

Representations of Learning Disabilities in Saudi Arabian Elementary Schools:
A Grounded Theory Study

by

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ABSTRACT

In 1996, learning disabilities (LD) was introduced as formal category of disability into Saudi Arabia educational system. This qualitative grounded theory study aimed at understanding how members of LD teams in 9 Saudi public elementary schools perceived and made sense of students with LD and the contexts that surround the identification process. The data were gathered through semi-structured interviews with 13 LD teachers, 10 regular classroom teachers, 9 school counselors, 6 school principals, and 3 parents. The theory developed in this study posits that, since the introduction of LD category into Saudi schools in 1996, there has been conflict over the *identity* of children experiencing learning difficulties in Saudi school, between, on one hand, the official LD discourse created by scientists and policymakers, and on the other the local commonsense social discourse created by people in everyday life in Saudi society. Data indicate that the points at which the two discourses tend to diverge sharply include the notion that: (1) children with LD have disability, (2) the cause of children low achievement lies within children due to neurological damage, and (3) that LD is a life-long phenomenon.

By labeling otherwise normal children as disabled, the LD discourse raised complex dilemmas at the community level as well as at the individual level, where disability labels have the potential to impact a child's *identity* and self-worth in negative ways. In response, participants coped with the new LD category by dismissing, deemphasizing, or resisting the unfamiliar aspects of LD, which in turn affected the identification of students with LD. The identification process—via referrals, evaluation, eligibility, and remediation—is seen as a regular occurrence intended to identify students who need extra help or *services* rather than a process that classifies children into a category of disability. The decision-making atmosphere and the diagnosis of a child as LD generally were regarded as unproblematic.

To my parents.

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CHAPTER I

INTRODUCTION

Background of the Study

In 1996 learning disabilities (LD) was introduced as a formal and new category of disability into Saudi Arabia educational system. The history of LD field in the Kingdom began in 1992 when the Special Education Department at King Saud University established a teacher training program offering a sequence of courses leading to a Bachelor degree in learning disabilities (Sheaha, 2004). When the first group of LD teachers graduated, the main obstacle confronting them was the lack of knowledge in Saudi society about the phenomenon of LD. Learning disabilities professionals worked to make the Ministry of Education aware of the condition of children with LD, and that the recognition of LD was concurrent with the heightening international interest in the educational needs of schoolchildren with LD (Lerner, 2000).

As a consequence, in 1995, the General Secretariat of Special Education (GSSE), a division of the Ministry of Education, created the Learning Disabilities Department for the purpose of administering, creating, and expanding LD programs in regular elementary schools across the Kingdom (Al Mosa, 1999). The Ministry of Education sponsored pilot projects in three main Saudi cities. LD teachers were assigned to these schools to identify children with LD and to provide them with specialized instruction. After what appeared to be successful projects, Saudi educational policymakers formally recognized LD as a distinct category of disability and acknowledged the right of children with LD to receive special education services (Al Mosa, 1999).

Saudi educators adopted the United States model of LD. The term “learning disabilities” is translated into Arabic as *so'ubat al taall'um*, which if translated back into English would literally mean “learning difficulties” (Bazna, 2003). Beyond this difference in

wording, the concept behind the label is the same. The Ministry of Education Regulation of Special Education Institutions and Programs (2002), a manual that provides information about disability categories and the required procedures that guide decision-making in determining eligibility to special education services, define LD as:

Disorders in one or more of the basic psychological processes involved in understanding or using spoken and written language which is manifested in disorders in listening, thinking, talking, reading, writing, spelling, or arithmetic and it is not due to factors related to mental retardation, visual or hearing impairments, or educational, social, and familial factors.

The conceptual definition of LD is supplemented by guidelines and regulations that inform Saudi elementary schools on how children with LD can be identified and instructed.

Since the introduction of LD, the number of students identified with LD has steadily increased making LD the second largest category of special education accounting for 33% of the 35, 442 students served in all categories of special education (General Secretary of Special Education, 2004). Today, children with LD have become more visible within Saudi schools and most elementary educators have become familiar with the term *so 'ubat al taall'um* (learning disabilities).

Statement of the Problem

In many respects, the introduction of LD into Saudi educational system represents a turning point that is moving Saudi special education into a new stage. It represents a turning point for two important reasons: First, LD makes regular schools the center of special education activities by establishing within them “formal, institutional processes where pupil performance is transformed from ‘normal’ to ‘learning disabled’ through the procedures of identification, psychological assessment, and educational planning” (Christensen, 1999, p. 238). And, second, the introduction of LD as new type of disability involves redefinition of the concept of disability and the boundaries of normalcy in Saudi schools and society at large.

Since its inception in 1962 and until 1995, the Saudi special education system was designed to provide educational services to students in the three traditional low-incidence categories of disabilities: visual impairment, hearing impairment, and mental retardation. Low-incidence disabilities, as the name implies, occur at a significantly low rate, about 1 percent of the general student population (Reschly, 2002). The three low-incidence disabilities, which Saudi special education system dealt with for much of its history, are relatively easy to recognize in most societies and cultures because of the severity and visibility of the conditions (Mercer, 1973). Although there could be debate about what constitutes severe and visible types of disabilities, most people in most cultures could reach agreement about the existence of these categories (Tomlinson, 1982). The education of students in these three categories took place in special schools and institutions.

In contrast to low-incidence disabilities, LD belongs to a group of disabilities often referred to by special educators as high-incidence or non-normative disabilities. These disabilities categories typically include emotional and behavioral disorders (EBD), speech and language disorder (SLD), and mild mental retardation (Reschly, 2002; Tomlinson, 1982; Wagner & Garono, 1999). High-incidence disabilities categories such as LD are not easily recognized by ordinary people using common-sense and there is no consensus on what constitutes these categories (Tomlinson, 1982).

For example, in the United States, although LD is the largest category of special education, accounting for 48% of all students served in special education (McLaughlin et al., 2006), there have been endless debates about its identification and American schools have a long history of struggle in deciding which children have LD and how to serve them (Hallahan, 1998; Skrtic, 2005). Further, closer inspection of the international literature in the LD field shows that there is no universal acceptance of LD as a legitimate disability category (Vogel, 2001). For example, in Australia, New Zealand, Italy, Spain, and Scandinavia, LD is

not recognized in federal legislation as a disability category in their educational systems (Vogel, 2001).

The fact that children with LD were unnoticed in Saudi society until 1996 attests to the enigmatic nature of LD. LD was recognized in Saudi society as a category of disability only when special education professionals created within regular schools a system for the purpose of screening for and diagnosing schoolchildren with LD. Before the introduction of LD, children who experienced learning difficulties in school settings had many informal descriptors and their condition did not constitute a distinct category of disability: They were normal because *of the definition of normality applied by Saudi society*. Thus, the introduction of LD means a redefining of the concept of disability and consequently the parameters of normalcy in Saudi society. Moreover, the introduction of LD also means that the special education system has become an active institution that seeks to identify children with disability in regular schools. This resulted in changes to both special and regular education systems roles in Saudi society.

Reality changes with new conceptualization. The LD model presents a more scientific explanation of some children's learning problems than had been offered before (Coles, 1987). According to LD theory, students with LD experience learning difficulties in specific areas (e.g., reading, math, written expression, listening comprehension, reasoning) because of presumed underlying central nervous system dysfunction, often called neuropsychological dysfunction and/or differences (Kirk, Gallagher, Anastasiow, 2003).

Thinking about the introduction of LD generates many questions: What does it mean to be an LD in Saudi elementary schools? How would Saudi perceive, think about, and make sense of the concept of LD and schoolchildren identified as LD? If we accept the proposition that the identification of a disability condition represents a stressful event in the life of children and their parent, how does labeling children as LD affect children and their families?

What kinds of discussions and conversations are there in Saudi schools because of the introduction of LD?

Since its introduction into Saudi elementary schools, no research has been conducted to understand the newly introduced category of LD. This qualitative study is intended to fill that gap by exploring the status of LD in Saudi schools.

Research Questions

Elementary schools are the sites at which the meaning-making and identification of children with LD takes place. According to Saudi Ministry of Education Guidelines and Regulations, the eligibility of students for an LD program should be determined by LD team (Ministry of Education, 2002). An LD team in Saudi elementary schools typically includes the school principal, teachers of learning disabilities, regular classroom teachers, school counselors, and the parents. The aforementioned LD team members deal with students with LD on a regular basis and play roles in the identification of students with LD and, in doing so, deal with LD category in everyday life. Therefore, they are identified in this study as the stakeholders because they participate in the identification of and caring for children with LD.

This study is intended to understand stakeholders' lived experiences and interpretations of the concept of LD and the meaning and significance of the identification of children with LD. In particular, two questions guided this study: (a) How do members of learning disabilities teams in Saudi Arabia's public elementary schools perceive and describe children with learning disabilities?, and (b) How LD team members go about identifying children with learning disabilities?

The process by which students with LD are identified represents the best window through which to view the LD construct in practice in Saudi Arabia. It allows us to see how the concept of LD materializes through the practice of identification, and how individuals involved in that process understand and make sense of LD. The qualitative research approach

of grounded theory (Glaser, 1978; Strauss and Corbin, 1998) has been selected to guide this study. The grounded theory approach allows themes and theory to emerge from the experiences and perceptions of the participants with little or no preconceived conceptions (Glaser, 1978). The inductive nature of grounded theory allows researchers to approach their inquiry without being constrained by predetermined categories and hypotheses (Patton, 2002). Emergent inductive design was used to explore LD in Saudi school because the variables are not easily identified. Theories are not readily available to explain behavior of participants, and theory relevant to what is happening in real life needs to be developed (Greswell, 1998). Finally, what makes grounded theory useful in this study is that its major purpose is to improve people's lives through gaining better understanding of it (Charmaz, 2002).

Significance of the Study

This study is significant in that it explores how the decisions for identifying children with LD impacts special and regular educators, and the children identified as LD and their families. This study is also important because it looks at the new kind of relationship between special and general education created by the introduction of LD. Further, there is growing realization that an increasing number of students in Saudi schools experience academic and behavioral difficulties; the General Secretary of Special Education is planning to introduce the category of EBD in the near future. This study is important in informing future policy and practice regarding the introduction of EBD.

The conceptual definition of LD seems sensible. However, complexities and uncertainties emerge as the LD concept unfolds in the real world of schools (Poplin, 1988). When LD was formally introduced into American schools, a host of issues surrounding its identification quickly emerged, including the significant increase in the number of students identified as LD over the last decades (Lerner, 2000; MacMillan and Siperstein,

2002), and the dissatisfaction about the system of identification of LD based on IQ-discrepancy model (Vaughn & Fuchs, 2003; Gresham, 2002).

The identification of LD seems to pose challenges to educational system in the most advanced countries. These challenges become more acute when high-incidence or non-normative disabilities are imported by developing nations. Artiles et al. (1995) point out that it is important to consider how developing countries deal with high-incidence disability category, like LD, given their limited resources and their personnel and institutional limitations in generating scientific knowledge.

Finally, comparative special education studies are needed to advance special education around the world. Although the main aim of this study is not comparative analysis, the results of this study will hopefully facilitate cross-national examinations of education of children with high-incidence disabilities.

Organization of the Study

This study is organized in the following. Chapter II explores the literature related to the phenomenon of learning disabilities. I trace the history of the LD field in the United States and explore the assumptions underlying the construct of LD and discuss the problems surrounding the identification of students with LD. The chapter also explores how LD understood in different parts of the world. This chapter concludes with overview of special education in Saudi Arabia. Chapter three describes the qualitative tradition of grounded theory research and how this study proceeded to answer the research question. Chapter four presents findings and themes that emerged in this study. Finally, chapter six outlines the grounded theory developed in this study and discuss the implications of the findings and suggestions for future research.

CHAPTER II

REVIEW OF THE LITERATURE

As a multifaceted phenomenon, learning disabilities (LD) has attracted the interest of professionals from a wide spectrum of scientific disciplines, including psychiatry, neuroscience, psychology, education, and sociology. A look at the way in which learning disabilities has been conceptualized and understood, both within the same discipline or across disciplines, can provide evidence for the complexity of the category (Lerner, 2000). Furthermore, controversies regarding the nature and definition of learning disabilities and identification criteria still occupy the central stage in the field, leading many to describe LD as the most contested and elusive concept within special education (Adelman, 1992; Christensen, 1999; Kavale & Forness 1998; Sleeter, 1986). Critics of learning disabilities field have suggested that the LD model medicalizes and individualizes school problems by presenting them as deficits located in the students, which could be objectively identified by trained professionals, thus, obscuring the role of social and school factors in the learning problems of schoolchildren (Christensen, 1999; Skrtic, 20005)

Thus, one aim of this chapter is to present diverse and competing narratives and interpretations of the LD phenomenon. This chapter has six sections. The first section traces the historical roots of the concept and the development of the LD field and then discusses the medical model from which LD is said to have evolved (Christensen, 1999; Poplin, 1988), along with a review of the definition and operationalization of the construct.

The second section discusses the difficulties inherent in the identification of children with learning disabilities and the many issues and controversies that have become almost standard attributes (Kavale, Forness & Bender, 1987). The third section describes the LD identification system as prescribed in federal regulation and guidelines. The fourth section explores the social critical model of learning disability reflected in the works of three authors

(Dudley-Marling and Dippo, 1995; Skrtic, 1999; Sleeter, 1995). The fifth section surveys the position of LD in different parts of the world. In closing, I provide an overview of special education in Saudi Arabia, exploring the local and global factors that have shaped the current system.

Learning Disabilities: Brief History

Narrating the history of LD is not an easy task. The LD construct is comprised of a collection of assumptions and concepts, some of which are buried in history, which render its grasp difficult. Several authors have attempted to understand LD by dividing its history into several chronological periods (Bender, 2004; Hallahan & Mercer, 2002; Lerner, 2000; Wiederholt, 1974). In this chapter, the history of LD will be presented in accordance with the historical framework suggested by Hallahan and Mercer (2002) and Lerner (2000), which include the following historical periods: the Foundation Era (1800-19230), the Transition Era (1930-1960), and the Emergent Era (1960-1975).

The Foundation Era: Brain Function and Dysfunction 1800-1920

Although the term learning disabilities was introduced by Samuel Kirk in 1963, LD professionals often trace the origin of the field back to the early nineteenth century when the human brain came under intense scientific investigation.

Disorders of spoken language. Throughout history, people assumed that the brain was the locus of human intellectual activities (Gardner, 1983; Zawidzki & Bechtel, 2005). However, up until the early 1800s, the human brain was often pictured as a single entity that functioned in a uniform manner (Head, 1963). The German physician, Franz Joseph Gall (1758-1828) began to challenge this dominant theory. Gall believed that the brain is composed of different parts, each localized in different areas and each responsible for particular intellectual and moral functions. Hence, Gall's theory is called *localization theory* (Zawidzki & Bechtel, 2005).

According to Head (1963), Gall's theory of brain localization began to formulate during his childhood when he observed that some of his classmates with prominent eyes (he called them ox-eyes) outperformed him in memorizing school materials by heart (Finger, 2000). Succeeding observations of other classmates led Gall to believe that verbal memory was located behind the eye orbits and that the large and prominent eyes were indication of extraordinary development of rote memory (Finger, 2000). When he became a physician, Gall further developed his theory, identifying 37 mental and moral areas located in different parts of the human brain. As a physician, Gall examined a number of wounded soldiers who suffered brain damage. Gall discovered a link between brain injury to the left frontal lobe and language disorder. This finding supported his childhood hypothesis that locates language and verbal memory behind the eye orbits (Head, 1963).

However, the Gall discovery was over overshadowed by his association with what is called phrenology: that is, measuring the shape of skulls to estimate person's mental and moral faculties (Head, 1963). Some of Gall's students used phrenology to measure the size and shape of people skulls and examine facial expression to predict their attributes. However, prominent physicians regarded phrenology as pseudoscience and condemned its use. Thus, around the 1820s, the popularity of phrenology diminished and with it the theory of brain localization (Finger, 2000).

In the 1830s, the Dean of the Medical School of the College of France, John Baptiste Bouillaud, revived interest in the notion of localization of brain function. Bouillaud rejected phrenology and attempted to prove the theory through a more scientific approach based primarily on clinical examination and autopsy, and focused on the relation between brain and language (Finger, 2000). Bouillaud's work set the stage for a more scientific investigation of the brain conducted in subsequent years by several influential figures, among them Broca, Jackson, and Wernicke.

In 1861, the French physician and anthropologist Pierre-Paul Broca gave the theory of localization its most credible foundation when he examined the brain of one of his most famous patients, nicknamed Tan. Tan was a fifty-year-old man who endured epilepsy from an early age and gradually began to lose the ability to speak. After his death, Broca conducted an autopsy of Tan's brain and found progressive and severe lesions in the third frontal convolution of the left hemisphere (Finger, 2000; Head, 1963). Broca used the French term *aphemie*, meaning without speech (later called aphasia), to describe Tan's inability to communicate effectively with words (Finger, 2000).

A prominent figure in brain research, the Scottish physician Hughlings Jackson, became interested in aphasia. In 1868, Jackson observed that his aphasic patients usually did reasonably well when examined on perceptual tasks. He then recognized that damage to the right hemisphere is more likely to impair spatial and perceptual abilities than damage to the left hemisphere. Jackson proposed that the left and right hemispheres are specialized for different types of functioning. The left hemisphere appeared to be more associated with language, while the right hemisphere was more specialized in perceptual and spatial functions (Finger, 2000). Jackson's observation would give rise to the theory of hemispheric dominance, which would influence later theories regarding the causes of LD.

In 1874, the German neurologist Carl Wernicke further examined human speech disorders and identified a different form of aphasia called *sensory aphasia*. According to Wernicke, sensory aphasia resulted from a damage to the brain area in the left temporal lobe, which impaired the patients' ability to comprehend speech while they retained the ability to produce articulated speech, although somewhat lacking in meaning (Zawidzki & Bechtel, 2005). This specific type of language disorder was assumed to be different from the disorder described by Broca. Thus, this disorder was called sensory aphasia or Wernicke's aphasia in his honor (Finger, 2000).

Reading disorders. While the previous section described the historical root of the disorder of speech production and speech comprehension, this section traces the history of reading disorders. Around 1877, Adolph Kussmaul observed that several of his adult patients lost the ability to read after sustaining brain injury, despite adequate vision and intellect. Because the patients only had problems in recognizing written words, Kussmaul used the term “word blindness” to describe the condition (Hallahan & Mercer, 2002). Years later, the British physician Pringle Morgan wrote about a 14- year-old boy who could not read and write efficiently, despite many years of instruction. The boy, according to Morgan, was bright and quick at games (Nelson & Sandin, 2005). Morgan observed similarities between the boy’s condition and the condition of word blindness. However, Morgan observed that the boy had no history of brain injury. Morgan proposed that the boy’s condition is “evidently congenital, and due most probably to defective development of the region of ... the left angular gyrus” (Nelson & Sandin, 2005, p. 194). Thus, Morgan named the condition “congenital word blindness”.

The Scottish James Hinshelwood also made the same inference from adult to children (Kirk, 1972). In his job as ophthalmologist, Hinshelwood worked with a patient who after sustaining brain damage lost the ability to read despite an intact visual acuity. After the patient’s death, Hinshelwood conducted an autopsy and found a lesion in the angular gyrus of the left hemisphere. As a result of this case and others, Hinshelwood suggested that reading ability was located in the angular gyrus of the left hemisphere and that lesions in this area would produce what he called “alexia” (Kirk, 1972). When Hinshelwood observed that some schoolchildren had difficulties in reading and that their conditions appeared similar to alexia, he proposed that these children had an injury or underdevelopment of the left angular gyrus. Hinshelwood differentiated between adults and children conditions, referring to adult condition as “acquired word blindness” or alexia and the children condition as “congenital

word blindness,” or dyslexia (Kirk, 1972). According to Torgesen (2004) Hinshelwood’s work forms the basis of the genetic explanation of LD.

The Transition Era: LD in the U.S (1930-1960)

In the United States, the first decades of the twentieth century witnessed the mental hygiene movement in which the well being of American school children came to the forefront. According to Hallahan and Mercer (2002), Samuel Orton was the key figure in setting the stage for the study of reading disabilities in America. During the 1930s, Orton worked from a mobile clinic in the state of Iowa examining and helping school children with learning problems. Based on his clinical examinations of children over a 10-year period, Orton developed an explanation for reading disability that was quite different from what had been proposed previously Torgesen (2004).

Rather than seeing children reading disability as resulting from damage or deficit to the angular gyrus, Orton proposed that schoolchildren’s reading difficulty was caused by delay, or failure, in establishing dominance for language in the left hemisphere of the brain (Bender, 2004). He used the term *strophosymbolia*, or twisted symbols, to explain why some children experienced difficulties reading reversed words (saw-was, not-ton) or letters (b-d, p-q).

Goldstein shift. According to Widerholt (1978), early pioneers, chief among them Gall, Broca, and Hinshelwood, investigated language-related disorders, disorders of speaking, writing, and reading, which they named among other aphasia and alexia. However, in 1930s, there was a shift in the conceptualization of the relationship between brain and human behavior proposed by Curt Goldstein, and followed later by Alfred Strauss and Heinz Werner.

Goldstein was a physician and neurologist who worked with numbers of wounded soldiers during the World War I. Goldstein observed that many of his brain injured patients

exhibited several behavioral and emotional problems that included hyperactivity, forced reactions to stimuli, figure-background confusions, stiffness, and catastrophic reaction (Hallahan & Mercer, 2002). Goldstein came to the conclusion that brain injuries do not cause *specific* problems, but rather disrupt the relationship of the whole brain system causing a wide range of behavioral, emotional, and perceptual disorders affecting many aspects of human abilities (Hammill, 1993; Kavale & Forness, 2003). Goldstein simply used the term “brain injury” to describe this constellation of emotional and behavioral problems.

Strauss & Werner & the foundation of the LD field. Goldstein’s work exerted considerable influence on two of the most influential figures in the LD field: Heinz Werner, a developmental psychologist and Alfred Strauss, a neuropsychiatrist. Werner and Strauss laid the groundwork for the views currently held on LD field (Kavale & Forness, 2003; Torgesen, 2004). Werner and Strauss left Germany during World War II and settled in the state of Michigan working at the Wayne County Training School for mentally retarded children. The importance of their works was their attempt to transfer Goldstein theory of brain injury from adults to the study of children (Hammill, 1993). Werner and Strauss designed their investigation to find out if some children labeled as mentally retarded in Wayne school exhibited similar behaviors as the adult patients with brain injury described by Goldstein (Hallahan & Mercer, 2002). Based on the findings of their studies, Werner and Strauss differentiated between two groups of mental retardation: *exogenous* mental retardation and *endogenous* mental retardation (Kavale & Forness, 1995).

According to Strauss and Werner, children with “exogenous” mental retardation were assumed to be of average and above average intelligence but suffering from brain injury that resulted in behavioral and emotional symptoms similar to the condition of brain injury described by Goldstein. Compared to endogenous, the exogenous children were found to have figure-background confusion and to be more hyperactive, impulsive, and timid

(Hallahan & Mercer, 2002). On the other hand, endogenous mental retardation described children with mild and moderate mental retardation with typical emotional and motor ability. Their conceptualization of problems of the exogenous children departed from previous understandings in that they sought to describe disturbance in general psychological processes rather than examining and explaining *specific* deficit conditions such as aphasia or dyslexia (Torgesen, 2004).

The behavioral problems exhibited by the exogenous children were believed to be a result of brain injury. Hence, Strauss and Werner called the condition brain-injured syndrome (Lerner, 2000). However, failure to find evidence of brain damage raised challenges in the use of the term. Thus, the term brain-injured child was refined and the result was the concept of *minimal brain damage*, coined by Strauss and Lehtinen (1974). Later the word “*damage*,” which imply structural anomaly in the brain, was changed to *dysfunction*, indicating “that brain injury might be present even with “as yet unnamed subtle deviations of brain function” (Kavale & Forness, 1995, p. 44). Accordingly, the diagnostic category minimal brain damage was called minimal brain dysfunction (MBD). MBD was used in a wide range of clinical situations to describe children who exhibited a mixture of problems, including attention problems, hyperactivity, visual/perceptual motor deficits, and learning difficulties (Hallahan & Cruickshank, 1973).

The Emergent Era: 1960-1975

According to Torgesen (2004), up until the early 1960s, the field of learning disabilities had not yet been born. there were general and loosely joined observations and studies of diversity of problems in children of apparent normal intellect called by a variety of medical terms such as *developmental aphasia*, *word blindness*, *dyslexia*, *brain injury*, *perceptual disability*, and *minimal brain dysfunction*. There were numbers of professionals

who became interested in these children, chief among them Newell Kephart, Marianne Frostig, William Cruickshank, and Samuel Kirk.

Samuel Kirk is perhaps the best known figure in the learning disabilities field. During the 1930s, Kirk was pursuing his doctorate in psychology at the University of Michigan under the supervision of Monroe and became a part of the Wayne County Training school, a program for the diagnosis and treatment of children with severe reading problems. Kirk studied neurology, physiology, and experimental psychology (Hallahan & Mercer, 2002). In 1949, Kirk founded the first experimental preschool for children with mental retardation and began to develop method for identifying and remediating children with mental retardation and perceptual handicapped.

In 1963 in Chicago, Kirk attended a conference, organized by both professionals and parents, addressing the issues of perceptual handicapped children. Dissatisfied with the various terms used to describe these children, parents and professionals asked Kirk to propose a new term. Kirk introduced the term “learning disabilities”. The new term intended first to subsume the previous medical terminologies used to describe the condition, and second to make the condition more comprehensible within an educational context (Bender, 2004). Accordingly, the term, learning disability, was widely accepted. Kirk’s speech and the new term mobilized parents and professionals to form the Association for Children with Learning Disabilities (ACLD), now called the Learning Disabilities Association of America (LDA), to advocate on behalf children with learning disabilities for recognition and educational and social services (Hallahan & Mercer, 2002). Attention to children with minimal brain dysfunction/learning disabilities grew and the U.S. federal government formed three task forces to investigate the nature of these children’s conditions. Hallahan, Kauffman, and Lloyd (1996) pointed out that the inclusion of two terms (brain dysfunction and/or learning disabilities) in the Task force title reflected the disagreement between the medical

professionals and psychologists and educators about the nature as well as the proper method for diagnosing MBD and LD.

Task Force I was composed mostly of medical professionals and directed by Clement (1966). After extensive study of children with MBD, Clement (1966) identified the 10 most common characteristics associated with the condition: (1) hyperactivity, (2) perceptual-motor impairments, (3) emotional disturbance, (4) general coordination defects, (5) disorders of attention (e.g., short attention span, distractibility, preservation), (6) impulsivity, (7) disorders of memory and thinking, (8) specific learning disabilities (e.g., reading, writing, arithmetic, and spelling), (9) disorders of speech and hearing, and (10) equivocal neurological signs and electroencephalographic (EEG) irregularities.

As can be seen from these characteristics, MBD was a category that included learning difficulties alongside hyperactivity and attention problems. Thus, Task force I saw learning disabilities and what is now called attention deficit-hyperactivity disorders (ADHD) as running together in complex ways (Lerner, 2000).

On the other hand, Task Force II composed mainly of educators who used the term learning disabilities to describe these children conditions emphasizing “behavioral characteristics without reference to brain dysfunction or etiology” (Kirk, 1972, p. 43). Educators saw the condition as an educational phenomenon to be assessed by educational methods. Kirk (1972) stated that:

Since all behavior, normal or abnormal, is related to brain function, it is not of benefit educationally to infer brain dysfunction from behavior. It is difficult to find the dysfunction in the brain, and even if it is found, little can be done about it. For pragmatic purpose, the task is to delineate within a child the basic behavior disability or disabilities and organize a remedial program for the amelioration or correction of the disability (p.44)

However, the new category, as Torgesen (2004) points out, needed to create an *identity* distinctive from the already existing remedial and special education categories in order to be officially recognized.

Recognizing and Defining Learning Disabilities

In 1968, the U.S Office of Education formed the National Advisory Committee on Handicapped Children (NACHC) with the task of presenting a definition of LD to guide classification, policy, and funding for programs that serve students with LD. The committee, headed by Samuel Kirk, presented what is considered the most widely used definition to date. The definition stated that

Children with special (specific) learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken and 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 that are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantages. (Cited in Lerner, 2000, p. 16)

This definition formed the basis of Public Law 91-230, the Children with Specific Learning Disabilities Act of 1969, which for the first time acknowledged LD as distinct category of disability entitled for special education services (Kavale & Forness, 2000; Torgesen, 2004).

In 1975, Congress passed Public Law 94-142, the Education for All Handicapped Children Act (EAHC), now called Individuals with Disabilities Education Act (IDEA). The P.L. 94-142 act initiated a major increase in special education services for students with learning disabilities across the country (Lerner, 2000). IDEA adopted the same definition of LD proposed in 1969 with slight modification. However, the federal definition of LD was not the only definition. At least 11 definitions of LD have appeared in the literature (Hammill, 1990). The second most cited definition was put forward by groups of influential LD organizations and professionals known as the National Joint Committee on Learning

Disabilities (NJCLD) (Lerner, 2000). According to Spear-Swerling (1999) the NJCLD, unlike the federal definition, states explicitly that LD is an intrinsic disorder due to central nervous system dysfunction that may occur across the life span. Torgesen (2002) points out that NJCLD omitted the concept of “basic psychological processes” because of the confusion and controversies surrounding the concept.

Although disagreements regarding the conceptualizations of LD continue to be part of the LD field, there is general consensus regarding the key components of learning disabilities (Hammill, 1990; Mercer, Jordan, Allsop, & Mercer, 1996). The first is a *biological component* stating that learning disability is intrinsic to the individual originating from central nervous dysfunction, commonly called neuropsychological deficit and/or differences (Kirk et al., 2003). The second component is a *process component* indicating that children with learning disabilities display deficits in basic psychological processes (Mercer et al., 1996). The third is *academic component* reflected in problems in learning to read, write, spell, or do mathematic calculation and reasoning. The fourth is *exclusion criteria*, which state the learning disabilities are not the primary result of other disabling conditions or environmental, cultural, and economic factors. The fifth component is an *intelligence component* indicating that students with LD are not achieving in accordance with their presumed ability or potential (Kirk et al., 2003).

Operationaizing the LD Concept

The federal definition did not contain procedures by which schools could identify children with LD (Lerner, 2000), and there were growing concerns that almost any child who experienced academic difficulties in school could be identified as LD (Kavale & Forness, 2000; Hammill, 1993). Thus, professionals worked to find operational criteria to guide identification of students with LD. Christensen (1999) pointed out that the first problem faced by professionals in the LD field was the persistent difficulty in locating the brain deficits

accountable for learning disabilities. This search for the neurological impairment has proven to be elusive (Christensen, 1999; Kavale, Forness, & Bender, 1987). Early identification practices focused on specifying and remediating the basic psychological processes deficits. However, failure of the process assessment and training programs in the 1960s and early 1970s left the field of LD with uncertainty regarding the validity and practicality of the psychological processes in identification practice (Hallahan & Mercer, 2002). Hence, it was difficult to use the biological and the basic psychological components in the operational criteria (Hammill, 1990).

In 1977, the U.S. Office of Education published in the *Federal Register* recommending the use of the notion of “severe discrepancy” between intellectual ability and achievement to identify children with LD (Hallahan & Mercer, 2002). Under the discrepancy model, often called the aptitude-achievement discrepancy model, schools may determine that a student has a specific learning disability if he/she has a severe discrepancy between achievement and intellectual ability in one or more of seven areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, or mathematics reasoning (Algozzine & Ysseldyke, 1983).

According to Kavale and Forness (1995), the discrepancy model was notably strengthened by the result of Rutter and Yule (1975) study, in which they found that group of children’s reading scores fell at least 2 standard points below the scores expected on the basis of their ages and IQs, creating a “hump” in the tail end of the distributions of residual scores. This led Rutter and Yule to posit the existence of two subgroups of poor readers: those with *specific reading retardation*, defined by severe discrepancy between observed and expected reading achievement, and those with *general reading backwardness* whose reading problems were expected based on their IQs and age. This finding in part reinforced the validity of the discrepancy model.

The federal regulation, however, did not propose a particular formula that schools could use to measure intellectual ability or explicitly explain how to determine severe discrepancy (Spear-Swerling, 1999). However, the use of IQ and standardized achievement tests to measure discrepancy between ability and achievement represents the major procedure in identifying LD students in most American schools (Commission, 2001; Frankengerger & Franzaglio, 1991; Mercer et al, 1996). Despite the mounting criticism of the discrepancy model, as we shall see later, the use discrepancy model was essential for the foundation of the LD field, giving apparent objectivity to the identification of children with LD.

Trouble Facing the LD Field

Since 1975, LD field witnessed unprecedented increase of students identified as LD. New complexities and uncertainty emerged as learning disability concept unfolded in the real world of schools (Poplin, 1988). Critique of the concept mounted as the issue of misidentification and overrepresentation of minority students in LD category occupied the central stage in LD field.

P.L. 94-142 of 1975 estimated the prevalence of learning disabilities to be around 1 to 3% of the school population. However, over the years, there has been a dramatic increase in the number of students classified as learning disabled. In 1978, learning disabilities constituted only 29% of identified disabled individuals (Bender, 2004). Today, learning disabilities is the largest category of disability in the United States accounting for 52% of all students receiving special education (Gresham, 2002). Hallahan (1992) suggested that the increase of identification reveals the maturation of the field and advancement of assessment procedures, and the increase of hazards in modern society such as substance abuse and poverty.

However, the dramatic increase in the number of students with LD and the issues of overidentification and misidentification are often cited in the literature to highlight concerns

by many regarding the status of the identification practices and the integrity of LD construct. From the 1980s to the present, the field of learning disabilities has become the topic of major disagreement, especially in diagnostic criteria, assessment practices, and definitions (Lyon et al., 2001; Torgesen, 2004).

The validity of the IQ discrepancy criteria for identifying LD has been at the center of the controversies and has received most of the criticism (Vaughn & Fuchs, 2003; Gresham, 2002). The sources of these critiques are many, but for convenience sake the critiques may be classified as coming from two general sources: (a) studies questioning the reliability and the validity of current identification tools to differentiate LD students from other low achieving students; (b) and research questioning the school's use of the technology of identification.

First, various studies have demonstrated that the discrepancy between IQ and achievement is not unique to students with LD. The U.S. Office of Special Education funded five research institutes from 1977 to 1982. The University of Minnesota Institute directed by James Ysseldyke focused on the decision-making process related to identification of students with learning disabilities. In one of the most widely cited studies, Ysseldyke, Algozzine, Shinn, & McGue (1982) compared fourth grade school-identified children with LD with a group of low-achieving children who were not identified as LD. They contrasted the two groups using 49 different psychometric measures of cognitive ability, academic achievement, perceptual- motor ability, self-concept, and behavioral problems. Ysseldyke et al. (1982) found that LD students could not be distinguished from low-achieving students and that the two groups share 96% of the scores on the psychoeducational measures.

In another study, Algozzine and Ysseldyke (1983) examined the characteristics of 130 students who were classified as LD and low achievers. Both group performances were reasonably average and their abilities were within normal limits in term of IQ scores. "Since the children demonstrated similar "abilities" (e.g., IQ scores), discrepancies in LD children

seem more pronounced based on their low achievement. However, many low-achieving children also had “significant” discrepancies between their ability scores and their achievement (Algozzine and Ysseldyke, 1983). Ysseldyke and his colleagues concluded that students with LD did not significantly differ from low achievers and contended that LD was an *oversophistication* of the concept of low achievement.

Another line of studies criticizing the identification of learning disabilities came from research focused on reading disability, or dyslexia, which represents 80% of all identified students with LD (Meyer, 2000). These studies attempted to find cognitive differences between children with reading disability with “discrepancy” and poor readers “without discrepancy” (Meyer, 2000). However, two studies of children with reading problems conducted by Rodgers (1983) and Share, McGee, McKenzie, Williams, and Silva (1987) failed to replicate Rutter and Yule’s (1975) study’s most important empirical findings by not finding any “hump” at the bottom of the reading ability distribution, which distinguishes dyslexic or reading disabled children from those with general learning problems. These studies revealed that the bimodal distributions obtained by Rutter and Yule (1975) appeared to have been a statistical artifact created by ceiling effects on the intelligences and reading achievement tests employed (Stanovich, 1989). Also, several studies conducted during the 1990s (e.g., Fletcher et al., 1994; Francis et al., 1996; Stanovich & Siegle, 1994) found more similarities than differences in the cognitive processes involved in reading between learning disabled children and poor readers without discrepancy. In general, these studies found that both LD and non-LD poor readers shared the same cognitive characteristics assumed to underlie one’s ability to learn to read such as phonological awareness, coding, and retrieval (Vellutino, Scanlon, & Lyon, 2000).

Second, several authors have argued that the discrepancy model, embodies inaccurate assumptions about the adequacy of IQ scores as an index of learning potential (Siegel 1989;

Stanovich, 1989). Siegel (1989) argues that IQ cannot be used to quantify potential.

According to Siegel, IQ tests measure what children have learned in terms of vocabulary, factual knowledge, or fine-motor coordination rather than measuring *general* intelligence or potential.

The third line of research criticizing the practice of LD identification revealed the fact that school personnel often ignore official procedures when identifying students with LD. MacMillan, Gresham, and Bocian (1998) studied 1,950 students in five different districts in Southern California and found that even when discrepancy criteria were required by California's definition of learning disabilities, many students who did not meet the criteria were nevertheless identified as having LD. Of the 61 students who were classified as learning disabled in this study, only 29 students met the discrepancy criteria. This finding indicates that almost 50% of children receiving services in that research population were not learning disabled. These researchers suggested that the learning disabilities category was used by public schools as a nonspecific category to cover many types of children with many types of educational needs so as to provide certain educational services for them.

In a similar study that involved 175 students with LD from six school districts, Gottlieb, Alter, Gottlieb, and Wishner (1994) found that students classified as learning disabled showed a generalized failure in their academic work rather than specific deficits in cognitive processes or difficulties in specific academic areas. Only 15% met the required identification criteria. Gottlieb and his colleagues concluded that discrepancy was overtly ignored by urban schools because they wanted to provide resources for low-achieving (LA) students who often live in poverty. These findings seem to support the argument proposed by Zigmond (1993) that schools often are concerned less with who are really learning disabled than with how to find a way to get help for students who need it.

Fourth, several studies have indicated that there are variations in operationalization of learning disabilities across states (Commission, 2001; Frankenberger & Franzaglio, 1991; Mercer et al, 1996). According to Fuchs et al. (2002), variations tend to occur in the following areas: (a) the methods of discrepancy (e.g., simple standard scores models vs. regression model); (b) the size of the discrepancy (e.g., 1.0 SD vs. 2.0 SD); and (c) the choice of IQ and achievement tests. Zigmond (1993) added that variations in the application of discrepancy formulas and their attendant cutoff scores are often in response to local pressure and individual students needs. Thus, under these circumstances, some students might be identified as LD in one state, but not in another.

The fifth issue surrounding the identification of LD is the notion that current practice represents a “wait-to-fail” (Commission, 2001). According to Lyon and his colleagues (2001), a total reliance on a discrepancy model means that children must exhibit severe discrepancy before they are helped. Because an achievement failure that is sufficient to produce a discrepancy with an IQ rating cannot be reliably measured until a child reaches approximately nine years of age, the child “suffers the academic and emotional strains of failure for two to three years before potentially effective instruction can be brought to bear” (Lyon et al., 200, p. 4).

Finally, studies have shown that instructional interventions that were assumed to be specifically effective for students with learning disabilities were also effective for other students with high-incidence disabilities (Aaron, 1997). Scruggs and Mastropieri (1992) designed instructional strategies for students with mild disabilities in inclusive settings and found that effective educational intervention for learning-disabled students is basically the same as effective instruction for normally achieving students. In the same way, Felton (1993) designed reading intervention for at-risk students and concluded that all at-risk children can learn to read if they are identified early and provided with adequate program of reading

instruction, and that there was “no evidence that different types of instructional programs are appropriate for children based on the degree to which their reading or pre-reading skills are discrepant from their intelligence” (Felton, 1993, p. 588).

Aaron (1997) conducted a meta-analysis on studies examining the specially designed reading disability intervention and concluded that despite the prevalent belief that LD and non-LD poor readers need different instructional interventions, research does not support this premise. Aaron argued that, in general, the shortage of convincing evidence of the uniqueness of learning disabilities intervention does not support the practice of classifying children into poor readers with learning disabilities and poor reader without learning disabilities.

New Direction in LD Identification

Criticism of identification practices in LD field has promoted changes in 2004 IDEA. The improved IDEA recommends that the identification process for children with high-incidence disabilities should mirror learning and behavior in the classroom and the use of IQ testing, which is now predominating, should be decreased and alternative should be sought (McLaughlin et al., 2006). The response-to-intervention model seems to be one alternative that is gaining support by many professionals group recently.

According to Gresham (2002) “a response to intervention approach to eligibility determination identifies students as having an LD if their academic performances in relevant areas do not change in response to a validated intervention implemented with integrity” (p. 481). Gresham (2002) asserted that the response-to-intervention model emerged as a reaction to the educational research practice known as aptitude-treatment-interaction and modality matching, which took place in the 1970s. The modality matching approach was intended to design instruction to match students’ aptitude and traits and their preferred ways of learning. However, the “modality matching” research failed to provide significant empirical support for its effectiveness. According to Gresham (2002), a leading figure in modality matching

research, Cronbach, criticized the model and instead recommended a shift toward context-specific and short-term evaluation: Teachers examine students' performance and adopt intervention. This approach suggested by Cronbach forms the conceptual basis for the current response-to-intervention model (Gresham, 2002).

Vaughan & Fuchs (2003) provide another historical root to the response-to-instruction model. They suggest that the foundation of this model emerged from the 1982 National Research Council study conducted by Heller, Holtzman, and Messick who recommended that the validity of special education classification be evaluated according to the following three criteria: (1) whether the quality of general classroom is such that desirable learning outcome might come about, (2) whether special education is of sufficient quality to enhance student learning and therefore justify the classification, and (3) whether the assessment procedures used for identification is valid and meaningful.

In 1995, Lynn Fuchs proposed a model for identifying LD students that reflected these three criteria. In Phase I, assessment is used to establish whether the overall rate of responsiveness in general classroom shows that the instructional environment is sufficiently effective to warrant decision regarding individual student. If the classroom demonstrates low average rate of growth when contrasted with other classrooms in the same school in the same district, the warranted decision is to intervene at the classroom level to provide sufficiently nurturing instruction. On the other hand, if the instructional environment is sufficiently nurturing, then Phase II assessment is conducted "to identify students with dual discrepancy; that is, students whose level of performance and rate of improvement are dramatically below those of classroom." (Fuchs, Fuchs, & Speece, 2002)

Vaughan and Fuchs (2003) point out that the objective of the second phase is to identify students at risk for undesirable outcome because of their inability to profit from the sufficiently effective instructional environment. In Phase III, an effort is made to generate

information that would be used for improving instruction in the regular classroom and to observe whether the regular classroom can be a positive learning environment for the unresponsive students. When the adaptations and support in regular classroom are proven to be unsuccessful in promoting academic growth, then consideration of intensive special education intervention is warranted (Vaughn & Fuchs, 2003).

According to Vaughn and Fuchs (2003), the response-to-instruction model would avoid some of the disadvantages found in the traditional model of LD identification. Vaughan and Fuchs argue that special education has relied for a long time on a deficit approach which involves the identification of the underlying processing deficits causing the learning problem and to then design intervention that assumes to remediate these deficits. However, the deficit model has not been successful in helping learning disabilities students. In contrast, the response-to-instruction model, Vaughan and Fuchs assert, has several advantages, which include (a) identification of students using a risk rather than a deficit model, (b) early identification and intervention, (c) decrease the identification bias, and (d) emphasize educational outcome.

The implementation of response-to-instruction model presents a shift from a deficit model to a risk model and involves a system of identification and prevention to a large number of students with or without learning disabilities from early age and in a systematic manner. Vaughan and Fuchs (2003) point out that the use of the response-to-instruction model as a method for identifying LD students involves a shift from one-time assessment to the continuous evaluation of instruction and students progress. Finally, the multiple level system found in response-to-instruction model would improve the identification of students with LD that have the greatest academic needs, therefore, decreasing the misidentification that is prevalent in the current system of identification (Vaughan and Fuchs, 2003).

However, according to Spear-Swerling (1999), the response-to-instruction model still holds on to the assumption of intrinsic deficits based on the medical model. Spear-Swerling argues that the observation that some students have not benefited from a validated instruction, by itself, is not evidence of intrinsic biological deficit. And if the response-to-instruction model is to be effective alternative conceptualization of LD “we must liberate it from the assumptions that have been and continue to be yoked to the traditional concept.” (P, 266)

According to Gresham (2002) the response-to-instruction model is not an easy undertaking and requires enormous effort. Gresham listed the following technical requirement of implementing the model: (a) tools capable of measuring academic growth, (b) availability of legitimate intervention protocols, (c) ability of distinguishing between ineffective instruction and unacceptable individual learning, (b) effectiveness in informing instructional decisions, and (e) sensitivity of detecting treatment effects.

Systems of Identification of LD Students

The process of identification is considered by many to be at the heart of special education (Turnbull, Turnbull, Shank, & Leal, 1999; Spinelli, 2002) because it involves three important tasks: (1) making a binary decision as to whether or not the problem is considered typical or atypical, (2) reaching a judgment regarding how to classify the problem specifically, and (3) designing educational programs to meet the need of the classified student (Merrell, 2003; Lerner, 2000). Determining whether or not a child has a specific type of disability, especially in the area of high-incidence disabilities, is often difficult and has profound implications for the child and his or her family (Turnbull & Turnbull, 2001).

Every day American schools across the nation engage in extensive processes determining who is and is not eligible for special education services under the LD category. The IDEA has prescribed several procedures and criteria that direct the decision-making process for diagnoses and eligibility. IDEA regulations aim at promoting fair and objective

evaluation practices (Turnbull et al, 1999; Overton, 2003). Moreover, the IDEA provides general information about who should be involved, what should be the nature of their involvement, and how they contribute to the decision-making process about students' education (Spinelli, 2002).

According to Lerner (2000) the process of identification of students with LD, from the recognition of the problem to the subsequent planning for special education services, typically proceeds through several stages. These stages include: (1) informal referral and prereferral intervention, (2) formal referral, (3) nondiscriminatory multidisciplinary assessment, (4) eligibility decision, and (5) case conference and the development of Individualized Educational Plan (IEP).

Generally the first step in identification starts with a formal referral. Learning disabilities is generally a mild form of disability that is closely linked to school competencies. Thus, LD often emerges after children enter formal schooling (Bender, 2004). According to Pierangelo and Giuliani (2002), there are generally three ways by which a student may be referred: (a) school personnel may suspect the presence of a learning or behavioral problems and ask the student's parents for permission to evaluate the student individually; this may result from a student scoring far below his or her peers on some type of screening measure therapy alerting the school to the possibility of a potential problem; (b) the student's classroom teacher may notice that the student's performance is below expectations for his or her grade or age, or the student's behavior is disruptive to the point of negatively impacting learning; or (c) the student's parents may request that their child be evaluated and considered for special education services. When parents note a problem and request an evaluation, the school must follow through on the assessment process. This is the parents' legal right.

During the 1980s, the number of students identified with LD increased dramatically (Ysseldyke, Vanderwood, & Shriner, 1997). Moreover, the issue of overidentification of

minority students in special education caused heated debate regarding the effectiveness and quality of both special and general education. As a result, some educators advocated for the use of prereferral intervention. Prereferral intervention was conceived not only as a strategy for reducing the number of students identified as in need of special education, but also for enhancing the ability of general education to accommodate a wide range of students.

The goal of prereferral intervention is to provide immediate and systematic assistance to help teachers experiencing difficulties in teaching a student (Turnbull et al., 1999).

Generally, it is based on the problem-solving approach, which involves identifying and defining the nature of the problem, creating a range of alternative solutions and constructing a plan, implementing the plan, and evaluating the action. The systematic process aims at providing the regular teachers and the struggling students with appropriate support that might solve children problems (Fuchs, Fuchs, Bahr, Ferstorm, & Strecker, 1990). In a comprehensive study, Mercer et al. (1996) found that most American schools required some form of prereferral intervention prior to engagement in formal evaluation.

If prereferral intervention efforts fail to address student difficulties and answer concerns of the school and the family, then the process moves to the second phase – the *formal referral*. Formal referral is “request to evaluate a student to determine whether he or she has a disability and, if so, the nature and extent of the student’s special education and related services (Turnbull & Turnbull, 2001, p. 238).

The formal referral of a child for evaluation is a critical event given the fact that the majority of referred students are identified as having a disability. Ysseldke et al. (1997) examined the changes over the past decade in special education referral to placement probability. The results indicate that approximately 90 to 92% of referred students are evaluated and 70 to 74% of evaluated students are determined to be eligible for special education.

A formal referral is submitted to what known in most states as the multidisciplinary team (Spinelli, 2002). The multidisciplinary team is responsible for conducting a comprehensive formal evaluation to determine whether the student has a disability or not and recommends an appropriate placement and educational plan (Spinelli, 2002). Under IDEA, the multidisciplinary team typically includes (a) a general education teacher, (b) a special education specialist, (c) a school psychologist, (d) a social worker, (e) a school administrator, and (f) the student's parent/s.

The multidisciplinary team engages in a systematic collection and interpretation of a wide variety of information on which to base classification and the instructional decisions. According to Pierangelo and Giuliani (2002) the 1997 IDEA emphasizes that evaluation must be comprehensive and no single procedure be used exclusively as the basis for making decisions regarding the student's condition. Comprehensive evaluation generally involves a standardized intelligence test; standardized achievement tests; background information; interviews with parent/s and the student; academic history with interviews or reports from past teachers; classroom observation; a behavioral checklist; examination of the student's health, vision, and hearing; and a speech and language evaluation when appropriate.

However, standardized assessment has been the main tool used for classification (Spinelli, 2002). Mellard, Deshler, & Barth (2004) called the identification practice identification technology. Even though official procedures require comprehensive evaluation, learning disabilities diagnosis, as will be seen later, is largely based on a discrepancy model, which involves a comparison between an IQ test and standardized achievement tests. If the multidisciplinary team finds the referred student to have learning disabilities, the team moves to the last stage.

The last stage in the identification process involves the construction of an Individualized Education Plan (IEP) that facilitates in making the decision regarding the

placement of the student. In selecting an educational placement for a particular student, the case conference IEP team should consider the severity of the disability, the student's need for related services, the student's ability to fit into the routine of the selected setting, the student's social and academic skills, and the student's level of schooling (Lerner, 2000).

From a historical perspective, the resource room has been one of the most common service delivery models for serving children with LD. In the resource room model, the LD specialist works with one or a group of children for one or more periods of the day. However, significant changes have occurred in the placement of students with learning disabilities because of the inclusion movement. Lerner (2000) observed that the national prevalence of placement in general education for students with LD has increased to 95% in the five-year span from the 1987/1988 to 1992/1993 school years. In the 1999-2000 school years, almost 45 percent of all youngsters with LD received services in the regular classroom and 38 percent were assigned to a resource room. About 18 percent of students with learning disabilities were placed in separate classes. Small percentages (1.0 percent) were placed in other settings. Parents must agree to the placement in writing.

Parents and the Identification System

The identification of children with LD generally involves three groups: teachers or key professionals who work closely with students, administrators who generally reflect the school as institution that has its own philosophy and set of practices, and parents. Each of the key actors brings their beliefs, expectations, and experiences into their joint interaction in the identification processes (Chou, 2001). Parents may have different reaction to having their children identified as LD, which might be positive or negative (Turnbull & Turnbull, 2001).

The IDEA amendment of 1997 emphasized the importance of parents' participation as equal partners in all aspects of their children education. Turnbull and Turnbull (2001) describe eight major roles that parents and families have had played over the course of the

history of special education in the United States. These roles are: (1) parents as the source of their child's disability, (2) parents as organization members (3) parents as recipients of professionals' decision, (4) service developers, (5) teachers, (6) political advocates, (7) educational decision makers, and (8) collaborators. The IDEA amendments of 1997 in particular highlight the last two roles.

The law under the IDEA requires that schools must fully inform parents and obtain written consent prior to conducting a formal evaluation. The law requires approval of parents for the referral of their child to formal evaluation and that parents be an integral part of the team appointed by the school to conduct assessment and subsequent planning of the IEP (Lerner, 2000). Parents also have the right of due process and to disagree with school decision. Turnbull & Turnbull (2001) point out that the quality of partnership between parents and school professionals is based on skillful educators who are sensitive to the needs of the children with special needs along with their parents

How do parents react upon learning that their child has a disability? The most common theme regarding parents with exceptional children draws attention to the stages of grief. This research equates the birth of a child with a disability with the "symbolic death of the child who was to be." The writing of Kubler Ross (1969) provides the framework for the developmental stages of reaction to dying (denial, bargaining, anger, depression, and acceptance). These stages have been applied to the "loss" that parents are assumed to experience with a disabled child. Special education literature often discusses the experience of parents of children with disabilities in light of the stages of grief model. Telford and Sawrey (1977) write:

Except for the most obvious disabilities, most parents react with some denial to evidence of their child's inadequacy...A defect in the child is seen as partly that of the parent...Sometimes this denial takes the form of a prolonged trek from doctor to doctor and clinic to clinic in search of a more favorable diagnosis. Failing this, the parents claim that the specialists are all wrong. Any parent knows his child better than all the professionals. (p. 136)

Malekoff, Jahanson, and Kalappesack (1991) conducted a survey about the reactions of parents of students with learning disabilities at the elementary, middle, and high school levels, to their children's diagnosis. More than 50% of parents indicated that they felt confused after the initial hearing of the diagnosis. However, the majority of these parents reported that they were relieved that their child's problem had been recognized and named.

However, some parents might react negatively to the labeling event and the stigma that might be generated through the label. Although parents may be more accepting of the term learning disabilities, some parents may display anger and disagree with the labeling. Harry (1992) pointed out that if a parent disagrees with the label, it would be more appropriate to presume that the parent is disagreeing with the label rather than not accepting the problem. She further asserts that parental rejection of labels does not mean that parent denies that their child has problems, but rather that they particularly disagree with the terms professionals use to describe the problems.

Harry (1997) points out that cultures and societies differ regarding standards of normalcy. For example, in society where academic success is paramount, failure in school is regarded as a strong indication of the presence of disability that needed to be named. Another society might not regard school failure as constituting a possible disability condition and therefore do not have a name yet to describe the child's situation.

Social Critical Model of LD

According to Ysseldyke (2002), the history of LD often is depicted in certain way that reflects (1) a search for specific condition (or category), (2) a search for a cause of the condition, and (3) a search for a cure or treatment for the condition. Skrtic (1999) and Sleeter (1986) suggest that the history of LD is often narrated from within the medical model perspective. There are several authors in special education field object to the medical history

of LD (Christensen, 1999; Dudley-Marling and Dippo, 1995; Sleeter, 1986; Skrtic, 1999), and they are generally critical of two central elements in that history: First, they are critical of the idea that LD is caused solely by deficits in the child's brain. Second, they are skeptical of the assumption that LD is a fact of nature awaiting scientific discovery through more objective and reliable tools (Christensen, 1999; Dudley-Marling and Dippo, 1995; Sleeter, 1995; Skrtic, 1999). These alternative perspectives will be called the *social critical model* of LD. the three interpretations of LD from within the social critical model, Skrtic (1999), Sleeter (1986), and Dudley-Marling and Dippo (1995), are presented below.

Critiquing the discourse and practice of special education, Skrtic (1999) argues that learning disabilities is best understood as organizational pathologies rather than an intrinsic individual disability. Skrtic used the classical study of Jane Mercer in *Labeling the Mentally Retarded* (1973), which sought to reveal the implicit logic behind the traditional frame of mental retardation and its basic assumptions, to illustrate why LD identification is seen as an objective rational practice.

According to Mercer (1973), the clinical perspective of mental retardation is based on two interdependent models: the pathological model and the statistical model. The pathological model, advanced by physicians and medical professionals, defines the condition in terms of biological function. The statistical model developed by psychologists and educators defines abnormality in terms of variance from population mean based on statistical principles and psychological testing (Mercer, 1973). The official definition of mental retardation is based on both models. The pathological model is used to examine biological manifestation; the statistical model is used for assessing behavioral manifestations, especially when pathological signs are not explicable. Professionals using the clinical perspective tend to think in terms of one model while operating with the other (Mercer, 1973). Taking the medical model for granted, the behavioral signs are seen as an indicative of the presence of

the pathological syndrome. Thus, when defining mental retardation, two standard deviations below the mean on intelligence tests are seen as strong evidence pathology.

Skrtic (1999) brings into play the same logic to critique the learning disabilities classification. Learning disabilities classification depends on both the pathological and statistical model. The pathological model is structured by complex layers of medical concepts such as neurological deficits, minimal brain injury, and psychological disorders. These constructs have become integral part of LD language and taken for granted; however, they are very difficult to define and verify. Therefore, the behavioral manifestation is used to infer the presence of central nervous dysfunction. “In the case of learning disabilities, then, academic achievement, which is behavioral manifestation and not a biological symptom, is conceptually transposed into a pathological sign that carries all of the negative implications of the pathological model” (Skrtic, 199, p. 196).

Skrtic argues that the medical model is grounded in functionalist and positivist philosophy, which has the following characteristics: (1) that learning disabilities is an individual pathological condition, (2) that learning disabilities is manifested in symptoms that can be objectively identified using standardized adequate instruments, and (3) special education is a rationally progressive system that benefits diagnosed students. The problem with the medical model is that it locates the cause of the problem solely within children and thus tends to ignore casual factors that lie in the large social context in which human differences occur. The pathologization and individualization of students’ learning difficulties result in the need for corresponding specialization.

Thus, school organizations are structured according to the principles of *professional bureaucracies*. “Given the nature of professsionalization, teachers tend to screen out diversity rather than accommodate it, either by forcing their students’ need into one of their standard practices or, given the logic of specialization, by forcing them out of their classrooms and

into a new professional-client relationship with a different educational specialist who is presumed to have the required practices in her or his repertoire of skills” (Skrtic, 1999, p. 208). Skrtic asks us to question these assumptions and rethink the classification and treatment of learning disabilities. He attempts to show the negative impact of pathology on today’s special education philosophy and practice and that special educators need to move beyond pathological thinking in order to serve the interest of all children.

Sleeter (1986) used critical and structural theory to reinterpret the history and the creation of the LD field in the United States. Sleeter (1986) argues that during the cold war in the 1950s, the United States government instated educational reform and raised academic standards of public schools to produce qualified scientists and work force. According to Sleeter, the reform produced many students who could not meet the new standards. At that time, underachieving students were divided into four different categories: slow learners, mentally retarded, emotionally disturbed, and culturally deprived. All four of these categories, Sleeter (1986) remarked, contained disproportionate numbers of children from minority and low-income households. The occupational outlook for these students was depressing. In general, they were expected to occupy low paying and manual jobs after leaving schools.

Sleeter (1986) asserted that White upper and middle-class parents of children who could not cope with the new higher literacy standards recognized that their children were at risk for categorization with poorer students and students of color who had restricted occupational positions after leaving school. Thus, they searched for alternatives. LD emerged as an acceptable alternative because children could be considered intellectually normal, or even above normal, and therefore deserving of high expectations both in and beyond school.

Sleeter (1986) further argued that minority groups began to question the use of what they considered stigmatizing labels such as the “culturally deprived”; also they voiced

concerned over the disproportionate numbers of minority students who were labeled mentally retarded during the 1960s and early 1970s. In the 1970, the category of cultural deprivation was removed from special education classification. Mental retardation was redefined as two, rather than the former one, standard deviation below the norm. These changes led to dramatic increase of the number of students of color classified as LD.

In another critique of the medical model of LD, Dudley-Marling and Dippo (1995) used discourse analysis to show how the field of learning disabilities served to maintain the status quo in education and in society. Discourse analysis provides detailed explanations of the tacit and overt theories related to the distribution of social goods such as money, power, and status by examining the discourse practices underlying these theories. They begin with the observation that the category of learning disabilities exists within schools so it must fulfill some need of schools. They believe that the label places blame of failure on students, thereby relieving the educational establishment of accountability for the disenfranchisement experienced by some of their students.

According to Dudley-Marling and Dippo (1995), the discourse of schooling benefits those who enter school “with a certain kind of ‘cultural capital’”. This elite group has the most to gain from school discourse, and they benefit from the status quo. Others are disadvantaged by the status quo and their differences can be accommodated, but only to the point that they do not disrupt the fundamental ideologies of schooling. Learning disabilities theory protects schools from examining how their ideology benefits some and disadvantages others, thus preserving inequalities that exist in society.

LD in Different Parts of the World

This section aims at presenting overviews of the field of learning disabilities around the globe. According to Mercer (1973), the explanation and definition of disability is based on the clinical model which assumes that because human biology is similar, dysfunction and

disease are universal. Based on similar assumption, The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) was developed by the World Health Organization (WHO) for the purpose of collecting and disseminating comparable mortality and morbidity information over the world; ICD-10 is a statistical classification that lists only diseases that are statistically significant (Bowker & Starr, 1999). WHO classification is also based on a biomedical model and it is on the basis of the biomedical definition of impairment that the classification is proposed as a universal tool (Whyte & Ingstad, 1995).

Published in 1992, ICD-10 uses the term, specific developmental disorders of scholastic skills, to describe individuals with LD. The disorder is listed under the category of disorders of psychological development. According to ICD-10, scholastic skills learning disorders must have an onset during infancy or childhood and must show a delay or impairment in developing functions strongly related to the biological maturation of the central nervous system which lasts for sufficient period of time. The ICD-10 states that scholastic skills learning disorders are usually of unknown etiology but generally attributes the disorders to genetic influences and neurological factors. ICD-10 assumes that the disorders in learning occur because of abnormalities in cognitive processing that derive largely from biological dysfunction. Environmental factors may play a role but often are not considered as major factors. ICD-10 lists six types of scholastic skills learning disorders: specific reading disorder, specific spelling disorder, and specific disorders of arithmetic skills, mixed disorders of scholastic skills, other developmental disorders of scholastic skills, and unspecified disorders. The diagnostic symptoms listed in ICD-10 for learning disabilities are almost similar to the LD diagnostic criteria described in the United States. They both include discrepancy and exclusion criteria in their definitions.

However, a closer look at the international literature in the LD field shows that there are many differences and similarities in understanding the concept of LD from one country to another (Vogel, 2001). The literature indicates that there is no universal acceptance of LD as a legitimate disability category. For example, in Australia, New Zealand, Italy, Spain, and Scandinavia, learning disabilities are not recognized in federal legislation as a disability category in their educational systems. (Vogel, 2001) In other countries, such as Great Britain, professionals have preferred to remain specific, using terms such as *dyslexia* instead of the generic term learning disabilities. Some countries have decided to use the term learning difficulties instead of learning disabilities and adopt a model that shares little resemblance to the medical model of LD. Still other countries choose to adopt the LD model found in the United States.

Australia and New Zealand are interesting examples reflecting how learning disabilities might take on different meaning and generate different philosophy and practices concerning learning and schooling. According to Elkins (2001), learning disabilities in Australia has been influenced by the LD movement in the United States, especially in terms of parent organizations and scientific research. In the mid-1970s, parent organizations embarked on a public awareness campaign advocating for the rights of students experiencing academic difficulties. These efforts lead the Australian House of Representatives to establish special committee responsible for conducting comprehensive studies on the learning disabilities phenomena.

However, the Selected Committee published a report that was apprehensive of learning disabilities terminology, skeptical of the assumption that learning disabilities originated with the child, and critical of the usefulness of the LD model for Australian schools. Thus policymakers recommended the use of the term *learning difficulties* instead of learning disabilities (Elkins, 2001). Christensen and Elkins (1995) state that even though

students with learning difficulties in Australia might be similar to U.S students who are classified as having learning disabilities, the concepts behind the categories are not identical.

They write:

In Australia, learning difficulties are defined as problems in learning that vary in cause, nature, intensity, and duration and arise from the way in which students learn, or the rate at which learning occurs. Social and cultural factors are acknowledged as potential sources of learning difficulties. Learning difficulties are seen as problems experienced by students arising from a diversity of factors, particularly factors outside the individual. Rather than being inherent characteristics of the individual they are often seen as transient, appearing and disappearing depending on the educational experiences of the student. (p. 1)

In general, Australian conceptualization of learning problems might be a reflection of its “approach to high-incidence educational problems, which are understood broadly with little reference to the notion of disabilities as it applies in the United States (Elkins, 2001).

Like Australia, policymakers and educators in New Zealand did not embrace the new category of LD despite lengthy advocacy efforts by parent group SPELD (New Zealand Federation of Specific Learning Disabilities Associations) (Chapman, 1992). Since the formation of SPELD in 1971, its main goal was to have LD accepted as a category of need in the New Zealand education system. However, over the years, the Ministry of Education has rejected SPELD’s demands. Chapman (1992) points out that the rejection is largely due to SPELD’s adherence to the medical model of LD in terms of etiology, identification, and assessment; they view LD as a set of intrinsic disorders caused by neurological deficits. According to Chapman (1992), the most important moment in the battle over LD occurred in 1986 when a bill to recognize LD was introduced to the New Zealand parliament. In that bill, the definition of LD was almost similar to the American federal definition of LD. However, SPELD omitted the exclusion clause in an attempt to minimize criticism that LD was a category for white, middle class children.

Chapman (1992) suggested that the controversy, disagreement, and confusion surrounding the LD construct in North America made education policymakers cautious about adopting the LD category. In addition, LD has not been recognized because the policymakers in New Zealand adopted the philosophy and practice of inclusion, non-categorical and needs-based special education system (Chapman, 1992). In essence, the Department of Education's view was that "learning difficulty is a complex problem with a great many causes. It should be approached with flexible remedial programmes based on each child's individually assessed needs" (p. 366)

Prucher and Langfeldt (2002) provide a picture of LD in Germany. In Germany, the term *learning disability* has a different meaning than that used in English-speaking countries. According to Prucher & Langfeldt (2002) "In Germany, learning disability has been officially defined as a general and total failure in academic achievement combined with an IQ of between approximately 55 and 85." Students who meet both criteria are transferred to a special school called the "school for children with a learning disability." Thus, the category in Germany differs from that used in the United States in that it is not described as a discrepancy between academic achievement and intelligence. However, Prucher and Langfeldt (2002) point out that a high percentage of students attending learning disabilities schools have an IQ higher than 85 and, thus, are assumed to experience discrepancy between their school achievement and intelligence and to be similar to learning disabilities students described in the U.S.

Gonzalez and Hernandez (1999) present a Spanish perspective on LD. They point out that the field of special education in Spain does not have a category of learning disabilities as defined in the United States and Spanish policymakers have not contemplated recognizing of LD as a diagnostic category. Even though some Spanish literature relating to LD uses the definition put forward by the American NJCLD and discuss the discrepancy model, Spanish

schools have not had a tradition of using an IQ-achievement discrepancy criterion in identifying children who are assumed to be LD (Gonzalez and Hernandez, 1999).

According to Gonzalez and Hernandez, Spain uses the generic term “special education needs,” which was introduced in 1990 within the context of broad reform of general and special education that aim to create a unified system. Although LD is not considered a separate category of special education, the school reform has integrated for the first time the concept of LD, as it known in the United States, within the broad category of special educational needs. Gonzalez and Hernandez (1999) point out that the concept of special education needs is similar to the comprehensive conceptual model offered by Adelman and Taylor (1986) in which LD would be located within a *continuum* of learning and behavioral problems “from permanent deficits (e.g., sensorial, physical, motor, and intellectual deficits) to transitory or less severe deficits” (p. 277). Students are said to have special education needs when they encounter difficulty in learning, transitory or permanent, and therefore fail to achieve according to his or her age or grade level. Spanish schools do not use the exclusionary criteria and therefore do not limit learning problems to brain deficits; students could be identified as needing special education for various factors such as limited intellectual ability, deprived social environment, or poor teaching.

The concept of learning disabilities in Costa Rica closely resembles that of the United States. According to Stough and Aguirre-Roy (1997) education for children with learning disabilities in Costa Rica initiated in the mid-1960s as a realization for the need to, first, differentiate children with mental retardation from children experiencing learning disabilities, and second, to find solution to the growing problems with children in school who had been promoted without knowing how to read or write. Costa Rican educators believed appropriate diagnosis of children with LD would lead to designing remedial plans that eventually improve LD students’ abilities to learn. In Costa Rica, children classified as LD “are (a) of

average or above-average intelligence; (b) display some deficit in learning (e.g., in language, audition, vision, motor, or a combination of these); and (3) present small alternations in their cerebral function” (Stough & Aguirre-Roy, 1997, p. 568). After a child is referred from the educational system, psychological evaluations are administered at the discretion of an interdisciplinary team, which may include a psychologist, neurologist, clinical psychologist, social worker, and teacher. Assessments usually include a standardized test of intellectual functioning, a visual-discrimination test, a spatial-discrimination test and a behavioral assessment. Criteria for classification vary among evaluation teams, and only students who demonstrate deficiencies in the areas of reading, writing, or mathematics are classified as learning disabled.

In summary, there are three interrelated issues in which thinking about children with learning difficulties are found to be different: the cause, the terminology, and the classification. There appears to be disagreement regarding the proposition that LD is caused by neurological deficit. Some countries might find that locating the cause of the problem within the brain is not only hard to confirm but also a narrow conceptualization of the problem. Thus, they adopt a contextual model of causation. Second, some countries seem to conceptualize LD as representing an extraordinary diverse population of learners and thus they classify children according to continuum model ranging from mild to severe. As a consequence of the last two instances, some countries prefer to use broad labels such as “special education needs” and “learning difficulties”, which are not bonded to discrepancy and exclusion criteria.

Special Education in Saudi Arabia

The story of the modern Saudi state began in 1902, when the young prince, Abd al-Aziz Ibn Saud, embarked on a journey that lasted for three decades and ended with the unification of most of the Arabian Peninsula and the creation of the Kingdom of Saudi Arabia

in 1932. Before the unification of the country, the land was inhabited by various independent and often antagonistic tribes. It is, therefore, a great testimony to the political skills of King Abd al-Aziz that he succeeded in forging unity out of disarray.

The Kingdom of Saudi Arabia is located in southwest Asia. It occupies approximately 2.25 million square kilometers. It is bordered on the west by the Red Sea, to the north by the states of Jordan, Iraq and Kuwait, to the east by the Arabian Gulf and the states of Qatar, the United Arab Emirates and Oman; and to the south by the states of Yemen. The Arabian Peninsula is the birthplace of Islam and home of the two holy cities of Makkah and Madinah. Islam has had a great impact on Saudi society. It is not only a religion but also a lifestyle and the primary guidance for all aspects of Saudis' lives. The constitution of the Saudi government is primarily based on *shari'a* laws delineated in the Qur'an, (Islam's sacred book) and *Hadith* (teachings of Prophet Muhammad). According to the 2004 census, the total population of Saudi Arabia is 26,417,599, of whom 5,576,076 are non-nationals.

The discovery of oil in the kingdom in 1938 and the beginning of major production after World War II has had a great impact on the country and its position in the world. Today, the Kingdom has the largest reserves of oil in the world and the largest exporter of petroleum, playing major role in global economy. The Saudi government used oil revenues to carry the country and its people through a remarkable transformation. Within the last three decades, Saudi society has experienced what is known as the "mutation era" where the society has moved suddenly from living in villages and tents, and using primary transportation methods to new stages of modernity and advancement. Today, the Saudi government continues to provide its citizens with advanced health care, a higher standard of living, and a comprehensive and progressive educational system.

In 1952, the United Nations reported that Saudi Arabia had only 306 elementary schools and that the illiteracy rate was between 92 and 95 percent (Ferguson & Lopez, 2002).

To combat such dire statistics, a Ministry of Education was established in 1953 with late King Fahad as the first minister of education entrusted with the task of expanding and modernizing educational resources. The kingdom was divided into school districts, each governed by a superintendent and assisted by a technical staff. Within the Ministry of Education, the Adult Education Department was created to combat adult illiteracy. Over the past four decades, there has been a comprehensive plan to increase the number of schools, increase enrollment, and establish better educational facilities. As of 2004, the kingdom had over 29,807 schools educating more than 4,783,176 students, of whom 2,379,496 were male and 2,403,680 were female.

Education in Saudi Arabia has four special characteristics: an emphasis on Islam, a centralized educational system, separate education for men and women, and state financial support (Ferguson & Lopez, 2002). The Saudi Arabia primary educational system consists of three levels: elementary, intermediate, and secondary. Elementary education in Saudi Arabia is comprised of six grades. Students are admitted at 6 years of age. In 2004, there were 13,062 elementary schools educating 2,514,285 students. Students who successfully complete the 6th grade of elementary education proceed to the secondary level. This level is for students ages 12 to age 15 and lasts for three years. About 6,865 secondary schools enroll 1,108,331 female and male students (Ministry of Education, 2004). The secondary or middle school is followed by high school, which also spans 3 years for pupils between 15 and 18 years of age. There are 4,230 secondary schools educating about 955,338 students (Ministry of Education, 2004).

Special Education in the Kingdom

The origin of the education of what we now call exceptional individuals took place early on in Islamic history. During its seven centuries, religious and nonreligious learning

circles and classes flourished in mosques throughout the Islamic world. Blind men thrived in this form of education. According to Ross (1951)

The blind found a niche and instruction for themselves at the University of Al-Azhar, founded in Cairo in 970...they flocked in off the streets and flourished in an atmosphere where learning was done by memorization....Today, as nearly as a thousand years ago, blind scholars wander through the corridors and open courts of Al-Azhar, reciting the Koran. Many go forth to earn a living as singers or preachers in the mosques, as workers in reform schools, or as teachers (p. 30)

Thus, when the educational system started to expand in the late 1950s, students who were blind and those with mild hearing loss joined their peers without disability in attending their regular neighborhood schools

In 1985, an Iraqi man visiting Saudi Arabia introduced the Braille system of reading and writing to a few blind men who at that time were attending regular school (Al Kheraigi, 1989). These blind men, with the help of others, began to master the Braille system and then to instruct other Saudis in its use at evening classes held at a public school (Al Mosa, 1999). This private effort demonstrated to others the usefulness of the Braille system for teaching the visually blind independent reading and writing. Their stories drew some attention and the first institute for the Blind was created in 1960 in the capital Riyadh. It was called the Al-Noor Institute, providing education for about 40 male students (Al Saloom, 1995).

In 1962, the Ministry of Education founded the Department of Special Education to supervise and develop special education programs in the kingdom, headed by a blind man, Sheikh Al Ghanem, one of the first Saudis to learn the Braille System (Al Mosa, 1999). It was followed by the establishment of several institutions for the blind and deaf modeled after similar institutions in the West. In 1964, the Al-Noor Institute for Blind Females was established. The same year also witnessed the founding of the first school for the Deaf, the Al Amal Institute, meaning the Hope Institute in Arabic.

In 1972, the Ministry of Education upgraded the department of special education to a General Directorate composed of three main departments: Educational Administration for the Blind, Educational Administration for the Deaf and Educational Administration for the Mentally Retarded (Al Saloom, 1995). The tasks of the General Directorate were to supervise and expand special education services for the three categories in several major cities of the kingdom. In 1978, there were 27 special schools and institutions increasing to 47 by 1992. Ten of these special schools were for the visually impaired, 23 for the Deaf and 14 for individuals with mental retardation. These schools served approximately 6000 male and female students, with the number of special education teachers increased from 23 in 1962 to 1,346 in 1992 (Al Abduljabber, 1994).

In special education programs offered by these special schools and institutions, students attended classes five days a week for an average of five hours each day. Those students whose families did not live nearby were accommodated in boarding facilities at the schools for the five school days. During the weekend and on holidays, the schools sent students to stay with their families. Special schools for the blind and deaf instruct students in both academic and vocational topics. The academic curricula are similar to those of regular schools. The vocational curricula include handcrafting, gardening, sewing, woodworking, and typing. Special schools for students with mental retardation educate students who are between the ages of 6 to 14 and who have IQs of 50 to 75. Instructions include both academic and vocational topics with added emphasis on rehabilitation. The Ministry of Education provided services mainly for these three categories of disability other categories to other government agencies.

Although special education had made some progress since 1960, the system was not without its problems. In her doctoral thesis, Al Kheraigi (1989) presented the most critical analysis of special education in Saudi Arabia. She pointed out that the Saudi special

education was faced with four problems: (1) large numbers of students with disabilities who still had not received special education, (2) a shortage of qualified Saudi teachers and the absence of a coherent plan for teacher training, (3) outdated curricula, and (4) lack of educational innovation and absolute reliance on a segregated approach to special education.

Among all the difficulties in Saudi Arabia education system, staffing schools with qualified Saudi personnel to work with exceptional students was the most challenging (Al Kheraigi, 1989). In the beginning, the Ministry of Education sought qualified teachers from other more advanced countries, especially Egypt. The ministry also sent a number of Saudis to pursue their education in the field of special education in Western countries, specifically the United States and Britain, so as to help advance special education in the kingdom (Al Mosa, 1999).

An important event in the history of special education in Saudi Arabia occurred in 1985 when the College of Education at the King Saud University created Special Education Department, the first of its kind in the Arab world. The primary aim of the new department was to train special education teachers in a four-year special education program. However, most significant was the return of educated Saudis, especially from the United States, to work within the new department.

The new department brought about changes in the Saudi special education system. First, it assumed the responsibilities for preparing well-trained Saudi teachers who would be more understanding of the needs of Saudi children with exceptional needs and their families than the expatriate teachers. Second, a number of Western educated professionals clustered into the new department and introduced new ideas in special education to a growing number of Saudis college students. Third, the University department becomes a center for discourse and intellectual debates among those concerned with the education of exceptional students.

Fourth, the special education department advocated for reform in Saudi Arabia special education.

Reforming Saudi Special Education System

From the beginning, the special education system developed separately from general education. The Special Education Department at King Saud University advocated for special education philosophy and practices more in line with recent international standards and changes taking place globally. The mainstreaming and inclusive education movement in the United States began to have impact globally. The Salamanca Statement for Action on Special Needs Education by the United Nations in 1994 recommended that all students with special needs have full access to regular schools and be taught in classrooms using predominantly adaptable and child-centered pedagogy. Thus, the combination of local and global events led to a new special education administration and the bringing of reform.

In 1995, the GSSE initiated major reform in special education system in the Kingdom. A blind professor and a graduate of Vanderbilt University, Nasser Al Mosa, took office in 1995 and began the initiative for changes influenced by the American special education philosophy and practices. This has led to changes in special education in two ways: First the adoption of the philosophy of mainstreaming making regular schools the center of special education activities. Second the recognition by the GSSE that many children in what is known in special education as high-incidence disabilities categories, which include LD, speech and language impairments (SLI), and emotional and behavioral disorders (EBD) may exist in Saudi schools undetected by educators and they need to be identified so they are provided with special education services (Al Mosa, 1999).

In particular, the present Saudi special education evolved out of a two-fold adherence to the concepts of *al'dmg* (mainstreaming). The concept of *al'dmg* reflects the aim on the part of reformers to offer students with disabilities appropriate education in the classrooms of

neighborhood schools that, when appropriate, unite rather than segregate special needs students from their peers without disabilities. As a means for ending the long and sharp separation between general and special education, the GSSE adopted the practice of cascade of services proposed by Deno (1970). The philosophy of GSSE concerns the creation of regular schools that value all learners, irrespective of their diverse needs. It also aims at increasing the effectiveness of the general education system in responding to all learners.

However, given the long history of separation between special and general education, special education reform has proceeded gradually, maintaining a continuum of special education services and progress toward inclusion. Mainstreaming has three objectives. The first states that special education should be provided in regular classroom, when appropriate. Thus, GSSE establishes special education programs in regular schools in various forms, which include (a) self-contained classes within the regular schools, (b) resource rooms, and (c) consultants and itinerant teachers.

The second objective entails a transformation of the role of special schools and institutions so that they can accomplish two functions: (1) to serve those students with profound and multiple disabilities whom the regular schools are currently unprepared to serve, and (2) to make these institutions serve as resource for local inclusion programs, and as teacher training and workshop centers. The third goal aims at developing special education professionals in various specialized areas by increasing local teacher training programs and through sending more Saudi personnel abroad to pursue their higher education in special education.

To a large extent, the reform has accomplished its goal of moving students with disabilities into regular schools, and to some extent, into the regular classroom. The effect of the reform can be seen through the analysis of the growth of special education in Saudi Arabia. During the 1995-96 school years there were 48 special schools and institutions

serving 4, 828 students and only 12 self-contained classrooms in regular schools serving 380. After the enactment of the GSSE plan, the number of special education programs in regular school rose to 390 in 2000 and to 1,073 in 2002. The overall number of students receiving special education increased from 5,208 students during the 1995-96 school years to about 20,000 in 2002. Prior to 1995, almost all students with disabilities were educated in special schools. Currently about 80% of students with disabilities are educated within regular schools (Al Mosa, 1999).

CHAPTER III

METHODOLOGY

Introduction

The purpose of undertaking this study was to explore the recently introduced category of learning disabilities in Saudi Arabia. The following two questions were posed: (1) How do stakeholders in elementary schools in Saudi Arabia perceive and make sense of learning disabilities? and (2) How do schools in Saudi Arabia go about identifying children with LD? Qualitative grounded theory research methodology was selected to guide the inquiry. This chapter describes the research methodology of the grounded theory approach. It discusses how sites and participants were selected and as how the data were collected and analyzed. The final part of this chapter explores the issue of trustworthiness, researcher background and stance as they might have influenced the research, and the limitations of the study.

Grounded Theory Research Approach

Qualitative research in education represents alternative methodologies to those offered by traditional quantitative research. Qualitative research has been called by various names including naturalistic, interpretive, and poststructuralist (Lincoln & Guba, 1985). One of the major qualitative research methodologies is grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Grounded theory aims to generate a theory from data; that is, the theory is based on the perspectives and experiences of participants (Strauss & Corbin, 1998). Grounded theory was developed by two sociologists, Barney Glaser and Anselm Strauss, in the 1960s through their joint involvement in studying the care of dying patients in hospitals (Eves, 2001). Grounded theory embodies three characteristics essential for sound qualitative research (Greswell, 1998). These assumptions include: (1) the socially constructed nature of reality and multiplicity of meanings, (2) close relationship between the researchers and

participants, and (3) emergence design. These three features of grounded theory align with the researcher's philosophical beliefs and the goals of this study.

First, grounded theory is rooted in the theoretical tradition of symbolic interactionism and social constructionism. A central thought of these two theoretical perspectives is that meaning is not the production or construction solely of an individual but is rather coauthored, by the self in its interaction with the other (Burr, 1995). Language is the medium through which thought, feeling, and meanings are created and communicated (Burr, 1995; Hall, 1997). Individuals and social groups utilize language in their daily interactions and socialization. They engage in interpreting behaviors and events, negotiate meaning, and define objects and events within social contexts (Burr, 1995). Through language, people construct shared understandings as well as unique ways of viewing events in their worlds, bringing forth into existence multiple realities and many layers of meanings (Lincoln & Guba, 1985). Because persons in society have diverse interests and objectives, they bring forth multiple discourses and stories about object, event, person, or phenomenon in that society (Burr, 1995). Consequently, the assumption that *social* reality consists of a single, tangible reality that exists independently of the observer is replaced by the assumption of multiple realities (Lincoln & Guba, 1985).

Second, espousing the above perspective, qualitative grounded theory research methods advance interpretative social science, which emphasizes meanings by involving the multiple voices, stories, and interpretations of the people involved in the study rather than discovering a single objective reality (Charmaz, 1998). In grounded theory, the researcher becomes the main instrument that guides data collection, analysis, and interpretation of data. Researchers engage with the participants, commit themselves to extensive time in the field, and build a close relationship with the participants to gain access to their perspectives, thoughts, perceptions, and experiences (Greswell, 1998). The qualitative researcher pays

attention to the voices and interpretations of participants and understands *how* and *why* they adopt certain perspectives in effort to capture the complexities of their experiences (Glaser, 1978).

Third, grounded theory methodology adopts emergent research design based on inductive logic (Glaser & Strauss, 1967). Glaser and Strauss (1967) created grounded theory because they were dissatisfied with the state of social research, which emphasized deductive logic and verification of existing formal theories (Charmaz, 2002). They argued that research based on deductive reasoning begins with a hypothesis or theories that are ungrounded in the data and therefore might not fit the real world or could be irrelevant to the concerns of participants (Layder, 1982). Moreover, logically deduced theories can mislead researchers or lead researchers to manipulate data to fit a prior theory.

In contrast, grounded theory is based on an inductive approach to theory development (Strauss & Corbin, 1998). In grounded theory, the researcher begins the research process without particular theory and with minimal preconceived categories to guide the inquiry. The researchers begin by identifying areas of interest, and gather information looking for themes and patterns that explain the phenomenon. Because of the existence of multiple realities, constructivist grounded theory does not rigidly design the inquiry in advance, but begins with open and flexible questions and mindsets toward the research topic, therefore allowing for change and emergence as the research proceeds and themes become visible. Grounded theory aims to generate a theory from data. That is, the theory is based on the perspectives and experiences of participants: “Generating a theory from data means that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data during the course of the research” (Glaser & Strauss, 1967, p. 6). It is a research methodology that lets the data speak for itself. However, grounded theory is not a rigid methodology that totally excludes deductive reasoning. It is also a dynamic process which

involves movement back and forth between data and theory. The data might support already established theory. Still, the overall research methodology is one of emerging design (Greswell, 1998).

In particular, the inductive nature of grounded theory allows researchers to approach their inquiry without being constrained by predetermined categories and hypotheses (Patton, 2002). Emergent inductive design was needed to explore LD in Saudi school because the variables cannot be easily identified. Theories are not readily available to explain behavior of participants, and theory relevant to what is happening in real life needs to be developed (Greswell, 1998). The major purpose of grounded theory is to improve people's lives through gaining better understanding of it. Special education addresses basic needs of children with disability and their families. Therefore, it is critical that the conduct of the special educator researcher be relevant to the lives of participants in his/her search for the best way to serve children with learning and behavioral problems. The grounded theorist believes that participants' behaviors revolve around a main concern in a substantive area or areas and that their behaviors are geared to resolving these concerns (Glaser, 1998).

The aforementioned features of grounded theory align with my philosophical view of the nature of social realities and what I believe are the appropriate ways to approach and explore those realities. Qualitative research is not easy undertaking and the realization of this fact drew me to use grounded theory for this research. According to Gharmaz (2002), the strengths of a grounded theory approach reside in (a) strategies that guide the researcher step by step through the analytic process, (b) the self-correcting nature of the data collection process, (c) and the method's inherent bent toward theory development and contextual description.

My Role as Researcher

A basic feature of qualitative inquiry is that the researcher is the main instrument and that the quality and credibility of the research findings depends on the skills and commitment of the researcher (Patton, 2002). An important skill of qualitative researcher is the ability to be aware and reflective of philosophical assumptions that guide his or her view of the world and to acknowledge his or her subjective views and values regarding the topic of study. He or she should reflect on how these assumptions and beliefs shape his reality and how they affect the process and outcome of the study and willingness to be self-reflective, to respect the lives those he studies and to understand them and continually investigate his or her relationship with them, and to continually question his or her interpretation. Before and during the research process, I thought about and articulated my expectations and belief.

I was introduced to exceptional individuals, with depth and breadth, through the core courses during my undergraduate studies at King Saud University. After my graduation in 1995, with B. A. in special education, I worked for two years at the institute for students with mental retardation in Riyadh city teaching children with mental retardation. I was then hired by King Saud University as a graduate assistant. In 1999, I was awarded a scholarship to pursue my master and doctorate study in special education field in the United States. Over the course of my graduate study, I have grappled with the issues confronting education for high-incidence disabilities children.

As a doctoral student, I have been exposed to various theoretical perspectives and conceptual models and became more aware of how our perspectives and expectations color our views of ourselves and our social realities. I tend to see social reality from a social constructivist perspective. In conducting this inquiry, I sought meanings. My aim was to illuminate, rather than challenge, participants' views about reality, and I saw my work as construction of meanings rather than discovering objective truth (Charmaz, 1998). My major

task was to understand the multiple voices and stories of people involved in the study and to acknowledge my role as interpreter. The descriptions I present in this study are not assumed as natural, given, and self-evident.

Wollcott (1994) suggested that researchers should be “aware that data are tainted with an analytic and interpretive cast in the very process of becoming data” (p. 16). The interpretations and portrait of the phenomenon incorporates both the views of the participants and the researcher’s interpretation of them. Grounded theorists attempt to *bracket* his or her preconceptions to best understand the phenomenon from the participants’ perspectives, but acknowledge their role in the interpretation. Therefore, my interpretation of the data in this study represents one way through which the data could be understood. Nonetheless I have done my best to provide a systematic, in-depth analysis and I have tried to deal authentically and critically with the narratives offered in ways that serve the public good, including generating new knowledge that enhance the life of participants.

Sites and Participants Selection

Sample selection in qualitative research is different in comparison to that done in quantitative research (Lincoln and Guba, 1985). In contrast with quantitative research, which emphasizes random sampling to ensure generalization, qualitative research is more concerned with selecting the sample that best represents the complexity of the phenomenon under investigation. According to Mason (2002), qualitative research involves an act of strategic and practical sampling that helps the researcher to find data needed to address his or her research questions. Thus, a combination of convenience and maximum variation sampling methodology was used to select sample for this study.

Maximum variation sampling, as the name indicates, is intended to maximize the variation among the selected cases in relation to the wider universe in order to facilitate discovery and emergence as quickly as possible, but not to represent the wider universe

directly (Mason, 2002). Variation across a range of variables, such as experiences, size, and location, increases the researcher's chances of being able to use that very detail, not only to understand how things work in specific contexts, but also how things work differently or similarly in other relevant contexts. This, Mason (2002) notes, links sampling very directly to the process of generating theory and explanation *inductively* from or through data.

The first task of sampling was to define the stakeholders who would be interviewed and identify the public elementary schools that have learning disabilities programs. First, according to the Special Education Regulation, each elementary school that has an LD program must form a Learning Disabilities Team (LDT), which is responsible for identifying students with LD, develops individualized education plans, and evaluates and monitors their academic progress. The LD team should include the following members: school principals or the principal's assigned deputy, a regular classroom teacher, a school counselor, a learning disabilities teacher and a parent if possible (Ministry of Education, 2002). Due to their daily contact with students with LD as a result of their participation in the LD team, these members were considered to be the stakeholders, and therefore, the key informants in this study.

Second, to identify the public elementary schools that have LD programs, I conferred with the members of Learning Disabilities Department at General Secretariat of Special Education, a division of the Ministry of Education. They provided me with the names and contact information of elementary schools in the Riyadh region that have LD programs. Riyadh region was chosen because it is the accessible and familiar to the researcher. At the time when the study was conducted, there were approximately 150 LD programs located in 155 elementary schools in Riyadh region. The majority of these programs, 84 out of 150, were located in Riyadh city. The rest of LD programs were located in small to mid-size town in Riyadh region.

At the initiation of the study it was unknown what variables might or might not be important when selecting elementary schools sites and participants in this study.

Nevertheless, the following variables were taken into account so as to maximize diversity and variation in the source of data: geographical location of the school, number of students in schools, and experience of the LD program.

Based on the aforementioned factors, the convenient geographical accesses to schools for the researcher, and the willingness of schools for participation, a total of 9 elementary schools were selected to participate for this study. Of these 9 schools, 6 were located in Riyadh city and 3 were located in small to mid-sized towns in the suburb of Riyadh region. When a particular school showed particular characteristics, I contacted the school and asked for participation in the study. For example, the first LD program or school to be selected from among the list is located in middle-to high-income neighborhood in Riyadh city, the school is regarded as exemplar, the school is attended by 300 students, and the LD program is has been in existence for 8 years. I made a visit to the school and the school personals agreed to participant in the study. The second school to be selected in this study was located in low-to-middle income neighborhood in Riyadh city, attended by 600 students, and the program has been in existence only for four years. The selection of school in town was simple because the number of elementary schools that have LD program was small and the schools were so similar. In mid-size town there were only three LD program and in small town that was chosen in this study there was only one LD program.

The decision to select 9 schools was based on the principle of saturation. Saturation means that new sampling produce no new information. Saturation is important stage in grounded theory. In grounded theory, when the comparisons of data no longer yield new categories the process of coding is said to be “saturated” or sufficiently delimited; at this point, “new data fit into the categories already devised” (Charmaz, 1998, p. 520). By the end

of visit to the seventh school, I realized that all information could be placed in the already developed categories and codes. Whoever, I sampled more two schools to ensure that saturation was not reached prematurely.

The names of these schools and towns are not reported in this study in order to protect the identities of the research participants. To ensure confidentiality of research data, the names of participants and schools were removed from all data and no one knows another's identity. Pseudonyms were given to each subject to be used for presentations purposes.

Data Collection

The grounded theory approach requires joint collection, analysis, and interpretation of data to the fullest extent possible (Strauss & Corbin, 1998). In this context, data collection and analysis are not linear but rather an iterative dialectical process (Glaser, 1978; Strauss & Corbin, 1998). Thus, although this section is titled data collection, data collection in reality was interwoven with data analysis, which will be described next. The division between data collection data analysis is intended to ease presentation and descriptions.

The main method of data collection in this study was semi-structured interviews. Interviews were conducted during a four-month period (from September to December, 2004). Through interviews, I intended to gain in-depth understanding of participant world views, and to understand how participants perceive learning disabilities and the event of identification. Once a school was selected, I contacted the school principal, explained the aim of the study, and invited the school to participate in the research. The decision to include, as much as possible, all the LD team members was based on the belief that each member might provide different angles on the meaning of LD and the process of identification.

However, I faced some difficulties in interviewing as many parents and school principals as I had planned. Parents were difficult to contact and some parents who were contacted declined participation in the study. This occurrence may in fact be a reflection of

the findings of this study, indicating that parents rarely participate in person in the identification process. Some school principals declined participation because of their limited knowledge about the topic. A total of 41 informants participated in this study: 13 LD teachers, 10 regular classroom teachers, 9 school counselors, 6 school principals, and 3 parents.

As I began to visit schools and conduct interviews, a pattern began to emerge: school personnel promptly informed me that LD teachers are the experts in LD program and the topic of my study, and therefore I should first contact the LD teachers. Thus, LD teachers became my primary contact in their schools. They helped me to interview other LD team members including regular teachers, school counselors, and principals. All LD teachers participated in this study are university graduates with B.A.S in Special Education, specializing in learning disabilities.

Interviews were conducted at the locations of the participants' choice. Interviews with school professionals were conducted at their schools. Interviews with parents were conducted via telephone. Most interviews were audio-taped with the permission of the participants and were transcribed by the researcher following each round of interviews. However, some participants did not want the interview to be tape-recorded. Thus, I used paper and pencil to, as much as possible, write down the most salient information as the interviewees expressed them.

Also, most non-LD specialists who participated in this study, when agreeing to talk to me, remarked that they did not think they would have much to say regarding the topic of my study. They expressed the idea that their knowledge about LD was minimal compared to LD teachers whom they regarded as the "specialists." Further, as the chapter on findings will show, most non-specialists have smaller roles in the decision-making process compared to LD teachers. Thus, there were wide variations in the duration of the interviews. Interviews

with non-specialists were short, lasting from 20 to 30 minutes. In contrast, interview with LD teachers were lengthy, lasting from 60 minutes to 90 minutes, as they had extensive knowledge about the topic and assumed the greater responsibility for LD program.

An initial interview protocol was developed to guide interviews with participants (Appendix A). A dissertation committee member reviewed a draft of the interview protocol and provided feedback and suggestions about the questions. The interview questions were open-ended to allow for emergence. I began each interview by providing a brief description of the purpose of the study and presented the Consent Form (see Appendix B). I then initiated each interview with a warm-up question (i.e., “Please tell me a little about your self as an educator?”). I collected demographic information from participants during interviews. Participants were then asked a series of questions relating specifically to the two research questions exploring the meaning of LD and their roles and views of the identification process. They were asked about their own personal definition of LD. The participants were asked to describe the events of identification (e.g., what happened, who was involved, and the significance of the event). Broad questions were asked intended to allow participants to talk about their experience and express their thoughts freely, allowing important themes to emerge from their perspectives.

In the qualitative research approach, researchers are guided not only by their original research questions but also by the emerging themes from the data they collect. According to Hatch (2002), qualitative interviewing involves creative acts of reforming and changing questions asked depending on what is learned or has failed to be learned in a given situation. The interviewee may answer researcher questions before the interviewer asks them, or may take the conversation in a direction the researcher has not anticipated but finds important. Further, a qualitative researcher should approach interviews in a way that allows room for change in questions to accommodate emerging theme while maintaining the overall structure

(Hatch, 2002). Grounded theory opens the phenomenon under study to allow themes to emerge (Corbin & Strauss, 1998). Accordingly, I was sensitive to what participants were saying and the issues that they raised. Therefore, the initial interview protocol was expanded to accommodate emerging themes. As interviews progressed, questions were added to inform the emerging theory based on the perspective of participants. For example, in the first two interviews, participants talked about how LD was not seen as a disability, and, thus the question of the place of the notion of disability in LD construct became central.

Probes were used to encourage participants to elaborate their responses and provide more information and also serve as signs that a researcher is attending to what the interviewee is saying (Rubin and Rubin, 1995). For instance, I asked participants to clarify the meaning of local terms that they took for granted. Following each interview, I wrote notes, which included descriptions of the context of the interview and my initial impression about the major themes that emerged during the interview.

Data Analysis

Describing the ways in which data were collected and analyzed in this study was not an easy endeavor. As Glaser (1987) and Strauss and Corbin (1998) stressed, analysis in grounded theory is a dynamic and fluid process that involves going back and forth from one level of analysis to the other, from interviews to coding and from coding to interviews, and from real world data to literature. Glaser and Strauss (1967) called their approach the *constant comparative method*. In general, the constant comparative process in grounded theory consists of three interrelated phases of analytic tasks, which included: (1) open coding, close reading of data to generate codes and categories; (2) axial coding, integrating and developing the generated categories in terms of their properties; and (3) selective coding, delimiting the theory. Following is a description of how data was analyzed using the method of grounded theory.

Open Coding

The first phase of the analytical process is open coding. Simply stated, open coding defines and categorizes our data (Charmaz, 1998). It involves close reading of data, or line-by-line coding. The aim of line-by-line reading of interview transcripts is to generate codes, names, or categories that account for the data under analysis. Close reading of the data opens up the text, revealing the thoughts, ideas, and meanings contained therein (Strauss & Corbin, 1998). Open coding is the first step toward development of theory grounded because it generates concepts, the building blocks of theory (Strauss & Corbin, 1998).

As I read the data, I identified words, sentences, or an entire paragraph that conveyed particular ideas or meanings and placed codes or names that best represented its conceptual meanings. Codes generated in the early stage of the research were regarded as tentative. Some codes were not supported further by the data and thus they faded away. A number of codes or themes kept re-emerging and became the major themes of the study.

The codes placed on thematic units came from the words of participants themselves, known as *in vivo codes*; for example the codes “*Enrichment Program*,” “*Normal Students*,” “*Quick Cure*,” “*Expert Knows*,” and “*Team by Yourself*.” Other codes came from the meaning the units of data evoke when examined comparatively and in context (Strauss and Corbin, 1998). For instance the following codes were created to reflect the meanings contain in participants utterances: “*Negotiating LD Identity*,” “*Fear of Negative Consequences*,” “*Rejecting Disability*,” “*Dyadic Meeting*,” and “*Gatekeeper*”. Still, some codes were borrowed from the literature when they fit the data such as “*Magnet Labeling*,” “*Street-Level Bureaucrat*”, and “*Familiarization*,” which Glaser (1978) termed extant concepts.

When codes begin to accumulate, I began to group related codes that shared some common characteristics under one category. Open coding yielded such as the following categories: “*Scientific Understanding*,” “*Perceptive Understanding*,” “*Personal Theory*,”

“*Perceptions Change*,” “*Affect of Professionalism*,” “*Creating Positive Identity*,” and “*Smooth Process*.” Certain categories subsumed several codes. For example, the category Scientific Understanding subsumed the following codes: *academic learning problem*, *excluding external factors*, *academic profile of strength and weakness*, and *intrinsic factors*. I followed the same previously described steps throughout the research process. The generated categories were important because it not only eased reading and analyzing data but also helped in terms of thinking conceptually about the data (Strauss & Corbin, 1998).

After categories capturing emerging themes were identified, the researcher compared themes across cases to identify categories and themes that were in common among participants. The constant comparative method of grounded theory means: (a) comparing different people (such as their views, situations, actions, accounts, and experiences), (b) comparing data from the same individuals at different point in time, (c) comparing incidents with incidents, (d) comparing data with categories, and (e) comparing a category with other categories” (Charmaz, 1998, p. 515). Constant comparative analysis reminds researcher to return constantly to the data so as to verify the emerging categories and examine and compare themes for similarities and differences (Strauss & Corbin, 1998). When the comparisons of data no longer yield new categories the process of coding is said to be “saturated” or sufficiently delimited; at this point, “new data fit into the categories already devised” (Charmaz, 1998, p. 520).

The file folder method of sorting as described by Merriam (1988) was utilized to facilitate data analysis. I arranged data in Word Processing according to themes. While reading, I highlighted passages seemed potentially significant. I used the generated categories and organized the data around them.

Axial Coding

The aim of axial coding is to develop *conceptual paradigm* that makes connection between the categories and subcategories which have emerged through open coding (Charmaz, 1998; Strauss and Corbin, 1990). Because analysis in grounded theory is not a linear-ordered procedure, axial coding began in open coding. As Strauss and Corbin (1998) point out, the researcher does not code for concepts and properties and then discover the relationships between concepts. From the first step of data collection and analysis, the researcher cannot help but notice what is going on in the data and, thus, forms initial hunches or hypotheses that provide some explanation of the phenomenon under study.

Axial coding allows researcher to think about his or her hunches and hypothesis *systematically* and in complex ways to identify relational patterns among the emerging themes (Strauss & Corbin, 1998). The conceptual model is the analytical technique that helps researcher select salient happenings in the data and examine the micro and macro conditions that give rise to certain happenings, the social interactions through which it is handled or managed, and the consequences or outcomes of that handling (Charmaz, 1998; Strauss & Corbin, 1998). Put differently, axial coding produces sets of propositions to explain why, how, in what situations, and to what end participants adopt certain stances or behaviors (Strauss & Corbin, 1998).

The following is an example of one major theme generated through open and axial coding. Data revealed that the majority of LD teachers perceive LD in accordance with the formal scientific definition. They are said to hold scientific conceptions of LD. However, the majority dismissed the notion of disability and perceived children with LD as normal, de-emphasized the medical explanation when presenting LD to non-specialist, and positioned LD students in an optimistic light. Closer examinations of transcripts of the LD teachers' narratives indicated that they believe there are unique problems experienced by LD children

and want to highlight their differences from other low achieving children. However, they also desire to minimize the negative aspects associated with revealing their differences and attributing to them the category of disability. LD teachers work to create a positive *identity* of LD student and to highlight their similarities to other children. I went through a process of category modification and refinement. In the end, the category entitled *Scientific Perceptive Understanding* was constructed to describe the way LD teachers understand children with LD and approach the diagnostic process. The category was further supported by special education literature indicating that special education is a system that constantly facing a dilemma called “difference dilemma”: labeling in special education highlight the unique needs of some children but also risk presenting them in stigmatizing and inferior ways (Minow, 1987; Norwich, 1993). Thus, the Scientific Perceptive explains not only how LD teachers understand children with LD, but also why, and for what end. I observed that most LD teachers’ statements and words reflected a struggle with the difference dilemma. I hypothesized that the aim of being scientific and perceptive understanding was managing the new category and its dilemma. The management of difference dilemma represents what Glaser (1978) calls basic social process,

The above processes of coding, categorizing, and developing hypotheses and checking them were adopted throughout this study. The process involved the writing of conceptual memos and going back and fourth between data collection and analysis and literature. Axial coding identified three themes: (a) the Scientific Perceptive stances (highlighting the inherent tension between the positive and negative aspects of identification in special education), (b) in-between science and commonsense (reflecting the connection between the scientific LD theory and common sense understanding of learning problems), and (c) the centralization and simplification of identification (reflecting the affect of professionalism and dealing with limited resources).

Selective Coding

The purpose of the final level of analysis, selective coding, is the identification of the core category which will be at the center of the emerging theory. Strauss and Corbin (1989) defined a theory as “a set of well-developed concepts related through statements of relationship, which together constitute an integrated framework that can be used to explain or predict phenomena” (p. 15). However, while Strauss and Corbin’s definition is useful in that it points to the mechanism involved in theory building, I was inspired by Merriam’s (2002) definition of substantive theory, which states simply that it is “localized, dealing with particular real-world situations” (p. 8).

Analysis at this stage was more like narrative analysis. I read the interviews, the memos, and the reflective journal as a whole. Familiarization was selected as the overarching category that explained participants dealing with the new category and making sense of LD. What emerged from the interviews was a process that intended to render the unfamiliar in LD familiar. Because LD deviates from the Saudi discourse of normality, disability, and difference, participants worked to anchor LD within the existing sociocultural discourse. Through further analysis and interpretation, familiarization was seen as a form of resistance. I saw LD as a discourse complete with storyline and explanations. The overwhelming majority of participants accounts revealed that some aspects of LD discourse was rejected, specifically the notion that children identified as LD have disability. Other aspects of LD discourse were absent or deemphasized such as the notion those children with LD experience neurological or central nervous system dysfunction. Thus, I theorized that LD discourse entered into conflict with already existing discourse on children identified as LD and that familiarization was mechanism through which participants’ resisted LD discourse.

Several participants narrated stories reflecting the process that the new category of LD went through. Initial encounter with LD was described by most non-specialists as an obscure

state in which they did not know what LD was or held some expectations and presumptions which needed to be tested. When they encountered children with LD, they engaged in meaning making to make sense of LD by relating the LD concept to the already existing representations of children said to be LD. Participants developed understandings of LD that resembles the already existing representations. Data indicate that there were three means by which the familiarized LD differed from the scientific official LD: Children with LD were not seen as “disabled” or “special,” the cause of the condition was not seen simply as within the child, and the learning difficulty was regarded as transitory and that it could be overcome with appropriate intervention.

Seeing children with LD from local understanding removed any negative connotation of the LD label. Furthermore, participants did not voluntarily or *spontaneously speak about LD from disability discourse*; the discourse of special education and medicine were absent in the conversations. When introduced into the conversations, it sounded strange to them. Familiarization as a means of resistance and as a way of managing the unfamiliar aspects of LD discourse became the core category. As core category, it renders the meaning of other categories and themes plausible. Through familiarization, LD teachers solved the *difference dilemma*. It explains the unproblematic nature of LD diagnosis. Participants have indeed found a formula whereby children are recognized in a way that avoids the negative consequences of being labeled as LD. through familiarization LD becomes common-sense.

Trustworthiness

Throughout the research process, every effort was made to establish the trustworthiness of this study. Lincoln and Guba (1985) described various activities that aim at increasing the opportunities that credible findings and interpretations will be produced. I engaged in four major such activities: (1) prolonged engagement, (2) triangulation, (3) maintaining chain of evidence, and (4) thick description.

First, prolonged engagement provides researchers with the time and opportunities to test their biases and presumptions as well as discover the distortion introduced by others. I spent six months going back and forth between different settings that included educational departments and schools. Second, an important strategy for increasing the opportunity of producing credible findings is to use triangulation. The concept of triangulation asserts that multiple sources of information are needed and used because no single source of information can be trusted to provide a comprehensive perspective on a given event (Patton, 2002). In this study, I interviewed different key informants including regular and special teachers, school counselors, school principals, and parents. In addition to interviews, I collected and analyzed documents concerning learning disabilities and LD program eligibility requirements. I went back and forth between the schools observing educators interaction and writing field notes.

I worked to develop a theory that fit the diverse perspectives I explored in this study. An important quality of theory generated through grounded theory research is fit. According to Glaser (1978) theory is said to fit if it is induced from diverse data and is consistent with the everyday reality of the area being studied. The theory is understandable when it makes sense to the people who participated in the study as well as to the researcher.

Third, the activity of maintaining a chain of evidence is an important strategy that demonstrates the trustworthiness of findings in qualitative research (Yin, 1994). According to Yin (1994) this strategy involves providing the readers with sufficient information that allows them to trace the derivation of any evidence from initial research questions to the final conclusions. In grounded theory, Strauss and Corbin (1998) considered the research process itself to represent the chain of evidence. Therefore, they recommended that researchers using grounded theory give sufficient information to enable readers to evaluate how the analysis was carried out and the logic behind that analysis. They describe the following types of information:

1. How was the original sample selected? On what ground?
2. What major categories emerged?
3. What were some of the events, incidents, or actions (indicators) that pointed to some of these major categories?
4. On the basis of what categories did the theoretical sampling proceed? That is, how did theoretical formulations guide some of the data collection? After the theoretical sampling was done, how representative of the data did the categories prove to be?
5. What were some of the hypotheses pertaining to conceptual relations among categories, and on what ground were they formulated and validated?
6. How and why was the core category selected? Was this collection sudden or gradual, and was it difficult or easy? On what grounds was the final analytic decisions made?

In this and the following chapters, I made efforts to provide the readers with the above information to illustrate the process by which the findings were generated.

Trustworthiness was also strengthened through thick description. According to Strauss and Corbin (1998) thick discretion is produced when the researchers is sensitive to the words and actions of respondents, and to have a sense of absorption and devotion to the work process. Memo writing facilitated the realization of the dimensions of a given concept and thus the production of thick descriptions. According to Charmaz (2000), memos are considered the transition stage between comparative analysis and coding of data and the first draft of the complete analysis. Memos develop in complexity, density, intelligibility, and accuracy as the research progresses.

In qualitative inquiry, the researcher is the key instrument for gathering and analyzing information. Therefore, the credibility of the findings of this study will be based on the skills and competence of the researcher (Patton, 2002). The process of reflecting critically about my situated self and roles as a researcher is important aspect of grounded theory (Glaser, 1978). Before entering the field and during the study, it was inevitable that I brought to the investigation biases and presumptions. According to Patton (2002) this should not be perceived negatively because qualitative researchers are expected to be influenced by their culture, the time in which they live, their genders, their experience, and their training.

However, the researcher must constantly question their assumptions and be able to stand back and examine data objectively (Patton, 2002).

As a grounded theorist, I strove to remain truthful to my participants. I wrote a reflective journal in which I thought about myself and the research process and questioned my assumptions and biases. Moreover, grounded theory analytical tools help researcher to be aware of his/her subjectivity. For instance, open coding compelled me to listen closely to what the interviewees were saying and how they were saying it. I also reflected on interpreting given data. This reflection on the self inherent in grounded theory compels the researcher to take into account the participants' stated interpretations. Finally, the grounded theorist is concerned with explaining the basic social process or the main concern of the participants (Glaser, 1978), and, thus, I tried constantly to remain faithful to the participants' perspectives and mold my interpretations around their perspectives (Strauss & Corbin, 1998).

Limitations of the study

This study explored the meaning of LD from the perspective of stakeholders in nine elementary schools in Saudi Arabia. The study also attempted to understand the identification process of students with LD in Saudi schools. As with any study, this study has limitations. First, because Saudi educational system is based on single-sex education, schools for boy are separate from school for female. Because the researcher is male, he had access to male schools only. Thus, in this study, interviews were conducted only with male participants. Thus, it is still unknown how female schoolchildren with LD are perceived in girl schools. Also it is still unknown how female LD teachers deal with and manage the identification of female schoolchildren with LD.

Second, I faced some difficulties in interviewing as many parents and school principals as I had planned. Parents were difficult to contact and some parents who were contacted declined participation in the study. Also I felt uneasy asking parents question about

disability. The three parents I interviewed never brought the issue of disability in the conversation. Thus, it remains unclear how parents understand or view their children assumed disability.

Third, limitations may result from the fact that schools visited and participants interviewed were located in one region in the country and that might limit generalization. Fourth, the use of interviews as the only major method of data collection and the lack of formal observation represented another limitation. I did not observe LD team meetings or assessment sessions. Finally, limitation of this study may result from is the issue of translation. Interviews, field notes, and journal writing were mostly in Arabic. Translation may result in imprecise depiction of participants' point of view. Due to time constrained, theoretical sampling, which involve the selection of new cases directed by the emerging theory, was not applied.

CHAPTER IV

RESEARCH FINDINGS

Introduction

This qualitative study explored the recently introduced category of LD into Saudi educational system. The inquiry was guided by two questions: (1) How do stakeholders in Saudi elementary schools perceive and understand children with LD; and (2) How do schools go about identifying students with LD. The approach that guided data collection and analysis was grounded theory methodology (Strauss & Corbin, 1998). According to Strauss and Corbin (1998), grounded theory leads to theory that evolves “through continuous interplay between analysis and data collection” (P. 273).

Semi-structured interviews were conducted with five key groups of informants: 13 LD teachers, 10 regular classroom teachers, nine school counselors, six school principles, and three parents. Within their schools, these participants were members of LD Team, which is responsible for identifying students with LD, developing individualized education plans, and evaluating and monitoring their academic progress. Participants shared their thoughts and experiences about how they made sense of and negotiated the meaning of LD and how they participated in and managed the identification process.

Setting the Scene: Situating LD within the Saudi Context

One of the major themes that emerged in this research was that the LD category was not introduced into a vacuum but within existing cultural and social meanings and representations. Thus, in order to appreciate participants’ perspectives, experiences, and voices, and to capture the dynamic dimensions of their narrative, it is essential first to examine the contexts within which LD was introduced, and briefly explore how Saudi people conceptualized disability, normality, and school-related learning problems before the introduction of LD in 1996.

Prior to 1996, children who struggled with basic academic skills in a school setting did not constitute a distinct or separate *category*. In spite of that, these children were plentiful and visible in Saudi society and educators in particular were conscious of their presence in every school. Thus, in the 1980s, policymakers created enrichment or remedial programs called *parnamage al tagoeah* to provide help and assistance to students who do not achieve as expected or as desired in Saudi schools. *Al tagoeah* included after-school, small remedial classes for elementary and middle school students who were experiencing underachievement in one or more of the basic school subjects, particularly in math, science and Arabic language.

These enrichment classes were staffed by regular elementary and secondary teachers. Enrollment in *tagoeah* classes was voluntarily. Students (or their families) who felt the need to improve their academic performance could register for the classes, and there was no labeling involved or diagnosis. However, the program was discontinued at the end of the 1980s. Since then, there has been no coherent systematic program to address the issue of learning problems experienced by growing numbers of Saudi students nor have there been remedial programs. Children who struggle in learning basic academic skills have been treated as a heterogeneous group of students not assigned to any distinct or separate *category*.

These schoolchildren are regarded as part and parcel of *normal* children, according to traditional categories of disabilities. Historically, Saudi society has employed a definition of disability based on the visibility and severity of impairments. In particular, the Ministry of Education for years defined the realm of *e'agah* (disability) in a narrow sense and defined the realm of normality in a broad sense: The individual considered to be disabled included those with *al e'agah albasariah* (visual impairments), *al e'agah alsamaheah* (hearing impairments), *al e'agah alfkreah* (mental retardation), and *al e'agah aljasadeah* (physical disabilities) (Al Kheraigi, 1989). These disability categories, according to Whyte and Ingstad

(1995), constituted the prototypical disabilities. Thus, the meaning of the term *e'agah* (disability) was reserved for physiological and biological differences that were visible and easy to notice and identify.

In the face of an important social problem like school failure, Saudi society, like many societies, inevitably constructed various implicit and explicit theories to explain the causes behind the unsatisfactory academic performance of some children. School failure is often attributed to poor parenting, economic disadvantage, poor school conditions (e.g., overcrowded classes), poor teaching, and/or factors related to the student him or herself. Saudi people also use a range of names to describe children who do not achieve well in schools. Some students are called *kaslan* (lazy) to indicate that the student has the ability but lack the motivation for learning and hard work. Other children are called *she'aih* (slow) to convey the idea that these students are not endowed with the intellectual ability necessary for advanced schooling. Still others are described as street-smart kids who are bored from schooling or prefer to devote their talent to real-life experiences such as sport, art, or farming.

These names and explanations are constructed by everyday people trying to make sense of learning difficulties, and they constitute discourses within which these children are perceived, represented, and understood (Gee, 1999; Shore, 1996). The discourse of learning problems created by everyday people will be called in this study *commonsense social discourse* to distinguish it from the official LD discourse which entered into the Saudi scene in 1996. It is called “commonsense” because theories are constructed largely by everyday people as they deal with their social life; and it is called “social” because it is shared by large numbers of people within society and does not reside solely within the individual mind (Gee, 1999). According to Gee (1999) common-sense knowledge evolve into cultural models that explain and give meaning to certain phenomenon. People live within and by cultural models

and their validity are taken for granted and thus become common-sense. According to Gee (1999) cultural models reveal themselves when they are challenged.

Prior to 1996, few Saudi people shared the notion that children who struggle with learning may constitute a particular group of children who have “impairments” or “disabilities” and for that reason need “special” attention. It was the special education professionals who first raised the issue of children with LD, and it was through special education institution that LD was introduced as an official category of disability into Saudi society.

LD discursive practice informed society that there are some schoolchildren who experience specific learning difficulty because of presumed neuropsychological dysfunction which cause disorder in thinking, listening, attention, and, most importantly, in learning particular academic skills (Kavale & Forness, 2003; Kirk et al., 2003; Reid & Valle, 2004). The practice also offers guidance on how to identify children with LD in a way that was not possible before (Reid & Valle, 2004). When sanctioned by law, the term “LD” becomes an official or authoritative discourse, which Bakhtin defined as “meanings that are to be taken whole—recited, revered, and institutionalized as the dominant mode of thought” (cited in Ferri et al., 2005). In this study, the term *official discourse of LD* will be used to refer to the official definition and identification criteria of LD adopted by the Saudi Ministry of Education.

It is only against this background of the encounter between the official discourse of LD and the pre-existing commonsense social discourse that the participants’ perspectives, experiences, voices, and narratives can be appreciated and understood.

Major Findings

Participants were divided into two groups based on the way they learned about the official discourse of LD. The first is comprised of the learning disabilities teachers. They will be called the *specialists* because they have extensive knowledge about the official discourse of LD acquired in a systematic and formal manner as a result of their professional training in university setting. The second group is called the *non-specialists*. They are the regular teachers, school counselors, school principals, and parents who acquired their knowledge about children with LD in a less systematic and formal manner in comparison with LD teachers; they learned about LD mainly as a result of first-hand experience with students with LD, their work, and the media.

The major themes emerged in this study are grouped under three broad categories. The first category, named the Scientific Perceptive Understanding, describes how LD teachers, the specialists, perceive and understand schoolchildren with LD. With the absence of school psychologist from Saudi elementary schools, LD teachers were seen as the only professionals with specialized knowledge about LD. Thus, they became the primary-decision makers in the identification of children with LD and responsible for the dissemination of the true meaning of the concept in their school.

Unexpectedly, the majority of LD teachers (8 out of 13) dismissed the suggestion that children with LD have disability. Data indicated that LD teachers' perception of and approach to LD were structured around managing what Minow (1987) called the *difference dilemma*, which involve the question: How can LD professionals identify children with LD as "different" without stigmatizing them on that basis? LD teachers worked to balance the scientific representation of children with LD with perceptive understanding of the personal and social lives of children. LD teachers sought to present children with LD in accordance

with the official definition but in a positive and optimistic manner and in a ways that did not highlight their differences from other “normal” or “regular” students.

The second major finding is presented under the title *Between Science and Commonsense* and describes how non-specialists perceive and understand children with LD. Based on the ways they have been influenced by and have reacted to the official discourse of LD, non-specialists were divided into three groups: The majority of non-specialists (19 out of 28) belongs to the first group called *in-between science and commonsense*, and describes participants whose understanding of children with LD is partially shaped by the official discourse of LD and also partly by commonsense social discourse.

Seven non-specialists fall into the second group named the *scientifically informed perception* because their understanding of LD roughly matches the official definition of LD. Finally, two non-specialists uniquely stressed the point that most students identified as LD in their schools did not match the official definition of LD and thus they were said to have *critical perception of LD*. The majority of non-specialists (25 out of 28) shared one point of view: They dismissed the idea that children identified as LD have “disability”.

The third major finding will be discussed under the heading *Centralization of LD Identification*. The identification of children with LD and the decision-making process was found, first, to be centralized in the figure of LD teachers and second, to be completely dominated by informal assessment techniques. Diagnosing a student as LD did not seem to be stressful and surprising event to schools and families. Participants’ accounts indicated that when an academically struggling student is selected for the LD program, this is seen as advantage and benefit for the student, for it means there will be more individualized instruction. With the majority of participants (32 out of 41) dismissing the notion of disability, the resource rooms were not seen as a place separating schoolchildren with

“disability” from “normal” or “regular” schoolchildren. The rest of this chapter explores the three major findings.

The First Major Finding

Specialists' Conceptualization of LD: The Scientific Perceptive Understanding

A total of 13 LD teachers participated in this study. They shared their thoughts and experiences, and they explained how they understood the meaning of LD and how they participated in the identification of children with LD in their schools. All LD teachers participated in this study are university graduates with B.A.S in Special Education, specializing in learning disabilities. The 13 LD teachers in this study graduated from King Saud University. According to (Sheaha, 2004), special education program preparing teachers with LD at King Saud University “requires thirty-three hours in general education; fifty-one in general special education; fifteen in Learning Disabilities; and fourteen hours in two minor areas, e.g., mental retardation and gifted and talented. The program totals eighty hours in special education, in addition to twelve hours of field experience” (p. 80).

One main theme that emerged as this study proceeded was that LD teachers not only constituted a new element in the teaching profession in Saudi elementary schools, but they also occupied unique positions within their schools. What makes their position unique is the absence of school psychologists from Saudi elementary schools. School psychologists, with their specialized knowledge about psycho-educational evaluation, are important in the professional hierarchy of any schools, especially those engaged in the identification of students with exceptional needs. Thus, LD teachers participating in this study saw themselves (and also were seen by others) as the only experts in their schools regarding the identification and education of children with LD. As one school principal told me at the beginning of our interview, “What I know is that the learning disabilities program is very important in helping students who have learning difficulties. However, how the program functions and what its

mechanisms are best explained by LD teachers. They are the specialists and have the knowledge about that.”

Within this context, LD teachers have become the central figures of LD programs in their schools and are responsible for much of the identification process. These comprehensive roles played by LD teachers are best captured by the words of Abdulkarim, an LD teacher with 8 years of experience, who stated, “The reality is that the LD teacher plays multiple roles; he plays the roles of several people at once; or what we call in special education, a team. We say that I’m a team by myself.... we [LD teachers] collect information and analyze it; we make decisions, construct the IEP, and teach. So you do everything.”

LD teachers are responsible for presenting and informing their schools about the new construct of LD. LD teachers’ task is further complicated by the working in schools desperately in need of providing assistance to the many children who experience low academic achievement.

As LD teachers go about accomplishing their tasks, they appear to grapple with what Minow (1987) called the *difference dilemma*: on one hand, LD teachers need to differentiate students with LD from other students, illuminate the nature and source of their learning problems, and accentuate their “special needs” status in order to provide needed help. But, while identifying a child as LD opens the door for special education service, it also labels the child as disabled, a label that brings with it all the possible negative consequences such as stigmatization, low expectations, and low self-esteem. The fact that LD simultaneously contains positive as well as negative aspects is what makes its presentation and identification a “dilemma” (Minow 1987).

Data indicate that on one hand, LD teachers believe in the scientific official definition of LD and work to set the stage for valid identification of *true* LD students in their schools. While portraying LD in various ways, the overwhelming majority of LD teachers (11 of 13)

perceived children with LD as unique learners who have *specific* learning difficulties attributed to factors in the child, often stated as problem in basic psychological process. LD teachers assume that LD could be clinically identified by naming a constellation of characteristics.

On the other hand, LD teachers appear to be aware of how LD identification might set LD children apart from their peers, leading to unwanted negative effects. Naturally, LD teachers want to minimize these negative effects. Eight out of the 13 LD teachers dismissed and voiced opposition to the suggestion that students with LD have disability. Although the reasons behind the dismissals were not always explicit, they were largely motivated by concerns about the negative connotations associated with the notion of disability. Data indicate that LD teachers engaged with negotiation with school personnel and parents regarding the meaning of LD. The underlying theme of this negotiation was the stressing of the *normal and positive identity of schoolchildren with LD*.

The analytical category, Scientific Perceptive Understanding, was coined to reflect LD teachers who attempted to manage the above-described difference dilemma. The following section explores in detail how four LD teachers endeavor to balance the positive and negative aspects that reside within LD category. The four teachers were selected because their stories best illustrate and portray the experiences of LD teachers participated in this study. In each story, I began by presenting the scientific side and the end with the perceptive side. Since some of the teachers revealed their understanding of LD while explaining how they identify children with LD, there will also be data about identification, which should help illuminate LD teachers' perceptions of LD.

Tallal Story

Tallal has been an LD teacher for seven years. Tallal has a bachelor's degree in special education with a specialization in learning disabilities. He began his teaching career in

1997 and thus he is among LD teachers who established the foundation of LD program in Saudi elementary schools. Tallal seemed excited about the interview and eager to share his experiences as an LD teacher. The school in which Tallal worked is located in a middle- to high-income neighborhood in Riyadh City. The school is considered by Saudi school standards to be an ideal or exemplary school. About 300 students attend the school; since Saudi educators estimate that students with LD comprise 5% of the school population, a school with 300 students is assigned one LD teacher who would have a caseload of 15 students. Thus Tallal is the only LD teacher in his school. The interview took place in the resource room, which represents the heart of LD program. The resource room houses the LD teacher's office and a classroom for instruction purposes.

The scientific side of Tallal. Tallal's view of what constitutes learning disabilities emerged spontaneously at the beginning of the interview as he explained his roles and the mission of the LD program in his school:

Regarding how the school now about the program; first of all, I established the program from- ground. From the beginning, there was a media plan, meaning that the school personals and community must have complete background about the LD program to the degree that they will be able, in simple words, to convey the idea of the program to others. At the beginning they were wondering and saying "is it *tagoeah* [strengthen or enrichment program] for the academically weak students; or is it *so'ubat notiq* [language and speech difficulties]. But in fact, it is not a speech disorders nor strengthen program. *Parnamage so'ubat al taall'um* [Learning disabilities program] is intended to those students who experience low academic achievement which is not due to low intelligence, family problems, psychological problems, sensory problems, or environmental problems. The program is designed for those students who try and work hard but they connote. They have the motivation, but they could not achieve what they want. They have problems learning in one or two school subjects not all subjects. This program is responsible for helping these students by finding the different methods. But hard work and motivation are there. I say that if the student is not motivated, it means that he achieves low in more than one subject, and even in easy subject and this student can not enter the program. I make it advantage not disadvantage. I started the program like that. I say that this program is intended to those assiduous students. I don't say the excellent student, but the hardworking student.

Tallal provided a holistic picture of how and why most LD teachers in this study conceptualize the LD category in accordance with the official discourse adopted by the

Ministry of Education. It appears that Tallal had several specific professional obligations – including establishing the LD program, presenting LD to others, and determining which students would be admitted to the LD program— that compelled him to adhere to the official version of the LD concept. Tallal stated that he established the LD program “from the ground.” Establishing the LD program, as Tallal and other LD teachers explained to me, included the selection of a location for the resource room and equipping and preparing the room so that it was ready for teaching children with LD.

Tallal also described how he was responsible for informing school personnel about the nature of the new category of LD and the purpose of the program. He described how non-specialists confuse the LD program, mistaking it with *tagoeah* (enrichment program) and with speech and language difficulties. With this confusion about LD, the LD teacher must articulate to others the uniqueness of the LD condition and give a precise account of the LD which facilitates valid LD identification as described in special education regulation.

To articulate the nature of the LD construct, Tallal’s definition of learning disabilities students appeared to be centered on three key elements mentioned earlier: the exclusion principle, the uneven learning profile, and the assumption of “within-student causes.” Tallal opens his definition of LD by stating that LD is marked by low academic achievement, often understood in the Saudi context as weakness in the three basic academic subjects of reading, spelling, and math. That he first stated that LD is about low achievement was not surprising, given that difficulties with learning literacy skills of reading, writing, spelling, and/or arithmetic represent the basic characteristics of LD (Bender, 2004, Lerner, 2002).

But, according to Tallal, LD is not strictly defined as any kind of academic difficulties. Tallal relied on the exclusion principle to clarify the boundary and the identity of the concept of learning disabilities. The exclusion principle clarifies the LD concept by stating what it is *not*. As in the official definition, Tallal stated that learning disabilities are

not due to low intelligence. Then, Tallal proceeded to exclude other factors which are normally considered causes of learning difficulties, including “family problems, psychological problems, sensory problems, or environmental problems.” The fact that children with LD often have normal intelligence, coupled with the exclusion of all these external and traditional factors that cause learning problems, help make LD unique and also unexpected (Smith, 1982).

Tallal went further and explained the notion of exclusion in his way: He said, “They have the motive, but they could not achieve what they want.” The ruling out of “lack of motivation” as a cause of learning problems appeared to be a critical point in differentiating LD students from what teachers in Saudi Arabia traditionally called *ehmal* students (low achievers). *Ehmal* is used by participants to refer to a student who is failing in school because of a lack of effort on the part of the student or because of social and family factors. LD students are different from *ehmal* students, according to Tallal and most LD teachers in this study: Students with LD are assiduous and hard working, they have the drive for learning, but there is “something” hindering their way to learning. Tallal stated, “I say that if the student is not motivated, it means that he achieved low in more than one subject, and even in easy subject and this student can not enter the program.” Tallal appeared to be concerned about who should belong in the LD program. He seemed to suggest that students with generalized low achievement should not be included in LD program.

The exclusion notion appeared to be critically important to the majority of LD teachers in this study. Kavale and Forness (1998) point out that the exclusion principle was an important “means of establishing the LD category by delineating boundaries about what the concept was not. Learning disabilities is defined by what it is not, what it is set in opposition to” (p. 48).

The second important dimension of the LD concept from Tallal's point of view is the notion of "uneven academic profile." The notion means that the student with LD experiences difficulties or weaknesses in one or two school subjects but shows strength in others. Tallal mentioned the notion of uneven academic profile briefly in his definition presented above when he stated that children with LD "have problems learning in one or two school subjects, not all subjects." However, when Tallal began to describe how he identified students with LD, the notion of uneven academic profile appeared to be a key feature of his LD concept. Tallal described how he became more confident that one of his students had LD:

The feeling that student Ahmad had LD began with the classroom teacher telling me that the Ahmad is doing well in all subjects except in math and spelling; this was the first indication that the student had LD... I say that the biggest indicator is the ruling out the possibility that the student is experiencing low achievement in other subject. The biggest indicators for me is that the student in other subjects is average or above average

Hertweck (1986) elegantly described this feature of LD by using the metaphor of *mirror image*. Hertweck asserts that the LD concept, and ultimately its identification, in one way or another involves a narrative that portrays the child in optimal performance and then portrays the child in the poorest performance. The metaphor of mirror image is reflected, for example, in the use of IQ scatter analysis, which examines the child profile of strengths and weaknesses on an intelligence test (e.g., comparing Verbal and Performance scores) to determine if the child has LD (Wagner & Garon, 1999). Similarly, Tallal describes the child with LD in his optimal performance and then in his poorest performance. Kirk (1972) called this aspect of LD *intraindividual differences*, and he regarded it as basic characteristic of the LD construct.

The majority of LD teachers in this study tried to illuminate the construct of LD by describing a *discrepancy* between optimal academic performance and poorest academic performance. What is interesting about LD teachers' conceptualization of the LD in this study

is the heavy emphasis on the notion of uneven academic profile and less emphasis on the psychometrical or IQ discrepancy prevalent in LD fields in the United States. I think that the model of uneven academic profile became a substitution for the psychometric discrepancy model. Because LD teachers do not have at their disposal supposedly objective measures of potential, such as IQ tests, they used optimal academic performance as an indicator that the child has a potential that is not being realized (Hertweck, 1986). This finding indicates that understanding LD is based on *context*. In a society where psychometric testing is not well established, the notion of IQ-discrepancy was not seen as the hallmark of the LD concept.

The third dimension of the LD concept that could be found in Tallal's conceptualization of LD relates to the issue of the causes of LD. Tallal, like most LD teachers in this study, did not made direct statements about the causes of LD while explaining the concept. Few LD teachers who participated in this study brought the issue of the causes of LD into the fore. It might be that the issue of the causes of LD is taken for granted by LD professionals, or it might be that by emphasizing the exclusion criterion and ruling out external factors, the teachers meant to locate the problem within the child (Smith, 1982). Tallal's clear explication of the exclusion clause suggests that he located the cause of LD within the students. However, I was particularly interested in understanding where participants locate the source of the students' learning difficulties because, as stated before, LD is not only a descriptive category but also explanatory. Thus, I often had to ask LD teachers directly about their thoughts regarding the causes of LD. When I asked Tallal, he explained:

To be honest with you I do not focus on the causes of LD that much in my work. The medical sector says that LD caused by problem in central nervous system. But I see learning disability as academic problem; it is a problem in information processing like difficulty in visual and auditory perception. Student with LD might have problem perceiving words or problem in memory which makes him unable to learn in regular classroom.

Tallal stated that he does not focus on the issue of LD etiology. Tallal's stance toward the issue of LD causes mirrors the prevailing view held by educators in the LD field. This view generally states that many of the proposed causes of LD remain speculative and, second, that the issue of LD etiology is often of little educational relevance (Bender, 2004; Lerner, 2000).

Tallal seems to indicate that there is a medical explanation of LD which attributes LD to problems in the central nervous system. Tallal, like the majority of LD teachers in this study, appeared to subscribe to the theory that LD is caused by problems in the basic psychological process and/or in information processing abilities of unknown origin (Robinson & Deshler, 1995). From Tallal's point of view, LD is about problems in basic abilities that underlie learning, such as attention, memory, auditory and visual perception skills. LD discourse asserts that these basic abilities are seen as necessary for learning (Bender, 2004). Thus, problems in these abilities or basic processes, according to Tallal, lead to academic difficulties in learning, perhaps in reading, writing, spelling, and/or arithmetic.

Tallal's line of thinking about LD etiology reflects the official definition of LD in Saudi Arabia which, like the American federal definition, begins with the phrase, "specific learning disability means a disorder in one or more of the basic psychological processes" (p. 9). In LD literature, disorder in basic psychological processes is sometimes referred to as "differences" (Kirk et al. 2003). This shifting between the term dysfunction and differences is also reflected in Tallal's thinking. At one time he stated, "The LD student is out of his class because he has difficulties in learning some academic skill; and the regular teacher might be unable to see the individual differences between students and difficulties accumulate until his performance becomes below his peers' and he struggles in his class." In this way, LD is attributed to different ways or different styles of learning that could not be accommodated easily in conventional classrooms.

Generally, Tallal's conceptualization of LD, which is structured around the three notions of exclusion, uneven academic profile, and within-student causes, bears a close resemblance to the official scientific definition of LD adopted by the Saudi Ministry of Education. LD teachers' conceptualization of LD must be seen in relation to their mission as LD professionals. Tallal is the carrier and the official definition of LD and the gatekeeper of LD program in his schools. Tallal explained, "not all students referred to me I perform the assessment for them. Through the information I gather, I must perform *filtering*. There are students who will be going to the assessment stage and there are those who will not."

The influence of the medical model or the diagnostic approach in their conceptualizations of learning disabilities was apparent. The primary task of LD specialists within the diagnostic model is the precise identification of students with learning disabilities. Internalization of the official discourse of LD is an essential part of being an LD professional (Reid & Valle, 2004). According to Skrtic (1995), professionalization involves instruction and socialization into a mode of seeing the world that is shared by all members of a profession.

The perceptive side of Tallal. Beneath the simple finding that Tallal's perceptions of the LD concept correspond to the official discourse of LD lays a more complicated affair. Tallal seems to be concerned with possible negative consequences that might emerge when a child is labeled LD. Perceptive understanding refers to sensitivity regarding any negative connotation of LD label and the desire and effort to spare the child with LD any harmful effect associated with LD diagnosis. A closer analysis of LD teachers' accounts indicated that the negative aspect of the LD category stem, first and foremost, from the notion that children with LD have disabilities, and secondarily from medical terminologies that implicate the child's brain as a possible cause of the learning difficulties. The desire and effort made by LD teachers to minimize the negative aspects associated with the LD label and to present children

with LD in a positive, optimistic manner represents the second side of LD teachers' conceptualization of the LD concept, perceptive understanding.

Perceptive understanding of children with LD was revealed through the voice of Tallal when he was asked about the notion of disability:

I will tell about my personal feeling; I do not deal with LD on the basis of disability especially before others. On the contrary, I exclude disability from LD as a cause. I excluded as a cause. But is LD conveys the concept of disability, I don't think so and I still strongly believe so. It is not disability, because if it disability it must be permanent. From my experience, there are individuals when they knew how to receive information and continue doing that the "disability" disappear; so why we *stigmatize him with disability*....The medical sectors deal with LD in clinical way believing that it is a disability and they will never compromise on that, to my knowledge. But for me, I deal with it as academic difficulties: disorder in information processing and if we teach the students they will overcome the difficulties and excel.

Tallal voiced his objection to the relevancy of the notion of disability in the LD construct.

Tallal's statements highlight the struggle with the LD discourse that focuses on notions of disability and disorders. The discourse of disability and deficits dominates the special education system (Christensen, 1999; Fulcher, 1989; Skrtic, 2005). According to Fulcher (1989), the disability concept is important for two reasons: it differentiates students, and it opens the door for help (p.13). More important, the notion of disability is critical in creating the "not regular child" who warrants special attention provided by specialized professionals (Skrtic, 2005).

Tallal's words seem to suggest that if LD is seen as a disability, then it would engender negative consequences. He acknowledges that the medical profession regards LD as a disability and "that is the way we have been taught." Tallal may want to spare the child with LD the pain of attributed disability, which is regarded as an important cultural signifier that may draw low expectations, assumptions of inferiority, and negative attitudes (Fulcher 2002; Mercer, 1973; Minow, 1987). Minow (1987) asserted that categories that take the form of dichotomies (such as normal versus disabled) obscure the variety and range of characteristics that more aptly describe experience.

Tallal's rejection of the notion of disability makes sense when one considers the meaning of the word disability within Saudi society. The child with LD is not a new kind of child discovered in 1996, but, as Barsch (1986) put it, is a child who has been around all the time, and during that time, a child who now might be labeled as LD was not regarded as disabled by the Saudi society. Several LD teachers reported that during the first two years of the LD program, many parents rejected the LD diagnosis of their sons because of the fear that LD implies disability. An LD teacher Thamer recalled, "I realized that during the first years the fathers came to us with alarm feeling. They said "no, my child is fine and healthy." They seemed to worry. Some of them object; saying "no, my child is not disabled...my son will not be in special education." We try to explain and clarify things to them. Some of them understood and appreciate. Some of them refused." The LD teacher learned that the concept of disability appeared to be a key factor in creating tension.

Thus, Tallal, like most LD teachers in this study, seemed to live between two worlds: the scientific and administrative discourse that sees children with LD as disabled and deserving of special attention; and the social commonsense discourse that sees the same children as normal. Tallal stated:

In this school, LD is not considered a disability....mm... Because...it is not abstract no; it is not a disability in front of the parents; meaning it is not an official disability like other disabilities. It is true that it disables learning, but we deal with it on the ground that it is academic difficulties. Academic difficulties that steam from basic psychological disorders; but we focus on academic difficulties in order to ease the impact of the problem on parents.

His statements demonstrate that children with LD are seen as disabled only inside the confines of science and official documents. Tallal's voice was echoed by another LD teacher, Rashid, who explained that "LD is not considered a disability; never. The concept of disability with the concept of LD, no I do not think it exists.... It is not in the minds of the

families, the students, the teachers, or the school administrators.... As a scientific or academic concept, it is a disability.”

Another aspect that revealed the perceptive side of Tallal was his view of the appropriateness of the official definition for public consumption. I asked Tallal whether the official definition of LD reduced or increased negative impressions about children with LD and he responded:

It makes it worse. Some definitions refer to the disorders in the central nervous system. I do not mention that. Why I mention it to the ordinary lay people. Because some people when they hear the word brain dysfunction, even if it simple brain dysfunction, when they hear this word, they say this is mental retardation; they attach the stigma of mental retardation.

Medical terms such as “central nervous system dysfunction,” according to Tallal might be sources of negative impressions and the stigmas of mental retardation. Thus, he feels that it is unnecessary to discuss this notion with non-specialists. Commenting on the way he informs non-specialists about the LD concept, Tallal stated, “See, there are differences in LD definitions. I do not like to come and say that the LD definition is such and such and the operational definition is that. No; I’m interested in making them know the importance of the program and what is LD in a simple manner.”

Tallal’s stance toward LD reflects efforts to maintain balance between being scientific and being perceptive toward the concept of LD. Tallal’s words express the simultaneous concerns about making student differences matter and not matter. The special education system is based on the premise that impairment or disability entitles the child to special education needs. But Tallal’s accounts contrast this agenda. Minow (1987) stated that “the dilemma is not a model nor a theoretical scheme, but a felt experience and pattern of social practice” (p.378). The difference dilemma, according to Minow, is inherent in the special education system and is reflected in its history that depict a gradual move from emphasis on the differences of students with disabilities from those without, to emphasis on the

similarities between the two groups. Minow (1987) remarked that special educators have become more sensitive and more perceptive as they realized the detrimental psychological and social impacts to a child that come from being labeled as different or deviant (which thus leads to segregation and separate treatment).

LD teachers are at the front line for dealing with this dilemma of differences. According to Minow, there are no simple resolutions to this dilemma; a heightened awareness of it, however, enables us to find new and better ways of living with it (Norwich, 1993, p. 528). Tallal's posture, maintaining balance between being scientific and being perceptive toward the concept of LD, is echoed by most LD teachers who participated in this study.

Adam Story

In 2002, the Ministry of Education decided to establish an LD program in a school north of Riyadh city with an enrollment of about 600 students. The Ministry appointed two LD teachers, Adam and Rasheed, to identify and provide special education for students with LD in the school. When I first came to the school, I met with the principal and explained to him the purpose of my research. The principal welcomed me and told me to visit Adam and Rasheed because, according to him, "they are the specialists and could answer all your questions."

The LD program consists of two resource rooms – one for Adam and one for Rasheed. The two resource rooms are located next to each other in a hallway on the first floor that also included a room reserved for the gifted program. This hallway, according to Adam and Rasheed, is known in the school as the "golden hallway," a reference to the privileged and special services these three rooms provide for students.

Who should be admitted to LD program? I conducted the interview with Adam in his resource room. Adam has been an LD specialist for five years. Adam told me about how much he enjoys being an LD teacher. He stated that "the best thing about being an LD teacher

is watching children learn and gain confidence again. You know, they faced one failing experience after another, and it is important that they receive help before they give up completely.” Adam narrated his journey as an LD teacher:

I began teaching in 2000; I was appointed to a school in a small town; I presented myself to the principal and asked him to give me a classroom that could be the resource room. We found a room, but it was not ready. I had to work for two weeks to prepare the resource room. I made the resource room the best classroom in the school. The school principal was impressed and said ‘is this the same room that I gave you?’ I worked there for three years and then moved to this school.

I asked Adam about his feelings about the job after five years of experience and he responded:

First, we face problems with regular teachers. We are enthusiastic about working with LD students; but regular teachers think that we are *tagoeah sabah 'eah* [a morning enrichment program] similar to the *tagoeah masa 'eah* [an evening enrichment program]. So they think it's like a free morning enrichment program. You take the academically weak students and you teach them; that is the concept. And the proof is that when I gave them the referral form, they would refer almost the whole classroom; I mean at least five or six. They think that they will be able to relax and are happy that someone would take the responsibility of the children from them. But they are surprised when they learn that I only take one or two students or that maybe I will not take any. They would say “you LD teacher, what are you good for?” They do not understand what LD is; or maybe they do not want to know what LD is.

It is interesting that the first thing that came to mind when Adam reflected on his work as an LD teacher was the misconception of LD that pervaded his school. Adam was appointed by the Ministry of Education to accomplish specific tasks: to identify and educate students with LD. Adam complains, however, that regular teachers tend to see LD teachers as responsible for all academically weak students. According to Adam, some regular teachers refer all sorts of low-achieving students simply because they want to lighten their own workload.

Adam's statements indicate that he possesses an accurate definition of LD and thus acts as the gatekeeper. He stated that regular teachers are “surprised when they learn that I only take one or two students or that maybe I will not take any.” As a gatekeeper, Adam tries to make sure that only students with LD enter the LD program. Adam depends on the official

definition of LD to guide his search and selection of true LD students. I asked Adam about the meaning of LD from his perspective, and he provided the following response:

The concept of LD for me is the same as in the official definition. LD is not the result of other disabilities... LD is a discrepancy between the student and his peers due to a disorder in attention...I mean it is a problem in the brain; meaning that the student has problems in basic psychological processes, such as attention and comprehension. Exactly the same definition...

For Adam, his personal definition of LD is the same as the official definition. Adam's conceptualization of LD centers around three assumptions. First, he rules out other disability conditions as the causes of the learning difficulty. On another occasion, Adam indicated that before identifying students with LD, one must be certain that the learning problem is not caused by a lack of motivation within the student, or by carelessness from the family regarding their son's education.

Second, Adam believes that LD is caused by factors within the student. Adam was the first LD teacher that made statements about the cause of LD directly. According to Adam, a student with LD lags behind his peers in the acquisition of literacy skills as a consequence of disorders in the basic psychological process that is manifested in problems of attention and comprehension. The locus of the learning disability, according to Adam, is within the students. Adam also believes that LD constitutes a disability. He said, "LD in my view is a disability because it affects the student's life if he does not get help."

The statements Adam provided to define LD were short but also dense. Thus, I asked him to elaborate on the notion of discrepancy, Adam went on to say:

What is the concept of LD? Why did I select a particular student for the LD program? The student's actual achievement level in math is not equivalent to that of his classmates, meaning that his actual level of performance is that of a third grader.... So they are all in fourth grade, but this student's peers know multiplication while the LD student does not. There is a discrepancy; a very clear discrepancy between the two performance levels. So the student's actual level of performance is that of a third grader, and I try to increase his performance level in math until he becomes equal to his peers.

Adam, like most LD teachers in this study, thinks about LD in terms of grade-level discrepancy. The discrepancy notion that most LD teachers in this study described is not quite similar to the concept of discrepancy that dominates the LD field in the United States. The U.S. concept states that students with LD do not achieve in one or more areas at a level commensurate to their intellectual ability as measured by intelligence tests (Wagner & Garon, 1999). The nonexistence of IQ testing in Saudi schools may explain why there is less emphasis placed on the IQ-discrepancy notion which, for a long time, was synonymous with the concept of LD (Kavale & Forness, 1998).

The third assumption about LD that could be found in Adam's accounts, beside the exclusion and intrinsic cause, is the uneven academic profile. The notion of uneven academic profile emerged as Adam described how he screens LD student:

First, at the beginning of the new school year and new semesters, I conduct screening; I screen students' files and students' academic record to observe the retained and incomplete students. I also give out referral form especially to classroom teachers and school counselor. I look at a student's file and academic record and if the student is failing or weak in more than one subject, that gives you the suggestion that it is a result of *ehmal* [low achievement]. Imagine a student who only has difficulty in one subject area, reading, and in the rest of the academic subject areas he is doing fine; that gives you the suggestion/intuition that it is LD. This is my logic; it is about suspicion; suspicion that the case might be LD, LW, or SL. I try to differentiate the three conditions by conducting more search, interviews, observations and assessments.

LD, according to Adam, is specific as opposed to general. Specificity is assumed to be the critical feature of LD (Lerner, 2000). But specificity cannot be understood apart from the concept of the uneven academic profile. The uneven academic profile subsumes the concept of specificity.

The notion of the uneven academic profile or discrepancy in growth within the same student (Kirk, 1972) appears to be of crucial importance to LD teachers in this study. The observation that a student has problems in only one school subject but excels in the rest becomes a powerful sign that allows LD teachers to infer that the student has potential. It also

provides a clue that some form of neurological problems may be involved. Taken together, the three assumptions of exclusion, uneven academic profile, and “within student cause” are critical for Adam in that the three assumptions guide the identification of students with LD, as will be seen in the identification section.

Staying simple and positive. As has been shown, Adam’s ways of thinking about LD closely match the official definition of LD adopted by the Ministry of Education. However, a closer analysis of Adam’s accounts reveals another element in his perception of LD. Adam appears to have a different approach toward LD when he attempts to communicate and inform others about this new category of disability:

But, it is different when you inform others about LD. I mean, the definition we have is translated from America and American associations of learning disabilities. What the definition says, it says “it is a deficit in the central nervous system.” But if I am visiting with someone and he asks me about LD, I would not say that it is a deficit in the central nervous system... I can be sophisticated and say that “according to the American Association and so and so;” or, “Kirk did this and said that.” I don’t want to do that; the visitor would end up saying “what was he saying? I did not understand anything.” But I try to give him real examples. I say it is a student who is currently placed in fifth grade but whose actual level of performance is in the third grade...he did not learn the required academic skills, and we are trying to reinstruct him and improve his academic performance.

Adam believes that the meaning of LD should be communicated to non-specialists as simply as possible and in jargon-free-language. He sees no need to mention that LD is the result of deficiencies in the central nervous system. The medical terms may cause confusion. Adam thinks that the formal definition of LD is complicated and prefers to provide a down-to-earth definition of LD. Adam used a grade-level-discrepancy notion to explain LD to other, and he gave an idea about the tasks involved with an LD program. He described it all in a simple manner that avoided any possible negative implications often associated with the LD label.

Adam’s sensitivity to any possible negative effects that the LD label might generate was revealed when he described how he informed his school about the new category and services:

When the LD program first came to the school, they began to call LD students ‘those who cannot comprehend.’ That was the most frequent name. Then the perception started to change. What happened? If an LD teacher only sat around with his students, he would not accomplish anything. You have to do something that catches the attention of the school and the students. Maybe make the resource room attractive by bringing in computers and new devices and instructional materials. I did some activities to inform the school about the LD program. Last year we presented a play in front of the whole school to tell them about the LD program. The play tells a story of three students, one of whom was an LD student coming from the resource room in a happy mood. He met with his friend who was holding a math book and who seemed sad. The LD student asked his friend “what is the matter?” His friend said “I’m not doing well in math class and I do not know what to do”. The LD student told his friend to go to the resource room. His friend said, “No, I’m not *crazy*.” But the LD student convinced his friend that the resource room is not for crazy students. The friend went to the resource room and his math performance improved and he became happy. So students get the message; the LD student is not crazy. He is a *normal* student who happens to have some difficulties in one or two subjects. I also make visits to classrooms and make presentations about the LD program. Students also come to visit the resource room and see for themselves what it is. It is a room like any other room, but it is more decorated and has computers and some interesting stuff. *They did not see a hospital bed* or something like that. So they see the room and they are convinced that it is an interesting thing. So they change their opinion about LD. Now every student wants to come and register in the resource room [laugh].

Adam described a transformation in how LD is viewed in his school. Students in Adam’s school used to think that only stupid or crazy students went to the resource room. Thus some of them were reluctant to go because they were afraid that they would be called unpleasant names. Adam worked to change that perception by emphasizing the normal and ordinary aspects of LD, and by informing his school that a typical LD student is “a normal student who happens to have some difficulties in one or two subjects.” Further, the resource room becomes a place in which students get help and improve their academic performance. Students visit the resource room and don’t see a hospital bed, thus the notion that LD is about disability and disease (and that LD teachers are doctors) was dismissed. According to Adam, “now every student wants to come and register in the resource room.”

Adam’s description of the transformation of perceptions of LD in his school proceeded according the particular pattern. Non-specialists often had mistaken beliefs about LD, associating the new category with disability or disease, which generated a negative

reaction. LD teachers worked to clear the confusion and change the negative image of LD by stressing its ordinary meaning and the normality of children with LD. As a consequence, LD programs attained popularity and all students suddenly wanted to register in the LD program without fearing negative and stigmatizing effects. LD teachers try to stress the specific meaning of LD as outlined in official definitions, but at the same time, they emphasize its normality and typicality so to avoid negative connotations.

Adel Story

Adel has been an LD teacher for five years. The elementary school in which Adel worked is located in a small town about 60 miles south of Riyadh city. I was excited about interviewing Adel because I was looking forward to seeing if there are differences in how LD is perceived in a small town in comparison to a metropolitan city like Riyadh. However, I found Adel's experience as an LD teacher to be similar to the experience of LD teachers in Riyadh city. Adel earned his college degree as learning disabilities specialist in 2000. He spend his first years teaching at large school in the southern province of the Kingdom and then in 2003 he was assigned to this school, which brought Adel closer to his family who live in Riyadh. Adel is the only LD teacher in this school where about 300 students attended. The LD program has been in existence in this school for four years. Thus Adel was spared the heavy work of establishing LD program from ground.

Adel & the true students with LD. I asked Adel about his experience as LD teacher over the past four years and he spontaneously provided the following response:

It was exciting experience. But, the same problems that we faced in the last two schools we face it in this school too. LD program has been in this school for four years. The problem is that people in the school do not seem to understand the concept of the LD program. Even though we explained to the school through the school media what LD is; and we visited each teacher in his classroom to explain individually the meaning of LD. We told them "people, this is not *tagoeah* [enrichment program]." But, they still refer to use a large number of students; they refer any academically weak students; they want us to just take them and teach tem.

It is interesting that most LD teachers speak about themselves in plural and frame the narrative as we (the LD teachers) in opposition to them (the school personnel). As the only specialist in his school, Adel expressed concern over the misunderstanding of the purpose of LD program and the concept of LD. The LD category, according to Adel, is overgeneralized to include any students who experience learning difficulties. Adel is implying that LD program is designed to serve specific group of children with learning difficulties. In response to a question about the meaning of LD, Adel provided the following description of the LD concept:

First, a student with LD has problems in learning one or two of the basic school subjects but does not have other disabilities like mental retardation or visual and hearing impairments; they are not the major causes. Also, the social environment and home negligence are not the causes; these things can be overcome if the student will manage to learn in a regular classroom.... if social and family factors are the major causes, I do not think the student has LD.... In my personal belief, LD means that the student attempts to understand something but he is unable – unable to comprehend. So LD, to me generally, means that the student *tries* but is unable; he tried to comprehend but could not. About the factors, I think it is like in the definition, meaning that there are no obvious or clear things preventing him from comprehending. I mean there are no health factors or other things that prevent him from comprehending/understanding. The student still is trying but simply cannot comprehend school materials.

Adel provided a definition of LD that looks a lot like the official definition adopted by the Ministry of Education. His definition states that LD is a specific learning difficulty that is not the primary result of other disability conditions. Adel excludes social, familial, and environmental factors as leading causes of LD; if solved, according to Adel, these factors won't stop the student from being able to learn. Then Adel proposed his personal understanding of the construct of LD. He believes that LD means that the student works hard and tries hard to learn, particularly school material, but that the student cannot succeed. And, according to Adel, there are no observable and clear explanations for the student's inability to learn. Adel portrayed the concept of LD in a mystifying way. Every aspect in the child's life

indicates that he should have a successful school experience. To Adel, LD seemed to be unexpected.

Adel's thinking about the causes of LD is interesting. He said that it is like the definition, but he proposed no direct explanation. Adel's way of thinking about the causes of LD represents a perfect example of the general approach toward LD etiology that is taken by the majority of LD teachers in this study. LD teachers in this study generally implicate something *within* the student as the cause of LD, without directly venturing into the detail of the cause of LD.

Besides the exclusion clause and the implicit assumption of intrinsic cause, the third element found in Adel's conceptualization of LD is the uneven academic profile, which also implies the specificity of LD. Explaining how grew certain that a referred student had LD, Adel explained, "The student has problem in reading and spelling, which are essential subjects. In the rest of school, he passed subjects like math and was doing well. If, however, the student had struggled also in math and science, there would be definitive evidence that it might be a case of *ehmal* [negligence], not LD." According to Adel, the fact that the student has problems specifically in reading and spelling and not in other school subjects represents strong evidence that the student has LD, rather than generalized low achievement or *ehmal*.

Staying normal and positive. So far, Adel's perception of LD closely resembles the official definition of LD he learned in college. However, Adel, like the majority of LD teachers in this study, implicitly and explicitly indicated that some aspects in the LD category might introduce some negative or unconstructive elements in the life of children with LD. Accordingly, Adel tries to minimize or avoid any negative consequences that might be associated with LD. First, Adel voiced objections to the idea that students with LD have a disability. When asked if LD represents a disabled condition, Adel said:

Oh God, I cannot say that LD is a disability. This is my personal view. I think God bestows on students certain abilities; praise the Lord, every human has his special

ability. So comprehension differs from one student to the other. I cannot say that it is a cognitive disability; I cannot.”

Adel seemed to be uncomfortable with using the word disability to describe children with LD. Adel believes that variations and differences in students’ abilities are due to the will of God; not all students have the same comprehension ability. But these differences should not be seen as disabilities, according to Adel. When he said, “Oh God, I cannot say that LD is a disability,” he indicates that the word ‘disability’ is too harsh or extreme. Adel seemed quite sensitive to social and psychological implications of the term ‘disability.’ Adel concerns over possible unhelpful implication of LD label appears to be the result of what he observed during the initial experience of children with LD. Adel narrated:

Students with LD who attended the resource room during the first two years tried to *escape* or run away; because when they went back to their classrooms found other students taking about them in negative ways. Because of that I tried to change the perceptions. LD teachers organized activities and competitions for all students in the school; we provided prize to make the resource room appealing. Now, thanks God, the school and the students have a good impression of the LD program.

Adel appears to be aware of the negative aspects of being labeled LD; he observed the impact of the LD label on his students. Adel said that LD students tried to avoid coming to the LD program because they were perceived negatively by their peers. Adel worked to change this negative perception by making the LD program appeal to all students in the school, rather than as a program that only singled out certain students. Adel provided more details about how he created a more positive view of the LD program by making it a place for all sort of students:

During the first and second year, we used to call this room *parnamege so`ubat al taall`um* [learning disabilities program]. So we decided to call it ‘the resource room program’ instead. Because we were afraid that they would think that the typical LD student is lazy or weak and that only lazy and weak students come to us. So we changed the term LD to RR especially in school morning media. So they began to like the program; all the students want to study in the resource room now. They used to say “why are you teaching these students? Are they weak? I said no; they are not weak; they are excellent and work hard but they need some extra help. We want to

change the negative view... now, praise to God, it is on the contrary. The situation is normal and they accept this thing.

Adel felt that the term *so 'ubat al taall'um* (learning disabilities) might be a source of the unconstructive view of children with LD. So he decided to use the term “resource room” instead. Adel presented the resource room as a place where all students—the excellent, the hardworking, as well as the academically weak student—could receive extra help. The negative perception changed. Now, being identified as LD has become normal and accepted. Thus Adel appeared to be sensitive to any possible unconstructive effects associated with LD diagnosis and attempted to minimize and avoid them.

Adel also perceived medical terms to be a possible source of unconstructive perceptions of students with LD. When asked about the use of medical terms when explaining LD to parents, Adel responded that, “we are afraid to go deep into these things. Because the first time we came here they said ‘is this a clinic or what?’ It is very difficult to use medical terms when we are not specialists.” Adel thinks that the use of medical terms gives the impression that the resource room is a clinic and therefore might make parents and students fearful of an LD diagnosis. Thus, Adel tends to not use medical terms in order to avoid any unhelpful messages that the terms may convey.

Fahad Story

Learning disabilities teacher Fahad earned his college degree from the Special Education Department at King Saud University in 1998, specializing in learning disabilities. He has been an LD teacher for five years. The elementary school in which Fahad teaches is located in a middle-income neighborhood in Riyadh city and has an enrollment of about 600 students. Fahad works alongside another LD teacher, Abdul-Jabbar. They attend to the special educational needs of the five percent of students with LD in the school. The school was among the first regular schools selected as a center for inclusive schooling in Riyadh. It

provides special education services for students with mental retardation, minimal hearing and visual impairment, gifted students, and students with learning disabilities.

Fahad and the integrity of the official LD. It is important to reiterate that LD teachers' perceptions and conceptualizations must be seen in the context of their overall tasks as LD professionals, i.e., as those accountable for carrying out valid identification of students with LD. At the beginning of the interview, Fahad proudly spoke about how the LD program has become a defining feature of his school. He stated that "our school became well-known because of the LD program. Some people now want to bring their sons to this school for the sake of the LD program." However, Fahad also voiced concern about the misconception and limited understanding about the purpose of the LD program and the meaning of the LD concept in the school. These concerns are important in that they reveal Fahad's thinking and beliefs about the concept of LD itself. Fahad stated:

The school, the principal, and the teachers have the idea that the LD program is *tagoeah* [an enrichment program]. They say, "Take this academically weak student and teach him; or give this student *tagoeah*." They think that we have *Moses' stick*. They think that when a student comes to us he will improve and become excellent. It is not necessarily true that all students who come to us will improve; we struggle with some students; for some students, you just reach the level of despair. Some students do not seem to respond.

Fahad is speaking about an issue that was raised by most LD teachers in this study: it is the common belief among non-specialists that LD applies to any students with academic problems or low achievement. According to Fahad, the school thinks the LD program is similar to *tagoeah*, which, as mentioned previously, was designed to serve low-achieving students regardless of the origin and the nature of the learning difficulties. Thus, Fahad is concerned that LD has become a catch-all category.

Fahad indicated that when LD is perceived by others as *tagoeah*, it puts pressure on the LD teacher. It is a pressure because of two reasons. First, the school thinks that any student who struggles with learning should be served by the LD program. Second, the school

expects that students will improve quickly after being admitted to the LD program. Fahad used a popular phrase in Saudi society—Moses’ stick—to allude to the fact that the school expects LD teachers to perform miracles that cure students referred to the LD program. Furthermore, Fahad discussed how misconceptions of LD and the LD program made his school a “magnet” for academically struggling students attending neighboring schools that do not have LD services:

Some students are referred from other school to this school for the sake of LD program. I mean one of the student is coming to this school because of the LD program. Most students referred to this school are slow learners. They do not have problems just in one subject or in particular academic skills as indicated by the definition (of LD). You found them struggling in all subjects and in all skills. They are slow learners. They are not mentally retarded and are not learning disabled. This is a very difficult situation. The student is referred to you...we are obliged to register him; we are compelled.

Fahad’s statements not only convey his concern about the misunderstanding of LD he found in his school but also reveal his thinking about the concept of LD. Fahad is saying that people do not understand the *distinctiveness* of LD. When describing students who are being referred to the LD program, Fahad stated that they tend to have generalized low achievement across school subjects and not specific learning difficulties in one or two subjects. Fahad is saying that LD students are different from slow learners and low achievers, a distinction that is often ignored, even in the United States (Kavale & Forness, 1995).

Fahad is not alone. Most LD teachers in this study expressed the idea that the categories of “slow learning” and “low achievement” represent rivals to the category of LD. The idea that Fahad and other LD teachers try to communicate is articulated best by another LD teacher, Omar, who stated that, “Learning disabilities to me mean difficulty learning basic academic subjects, which is not *boti’ah taall’um* (slow learning) or *ehmal* (general low achievement): that is the most important thing.” According to Omar, slow learners are the *lost* student; they have IQs between 75 and 90 and they do not belong to an LD program, nor are

they categorized as mentally retarded. Explaining why the LD program does not suit *ehmal* students (low achiever), Omar stated that “low achievers students will not benefit from the LD program. Why is that? Because their low achievement is caused by either social, economic, family, or personal factors and the resource room cannot help them in these matters.”

The message that Fahad and other LD teachers in this study are trying to convey is that LD teachers are supposed to attend to the special education needs of a specific group of children known as LD. From Fahad’s perspective, this specific form of learning difficulties is defined in the following ways:

Learning disabilities.... The ordinary/common meaning is that the student has a weakness in one or more of school subjects in comparison with his classmates. The student has *this subject, these skills* which he has not mastered or acquired; the skills are weak. These academic problems must not be the result of other disabilities such as mental retardation or sensory disabilities. We exclude other disabilities. The student is healthy and normal; his only problem is in this subject or in these skills. He is excellent in other school subjects. For example, if he has a difficulty in reading, he is doing well in math or he memorizes the Koran without problem. This is learning disabilities.

Embedded in Fahad’s response is all the complex thinking about the notion of LD that Tallal previously described. According to Fahad, students with LD struggle to learn and master specific academic skills when compared with their peers. This comparison of the student with his classmates in the acquisition of grade-appropriate academic skills indicates that Fahad thinks of LD in term of grade-level discrepancy. The word “weakness” is used by Fahad (and most participants) to indicate that, for example, a student who is in third grade has not learned or mastered reading or math skills in third grade as completely and as strongly as his peers. Thus Fahad stated, “The student has *this subject, these skills* which he has not mastered or acquired; the skills are weak.”

Fahad then attempted to illuminate the concept of LD by using the notion of exclusion. He stated that LD is not the result of other known disabilities, which for special

educators include mental retardation, sensory impairment, emotional and behavioral disorders. The exclusion principle allows the *identity* of the student with LD to be illuminated through the articulation of *differences*. For instance, the exclusion of mental retardation means that low intelligence is not the cause of LD; similarly, the exclusion of sensory impairment means that the student with LD has the visual and auditory acuity necessary for normal learning. Low intelligence and visual and hearing problems which typically may lead to difficulties in acquiring literacy skills are ruled out as potential causes of the child's learning problems.

Fahad next described the second dimension of LD—the uneven academic profile. According to Fahad, even though students with LD often have difficulty learning in specific school subjects, they tend to do well in other areas. Fahad explained, “for example, if he has a difficulty in reading, he is doing well in math or he memorizes the Koran without problem. This is learning disabilities.” Fahad, like Tallal before him, described the child with LD in an optimal state of academic attainment and then described the child in a poor state of academic attainment. Thus, Fahad's way of thinking about LD reflected the metaphor of the mirror image described by Hertweck (1986). This dimension of LD, the uneven academic profile, is regarded by Kavale and Forness (1998) to be one of the positive attributes of LD that, unlike the exclusion clues, states what LD is.

Fahad used the exclusion clues and uneven academic profile to convey a subtle understanding of the concept of LD: students with LD have the ability and motivation to succeed but struggle with learning particular literacy skills. This line of thinking reveals a sense of unexpectedness or mystery that underlines the condition of learning disabilities. Fletcher, Morris and Lyon (2003) point out that, historically, LD has been based on the implicit notion of “unexpected underachievement.” According to the authors, the primary markers of this unexpected underachievement are intraindividual variability or unevenness in

development, with an emphasis on the exclusion of other causes such as sensory disorders, socioeconomic disadvantage, inadequate instruction, and emotional-behavioral disorders that presumably lead to “expected” underachievement (p. 30).

Regarding the issue of etiology, Fahad, like Tallal, did not address the topic while answering the question of what LD is. Fahad provided a definition of LD in which the child with LD appears to have unique learning problems that do not result from other well-known factors; he implicitly assumed the causes to be within the student. However, Fahad’s implicit thinking was made more explicit when he described how students with LD are identified; he said that the cause of LD is due to problems with processing information. “A student with LD has problems in information processing, and I use some tests to assess his auditory and visual ability and to find where his weaknesses and strengths are.” When I asked Fahad directly about his views of the causes of learning disabilities, he responded:

They are still not clear about the causes of learning disabilities. But, and you probably know this, they state that LD is often caused by problems in the central nervous system.... But I do not concentrate that much on the causes of LD. In my view, the most important thing for us is that LD is linked to problems with *al’amaleat al’navsea’h al asasih* [the basic psychological process]. LD is problems in attention, perception, or with memory; problems in receiving information; auditory or visual problems; and this leads to problems in learning.

Fahad thinks that the cause of LD is not yet completely known. He seemed to imply that it is common knowledge to attribute LD to deficits in the central nervous system; when he stated “and you probably know that,” it was as though he assumed that I’m also a special educator and have the same insider’s view of LD etiology. After all, the LD construct is founded on the assumption of neurological or central nervous system dysfunction. However, he stated that he does not focus on the cause of LD. Fahad prefers to think about LD in terms of information processing theory without lingering on the question of “original cause”. Thus, LD teachers in this study seem to share similar views with those who created LD as a special education category: both groups focus on helping students acquire skills and strategies that

should have been learned previously, and they see little point in looking for initial causes (Adelman & Taylor, 2006, p. 10).

The perceptive side of Fahad. As a new professional in a Saudi elementary school, Fahad is attending to the special education needs of a new group of children with disabilities. Fahad knows that he is the only expert in his school regarding students with LD and that he is responsible for informing his school about LD and the purpose of the LD program. LD is still an enigma for professionals in the LD field (Skrtic, 2005), and explaining what LD is to non-specialists is not an easy task. Fahad shared a story that illustrates how he negotiated the meaning of LD with the school principal:

When the new principal first came to this school, he did not know the concept of LD; it was the first time he had seen an LD program. He saw a mental retardation program next to the LD program and he was afraid. His sons also attended this school and he came to me and said, “I would like you to see if my sons have LD or not.” He seemed afraid; I do not know what he had in his mind about LD. *He was thinking that LD is a disease or disability.* I invited him to come to the resource room to see my students and realize that they are very normal. He attended a session with us and he was surprised that LD students are normal... he thought that they had a disability. He did not know that LD students are normal and that they do not have a disability.

The story illustrates the kind of dialogue and negotiation that takes place between the specialists and non-specialists. It is interesting that in Fahad’s story the principal expected LD to be a form of mental retardation or a “disease.” Fahad describes how the principal was afraid of LD. The novel category of LD created some tension and worry for non-specialists. The principal did not know what LD refers to. Fahad seems to develop a sense of what incites fear and negative reactions towards the LD category: it is the suggestion that LD is a disability or a disease-like condition inherent within the student with LD. Fahad also appears to develop a sense of how to handle the presentation of learning disabilities.

Fahad invited the school principal to see LD students and the way they learn in the resource room. The principal saw how students with LD were quite similar to the average or “normal” child. Fahad tried to inform the principal that LD describes normal children and has

no relation to a state of disability. Fahad tried to move the conception of LD away from this negative model of disability and disorder toward a framework that stresses its normal nature. Fahad himself had no doubt that LD does not represent disability. When I asked him about his personal view regarding the idea that children with LD have a disability, Fahad responded, “No, they do not have a disability; they are normal.” The word “disability” is removed from the picture. Instead the word *a'dy* (normal) was used to signify children with LD. Through direct experience and observation, the principal transformed his view of LD. In short, the principal discovered how the new label of LD refers to normal children. The misconception that LD is about disability or mental retardation was corrected.

This story implicitly reflected the desire Fahad to present LD children in a positive light and to dismiss aspects of LD that might cast LD children in negative ways and thus stigmatize them. This effort to minimize the negative aspects associated with the LD label reflected the perceptive understanding Fahad developed toward his students with LD. This perceptive understanding of children with LD was further revealed when Fahad described how he communicated about LD to school personnel and families. Fahad stated, “The way you present LD depends on the person you talk to. If people are educated, then you feel free to discuss LD in scientific ways. But often when we inform teachers and others in the school and the families I don’t use the medical terms... I mean, sometimes you do not have to talk about LD using the scientific definition; some people might have negative impressions when we use medical terms.” Fahad feels that medical language might be a source of negative impressions about the LD concept. It might be that medical terms convey the message that something serious is being discovered within the child; that may lead the LD teacher to avoid or minimize the use of medical terminology when describing children with LD.

Fahad’s story indicates that LD teachers may be flexible in how they, as professionals, understand LD and how they communicate the meaning of LD to others.

Fahad's way of understanding and approaching the LD concept again reveals how LD teachers negotiate the difficult position of, on one hand, wanting to articulate the distinctiveness of LD children in order to provide special educational services to those children while, at the same time, preventing unpleasant experiences associated with the LD label. Fahad had sound knowledge about learning disabilities, conceptualizing LD in a way that approximates the prevailing model in the LD field. However, Fahad did not simply internalize the official scientific discourse of LD. Fahad's narratives indicate that he perceives the LD category as one that contains certain ideas that engender negative results. He understands LD in ways that lessen (perceived) negative aspects by dismissing the notion of disability and by minimizing the use of medical terms when communicating about LD to others.

Summary

Data revealed that LD teachers' conceptualization of LD cannot be understood apart from their tasks as LD professionals. The absence of school psychologists from Saudi elementary schools rendered LD teachers as the only experts in their schools. LD teachers became the central figure in LD program accountable for the identification and teaching of students with LD. The first major finding of this study is that the ways LD teachers conceptualize and approach the LD concept is often structured around balancing the positive aspects of LD (providing individualized special help) against the negative aspects of stigmatizing and devaluing children. The exclusion notion cited by all these teachers presented students with LD as unique learners whose learning problems are not caused by the traditional, well-known factors. LD students display profiles of strength and weakness, which implies that they have potential that has not been realized. Thus, LD teachers seem to believe that the cause of LD is "intrinsic" to the student.

On the other hand, LD teachers' attempts to minimize the negative consequences of being identified as LD. Eight out of the 13 LD teachers dismissed and voiced opposition to the concept of disability. Although the reasons behind the dismissals were not always explicit, they were largely motivated by concerns about the negative connotations associated with the notion of disability. The teachers' aim is to render learning disabilities more comprehensible to laypersons and not to present children with LD in pessimistic and stigmatizing ways.

The Second Major Finding

Nonspecialists' Conceptualization of LD: Between Science and Commonsense

This section focuses on the meaning of LD as expressed by the nonspecialists in LD teams. The nonspecialist group includes regular teachers, school counselors, school principals, and parents. They are said to be nonspecialists because they have acquired their knowledge about children with LD as a result of first-hand experience with students with LD as they participate in the LD team and/or the media. Some participants acquired their knowledge about LD during their college education, for example, by taking introductory courses in psychology or special education. However, these participants are still regarded as nonspecialists, especially when compared to LD teachers.

The majority of educators (regular teachers, school principals, and school counselors) who participated in this study learned about LD only when an LD program was established in their schools. Also, the three parents who participated in this study gained their knowledge about LD only when the schools informed them that their sons were being considered for a possible LD diagnosis.

As stated before, the official definition and criteria of identification of LD adopted by the Saudi Ministry of Education is called LD discourse. Based on the ways they have been influenced by and have reacted to the official discourse of LD, non-specialists were divided

into three groups: first group is named *in-between science and commonsense*, and describes participants whose understanding of children with LD is partially shaped by the official discourse of LD and also partly by commonsense social discourse which includes everyday theories about the social world derived from experience and general knowledge. The majority of non-specialists (19 out of 28) belong to the first group. Seven participants fall into the second group named the *scientifically informed perception* describing views of LD that roughly match the official definition of LD. Last, two non-specialists, uniquely stressed the point that most students identified as LD in their schools do not match the official definition of LD and thus placed in group named the *critical perception*. The majority of non-specialists (25 out of 28) shared one point of view: they dismissed the idea that children identified as LD have “disability”.

In-between Science and Commonsense

Thematic data analysis indicated that the majority of nonspecialists, 19 out of 28, fell in the category of between science and commonsense. They include 5 regular classroom teachers, 6 school counselors, 5 school principles, and 3 parents. It is interesting that all these participants learned about LD only as they began to participate in an LD team. They appear to combine basic features of the concept of LD with their existing commonsense social discourse to make sense of the new group of children categorized as LD.

These participants generally described children with LD as *normal* students who, similar to other students, experience difficulties learning in some school subjects and who can overcome their problems with appropriate attention. All participants in this group did not believe that children with LD have a disability. Regarding the cause of LD, this group understands that LD results from diversity of factors, mostly external to the students. They stress family and school-related factors rather than within-student causes. In other words, they appear to have causal explanations for LD which differ from the one proposed by LD’s

official model. The accounts of participants in this group indicate that, for them, the term LD takes on meanings that are outside of the clinical construct. Following are detailed descriptions by three regular teachers, two school counselors, two principles, and three parents of their in-between science and commonsense perspective.

The Views of Three Regular Classroom Teachers

Five regular classroom teachers who participated in this study conceptualized LD in ways that are best described as in-between LD discourse and commonsense social discourse. This section describes the accounts of three of these five teachers, Jamal, Hassan, and Muhammad.

Regular classroom teacher Jamal has been teaching math to third and fourth grade students for two years. Jamal earned his teaching diploma from Teacher College in Riyadh. Like most participants in this group, Jamal learned about LD when he was appointed to this school two years ago. Jamal represents a fascinating example of the ways participants in this group construct meanings of the new LD category. When I asked him about what came to his mind when he heard the term learning disabilities for the first time, Jamal responded:

At the beginning, I heard that LD is a mental illness -- it targets the brain and make the student unable to comprehend school materials; meaning that he [student with LD] has weakness in cognitive ability. But when I came to this school I *discovered* that he doesn't have a weakness in mental ability, but is rather a *normal* student.

Jamal described his initial perception and understanding of LD. His initial understanding seemed to be shaped by the medical model of LD. Jamal described children with LD using medical terms such as “mental illness” and “targets the brain.” In many ways, Jamal’s initial thinking about LD contained a basic premise of the official LD construct: that LD is caused by factors related to the brain which in turn hinder the student’s ability to comprehend school materials. Jamal, however, thought that because LD targeted the brain it results in low intellectual ability.

Jamal described how his initial understanding of students with LD changed as result of his direct personal contact with the students. Jamal discovered that students with LD did not have weakness in cognitive ability; rather they were normal students. I asked Jamal about the things that made him changed his initial perceptions. Jamal responded:

First of all, the students themselves whom I taught in this school, they are normal students; they comprehend, participate, and earn grades... normal students. Nothing is wrong with them. They only have trouble learning some academic skills.

According to Jamal, his encounters with students labeled as LD changed his initial perception. Jamal discovered that students look and act normal, learn, and progress like other students; thus, he did not see reason to describe them as having problems in the brain or what he refer to as “mental illness.” Jamal stressed the overall normalcy of children with LD. He found children labeled LD to be “normal” children and not disabled; children with LD only have trouble learning some academic skills. Jamal repeating of the word “normal” might be a reaction to the suggestion that something is wrong with their brains and that they have disability.

When I asked Jamal about his opinion of the cause of LD, he stated that LD is caused by “inappropriate acquisition of the foundational academic skill; it is because they did not learn the basic academic skills in early grades; also it is caused by family neglect.” Jamal believed that children with LD are ready to learn when they begin first grade but because of inappropriate attention to their education, perhaps from teachers and/or families, they missed out on learning the basic or foundational skills at that critical period in their education and therefore have learning difficulties. Jamal’s explanation is not similar to the one proposed by the official definition of LD. As has been stated before, LD is not only a descriptive category but also explanatory category asserting that the learning problems of some children are due to the presence of neurological dysfunction or differences (Kirk et al., 2003).

To sum up, Jamal came to the conclusion that children with LD are normal children with normal intellectual ability like other children, who only have problems in learning some academic skills resulting from factors outside children. This view of LD is partially in agreement with the official LD definition, which clearly distinguishes between children with LD and children with mental retardation. However, Jamal's affirmation of the normal identity of children with LD and his explanation of the cause of LD might correspond more to the commonsense explanation circulating within Saudi society.

I think that when Jamal saw children with LD, he activated a cultural model or scheme, which Gee (1999) defines as social constructions of the world, widely shared by the member of a society, which are so implicit and mundane that they are often used unconsciously. One important function of a cultural model is the classification of people into, for instance, men or women, Black or White, disabled or not disabled. It seems that Jamal finds it difficult to classify children with LD as mentally retarded or disabled. The concept of LD seems to not signify or carry meaning by itself, but in relation to the classification system of which Jamal is familiar. As Hall (1997) points out, meaning is always relational and meaning construction is largely based on the principle of *differentiation*; it is the *difference* between a word and another word within the system which enables a given word to acquire meanings. Most participants in this category, as will be seen, manifested similar processes of meaning construction.

Another regular classroom teacher, Hassan, provided descriptions of students with LD similar to Jamal's accounts. Hassan has been teaching Arabic to elementary school students in the first primary grades for nine years. Hassan said that he learned about LD when an LD program was created in his school five years ago. Hassan stated "Our brothers, LD teachers, began to inform us about the LD program and its purpose and gave us lectures and handed

out some brochures.” I asked Hassan what came to his mind when he heard the term LD for the first time and he responded:

At first, I thought it was for students with disability or with special needs. However, when our brothers in the LD program began to talk to us, we recognized that it for students with academic weakness only; they have normal mental ability. It has no relation to disability.

Hassan first thought that the LD program was created to provide educational services for students with disability or special needs. According to Hassan, after LD teachers informed the school about LD, they recognized that the LD program is for students with academic weakness only; students served by the LD program have normal mental ability and do not have disability. Thus, Hassan seems to understand the basic elements of the LD concept to concern academic difficulties experienced by children with normal mental ability. However, Hassan seems to have his own theory about the cause of learning disabilities:

I think that LD is about foundation skills. If the student’s academic foundation is built correctly in the first grade, I do not think that he would be having a problem by God’s will. However, if the student reaches third grade and he is weak in reading and writing, then he is lacking the foundational skills he should have received in first grade. The question is, does the student fail to learn foundational skills because of the teacher, carelessness at home, or perhaps for some other reasons. But through individual teaching they improve; and the good thing about LD is individual attention. I can help the student improve his academic performance, but not with 35 students; I cannot focus on him if I have 34 other students in my class. The student is missing a lot of basic skills. I need to go back and re-teach him those skills. This is because his teacher in first grade did not know how to teach him or there was carelessness at home. So there are a number of causes.

From Hassan’s point of view, LD is assumed to be the result of inadequate teaching at a critical period of student education. He stresses the lack of a proper foundation as a major reason why students might have problems with learning. Hassan thinking about the exact cause is comprehensive. According to him, some students fail to learn basic academic skills because of teachers and/or poor attention to students’ education at home, or perhaps even other unknown reasons. Hassan believes that students with LD will improve after receiving individualized instruction. He believes also that he could help the student overcome his

learning difficulty if he did not have 35 students in his class. An overcrowded classroom prevents him from providing the individualized attention the student needs to re-learn the basic foundational skills.

Hassan's causal explanation of LD differs from the one proposed by the official discourse of LD. It is not easy to speculate about the reasons behind nonspecialists' lack of attention to organic explanations of LD. In the past, medical explanations of learning difficulties were not particularly prevalent. A child's unsuccessful academic performance was often attributed to poor parenting, poor teaching, unsatisfactory school conditions, dysfunctional family, laziness, and/or economic disadvantage. These are explanatory models for why some children failed to achieve, which are available for people in everyday life. Thus, Jamal might draw from the knowledge available to him and from his lived experience to explain why some children experience low academic performance in the school setting.

Muhammad is another regular teacher whose perception of LD is neither influenced completely by the scientific definition of LD nor by commonsense. Muhammad has been teaching elementary school students for 10 years. He teaches various subjects including Arabic language and religious and social subjects. When asked about the meaning of LD, Muhammad provided the following definition:

A student with LD is a student who has not mastered particular academic skills. After spending a while with him, a month or so you cannot focus on him any more and you cannot help him. So it is preferable that you refer him to an LD teacher who will devote all his time to help this student all year long. I also try to help him in my class too.

Muhammad's definition of LD is simple and practicable. Students who do not learn the required skills in a given grade after being instructed in regular class for a period of time are said to be LD students and they are referred to LD teachers.

I asked Muhammad about the suggestion that students with LD have disability and he responded:

No, no it is not disability. It is only weakness or lack of some skills. It is a mild difficulty that they can overcome, perhaps in one semester. If they have a disability, they will never overcome their difficulties. I mean within a month we start to see improvement; improvement and learning are there.

Muhammad did not see the category of LD to be for group of students with disability. He sees LD only as describing children with academic weakness or who lack some academic skills. It seems that he sees many students improve and relearn, and thus, the word disability, which means stoppage or lack of learning, does not reflect the reality. Muhammad stated that students with LD can learn and improve in a short period of time.

In response to questions about the causes of learning disabilities, Muhammad responded: "I think that the family plays a major role; I think the biggest factor is the family. When the family does not care about the student's education, he will be weak. And some students have also weak ability or have a speech impediment. Also, I hate to say it, but some teachers make students dislike learning." Muhammad believes that there are several factors that might lead to learning problems. He stated that the families play a major role in the learning problems experienced by some students. He also attributes the cause of LD to the students. Some students, according to Muhammad, have fragile ability. Finally, Muhammad believes that the inadequate teaching skills of some teachers might lead some student hate learning and this contributes to their learning problems.

Jamal, Hassan, and Muhammad appeared to perceive children with LD as normal children who only lack some academic skills and who could improve and learn when appropriate help is provided. They did not see LD as describing group of children with disability and did not attribute the cause of learning difficulties solely to factors within the student. In sum, partial correspondence was found between the perceptions of these participants and the official scientific model of LD. The way they described children with LD indicated that they brought to bear prior knowledge to construct meaning of LD.

The Views of Two School Counselors

The majority of school counselors, 6 out of 9, were found to have perceptions of LD that were shaped in part by commonsense and in part by the scientific discourse of LD. These 6 school counselors stated that they learned about LD after the LD programs were established in their schools. They gained their knowledge mostly from a learning disabilities teacher. This section presents how two school counselors, Nasser and Kareem, came to understand the meaning of LD.

School counselor Nasser has a collage degree in social work and worked as educator for 17 years, 10 of them as school counselor. I asked Nasser about the first time he heard about learning disabilities and he responded:

I first heard about LD in this school; at first I did not know what the meaning of LD was; however, an LD teacher, God blesses him, enlightened us and gave a clear picture about LD; they told us that the LD program is for *normal* students who have some difficulties in basic school subject like spelling, reading, and math; that is it. We thought it was something else.

I needed to learn more about that “something else” that Nasser thought, so I asked him to elaborate more; Nasser went on and explained:

I mean, we thought it was something connected to mental retardation or students who have limited intelligence; but now the picture is clear. It is for normal students who have nothing wrong with them. They might be intelligent and assiduous students. They only have trouble learning in one or two basic school subjects, such as spelling or reading.

Nasser thought that learning disability was a condition similar to mental retardation or that children with LD have limited cognitive ability. However, according to Nasser, the LD teacher provided the school with more information about LD and, thus, he gained a new understanding of the new category of LD. Nasser now understands that the LD program is for ordinary normal students who have normal mental ability; they have problems only in the acquisition of some academic skills. Nasser’s understanding of students with LD reflected the essential feature of the LD construct.

Regarding the cause of learning disabilities, Nasser believes that the school is the major factor that creates learning problems:

I think that some private schools, and even some public schools, unfortunately are not trustworthy or accountable. They promote students without making sure that they have mastered the basic skills; so, for example, you find students in third grade who do not know how to read and write. Also some teachers promote students on the basis of emotion even if the students have not yet mastered the basic skills. Also, in this community, most parents get scholarships to study or train overseas, mainly in western countries, and that influences the learning of their children especially in the Arabic language.

Nasser appears to have his own theory of LD that diverges from the one found in official definition of LD. He believes that elementary schools, both private and public, create learning difficulties by not being accountable and honest about the academic performance of some children. According to Nasser, some schools tend to practice academic promotion with the end result that some children found themselves in third grade without having mastered the basic foundational skills, thus, contributing to their learning problems.

Overall, Nasser's understanding of LD appears to be a mix of the scientific LD definition and commonsense knowledge. From Nasser's point of view, students with LD are hardworking motivated students with normal intellectual ability who happen to have problems learning some basic school subjects. However, he did not understand LD to constitute a disabling permanent condition, and he did not attribute LD to causes within the child. Thus, Nasser appears to make sense of LD by using his prior knowledge along with the new information of LD concept.

Another school counselor, whose view of LD represented the category of in-between science and commonsense, is Kareem. Kareem had been an elementary school teacher for eight years before he became a school counselor two years ago. Kareem explained that he learned about learning disabilities when an LD program was mandated in his school two years ago. Kareem said,

I learned about LD last year when the program started in this school. To tell you the truth, I might have heard about it before that, but I did not give it that much attention. But when the Ministry of Education established an LD program in our school and I become part of LD team, I become more attentive.

Kareem explained that that at first he thought that learning disabilities were akin to mental retardation. He stated:

When the LD program first started, I, and the school as a whole, thought the LD program was for students who have mental retardation; because the mental retardation program is wide spread in schools these days. So, we thought the LD program is for mentally retarded students.

Similar to other participants in this group, Kareem thought that the LD program was for students with mental retardation. The mainstreaming practice pursued strongly in Saudi educational system in recent years has lead to the many classes for students with mild mental retardation in many elementary schools and that might explain why many nonspecialists thought that the LD program was similar to the MR program.

Kareem stated that he gained a great deal of information about learning disabilities from learning disabilities teachers. He described how the new information disconfirmed what he thought and expected:

However, LD teachers started to explain to us what LD is and what the purpose of LD program was; that it was for students whose intellectual abilities are normal and that they do not have mental retardation; they only have academic difficulties in one or two content areas; and that the LD program would help them overcome their learning difficulties.

Similar to Nasser, Kareem corrected his view of LD and now his thinking about the concept roughly resembles the official definition. According to Nasser, students with LD do not have mental retardation. They have normal or above normal mental ability and they only have trouble learning in one or two school subjects. Kareem, too, dismissed the suggestion that children with LD have disability:

LD is not a disability. The students are normal; their intellectual abilities are normal and some of them are gifted. I mean, I do not see the students who go to the resource rooms to be disabled. I mean, using my mind...Most students who go to the resource

rooms are well-mannered and they are doing well in the non fundamental content areas. So I do not see it as a disability.

Regarding the cause of learning disabilities, Kareem implicated a host of factors that he thinks lead to learning problems. He stated:

In this neighborhood many of our students come from poor families... and also their parents either have basic education or are illiterate. I always try to communicate with parents and advise them to pay more attention to their children's education; but they say that they are busy. Students who do not learn the basic foundation skills in first grade will have trouble later. I mean I do not blame the teacher; he has 30 or 35 students and has a curriculum that he must cover. But, thank God, the LD program solved a lot of our problems and many of our students benefited greatly.

Kareem attributed the cause learning difficulties experienced by some children to economic and social factors. Kareem contends that children with LD come from economically and educationally impoverished home. Thus, these children come to school unprepared and fail to master basic academic skills. Kareem did not use any term that indicated the involvement of the brain or that the problem originated from within the child.

In sum, Kareem believes that LD describes normal children like other children who have normal cognitive ability whose only problem is in learning in some basic school subjects. Kareem's view of LD is not entirely shaped by official LD definition nor entirely shaped by commonsense knowledge.

The Views of Two School Principals

A total of six principals participated in this study. Five of these principals have perceptions of LD that are partially informed by the scientific definition of LD and partially by their existing commonsense knowledge. The following is a discussion of how two of these five principals understand the concept of LD.

School Principal Abdullah worked as a principle for ten years. Although from the start Abdullah acknowledges that as school principal he is not specialist in LD and he cannot know everything in the program, he seems reflective and insightful about the LD program.

When asked about his view of the LD program, Abdullah stated:

You know, based on the concept of the program, I formed a positive perception: helping students. But the term LD gives a negative impression about the students. Some people might say “this program is for the special needs student.” Thus, people might think that students served in the LD program are more like to be mentally retarded students than to normal students.

Abdullah is appreciative of the kind of educational help and assistance that the LD program provides to students who struggle academically. But, he is concerned that the association of the LD program with special education might lead people to perceive children with LD as having mental retardation. Thus, principle Abdullah shares with LD teachers’ similar concern about the possible negative connotations of LD label.

I asked Abdullah about the meaning of LD and he provided the following definition of the concept:

Learning disability means that a student is facing a problem in learning for a specified period of time; it might go away and it might continue. But that does not necessarily mean that the student is unable to comprehend or learn. It is a specified problem in a specified area; it might disappear or continue depending on the teacher, the curriculum, and social factors surrounding the student.

Abdullah provided a stimulating definition of LD because it illustrates how Abdullah combines some elements of LD definition with his personal knowledge to construct meaning of the concept of LD. Abdullah stated that LD is specific learning problems in specific area. The specificity of a learning problem is a basic feature of the official definition of LD; this indicates that the official definition of LD influenced the way Abdullah understands LD.

Abdullah further believes that this problem in learning does not mean that the student lacks the ability to comprehend and learn. This may come from the assertion in the LD definition that students with LD have average or above average intellectual ability. Although Abdullah stated the idea that LD students have the potential and the ability differently from the official definition, nevertheless it indicates the influence of the official LD definition on Abdullah’s perception of LD.

However, contrary to the LD definition, Abdullah believes that LD is a possibly temporary or transitory learning problem that could be overcome, and that children with LD do not have a disability. Abdullah believes that LD could be overcome depending on the school and social contexts in which the child lives. Thus, Abdullah is implying that some factors, found either in the school or the social surroundings of the students, might cause or prolong the learning difficulties of some children. Specifically, principal Abdullah believes that the school curriculum causes many problems for students. Talking about his active role as principal, Abdullah stated:

If you examine most of our books, you will find that the problem is in the book not in the student...The difficulties are in the curriculum itself. The way information is presented is shallow. Information is not clear and in depth. It is not logically organized, thereby causing the difficulties for the students. It is not that the student is unable to acquire this or that skill, but that the information is not presented appropriately to students. Thus, we asked math teachers and LD teachers to work together to find the difficulties that are caused by the math curriculum and to notify the school district.

Abdullah sees the learning problems of children with LD as originating from within the curriculum and not from within the students. The causal explanation of LD that Abdullah provides may come from direct observation or from circulating opinions within Saudi schools. Abdullah's view of the cause of LD did not seem to come from the official definition of LD which assumes that LD is the result of deficit in basic psychological processes.

Finally, Abdullah voiced objection to the suggestion that students with LD have disability. Abdullah states that:

I do not see it as a disability. Students in this school are not considered as belonging to the realm of disability; they do not have disability. In this school we do not describe LD students as disabled.... I do not think that LD it is a disability in itself. But there are other things that make it a disability. When treated in an appropriate manner, with a clear vision with regard to the roles of the curriculum, the student, family, and society, it will greatly subside or disappear.

Abdullah did not think that children with LD should be classified as disabled. He believes that disability suggests a permanent or enduring state and that, thus, disability should not be used to describe mild and transitory problems experienced by children identified as LD.

Another school principal Ali has been an educator for 13 years. Ali earned his college degree majoring in Arabic language in 1992. He worked as a teacher for six years before becoming school principle. I asked Ali to tell me about the first time he heard about LD, and he explained:

I heard about LD when I came to this school, although there was no LD program in our middle school. Regarding LD I think it is different from special education or exceptional students' classes.

It is interesting to see how Ali immediately put forward his thinking about what LD means. He thinks that the LD program is something different from special education or classes for exceptional students. Distinguishing between the LD program and the program for exceptional students appears to be critical in his definition of the concept of LD and identifying the identity of children with LD. I asked Ali to elaborate more on this issue and he went on to say:

Some people confuse the two; special education classes in this school are for those with mental retardation, speech disorders, and hearing loss. Learning disabilities involves taking a group of students from their classes and providing them with additional sessions to strengthen them [it is not special education]. It is a type of *tagoeah* [enrichment program]. They focus on math, reading, and spelling. These three areas are the most important in the LD program. LD program also have their special methods of teaching and teaching materials which are different from those of regular education.

Ali's school is considered a leader in inclusive education in the south part of Riyadh. The school provides special education services for students with mental retardation, speech disorders, and minimal visual and hearing impairment. The separation between students served in special education classes and students in the LD program might be a way of reinforcing the normal status of children with LD. When I asked Ali if he consider LD students to have disability he responded, "No at all; from last year's and this year's

experience, I noticed that those students who have learning disabilities are not different from their classmates.”

Ali provided a description of the purpose of the LD program, stating that the LD program provides students who face learning difficulties in the three basic school subjects of reading, spelling, and math who need educational help, or tagoeah. LD teachers, according to Ali, use special teaching methods and materials to make students with LD stronger in these subjects. Ali perceives LD to be learning difficulties in acquiring academic basic skills in three school subjects. He also believes that LD teachers use special methods to teach children with LD. These assumptions are consistent with basic features of LD concept. However, Ali does not believe that LD exclusively originates within the child:

I think that the most important cause of LD is the lack of concern from parents regarding their child's education. Some parents are concerned with their children's education from the first day of schooling; indeed, some are concerned before the formal schooling starts. These children are ready for the school experience. Some parents keep an eye on their children's homework and help them with their studies. So I think that parents play a major role. The second cause is related to the student himself. Some students are born like that; they might have limited intellectual ability or limited sensory ability; so the LD program gives them special things to strengthen their abilities. It is also related to teachers. Some teachers do not do their job properly.

Ali seems to think about LD and the causes of LD more comprehensively than the formal LD theory. He believes that parents who pay little attention to their children's education might contribute to their learning problems. He observes that students whose parents care about their education come to school ready to learn and thus do not face learning problems. The recurring contention in this study that some parents might be the cause of some children's learning difficulties may indicate that it has become commonsense knowledge.

Ali also believes that LD might be due to variation of human ability. Some children, according to Ali, are born with limited ability. This limited ability might be cognitive or sensory. Ali is not clear or specific about the nature of this limited ability, but he seems to imply that it is about the ways children comprehend or receive information. Finally, Ali

thinks that some teachers lack competencies and thus may contribute to some children learning problems.

Generally, Ali's causal explanation of LD appears comprehensive when compared with the narrow and specific causal explanation proposed by the official definition of LD. Summarizing, Ali's conceptualization of LD appears to contain some elements from the official discourse of LD but also contains some elements foreign to that discourse perhaps coming from commonsense social discourse existing in Saudi society.

The Views of Three Parents

Only three parents participated in this study. Unfortunately I was not able to interview as many parents as I planned. This low representation of parents in this study is in fact a reflection of the reality that parents rarely directly participate in the decision-making process. The three parents' perceptions of LD in some ways resemble the perceptions of participants in the in-between science and commonsense category. Generally, the three parents described LD in terms of service or program rather than as psychomedical construct. As a program, LD is seen by these three parents as much needed help to their children who were seriously behind their peers in the acquisition of basic literacy skills. Thus, LD to these parents is simply difficulty in learning in some essential school subjects mainly reading, spelling, and math. Both said that they were aware that their children were having difficulty in school. Although I have not discussed with the three fathers the issue of whether the LD constituted disability because of the sensitivity of this issue, parents' statements revealed no concerns about this issue. The interviews with the three parents were short and conversations were general, I think because the tendency of Saudi people to be private about matters related to their family and my sensitivity as researcher to the importance of privacy to the three parents participated in this study.

The first father I interviewed was Zaid. Zaid is a 40-year-old bank worker with a high school diploma. I asked Zaid to tell me about the story of his nine-year-old son Rayed. Zaid stated that he received a letter from Rayed's school saying that they wanted to place Rayed in the LD program because he was having reading difficulties. He signed the letter and sent it back to the school. He further explained that Rayed was retained in second grade because he did not master reading skills and that it is good that the school was helping him. Zaid reported that since Rayed has entered the LD program, he improved a lot in reading. The evidence, according to Zaid, is that Rayed's mother, who keeps an eye on Rayed schooling, stopped complaining about the issue and especially about Rayed not completing his homework. In response to question about his reaction to the placement of his son in LD program, Zaid said that he was happy that his son was in the LD program and that feels his son is becoming now more excited about school.

Another parent, Noah, narrated a story about his eight-year-son Bender that is startlingly similar to Zaid's story. Noah is a 45-year-old bus driver with no formal education. Noah's son Bender was retained in first grade because he did not learn the basic reading skills in reading. Explaining how Bender was placed in the LD program, Noah stated that the school told us that they will give Bender help in his schooling and that it is free. So I said "may God reward you and our government." When asked what caused his son learning hindrance, Noah said, "I do not know. The son, God guides him; do not pay attention to his study. His mother and I try to tell him to focus on his study; some time he listen but most of the time he does not. When he set down and studies, he is good."

The third parent interviewed in this study is Anor, a 48-year-old college graduate and a government worker. Anor stated that his eight-year-old son Sámi passed first grade with some problems in reading and spelling. Anor described his son Sámi as an energetic child who loves school and sport. But, according to Anor, Sámi difficulties with reading and

writing become more apparent in second grade. Anor said that “after Sámi spent a while in second grade I received a letter from the school stating that Sámi has learning difficulty in reading and writing and that they needed my agreement to place him in an LD program. So I provided the school with the information they needed about Sámi and sent my agreement.”

When asked about the cause of Sámi’s reading problem, Anor stated that, “we work with him a lot and his mother pays close attention to his schooling but he forgets thing easily.” Anor told me that he is happy that Sámi attends the LD program because his reading and writing improved greatly since he entered it.

The general impression gained from the interviews with the three fathers is that they understand LD to mean simply that their sons are not learning well in school and the LD program would help them learn better. All three fathers reacted positively to the placement of their sons in the LD program and expressed their satisfaction regarding the improvement of their sons’ academic performances. The three parents did not talk or describe the diagnosis of their sons as if LD were a stressful event. Also, the issue of disability and its impact on their sons were never mentioned by the three parents. According to Falik (1995) “The child’s learning disability, like any other significant condition affecting a family member, presents the system with a stressor that will be reacted to, either adaptively or resistively.” Falik (1995) described several general patterns of reactions to the child’s learning disability. Using Falik’s model, the pattern of reactions expressed by the three fathers in this study is best described in the following: There is little seriously wrong—other than the child’s learning difficulty, which is viewed as a minor irritant that can be easily corrected; identifying the child’s learning difficulty was framed as welcomed opportunity to intervene and the diagnosis confirmed what they observed (Falik, 1995).

Summary

Participants in the category in-between science and commonsense generally have early expectations about LD as something similar or akin to MR or a new kind of disability. This early conception then changed as they received information from LD teachers and directly observed students with LD. For most nonspecialists the term *e'agah* (disability) seemed to be irrelevant when describing LD. Participants in this category appeared to understand the basic features of what LD was about. However, they attributed the cause of LD to factors external to children: Responsibility was placed on the families' lack of effort or involvement and some teachers' lack of proficiency. They believe these factors, solely or together, caused LD and result in what most participants refer to as "inappropriate foundation skills." Their views of LD do not reflect the medical model of learning disabilities.

Scientifically Informed Conception of LD

Five regular classroom teachers and two school counselors provided descriptions of the concept of LD that appear, to large extent, to be informed by the official definition of LD. It is interesting to note that four of the participants in this category learned about LD from courses that they had taken in college. Perhaps information gained from those courses shaped their views of LD.

Generally, participants in this category believe that students with LD experience learning difficulties that are different from low achievement. They contend that the causes of low achievement are evident and easily observable while the cause of LD reside within the student, are often hidden and not easily observable, and need to be diagnosed, assumingly by a specialist. Students with LD have trouble paying attention, sitting still, or memorizing school materials. However, only 3 of the 7 respondents in this group believe that children with LD have disability. The following is a discussion of how five participants in this category made sense of the construct of LD.

Regular teacher Sultan has been an elementary teacher for 9 years. Sultan teaches Arabic language and Islamic subjects to students in the primary grades. Sultan recalls the time when he first encountered the concept of LD:

Oh God! At the beginning, LD, as you know, was something new. We did not hear about it, not when we were students or as teachers. But an LD teacher did a good job and gave us a clear picture, and the picture became clearer with practice and interaction with students with LD; understanding increased over time.

I asked Sultan about his first impression of learning disabilities and he explained:

In the beginning, any student who was not succeeding would be having learning difficulties. But now it appears that there is a difference. It is not everyone. It might be a result of *ehmal* [carelessness or negligence] and therefore it is not LD. LD results from, for example... he might excel in some subjects and fail in other. Also LD appears in one subject, especially math or reading.

Like the majority of regular teachers in this study, Sultan had no idea about LD prior of his coming to his school. He stated that LD was a new concept to him and that he had never heard about it before. Sultan thought that LD was a general category describing any students experiencing low school achievement. But this generalized view of LD was about to change as an LD teacher began to inform the school about the new category.

Sultan understands now that not any student experiencing difficulty with learning is LD, but that LD also describes particular students who have learning problem in specific school areas as opposed to general *ehmal* (low achievement). Students with LD have strengths and tend to excel in some school subjects. It is interesting that Sultan began to describe LD causally, but he stopped and described LD in term of behavioral characteristics. However, Sultan's perception of LD and especially its causes became more apparent when he told the following story about one of his students.

At the beginning of the new school year, I did not have any information about Salem. He did not attend first grade at this school. He was new. First, I felt that Salem was a low achiever in all subjects; I thought he was not prepared enough. But with the passage of time, I realized that Salem is hyperactive and has difficulty in comprehension, and especially difficulty in math and reading. I referred him to the specialized teacher, the LD teacher, and he conducted an assessment and confirmed that he has LD. Thank God, the LD program began to take effect and Salem started to

improve. Salem is smart. If I read story to the class and ask questions about the story, he is the first to answer. I wondered why he had difficulties in math and reading and spelling. You know, I believe it resulted from a poor first grade experience and his lack of foundational skills.

Sultan described his student, Salem, in a way that is congruent with definitions found in introductory textbooks about LD. Salem is smart child and capable of accomplishing academic tasks, which give the indication that he has potential. But he is hyperactive and has problem learning in some school subjects. Interestingly, these concepts are related to one another and the question arises: The student is intelligent, yet he experiences problems in some school areas but not others: What could be the cause of the problem? Sultan's story would indicate that LD is something within the student and that LD teacher, the specialist, was able was able to find or "confirm that he has LD". When asked directly about the cause of Salem's learning problem, Sultan explained:

He is hyperactive and has attention problems. But I'm wondering, when it comes to story time he is focused, for a time I see him out of his seat, but he focuses and answers when it come to story time. In math and reading he has learning difficulties. He passed second grade successfully but he still has some weakness in reading but not to the degree that requires his retention.

Sultan thinks that hyperactivity and attention problem seem to be the cause of this student's learning difficulties. He believes the cause of LD emanates from within the student, although he never specified the exact cause. He continues to describe the child with LD as an enigma who is capable of accomplishing some tasks yet unable to accomplish others.

Sultan's conceptualization of LD appears to approximate the official definition of LD. According the Sultan, LD is not generalized low achievement but specific forms of learning difficulty; A student with LD has an uneven academic profile, showing weakness in some areas but strength in others. The cause of LD is assumed to be due to be a factor within the child although unknown specifically. It is interesting to note, however, that despite the influence of the official model of LD on Sultan's perceptions, he still referred to children

with LD as “normal.” In response to question about whether the LD program has something to do with exceptional children or disability, Sultan stated:

No, it did not cross my mind. We do not have these things in this school, so I did not think that LD relate to mental disability or something like that. It is an academic setback, delay, or *so'ubat al taall'um*; they are normal but are slow to learn, have comprehension difficulty or distractibility, something like that.

Sultan thinks that LD is simply a learning delay or setback. The idea that children with LD have disability did not cross Sultan's mind. Sultan seems to agree with the majority of participants in this study that disability is not an appropriate term to use when referring to children with LD.

Another regular classroom teacher, Tariq, appears to have sound knowledge about learning disabilities that closely corresponds to the official definition. Tariq has taught math to fourth and fifth grade students for eight years. Tariq said that he learned about LD in college. He took courses in education to prepare himself for teaching and some of these courses covered topics related to LD. In response to question about the meaning of learning disabilities, Tariq stated:

Students are two kinds. One group of students has brain problems, perceptual problems, auditory problem, or memory problems. The second group of students is *ehmal* [carelessness or negligence]. We have to distinguish between students who have the problems that I mentioned and the *ehmal* students. In the past, we thought that all learning problems are *ehmal*. But now with the concept of LD, things are different. We now know that these students have problems; they cannot memorize, they cannot concentrate. So the concept has changed. There are differences between *ehmal* and these problems that the students have, brain problems, perceptual problems.

Tariq distinguished between the two groups of students, those with LD and *ehmal* students. According to Tariq, students with LD have problems related to the brain and have perceptual and memory problems. I asked Tariq how the concept of LD changed the way he perceives and works with students, and he said:

Of course, my perception of students and the ways I deal with them have changed. *Ehmal* students need some encouragement and they need to learn more discipline; in that way you could be successful in treating their learning troubles. However, this

way would not be successful with LD students, because they have problems and these problems have not yet been diagnosed. When you diagnose the problems you will be able to help them.

Tariq thinks that the way you deal with the learning disabilities students and the kinds of interventions you implement with them differ from those for low achiever students.

According to Tariq, the learning problems experienced by low achievers could be overcome through reinforcement and more discipline whereas the learning problems experienced by LD students need to be discovered or diagnosed before you can help these students. Tariq is implying that the causes of low achievement is evident and easily observable while the causes of LD are hidden, not easily observable, and need to be diagnosed by specialist.

Finally, what makes Tariq's views of learning disabilities correspond to the official definition is that he considers LD to be a disability condition. Tariq explained, "It is a disability because it is an obstacle; it prevents students from becoming like their peers. Take for example second grade, most students would be able to read fluently while an LD students would be struggling; so I feel it is like psychological situation; I feel it is disability."

Osman is another regular teacher who believes that LD differs from general low achievement and that LD represents a condition that is hidden, not easily observable, and needs to be diagnosed by a specialist in order for successful treatment to take place. Osman graduated from Islamic university in Riyadh in 1993 majoring in Islamic Studies. He taught high school and secondary school students for four years before becoming an elementary school teacher. Osman learned about LD when the LD program was established in his school. Recalling when he encountered learning disabilities for the first time, Osman said,

It was five years ago when I was teaching at my former elementary school. An LD program was established in our school. So I started to learn about it...At the beginning, I did not give the LD program any attention. I thought it was a meaningless program from the Ministry without any purpose. But, to tell you the truth, I started to change my views and now I think it is a very important program.

I asked Osman about his expectations regarding the kind of students who would be served in the LD program. Osman said that “At the beginning, I thought they would be students who were academically weak. However, later it appeared to be something other than only academic weakness.” At the outset Osman seemed to have only a generalized idea about LD that was about to change as information, mainly from learning disabilities teachers, was provided. I asked Osman to tell me more about this “the something else” that appeared to him. Osman went on and explained, “I mean other problems within the student in, his physical makeup, something there which has influence on his learning.”

According to Osman, LD is not any academic weakness, but rather learning difficulties that seem to be intrinsic to the student, in his physiology. Osman also shared a story about one of his students that further revealed his way of thinking about the construct of LD:

I referred a student to an LD teacher and the LD teacher discovered his problem. The discovery of the problem or the *disease* is part of the solution. I relaxed a lot. I spend almost a month trying to find the student’s problem. I mean, nothing was wrong with his intellect...he has no problem; until teacher Abdullah discovered that he has an LD.

The student, according to Osman, appeared normal and he had normal intelligence. Yet he had trouble learning and Osman was perplexed. He referred the student to an LD teacher and the LD teacher discovered the problem or the “disease.” Although not detailed, Osman’s thinking about LD approximates the general picture of LD presented in the LD discourse.

However, despite Osman’s thinking of LD as a medical construct that needs to be diagnosed, Osman dismissed the suggestion that children with LD are disabled. Osman believes that LD is not a disability but is “some problems or issues that happen to some students.” Thus, Osman thinks of LD as a natural variation of human abilities that could happen to some children.

Besides five regular classroom teachers, two school counselors were categorized as having scientifically informed conceptions of LD. School counselor Jabber was a psychology major and worked as counselor for 10 years. Regarding how he learned about LD, Jabber stated that, “When I was a university student, my major was psychology, so I took a class in special education. It was an introduction to special education and we learned about all the kinds of disabilities including learning disabilities.” I asked Jabber about the meaning of LD and he explained:

Learning disability is difficulties in mental ability, difficulty in communication. The student is behind his classmates in something. He has a difficulty in matching his peers in a particular school subject. This is approximately the concept of LD. The problem might be mental or perceptual. The most important thing is that the student has difficulty in matching his peers; and his academic achievement is less than his classmates.

Jabber began his definition of LD by stating that it is mental ability and then he stated that LD is about difficulty in communication. Later, Jabber mentioned that LD is perceptual problem. Jabber might mean that LD is something related to the child’s brain and the way an LD child receives and communicates information. The issue of medical cause is always a difficult issue and most participants did not feel comfortable discussing the issue, perhaps because it is seen as a specialized subject. Jabber believes that the most important feature of LD is that the student with LD is behind his peers in term of mastering academic skills.

When I asked him about his opinion of LD program, Jabber stated:

Some students in the LD program overcome their learning problems within one semester. These are the students whose difficulties are the result of family influence, poor teaching, or negligence. There are students who really have LD...Some students have problems in their mental capacity; they have problems in learning because of a glitch in the brain. They experience slow comprehension compared to their peers. These students need to be evaluated based on standardized assessment. Some students have learning problems because of many other factors -- at home, in school and so on.

Here Jabber revealed his belief that LD is different from low achievement, which may result from poor family conditions or poor teaching. Students with low achievement overcome their

learning difficulties easily within semester from entering LD program. In contrast, there are students with true LD whose learning problems are not the result of external traditional factors. Children with true LD, according to Jabber, have trouble learning because of a “glitch in the brain” and their problems need to be diagnosed via standardized assessment tools. In general, Jabber’s perception of LD to a great extent corresponds to the general picture of LD provided by the scientific discourse.

Surprisingly, Jabber voiced his objection to the idea that LD represents a disability category like other traditional categories of disability:

Does LD classify as a disability? I think that as long as the student has the ability to learn, (regardless of rate of that learning, let say 50% of that of his peers) and therefore he is able to face the future and live good life in his society, then he is not a disabled human. He has learning difficulties, but he cannot be classified as disabled. He has the ability to navigate the demands of life. He has the ability to acquire the skills and knowledge to manage his life.

Like most participants in this study, Jabber acknowledges that children with LD have problems in learning but he disagrees with the idea that LD constitutes a disability condition. From Jabber’s point of view, children with LD are capable of learning and managing their life activities effectively. The meaning of the term *e’agah* (disability) seems to be drastic and does not represent the reality of the child with LD.

Summarizing, participants in the scientifically informed category, five regular teachers and two school counselor, perceive children with LD in ways that approximate the official discourse of the concept. They believe that the learning problems experience by students with LD differ from learning problems of children with low achievement. LD, according to them, is located within the student and could be diagnosed by experts using specialized assessment tools.

Critical Perspectives on Learning Disabilities

The views of LD of one school counselor, Naïf, and one school principal are best described as critical. The dominant theme that emerged from the interview with these two

participants is that children with LD who are being educated in resource rooms do not appear to meet the criteria described in official definition. They believe that any student who is experiencing learning problems tends to be placed in the LD program. Because other participants did not express similar views, the views Naïf and Saleh stand out as unique, warranting placement in separate category.

The school counselor, Naïf, had a degree in psychology and worked as school counselor for almost 20 years. Not long into the interview, I realized that Naïf had educated himself about learning disabilities. He expressed his idea fluently. I asked Naïf about his perception of learning disabilities. He responded:

I think that the LD condition as scholars describe it and as I read about it is rare condition and if found it would not exceed 1% of the students in this school. The cause of LD is intrinsic to the individual and it is not clear or known. It is a persistent condition. The majority of students who are diagnosed with LD in this school have academic delay, weakness in academic achievement in general, meaning in all subject eras. Also their LD condition is not persistent, meaning that the students enter the LD program for one or two years. Their LD condition is not persistent, meaning that the students enter LD program for one or two years in maximum and then exit the program. I do not think it is a disability condition in this manner. Also it is possible to know the causes of most LD cases, family factors, personal factors, or social factors.

Naïf thinks that the LD concept refers to a specific disability condition. He asserts that there is gap between what the official definition says and what he sees in everyday practice in LD program. Naïf observes that, unlike the scientific definition, many children served in LD program have learning problems because of external factors related to the school and/or family. Also Naïf reflected that, unlike the scientific definition which assumes that LD is a chronic condition, the majority of students identified as LD in his school spend one or two years at most and then become non-LD. These observations led Naïf to question the validity of the concept of LD and the practice of identification in his school. Naïf stated that,

The LD program in general benefits the school and provides support to struggling students. But I do not think it function in the way the GSSE intended. I mean that the name of the program would be not correct if we look at the nature of the services provided to students. I think that they have to explain things.

School principle Saleh has been an educator for 20 years. He worked for seven years as an Arabic language teacher, eight years as school deputy, and five years as principal.

When I asked Saleh about the meaning of LD he stated:

I do not believe, based on my background of LD, that all the students served in LD program actually have LD. I believe that approximately 50 to 80 percent of these students do not have LD. I think that LD is an enduring condition or lifelong condition. But what we observe here is that the student stays one year and then exit the program in order to serve another student. Some of them improve quickly and some are not improving but still exit the program. LD teachers try to fulfill their required caseload, serving 9 students each year and teaching 18 sessions. For all that reasons, I do not think all students are LD. There are many factors behind their learning difficulties. It is difficult to find students exactly as described in books....anyway, if there is help for struggling students and there is academic improvement, then it is all right. We do not care about names if outcomes are good. But for the sake of honesty, we must be clear about what we are doing to serve struggling students. I think that LD programs in this current manner are waste of effort and time. LD teachers must be employed for the improvement of education in general, including those with learning problems. Individualized instruction and isolation will not benefit our schools.

The Third Major Finding

Centralization of LD Identification

The previous section explored the way in which specialists and non-specialists perceive and understand LD. This section presents the themes and patterns that emerged as the study participants described the processes of identifying children with LD and their roles in the decision-making process. The first part portrays the role of each LD team member and provides a general picture of the identification process. The second and final part discusses the effects of a child's placement in the LD program and the concerns about the identification process itself.

According to Ministry of Education Guidelines, a multidisciplinary team should determine the eligibility of students to an LD program (Ministry of Education, 2003). This team includes the school principal, teachers of learning disabilities, regular classroom teachers, school counselors, and the parents. However, the structure of roles at the school

level appeared as the following: LD teachers represented the heart of the LD program and were perceived as the primary decision-makers regarding the identification of students with LD. LD teachers are perceived by other members in LD teams as *experts who know the best*. They used phrases such as “the LD teacher is the specialist,” or, “the LD teacher has the specialized knowledge.”

Thus, the identification process is centralized around the specialist in the LD team, the LD teacher. Generally, LD teachers search for and promote the referral of students who might be LD. They also collect and integrate all the information available about the child being considered for placement in the LD program, conduct assessments and make eligibility decisions, develop individualized education plans, and monitor progress. The most important roles for regular classroom teachers and school counselors is that of referring students whom they suspect of having LD and then providing LD teachers with needed information about those particular students. School principals generally attend to the administrative aspects of the LD program, making sure that the work of LD programs proceeds as expected.

There is no official meeting, or case conference as it called in the U.S., within which school professionals and parents sit down together to determine whether or not the student has LD and is thus eligible for special education services. LD teachers conduct what is called in this study a *dyadic meeting* with regular classrooms and school counselors to obtain information about a given students, and they acquire needed authorization from school administrators and contact parents to seek their consent. Decisions regarding diagnosis were seen as resting solely in the hands of LD teachers.

The roles of LD teachers

LD teachers appeared as the heart of LD programs. They play the major roles in determining eligibility for special education services in LD programs. They see themselves (and are seen by other members in the LD team) as having the professional and clinical

knowledge that allows them to make judgments regarding who is and who is not LD. Thus, in this study, LD teachers are said to be the gatekeepers because they attempt to enforce the standard criteria of LD identification in schools where there are many academically struggling students yet limited ideas about what constitutes a learning disability. LD teacher Omar provides a description of the comprehensive role of LD teachers and their status within the LD team:

I tell you; in the LD team you find the name of the LD teacher as the *moqarar* (decision-maker). Why is that? That is because the LD teacher knows the apparatus of assessment, the testing, and the interpretation of the results. Assessments, testing, and interpretation are the cornerstones of the decision to accept students in the LD program, and these are the responsibility of LD teacher.... After gathering all the information, I start assessments and then I build his IEP. Yes, I have to go to see all the LD team members so that they can sign the plan, and this declares the official acceptance of the student in the program. But there is no meeting place as you might think.

Omar's words indicate that LD teachers have specialized knowledge and best comprehend the mechanism of the identification process. His statements also imply that LD teachers know what constitutes LD and thus know how to tell the difference between students with LD and those without. LD teacher Abdurrahman similarly described the role of the LD teacher and the rational about why they assumed that role:

Decision-making is made by the LD team. The LD team consists of the principal, the regular classroom teacher, school counselor, LD teacher, and parents if possible. But of course, God guard you, this is considered *ideal*, or the official way of doing things. But it is really difficult to hold formal meetings, especially when you have nine students. We [LD teachers] always seek information from the other members in LD team; LD teachers seek information from all members. We collect information from regular teachers, school counselors, and parents, and we observe the student inside and outside his classroom... then we make the final decision.

According to Abdurrahman, the official Ministry of Education mandate of jointly working with members of the LD team and holding conferences to determine whether a student is LD is an ideal that is difficult to accomplish. Instead, LD teachers assume the chief role because they contact each LD team member, collect information about a given student, and then make

the final decision regarding the student's eligibility for special education services.

Abdurrahman is describing the arrangement of the identification process as it is truly practiced.

Another LD teacher, Abdulkarim, portrayed a similar picture when he said, "The reality is that the LD teacher plays multiple roles; he plays the roles of several people at once, or what we call in special education 'a team.' We say that I'm a team by myself.... Each teacher collects information and analyzes it; we make decisions, construct the IEP, and teach. So you do everything." Abdulkarim is describing the way the LD team functions. His account captures a central feature of the workings of the team: that the LD teacher is the central figure in both the identification and the decision-making process. Yes, they go around and visit LD members. The quality of the visit depends on how much information each member has. In the end, however, the final decision regarding the eligibility of students to special education services in an LD program rests in the hands of LD teachers. LD teacher Abdul-Jabbar believes that LD teachers make most of the decisions because they are specialists and have the knowledge needed for making those decisions:

Ninety percent of the decisions are made by the LD teacher because he is the specialist; we seldom meet as officially described. We meet if there is a problem, if there is something that requires a meeting.... I think that (other team members) believe that the LD teacher understands the issue and has the background; the LD teacher knows the assessment and screening process, and he is the most qualified to make the decision. Of course, we take their opinions into consideration, especially the school counselor's. The rest also participate, but they do not have much background about the LD program. They have some background, but they do not fully understand the subject and do not deal with LD students.

This finding reflects what Fulcher (1989) calls the discourse of professionalism (the view that 'experts' know best). The working arrangement of the LD team, in which the identification process is centralized around the LD teachers, perhaps emerged largely because of the absence of school psychologists and the assumed technical expertise of LD teachers. LD

teachers described this arrangement simply as the way things were done at their school. They see this arrangement as the best way to approximate the official guidelines.

As the central figure in LD team and the only expert, the LD teacher's critical task, then, is to become the "gatekeeper." As gatekeepers of LD programs, LD teachers must enforce the standard criteria of LD identification in schools that have many academically struggling students and limited ideas about what constitutes learning disabilities. According to LD teachers who participated in this study, non-specialists represent what Schulmeyer (1991) termed "street level bureaucrats". As street level bureaucrats, non-specialists do not have a precise definition of LD and their main concern is to provide assistance for any student experiencing academic difficulties. Thus, non-specialists refer a student based primarily on that student's need for instructional assistance, rather than acknowledging the student's conformity to the identification criteria used for learning disabilities. In contrast, LD teachers may confirm or contest the accuracy of a non-specialist's referral while attaching little to no relevance to the judgments which precipitated the referral. The job of LD teachers, in other words, is to only allow students with LD to be eligible the LD program, regardless of what a non-specialist might propose.

The function of LD teachers as gatekeepers is illustrated in the words of LD teacher Khaled when he discussed the issue of referral in his school:

They [school personnel] refer a lot of students to the LD program. But because I have been in this school for a long time, I know the students they refer. I know, for example, that this student has problems learning because of familial problems; and that another student has social problems. I speak with the school counselor and discuss with him these cases. I tell the school counselor, "Speak to their families and tell them to monitor their children's education and be more firm with them." The students they referred improve after these recommendations. So I know the students in this school. They refer to us many students, but I know that some of them do not have LD.

According to Khaled, the school refers many students to LD program, but LD teachers try to ensure that only students who are truly LD are admitted or placed in the LD program. Khaled

explained that he became familiar with students in his school and thus knows that some students have learning problems because of external factors, such as familial or social problems. These students, according to Khaled, are not LD students and should not be admitted into the LD program because they do not meet the criteria of the official definition of LD, which states that the causes of LD are intrinsic to the student. LD teacher Imam similarly described the role of LD teachers as gatekeepers of the LD program:

Some students, you know that they were not LD from their performance from last year; some students were generally weak and they might be slow learners. If they were constantly failing in all school subjects and the school counselor tried to work with them and their family but they did not cooperate, then I exclude these students. I have limited spots for LD students, and I'm not willing to include students who I am 95% certain were not LD.

LD teacher Imam stated that some students who are being referred to LD program do not have LD. He clearly states that he has limited seats in the resource room and wants to make sure that only students with LD enter the LD program. Again, an LD teacher is using his professional knowledge and clinical experience to judge who is and who is not LD, and thus performing his role as the gatekeeper of the LD program.

Sometimes, an LD teacher might need to take a firm approach toward their task as the gatekeeper. LD teacher Adam narrated the following story:

The LD team members are the school principal, the school counselor, the regular teacher, parents, and the LD teacher, who is the reporter and authorizer. The LD teacher makes the decision because he is the specialist and knows the case. Sometimes there are some who try to force us to accept certain students. Last year the school deputy came to me and asked me to include his son in the LD program. I told him if your son meets the LD criteria, I will accept him. Sometimes you have to be strong and you have to take the initiative by saying no; otherwise you will be continually under pressure.

Adam is saying that when an LD teacher opens the door of the LD program for students who do not meet LD criteria, he exposes himself to constant pressure to accept more students who are not LD. On the other hand, some LD teachers might attempt to be flexible and

accommodate the school's demands, thereby not alienating other staff members. LD teacher

Hammed explained:

Sometimes we accommodate some requests and balance things. So we take some students. But most of the students we accept have LD; that is for sure.... If we take nine students, at least six are LD for sure; we might take one or two students to go along with the general atmosphere in the school, even though I'm sure that these students are not LD. So we try to balance things so we do not appear too precise and dry, which would make them reject our job. We cannot escape the fact that we are located in a school with many students who need help, so we try to balance things.

Similarly, LD teacher Rasheed stated:

They refer a student to you and you find that the student is a slow learner. You learn this through assessments and through observations of their academic performance. When we try to explain to others that the student is a slow learner and does not belong in LD program.... I mean, how do we make them understand that a slow learner does not belong to LD program? They say "if you do not accept these students, who would you accept these students are the ones who are troubling us in the classrooms." They mean that if we do not provide help to these students, then what is your function? It is a problem. And you say to yourself, "where should this student belong?" If I say they belong in the regular classrooms, the problem is that their difficulties are more visible than LD.

When asked whether he accepted slow learner students in the LD program, Rasheed explained:

If I enforced the eligibility criteria strictly, I would not accept slow learners in the LD program. But I accept these students in a friendly way – based on emotion, yes, based on generosity, yes. We are responsible for them. Slow learners are problems that we face. Slow learners are lost in our schools. So they are included in the LD program based on generosity and kindness, not on a scientific basis.

Rasheed's statements reveal the struggle facing LD teachers as they attempt to make sure that LD programs instruct only students with LD. Rasheed sometimes admits slow learners in the LD program so they can receive help and assistance. But Rasheed states that his decision to accept slow learners into the resource room is based on kindness and generosity and not on standard LD identification criteria.

The Process of Identification

As illustrated in the previous section, LD teachers represented the heart of LD programs. LD teachers are perceived by other members of LD teams as *experts who know*

best and are accorded the primary role in the decision-making process regarding identification of students with LD. The general name given to this phenomenon is “centralization,” as the identification process is centralized around LD teachers. The following descriptions and discussion of the process are based largely on LD teachers’ accounts.

There are two broad goals for assessment in LD programs. The first goal is to locate LD students who meet the eligibility criteria for learning disabilities as endorsed by the Ministry of Education. The second goal of assessment is to provide students with LD an individualized education plan (IEP) that is tailored to meet their educational needs. A uniform process of identification was apparent in all nine elementary schools that participated in this study. The identification process consisted of two interrelated stages: (1) the screening and referral stage, and (2) the comprehensive evaluation stage. These two stages are distinguished for analytical purposes but in reality they are interconnected. Throughout these two stages, information from a variety of sources is collected to provide a rationale for diagnostic decisions.

Screening and Referral Stage

The screening stage is the primary stage and provides the opportunity for searching for students who may be experiencing learning disabilities. With the beginning of each new school year begins the screening for students with LD. The search, or screening for students with LD, is conducted through two methods. In the first method, LD teachers actively search for students who might be candidates for the LD program by examining students’ academic files. In particular, they look for students who have been retained and for those who experience low achievement in particular school subjects. LD teachers examine students’ records of school achievement, performances in tests, and disciplinary history in order to select children who need a more comprehensive evaluation.

The second means through which candidates for LD programs are found is by referrals from school personnel or parents. LD teachers stated that they hand out referral forms to other educators in their school, especially regular classroom teachers and school counselors, and encourage them to refer students who might have LD. LD teacher Tallal explains this screening method:

Of course, there is a certain arrangement. At the beginning of the school year, I conduct a study or screening of students' records and files in general. I search for low achieving students who have weaknesses in primary school subjects; this way I extract a number of students. At the same time, I distribute referral applications throughout the school. Often, referrals are open throughout the school year. Teachers are able to refer students any time of the year.

LD teacher Omar also describes similar practice:

There are two ways that referrals work. The first is through reviewing students' academic performances from the previous year and then generating a list of students who are experiencing learning delays or difficulties. The second is through referral forms, which are available for students from second to sixth grade. In the first three weeks, regular teachers become familiar with their students and start to refer struggling students to us. In first grade it is difficult to judge student performance; beginning in second grade, however, you can see the academic delay....if a student is selected through both methods; we immediately begin the assessment process.

From the beginning, the search for students with LD is guided by the LD theory. LD teacher Thamer explains how he screens for students with LD:

I first examine students' school records, starting with their performance in the final examination during last year. Some students you can notice easily. You find that one is always having trouble in reading, all the way it was reading. Some students have difficulties mainly in spelling. So I focus on these students. I then make a visit to the school counselor to ask him some questions about the students I selected. The school counselor has been in this school for a long time and he knows the students very well.

Thamer appeared to search particularly for students who experience learning problems in one academic subject. The advantage of cumulative records is that they document behavior over time. They provide LD teachers with information on whether learning problems are general or specific, gradual and persistent or sudden. While reading through these records, an LD teacher uses his clinician background to find valid symptoms of LD

The second method of finding students with LD is through referrals from school personnel and parents. According to several LD teachers, referrals often come from regular classroom teachers. LD teacher Khaled stated, “Most referrals come from the regular teacher... Sometimes the referrals come from parents; but it is not often. Most referrals come from within the school.”

Regular teachers’ accounts also indicated that their most important task is the referral of students whom they suspect of having LD. Their secondary task is to provide needed information about those students to the LD teachers. Most regular teachers who participated in this study stated that they refer students only after their attempts to help the students failed. When asked about the meaning of LD, regular teacher Adnan said, “The concept of LD means that it’s the last resort for the teacher in his quest for solving the student’s difficulties. I try to solve the problem by myself; if I could not, I resort to the LD program.” Regular teacher Sultan provided the following description of his role in the identification of students with LD:

When one of my students has difficulty learning in basic academic subjects, I refer him to LD teachers...I first try to help the student by myself. I talk with his parents and with school counselors. If there is no improvement, I refer him to LD teachers. I fill out the referral form and describe the student and the problems and also the LD teacher visits me and asks for information about the student. I monitor the student continuously. I monitor his situation, his progress, and his work with the LD teacher. I discuss things with the LD teachers to make sure that my student is benefiting from the program.

Sultan first tries to help the students through typical methods, such as talking with the student’s parents or the school counselor. If the student continues to struggle academically, then Sultan refers the student to an LD teacher. He provides the LD teacher with information about the referred student, and when the student is admitted to the LD program, he monitors the student’s academic progress. Another regular teacher, Hassan, similarly describes his role:

At the beginning of the school year, the LD teachers told me that if you have academically weak students, refer them to us. So in the first week, I conducted a general assessment in my class. Most of the students did well and some of them had problems, but nothing that serious. But one student was different. It was clear that he was struggling. He needed special attention. He needed someone to instruct him about letters and word connections. He also had some speech difficulty. He was not like his peers. So I referred him to the LD teachers and they conducted an assessment and registered him in the LD program.

Hassan's portrayal of the typical role of a regular teacher mirrored the descriptions given by most regular teachers who participated in this study. Hassan was asked by LD teachers to refer students who he considered in need of LD program services. When a student has persistent learning problems, Hassan refers the student to LD teachers. LD teachers then make the proper assessments and determine the eligibility of the student to the LD program.

School counselors also play a similar role to that of regular classroom teachers. They refer students who might have LD and provide information about the referred students, especially about their social backgrounds. Describing his role, school counselor Nasser stated, "What I do is, in the beginning of the school year, I refer some students who I think deserve to be served in the LD program to an LD teacher, and the LD teacher then conducts the evaluation... He knows. I mean, the LD teacher has the expertise and the tools, so he decides who will be accepted into the program. Next we complete the application and contact the parents."

Another school counselor, Joseph, portrayed a similar picture:

Typically, we work alongside LD teachers. We search for students who have difficulties in reading and math. The student might be in third grade, and yet he is unable to know the letters. Some students may be retained in first or second grades, so we refer these students to LD teachers. LD teachers have their own methods of assessment and planning. They try to find areas of weakness and areas of strength and design remedial plans accordingly.

The end result of the screening and referral stage is a list of names of students who should be studied in more detail. LD teachers select students from among the list who are

most likely to have LD based on a general reading of those students' academic files and on information provided by regular teachers and school counselors. LD teachers then prepare envelopes to be sent to parents of the selected students; the envelopes contain consensus letters, information about LD and LD programs and a behavioral check-list form to be completed by parents. Before they are sent, the envelopes are signed by the school principal. Most LD teachers reported that they received parents' approval promptly, often within one or two days. After they receive the parents' approval, LD teachers then proceeded with conducting the comprehensive evaluation.

Comprehensive Evaluation Stage

In the second stage, LD teachers collect more detailed information through various methods and sources, including interviews, observations, and curriculum-based assessments. LD teachers' interview regular classroom teachers and school counselors, and they obtain some information from parents. They observe students in and out of the classroom, and they administer curriculum-based assessments to document the functional level of each student. The absence of historical precedence for intelligence testing in Saudi schools limited the use of psychometric tests to diagnose LD. Therefore, the Saudi model emphasizes curriculum-based assessments with continuous progress monitoring.

Thus, the practice of LD identification in Saudi schools is dominated by three types of assessments, known in assessment terminology as informal, authentic or non-standardized assessments (Spinelli, 2002). Informal assessments place heavy emphasis on teacher judgment and LD teachers focus on aspects that would qualify the students to be in the LD category. After LD teachers are given a definition and set of criteria for identification of students with LD, they collect and read various data about the students and observe the students in a variety of contexts. This helps the teachers think comprehensively about a given student and relate that student's profile to that of a prototypical student with LD.

Most LD teachers in this study believe that true LD students are not difficult to identify. According to LD teachers, some students exhibit clear characteristics or signs indicative of true LD. These characteristics include an uneven academic profile; the presence of some key requirements for successful learning, such as strong parental interest in the child's schooling, or the fact that the student displays interest in school by, for instance, attempting homework, participating in classroom activities, remaining respectful of authority, and/or following classroom rules. Along with the aforementioned general signs, LD teachers look for specific behaviors, such as reversals/inversions of letters and numerals or auditory- and visual-processing difficulties.

All information, confirming and disconfirming, is compiled to provide a rational for diagnostic decisions. LD teachers try to find evidence that indicates the student does not have learning problems. The following narrative by LD teacher Imam illustrated the identification process and how decisions are made in the LD program in Saudi elementary schools. I asked Imam to select a student with LD and describe the process through which the student was identified as a special student with LD.

Imam stated that he typically starts the identification process a week or two before the beginning of the new school year by searching for students who were retained or had incompletes from the previous school year. Imam explains:

We [LD teachers] examine the school subjects in which some students were having trouble. We focus on students who have had learning problems in basic school subjects. After selecting some students, I begin by discussing their learning problems with the school counselor. I ask about the students' social status, their economic status, and I try to come closer and closer to understanding the students. I try to know about the students' overall abilities and establish that they are not simply careless or unmotivated. Then I put my eyes on some students and these students now are in the picture.

When a new school year begins, Imam distributes referral forms in the schools and then waits for regular teachers, school counselors or parents to refer students to the LD

program. “We have to wait awhile before regular teachers refer students,” he explained.

“Some regular teachers do not know their new students yet. They cannot judge the students right away. They need some time.” Imam then described the story of one of his students,

Bender:

I found Bender’s name in the list of students who were retained in the first grade from last year. Bender was weak in reading only. I focused on him and began to ask the school counselor about his situation. I found that almost everything was okay: the family was in good shape and they cared about their child’s education. I even asked about his teacher to find out if the teacher was good or not. His teacher was one of the best teachers in the school. All of this information compelled me to think that this student may have LD. So, in order to comply with official practice, I asked teachers to refer to me students who they thought may have learning disabilities. Bender’s teacher, Fayze, referred him to me. His teacher told me that this student needed some additional attention. I asked the teacher to try to work with him a little more. You know, he repeated first grade and he might just need some extra help and be okay. His teacher tried with him for a while, but it appeared that the student was weak... The student did not have any problems except in reading. He was amazing in math. He was excellent in memorizing. So I began to suspect that he had learning disabilities. The picture started to emerge. After that I administered an assessment in reading designed by one of my colleagues.

Imam’s narrative supports the notion that there are true LD students and that it is not difficult to identify these students. Imam found that the student, Bender, exhibited a clearly uneven academic profile. Bender had difficulties only in reading. But he was performing well in the rest of his subjects. Bender’s family cared about his education, and Bender himself had the motivation for learning. In addition, Imam found that Bender had the best teacher in the school. Thus, Imam ruled out inadequate instruction as the leading cause of Bender’s learning struggles. By ruling out a lack of effort from the student and his family, and by discovering that Bender had a good teacher, Imam was given several critical indications that Bender was LD and that his learning problem was not caused by external factors. Then Imam administered an academic test to Bender that consisted of all the basic skills found in the first-grade reading curriculum. He found that Bender had not mastered most of the basic reading skills in first grade, leading Imam to the conclusion that Bender had LD.

The idea that LD is caused by factor within the student seem to influence Imam's search for students with LD. LD theory, as Smith (1982) points out, determines what characteristics the diagnostician should look for and what characteristics confirm the presence of LD. Also, Imam's accounts reflect the general belief expressed by LD teachers in this study that some students exhibit clear characteristics or signs indicative of true LD and, thus, are not difficult to identify. This general belief is also reflected in a story provided by LD teacher Thamer about one of his students with LD:

The student's name is Ahmed. Ahmed was retained in first grade twice. Now, thanks to God, he is in third grade after being admitted to the LD program. They were complaining about him (in the regular classroom). He really has learning disabilities and they are severe. So I received him, and the first year I passed him; he passed first grade. Three years in first grade was enough. I wanted to promote him. He has difficulties with memorization. He has memory problems and attention problems, or distractibility. So I started with him from the beginning, treating him as if he had never entered school. Thanks to God, when Ahmed was placed in second grade, his spirit changed. He loved the resource room. I reinforced him with gifts and activities, so he loved the resource room. Ahmad was referred by his classroom teacher. The teacher told me that he has a student who has difficulty understanding things; and that the family's economic condition was poor. So I said no problem.... He was referred in reading. He was good at memorizing the Koran. Also, *I noticed that there was care and concern for his education from his family*. It was not that strong of care, but there was some care. He came to school having memorized the Koran and poems, so I felt that there was some care and concern about his schooling. They said that he spent three years without learning the alphabet. When he began to come to the resource room, the first few days he was afraid. But he began to understand. I told him, "if you want success you have to focus and concentrate." *He was among the best in terms of attendance*. He progressed and his performance improved. He is now reading at third grade level. He performs like his third grade classmates. He just needed some extra individual help because he sometimes would forget things that he has learned. I think that his reading is good. By God, he will exit the program this year. He just needs some follow-up every now and then and some recommendations to his teachers in fourth and fifth grade. The basic skills are there. He is really improved and now among the good students and his teachers are thanking me.

According to Thamer, Ahmed represented a typical student with LD. Ahmed had learning problems only in reading. Ahmed was good at memorizing the Koran and poems, indicating a potential that was not being realized. Thamer found some indication that Ahmed's family cared about their son's education. Thus, Ahmed seemed to be not an *ehmal* (low achiever) or

a slow-learner student. From Thamer's point of view, all the signs indicated that Ahmed was a true LD student and, thus, he accepted Ahmed into the LD program

The Goals of LD Program

Children with learning disabilities are perceived to be deficient in some basic academic skills. The goals of the LD program are to teach basic academic skills in reading, writing, spelling, and arithmetic. The dominant model for serving children with learning disabilities in Saudi elementary schools is the resource room program, combined with consultations with the regular classroom teachers. In the resource rooms, students with LD receive one-on-one instruction on specific skill areas during scheduled parts of the day. The amount of time is no more than 50 percent of the school day. The advantage of the resource room is that students with LD are able to receive specialized instruction in their areas of academic skills deficit while remaining in the regular education classroom for the majority of the school day. This allows them to have the same general education curriculum as other students. LD teachers also construct an Individualized Educational Plan (IEP) for each LD student, which include short-term goals that are progress-monitored.

The main aim of the LD program is to help students with LD overcome their learning difficulties. In part, the selection of students with LD is based on the severity of their academic problem. The problem is often defined in terms of how many skills the student has not learned. LD teacher Rasheed explained:

The most important thing is the presence of academic problems. We see if his performance level is in accordance with his grade placement; if the academic problems are obvious and numerous, then we include the student in the LD program. So, I see how many academic problems the student has, and if the problems are plentiful and prevent the student from performing like his peers, then we include him in the program.

LD teacher Tallal explained the purpose of the IEP: "The IEP is built around the student's needs.... (For example) the student lacks 13 reading skills from the first grade

curriculum and he needs to master them in order to be at the second grade level. Then the discrepancy is clear: he only had 8 skills out of 21.”

Similarly, LD teacher Abdurrahman, explaining the results on a test by one of his students and the goal of the LD program, stated:

Assessment is based on the curriculum. We extracted the essential or fundamental skills from three subjects—reading, spelling, and math. There are essential or major skills and there are the minor skills; we focus on the major ones. This test is built by LD teachers through individual efforts; we only took the major skills from the general curriculum and around those we designed a test. For each subject, there is an appendix which contains all the major skills as well as questions that measure the mastery level of each skill. Also, for each skill there is a form for error analysis where I write my observations and comments about the student’s way of solving the problems. For example, in skill number 1, reading and writing numbers from 1 to 10, the standard for passing this skill is ten out of ten.... the student is in the second grade, so he is supposed to master skills in that grade, and this is what we expect from him. The test shows that he did not master the skill in second grade and even did not master all skills in the first grade. Therefore, the goal is to help the student master the skills that he lacks.

LD as a concept is closely linked to the idea that students need to master certain academic skills by a certain age. When asked what LD means, school counselor Ramey answered:

LD is a good program, especially for the primary grades; it should be limited to first, second, and third grades. Because these grades contain the basic skills, and these skills are built on each other. When a student fails to master one skill, it will influence the learning of a second. So students must learn these skills. From our experience with LD teachers, we found that they reestablish the skills that were not mastered. The students relearn the skills. So LD is about building the missing skills. So when a student fails an assessment (and we have continuous assessments), I look at his record and contact his parents; if there is no *ehmal*, I refer the student to the LD teacher.

Effects of LD Diagnosis

The issue of attaching a diagnostic or classifying label to the student (Kauffman, 2000) is considered a critical as well as controversial practice in special education (Adelman & Taylor, 1995). Labeling, or classification, is considered by many scholars as critical because it facilitates communication among educators and leads to appropriate interventions (Kauffman, 2000). However, special education literature indicates that categorization of

children as disabled has had negative effects on children; namely that it is stigmatizing, that it lowers children's self-esteem and it lowers teachers' expectations. The literature suggests that the discovery of disability is considered a major life event and that parents of a child with a disability go through grieving stages similar to those that generally follow the death of a loved one (Turnbull & Turnbull, 2002).

In the schools that participated in this study, evidence suggests that assigning an LD label to children was not considered a serious event. Except for the first two years of the LD program, participants' accounts indicated that the evaluation and assessment process are not anxiety-provoking events for most students and their parents. The issues the psychological and social impact of being labeled as LD were not major theme in this study. I think that there are at least three explanations for this finding: (1) LD is not perceived as a disability; (2) LD is perceived as a service that is provided, rather than as a psycho-medical construct, and (3) LD is perceived as a temporary placement.

LD teachers state that parents seldom object to the placement of their sons in the LD programs. LD teacher Tallal states, "Objection to LD diagnosis rarely happens. Maybe in my old school... parents would sometimes object to the placement of their son in the LD program because, of course, they knew nothing about LD. But even though they object, as soon as we explained (the program) to them, they quickly would understand and agree."

Not seeing LD as a disability appeared to be a critical factor in the positive perception of the LD program and ultimately the LD label. When I asked if LD is seen as a disability condition, LD teacher Rasheed responded, "No, LD is never considered a disability. The concept of disability and the concept of LD—I do not think (the connection) exists.... It is not in the minds of the families, the students, the teachers, or the school administrators.... As a scientific or academic concept, it is a disability." Similarly, LD teacher Hammed explains, "No, they do not see LD students as exceptional students or as students in special education.

They basically see them as students with learning disabilities. Students with LD do not have any problems; they only have a shortage in academic skills. They are normal students.”

It seems that when LD was differentiated from other disability conditions and its normal status was affirmed, LD became less stigmatizing and more accepted. When asked whether he perceives any negative consequences of labeling students as LD, school counselor Joseph commented:

There is no negative consequence... problems occurred only at the beginning of the LD program. Some parents used to think that their sons had some sort of mental retardation. They used to say “why did you select our son specifically from among his peers?” But when they come to us and we explain to them the issues, they become more enthusiastic about the LD program. So, parents now view the LD program as if their sons have a special teacher or a special tutor. The students do not have a ‘problem.’

When asked if students with LD are viewed negatively by their peers, Joseph stated that he has never seen any indication that LD students are treated differently and that being labeled LD is “very normal.” Joseph does not see children with LD as children with disabilities, and he regarded the LD program simply as a service. Joseph states, “Students with LD do not have a disability. LD is basically an enrichment program; it is basically a service.”

Instead of connoting a disabling and life-long phenomenon, the LD label is tied more to a place where students are offered services and receive “extra help.” Regular teacher Tariq explains, “I think that most students want to go to the LD program even the excellent ones. They do not have a clear idea about it. They see students go there and return with new notebooks, new materials, and therefore everyone wants to go to the resource room.” In response to a question about the impact of the LD label on students, school counselor Nasser stated:

Thanks to God, there is no negative side. The LD teacher makes the program shine and encourages his entire group of students through gifts and prizes. Therefore, students like the program.... parents like the program. It’s as though the student is going to extracurricular activity....it is like *tagoeah* [strengthen program]. This is the

reputation of the program that we have, thanks to God... During the first year of the program, there was a father who wanted his son to be served in the LD program. His son had an abnormal physical appearance; the way he walked was not normal. The LD teacher refused to accept the student. He said, "If I include this student in the program, students in this school would think the LD program is for students who have weakness." And he was right: if we accepted that student, the reputation of the program would be not good.

The LD program is seen as an extracurricular activity and as *tagoeah*, a place where students could receive help and improve their education. The declaration that a child has LD is not considered a sad juncture at which the phenomenon of LD is discovered.

An interesting theme emerged from the words used to express what it means to be in an LD program. Inclusion in the program is not understood to be a diagnosis, but largely as an admission or acceptance. In answer to a question about whether there are often objections or disagreements about diagnosing a student as LD, LD teacher Thamer explains:

We do not face real objections. Sometimes there are some disagreements, but not strong disagreements. They say "try to admit this or that student to your LD program." I try to explain that the student has no LD but *ehmal* [low achievement]. So it is in friendly way. Sometimes I tell them that when I have a spot open I will admit the student into my LD program.

It seems that the issues over admitting a student to LD are more about too much demand:

There are limited spots, and yet everyone wants to be there. LD is often described in terms of programs or services rather than as a psycho-medical construct, and as a result, the LD program is seen not only as useful but also as keenly needed assistance for a child who is seriously behind his peers in the mastery of basic academic skills. Regular teacher Hassan states, "The reputation of the LD program is very good. In general, most people who want to attend this school, they come especially for the sake of the LD program. I mean, we have thirty-five students in each class because the school has an LD program."

The process of categorizing and labeling does not carry the same meaning as it does in American schools. Children with LD are not placed in segregated settings after they are identified. The practices were not seen as evidence of discrimination, inequality or injustice

exercised by dominant culture groups over minority groups. On the contrary, the acceptance of the LD diagnosis and the demand for the LD program indicates that the LD label is not stigmatizing and does not significantly alter the student's opportunities for education, employment, and socialization.

Furthermore, placement in an LD program within Saudi schools seems to be understood as something that is temporary. This is unlike the American special education system, where children identified as having a disability “tended to remain there in spite of the ambition of the education system that they would be brought back to join the ordinary classes, which confirmed their status as outsiders in relation not only to school but also to society (Nelson & Sandin, 2005, p. 22). Data show that once a student has been labeled LD, reversing that label appears to be, for the most part, possible. Seven LD teachers explained that students identified as LD stay in the LD program for one or two years and then exit the LD program so other students could be served. Two years in an LD program is considered a very long time. This short stay, I believe, is decisive in determining that the child’s identity is not always linked to the label of LD.

As some LD teachers explained, the reasons that LD students stay for a short time in the program is sometimes a result of misdiagnosis. However, the general impression is that the LD placement is to be short-term. LD teacher Hammed states, “Approximately, LD students stay with us for a year. However, if there is a mistake in the evaluation, they may stay for one or two months. They improve in one or two months.” I asked Hammed to tell me what the longest period a student stayed with him was. He said it was one year. Similarly, when asked about the longest period of time one of his students stayed in the LD program during his five years experience, LD teacher Adel answered, “The longest stayed with me for about one-and-a-half years.” Similarly, LD teacher Omar stated, “On average, we could say that they stay for one year. But it depends on the student’s difficulty. Like the student whose

story I told you earlier, I predict that he will need two years.” LD teacher Adam stated, “God willing, often they stay for one year. Sometimes they stay for two years, but that is not common. If I have nine students, then only two or three would need one-and-a-half years or two.” For his part, LD teacher Abdul-Jabbar explained how the LD program functions:

As I told you at the beginning, we select students with the least need. These students would benefit from the program in a short time, in one semester or at maximum one year. We are flexible: when a student finishes his IEP, he exits the program and another student, usually from the waiting list, takes his place.... After exiting the program, we track the students because they might need some assistance; we help the students especially when the regular teacher is cooperative and tells us about the student’s condition.

Concerns about the Identification of LD

Concerns about the identification of children with LD in Saudi schools were discussed by nearly every LD teacher. It seems LD teachers were highly concerned with problems in identification because they are the central figures in the identification process and are the primary decision makers. When discussing concerns regarding the identification process, three major issues were raised by LD teachers. These include (1) misunderstanding LD, (2) the elusive nature of LD, and (3) the quick-cure expectation.

Misunderstandings LD Programs

Most LD teachers expressed concerns that LD programs are perceived in their schools as either enrichment or remedial programs designed to serve any students with low academic achievement. Given the absence of intervention programs to address the general learning and behavioral problems faced by at-risk students in Saudi schools, LD teachers appeared to be concerned that the LD program might be expected to take on that function. LD teacher Abdul-Jabbar states, “Most people and most parents, and unfortunately some teachers, they think that when a student enters an LD program it is like entering *tagoeah* [enrichment program] and that he is going to improve. They say ‘It is not a big deal, let the student in.’

some of the students who they refer to us only need someone to attend to them at home. We try to explain this to them, and some of them understand the situation.”

Similarly, LD teacher Hammed explains:

This is a problem that we struggle with; that is the school’s understanding of LD, even though we try to inform the schools through articles and presentations.... Maybe 60 percent of regular teachers are convinced that LD does not mean that the student is weak in all subjects. He must be, for example, weak in reading only and excellent in the rest of subjects. But the problem is the general atmosphere in the school...the concept of LD... I mean they do not know what LD is. To them, it is basically a weak student and weakness in all subjects. They refer to you a student in reading and you discover that he is having problems in all school subjects; he is even weak in easy subjects. And when you leave out this student, they start to question you: “why did you not accept this student?”

The majority of LD teachers said that the limited understanding about LD in schools was a source of both stress and frustration. Some authors in the learning disabilities field in the United States have acknowledged the fact that identification of students with LD does not occur in a vacuum. Identification takes place in a context that is particular to each school and that comes with a range of demands. These demands are described as *external forces* that influence the identification process. This appears to be the case also in Saudi schools. School personnel perceived the LD program to be a *tagoeah*, or enrichment program. It is viewed as a privilege. They do not see the identification as a diagnosis of a disability condition. They used words such as “admission,” “accept,” and “take.” I asked Thamer what learning disabilities mean to him. He seemed to be frustrated about other people seeing LD as *tagoeah*. He said:

What does LD mean to me? I don’t know what to say. It is still new to me. I hear people say “put him in *tagoeah*.” They think it *is tagoeah*. But I think that there are learning disabled students. They improve and their parents come to thank me. So there are students with LD. Some of them improved and some continue to have difficulties. There are vague areas, yes, especially with slow learners. But with time we might get better.

Some LD teachers in this study expressed the concern that the LD program is seen as a way to relieve the regular classroom teacher from all kinds of low-achieving students. LD teacher Khaled states:

They think that LD students are the *kaslan* [lazy]. This impression of LD is still with us today. It is not like in the past, but traces of the impression are still in the minds of people. You find it when you hear some say “please, take this student; he is *kaslan*; please relieve me.” That undermines LD. LD is defined by weakness in specified aspects, or in a specific academic subject. It is not weakness in all school subjects or almost all content subjects. It is in a particular aspect, in specific skills, or in a specific ability.

When asked about the biggest difficulty he faces in his work, LD teacher Rasheed states, “It is the understanding of LD within the school. We suffer a lot. Some regular teachers do not understand the condition. When we come to take an LD student from their classrooms, some of them say, “Take this student and also this student with you; take them.” School counselor Fallah seems to be sympathetic with LD teachers. He stated:

The views of LD teachers and LD programs are still incomplete. Regular teachers still believe that any student who experiences weakness in academic performance in all subjects must be referred to the resource room. Fathers who live far away from this school and hear that we have an LD program, they try by any means to transfer to our school. So, we become crowded with all sorts of weak students... Therefore, we need to clarify the role of LD programs through the media and TV.

LD teachers were very clear in communicating the pressures they felt from non-specialists, but most articulated that their top priority is serving students with LD and that other low achievers come next. However, some LD teachers said that differentiating students with LD from other low-achieving students is not an easy task.

The Elusive Nature of LD

As has been mentioned, most LD teachers in this study believe that true LD students are not difficult to identify. According to LD teachers, some students exhibit clear signs indicative of true LD including an uneven academic profile and the presence of other circumstances that generally contribute to a successful learning experience. However, some

LD teachers reported that making the differentiation between students with LD and other low-achieving students is not easy in reality. When asked if all students placed in the LD program meet the official definition of LD, LD teacher Adel stated, “Honest to God, I do not see all of them as having LD. Identifying LD is not easy; I mean it is difficult. Sometimes you say that this student does not have LD, but in the end you find out that he does. If we have standardized tests and reliable evidence it will help us a lot in discovering students with LD.” According to Adel, some students placed in his LD program were having learning problems because of broken homes or low socioeconomic status or because there was little attention given to their education at home and school.

Adel wants standardized assessment tools to help him identify true LD students.

However, he had some concerns about assessments. Those concerns were echoed by LD teacher Rasheed:

The problem with the assessment is that it is built by individual effort; it is not official. This is what makes you uncertain about your decisions all year long; I mean, sometimes you say ‘he has LD’ and sometimes you say ‘no, he is not LD’.... Some cases are very clear and you know that the student has LD. In other cases you need special tests to find out. At the very least you will be different from regular teachers. At least you feel that you have tools and skills that are unique. But really, the test we use to identify LD students, anyone could apply them.

LD teacher Imam believes that the definition of LD is clear but the process of how to identify students with LD is not clear. Imam explains, “LD, as we studied it, is a weakness in one or two school subjects; it is not the result of other disability conditions, low achievement, or neglect from home. As I said, the definition is clear, but the tools to find LD are not clear. We understand who LD is, but we cannot extract him; that’s what we struggle from. Sometimes our students suddenly excel and sometimes they continue their weakness. There are no explanations. This is what I see as the weakness in the program, especially when several years pass without improvement.” Imam is saying that LD as a theoretical construct appears to be obvious and easy to understand, but the real difficulty occurs when he attempts

to diagnose children with LD. Like Adel and Rasheed, Imam expressed his concerns regarding the adequacy of assessment tools he uses to diagnose LD. On the other hand, LD teacher Adam believes that true LD students are rarely found in his schools.

You see, honestly, we suffer from finding LD students who are truly LD. So we are forced. Perhaps the whole year I only find one or two students. Last year I had two students. One was truly an LD student. He was an excellent student and his parents were educated. But his problem was in spelling. By the end of the year he was doing very well. So, we suffer from the absence of students who are truly LD, and yet we have to meet our workload, so we are forced to complete the workload with students who sometime are careless, or suffer from family negligence and so on. Because if we do not find students, they would say “how come, seven hundreds students in the school and you did not find any LD students?” Thus, students who we suspect to be LD would be included....so this is the problem; we do not find students with LD as it is described in our study. We have nine students and two or three are truly LD.

The difficulties encountered when trying to differentiate students with LD from other low-achieving students or when trying to identify true LD students prompted LD teacher Abdurrahman to think of LD as a service that should be provided even when he is uncertain about the diagnosis. Abdurrahman states, “It is hard to differentiate....it is hard to construct a standardized technique that could be used to identify LD students. But, in a general sense, I take it as a service. When it is hard to make a decision, you base your decision on providing services. We have to provide these children with services no matter what the causes. There is no alternative program; general education has nothing but us, so we are forced to provide needed help and assistance.”

Quick Cure Expectation

One concern raised by several LD teachers about the LD program in their schools had to do with “quick cure” expectations. Some LD teachers said that school personnel envision the LD program to be a place where LD teachers perform miracles “backstage,” thus improving learning performance suddenly. LD teachers concern about the quick-cure expectation is that it puts LD teachers under pressure to improve the academic performance

of every student placed in LD programs. Interestingly, LD teacher Imam talked about how he was perceived as a medical doctor who could cure learning problems:

The first time, I was appointed in a small town. The LD program was the only one of its kind in the town and the reputation of the program was strong. People were very enthusiastic about the LD program and the expectations were great. They were thinking that students would spend one or two days there and everything would be fine, it would be excellent. It is as though I would perform surgery or something like that. It was my first year and I was not ready to meet all their expectations. I was in a bad situation. They thought the LD teacher is a doctor, or a surgeon; he comes and ends the problem and the operation is successful. So I began to change this picture little by little.

As Imam stated, the expectation that the LD teacher would cure the learning problems of children with LD in a speedy manner put LD teachers under pressure to meet these expectations. What makes the situation more difficult, according to some LD teachers, is that some students identified as LD would actually show sudden improvement. This would heighten expectations and increase pressure for quick results. LD teacher Adam states, “There is a problem. They (school personnel parents) would say “this student did not profit from the LD program.” The problem is that they want to see a quick result. They say, “You only have one student, so how come he did not improve yet?” I say to them that the student has not mastered the letters yet, so be patient. Also, some students demonstrate dramatic improvement, and yet there are other students who do not improve. So there is a discrepancy and this makes our situation difficult.” School counselor Ramey sees the difficult situation which some LD teachers face as a result of quick-cure expectations and expressed his support to LD teachers:

But LD is not a short-term thing; it is long-term.... I mean, some teachers give us the student and they want to see results within a month. “I want the student to be good within a month.” But it has to do with skills; if the student did not master the skills, we have to go back and teach him again. It takes time. So we do not have a magic stick—we hit him with that stick and he will be okay. Sometimes results need time. But regular teachers want a magic stick.

Some LD teachers attributed the sudden improvement of some children with LD to misdiagnosis. According to these LD teachers, some students placed in the LD program are *ehmal* (low achiever) who improve as soon as they receive one-on-one teaching and encouragement. Thamer said, “These are students who we call *ehmal* [low achievers]; when these students are admitted to the LD program, they show improvement very fast; they learn the missing skills quickly. They only need one semester.” According to Tamer, these students constitute about 50 percent of identified LD students in his school. These false negative LD students may put pressure on LD teachers because they give the impression that LD students can get better quickly. LD teacher Khaled also states, “Sometimes we have students and they suddenly become excellent. It is like they did not have LD.”

It is interesting to note that two LD teachers, Thamer and Imam, stated that the most effective mean for differentiating between students with LD and low achievers is through teaching. They seem to recognize and describe a model for LD diagnosis that is similar to what is being proposed lately in the United States, the response-to-intervention model. Thamer and Imam, and other LD teachers, seem to believe that those students who respond quickly to appropriate instruction are not LD.

CHAPTER V

GROUNDING THEORY OF LD IN SAUDI ARABIA

This study explored the recently introduced category of LD in Saudi Arabia. The inquiry was guided by two questions: (1) How do stakeholders in Saudi elementary schools perceive and understand children with LD; and (2) How do schools go about identifying students with LD? Stakeholders were defined as the members of LD teams in elementary schools. During the course of research, interviews were conducted with 41 stakeholders in 9 elementary schools. The participants included 13 LD teachers, 10 regular classroom teachers, 9 school counselors, 6 school principals, and 3 parents. Qualitative grounded theory methodology was chosen to guide the inquiry, data collection, and analysis. This chapter presents the grounded theory of LD in Saudi Arabia and how the participants made sense of, dealt with, and negotiated the category of LD.

The last chapter presented the major themes that emerged from the study. Overall, the majority of participants in this study (32 out of 41) did not perceive LD as constituting a category of disability. With the absence of school psychologists from Saudi elementary schools, LD teachers were seen as the only professionals with specialized knowledge about LD. Thus, they became the primary decision-makers in the identification of children with LD and responsible for the dissemination of the true meaning of the concept in their school. Unexpectedly, the majority of LD teachers (8 out of 13) dismissed the suggestion that children with LD have a disability. Data indicated that LD teachers' perceptions of and approach to LD was structured around managing what Minow (1987) called the difference dilemma, which involves the question: How can LD professionals identify children with LD as "different" without stigmatizing them on that basis? LD teachers worked to balance the scientific representation of children with LD with perceptive understanding of the personal and social lives of children. In other words, these teachers sought to present children with LD

in accordance with the official definition but in a positive and optimistic manner and in ways that did not highlight their differences from other “normal” or “regular” students.

On the other hand, non-specialists, who were identified in this study as regular teachers, school counselors, school principals, and parents, were divided into three categories based on the ways they perceived and understood children with LD. In the first category, the majority of the non-specialists (19 of 28) were found to have an understanding of LD children that blended elements from the official LD discourse with elements that were assumed to be from the commonsense social discourse circulating in Saudi society about children identified as LD. As such, they perceived LD to be limited to the academic domain and not a disability condition or life-long phenomenon. Further, they did not locate LD in the students but attributed a child’s learning difficulty to factors related to school and family circumstances.

In the second category, entitled the scientifically informed conception, 5 regular teachers and 2 school counselors had perceptions of LD that, to some extent, were shaped by the scientific definition of LD. They perceived children with LD to have specific learning difficulties resulting from factors within the child. Three regular teachers in this group believe that LD constitutes a disability condition. Finally, in the third category, were two non-specialists, one school counselor and one principal who held a critical view of LD because. They believed that most children identified as LD in their schools did not match the official definition adopted by the Ministry of Education.

The identification of children with LD and the decision-making process was found, first, to be centralized in the figure of LD teachers, considered the sole experts on the LD teams, and, second, to be completely dominated by informal assessment techniques. Diagnosing a student as LD did not seem to be a stressful and surprising event in schools or to families. Participants accounts indicated that when an academically struggling student is

selected for the LD program, this is seen as an advantage and benefit for the student as they will receive more individualized instruction. The resource rooms were not seen as a place separating schoolchildren with “disabilities” from “normal” or “regular” schoolchildren.

Grounded Theory of LD in Saudi Arabia:

Contesting Children with LD

A primary goal of this study was to develop a theory, grounded in the perceptions and experiences of participants, that explains and appreciates how stakeholders in Saudi elementary schools come to perceive and understand the LD category and how they then handle the identification of children with LD (Glaser, 1978; Strauss & Corbin, 1998). Theory construction was a dialectical process, from data to literature and from literature to data.

The theory developed in this study is based on the assumptions that society, as a rule, is an arena already embedded in discourse (Burr, 1995; Gee 1999; Gubrium & Holstein, 2000). Discourse is defined as a group of utterances, storylines, working attitudes, terms of reference, and courses of action that are submerged into social practices (Fulcher, 1989; Gubrium & Holstein, 2000; Mills, 1997; Reid & Valle, 2004). Discourses construct and structure our sense of who are we and what we perceive to be significant, and how we interpret and classify objects, events, and persons in our society (Hall, 1997; Gee, 1999). According to Burr (1995), “surrounding any one object, event, person, etc, there may be a variety of different discourses, each with a different story to tell about the object in question, a different way of representing it to the world” (p. 48). Discourses can be mundane created by people in everyday life or formal and official created and articulated by certain institutions of society to achieve certain objectives (Hall, 1997).

Within the above framework, the introduction of LD into Saudi school is seen as an introduction of a new discourse complete with storylines, working attitudes, and course of action from which particular children can be positioned and understood (Reid & Valle, 2004;

Skrtic, 2005). LD discourse emanates from within the institution of special education. Special education institution articulates the world in certain ways: It identifies “problems” perspectives on the problems and solutions to the problems (Fulcher, 1989). Special education perceives particular schoolchildren who exhibit particular problems as having disability. Thus, the system divides regular school populations into those with and those without disability (Fulcher, 1989). LD discourse is part of special education system and operates on the assumptions that some schoolchildren who experience low academic achievement despite having average intelligence have underlying deficits framed as impairment or disability. Thus, these children must be identified and distinguished from “regular” or “normal” children in order to be helped (Heshusius, 1989; Skrtic, 2005).

The theory developed in this study posits that, since the introduction of the LD category into Saudi schools in 1996, there has been disagreement over the *identity* of children experiencing learning difficulties in Saudi school, between, on one hand, the official LD discourse created by scientists and policymakers, and, on the other, the local commonsense social discourse created by people in everyday life in Saudi society. These two discourses have opposing and conflicting assumptions about the concept of normalcy, disability, and human differences. The meaning(s) of LD is shaped through the *reciprocal* interaction between the two discourses. There are points at which LD and commonsense discourse tend to converge, but there are points at which they diverge sharply.

Data indicate that the points at which the two discourses tend to diverge sharply include the notion that: (1) children with LD have disability, (2) the cause of a child’s low achievement lies within the child due to neurological damage, and (3) that LD is a life-long phenomenon. Data indicate that these three notions do not fit with participants’ conventional views and the taken-for-granted understandings of children labeled as LD in Saudi society. Participants, both specialist and no-specialists, in their own ways *resisted* LD discourse

through the dismissal and/or de-emphasis of aspects in LD discourse that conflicted with their commonsense understanding. They enacted what Moscovici (1984) calls familiarization, a social process by which new and unfamiliar concepts are reworked and anchored by social groups into their already existing perspectives. Through familiarization, LD in a general sense is perceived by most participants to be normal rather than exceptional, temporary rather than permanent, and the result of complex rather than simple factors. LD theory in Saudi society seems to be modified, and I argue that it was modified to fit with participants' existing representations of children identified as LD.

By resisting LD discourse, the normal *identity* of children with LD is affirmed. Accordingly, the identification process—via referrals, evaluation, eligibility, and remediation—is seen as a regular occurrence intended to identify students who need extra help or *services* rather than a process that classifies children into a category of disability. The decision-making atmosphere was generally seen as simple and the diagnosis of a child as LD was regarded as unproblematic. As Moscovici (1984) puts it, “it is the pre-established image and paradigms that both determine the choice and restrict the range of reactions...emotional reactions, perceptions and rationalizations are not responses to an exterior stimulus as such, but to the category in which we classify such images, to the name we give them” (p. 61). Maintaining the identity of children with LD through familiarization was facilitated by three factors: (1) translation issue, (2) educational discourse, and (3) the nature of LD. The following sections provided further detailed discussion of the constructed theory.

Positioning Children with LD between the Two Discourses

According to Strauss and Corbin (1998), strategic actions and interactions represent what persons or social groups do or “say” to handle situations, problems, and issues in order to accomplish particular objectives. One of the key themes that kept occurring throughout this study was that children with LD were positioned by the majority of participants as normal

rather than disabled. Social constructionist theory, which underpins the methodology of this study, takes seriously the view that language is a crucial site of identity negotiation and construction (Burr, 1995). The rejection of the concept of disability and the exclusion of medical terms from LD discursive practice cannot be viewed as simply a trivial or haphazard happening. I believe that most participants rejected the labeling of otherwise normal children as disabled and ultimately the creation of a new grouping of children with disability in order, first, to preserve the normal identity of these children and, second, to maintain the boundaries between normal and abnormal that prevail in Saudi society, which LD discourse intended to disturb.

LD discourse & its objectives. In order to understand how LD discourse entered into conflict with commonsense discourse over the identity of some schoolchildren in Saudi school, we need examine closely how LD discourse reconceptualizes and positions some schoolchildren within Saudi regular schools.

Categorization and classification are a social reality; “Without categorizing people and practices we encounter in our daily life we could not get through our days” (Fulcher, 1989, p. 25). One of the most important tasks of special education is the categorization and classification of school children who deviate from the *norm* (Skrtic, 2005). Special education discourse operates on the implicit assumption that redistribution of public resources is feasible only by first recognizing and labeling those who suffer significant impairments or deficits (Fitch, 2002). Special education classification systems use the medical model, also called the diagnostic approach, to identify students with disability (Stangvik, 1998). Using the medical model, the Saudi Ministry of Education (2002) defines student with disability as any student who has permanent limitation, complete or partial, in his/her physical, sensory, cognitive, communicative, academic, or psychological areas of functioning to the degree that necessitates special education services. Special educators often use the terms disability and

impairment interchangeably; however, impairment technically is seen as leading to disability: a disability is the measurable functional loss or inability to perform as other children do because of some impairment in sensory, physical, cognitive, or other areas of functioning” (Gargiulo, 2006; Fulcher, 1989).

Special education uses two subtly linked models to define children who have disability: the pathological model from medicine and the statistical model from psychology (Mercer, 1973). The pathological model defines abnormality according to the presence of observable biological symptoms. “The statistical model, which is based on the concept of normal curve, defines abnormality according to the extent to which an individual varies from the average of population on a particular attribute” (Kalyanpur & Harry, 1999). The LD category is the product of both the pathological and statistical model. The pathological model helped to establish the LD construct in its early history by observing and documenting brain deficit. However, because it is difficult to define and verify biological symptoms, the statistical model, in the form of IQ-discrepancy formula, is used to infer the presence of central nervous dysfunction (Skrtic, 1999). Knowledge constructed through the pathological and statistical models is assumed to be based on scientific method, and therefore to be objective and universal (Mercer, 1973; Skrtic, 1999).

Because LD is universal, it transcends culture and boundaries. In 1995, special education in Saudi Arabia was in reform. The LD model was adopted by special educators as a sign of that reform reflecting the belief that 5% of Saudi school children have LD and have not been recognized and helped. To reiterate, LD professionals in Saudi Arabia assume that some schoolchildren who experience learning difficulties in particular school subjects and who “apparently” have average intelligence have underlying deficit, presumed to be dysfunction in the central nervous system. Thus, LD programs are established in most Saudi

elementary schools to identify these grouping of schoolchildren with disability and distinguish them from those “regular” students.

The notion that some children have disability divides the school population into those with and those without disability: It constructs a binary system of normal/abnormal, of belonging here or elsewhere (Fulcher, 1989). Thus, special education identification becomes a binary decision: The child must be confirmed to have impairment in order to be accepted in the system and be given help (Kalyanpur & Harry, 1999). Stated another way, LD discursive practices have the effect of constructing students’ disability *identity*” (Skrtic, 2005). In other words, LD discourse reconceptualizes children identified as LD. Reconceptualization comes from within special education but importantly it informs the broader social contexts which children inhabit.

Reactions to LD discourse. Categorizing and classifying the social world is not only critical for special education but also critical for ordinary people in daily experience; for ordinary people, “communicating and acting would be impossible without classification” (Starr, 1992, p. 3). Thus, Saudi people make use of the category of disability to classify persons much like special education. However, Saudi people appear to have different criteria for assigning the category of disability from that of special education. It is acknowledged that the category of disability is a critical signifier in most cultures (Flicht, 2002).

In Saudi society, and for a long time, the term *eagah* (disability) was used in a restricted manner to refer to severe and visible form of human differences (Al Khraige, 1989). The restricted and careful use of the term disability in Saudi society indicates that people have broad conceptions of normalcy and differences in comparison to the special education system. Thus, the majority rejected the disability concept from LD. To most participants, the academic difficulties of children with LD were not as severe as those of children with mental retardation, and thus, did not meet their standards of classification for

disability. Children identified as LD look normal to them and function within the parameters of normalcy.

Participants learned the meaning of disability as they became members of Saudi society and embedded in its discourse. According to Markova (2003) “when we are born into society and culture, we are also born into commonsense knowledge... we learn unwittingly to eat certain kinds of things and avoid others; we adopt cultural criteria of beauty and ugliness, morality and immorality, and we are socialized into commonsense physics; we learn these things through communication, through daily activities” (P. 136). Similarly, when participants in this study were born into Saudi society, they learned the Saudi society criteria of normalcy and abnormalcy. LD discourse necessitated a redefinition of these criteria and the majority of participants rejected that redefinition.

However, I think that the rejection stemmed from the belief that the disability category could impact the identity of these children in negative ways. The careful use of the term disability in Saudi society, I think, comes from the observation that the assignment of a person to the category of disability may critically impact the personal and social life of that person. Like most other societies (Pfeiffer et al., 2003), the term *eagah* (disability) is undesired status in Saudi society as it signifies loss and differences. Moreover, Saudi people are immersed in Islamic teaching that cautions people about using undesirable names or ridicule others based on their lack of ability (Bazna, 2003). These factors may lead most participants to reject disability concept.

Thus, by attaching a medical diagnosis to children the community considered normal, LD created uncertainty, as was commonly reflected in the stories narrated by LD teachers about parents who rejected the LD diagnosis of their children during the initial years of the LD program. According to several LD teachers, during the early years of LD programs, many parents objected to the suggestion that their sons were learning disabled. Parents’ rejections

during the early years originated from fear that an LD label implies some serious and stigmatizing status such as disability. However, as fears of the LD label were dispelled with the passage of time, parents have become more accepting, often demanding the inclusion of children with learning difficulties into the LD program. LD teacher Abdulkarim's words illuminate this process clearly:

In the past we had a lot of refusal. If we sent ten consent letters to parents, we received back five. Almost half of them refused. But now it is different. The request for the LD program is more than you can imagine. People come to this school for the sake of the LD program. They do not see LD as a disability any more; LD is now understood to mean that the student only needs some help.

Abdulkarim describes a process from rejection to acceptance. It appears that as parents learned about what LD signifies, they came to accept the labeling of their children as LD. Eliminating from the LD discourse the idea that the child with LD has disability is important in prompting parents to accept and welcome the diagnosis of LD, ultimately creating a trouble-free identification process with no rejection and fear of stigma. Another LD teacher, Tamer, described the reactions of some parent to the LD label and his efforts to change their perceptions is noteworthy:

I realized that during the first years the fathers would come to us expressing alarm. They said "No, my child is fine and healthy." They seemed worried. Some of them objected, saying "No, my child is not disabled...my son will not be in special education." We tried to explain and clarify things to them. Some of them understood and appreciated it. Some of them refused. We tried to explain to them that it is only two sessions per week and those even excellent students come to the resource room. Some of them just refused and they prefer that he attend evening classes but not during the day. However, today, this happens less frequently ... these things mostly happened more when the LD program just started. Today, people understand... rejection decreased; in the past we faced rejection. Nowadays, rejection decreased.

So, the idea that children with LD have a disability appeared to cause confusion. The use of the term disability to describe an otherwise normal child appeared to be problematic. Also the admission of a child into special education, to use Dinero's (2002) words, "creates a 'fact' on

the ground: the child is ‘disabled’.” Thus, as long as LD is understood to imply disability or special education services, parents might be reluctant to accept the LD diagnosis.

When the concept of disability was removed from the LD category, families became more welcoming of the placement of their sons in the LD program. Also the evidence that LD disturbed participants’ understanding of normalcy was reflected through the stories narrated by non-specialists describing how they were confused by the suggestion that children with LD have a disability. As regular teacher Jamal explains:

At the beginning, I heard that LD is a mental illness -- it targets the brain and makes the student unable to comprehend school materials; meaning that he [the student with LD] has weakness in cognitive ability. But when I came to this school I *discovered* that he doesn’t have a weakness in mental ability, but is rather a *normal* student.” the dismissal of disability and affirming the normal identity of children identified as LD restored as sense of familiarity to most participants in this study.

By rejecting disability discourse, participants deconstructed the binary opposition between normal and abnormal that the LD category is intended to create. Dismissing the word disability and stressing the word normal were strategic actions intended to maintain the “identity” of children identified as LD within the norm. Valentine (2002) states:

Names and their avoidance must be acknowledged as a crucial aspect of identification of self and others in every society. Naming is a vital part of the identification process. Names imply not only qualities of the person but also patterns of relationship, indicating and identification with and against other (p. 219)

Specialists and Non-specialists Use of Familiarization

I observed how, for non-specialists, LD concept was so connected to the concept of normal to the point that talking about disability when referring to children with LD is regarded as *absurd*. I observed how non-specialists reacted with surprise when I asked them whether or not children with LD have *eagah* (disability). I suppose that familiarization, seeing children with LD in terms of existing understanding of normal and abnormal, was enacted by non-specialists in subtle and implicit ways. Gee (1999) points out people construct schemes

of understanding about their social and physical worlds and tend to use these schemes to process new information and experience in habitual ways.

On the other hand, LD professionals appear to use the strategy of familiarization in more explicit ways. LD teachers occupy an intermediate position between the LD and commonsense discourse. LD teachers are positioned by special education institution as professionals who diagnose new grouping of schoolchildren with disability. The majority of LD teachers in this study appeared to struggle with the position they are being offered. They seemed uncomfortable with the fact that they are attaching a disability label to children. LD professionals live in a social context like everyone else and reflect the values and attitudes as well. The word of an LD teacher named Imam reflected this state of affairs:

We send letters and some papers that contain some information about the LD program in simple language...I mean, sometimes the words “retardation” or “disabilities” worry parents. So they might start thinking: “Okay, it is not as severe as mental retardation.” So I often refrain from sending the official definition of learning disabilities. I try to send a simple definition of learning disabilities depending on the education of parents. I send to them information that is not frightening. I give them the feeling that I want to help their son. I tell them that the LD program would not negatively effect their son’s education. He will not miss the important core curriculum.

The LD professionals, implicitly and explicitly, sought to offer a meaning of LD that is more socially familiar and acceptable. Familiarization is strategic for LD teachers for two reasons: first it offers a solution to the difference dilemma, and second it is effective in a smooth identification process. LD teachers enacted what Goffman (1959) calls impressions control”; impression control, according to Young (1999), is not necessarily intended “to deceive, but to sustain a reality, an event, a self” (p. 113).

Factors Facilitating Familiarization

Three factors play important roles in facilitating the familiarization of LD concept in Saudi schools. These factors are: (1) translation, (2) educational discourse, and (3) the nature of LD.

Translation factors. The first factor that I believe facilitated familiarization of LD is the translation of the term “learning disabilities” into Arabic. The term learning disabilities is translated into Arabia as *so’ubat al taall’um*, which, if translated back into English, would literally mean “learning difficulties” (Bazana, 2003). The word for disability in Arabic is typically *eagah* or *ejiz*; the most accurate translation, I think, should be *ejiz al taall’um*. *So’ubat al taall’um* cannot expect to carry all the latent emotive meanings in the English term. Translation facilitated the familiarization of LD in that the term contains no reference to the notion of disability.

The terminology difficulty does not seem to refer to enduring or inherited condition as does term disability. Norwich (1999) conducted a study in Britain to examine special education labels and found that the term learning difficulties was more highly evaluated than terms such as learning disability and special needs students. Norwich (1999) reasoned that the term “learning difficulty” was more positively evaluated because it implies a potential for change and solutions more than terms such as deficit or impairment. Thus, I think that the use of the word difficulty instead of disability in Saudi Arabia facilitated the positive reception of the LD category in Saudi schools and eased the process of familiarization.

Starr (1992) remarked that one critical aspect of classification is the naming.

Even when referring to the same group, two names may suggest entirely different attributes. From a formal taxonomic perspective, a name is just one of many properties of category. However, by virtue of the web of associative memory, names call to mind other objects and events and color the perception of any category. They thereby often trigger the damages or advantages that categories bring (p. 6).

Thus, I think the name *So’ubat al taall’um* facilitated the familiarization of LD in that the term contains no reference to the apparently damaging notion of disability. I think that if translators used the term *eagah* or *ejiz* instead of *soubat* (difficulties), the familiarization of LD would be more complicated.

Educational discourse. The second factor that I think facilitated familiarization of LD is the domination of the educational discourse and the absence of psychological and medical discourses. Schools were the first governmental institutions in which LD children were identified and the meaning of LD took place. Educational discourse becomes an advantage in presenting LD in familiar manners. According to Foucault (1983), discourse restricts, limits, and arranges what can and cannot be said about the phenomena within its domain. LD in Saudi Arabia was largely presented and discussed by educators using educational terms and references. Diagnosis of LD in Saudi schools is based on informal and educational assessment. LD diagnosis generally means that the child has not mastered particular academic skills; it was not seen as proof that the student has a disability.

The LD field in Saudi schools is separated from the medical and psychological discourse. The discourse of psychology and the practice of psychometric testing are absent from the LD field in Saudi schools. According to Rose (1989), the discursive practice of psychology plays a critical role in materializing the abstract concept of normal and abnormal. Psychometric tests are means of visualizing differences and thus necessary for “constructing the exceptional child”. According to Davis (1995) the development of statistics plays an important role in the construction of normalcy. The bell-shaped curve is used to determine average, above-average, and below-average. Davis writes, “The concept of a norm, unlike that of an ideal, implies that the majority of the population must or should somehow be part of the norm. The norm pins down that majority of the population that falls under the arch of the standard bell-shaped curve” (29). The bell-shaped curve became important tool for defining normal. It provided specificity and supposedly, objective discrimination between normal and abnormal individuals. The absence of medical and psychological discursive practices, which were identified by Mercer (1973) as critical in constructing the disabled

persons in modern society, helped in the familiarization of the concept of LD in Saudi Arabia.

The nature of LD. Finally, the third factor I believe facilitated the familiarization of LD in Saudi society is the nature of LD category itself. First, LD is considered to be soft or non-normative category of disability and that may contributed to the ease by which participants incorporated LD into their already existing understandings. If we conceive human of human behaviors as spectrum or horizontal ranging from normal to abnormal, then most LD children are located in the borderline of normal and abnormal (Wagner & Garno, 1999). The line that separates children with LD from normal children is not easily identified even by trained clinician as many studies have shown (Smith, 1982). Thus, society needs sophisticated technology of identification in order to make the invisible construct of LD visible.

Second, the impact of the LD condition, as the formal definition indicates, is specific; the impact of LD is limited to the school setting; and within school, it is limited to specific content areas such as reading (Wagner & Garno, 1999). Thus, attributing the category of disability to children with LD is irrelevant in the majority of contexts in which they live. Third, paradoxically, the LD concept implies both “disorders in thinking” as well as average and even above average thinking ability (Klatt, 1991). These dual aspects of LD allowed LD professionals in this study to focus on the positive aspects of average and above average intelligence and not on the negative aspect of disordered thinking. By not focusing on the notion of inherent disordered thinking, LD becomes akin to the commonsense concept: Some children have learning difficulties despite having seemingly average or sometime above average intelligence. The strange part in the concept, I think, is the assertion that the difficulty is a manifestation of inherent or organic disorder of thinking caused by

neurological damage. By deemphasizing that notion, LD concept is easily incorporated to commonsense understandings.

Relating Findings to Literature

A decade after its inception, it was time for reflection on the results of the LD experience in Saudi Arabia. This study was an opportunity for the participants to express their opinions and views on practices in the learning disabilities field. The accounts offered by participants interviewed in this study revealed that children with LD are situated between two different discourses with differing conceptions of normalcy and differences.

In particular, the LD discourse appears to sharply diverge from the commonsense social discourse already existing in Saudi society regarding children labeled LD. Special education used a narrow conception of normalcy based on medical and statistical models and attached the disability category to Saudi school children who have been understood to be normal. The parameters of normalcy were broader in Saudi social discourse in comparison to those of the special education system. Participants resisted LD discourse and this resistance expressed itself through dismissal and/or de-emphasis of elements within the LD discourse that did not fit easily with the commonsense social discourse. They enacted what Moscovici (1984) calls familiarization. Familiarization refers to the process by which the new concept of LD is anchored into the already existing understanding. Participants rejected the creation of a new grouping of children with disability. Instead, children with LD are perceived and understood to be normal, “regular” children who are facing transitory learning problems that can be overcome with appropriate intervention. I claim further that one important function of familiarization is the maintaining of the identity of children with LD as normal.

The findings of this study, in many ways, are similar to the findings in a study by Mercer (1973). Mercer (1973) conducted a study aimed at understanding the nature and extent of mental retardation in one American community. Mercer (1973) identified two

perspectives from which mental retardation was viewed: One perspective was the clinical perspective, which classified mental retardation as a disabling condition located in the individual that can be diagnosed by specialized professionals using properly standardized assessment tools. The second was the social system perspective in which mental retardation was viewed as an acquired social status defined by its location in the social system in relation to other status and by the role expected of persons holding the statuses in particular contexts. Mercer (1973) argued that the clinical perspective was simplistic and narrow and could not sufficiently reflect the complex social realities of everyday people. The clinical model was regarded as representing but one dimension within the more comprehensive and complex social system perspective. She concluded that “Observing the concept mental retardation in action as it is used to sort out and categorize persons as retarded or normal in the empirical social world reveals the contours of its meaning. Meaning, according to Mercer, “rests in outcomes rather than origins” (p. 256). Mercer’s notion of social system perspective is crucial in that it illustrates the idea that surrounding any one phenomenon, in this case mental retardation is a variety of different discourse and stories that tell about that phenomenon and offer a different ways of representing it to the world (Burr, 1995).

Although proposed 35 years ago, Mercer’s (1973) penetrating framework of the special education system in relation to the wider society is still applicable today. Her framework not only explains many phenomena within special education in the United States and in different parts of the world. Following Mercer’s framework, children with LD in Saudi schools cannot be understood within the psychomedical perspective. LD as clinical category with specific meaning is best seen as a status within the larger social system with differing and conflicting meanings and functions. Most LD teachers in this study described how the LD category became synonymous with extra help and enrichment rather than a specific category signifying impairment and disability. Mercer (1973) points out that the real social

worlds are complex and flexible. When tidily defined, special education categories enter the empirical social world, yet they often take many and usually conflicting meanings.

Data from this study indicate that the meaning of LD in Saudi schools rests in how the category is used rather than its origins. Although Saudi educators adopted the United States definition of LD, analysis of statements provided by most participants in this study indicated that the meaning of LD is closer to the definition of LD adopted by Australian educators.

Christensen and Elkins (1995) write:

In Australia, learning difficulties are defined as problems in learning that vary in cause, nature, intensity, and duration and arise from the way in which students learn, or the rate at which learning occurs. Social and cultural factors are acknowledged as potential sources of learning difficulties. Learning difficulties are seen as problems experienced by students arising from a diversity of factors, particularly factors outside the individual. Rather than being inherent characteristics of the individual they are often seen as transient, appearing and disappearing depending on the educational experiences of the student. (p. 1)

Thus, children with LD in Saudi schools cannot be understood within the psychomedical perspective. The official definition of LD is best seen as one definition in the larger social system perspective.

The emerging themes in this study resemble themes generated by Harry's (1992) study of low-income, Puerto Rican parents of children with LD and mild mental retardation. Harry (1992) found that parents of children with LD rejected the suggestion that their children have disability and offered their own theories regarding the nature of their children learning difficulties. Harry (1992) drew on Goffman's work and regarded parents' dismissal of disability as an attempt to "pass their children for normal," which was intended to minimize the impact of stigma and marginalization. Harry remarked that although participants rejected the term disability, it does not mean that they deny the children's problems; they reject the term used.

The findings of this study lend support to Harry's conclusion. The majority, if not all, participants in this study did not deny the fact that children identified as LD had learning difficulties. In contrast, they provided rich and insightful views of children's learning difficulties gained from everyday experiences and interaction with these children.

This study shows that special educators in Saudi Arabia are beginning to face similar problems to those faced by special educators in the United States. First, the findings indicate that special education in Saudi Arabia is heading toward struggle with the difference dilemma. This study upholds Minow's (1987) hypothesis that special education seems to create its own dilemma. Minow (1978) suggested that special education, through ever more sophisticated methods for recognizing varieties of disabilities conditions, identifies increasing numbers of children as different and entitled to some specialized instruction. At the same time, special education attempts to treat special needs children like other children and cautions against treating them differently and arguing for the so called inclusive schooling. Making difference matter through labeling and categorizing creates difference and its associated hierarchy of status; making difference not matter deprives struggling school children of needed assistance (Minow, 1987).

As we have seen in this study, LD teachers working attitudes reflected a struggle with the conflicting desires and objectives of special education. I will argue in the next section that the difference dilemma is, to a large extent, the result of traditional special education theory of differences which, in turn, is based on the medical model. As Harry's (1992) study and this study have shown, people are aware of differences between school children and do not seem to object to the identification of these differences. However, framing children's differences in terms of deficit and disorder, I believe, contributed to the creation of the difference dilemma.

Second, the findings of this study indicate that the special education system in Saudi Arabia is beginning to grapple with the ambiguous nature of high-incidence or soft

disabilities. Most LD teachers in this study expressed concern about the fact that the LD category seems to lend itself to generalization, becoming a “catch-all” category. Most LD teachers in this study described how, after explaining to their schools the meaning of LD, the schools still think that LD describes any form of low achievement. According to Kavale and Forness (1998), LD is a circumscribed category describing a particular form of underachievement and not a general form of low achievement. Similar to the situation in the United States, the findings of this study indicate that most non-specialists provided a broader definition of LD by making LD an inclusive term. Furthermore, given the absence of intervention program in Saudi schools to addressing the more general learning and behavioral problems faced by the so called at-risk students, LD program might be seen to take on that function.

Akin to what is happening to the LD concept in the United States, the concept of LD in Saud Arabia is splitting into two parts, the social and the scientific (Kavale & Forness, 1998; Torgeson, 2004, Torgeson, 2001). Some scholars in LD field blame schools for dividing the LD construct. Research has shown that even in schools that employ a very specific definition of LD, students who do not meet the definition of LD are declared to be learning disabled by decision-making teams. Other professionals in the field contend that LD itself is an ill-defined construct. As we have seen in the second chapter, a number of studies conducted in the United States (Shepard & Smith, 1983; Siegel, 1989, Ysseldyke, Algozzine, Shinn, & Mague, 1982; Tucker, Steven, Ysseldyke, 1983) have demonstrated that students identified as LD are more similar to and less different from low achieving students without LD. The vague nature of LD led Ysseldyke (1983) to comment that while there are students with LD, the current classification practices are such that the classification or the category is essentially without meaning.

Third, similar to that of the United States, the special education system in Saudi schools is developing what Barsch (1968) has called the “territorial grayness”. A major issue in this study, specifically related to LD teachers, was the issue of slow learner and low achiever. Who is *ehmal* (low achievers) and who slow learners are? Who should take care of them? *Ehmal* students as well as slow learners seem to be neglected by the schools. For some LD teachers, the issue of who should receive specialized instruction becomes an ethical issue. Some LD teachers felt the guilt of providing assistance to some children and not others, especially given the difficulty inherent in LD diagnosis. This issue persists in the American school system. Commenting on the practice of identification of children with LD in American schools, Ysseldyke et al. (1982) argue that to identify and provide services for certain students but not for others, who are very much alike, is an unjust practice.

Finally, the findings of this study, especially from LD teachers’ perspectives, indicate that there are increasing demands for placing many students who experience low academic performance into LD programs. Minow (1987) called this phenomenon “magnate labeling”. According to Minow, the phenomenon of magnet labeling can be understood as the consequences of increasing knowledge about LD students and programs for LD children. Minow (1987) pointed out that “the service and program benefits available through labeling alter the stigma issue, and parents or teachers may push to label a child in order to obtain extra educational resources” (399). Starr (1992) points out that when a government organizes benefits around certain categories, categories become a framework of incentive and persons may well adjust their self-descriptions and self-conceptions to fit the official category (Starr, 1992).

Implications

Without doubt, the introduction of LD is considered an important event in the history of education in Saudi Arabia. Through LD programs, many Saudi school children are receiving much needed instructional assistance. The most constructive aspect of the introduction of LD into Saudi schools is that it might make educators and society stop and think about the nature of learning. However, the introduction of LD into Saudi schools also raises several important issues.

One of the key themes running through this study has been the resistance of discourse about the true meaning of LD. Educators and parents alike seem to perceive the discourse of disability and deficit to be irrelevant to their life. I think that the resistance to LD discourse results from the heavy reliance on the medical model. I will focus on two critical implications of the special education system that operate through the medical model in Saudi Arabia: (1) medicalization of schoolchildren, and (2) individualization of social and school problems.

Medicalization on the Move

With the introduction of LD, and in the near future emotional and behavioral disorders (EBD), special education set in motion what is known as “medicalization”. Medicalization refers to the unintentional or intentional expansion of the domain of medical jurisdiction over increasing aspects of the ordinary life (Conrad & Potter, 2000; Morgan, 1998). According to Morgan (1998) medicalization involves three mechanisms or processes: First, individuals, groups, and cultural institutions viewing (or come to view) a domain or problem or condition or choice or life circumstance in medical terms. Second, professionals acquiring medical knowledge or training in accordance with the medical model are seen as the only (or the most) legitimate authorities to apply that knowledge to the medically defined “problem”. Third, there must ultimately be widespread individual and institutional acceptance of the medical conceptualizations of the defined “problems” (Morgan, 1998, p. 84).

A reflection on the mission of LD field reveals that the above three mechanisms or processes of medicalization are taking place, although faced with resistance for the time being as this study has shown. Medicalization of Saudi schoolchildren is growing. The official LD category is taking on a life of its own and is becoming diffused in society (Starr, 1992). Persons who never thought of themselves as being in that category begin to see themselves within it (Conrad & Potter, 2000). This diffusion results in two critical outcomes: First, medical category is seen as objective truth reflecting a natural and self-evident reality (Heshusius, 1989; Fulcher, 1989; Skrtic, 2005; Starr, 1992). And second, the diffusion of a medical category like LD “makes everyone who reveals the un-scientific and primarily political nature of the concept appear uncompassionate and unkind” (Klatt, 1991, p. 57).

Medical discourse operates through positivist theory of reality or correspondence theory of meaning (Fulcher, 1989). Within the positivist theory, concepts developed through scientific methods are said to correspond or mirror reality. The theoretical underpinning of the LD field is correspondence theory and within it LD is seen as an observable or intrinsic, objective attribute or characteristic of children (Skrtic, 2005).

According to Carrier (1983) the power of LD theory is that it focuses on the physical realm, the brain, and explains a set of attributes manifested by certain children in terms neurophysiology “which we take to be real and natural and operate independently of the “merely social” (p. 951). Klatt (1991) points out that the medical model enable special education professionals to take for granted that the objective knowledge they have acquired in their education enables them to “determine who has brain pathology and who has a normal brain, and they do so, in fact, even if neurologists fail to confirm their diagnoses (p. 50)”.

Individualization of Social Problems

The LD category is not only descriptive but also explanatory. When LD is used loosely it is used to explain the learning difficulties of large number of Saudi schoolchildren.

Because LD theory locates learning difficulties “in the children” it leads to individualization of school problems and at the same time diverts attention away from roles of society, the school, and families in creating children learning trouble (Christensen, 1999). Klatt (1991) points out that, LD is “a relatively distinct condition resulting from an organismic dysfunction. The notion of disorder thus is synonymous with disease, comes from medicine, refers to the brain, implies that the “condition” is abnormal and that the person so afflicted “suffers” from it, that he is “handicapped” or “disabled,” that nobody (neither school, nor family) is to be blamed for it” (p. 50).

The medical perspective underlying LD theory encourages a biological explanatory system and promotes a system of thinking in which children are seen as isolated organisms rather than as persons functioning in a social network (Mercer, 1973). Consequently, the LD model systematically prevents educators from developing a wider, more socially responsible discourse on learning and development, and also from seeing other factors such as irrelevant and un-engaging school curricula, incompetent and unexcited teachers as contributing factors to children’s struggles in schools (Reid & Valle, 2004).

Concluding Remarks: What is Disability?

In problematizing the concept of disability in this study, my objective was to move the social constructionist nature of some disability categories from the periphery to the very center of the special education field in Saudi Arabia. The medical model is a useful and even powerful tool for dealing with human conditions with clear and observable biological status (Mercer, 1973). However, when the medical model is used for the identification of conditions with no clear way to verify biological origin, the model is destined to face persistent problems (Mercer, 1973). Special education classification is seen as technical and scientific issue and the diagnosis of some schoolchildren as LD implies the presence of impairment and/or disability (Fulcher, 1989).

According to Starr (1992), classification involves two different processes: The ordering or arrangement of objects into groups on the basis of their relationships and similarities and the assignment of objects into those groups. The first process is performed by scientist and official institutions while the second process, assignment, is often carried out by clinicians (Starr, 1992). The more complex the diagnostic decision is, the more skills and specialized tools are needed by diagnosticians to make valid decision.

The significance of the above analysis is clear. When schools lack the adequate tools for identification, many students may be identified as disabled mistakenly (Fulcher, 1989). When diagnosticians lack the appropriate tools for making sound diagnosis, identification becomes a *relative* science. The question arises: Why do educational systems in some developing nations adopt a classification such as LD while they lack the supposedly sophisticated tools of adequate identification?

One possible answer to the above question is that disability is *procedural tools* (Fulcher, 1989). Disability is an approach or system to manage expanding populations of students who struggle in regular schools (Slee, 1998). The decision to acknowledge certain disability categories might reflect a desire to conform with international civil agency classification system such as the International Classification of Diseases. Thus, disability might be a *political category* (Fulcher, 1989). Finally, “disability is a *disputed* category: This is clear when we look at welfare state and education practices. Its relevance is disputed: is this, or isn’t, a case of disability? And if so, how much, how disabled? (Fulcher, 1989, p. 24)

In closing, participants in this study, through their natural attitude and commonsense knowledge, provided a vision of special education that is concurrent with recent calls by scholars in the international special education for a *shift* in the philosophy and practice of special education. According to Pijl and Bos, 1998

In special education, classification into traditional categories of handicap is no longer seen as an appropriate ways of meeting the special needs of pupils. Instead, the term

‘special education’ refers to the services which are required if problems arise in education. Pupils’ handicaps are no longer the central tent of special education (p. 108)

With increasing school population, more children will need specialized help and understanding. The special education institution has a vested interest in introducing the category of EBD in 2008. Life in Saudi Arabia is becoming more complex and many schoolchildren are trying to cope with increasing complexity in their life situation. Saudi children who experience difficulties in school are becoming the focus of national concern. What they need is a positive element in their lives at a time when they are being marginalized.

Special education has historically focused on a limited segment of school populations, primarily those who have or are suspected of having disabilities. Recent Research findings revealed the chronic nature of the learning and behavioral problems experienced by schoolchildren and the critical need for early intervention if negative long-term outcomes are to be curtailed” (Lyon et al, 2001). Thus, I strongly contend that special educators should use their unique expertise to positively affect all students in school settings, not just those who exhibit serious learning, behavioral, or emotional problems.

Future Research

This study is intended to serve as a basis for future studies in Saudi Arabia. The results suggest that a successful special education program must take into account the reciprocal interaction among people, experts, theory and reality. The issue facing special education, according to Norwich (1993), involves the following: If there is some specialization of teaching content and methods, how should specialized provision be managed and distributed so that it reaches the relevant individuals without marking them out in a negative way? I recommend that a study, both qualitative and quantitative, be conducted to explore the general public view of this issue in Saudi Arabia.

This study shade some light on the issue of the expectation placed in special educators in regular schools. Saudi educators are planning to introduce the category of emotional and behavioral disorder into Saudi school in the near future. Before the introduction of EBD, we need to have to have clear idea what being EBD specialist involve based on the unique needs of Saudi schools and how EBD specialist is both similar to and different from school counselor.

The needs of children with disabilities are multifaceted. We know that effective interventions for children with special needs are those holistic, interagency, and interdisciplinary interventions. Studies suggest that poor communication and collaboration between school personals and families is a significant barrier to effective intervention for students with mild disabilities (Turnbull & Turnbull, 2001). Thus, it is important that we explore what facilitate and hinder cooperation and effective communication among the stakeholders in Saudi schools. Finally, studies that explore families' beliefs and perceptions about their children's disabilities are needed. These studies will assist special educators and other professionals in understanding families' perspectives toward disability and schooling.

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APPENDIX A

Interview Guide

Teachers/Professional Interview Protocol

1. Tell me about yourself and your professional background?
2. What is your experience of working with children?
3. What is your experience of working with children who have special needs and their families?
4. What does “learning difficulties” mean?
5. How do you decide a student has learning difficulties?
6. How do you decide the child who is having trouble learning needs special services?
7. How do you think learning difficulties affect this child and how his family?
8. Tell me about _____ referral?
9. Could you tell me how the placement/IEP decisions are made in the school? Did your team follow these procedures when evaluating and placing _____? If not why?
10. Who was involved in the evaluation and decision-making process? how were they involved? Why?
11. What information was shared before the meeting? was the information helpful? Why or why not?
12. What do you like about the process and what do you dislike?
13. Whom would you say had the most influence on the placement for _____?
14. What is your belief of working with children with special needs and their families?
15. What kind of relationship would you say could best describe your interactions with the parents?
16. What is the school philosophy regarding working with parents? How do you do to involve parents in the decision-making process? why?
17. What kind of decisions would your school allow parents to participate in the decision-making process?

Parents Interview Protocol

1. How's your child doing in school?
2. How did you first learn that your child was having learning difficulties?
3. What were your feelings when you learned that your child may have learning difficulties?
4. What sort of information the school presented to you before your child referred to evaluation/IEP meeting?
5. Who first suggested that your child was having learning difficulties? and what did they say?
6. What were your feelings when you were told about the assessment placement conference?
7. What was your understanding of the evaluation process?
8. Tell me about formal and informal interactions with the professional from the initial meeting through the evaluations?
9. In what ways were you involved in the evaluation process?
10. Could you tell me about your relationships with the teachers?
11. How do you communicate with each other?
12. Are you satisfied with school? Why or why not?
13. Are you involved in any parent groups or organizations? If yes, how did you come to be involved? And what does the group do?

14. What is your understanding of the nature of your child's learning disability? How will it affect the child future?
15. How do you think having a child with learning disabilities has affected your family? Or will affect your family?
16. why do you think your son have difficulties in learning
17. Have you received any information about LD?
18. How do you feel about these meeting?
19. Do you have any concern about that?
20. The school has identified your son as having a disability, what do you think about that?
21. Have you been to any meetings at the school to discuss your son's education?
22. Can you tell me about these meetings?
23. Do you know that the school has developed an educational plan for your son?
24. Do you feel that LD program is helping your son?

APPENDIX B Informed Consent

University of Wisconsin-Madison

Principal Researcher: Ibrahim A. Al-hano
 Title of Project: Representations and Identification of Male Schoolchildren with LD in Saudi Elementary Schools

Dear Study Participant:

I am a doctoral student at the University of Wisconsin-Madison in the Department of Rehabilitation Psychology and Special Education. This Informed Consent will explain about a research project in which I would appreciate your participation.

The purpose of this research is to undertake an in-depth, qualitative grounded theory to explore the meaning of learning disabilities (LD) as experienced and perceived by parents, teachers, and administrators and the decision-making process regarding the identification of elementary school male students with LD. The information gathered through this study is intended to help those professionals who educate children with LD gain insight into the experience of caring for schoolchildren with LD and deeper understanding of the meaning and significance of the identification of children with LD.

Participants will be interviewed in depth regarding their personal experiences in dealing with children with LD and with the school system pertaining to their educational needs. This study intended to understand the story of children with LD from the point of views of their parents and schools professionals who work closely with these children. The interview will only take approximately one to two hours of your time. This will allow you to carefully answer each question and share any additional information you wish. This interview will take place in a location that is most convenient for you.

The instrument in this study is the interview guide. This instrument will be used by the researcher to lead interview process from one question to the next. The interview will be audio-taped with the permission of each participant. The audio-tapes will be stored in a locked space during the study, and erased following the completion of the study. Notes will also be taken. Fictitious initials will be used in place of each participant's name when reporting the information given during the interviews.

Every attempt will be made to keep all information attained during this study confidential. A copy of the records from this study will be stored in the Rehabilitation Psychology and Special Education Department for at least 10 years. The result of this study may be published and/or presented at meetings without naming you as a participant. Although your rights and privacy will be maintained, the University of Wisconsin-Madison Rehabilitation Psychology and Special Education Department have access to the study records. My records will be kept completely confidential according to current legal requirements. They will not be revealed unless required by law, or as noted above.

Your participation in this study is voluntary. There is no pressure in any way for you to participate in this research project. You can withdraw from the study at any time during the study. There is no penalty for withdrawing or not participating.

If you have any questions, you may call Ibrahim Alhano at 1-467-4591 for any inquiry about your rights as a research participant.

...../
Signature of participant date

...../
Signature of investigator date