

DISSONANT NOTIONS CONCERNING DISORDERED CHILDREN
AND THEIR EDUCABILITY*

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On Normative and Diagnostic Approaches to Teaching Children

An important way in which classrooms differ is the extent to which daily activities are a result of materials that have been supplied because of certain normative assumptions about the children as compared to the extent to which they are the result of specific evaluations of children in a particular class. The fifth-grade class that receives fifth-grade readers and fifth-grade workbooks is clearly using materials which have been developed with an "average" fifth grade in mind. In principle, we may make the same claim for kindergarten and pre-school classes, as well as for classes for the mentally retarded. There are many assumptions involved in the curricula process that consists of providing form and content for lessons irrespective of who the children are that are being taught. This is not to imply that these assumptions are not often well advised, i.e., at times it appears proper for the teacher to ignore the variability of a particular group or the individuals in that group. However, we are suggesting that to the extent to which assumptions are made about groups of children--and the resulting curricula procedures--important dimensions of variability obtain between different kinds of classes.

At one extreme, we have a group of students--possibly a college class--who do not vary very much in age and, insofar as the instructor is concerned, are not particularly dissimilar either in abilities or motivations. The

*This paper by Dr. Blatt and Prof. Garfunkel contains the gist of Dr. Blatt's contribution to the workshop and is substituted for the remarks made by him.

lectures are delivered to the entire class, there is a standard textbook, and the final examination is objective. Obviously, there are problems as well as virtues attendant to this kind of "normative teaching." The instructor has made certain assumptions about each student's life, family, prospects, intelligence, and possibly even his religious convictions--that is, if he has some or not.

At the other extreme, we have a class of children who vary greatly in age and ability. It is clear to the teacher that each must be treated quite separately. However, if this heterogeneous group of children are each taught individually by the teacher, but in each case different standardized reading books and workbooks are used, normative assumptions are still being made. But in this class, they do not apply to the group as a whole but only to the individuals in the group. Therefore, the use of normative materials does not necessarily assume a particular class is either relatively homogeneous or heterogeneous but only that lessons have been more or less predetermined for a particular child rather than especially developed for him. In this way, individual tutoring can be an example of normative teaching.

It is important to note that specially developed lessons for particular classes and children might very well be ineffective while, on the other hand, the teaching of packaged materials might be extremely effective. The question of how materials are developed and where they come from is not necessarily crucial to the question of quality. Further, it is likely that some teachers perform more competently when using normative materials than when utilizing a so-called diagnostic approach to teaching. Regardless of what approach the teacher is most comfortable and successful in using, her insight into the possible risks involved in choosing particular strategies is a much more important consideration. Further, we are convinced that, whether teachers use normative or diagnostic approaches to teaching, they all require continuous and sensitive "educational feedback."

Before we go any further, we should admit our bias in the matter, if it has not already been shown. If the teacher is able--and this is not necessarily a matter of capability or intelligence--we believe it more desirable for her to become involved in developing materials for the children in her class. We do not believe that by doing this she will necessarily develop objectively "better" materials; there are several reasons to believe she will not. However, by the active involvement in developing these

materials she will--by necessity--have to study children more carefully and learn a great deal more about them and, therefore, she should become a better teacher.

Curriculum Development

Central to the problem of curriculum development is the concept of readiness. A child who learns was obviously ready to learn. But it does not follow that readiness necessarily leads to learning unless readiness and learning are the same thing. Therefore, a child can be ready to learn--physiologically, experientially, conceptually, emotionally--but fail because of unfavorable conditions. There is some implication that "readiness" has to do with factors internal to the child and that "conditions" pertain to external factors. However, the distinction between internal and external factors is arbitrary as is the whole concept of readiness and, consequently, as is the construct "curriculum." The question of teaching and learning cannot be dealt with by appealing directly to psychological laws of learning or teaching. Although there is a considerable amount of normative data about when children tend to gain specific abilities, there are extraordinary variations of timing, sequence, and intra-child consistency. The "mass production" nature of public schools--texts and workbooks, college entrance examinations--is an inevitable by-product of a mass-education system. Insofar as it is necessary to educate all children to the age of sixteen, seventeen, or eighteen (and now, in certain cases, it is necessary to educate pre-school children) it is necessary to staff schools with teachers having greatly varying background and competencies. The result is what we refer to as "the slot machine" approach to education. The system is conceived as a machine which works when certain generalized stimulations are given to it and, because of fairly limited goals, it can be said that the machine works both consistently and well. An individual goes through a four-year college program to prepare herself as a teacher. Upon graduation, she fits into one of thousands of classrooms in thousands of schools and proceeds to distribute to the students materials that are more or less similar to those of all the other schools, without regard to such questions as where her students live, what are their social and cultural backgrounds, and what are their special strengths and disorders. There is no question but that this is a great equalizer. There is a question as to whether this approach

has anything to do with pedagogical excellence.

However, there is no question but that many of the "slot machines" work quite well and teachers are capable of developing superior educational milieus which provide a setting for warm interpersonal relationships between children and their teachers. There is also little question that, in some of these situations, the children achieve what might be termed the ultimate goal of education, i.e., children are taught to teach themselves. However, the contention of this discussion is that the requirements of the mass-education system are quite different than the requirements that can be reasonably set up for a superior teaching situation--of absolute necessity for disordered children.

Teachers may insist that they can use normative materials while, at the same time provide for other kinds of classroom activities. To repeat, it has certainly been within our experience that many teachers and children have functioned effectively in this kind of system. However, we see a contradiction between the goal of generalized learning experiences, where children learn in order to learn, and specific a priori prescriptive methods with specific textual materials and workbooks and specific lessons to be done by all children.

The contradiction is most obvious in classrooms for the disadvantaged and the retarded where there are numerous children with learning problems relative to their ability to attend to what is going on in the classroom, their motivations, and their accumulation of skills. To the extent that an educational environment presents a relatively heterogeneous situation with respect to student ability and student behavior, we can loosely refer to it as a special educational setting. The problem facing teachers of the disadvantaged and mentally retarded is in developing a construct which would provide guidelines for dealing with the most general type of teaching-learning situation--one in which there are children who are maximally different and who behave maximally differently at different times. In this kind of setting, the appeal to either age-wise normative materials or group-wise normative materials appears to be futile.

The Educability of Intelligence

Notwithstanding the current unprecedented interest in the nature and nurture of intelligence and special interventions to prevent or ameliorate

intellectual deficits, there are disappointingly few studies giving illumination to these questions. Therefore, in the absence of some global theory that would provide more appropriate research questions to ask and, possibly, more fruitful guidelines for intervention, rather than wait for more useable data on which to base our research and treatment programs, we have decided it to be wiser and necessary to use certain strategic approaches, which can be considered our assumptions.

We assume that intelligence is educable. By this statement we mean that there are procedures and conditions involving training and practice that intervene to bring out or elicit capacities in an individual for changing, both in rate and complexity, his learning performance in school-related and other problem-solving tasks. Or, to state this in a different way, we also mean that intellectual functioning is neither static or dependable. Further, we assume that the capacities of human beings are, generally and traditionally, underestimated. A corrolate to this is our assumption that the effects of disability are over-estimated.

How do individuals change? We assume that change becomes possible when an individual needs to change, aspires to change, and--most importantly--is optimistic about possibilities for change. Educating intelligence refers to more than hypothetical "mental faculties or abilities." It is associated with attitudes about self, learning, and abilities without which the phenomenon of change cannot be comprehended.

We assume that, as children develop and mature without the intrusion of any special interventions, disadvantaged and so-called cultural-familial retarded children (that research available on the nature and corrolates of social class and intelligence makes it extraordinarily difficult to view these overlapping groups as being discrete) begin with early disadvantages and more or less change for the poorer and typically advantaged children more or less change for the better. Further, we assume that any child born of an intact nervous system and who is physiologically normal does not have to function subnormally, regardless of his parents' intellectual qualities. However, as certain of these children mature, a cumulative-regressive deficit phenomenon sets in which eventually causes them to behave differently from other children more favorably cared for. The results, quite subtle at the beginning, produce disorders in many areas of functioning, of special concern to us being those in the cognitive-intellectual, language, and

psychological areas.

Lastly, our assumption that intelligence is educable refers both to children and teachers; and to the extent we can influence the latter, we may influence the former.

Final Comments

We are convinced that disordered children--the mentally retarded, the culturally disadvantaged, the emotionally disturbed, the neurologically impaired--fail in the school setting and on psychological tests because of a variety of academic, emotional, and motivational deficiencies and unpreparedness, not because of any one type of intellectual or psychological underdevelopment. Secondly, the design of relevant early stimulating curricula for the prevention of academic deficiencies, in general, has not been studied and, therefore, procedures in curriculum development should be operationally open-minded and more or less unstructured and emergent in nature. We are convinced that in whatever ways we are to be effective in realizing our objective for the educability of intelligence, it will be those interactions among teachers and children that will provide for this effectiveness. Crucial to the development of an emergent curriculum for the prevention of cognitive-intellectual, language, and psychological disorders will be the experiences all share in the process of curriculum development.

Our major interest has been in the prevention of cognitive and motivational disorders among young disadvantaged and so-called cultural-familial retarded children. That we are particularly concerned with these children should not, we hope, lead us to neglect the distinction that we have been more generally interested in good teachers and good teaching. To further clarify this, we might add that to whatever degree our comments have meaning, for the education of the retarded, they have equal relevance for a number of other groups, variously called: brain injured, disturbed, and normal.

To conclude, we have made a distinction between a prescribed curriculum approach to the education of children and a clinical approach. As became quite obvious, our bias is toward the latter strategem. During the development of our own work, we have evolved some specific ways of dealing with special problems. However, for the most part, we would not

be able to do anything more than offer suggestions based on our experiences and then expect teachers to take those important other measures in planning programs for specific children they are responsible for. There is no single methodology or group of methodologies to deal with all problems attendant to the education of disordered children. The reasons for this are quite simple: Disordered children do not comprise a homogeneous group; they are not educated in homogeneous settings; and they are not taught by teachers who are like one another.

We view the relationship between mental retardation and cultural deprivation as an intimate one, as well as those relationships among all of the various conditions giving rise to disordered behavior. On the other hand, we view the concept of "cultural-familial mental retardation" and several other "special" and "unique" conditions as relatively meaningless ones.