Report from Eastern Europe

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Personality of Children with Learning Disabilities:
A study of pedagogical and psychological services in Czechoslovakian schools[1]

Abstract

This paper underlines the personality problems experienced by children who are receiving rehabilitation therapy for learning disabilities. In difficult cases the professional help for the child has to be linked with family therapy. The paper includes information about pedagogical and psychological services in the schools of Czechoslovakia. These centres, organized in the 1960s, at first included pediatric consultations, but later concentrated on psychological and pedagogical diagnostic and therapeutic care. The three major areas of activity concern (a) the relationship between acting-out behaviour and learning disabilities in children, (b) family problems, and (c) appropriate vocational guidance.

Résumé

L'auteur de cet article souligne les problèmes de caractère qu'éprouvent les enfants à qui l'on administre une thérapie de réadaptation pour des difficultés d'apprentissage. Dans les cas difficiles, l'aide professionnelle donnée à l'enfant doit être liée à une thérapie familiale. Cet article contient des données sur les services pédagogiques et psychologiques offerts dans les écoles de Tchécoslovaquie. Ces services qui ont vu le jour dans les années 1960 comportaient au début des consultations pédiatriques mais ils se sont concentrés par la suite sur le diagnostic psychologique et pédagogique et sur les soins thérapeutiques. Les trois principales sphères d'activité portent sur

a) le rapport entre la mise en acte et les difficultés d'apprentissage chez les enfants, b) les problèmes familiaux et c) l'orientation professionnelle qui convient.

History of Pedagogical and Consultation Centres

At the beginning of the 1960s Czechoslovakia set about to establish Pedagogical and Psychological Consultation Centres for Children in some of the country's major cities, among them being Prague, Brno, Bratislava, and later Olomouc, Ostrava, and Hradec Karlove. In these centres there were psychologists and pediatricians, who maintained contact with child psychiatrists. Soon parents came to view these centres as the one place, above all, to seek psychological and social/educational help for their children, whereas in the past they had access only to a pediatrician who might be near their home. The centres had the added advantage of being able to communicate directly with children's physicians by telephone.

In the second phase of this project, some years later, such centres were established in every regional town and, in Prague, in every city-district. These centres were staffed by psychologists and trained social workers who maintained communication with pediatricians and other physicians. As the centres became more and more popular, the physicians and teachers developed more systematic contact, especially when there were problems with children's behaviour and, particularly so, when children exhibited learning problems in school.

The new dimension of helping children with learning disabilities helped introduce the third stage of these centres. Beginning in 1976, the centres reached more autonomy, and the psychologists and social workers began to work as a team with persons trained in special education (special educators). These special educators were specialized in working with socially, mentally, and physically handicapped children. This proved to be the optimal constellation of these services, and the centres continue until the present to function in this manner.

In the initial stages of this project, it was mostly pediatricians and other physicians who referred children to the centres for examination or treatment. (Of course, physicians in hospitals had access to clinical psychologists and did not have need to use the resources of the centres.) Eventually, it became the norm that more and more of the schools (teachers) and the parents themselves began to seek services from the centres, so that at present there is a proportionate number of physicians, teachers, and parents who are involved with the centres.

The basic concerns dealt with in the centres are generally classified in three areas: a) problems of education related to the children's behaviour, b) general learning problems, and c) vocational guidance of those students who are finishing the compulsory aspect of their education. In the first area, the educational difficulties represent a wide range of problems, beginning with acting-out behaviour and continuing along a continuum to aggressivity or some striking symptoms of neurosis such as stuttering, tics, enuresis (*nocturna* or *diurna),* encopresis, or trichotillomania (tearing out of hair).

An important part of the centres' work is that of helping the families, who, in addition to having children with severe behavioural problems, are experiencing a crisis such as divorce, illness, or death. The educational problems, in the second area, are handled in various ways: An assessment begins with an examination to determine a preschool-age child's maturity for school attendance, whereas with the school-age child there is an assessment and diagnosis of specific disorders of reading and basic math and an examination of intellectual ability. (In the case of suspected mental retardation, there is consultation as to the appropriateness of placing the child in a special class or school.) The Centre's psychologist can recommend also individualized instruction which involves having a teacher instruct within the child's home, or in exceptional cases the psychologist may recommend releasing the child altogether from academic instruction. Psychologists who have specific qualifications may work with the courts in the cases of juvenile offenders.

The recognized need of closer cooperation between teacher and psychologist led to the introduction of the position of school psychologist, who is expected to follow the development of children who have been given psychological assessment. Above all they counsel parents about preventive measures, and advocate the cooperation of teachers and parents in dealing with children who have difficult behavioural problems. The school psychologists can be especially helpful because they may know the atmosphere of particular classes and can help in solving various problems of interpersonal relations that arise in the school.

Besides diagnosis, the centres also concentrate on rehabilitation and therapy, especially treatment of specific disorders of learning such as dysgraphia, dyslexia, or dyscalcula, and children suffering minor organicity. The centres also organize both individual and group therapy, using relaxation skills, suggestion, hypnotherapy, and other psychotherapeutic methods.

The demands of the clientele on these centres is increasing year by year, so that, as a result, more emphasis is being placed on the qualifications

of the employees. Thus there has been an increase in the number of university institutes that are able to provide the type of education and training that is needed to staff these centres. While these centres have been supported up to this point by public money (taxes), in the future, if demands continue to increase, parents may be required to support them, at least partially.

Research in the Centres

When this author, over twenty years ago, began her research and work, in Prague, on the personality of children with learning disabilities, it was surprising to find a large number of gifted children in the Pedagogical and Psychological Consultation Centres who were not successful academically. These children seemed to suffer much misunderstanding and a great deal of anxiety and fear as well as depression—much more than what was considered to be normal or what was described in the research literature and textbooks in the field. A second observation was that there were more of these children than was generally assumed, and the third observation was that the symptoms of many learning problems (learning disabilities of the gifted) seemed to be the same, irrespective of the kind of learning disability or the reason or causes/etiology of it.

There are a number of problems with such children on which educators and psychologists must concentrate (e.g., how to teach these children to read, how to increase concentration), but their major problem is often underestimated or not recognized at all. It is the problem of their personality differences—a social concern in the deepest sense of the word—and a situation which has a solution only through a comprehensive educational process that is followed by careful analysis.

In the preschool age most of these children (i.e., learning disabled) appear to develop normally, they look forward to school, and the parents have no concern about their future, especially when there is an older sibling who has been successful in school; however, the parents are shocked when their up-to-now-normal child begins to have problems in school. At this point it is necessary to discuss the first dimension of this problem - the school. It was observed that schools in Czechoslovakia (and most other systems in Europe) seemed to "trigger" certain developmental problems, considering the fact that up to the time the children enter school they have learned to speak the mother language and to use the basic skills of social communication. Problems begin to be recognized when the child starts school. It may not be that the schools in Czechoslovakia are poor; they have a long tradition of upholding standards of excellence and the prestige of higher education is valued by the people. The drawback seems to be the fact that scholastic achievement is emphasized to the extent that the develop-

ment of personality is neglected, insomuch so that gifted children with learning disabilities are not given adequate guidance and little effort is made to integrate them into the classroom and school.

When difficulties arise, the first reaction of parents is that of spending a great deal of time trying to help the child to learn, often without success, and the results do not correspond with the effort made. The children begin to dislike school work because they are always disappointed with the level of success. Children begin to sense the changing attitude of the parents. Spontaneity, as a personality trait, gradually fades, as they observe more or less visible signs of disappointment of the parents, because they feel it is not possible to satisfy them. Additionally, many good, conscientious parents lose their patience and perseverance and accept the notion that their child is not as successful as they had expected. They begin to expect and accept substandard results in the child's studies. Furthermore, the teacher who does not understand the nature of the situation begins to confirm their rising conviction that the child is not gifted enough so that together they start to deal with the child as being less able. The child is placed in the position of being almost compelled to meet these lower expectations and begins to receive low marks even in areas in which her/his disability (e.g., dyslexia) does not play any role. The parents and other family members begin to discuss openly the question of whether or not this is an inherited problem and, if they conclude that it is, a great deal of guilt may be generated in parents and/or grandparents.

Finally, the child loses motivation for learning. One Czech psychologist, speaking at a conference on the subject of dyslexia, stated that it is useful in discovering dyslexia to check a child's marks carefully and as soon as the mark for "reading" is two grades lower than the mark for mathematics, there is good reason to believe that the problem may be dyslexia. In some cases this "rule of thumb" may be useful, but generally this does not seem to be the major symptom of dyslexia. The problem is that such a learning disability as dyslexia often causes a decrease of **all** school marks, since the disability affects the personality of the child as a whole in most cases.

A successful sibling can further complicate the situation. In such a case the parents deduce that the scholastic failure of the child in question is not genetically determined and they may begin to accept a still worse explanation, namely that the unsuccessful child is spoiled. This child that has disappointed them is declared to be lazy or unconcerned, and the teacher often confirms it in spite of the fact that it can be easily observed that in some subject areas the child understands the work very well. However, this observation is misused by being interpreted as further confirmation of the general conclusion that the child is lazy. The vicious cycle closes and the

child is forced to accept and play the role of the "unsuccessful one." As the school marks become worse, the child may consciously isolate her/himself from others, or in some cases become aggressive toward parents and siblings.

Upon completion of formal schooling, the youngster experiences many problems with a vocational choice, since for a young person with this type of disability the choice is very limited. In the case of severe dyslexia, the intellect can indeed be underdeveloped. Such youngsters, even though they complete high school or begin college, find that they are forced to become apprenticed in a field that is less challenging than what they wished. They become dissatisfied in their vocation and, additionally, have difficulties keeping in contact with their school mates because their interests differ greatly.

The following case is an example of the difficulties experienced by a learning-disabled child. A mother whose two daughters successfully completed university education had a much younger son who suffered from dyslexia. He had severe problems in school and, eventually, became a shop assistant in a hardware store. He became isolated and withdrawn, and he had no friends. The other employees of the shop did not understand him, and he became ashamed to try to develop or maintain friendships among boys who were his peers and had gone on for further education. In addition, he developed difficulties in dating girls. In his free time, he stayed at home alone and listened to recorded classical music. His problems with reading became secondary; he came to experience severe social deprivation.

In summary, then, dyslexia or any other specific learning disability affects not only the process of learning, but it affects the child's whole life—the shaping of social roles and, eventually, the personality structure.

Therapy in the Centres

Any successful therapy must start with interrupting this vicious cycle. It is necessary to act in a positive way toward the child, activate the intellectual abilities of the child, and to raise expectations, especially in those areas where the environment has been a source of negative feedback. It must be a cooperative effort between the school psychologist and the child's parents. In addition, the school must cooperate in order for the intervention to be successful.

The first phase of therapy includes an examination of how the participants of the educational process have played a negative role in relation to the child's learning disability. The psychologist must then help them

become aware of it. It is impossible to describe all the possible strategies, since in each case they will be multiple and specific to the case. The principle involved here, though, is to reverse the vicious cycle into a spiral of positive expectation and affirmation of the positive traits of the child. It is surprising that not only teachers and parents are unaware of the "circle of failure" experienced by the child, but psychologists as well seem to overlook this matter.

The second phase of the therapeutic intervention in this kind of a scenario is an open discussion among all participants with regard to the best possible strategy. Sometimes bringing together all persons involved (teachers, parents, psychologists) and having them participate in an open discussion about the matter becomes more psychologically demanding than the consultation given to the child.

Logically, the third phase includes the child in the process of therapy, i.e., informing the child of the cause (or nature) of her/his learning disability and encouraging her/him to cooperate conscientiously in the therapeutic process.

Perhaps a second case description may illustrate this process of therapy: A girl from a village came to the author for help after attending school for six years. She was twelve years old and was practically illiterate. She was able to read only nine words per minute and when copying some text written on the blackboard she was able to copy the individual letters but unable to understand the content. There were so many errors in her written text that it made no sense at all. It is difficult to imagine the level of her unsuccessful effort. Her ability to comprehend oral readings and the corresponding ability of synthesis were deficient and greatly underdeveloped. The girl had a younger brother who was very successful academically, thus the parents came to the conclusion that the daughter was simply not working hard enough. The girl, consequently, suffered deeply from her failures and became very withdrawn. She developed a system of defence which, on the surface, functioned by means of switching off her attention in school and when doing her homework. Family relations became complicated, especially her relationship with her brother, who did not comprehend the situation and was unable to defend his sister against his schoolmates' poor opinion of her, even though they were emotionally attached to each other. After many therapy sessions, the girl was successful in the improvement of her reading skills, but it took two years of family counselling to reconcile the problems developed from her school experience and the emotions it had evoked. This process enabled the parents and the brother to understand how they had played a negative role. The psychotherapeutic strategy was oriented toward increasing the self-esteem of the girl, and after a certain period of time the girl began to respond positively.

Summary

It is commendable that such services are being made available in Czechoslovakia—at least in the larger cities—and that classes for learning-disabled children such as dyslectics can receive the kind of help described above. These centres are seen as only a transitory solution. The real goal is to train teachers in the mainstream classes to work with such children successfully and to develop the basic skills in diagnosing (or recognizing) learning disabilities.

Learning disabilities affect not only the academic performance within the classroom but the social role of the child and her/his whole life as well. The author has, in this paper, attempted to analyse the negative process of separation and deprivation experienced by the child with a learning disability. The therapy must concentrate on the personality development of the child, and the first phase, which explores the beginnings of a vicious cycle of the negative impact of certain environments, sets the stage for later aspects of the therapeutic process.

NOTE

[1] Shortly after this paper was written and accepted for publication, Czechoslovakia was partitioned into two countries, the Czech Republic and Slovakia.

Vera Pokorna studied psychology and pedagogy in Prague, and has taught theory of education at Charles University. After her appointment at the university was terminated in 1976, she became a member of the staff, in the role of psychologist, in the Pedagogical and Psychological Consulting Centres of Prague. In 1990 Dr. Pokorna was reappointed to Charles University, where she has written extensively (in Czech and German) on behaviour disorders and appropriate therapy for their treatment.

Vera Pokorna a étudié la psychologie et la pédagogie à Prague, et enseigné la théorie de l'éducation à l'Université Charles. En 1976, lorsque son poste à l'université fut aboli, elle assuma le rôle de psychologue aux Centres de consultation pédagogiques et psychologiques de Prague. En 1990, Dr. Pokorna fut réinstallée à l'Université Charles, où elle a écrit plusieurs ouvrages (en Tchèque et en allemand) traitant des désordres de comportement et des thérapies pertinentes.