

Social Competence Needed for the Improvement of Learning Disability

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Abstract: A difficulty in learning or receiving the language skills like reading, writing and spelling inspite of regular exposure to reading instructions because of intellectual disability. Despite having normal intelligence child shows inability to read. The factors can be biological i.e., due to damage of central nervous system dysfunction, behavioral is because of child's environmental causes like not going to school or having negativism and cognitive is due to lack of auditory processing, visual process, short term memory, working memory, reasoning etc. The study is about the brain hemisphere – left hemisphere and right hemisphere appear like mirror mates. The left hemisphere is responsible for receiving the language and right hemisphere for visual spatial perception. The child with dyslexia need improvement and the research believes that the role of parents, school, teacher, physicians, psychologist, language specialist and speech specialist is necessary.

Keywords: Intellectual Disability, Biological, Dysfunction, Cognitive, Dyslexia.

An Abnormality in a child, inspite of conventional environment a difficulty to receive the language skills of reading, writing and spelling because of intellectual disability. Despite having normal intelligence child shows inability to read. The term can be defined as a learning disability in a person's phonological awareness, phonological decoding, short term memory or rapid decoding etc.

According to study on dyslexia factors can be biological, behavioral and cognitive. (Scandinavian Journal)

Biological Factor: The child's inability to read can be congenital deficit and postnatal traumatic brain damage before/after the birth. Due to the damage of central nervous system reading deficit occurs and it can be termed as reading retardation. (Rabinovitch, 1959) Due to some biochemical imbalance or otherwise brain dysfunction lead to mental retardation, genetic defect, autism and aphasia.

Behavioral factor: The child's potential ability to learn to read but the circumstances made them inefficient, this can be because of environmental causes like not going to school or having negativism. It can also include hostile family environment or climate, parental rejection or neglect and social and educational deprivation. The psychiatric or secondary group retains an intact capacity to read which can function normally when the conflicts are resolved.

Cognitive factor: Individual's efficiency can be known through auditory processing, visual processing, short term memory or long term memory, acculturation of knowledge, working memory, reasoning, speed of thinking etc and dyslexics lack all these. Dyslexics cannot recognize the letters, sounds and words. They lack phonological awareness as

they have deficit in speed process, while reading the letters/sound/words began to forget by the time the last letters in that sequence they reach.

Brain Hemisphere: The brain is divided by the longitudinal fissure into the left and right hemispheres and these two halves appear almost like mirror mates. The hemispheres are dominant and can be seen through intellectual and cognitive behaviors in sensory and motor functions. The left hemisphere dominance in most people is language and the dominance of the right hemisphere for visual – spatial perception. According to B.Milner, a neuropsychologist of Montreal Neurological Institute believed patients with left temporal lobe lesions have impairment of verbal memory but can be performed normally in remembering and recognizing faces. The right temporal lesion patients, have a great difficulty in remembering the same set of faces in a collection of photographs, they show no impairment on tests of verbal recognition and recall.

A subject with left hemisphere lesion is more likely to perform poor in language, reading and writing and verbal conceptualizing. By contrast, a right hemisphere dysfunction is more likely to affect academic subjects drawing on spatial imagery, such as arithmetic, art, geometry, map-reading, drafting, industrial arts and sewing. While a teacher will not use this type of evidence to localize a cerebral lesion, if he or she is supplied with the knowledge of the locus and intensity of the lesion, the teacher's interpretation about the child's potential ability and with experience could develop a more effective remedial program.

During a study or Neurosurgeon research, on epileptic seizure mechanisms, when the (human) subjects are injected with sodium amytal and metrazol into the carotid arteries, the left carotid artery runs up the left side of the neck and blood is supplied to the left cerebral hemisphere, if the right internal carotid artery does the same for the right hemisphere the injected patient's left carotid artery with amytal usually become aphasic within a few seconds as a result of the effects of the drug in the cerebral blood stream make changes. For several minutes, the inhibiting effects of the drug affect the left cortical hemisphere as the left hemisphere is dominant for speech, they may be able to speak and understand what is said to them either to read or to write. The patients might be given the nonverbal tests with cartoons successfully. With the injection of right carotid amytal most patients may retain their speech and language functions but may lose their visual-spatial perceptual competence temporarily. The impairment can be short lived, usually about 3 or 4 minutes, this technique provide an avenue for studying academic performance and there can be no risk of organic damage and can be dominantly controlled by one or the other cerebral hemisphere and specific memory functions.

Training the child to learn: Training is needed for the child to minimize the problems and should encourage the child to improve basic skills in both behavioral and academic. The history says that the exercise of the brain and sensorimotor systems can improve the capacity to learn. According to Ayres, an occupational therapist and psychologist, "If the brain develops the capacity to perceive, remember and motor plan, the ability can then be applied towards mastery of all academic and other tasks, regardless of the specific content." (Ayre 1972a) In her book "The art of Therapy" centers around on the improvement of sensorimotor accuracy and efficiency.

The child need social competence for the improvement of Learning disability. In a child, there is a requirement to explore the social environment which include the family, the school, with the medical doctor specialist, with the school psychologist or educational diagnostician, the speech specialist and the child's own perception of his disability.

The Role of the parents: The parents of learning disability face painfully conflicting situation. They are the one who realize the disabilities in their child. Probably the sensitive parent may hesitate to report the problem to anyone. Suppose the parents approach the doctor they are told that their child is normally healthy for the symptoms reported by the parent. And this can be the result in embarrassing situation or frustration and a belief by the doctor that he is dealing with an overanxious parents.

Parents believe that their child has a problem, but doctors believe that 'he/she will grow of it' and teachers believe that the child is lazy and inattentive. Parents of the child understands the genuine difficulties and want to improve knowledge and in some cases violent arguments may take place about the child between the parent that can drive him/her closer to one parent and away from the other. Probably both may know the child's problem and in this case should agree about the treatment of the child. If one parent agrees for a special school for the child and the other opposes this on the grounds that the child must be brought upon a normal environment makes a problem. There should be agreement between them that they should take child to psychiatrist. The child's treatment is necessary otherwise he could be frustrated and can be left careless.

The Role of the school: Some years ago, there were some schools who expelled a child for their bad records and it degrade the profession of teacher for mishandling them. Many Learning Disabled(LD) children were mistreated and their families were frustrated and made angry. The parents view about the schools revealed a lack of confidence in the public school's ability to deal adequately with the education of children with subtle learning problems.

The school should be aware of the nature of learning disabilities usually and ignorance can lead to denial of the problem. For the successful remediation understanding learning disabled child can be the result of recognition of the problem. "The teachers need more training in special education. "Many government departments of education and universities need to be aware of training programs for LD not only for teachers but also courses designed for LD children. The most competent teachers should be selected for further training; that can be formal or informal (an extra course, workshops experimental clinics). Apart from this there should be good communication with the student "There is a little reason to doubt that the dominant factor in successful teaching will always remain the teacher's skill in nourishing sometimes even arousing the child's curiosity and interest and in providing a rich and challenging intellectual environment in which the child can find his own unique way toward understanding knowledge and skill"(N. Chomsky1970)

The Role of the Doctors: 'The earlier the diagnosis the better the prognosis'(Tarnopol 1971) The contribution of the medical doctor are essential in the diagnosis of LD child and decisions regarding remediation. Diagnostic information usually comes from the pediatric neurologist and also neurosurgeon the radiologist, the orthopedic surgeon, the

ophthalmologist, the audiologist, the psychiatrist, trained person involved in the case.

For the diagnosis of the child sometimes the less experienced physician may not suggest about diagnosis but assure the mother she has nothing to worry.

The psychologist should have a good relation with the LD child. The psychologist need communication to reserve time and observe a child in depth. The skillful psychologist will create experimental clinical tasks to improve the learning of the child through the strategies. There can be some psychologist who wish to suggest the LD child's teachers.

The child may have speech problem and recognition problem in language. The professional team can diagnose to improve skills. In the team can include speech pathologist, psycholinguistics and an audiologist and a teacher. The test for hearing is necessary to know how much a child is receiving the language. The teacher can seek the help in knowing more about perceptual deficits, cognitive deficits. An interaction between teacher and language specialist can be the result of the improvement of teacher's teaching methods.

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