensed psychologist" must diagnose learning disabilities. However, according to one administrator, a "qualified professional" can be a "Licensed psychologist, psychiatrist, school psychologist, learning disability specialist… [or] neuropsychologist." Nevertheless, it is a psychologist of some type that has the authority to diagnose learning disability for this university. Describing psychological authority and responsibility for diagnosis, a qualified professional noted that in the case of attention deficit disorder, students: "…need that diagnosed by me. I could see [a student] and say 'ugh you're wiggling now,' you know, and write it down. That's not really professional… though." Psychologists "provide objective data, not subjective." A faculty member also showed deference to the authority of qualified professionals saying that she was "not qualified to judge the validity of learning disability diagnoses."

Of the fifteen individuals interviewed, four were actually qualified professionals. Two of them were faculty members. The other two are referred to as "testers" because they were actively involved in the diagnosis of learning disabilities for university students when they were

interviewed. Most of their responses to the interview questions were related to diagnosis.

When asked if psychologists could differentiate between organic and social causes of underachievement the testers were very confident that they could. In the presence of possible social causes of learning disability, the psychologist, a tester declared, must "use good common sense more than any one thing." The psychologist often assumes an organic cause of learning problems based on the results of psychoeducational evaluations and reports from family and teachers.

Learning Disability and the Medical Model

Etiology

If learning disability is a medical phenomenon then it is important to determine its etiology. Participants were asked about the possible causes of learning disability. Most often, participants suggested that learning disability had medical causes and many of them rejected possible social explanations outright.

Academic counselors had a general understanding of learning disability as a "physiological" or "medical" problem. They often described neurological factors. They spoke of brain functions and "physiological differences". They were not very specific in their descriptions, however. One simply stated that "its something that's not functioning right in their body, their brain." The testers however were much more specific in their descriptions of the etiology of learning disability. One remarked that "learning disorders are neurological disorders" even while admitting that the exact neurological processes that result in learning

disability have not been discovered yet. Only two faculty members clearly expressed medical views of the causes of underachievement. One hypothesized that learning disability could be a hereditary condition but in the same breath concluded that most learning disabilities were not hereditary. Another faculty member who was also a qualified professional described learning disability as a "hard wiring deficit" indicating that an organic dysfunction in the brain is the cause of learning disability. However he cited evidence that "less than one half of one percent of kids have a hard wiring deficit."

Participants that believed learning disability had medical causes were also more likely to rule out social explanations of underachievement. These participants often conceded that some people view learning disability as a social construction. An academic counselor commented, "I know with all learning disabilities... some people have a belief that it's something we've created."

Resting their conclusions on the authority of the medical model, participants offered technical justifications for rejecting social explanations of underachievement. They conceded that social factors can cause underachievement but based on diagnostic criteria social factors can not cause learning disability. A tester exemplified the technical, diagnostic point of view. Although to him social factors may explain low achievement they do not cause learning disabilities. He stated:

> I wouldn't call it a learning disability if someone is in an inner city area and they don't have the exposure to language someone does in the suburbs. If we see in the test results that it's a product of inner city upbringing, that is a social problem, its not a learning disability.

The other tester noted that social and cultural factors are considered in the diagnosis of learning disabilities, but cautioned that coming from a background of disadvantage could result in a student not being diagnosed with a learning disability.

Likewise, an academic counselor agreed that a student's education or lack of education has nothing to do with learning disability. Describing the university's definition of learning disability she explained that cultural or economic deprivation often result in academic trouble at the university but: "that's not learning disability. No, don't get that mixed up. That's just cultural and economically under-stimulated." She further indicated that such an individual would not be eligible for services at the university.

Symptoms

Medical disorders have recognizable symptoms. Participants often described the symptoms or physical manifestations of learning disability, as they believed learning disabled individuals experienced them. They rarely questioned the validity of these assumptions in light of their own lack of subjective experience of learning disability. Moreover, they often described learning disability as a hidden disability meaning that although symptoms are not observable they are assumed to be real in a medical sense.

An academic counselor described it as a "hidden handicap" that "manifests itself grades". An administrator described it as "another hidden disability" like a heart condition implying that students experience it as a real disability even though its not obvious to others. A faculty member observed that

physical disabilities "are easier to see" but no more legitimate than learning disabilities. He also argued that "unless you have learning disability its hard to understand" because although learning disabled students are highly motivated and hard working they still have difficulties that other students do not.

Other participants described specific handicaps or physical manifestations of learning disability. Their descriptions were related to assumptions about the information processing abilities and academic performance of learning disabled students. According to these participants learning disability affects student's abilities to perceive, process, and communicate information because "their brains work differently." On exams they have difficulty "digesting" questions. Participants often cited evidence of neurological abnormalities in learning disabled students. For instance dyslexic students "flip flop" written letters. This requires extra processing time and effort to correct. An academic counselor summarized the information processing perspective of learning disability. "If I write something and a student sees it as a totally different picture or the numbers are sequenced differently or what I see in my brain is not transmitted to my hand to put on paper, that's psychological and neurological. No matter how much training I give you that's how it's going to be perceived."

Diagnosis

Diagnostic Criteria

The university's criteria for diagnosing learning disabilities are not explicitly stated in policy or policy information documents. However, both testers that were interviewed spoke of the DSM IV when asked about diagnostic criteria. By

requiring that a learning disability be diagnosed by a qualified professional, the university, by default accepts the criteria defined by the DSM IV for the diagnosis of learning disorders which are according to testers based on a "medical" or "disease" model.

According to one tester, the difference between a learning disorder and a learning disability is merely semantic. The DSM-IV identifies three main categories of Learning Disorder: 1) Reading Disorders, 2) Mathematics Disorders, and 3) Disorders of Written Expression. All require that academic achievement be "substantially below that expected given the individual's chronological age, measured intelligence, and age-appropriated education" (American Psychiatric Association, 1995). All participants qualified to make diagnoses discussed this criterion as a "discrepancy" between ability and achievement. Diagnosis of a learning disorder also requires that the previously mentioned discrepancy "significantly interferes with academic achievement or activities of daily living" (American Psychiatric Association, 1995).

The DSM IV also allows for a diagnosis of Learning Disorder Not Otherwise Specified (NOS) This diagnosis is often used when an individual's impairment does not meet the diagnostic criteria for a specific learning disorder. One tester admitted he used the NOS category occasionally but the other said that she rarely used it because it is a "catchall" category.

The discrepancy between ability and achievement is measured through psychoeducational evaluations. Ability is operationally defined as intelligence and measured by an intelligence test (e.g. the WAIS). Achievement is measured

by an achievement test (e.g. Woodcock-Johnson Achievement Battery). Qualified professionals administer these tests and interpret their results. If there is a significant discrepancy between the two test scores in a certain area it is likely that the student has a learning disorder in that area (e.g. a discrepancy between a reading achievement score and a verbal ability score indicates a Disorder of Reading). However the student also "must demonstrate that [the discrepancy] impairs functioning" in some way. This is determined by the tester based on the student's self report of impairment and his or her history. According to a tester, "there must be a history of impairment" to establish that the student is substantially impaired.

Testers reported that numerous other factors must be considered before a diagnosis of learning disorder can be made. Those factors are also based on the student's history. They are too numerous to mention here but include race or ethnicity, socioeconomic background, family history, and educational history. Interestingly, both testers concluded that a background of economic, cultural, or educational disadvantage could cause academic difficulty and explain an IQ achievement discrepancy, but such a discrepancy would not be considered a learning disorder. They indicated that discretion must be used in such cases. One tester criticized the public school's use of discrepancy criterion saying, that it is:

> ...the most simplified manner for looking at learning disability, and obviously, if we just think for a minute, all kinds of things can come into that discrepancy.... What it does include is if that child has lost his mother through death. Is he going through a divorce right now? Does he... have a sensory problem, like hearing loss? None of that stuff is accounted for in that discrepancy formula. So as a psychologist what I'm trying to figure out is... whether there are other reasons why that person has [discrepancies]....

Documentation and the Diagnostic Process

In order for the SDS office to determine if a student is eligible to receive academic accommodations the student must have documented evidence of a disability. Documentation is even more important in the case of learning disability because it is a "hidden disability."

Testers' descriptions of the diagnostic process and administrators' descriptions of documentation were very similar. Diagnosis is a process, with two possible outcomes: 1) the individual does not receive a diagnosis of learning disability or 2) the individual receives a diagnosis of learning disability. One of the testers commented that, of the students she evaluates "there are more that walk away without a diagnosis of LD than walk away with one." Documentation refers to the careful study of already existing documents such as school records and the creation of new documents that serve as a record of the outcome of the diagnostic process, whatever the outcome may be

If diagnosis is thought of as a process, documentation is its product. During diagnosis, documents relating to the client's history such as school records may be analyzed. New documents are generated based on the results of psychoeducational evaluations and the diagnostician's written notes. Those notes may pertain to the diagnostician's interaction with the client or observations of the client's behavior. They may also pertain to the client's history or self report of academic difficulty. All of these including the results of the psychoeducational evaluation are compiled by the diagnostician.

The final documents are merely an account of the diagnostic process, when no diagnosis is made, although they could be used as proof of the absence of learning disability. When a diagnosis is made however, documentation serves a different function. It is the justification for treatment (accommodation) and the legitimation of that person's disability. For university administrators, a learning disability can only be considered a legitimate disability if it is diagnosed by a qualified professional. Therefor the documentation of the diagnostic process, when used as proof of a diagnosis of learning disability, becomes the diagnosis itself for administrative purposes.

Treatment

Permanence

From a medical standpoint learning disability is a permanent condition. Its permanence is one of its defining characteristics. A tester described how he differentiates between temporary learning problems and learning disabilities:

> If its emotional, like a person is depressed and they're not functioning well in college because they're depressed, I don't consider that a learning disability. It's a temporary disability of learning, but I think what I call a learning disability... has to do with neurological function, how that brain processes that information. . over the long haul, not temporarily.

When asked if he meant that learning disabilities were permanent, he answered: "Yes. Organicity doesn't come or go.... " When asked they same question, another administrator responded: "Yes, most experts say it is". However, the lack of a medical cure does not limit the power of the medical model to prescribe a treatment for learning disability. At the university, that treatment takes the form of academic accommodation.

Academic Accommodation

Currently learning disabilities are considered permanent. They can not be cured through medication or surgery. However, accommodation is to learning disability as medical treatment is to physical disabilities. Just as physicians are ethically and professionally required to prescribe treatments for diseases and disorders, psychologists are ethically and professionally responsible for prescribing accommodation for learning disabled students.

Medical prescriptions must be appropriate to the diagnosis. As a tester reasoned, the medical status of learning disability depends on "the correct diagnosis and the correct treatment." Misdiagnosis results in ineffective or possibly even harmful treatment. The treatment, which in the case of learning disability, is usually accommodation must be appropriate to the disability.. However, accommodation is the university's responsibility.

The psychologist's "prescription" is merely a suggestion. When asked what kinds of accommodations would not be granted at this university an administrator replied, "Well, anything that does not directly relate to the disability." Accommodations should reflect the specific nature of the learning disability. For example an academic counselor explained that "for the dyslexic or people who have reading disorders, they will allow the tests to be read to them" and writing disabled students "could be given oral exams." Nevertheless, the university does not grant any accommodation that a student requests. It must be substantiated by a diagnosis.

CHAPTER 7

SOCIAL DIMENSIONS OF LEARNING DISABILITY AT THE UNIVERSITY

The university, as an institution for learning is very different from primary and secondary education institutions. It offers a more diverse curriculum to its students who attend by choice. Some university staff and faculty members however, suggested that it does not deal well with different styles of learning. In their opinions, anyone who fails to succeed within the typical learning environment and established methods of instruction and evaluation is likely to be treated as a deviant. They may also be labeled and stigmatized.

Learning Styles

A few participants suggested that students have different learning styles and these styles are often not accommodated within the traditional framework of instruction and evaluation at the university. An academic counselor argued that: "I don't think that our institution is addressing anybody that's different. You just can't treat everyone the same. At some point our university has to address those differences." She described individual differences in "learning styles" and alleged that faculty members "have pretty much the same teaching style and that's lecture." Faculty members agreed that students have different learning styles but felt that they used many methods of instruction. One explained:

> Regardless of disabilities or not I think some people learn more by one kind of thing than another. A video may attract their attention and a lecture put them to sleep or vice versa. I like to use multimedia stuff. Tests are never more than half the grade. We do papers, projects, presentations and all different kinds of things....

Nevertheless, students who have difficulty with the lecture format are likely to experience academic difficulty at the university.

Labeling and Stigma of Underachievement

Academic counselors and faculty members both mentioned the consequences of labeling for underachieving university students. For some, stigma was sees as being attached to the learning disability label. For others, the learning disability label was seen as a way of removing stigma.

For university students, underachievement may result in stigma. Therefore some may be reluctant to seek accommodations because they do not want to be labeled. Many of them have already dealt with the negative effects of labels at the primary and secondary levels of education. According to an academic counselor, the university needs to assist these students without labeling them. She complained that academic accommodation programs single out underachievers and compound the problem because "There's already a stigma attached to this". When asked whether the stigma prevented underachievers from seeking accommodations she responded: "Without a doubt. I have four students right now that are absolutely refusing to... get help because they have been labeled as dumb, lazy, stupid, ignorant." This counselor agreed that it is better to be labeled learning disabled than "stupid" but argued that the university does not communicate this to underachieving students adequately. "They have to have somebody that says its okay to be learning disabled. We're all disabled in some way or another."

Another academic counselor reported concern from parents was often a factor in whether or not a student is labeled learning disabled. Parents want their underachieving children to receive accommodations but their children often told her that "they don't want to be singled out" or "treated differently." A faculty member observed similarly that underachieving students do not want to be labeled learning disabled because they want to be like other students. In the past, they were more reluctant to request accommodations because of the stigma associated with learning disability. However, more recently that stigma has been reduced.

Another faculty member agreed the learning disability label singles out underachievers and that in the past students: "...weren't as willing to talk about having a problem because if you say you have a problem people look at you like... they're going to catch something from you." However, in the absence of more obvious disabilities most underachieving students have little choice but to accept the label of learning disabled in order to get accommodations. When asked if it was better to be labeled learning disabled in spite of the stigma he responded: "I would think so because now you're more likely to get services." As for the stigma, he argued that "labels carry stigma but if you can't get services unless you have a label and if a label gets you services and if the services are appropriate it overcomes the label". Furthermore, "Learning disability is the diagnosis of choice..." in public schools because it carries much less stigma than the alternatives such as mental retardation or emotional disturbance.

A third academic counselor described the stigma associated with being "dumb" and how it prevents some students from overcoming their academic difficulties. She believed that the label of learning disability also carries stigma but that it is less than the stigma of "being dumb". She commented: "I think the stigma is still there, but it is less stigmatizing because society is acknowledging it... [as] something medical, related to the functioning of the brain, whereas twenty years ago we still thought you were dumb."

Medicalization

The comments of several participants will be presented here as evidence of the medicalization of underachievement. That evidence deals largely with the legitimacy of learning disability as a medical explanation of underachievement and the taken for granted nature of the diagnostic process.

The Legitimacy of Learning Disability

Since, as several participants indicated, learning disability is a "hidden disability" much of its legitimacy rests on its status as a medical condition. Of the four faculty members who were not qualified to diagnose learning disability, only one believed that he could identify learning disabled students in his classes believing that they struggled more than other students did. However the other three faculty members disagreed. They were also more likely to cite possible social causes of learning disability. However only one seriously questioned the legitimacy of learning disability as a medical condition stating that learning disability is "a result of learning, social isolation, negative reinforcement" or lack of "exposure to conceptual things like reading".

One stated, "I couldn't sort them by grades." Another mentioned that he simply files letters from the SDS office until its time for an exam. He declared, "I don't know who is disabled until the test comes". To him the only things that differentiated them from other students were the letters concerning their accommodations. Since learning disability is so invisible, its recognition as a legitimate category deserving of accommodation depends upon acceptance of the validity of the diagnostic process.

Diagnosis of Learning Disability

Aspects of the diagnosis of learning disabilities provide evidence of the medicalization of underachievement. While the diagnostic process is often thought of as a medical act based on the objectivity of science, it is in practice, a very subjective and social act. The discrepancy criterion takes for granted the validity of intelligence and achievement measures. It gives diagnosis a legitimacy that is comparable to that of medical diagnostic procedures. Furthermore, the problems of over-diagnosis and misdiagnosis are well recognized, although qualified professionals rarely question their own diagnostic decisions. The medical model rightly recognizes that social factors such as economic or cultural disadvantages contribute to learning difficulties. However, it has the power to decide which learning difficulties are social and which are medical. Qualified professionals alone have the authority to designate learning difficulties as disabilities.

Diagnosis is seen as an objective scientific process, because it involves evaluating or testing a student based on objective criteria and the psychologist is

seen as a medical professional. However, one tester argued that the criteria for diagnosing learning disability are actually quite "subjective" and "imperfect". The acceptance of DSM IV criteria for diagnosing learning disorders contributes to the legitimacy of the learning disability as a medical diagnosis at the university. However, the Learning Disorder Not Otherwise Specified (NOS) diagnosis is another example of the subjectivity involved in the diagnostic process. A tester remarked that diagnosis is an "imperfect science" and cited the example of the NOS category as evidence because it allows the psychologist to make a diagnosis based on his or her professional judgment alone. She also noted that two psychologists could assess the same student with the same instruments and procedures and get different results. For instance, the criterion of "substantial impairment" is problematic because "impairment is a subjective experience" that can only be communicated. The psychologist cannot measure it. Furthermore, the criterion of a discrepancy between intelligence and achievement, which is measured by the psychologist, is only valid to the extent that intelligence and achievement can be measured with validity.

Social factors influence the outcomes of intelligence and achievement measures. According to a faculty member who was also qualified to make diagnoses, intelligence measures are "school dependent after the third grade" meaning that scores on intelligence measures are influenced by the students educational achievement. A tester also noted that IQ measures are highly correlated with achievement measures making it difficult to measure intelligence independent of achievement. The problems inherent in measuring intelligence

have multiple effects on the diagnostic process. If a student is not expected to develop reading skills for example, his or her verbal score on an IQ measure will be lower. This actually lessens the likelihood of that student being diagnosed as learning disabled because it could minimize the discrepancy between intelligence and achievement.

A tester described "significant strengths" as a discrepancy in the opposite direction. A significant strength is identified when achievement outpaces intelligence in a certain area. They are "attributed to an enriching home environment." For example, a significant strength in reading would most likely be explained by an environment where reading is encouraged and the student has been exposed to an "advanced vocabulary". Although intelligence/achievement discrepancies in the direction of higher achievement are seen as the result of social factors, discrepancies in the direction of higher intelligence are seen as eliminating social factors.

Perceptions of Policy

The fourteen university employees were asked about the university's policies relating to learning disabilities. Most of such policies dealt with admission and accommodation of learning disabled students but were fairly general. The research questions centered on the intention, implementation, and experience of those policies (Lincoln & Guba, 1985). Based on their responses to the questions of intent, their views were grouped into three general types. Questions of implementation and experience were framed in relation to their perceptions of

the intent of learning disability policies. One faculty member did not feel knowledgeable enough to speculate on the intent of those policies.

General Intentions of Policies

Faculty and staff members offered their perceptions of the general intent of university policies that deal with learning disabilities. Three general categories emerged. Faculty and staff perceived that the intent of learning disability policies is to: 1) provide equal opportunity for learning disabled students, 2) allow learning disabled students to achieve to their fullest potential, or 3) satisfy federal legal requirements.

Equal Opportunity

Three faculty members and two staff members believed that giving learning disabled students equal opportunity was the intention of the university's policies. They spoke of learning disabled students having "equal opportunity" or "equal footing" with their non-disabled peers. However one faculty member who expressed this opinion seemed less sure of it. She explained that "they say" the intent of policies is "to have an even playing field" for learning disabled students. When asked to clarify who "they" were and what she meant, she indicated that "they" was a reference to the SDS office but did not want to comment on the stated intention of policy, only saying that she could not question it. Nevertheless, these university employees all discussed equal opportunity for learning disabled students in relation to typical students.

Issues of fairness were also important to these staff members. They believed that policies are not intended to give learning disabled students

advantages and prevent over-accommodation. One administrator spoke of "equity" in relation to perceived advantages learning disabled students receive from accommodation. To him equal opportunity means that accommodations are not intended to give learning disabled students advantages. Another administrator argued that it is necessary to avoid "over-accommodation" and not to "feel sorry" for learning disabled students.

Maximizing Potential

One faculty and two staff members spoke of achievement or success without mention of non-disabled students. For them equality with typical students was not the central concern. These participants generally felt that policies were designed to enhance academic development for learning disabled students. One remarked that the intention of such policies was to "allow individuals to achieve in the classroom in a manner that is commensurate with their ability" and another believed that the intent was merely to "help students be successful" academically.

Compliance with Federal Disability Laws

Four university staff members and one faculty member shared the belief that the university's learning disability policies are little more than lip service to federal regulations. These participants felt that the university was "not proactive" enough and less concerned with "leveling the playing field" than "covering our butts." They believed policies are largely intended to prevent lawsuits and satisfy requirements for federal funding. An academic counselor exemplified the latter position, remarking that the intention of learning disability policies is "meeting the

letter of the law, because [the university] would probably lose federal funding if we didn't meet the letter of the law."

Implementation and Experience of Policies

Participants who were employed by the university were asked about the implementation and experience of learning disability policies. However, the theoretical distinction between implementation and experience was difficult to maintain during interview situations. When asked if policies were implemented as they were intended, most participants responded in terms of their own personal experiences with those policies. When asked what policies had accomplished, based on their own experiences, participants frequently restated or summarized their answers to the previous question. Subjective experiences of learning disability policy were tied very closely to participants' perceptions of the implementation of those policies. Most of their answers to these questions dealt with their perceptions of the success of those policies in relation to their perceived intentions. However, during the interviews, participants often responded to other questions by describing experiences with policy. Those experiences deserve attention, too.

Success of Policies

Four of the six participants who believed the intentions of learning disability policies were to create equal opportunity also believed that overall, policies were successful in doing so. Although, one faculty could only speak about his department, he and the three other participants generally agreed that policies were implemented as they were intended. One faculty member however,

disagreed, citing the fact that "LD students don't do as well as other students" in his classes. He argued that learning disabilities policies had not been successful, in creating equal opportunity although they had accomplished other things. Another faculty member seemed to have mixed experiences concluding that, "if the goal is to accommodate students, they have succeeded" and adding that policies resulted in a "well-organized process for accommodation." To her, learning disabled students seemed to do just as well as other students but she was not sure that it was due to accommodations they received.

All participants, who believed that the intentions of learning disabilities policies were to allow the learning disabled students to realize their full potential, also believed that the policies were effective in doing so. The faculty member argued that policies provide opportunity for success but mentioned that some faculty members do not cooperate with accommodations. An academic counselor spoke of faculty cooperation also, saying that:

> ...every single faculty member on campus may encounter [learning disabilities] as an issue and how each and every individual deals with it may be a very different thing.... And frequently faculty members who are concerned will consult with this office or some other office... and try to get some advice.

She believes "that people are definitely, honestly trying to meet the spirit or the intent of those [policies]". Another staff member cautioned that "there is a danger of excusing rather than accommodating." To her an example of this would be waving essential requirements. She conceded that the university does a good job of balancing accommodations and academic integrity.

For those who believed that policies were intended to bring the university into compliance with federal legislation, policies did just that. Three counselors

said that policies were implemented just as they were intended, but also mentioned that new administrative personnel seemed to be more committed to equal opportunity than in the past. The fourth participant, a faculty member simply maintained that policies have succeeded in protecting the university from lawsuits but have not really had any other effects.

Other Policy Experiences

Participants described a variety of other policy experiences that deserve attention. For instance one staff member felt that the uniformity of policies prevented lawsuits. One faculty member concluded that policies pertaining to learning disability helped to improve instruction methods. Another argued that policies "prevent students from having to fight with faculty who are not cooperative." Most other policy experiences were described in terms of bureaucratic duties, or reflecting shifts in university philosophy.

Faculty often experienced policy as a "bureaucratic issue." Three faculty members expressed similar sentiments. Though they did not feel burdened by the bureaucracy of learning disability policies, they were inclined to see accommodations as just another bureaucratic duty requiring extra work. They did not feel learning disabled students were difficult to accommodate but mentioned that the accommodations were sometimes inconvenient. One faculty member noted that if accommodations were made easier for faculty, they would probably be more supportive. Two of these faculty members felt that most of the responsibility for accommodations fell on them and one felt that the SDS office removed that burden from faculty.

Three participants who had been employed at the university for a number of years noted changes in policy and institutional philosophy. According to an academic counselor, policies are implemented slowly because it takes time for philosophies to change. Most of the changes were attributed to the SDS office. A faculty member argued that the creation of the SDS office was the "biggest change in policies at [the university]." Counselors often commented on the more recent changes attributed to the SDS office and its new administrative officer. One commented that the "SDS office is making more concerted effort at addressing LD issues." Speaking directly of the SDS office administrator she continued, "I see the difference when he works with us. He's trying to implement some programs that will be beneficial." Another counselor echoed those sentiments. In the past decade she has seen the institutional philosophy change from a "laissez faire, let alone policy to more involvement with the students." She attributes that change to "the personalities of the people we hire."

Rights and Responsibilities

According to interview participants, in the past, learning disabled students either did not attend the university or they were in a counselor's words "in the closet". However, the rights movement for people with disabilities was the "mobilizing force" that brought learning disability accommodations to the university according to a faculty member. "Finding out that people in wheelchairs can do all kinds of things" led to the perception that the same was "true of lots of other categories of people not just wheelchair people, but the structure [of the university] prevents them from performing."

The disability rights movement led to civil rights legislation for people with disabilities. The university's policies and procedures relating to learning disabled students are based on that federal legislation. The civil rights of disabled people were often compared to those of racial minorities and women. An academic counselor compared the intent of the university's disability policies to the intent of integration policies. " That's why we have integrated schools. Blacks and whites didn't want to go to school together but the laws made us...." This reflects another prevalent view at the university; that learning disabled students are the objects of discrimination and that learning disability is equivalent to a physical characteristic such as race or sex. An administrator remarked, "if you can't control it, it shouldn't be held against you". To him, not accommodating a learning disabled student was equivalent to racial discrimination.

A faculty member described what he thought were the logical consequences of the disability rights movement's effect on learning disability at the university. According to him the ADA already protects the learning disabled students from discrimination at the university but most students do not take advantage of accommodations. He argued that the learning disability rights movement has a long way to go because in his words "social movements flounder until people stop being quiet about it". He predicted that learning disabled students would "become more militant. Over-diagnosis is inevitable. If numbers [of learning disabled students] continues to grow you may see a faculty backlash."

Faculty Support

All of the faculty members that were interviewed could be characterized as at least marginally supportive of learning disabled students. All but two staff members indicated that faculty overall, supported and cooperated with accommodations. According to faculty and staff members, faculty resistance to accommodations is the exception rather than the rule.

Administrators had no negative experiences with faculty to relate. One remarked that, "professors are very responsive to accommodation requests." The other administrator interviewed shared this view but admitted that there may be problems of which he is not aware. When asked about the campus climate for learning disabled students his response was"

> So far I'd say it's fairly receptive. The response I have gotten from faculty has been... "what do I need to do, how do I need to do it?" as opposed to "why are you asking me to do this?" That's all based on what I here.... There may be people out there that are butting heads with somebody and I don't know about it....

When asked about the climate for learning disabled students an academic counselor responded that the only "...difficulties that come up [are] when you get a complaint about an instructor...[but] those don't happen very often any more". When there are complaints the counselor told me, "...occasionally we do have to advise faculty of a student's rights" but "often times... the ones we see are faculty intending to do the right thing."

Three staff members disagreed that faculty was supportive although they gave no specific examples. One declared that the climate for learning disabled students "is pretty good, overall" but that faculty "hubris" is the cause of most problems. He alleged that faculty members

were more resistant to accommodations than other university personnel because "they believe they know everything because they have a Ph.D." Two counselors agreed that faculty members often viewed accommodations as a burden. One qualified his position however saying that, "although they are not opposed to [accommodations], they look at it as more things for them to do... [and] some faculty ignore them."

Effects of Accommodations

Academic Accommodations Compared to Physical Accommodations

Participants often contrasted academic accommodations with physical accommodations indicating that physical accommodations were "more challenging". A counselor argued that "whether its hearing impairment or a student is wheelchair bound... those are usually issues that are more difficult to accommodate...." A faculty member noted that accommodations for people with physical disabilities are often "more significant modifications than you might have to make for someone with a learning disability." Physical accommodations affect other students more than academic accommodations do. For example, class locations are sometimes moved to accommodate a student who uses a wheelchair but a learning disabled student taking tests in a distraction free location does not affect other students in the class. Another faculty member commented: "Wheelchair people are somewhat of a special problem and I think that's why people complain. If you take a field trip or something, you gotta have a special van for them and everything. Getting all that set up is not easy...." Nevertheless, one faculty member disagreed with this perception arguing that

accommodations for physical disabilities were easier to make because they were more obvious.

Classroom Accommodations

Nearly all participants reported that classroom accommodations had very little, if any effect on instruction or evaluation. Faculty members described the effects of certain accommodations but only in terms of their effectiveness for learning disabled students or fairness to non disabled students.

Faculty members often considered classroom accommodations to be unnecessary for a variety of reasons. Some faculty members boasted that to them it was a matter of "people learning in different ways". Three faculty members indicated that they used "multiple media" for just that reason. Four faculty members insisted that they would be willing to make accommodations for students even without a letter from the SDS office. One described his classes:

> We do a lot of different kinds of activities. We do discussions, I do film presentations, I write on the blackboard, I do hand-outs, we do games, lots of different things. A video may attract their attention and a lecture put them to sleep or vice versa. I like to use multimedia stuff. We do papers, projects, presentations and all different kind of things and I've never been aware that the learning disabled seem to be at a disadvantage. In fact I forget they're disabled...

Interview participants indicated that most faculty complaints about accommodations are related to requests to wave courses because as one faculty member justified "certain courses are required... [and] when courses are waved, it affects the integrity of the program".

Curricular Accommodations

Courses that are seen as "essential requirements" of degree programs are rarely ever waved according to faculty and staff members. Faculty members asserted the necessity for a program to have standards that include minimum

curriculum requirements for graduation. Individual academic departments set and maintain those standards to assure that graduates are qualified for careers they intend to pursue. These essential requirements maintain "professional standards." Staff members endorsed this notion of professional standards as well. One administrator explained that if professional standards are compromised, you get "watered down degrees" which sends the wrong message. It hurts the reputation of the university and the department if their graduates are not able to perform up to the professional standards of their particular field. He offered an example of a student with a learning disability that prevents him from a learning a foreign language. That student could not teach in states that require teachers to know a foreign language. An academic counselor described her attitude toward waving essential requirements:

> Journalism requires either mathematical functions or college algebra along with a statistics course, and yes in extreme cases, where [mathematics] is a documented learning disability, those have been waved. Do the people in that program always feel good about it? No, because they... hope that every person who is a practitioner has basic skill in that area.

Fairness

There are several ways in which economic factors may influence the likelihood that a student will receive accommodations at the university. The cost of a diagnostic evaluation certainly prevents some students from being able to provide the necessary documentation. Without documentation a student can not receive accommodations. Among previously undiagnosed underachievers, those that can afford the economic cost of acquiring the learning disability label are at an advantage already.

Equity is also an issue in this process. Speaking about high school level accommodations, an administrator commented that:

> A lot of times people will say they've been allowed to take open book tests or open note tests. If everybody else is expected to know the material, even though it may be difficult because of a disability, the expectation ought not to change. If a person needs more time for the test or needs to dictate to somebody for answers... that's all right. But to say, "you can look at the answers" versus not looking at the answers, that then becomes an issue of equity.

This administrator showed a great deal of concern for equity and for maintaining the integrity of academic programs stressing the importance that accommodations be "reasonable".

An example of an unreasonable accommodation request was related by a faculty member: "Occasionally... these people can ask for some real special accommodations like" continuing as though he was reading a letter "This person isn't able to express their ideas clearly. We would like you to give them an oral exam where you probe them to see if they have the answers or not". He related his views on this type of accommodation saying:

> Well I first of all don't think that's at all fair. I'm not trying to discriminate... against them, but I don't probe the others. I take what they write on the paper and I don't really understand this kind of disability, which I need to probe them for....

This was that faculty member's only complaint though and he mentioned that the usual accommodation of taking exams at the testing center with extra time was not an issue to him.

Growth of Learning Disabled Population

Statistics provided by the SDS office based on students who registered with that office show that from 1995 to 1998 the number of students with learning disabilities and attention deficit disorders increased by 49.2%. However, the entire disability population increased by nearly 56.5% during that same time

period. Consequently the proportion of students with learning disabilities and attention deficit disorders who registered with the SDS office decreased from 49.8% of the total disabled student population in the 1995-1996 school year to 47.5% in the 1997-1998 school year (Swoboda, 1998).

Among faculty there was a perception that the learning disabled population was growing at the university. Only one faculty member believed that it had been stable over the past ten years. However, he did foresee a possible increase in the future because, in his opinion the definition of learning disability was changing to include more people. Some participants attributed this perceived growth in learning disabled students to the fact that high school graduation requirements are increasing and university admission requirements are becoming more selective.

CHAPTER 8

DISCUSSION

A Sociological Perspective of Learning Disability

The findings of this study must be viewed in light of its stated purpose; to offer a sociological perspective on learning disability. By questioning the taken-for-granted assumptions underlying learning disability theory it was possible to explore its social meanings. For instance, learning disability is assumed to be a medical problem, but by asking interview participants to question the legitimacy of the medical model of underachievement they were able to explore possible social explanations of the phenomenon. The results of the interviews neither prove nor disprove that learning disability is a socially constructed phenomenon, but they do offer sociological insight into it. Furthermore, this study demonstrates the value of sociological methods in understanding such phenomena by identifying learning disability as a case of the medicalization of deviance. This approach could and should be used increasingly as scientists increasingly use the medical to explain human behavior.

Politics and Policy

The university's policies and procedures regarding learning disabilities are intended to make the university a friendly and supportive place for learning disabled students. Those policies and procedures largely relate to admission and accommodation of learning disabled students. Admission policies do not offer any special incentive for learning disabled students to come to this

university but accommodation policies may help such students achieve their educational goals.

For the purpose of admission to the university, learning disability is defined as a protected status much like race. Federal disability laws have shaped policies pertaining to the admission of learning disabled students. Those laws are civil rights laws and define disability as a minority status. This fact should not be surprising in light of the "parent movement" (Chalfant, 1989) which has been described as a logical extension of the civil rights movement of the 1960's. As racial and ethnic minorities were able to assert their rights and introduce legislation to protect those rights, other groups began to do the same. Most of the disability legislation first applied to physical disabilities but was later expanded to include learning disabilities (Finlan, 1994).

The parent movement eventually became a learning disability lobby that pressured and ultimately forced public schools to accommodate learning disabled students. Its effects are still being felt today at the university level. At this university, learning disability is the equivalent of a minority status yet there are no specific requirements to admit learning disabled students who are not otherwise qualified for admission. Consequently, the language of policies pertaining to the admission of learning disabled students more likely protects the university from litigation rather than affording learning disabled students any special access to the university. There are special admissions programs that learning disabled students may take advantage of, but they are not designed or reserved for learning disabled students specifically. Nevertheless, the learning

disability lobby described by Carrier (1986), Chalfant, (1989), and Finlan (1994) continues to influence education. The findings of this study suggest that the political pressures exerted by the learning disability lobby have played a major role in the development of learning disability policy at the university level. The policies of the university in this study are a direct result of the same federal mandates that initially established underachievement as a category of disability in primary and secondary education. However, as of now the university is still insulated from some of the federal mandates that apply to lower level education.

Most of the benefits of the minority status of disability at this university are realized through academic accommodations. As minorities, learning disabled students are protected from discrimination based on their disabilities. Since it is the academic environment that puts them at a disadvantage, the way to equalize opportunity for learning disabled students is to provide them with academic accommodations. In contrast to elementary and high school learning disability programs, this university, places more emphasis on the student's responsibility The political pressures exerted by the learning disability lobby (Carrier, 1986; Chalfant, 1989; Finlan, 1994) have not yet forced the university to accept primary responsibility for the education of learning disabled students. As an administrator noted, this is probably due to the fact that higher education is not mandatory. All students, including those with learning disabilities attend universities by choice and therefore assume primary responsibility for their own education. The university has no obligation to identify learning disabled students or refer them for evaluation. Likewise it has no obligation to provide accommodations to

learning disabled students unless they identify themselves, provide their own documentation, and request accommodations.

Once a student submits documented evidence of a learning disability however, the university is obligated to evaluate that evidence in order to determine if the student is eligible for accommodations. The SDS office makes that determination based on the documentation provided by the student. If these requirements are met, the SDS office usually grants a classroom or curricular accommodation.

The SDS office's philosophy regarding accommodations is that they be tailored to the needs of each individual. No disability necessitates a specific type of accommodation. However, accommodations must be appropriate and practical. Excessively individualized accommodations could give a learning disabled student unfair advantages. In practice, accommodations are based on precedents and examples from federal law. Classroom accommodations are more common than curricular accommodations and typically cause little concern for fairness. They usually involve extra time or alternative formats or locations for course exams. Curricular accommodations such as substituting or waiving courses are less common and more likely to be viewed as inappropriate or unfair.

Learning Disability as a Medical Problem

Learning disability is commonly perceived as a medical problem. Rather than a form of deviance learning disability is thought of as a disease (Carrier, 1986; Finlan, 1994). Interviews with university staff members and faculty support

this assertion. Although, they sometimes offered evidence of social causes, they largely expressed views of learning disabilities that were based on the medical model. When asked specifically about the social dimensions of learning disability, staff members and faculty often deferred to the authority of medicine and invoked the medical model as an explanation.

Much of the legitimacy of medical explanations of learning disability rests on the power and authority of medicine in our society. Our collective faith in medicine is largely a result of its accomplishments in identifying and curing life threatening diseases since the turn of the century (Conrad & Schneider, 1980). Interview participants often echoed this faith in medicine to identify and treat learning disability. However, they were not entirely convinced that learning disability could be cured. Nevertheless, in the case of learning disability, psychologists were seen as the authoritative equivalents of physicians. Their diagnoses were thought of as objective and indisputable.

Participants often employed a medical discourse (Fulcher, 1989) to discount possible social causes of learning disability Instead of culture or environment, they most often spoke of the causes, symptoms, diagnosis, and treatment of learning disabilities. Although the interview participants were often unclear about the exact medical causes of learning disability few questioned that its causes were indeed medical or more specifically, "neurological". Social causes were either ignored or discounted as unimportant.

Interestingly, for the participants who were not qualified professionals (administrators, academic counselors and some faculty members), the causes of

learning disabilities were nearly indistinguishable from their symptoms. For example, when asked about the causes of learning disabilities, participants who were not licensed psychologists often responded by describing symptoms such as character reversal in dyslexia. Those participants easily described the symptoms of learning disabilities but when probed further about their causes the best they could do was to speculate about the probable organic etiology of learning disabilities. Moreover, none of the participants claimed to have subjective experience of the symptoms of learning disability, but they all knew what many of its symptoms were.

Even diagnosis seems to be more concerned with outward symptoms than with etiology. The confusion between symptoms and causes is most evident in the process of diagnosis. As a medical professional, the psychologist carefully documents the student's symptoms to determine whether he or she is impaired enough to receive a diagnosis of learning disability. Causes are assumed to be medical. If the psychologist has reason to believe that other factors have caused the observed symptoms, then he or she is obliged not to make a diagnosis of learning disability. When a diagnosis of learning disability is made the psychologist prescribes an appropriate treatment. At present the consensus seems to be that there is no cure for learning disability. It is seen as a permanent condition, for which the only effective treatment at the university level is academic accommodation.

The medical model, with it's emphasis on etiology, symptoms, diagnosis and treatment, dominates the understanding of learning disability in all levels of

education and the university is no exception. With its foundations in neurology (Carrier, 1986; Chalfant, 1989; Opp, 1994) learning disability theory has developed into a discipline of its own. Despite its now tenuous ties to its foundations, professionals in the field continue to exclude possible social causes of learning disability. This is accomplished through what Fulcher (1989) describes as a medical discourse in which the "social construction and distribution of impairment" are ignored. As many of the interview participants noted, social causes are excluded from learning disability by definition. Most participants, qualified professionals or not, argued that when underachievement can be attributed to social factors, then, by definition, it is not a learning disability. This view echoes that of the many, politically inspired definitions by exclusion presented in chapter three (Chalfant, 1989; Finlan, 1994; Sabatino, 1976). A common theme of these definitions is the exclusion of "cultural factors" (Kirk, 1962), "environmental disadvantage" (Finlan, 1994) and "environmental influences" (Reid, 1988) as causes of learning disability. In sum learning disability can never be a result of social influences because that is how it has been defined.

Learning Disability as a Social Problem

Although most participants expressed views that the causes of learning disabilities were medical, they often spoke of their social consequences and described them as forms of deviance. The comments of qualified professionals stand as evidence of the process by which underachievement is medicalized. University faculty and staff members also expressed their views on the intentions

and accomplishments of learning disability policies. Other prominent themes that emerged from the interviews dealt with the rights and responsibilities of learning disabled students, faculty cooperation and support, accommodations, fairness, and the growth of the learning disabled student population at the university. Very few of these themes were unanimously identified as important by all interview participants. However, they were common among several participants.

Interview participants often argued that differences in learning styles put learning disabled students at a disadvantage at the university. Whatever the reason for their underachievement, learning disabled students are likely to have been stigmatized at one time or another before reaching the university. Most participants agreed that the label of learning disability carries some stigma but that it is less stigmatizing than other labels associated with underachievement. In most cases, being labeled "learning disabled" leads to services or accommodations. Therefore the label's negative effects are often outweighed by its benefits. From participants' points of view, it is less deviant to be learning disabled than to be dumb or lazy. Thus when underachievement is medicalized it is also normalized to some extent. As observed by Conrad (1976), Riessman (1983) and Fulcher (1989), this is one of the results of redefining deviant behavior as a medical problem.

Since learning disabilities are not as obvious as physical disabilities, their legitimacy rests on validity of the diagnostic process. Because diagnosis is seen as an objective scientific process, it benefits from the authority of science

(Bickenbach, 1993). However, information from some of those qualified to make learning disability diagnoses indicate that the process may actually be more subjective than we know. The criterion of impairment is not easily measured. Furthermore, the assessment instruments used to measure the discrepancies between ability and achievement are not independent from one another and may discriminate against those from disadvantaged backgrounds. This is generally true of all of the diagnostic criteria for learning disability. Consequently, middle-class students are more likely to receive that diagnosis. This fact supports the assertions of Dudley-Marling & Dippo (1995) that learning disability is an excuse for middle-class underachievement.

Staff and faculty members rarely saw the university's learning disability policies as tools of the middle-class although some believed that their intentions were merely to protect the university from litigation and assure that it continued to receive federal funding. Most however argued that the intentions of learning disability policies were to assist genuinely disabled students in achieving their educational goals. They also believed that policies had been effective in doing so. Some university employees who had been around to witness the development of learning disability policies at the university argued that current policies reflected a philosophical shift in the way the university dealt with learning disabled students.

Some interview participants reiterated the same civil rights perspective that was found in learning disability policy documents. Although they did not specifically cite the "parent movement" (Chalfant, 1989) as reason for such

policies they associated the rights of learning disabled students with those of minority students. Participants were very much aware of the disability rights movement and what it had accomplished for learning disabled students. Furthermore, learning disabled students were often compared to racial minorities.

Interview participants generally agreed that faculty resistance to academic accommodations was rare and that the main faculty complaint was that accommodations are inconvenient. However, accommodations for the physically disabled were seen to be even more inconvenient than academic accommodations. The faculty members that were interviewed felt that most classroom accommodations had very little impact on instruction methods or fairness although they were unnecessary. On the other hand, making a curricular accommodation, such as waiving a required course, was something that faculty members were not willing to do because they believed that it compromised the integrity of the program and was not fair to other students.

Staff and faculty members perceived that the numbers of students seeking accommodations for learning disabilities at this university had grown in the previous decade and SDS office statistics confirm that perception (Swoboda, 1997). Some speculated that the growth was primarily due to changing admission standards while others argued that it was the definition of learning disability that was expanding. Nevertheless, most participants agreed that the learning disabled student population would continue to grow in the years to come.

Conclusions

Within the educational institution studied, the process of determining the existence of a learning disability is as much political as it is medical. The conclusions of this research do not deny the existence of physiological conditions that impact the ability of individuals to perform well in the classroom. Rather, it attempts to better understand the process of how the particular label under study gets attached. The analysis of policy data reveals that policies in this area are largely driven by the politics of disability rights. The rights of inclusion for the learning disabled student at the university are asserted, protected, and often compared to those of ethnic and racial minorities. The characteristics of learning disability are not as obvious as skin color, heritage, or physical disability, but are asserted as a medical fact although there is little scientific evidence to support such an assertion. The current state of affairs within the university suggests that in many instances learning disability is part of a quest for legitimacy for underachievers as a category deserving of protection. Research suggests that the legitimation of underachievement has been accomplished by using and usurping the category "learning disability".

Once medicalized, underachievement becomes less deviant. Some believe that redefining underachievers as learning disabled may actually provide them with advantages. The weight of the evidence does not suggest that learning disabled students have real advantages over typical students at this university. Yet those interviewed perceived that there are incentives for people to seek out the label and that having the label leads to unfair advantages. It has

been observed that some individuals take advantage of the protected status of learning disability to skate through their degree programs. For others, learning disability may provide the only means of getting through a degree program. Several concerns related to these issues emerged in this research. They include:

1) some people are using learning disability as an excuse for not living up to academic standards,

2) people who are not really qualified to attend the university are getting degrees by avoiding meeting requirements that other students must meet,

3) forcing universities to admit and accommodate learning disabled students will result in lower academic standards overall,

4) problems arise as result of having disparate expectations for different groups of students, regardless of the reasons.

For most students, being labeled learning disabled does not result in real advantages but there is great potential for abuse of the label, and that is what troubles faculty and staff the most. The benefits of legitimacy provide the incentives for abuse of the category in a variety of ways. Learning disability could be used as a tool. The nature of the phenomenon makes it virtually invisible to observers until the proper documentation is produced. This allows individuals to use learning disability strategically. The learning disabled person has no responsibility to disclose his or her disability to anyone but may assume the label when it is advantageous to do so without threat of negative consequences.

It will be interesting to see whether in the years to come, learning disabled individuals will continue to receive the benefits provided by the label,

while still maintaining a sense of privacy. If at some point the benefits of the label no longer outweigh the costs, people may strive to rid themselves of the label. This would require a process for removing the label that was once attached.

Presently, incentives (or perceived incentives) to seek the learning disability label will likely bring about further expansion of learning disability categories and subsequent increases in number of people diagnosed. The result of this will be that increasing numbers of learning disabled students will receive undergraduate degrees. The logical progression of learning disability is that it will eventually become as common among graduate students as it is among undergraduates. Indeed, evidence from this study suggests that many academic programs already have or have had learning disabled students in their graduate programs. This heightens awareness of the issue and leads people to ask: How far should we go in accommodating learning disabled graduate students? We all have strengths and weaknesses; certain things that we do well and others in which we have only limited success. Take, for example, the issue of "Math Anxiety". If a certain level of proficiency in mathematics is essential to meeting the requirements of degree, should this standard be waived for some?

The expansion of learning disability could undoubtedly lead to a backlash-type reaction from other sectors of society, especially university faculty. In many ways it has already begun. Future research in learning disability should address the issues of the expansion of learning disability and the likely backlash that will result. The perceptions of both learning disabled and typical students should also be explored in-depth.

The findings of this research illustrate how some behaviors come to be medicalized. They are an example of how social meanings can be lost or stripped away from behavior when it is redefined as a medical problem. By redefining underachievement as learning disability we ignore the social factors that contribute to underachievement. Factors that influence educational outcomes such as race, poverty, and socialization all become irrelevant when performance in the classroom is defined in organic terms.

This research also has some implications for the use of labeling theory in learning disability research. One of labeling theory's major assumptions is that more powerful members of society label those with less power as deviant. Those labels usually are seen as negative and are therefore resisted or avoided. However, in some instances of underachievement, people are actually seeking the label "learning disabled" because of its medical and less negative connotation. Instead of creating deviance, as a label, learning disability actually normalizes a form of deviance. In the case of learning disability, labeling theory would apply in its' reverse. Learning disabled is a widely sought after label, but it is very often influential members of society that are more likely to receive it. This has implications for how categories and labels can be used to the advantage of one group, while it disadvantages another.

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APPENDIX A

INTERVIEW TOPICS AND SAMPLE QUESTIONS

Policies

- Is there a separate admission process for LD students? If so how does it differ from the typical process? (Dropped—Interview #7)
- Is there a separate LD program? What are the criteria for admission to it? (Dropped—Interview #7)
- What documentation is required for admission as a LD student? (Dropped—Interview #6)

Accommodation

- What are accommodation determinations based on?
- How are testing accommodations handled? If an LD student qualifies to take exams with extended time how much time can s/he have? Where does s/he take the test? If a student needs a distraction free space will s/he always get it?
- What accommodations does the university offer?

Curriculum

- Does this institution offer remedial and/or developmental courses for credit towards graduation? (Dropped—Interview #2)
- Does this institution allow substitutions for foreign language or math courses? If so, what documentation is required? What is the process?
- Does the university offer study skills and/or learning strategy courses? Are they offered for credit? (Dropped—Interview #2)

Support Services

- Does the university have staff members trained in the area of learning disabilities? (Dropped—Interview #2)
- Does the university offer tutoring? (Dropped—Interview #2)
- Are tutors trained to work with LD students? (Dropped—Interview #2)
- Does the university employ LD specialists? (Dropped—Interview #2)
- Does the university provide services to test for or document learning disabilities? (Dropped—Interview #2)

Campus Climate for LD Students

- What is the climate on this campus for LD students?
- Do you expect the services currently offered to be here next year?
- Do students and faculty complain about LD services/accommodations? What is the nature of their complaints?
- Have any lawsuits or complaints been filed against this institution?
- Is there strong support from the faculty members and administration for the LD program?

Costs

- What is the cost of documentation? (Dropped—Interview # 8)
- Does the cost of documentation prevent some LD students from receiving accommodations? If so, do those who can afford it have an unfair advantage?
- Is there a fee for accommodations? (Dropped—Interview #2)
- Do you ever offer waivers for LD students? Under what circumstances? (Dropped—Interview #2)
- Is there a fee for tutoring? (Dropped--Interview #2)

APPENDIX B

REVISED INTERVIEW TOPICS AND SAMPLE QUESTIONS

Policies

- What are the intentions of the university's LD policies? (Added--Interview #2)
- Are they implemented as intended? (Added--Interview #2)
- What have they accomplished so far? (Added--Interview #2)

Accommodation

- What are accommodation determinations based on?
- How are testing accommodations handled? If an LD student qualifies to take exams with extended time how much time can s/he have? Where does s/he take the test? If a student needs a distraction free space will s/he always get it?
- What accommodations does the university offer?
- Do accommodations effect academic integrity? (Added—Interview #3)
- Do accommodations provide an advantage to LD students or give them equal opportunity? (Added—Interview #3)
- What are reasonable accommodations? (Added—-Interview #10)
- What types of accommodations have you had to provide in the past? What effect (if any) have they had on the curriculum you teach? Instruction methods? Testing? (Added—Interview #10)
- How successful are LD students at this university? Do they have more difficulty than other students do? Do accommodations help them? (Added—Interview #10)

Curriculum

- Does this institution allow substitutions for foreign language or math courses? If so, what documentation is required? What is the process?

Campus Climate for LD Students

- What is the climate on this campus for LD students?
- Do you expect the services currently offered to be here next year?
- Do students and faculty complain about LD services/accommodations? What is the nature of their complaints?
- Have any lawsuits or complaints been filed against this institution?
- Is there strong support from the faculty members and administration for the

LD program?

- Are there sufficient services for LD students? (Added—Interview #2)
- Do you support the policies relating to LD? (Added—Interview #5)
- Is this university a good or bad place for LD students? Compared to other universities? (Added—Interview #7)

Costs

- Does the cost of documentation prevent some LD students from receiving accommodations? If so, do those who can afford it have an unfair advantage?

Legitimacy

- Is LD a legitimate disability? (Added—Interview #3)
- What is the difference between LD and coming from a background of disadvantage? (Added—Interview #3)
- Is LD a medical condition? (Added—Interview #3) (Dropped—Interview #10)
- What causes LD? Is it social or medical or both? (Added—Interview #10)

Trends

- How have the policies changed? Will they continue to change? How? What effect will they have on the university (climate, accommodations, academic integrity, etc.)? (Added—Interview #5)
- How long have you been at OSU? (Added—Interview #10)
- Has the LD population changed since 1990 (or when you first started teaching here)? If so, how? Will it continue to change? How? What effect will it have on the university? (Added—Interview #10)

APPENDIX C: INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD

Date: August 18, 1999 IRB #: AS-00-081

Proposal Title: "THE SOCIAL IMPACT OF LEARNING DISABILITY ON THE UNIVERSITY: A CASE STUDY"

Principal Investigator(s): Patricia Bell
Dan Jack

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

Signature:

Carol Olson, Director of University Research Compliance

August 18, 1999
Date

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modification to the research project approved by the IRB must be submitted for approval. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

2

VITA

Daniel G. Jack

Candidate for the Degree of

Master of Science

Thesis: THE SOCIAL DIMENSIONS OF LEARNING DISABILITY AND ITS IMPACT ON THE UNIVERSITY: A CASE STUDY

Major Field: Sociology

Biographical:

Education: Graduated from Edmond Memorial High School, Edmond, Oklahoma in May 1987; received Bachelor of Science degree in Sociology from the University of Central Oklahoma, Edmond, Oklahoma in May 1993. Completed the requirements for the Master of Science degree with a major in Sociology at Oklahoma State University, Stillwater, Oklahoma in July, 2000.

Experience: Employed by Oklahoma State University Department of Sociology as a graduate research assistant, and as an independent interviewer; Oklahoma State University, Department of Sociology, 1993 to 1998. Employed by private contractor for the Federal Aviation Administration as a research assistant; Omni Corporation, 1998 to present.

Professional Memberships: Alpha Kappa Delta (Sociology Honor Society), Southwest Social Science Association.