

**CINDY'S STORY: UNDERSTANDING THE SOCIAL, EMOTIONAL,
EDUCATIONAL, VOCATIONAL AND THERAPEUTIC NEEDS
OF THE LEARNING DISABLED ADULT
THROUGH AN ETHNOGRAPHIC STUDY**

by

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B.Ed., Simon Fraser University, 1986**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS (EDUCATION)
in the Faculty
of
Education**

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SIMON FRASER UNIVERSITY
NOVEMBER 1988**

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Cindy's Story: Understanding the Social, Emotional, Educational,

Vocational and Therapeutic Needs of the Learning Disabled Adult

Through an Ethnographic Study.

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ABSTRACT

Extended from the self-reported life history of Cindy, a 40 year old learning disabled woman, and supported by her educational documents and disability assessments, this study analyzes the social, emotional, instructional, vocational and therapeutic needs of the learning disabled (LD) adult. Points of similarity and difference between these needs and those of the learning disabled in childhood are noted.

This study investigates the reasons for the subject's chronic unemployment; four suicide attempts; and long-term lack of social and sexual relationships. Educational and family history are discussed as to instrumentality in these situations. The effect of recent instruction for Cindy in computer use is explored, and implications suggested for the use of computers in self-concept building, and communication and vocational development in the adult LD population.

Significant emphasis is placed on, and co-relational hypotheses drawn from, the interaction of cognitive and perceptual disabilities, social and emotional difficulties, and home and school influences throughout childhood and into the adult life of a learning disabled person. The availability and efficacy of both school-based and external support services are analyzed, with particular consideration being given to the knowledge and competency of the professionals involved in dealing with LD adults.

The research literature on the adult learning disabled is reviewed, noting that focus has been expanded from vocational

rehabilitation to include the psychosocial ramifications of chronic un- or underemployment, as well as the psychotherapeutic needs of the LD adult.

A comprehensive description of "educational ethnography" is provided, with particular discussion of the value of incorporating further qualitative research into the body of research on the LD adult.

Recommendations are given for social, vocational, and psychotherapeutic services for learning disabled adults, with particular consideration of the possibility of "service saturation." Also discussed are those perceptual conditions and disorders that may lead severely LD adults to show both chronic consumption of, and chronic dissatisfaction with, the services available.

ACKNOWLEDGEMENTS

Thanks:

- to Dr. Leone Prock, for being, as well as teaching, the deeper and wider meanings of *education*
- to Cindy, for her story

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PREFACE

The initial idea I had for a title for this work was *A Day in the Life: a Case Study of . . .* ; but then the realization struck that it was really, for the reader, *A Life in a Day* of studying it. Then, even more strongly, struck the elemental irony: this has not been a life lived in the brightness and clarity of average day, but rather one never quite fully born, still and constantly struggling through dark passageways. The terrain for Cindy has been either unfamiliar and obscured and frightening, or sometimes all too familiar, yet still cloudy, *and thus* yet again discouraging. What her story tells, however, is one human's increasingly muscled, motivated push through the maze, through the barriers constructed both by her disabilities and by her experiences, to reach some form of productive light.

My intention in writing Cindy's life as the hub of a many-branched consideration of adults with learning disabilities is just that: to reinforce the reading of human life and its needs, pains, and accomplishments as precedent to an interpretation of the statistics of many lives. Even from the fetal stage, development of the individual is a microcosm of the development of a body of people: by following an ontogeny, the possibility of understanding a phylogeny.

There is another reason for biography as a core of survey. The stimuli that produce fear and pain and frustration are universal; responses of joy or pleasure, however, are much more dependent on the individual's own internal systems. Why

this matters is that the experiences of the learning disabled are far more negative than positive, starting even at the name for the condition. The process of attempt rising through to achievement, which for the non-learning disabled person usually establishes both a sense of good and capable self, and a thesaurus of productive learning behaviors, for the LD adult -- all the way from childhood -- has more often than not been aborted at a frustration stage somewhere still in the "attempt." The satisfaction, and growth-enhancing value, of achievement is a top stair seldom reached. We *know* that learning disabled persons have particular and special needs. But were we as well to coordinate what is known in education and psychology about the physical, intellectual, social, emotional needs of the "average" human learner (be there such an animal) with these special needs of the LD, and then actually *use* this comprehensive knowledge, we could obviate the erection of some of the barbed-wire complexities of learning disabilities before they had a chance to barricade the staircase. Dealing, purposefully and practically, with such contributory problems as poor instruction, dysfunctional home environment, cultural disadvantage, limited educational/vocational programs and opportunities, leads us not only to amelioration of the difficulties of the learning disabled, but to consideration of the learning process as a whole for the whole of the learning population. Learning disabled persons are seen, then, not as a pocket of some "special education" portfolio, but as individuals on a circular continuum of lifelong human education.

Looking at individuals through a wide-angle lens means getting their shadows in the picture as well. Cindy's shadow lurks and slides in a blind spot behind her: a distortion of perspective whereby all that she sees, and has seen, being done for her has never sufficiently filled her album. It is hoped that those who look at her story may, as I have, develop much respect for her endeavors; it is also hoped that they will read with open eyes between the lines and begin to ask perhaps dangerous questions: comes there a point at which all the good pictures of one subject have been taken? Or where we leave one story, however unfinished, because there seems no truly happy ending possible, and go on to someone else's tale? Is there a point at which we must recognize, and say so, that we cannot "rehabilitate" everyone, and that it is a costly fantasy to think that we can? And if we do, and say so, what shall we do with all the floating characters?

Exposing and analyzing Cindy's experiences thus becomes more than her story alone, and more than a case study of a voiceless subject observed through a one-way glass; rather, the investigation of these experiences becomes an index to a large library of stories. And, as in any good and growing library, that investigation demands increased research, critical analyses shelved beside the biographies -- *then* the maps and guidebooks charting ways through the new territories, propelling the adult learning disabled through the final contraction into daylight.

There is a further intention in the writing of this work, one that is not mine, but Cindy's. Although her attempt at qualifying to (officially) teach the learning disabled, particularly adults, was not successful, she has a consuming desire to help other people with similar problems avoid the difficulties which she has experienced. (While sincerely altruistic, this motivation from a research standpoint may indicate methodological or content biases, which are addressed in both the *Methodology* and *Discussion* chapters.) Toward *her* goal, nonetheless, she has written, since discovering the advantages of the computer, letters to newspaper editors, briefs to government commissions, articles for newsletters of societies assisting the handicapped. Her ultimate goal is to publish an autobiography, including an analysis of, and recommendations for, appropriate and comprehensive services for the learning disabled adult. Her devoted and conscientious collaboration in the preparation of this thesis consistently has been underlined by her asserting herself not a "subject," but a "spokesperson for *my* people." Because of this desire to see and effect positive developments in the opportunities for "her people," she asked originally that her name not be changed to a pseudonym; she wanted people to recognize that she was real, and active in her pursuits, and to be able to contact her, whether they be similarly learning disabled, or be involved in working with clients with such needs. She was never at home with her original name, and changed it unofficially some years ago; having become that new person, she wanted to be presented as such, and not as some other fiction.

In the interests of confidentiality and anonymity of those with whom she has been involved, she did agree to, and chose, a pseudonym, Cindy Wallace. I have changed names of those in her family, of those who have worked with her, and of locations, organizations, and associations pertinent to the case study. These changes include names in her story, *A Prisoner in My Own Body*, Appendix A, the only alterations made to that work.

CHAPTER I **INTRODUCTION TO THE STUDY**

Introduction:

The study of this adult learning disabled (LD) person, Cindy, is an extension of the tutoring and counselling with which the writer began association with the subject. There was neither an initial intention to make this particular person's life a representative case study of the species *adult LD*, nor was she sought out as a subject for some preorganized hypothesis-proving, composite profile-personifying, or theory-exemplifying.

Rather, within several weeks of beginning work with Cindy, *she* presented her life to the writer, not a meshed fabric, and certainly not at a point toward completion that could be reasonably expected of a person nearing her fortieth birthday; more a series of patches, loose threads, and several significant gaping holes. She began, spontaneously, openly, and voluminously, to speak during sessions of these patches: the difficult early school years, the challenge of college, the numerous ineffective attempts that had been made over her lifetime by external agencies toward vocational preparation or rehabilitation, three suicide attempts, a constant coterie of social workers, support groups, an occasional complement of aides. The loose threads were a series of apparently fruitless efforts at post-secondary education, social and sexual relationship development, regular salaried employment, domestic satisfaction, and emotional stabilization.

The holes were discerned through the writer's eyes:

- almost total absence in Cindy's writing of past or present family influences contributing to her problems, yet consistent and expansive conversational reference to her family, and a gradual oral documentation of emotional and physical maltreatment by certain family members;
- a litany of career assessments, vocational training programs, but no job;
- phalanxes of support professionals, but "every one is abandoning me, no one helps me" when she spoke of them;
- her claims of "going nowhere, having nothing," but the writer's observations of her life in a new suburban cooperative townhouse development, a brand new dishwasher and microwave . . . and the evidence of reading, sequential and/or organizational dysfunction in her problems using her new appliances;
- at the age of nearly 40, a relatively isolated social life, no boyfriend, but "a job, a house, a husband, some kids" written on a scrap of paper as to where she saw herself in two years;
- an almost frenzied desire to have conversations with this writer, and with articulateness and complex thought, on politics, sociology, science, but a calendar filled with volunteer jobs at clubhouses for the mentally handicapped.

All these factors and incidents were obviously interwoven in the large pattern of Cindy's life. But to an investigator, and to Cindy herself, what was missing or tenuous or unexplored were the connections between each small piece.

Cindy had presented, in both her person and in her limited writings, the results and the conclusions of a thesis: the effect upon an LD child grown to adulthood of multiple disabilities and

their social, emotional, economic, environmental and vocational/ educational ramifications. Working backward through the thesis, she had supported her claim to such disabilities by supplying this writer with annotated college transcripts, psychometric assessments, and her own writing samples, primarily short stories and a brief life history, written two years earlier, to which was added several paragraphs while she was using it as a first word-processing assignment. She even defined the audience -- if telling her story helped professionals, fine, but she really wanted other learning disabled adults to know of ordinary people who struggled, to contrast against the "Did you know that Cher was dyslexic, and three cheers for Einstein, he was LD and couldn't even remember his times tables, but look how far he got" hoopla. And she had tough words for professionals, that they had to know that what they thought was the most appropriate for the LD was not always the best, and people like herself should be consulted as to their needs, and so, very shortly after meeting this researcher (who was still in the role of tutor), she had begun to write lists of service recommendations. And more lists.

While the content of many of Cindy's recommendations was reasonable, there appeared an almost compulsive element in the vehemence and frequency with which she wrote them. The fact of that writing activity, as well as the needs and demands expressed within it, raised a knot of questions:

- *Perception*: how could she be so clear and articulate regarding her own perceptual disabilities, and so chaotic in her perceptions of her life? How, and to what extent, do the perceptual problems of LD adults so affected not only

influence their reading of their subjective realities, but also contribute to the *formation* of those realities? Is there possibility of modifying more productively either the reading or the formation?

- *Personal responsibility and self-deception*: was she as much of a victim, in terms of lack of services and support, as she perceived herself to be? Would it matter if it could be proven that her perceptions of the assistance she had received were distorted? Would that proof have any bearing on her response to service provision? Would what it might tell service providers about how they are perceived have any bearing on the efficacy of their work? Should a severely learning disabled adult with a problematic diagnostic history be expected to take responsibility for his/her learning and life progress, and if so, to what extent?

- *Advocacy and consultation*: should Cindy have been permitted to take any college or training programs that she wanted, despite counsellors' concerns as to her ability? Can a person with many and severe learning disabilities responsibly dictate what services would be most beneficial? At what point, if any, should a service provider's presumed expertise and wider view override the demands of the service consumer? Should there have been mandated *one* person in her care team, knowledgeable about learning disabilities, who would have acted as an encouraging advocate, to counterbalance the presumably caring but apparently over-cautious stance of those who were primarily guided by her limitations?

- *Vocational training*: why has all her occupational assistance not resulted in a paid job? Why are there discrepancies between assessment, recommendations, and the programs into which she was encouraged?

- *Professional competence*: why does it *appear* that the majority of her service providers have had little or no knowledge of learning disabilities and their effects, or else have not considered them in treatment decisions?

- *Dysfunctional early home environment*: what relationship might this have to her present level and mode of functioning? Why does she only speak, but not write, of her family relationships, when other influential factors are heavily analyzed in her personal writings?

- *Psychosocial/psychotherapeutic considerations*: which factors in these areas have a greater and specific influence because of the presence of learning disabilities? Is there a causal relationship between any of her learning problems and her social and emotional dysfunction? Does Cindy have emotional disturbances which are independent of the learning disabilities? How can they be distinguished? What particular psychotherapeutic assistance may be required by the LD person that may differ in process, content, focus or objective from assistance provided to the non-LD? Have Cindy's specific psychotherapeutic needs been addressed, and if so, have they been addressed adequately?

- *Service provision*: why does she have constant dissatisfaction with services received? Have those services been well and appropriately planned and delivered? Are her demands and expectations unrealistic? Are there "black holes" of service consumers? Is there a point at which a body of service providers can legitimately decide that a specific consumer is beyond benefit of further services? If so, how, when, and how is that message transmitted to the consumer? Could service planners and providers develop alternatives to ineffective long-term and/or repetitive vocational training programs? Could problematic consumers develop alternative expectations to regular salaried jobs, and still be enabled to maintain self-dignity and a reasonable economic standard of living? Is it realistic to assume that everyone with a disability will either find, or have found for him/her, the desired niche?

- *Personal expression*: what, if at all, is the significance of Cindy's personal writings? What meaning

and opportunity does the computer represent? Is there connection between Cindy's writing, her learning difficulties, and her existence as a woman? What is she saying, and how is she saying it, and to whom is she speaking?

These questions, as they developed focus and connection for the researcher, became an evident starting point for a study, not only because of their relevance to Cindy's situation, but also given the almost automatic flow in the conceptualizing of them from her case alone to the wider spectrum of LD adults. That the researcher had as well had several previous tutoring/counselling experiences with LD adults who had exhibited various, but not all, of these learning, social, emotional, employment problems, added to the premise that recording, categorizing, and analyzing Cindy's story might assist others with similar learning difficulties. A good part of the reason for the study was evident, breathing under the patchwork quilt in front of the researcher. An audience other than LD adults and their service providers presented itself and its needs at the same time: in this researcher's university teaching, undergraduate students in introductory LD courses often seemed unable to extend conceptualizing, or were disbelieving, of the effects of learning disabilities beyond childhood. This was to some degree not surprising, in a teacher training program, and given that the most common course textbooks devote little to the LD adult, in favor of the child and adolescent *student*. Added to that was the fact that the practica focused on work with LD children, who are readily accessible in schools or through parent referrals. Adults with diagnosed learning disabilities are not inclined, generally, to

easily expose their difficulties, or to volunteer themselves for student practice. For the education of those who would be working with such as Cindy, the very presentation of her story would be designed to put a face on the theory implications and the generalizations. For those who consider learning disabilities as primarily a childhood affliction, the story would be told with an involved adult's voice added to the chorus of professional researchers.

Data base searches for literature on the adult LD, with emphasis on the themes surrounding the questions, yielded little aside from (a) large-scale surveys of *service providers'* perception of consumers' needs; (b) *researchers'* and *advocates'* (i.e., families of the LD, or LD-supportive associations) descriptions of, and exhortations for more, appropriate services; and (c) a very few case studies of *successful* LD adults. Some form of study was demanded and valid, since the questions remained, and Cindy and previous clients remained unsuccessful, at least from certain perspectives. The question encompassing all the questions was, then, in what form to present the study?

Determination of Research Design:

Research in education may be seen as a spectrum, with quantitative, measurement-oriented, experimental, controlled, hypothesis-first deductive research at one end, and qualitative, observationist, often naturalistic, hypotheses generated-at-or-

near-the-end inductive field research at the other. Since the focus of the latter end was congruent with the data already received, and with the process already underway, field research was the area further investigated. Various texts brought the researcher to the concept of "ethnomethodology." Although Garfinkel (1967) defined that term as the "study of accounts," there were limitations in his theoretical and methodological constructs which were relieved in later ethnographic models. One of these was "educational ethnography," the purpose of which, according to Goetz and LeCompte (1984), is "to provide rich, descriptive data about the contexts, activities, and beliefs of participants in educational settings . . . for evaluation, for descriptive research, and for theoretical inquiry." Points of match between educational ethnography and Cindy's story were in the objective of answering the questions the story raised, with analysis based on her oral and written personal accounts, and supported with various documents.

From Goetz and LeCompte and other researchers in ethnographic qualitative systems, factors such as methodological criteria, determinations of external and internal validity, considerations of bias, and significant theoretical foundations and implications are discussed within "Description of Educational Ethnography" in *Methodology*, prior to presentation of the life story.

Cindy, while having learning disabilities in language, perception, and cognition, areas of deficit commonly seen in learning disabled adults, is not a typical case. Goetz and LeCompte, in describing a "unique case," state that "whatever

other attributes such a case shares with a larger population, [one unusual] dimension sets it apart." Where Cindy is anomalous is in her extensive and forthright commenting on her own problems and her responses to the various interventions provided to address them. The degree of this personal commentary is rare in the literature, and unlike previous of this researcher's clients with similar problems but far more silent reactions. From this perspective, Cindy becomes a spokesperson for, and a representative of, a subject population, rather than a unique case. What is emphasized in the *Review of the Literature* chapter, therefore, is the fact that the adult LD research that does exist does not generally investigate beyond description of the condition, vocational implications, and service provision demand.

In Gray's (1981) article the exhortation is made toward more case studies of LD adults; Polloway, Smith and Patton (1984) claim that "consideration should be given to the personal perspective of the adult with learning problems"; "research concerning the relationship between the characteristics of LD adults and the situational demands of adult life" is stated as necessary by White (1985); and a position paper of the National Joint Committee on Learning Disabilities, written in 1985, published variously in 1986 and 1987, demands research on "the relationship between learning disabilities and adult psychosocial maladjustments, including substance abuse, depression, and suicide." That these topics of research continue to be viewed as necessary or valuable, and yet viewed also as virtually unaddressed, indicates that perhaps only a few of the

appropriate questions are being asked. This researcher's point is that it may be opportune to look not only at *what* the adult learning disabled's needs are, or at *what* further services can and/or should be offered. It is, in fact, expedient to look at *why* the services that have been offered are not effective, or perceived as effective by the consumer.

In a conventional empirical study, Chapter IV would be the *Results* chapter. In this research, Cindy's story will comprise Chapter IV, representing the "data" of the study. The analysis of Cindy's story leads to analysis of similar difficulties in the greater adult LD population within Chapter V, *Discussion and Conclusions*. Suggestions for new perspectives in both service provision and further research are made in Chapter VI, *Recommendations*. The appendices contain copies of the life story as written by Cindy, supporting transcripts and assessments, and samples of her personal writings.

CHAPTER II **REVIEW OF THE LITERATURE**

The Adult Learning Disabled Considered

That *Learning Disabilities* as a concept and as a field of study within education and psychology is only 25 years old has a significant relationship to the past identification and present situation of LD adults. The term *learning disability* was first used in 1963 by S. A. Kirk in his textbook *Educating Exceptional Children*. In the same year a parent group concerned about the learning problems of their children, to which Kirk spoke, both adopted the term and formed itself into the Association for Children with Learning Disabilities (ACLD).

Five years later, the U. S. Office of Education's National Advisory Committee on Handicapped Children (NACHC) formulated a definition of the term "children with specific learning disabilities", which was incorporated into the Learning Disabilities Act of 1969 (Mann et al., 1984; Mercer, Hughes & Mercer, 1985); this term

means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor

handicaps, of mental retardation, of emotional disturbance, or environmental, cultural or economic disadvantage.

Basing its considerations of learning disabilities on the NACHC definition, U. S. Public Law 94-142 was passed in 1975; this law guaranteed a free and appropriate public education to every handicapped *child*. This was landmark legislation that raised both the visibility of handicapped children, and the state and federal obligations and responsibilities to the field of special education. The passing of this legislation, furthermore, gave impetus and legitimacy to research in the field of learning disabilities.

One of the most contentious areas in research was the definition itself of learning disabilities, especially as it related to identifying criteria. The concept of discrepancy between achievement and potential as a determinant (Senf, 1978) was argued against by those who questioned the validity of tests (Salvia & Ysseldyke, 1978; Ysseldyke, Algozzine, & Epps, 1983). Others sought to relieve the emphasis on "psychological processing disorders" by either discarding or replacing the term with one such as "principle of disparity" (McLoughlin & Netick, 1983; Myers & Hamill, 1976).

The difficulties surrounding the exclusion, as causal factors of learning disabilities, of physical, mental or sensory handicaps, emotional or social disturbances, or other extrinsic factors such as inadequate or inappropriate instruction, were underlined in analyses of research which did indeed show contributing relationships between these conditions and the development and proliferation of learning difficulties (Hallahan & Cruickshank,

1973). The rationale for the exclusion clause was discussed by Kirk (1974) as a means to obtain separate, adequate funding and specific legislation for education of children with learning disabilities, through emphasizing their nature and demands as distinct from those with other handicapping conditions. Still other arguments suggested that no single definition, focused on cause and/or specific deficit, was truly workable, since often remediation was dependent upon the local services available, and needs were likely to be assessed in the context of the problems and population of a school or district as a whole (Reger, 1979).

All the above debates and questions centered around the notion of the LD person as primarily a child. The legislation which instigated the research had dealt with federal funding for schooling, thereby passing over consideration of the LD adult. The combination of PL 94-142 and increased parental interest, education, and voice forced researchers to concentrate on children's learning disabilities in order to fill demands for information about diagnosis and intervention. Further, given the definitional controversies, particularly regarding the exclusionary clauses, LD adults whose childhood learning problems might have been considered *only* the result of emotional disturbance, socioeconomic factors, or inappropriate or inadequate instruction may have been denied expedient assessment or interventions during their school years (General Accounting Office, 1981). Ramifications of this circumscribed childhood identification process could include misleading statistics on the LD adults still in need of services, on the

types of services necessary, on funding requirements, and on the vocational and social functioning of various groups of handicapped adults.

The base of information on LD adults is limited, both in comparison with that on learning disabilities in childhood and in an absolute sense. Early research was predicated on assessing and treating them as grown-up LD children (Travis, 1979), rather than identifying them as a special population. The concept of looking at the wide spectrum of problems and needs of LD adults, or at the myriad adverse situations of adult life which are exacerbated by the existence of learning disabilities, has only in the past decade become a serious focus; even so, the literature until very recently has had vocational training and rehabilitation as a prime concern. This is neither surprising, nor necessarily indicative of negligence or lack of concern about the LD adult, but rather an example of how a problem is defined by the area in which it is found to be most significantly operative. School is where children "fail" most visibly and most assessably; success *at school* has been the goal and mandate of most LD programs. Until the early 1970s, even school failure was not motivation enough for school districts to subscribe extensive financial or staff resources to special education, since the era of widespread unemployment, especially of youth, had not quite yet begun. The adolescent who was experiencing academic difficulties would either be shunted into a "vocational" or "occupational" program in high school, or would drop out, to obtain employment as one of many unskilled, low-paid laborers that the pre-mass-technology world required.

Awareness of learning disabilities may have been enlarged to encompass adults in the period between 1972 and 1980 not so much because of logical extensions of research beyond the first age groups studied, but because government agencies were suddenly bombarded with the economic and social ramifications of unemployment. Large-scale business and industry computerization exposed illiteracy, often LD-related; new technologies also demanded increased organizational abilities, and the capacity to be flexible, adaptable, and to solve totally new types of problems.

The structure of the workplace, furthermore, was changing, in that not only were manual labor jobs being taken over by machines, computers, or at least fewer humans, but the number of service-oriented positions was rising. These were jobs which often required entrepreneurship, risk-taking, independence, social and communication abilities, money management and organizational skills, all difficult areas for the LD adult. People whose handicaps were of an academic, self-concept, or cognitive nature were the first to be displaced by new employment trends; the most discernible environment in which LD adults displayed their "failure" was the workplace, either by their absence from it or their dysfunction within it.

Not unpredictable, then, that the first significant notice of learning disabilities in adults was taken in the Rehabilitation Act of 1973 (U.S.), especially Section 504, mandating that vocational training programs be made available to adults with such specific learning problems, giving learning disabilities equivalent status, for employment-related assistance, with

other handicapping conditions. The exclusion clause that seemed so necessary to acquire funding and service provisions for children appears to have backfired with regard to adults, since it was not until 1981 that the (U.S.) Rehabilitation Services Administration broadened its eligibility criteria to include those with "specific learning disability." This was not a blanket acceptance of LD adults, but rather a "Catch-22": qualifications to receive the vocational rehabilitation services offered by this agency encompassed assessment of the existence, severity, and functional employment limitations of the learning disability (Thomas, 1981), but assessment instruments and procedures available at the time were found to be questionable and inconclusive in their "diagnostic and prognostic ability . . . in terms of providing direct rehabilitation services" (McCue, 1984).

Assessment is a concern central to initial consideration of the LD, and is a prerequisite of any intervention. Assessment has also become a research focus in itself: whom to test, with what, and for what. Difficulty with assessment instruments has been a continued complaint throughout the literature. Prior to 1970, diagnosis was "the same for a six year old child and a thirty-six year old adult" (Haig & Patterson, 1980). Travis (1979) reviewed a number of assessment instruments, noting that, while many tests at the time claimed applicability to LD adults, the term "adults" itself was generally either undefined or defined in phrases such as "retarded readers at the secondary level"; he concluded by advising adult educators that they would find "few, if any, instruments designed specifically for the identification of learning disabled adults, and which

have found widespread use, value and acceptance in adult education programs." Discussing the conflicts in assessing LD adults, Scott, Williams, and Stout (1980) explained:

Informal assessment techniques offer immediacy and pertinent information but suffer from a lack of reliability. Standardized psychological measures offer credibility, objectivity, and comparability among programs but their validity for this population is often, at best, approximate. Neuropsychological test batteries have the advantage of extensive validation research with learning disabled, but their usefulness in prescriptive planning . . . has been questioned (p. 84).

By 1984, a "standard battery of psychological and neuropsychological tests" for the adult LD was comprised of "Wechsler Adult Intelligence Scale (all subtests); Peabody Individual Achievement Test (reading comprehension); Gates-MacGinitie Reading Mastery Tests (reading comprehension); Wide Range Achievement Test (all subtests); Halstead Reitan Neuropsychological Test Battery (Tactual Performance Test, Finger Oscillation Test, Aphasia Screening Test, Trail Making Test, Seashore Rhythm Test, Sensory Perceptual Examination, Speech Sounds Perception Test, Grip Strength)," according to McCue (1984). McCue's study indicated that none of the above individual or batteries of tests had any predictive value as to the success, or lack of success, experienced by a group of 130 LD adults in a vocational rehabilitation program. He concluded by stating that research

should be directed toward evaluating the effectiveness of assessment procedures that detect the presence of SLD [specific learning disabilities] and also toward detailing

functional abilities and limitations. Future research must focus on detailed analysis of the diagnostic and prognostic ability of assessment procedures in terms of providing direct rehabilitation services (p. 288).

Even if it is acknowledged that McCue's (1984) research parameters were the relationships of test types and scores to vocational rehabilitation outcome, it is nonetheless interesting to note the penultimate sentence of his report, which was accompanied by no expansion of the idea, nor with the exhortatory tone of his previous comments: "The ability to identify the specific effects of a learning disability on working and daily living skills should be investigated." That he did not recognize or elaborate on the possible interconnections between learning disabilities, working and daily living skill requirements, and vocational rehabilitation, indicates to a degree the compartmentalism of functioning which has been used as a basis for research on the adult LD.

A step toward a holistic approach to assessment and intervention was made by White (1985), who called, not for improved or revised test batteries, but for "systematic research concerning the relationship between the characteristics of LD adults and the situational demands of adult life." Rather than suggesting that there could exist, or be devised, valid predictive testing procedures, he posited a reverse method, whereby the types of jobs in which LD adults are successful or unsuccessful would be analyzed and described, with the aim of meshing specific competencies with specific vocational demands. This method was confirmed as being occasionally in practice a year later (Humes, 1986), with a list of commercial work

sample evaluations cited as being used in conjunction with psychoeducational tests: Vocational Information and Evaluation Work Samples, Talent and Assessment Programs, Comprehensive and Occupational Assessment and Training System. "Career assessment," insisted Humes, "cannot be separated from the total assessment process," in which the counsellor held a vital role: to "assist the [LD] person to review relevant educational and occupational information, conduct exploratory activities, and do a self-evaluation."

The demands of researchers such as White, Humes and others (Blalock, 1982; Weisel, 1980) for alternative and/or expanded assessment methods, especially during vocational planning, have been slowly addressed. Dated February 10, 1985, published in the *Learning Disability Quarterly* Spring 1986 and the *Journal of Learning Disabilities* March 1987, a position paper of the National Joint Committee on Learning Disabilities (NJCLD) entitled "Adults with Learning Disabilities: A Call to Action" included among eight major concerns these two, numbered as they were listed:

2. At present there is a paucity of appropriate diagnostic procedures for assessing and determining the status and needs of adults with learning disabilities. This situation has resulted in the misuse and misinterpretation of tests that have been designed for and standardized on younger people.
3. Older adolescents and adults with learning disabilities frequently are denied access to appropriate academic instruction, prevocational preparation, and career counseling necessary for the development of adult abilities and skills.

Patterns in investigators' claims of meager, inadequate research regarding definitions and assessment procedures, and continuing calls to action as response to apparent immobility in program design, implementation, and evaluation, are echoes of statements made about research in general on the adult LD. Coles (1980) noted that "there is little work to date on the 'LD' adult; and the theories, models, diagnoses and remedial programs . . . have been extrapolated primarily from work with children." "The existing literature [is] limited," stated Gray (1981), especially with regard to information and guidance for service provision. McCue (1984) described research on adult learning disabilities as "sparse and methodologically weak"; Polloway, Smith, & Patton (1984) remarked that the "knowledge base regarding learning disabilities in adults, limited as it is, has been oriented primarily toward research and case histories from childhood follow-up studies"; following her review of literature on the LD adult to that time, Kroll (1984) cited a "paucity of available research" and claimed that "further research is needed in all areas discussed." The following year, Meyers (1985) demanded "much more research, public awareness, and published materials on assessment, remediation, and compensation strategies . . . to improve the career opportunities, college placements, social-emotional adjustment, and academic skills" for LD adults, problem areas identified as needing further research by a number of other researchers (Lefebvre, 1984; Schulman, 1984; White, 1985). Buchanan and Wolf (1986) began their "Comprehensive Study" of LD adults with: "Few systematic studies of learning disabled adults, either

of a descriptive or experimental nature, have been reported in the literature." Expressing all these needs again in 1987, the NJCLD position paper made recommendations relating to public awareness of learning disabilities in adults, increased and multidisciplinary research, appropriate educational and vocational training programs, postsecondary institutional support services, and curriculum development and professional education for those providing services to LD adults, mental health professionals in particular.

"Methodologically weak" has been an epithet applied to much research on learning disabilities until recently. Criticisms, or analyses of study limitations, have noted problems regarding: diverse definitions of adult learning disabilities, problems with retroactive identification, inconsistent criteria for adult success, unanalyzed situational and geographic variables, construct validity in diagnostic instruments for LD assessment, failure to account for extrinsic factors in learning difficulties, lack of control groups or of comparison with non-LD populations, limited survey or questionnaire return by respondents, limited or unrepresentative subject populations (e.g., few studies addressing LD adults over 25, or studies considering *only* the unemployed, or *only* college students), and theoretical models based on learning disabilities in childhood (Buchanan & Wolf, 1986; Coles, 1980; Fafard & Haubrich, 1981; Kroll, 1984; McCue, Shelly, & Goldstein, 1986; Patton & Polloway, 1982; White, 1985).

Earlier in this decade questions regarding assessment instruments and procedures, and adult LD diagnosis, formed the

basis of much research, as did efforts to differentiate the profiles and needs of LD adults from those of LD children. These issues have been latterly and generally superseded by survey-, questionnaire-, and interview-based information focused on two main areas: (a) description of deficits, with analysis of how these specifically can affect vocational, social, emotional functioning; (b) description of needs, in the form of recommendations, for program and service delivery. Few evaluations of the efficacy of existing or prototypal programs have been made, nor have many long- or short-term studies been conducted on the participants in such programs to determine results of intervention. A number of small-scale longitudinal studies exist, such as that of Frauenheim and Heckerl (1983), which indicated that reading and spelling skill weaknesses, and cognitive abilities, assessed in a group of 11 severely dyslexic adults, mean age 27, remained consistent over a 17-year period. Anecdotal reports and follow-up case studies of those adults identified as LD in childhood comprise a significant portion of the literature on LD adults; most large-N studies have been surveys of needs, and based on consumer and service provider responses.

The following investigation of specific areas addressed in the literature deals first with the educational and vocational concerns of the adult LD. This order does not imply a priority position of those concerns. Indeed, a strong emphasis in this writer's research is on recognition of learning disabilities in both childhood and adulthood as not only a school, but a life, problem. Acknowledgement must be made of the fact that

social and emotional dysfunction cannot be isolated from consideration of academic and occupational difficulties. Action toward successful intervention must be based upon this acknowledgement. Since research, and professional efforts, have in general moved chronologically toward such a holistic approach, from concentration on school and job problems to a wider understanding of the social and emotional disturbances attendant upon, and contributing to, the adult LD's life functioning, and subsequently to psychotherapeutic issues and recommendations, that order will be paralleled in the review.

Academic and Basic Skill, Language, Cognitive, and Attention Dysfunctions -

Despite the demands for proficiencies in reading, writing, spelling, and mathematics in general daily adult life, these areas are classed as "Academic Skills" in the literature. Dysfunction in such skills, as well as in oral language, which is occasionally considered under a "Communications" heading, and in processing and conceptualization, is noted as frequent in LD adults, and as enduring over time (Frauenheim & Heckerl, 1983; Hoffman et al., 1987). Furthermore, while the areas affected by deficiency in basic skills vary in degree and type from earlier situations, the nature and extent of such skill deficiencies identified in LD adults are similar to those found in the learning disabled in childhood and adolescence (Johnson, Blalock, & Nesbitt, 1978). Glass, Jr. and Hoffman's (1976) research, however, indicated that the normal effects of aging on learning

seemed to be exacerbated in the LD adult, particularly in analogic reasoning, memory, and motor skills.

Academic and basic skill deficits:

A summary of the academic and basic skill deficits assessed in LD adults varies little in type from determination of deficits in such areas from earlier life periods. Reading disabilities include poor passage and vocabulary comprehension, slow reading rate, lack of decoding automaticity and/or strategies, and poor inference-drawing abilities. Faulty visual and auditory perception, confusion or mismatch between sound and symbol referents, and sequencing problems are identified as both indicators of, and contributors to, reading dysfunction in LD adults. More so than in reading, organizational and sequential problems are evident and severe in the written language of LD adults. Difficulties with grammar and syntax are often characteristic. Writing style is frequently inappropriate to the writing demand, and is simplistic, which may reflect impoverishment in reading experience or vocabulary, uncertainty in using new vocabulary, or reluctance to use words that cannot easily be spelled. Lack of facility in condensing or summarizing material, and in isolating and noting important points, is also found. Handwriting may be illegible, related to problems in visual and/or spatial perception, fine motor development, visual-motor coordination; to deliberate or semi-conscious attempts to disguise inaccurate spelling; to visual memory weaknesses. Areas of mathematical skills showing deficits are basic concepts and calculations, operations

involving fractions, decimals, and percentages, multiplication (particularly recall of basic facts), problem-solving, and money (Blalock, 1982; Buchanan & Wolf, 1986; Geib, Guzzardi, & Genova, 1981; Haig & Patterson, 1980; Hamilton, 1983; Hoffman et al., 1987; Lerner, 1981; Meyers, 1985; Patton & Polloway, 1982).

Language difficulties:

Proficiency in oral language abilities is not always absent or impaired in adults with learning disabilities. Indeed, some LD adults have developed "superior" verbal abilities which have enabled them to compensate for other severe deficits in academic, motor, perceptual, or memory skills (Meyers, 1985). Nonetheless, in a "highly -motivated" (i.e., self-referred, persistent) group of 80 LD adults, Blalock (1982) determined the existence of oral language problems in 63 individuals.

Spoken language difficulties include incorrect grammatical usage, frequent hesitation, simple language, limited vocabulary, "catch-all words" such as "thing" used when a specific word was unknown or forgotten, stumbling or confusion over certain consonant combinations, redundancy in words, phrases, and sentences. Stuttering is noted, but infrequent (Brown, 1979; Buchholz, 1987; Haig & Patterson, 1980; McKinley & Lord-Larson, 1985).

Problems with oral language are interrelated with difficulties in auditory perception and comprehension. Blalock describes some of these as "understanding in a noisy environment, taking telephone messages accurately, pronouncing multisyllabic words." Poor auditory memory can result in

inaccurate or incomplete oral repetition of instructions, compounded by the lack of confidence or fear of embarrassment often noted in LD adults, inhibiting them from seeking clarification. Difficulties with abstract language, learning new vocabulary from context, comprehending others' rapidly spoken or long periods of speech, are evident in those with auditory perception or processing deficits; these deficits can also cause problems with learning and correct use of standard spelling, both oral and written (Hamilton, 1983). From analyses of WAIS-R scores of LD university students, Lefebvre (1984) discussed the significant impact of impaired auditory receptive skills on foreign language learning, with suggestions of waivers for foreign language requirements in universities for such students.

Weaknesses in cognitive processing are also seen as related to language development. Lefebvre (1984) determined existence of deficits in poor verbal reasoning, abstraction and formation of verbal concepts. Common are unorganized or inefficient lengthy explanations often needing clarification by the listener. Blalock (1982) described a lack of a "sense of audience," occurrences in which the LD adults "often began a discussion without providing the listener with enough of a 'set' to follow it." Other contraventions of rules of *pragmatics*, the way language is used in social situations, involve LD adults' difficulties in initiating and maintaining conversation, evaluating appropriateness of topics introduced, indicating topic shift, and assessing their listeners' awareness and attention levels (Rees & Wollner, 1982). Lack of specialized vocabulary and concepts, such as those used in banks, government and other offices,

stores and agencies, presents obstacles to the performance of basic adult life skills (Valletutti & Bender, 1982).

Deficits in oral language accuracy, fluency, complexity, and comprehension are seen to have direct results in lack of confidence in conversational situations, both social and vocational, and ultimately contribute to social reserve or isolation, and job dysfunction (Blalock, 1982;) Findings of Hoffman et al.'s (1987) study, wherein 381 LD adults were surveyed about the existence and influence of their own learning problems, indicated that, although not all respondents reported problems with "talking" and "thinking," 100% of those who did check these areas wanted assistance with their problems. This was in comparison to only 75%, for example, of those marking "reading" as a problem desiring help for their reading difficulties.

As the research has moved into consideration of the counselling and psychotherapeutic needs of LD adults, other issues concerning language difficulties have become evident. Learning disabled clients in therapy often provide limited verbal reports, transmit instrumental rather than "feeling" information, rely on concrete descriptions and explanations with weaknesses in symbolic, analogic thinking and/or discussion. In certain therapeutic situations, the LD client may be so disabled in verbal and auditory abilities that art or kinesthetic therapies are indicated; often, therapists who customarily have their patients use a couch abandon that use in favor of a chair and face-to-face contact, to encourage verbal fluency (Buchholz, 1987; Schulman, 1984).

Kronick (1984) points out that communication weaknesses affect the entire social functioning of the LD adult; normal human sexual development is particularly affected by both poor verbal and non-verbal language proficiency (Wood, 1985).

Cognitive deficits:

Many cognitive deficits have an overlap with language functioning. McKinley and Lord-Larson (1985) examined a number of research findings which noted that adolescents and young adults may not be able to: recognize problems, develop alternate solutions, and predict consequences of various choices; sequence events and main ideas; find, select and organize data for information, or observe, organize and categorize data from experience; critically analyze other speakers (i.e., their judgements are "arbitrary, illogical, and impulsive"). Other difficulties noted in McKinley and Lord-Larson's review include inadequate listening skills, a combination of auditory and cognitive processing, and possibly attentional deficits, often manifested by such habits as "calling the subject 'dull,' criticizing the speaker, or letting emotion-laden words get in the way"; and abrasive conversational techniques and language, which particularly inhibit smooth and appropriate disagreement.

Certain characteristics of the learning disabled in adulthood may be the result of cognitive and perceptual disability interactions. Blalock (1982) discussed visual-spatial problems in her subject group, evident in those who could not find their way around in their environments, judge distances, read maps, or give directions. Slowness in learning new tasks, and general

time problems such as consistent lack of punctuality or underestimation of the time required to complete a given task have been noted as typical problems for the adult LD in school and work environments (Brown, 1979, 1980).

Lack of organization is recognized as a common characteristic of LD adults. General carelessness, and problems with devising and keeping schedules, prioritizing responsibilities, maintaining personal appearance, fall under this category, as does extreme organization and rigidity as overcompensation (Blalock, 1982; Buchanan & Wolf, 1986; Chelser, 1982; Haig & Patterson, 1980; Kronick, 1984; Patton & Polloway, 1982; Polloway, Smith, & Patton, 1984). These researchers also cited the difficulties that LD adults have in being flexible and adaptable, considering several possibilities or issues simultaneously, internalizing experience and applying concepts, perceiving similar and dissimilar relationships, understanding cause-and-effect relationships, predicting consequences, short- or long-term planning, and making decisions. Polloway, Smith and Patton have suggested that many of these difficulties may relate to an external locus of control and a level of "learned helplessness" carried over from childhood responses and perceptions. Poor memory has been almost universally mentioned as a major hindrance in school, social and vocational situations.

Buchholz (1987) and Schulman (1984) identified cognitive problems as issues in both consideration of the etiology and treatment of social/emotional dysfunction in psychotherapeutic situations with LD adults.

Attention problems:

As with cognitive and language dysfunction, attention problems contribute to the whole spectrum of difficulties in the adult life of the learning disabled person. Blalock (1982) reported short attention spans, and consistent movement (e.g., leg jigging, finger tapping, shifting in chairs), during testing and observation of her subjects. Job manifestations of attention problems mentioned by these LD adults included need for frequent breaks or activity change. Some noted that their concentration on telephone calls or paper work was disrupted by co-workers' conversation, which may be the result of auditory perceptual deficits. Others reported that they were forced to interrupt co-workers in order to avoid forgetting what they wanted to say, indicative of memory weakness and/or lack of cognitive strategies for remembering.

Impulsivity as a manifestation of specific attention difficulty is reported by LD adults, their service providers, and their employers as a significant and problematic behavior. Learning disabled adults, their families, and service providers, surveyed by Hoffman et al. (1987) checked "talking or acting before thinking" as more severe a social problem than other issues concerning friendships, conversation, dating or sex. Related to impulsivity, as well as cognitive and perceptual disabilities, may be the errors, accident-proneness, difficulties in learning job requirements and following sequences of instruction, overreaction to criticism, lack of self-direction and motivation, and frequent job change reported by employers (Humes, 1986; McCue, 1984; Polloway, Smith, & Patton, 1984).

In psychotherapeutic situations, Schulman (1984) advised that therapists should be aware of LD adults' impulsive and "tangential" patterns of response, and recognize them as aspects of the learning disability, not necessarily as avoidance, defense, or resistance behaviors.

Educational Issues and Needs

While educational, vocational, and service delivery issues will necessarily have reciprocative aspects, there are in the literature continuing references to specific educational practices and concerns. Discussion of such issues involving the LD adult tends toward description of educational status and of educational need. Description, but seldom evaluation, of educational service delivery is provided, generally as it relates to accommodation of the LD college or university student.

Travis (1979) cited research that estimated as many as 80% of adults in Adult Basic Education (ABE) programs to be learning disabled, and over 50% of the ABE students reading below an 8th grade level to have significant learning problems. That "ABE programs place reading instruction high on the list of needs" (Geib, Guzzardi, & Genova, 1981) should be considered in light of anecdotal reports illustrating that "even when learning disabled adults are motivated to return for further education, they [do not] seem to complete the remediation" (Kroll, 1984). Statistics provided by Coles (1980) indicated a "60% attrition rate among adults" in ABE programs. Coles

added that "it is common knowledge among those in contact with ABE programs that [this figure] might be higher." Adult education programs being remedial, reported Huberman (1974), with the goal of assisting adults to achieve qualifications at the primary or secondary levels, "generally amounts to the utilisation of precisely the methods, materials and examinations used in school-age instruction. It also penalises those who have failed in exactly the same circumstances earlier in their lives."

Both the content and style of teaching must be acknowledged as having, and be consistent with, requirements in LD adults that differ from childhood needs:

In programming for adult LDs we cannot simply "try again" by extending what we have been doing at the elementary and secondary levels of schooling. Too many of the efforts expended at those levels are by necessity directed at school system-related goals and, therefore, are inappropriate for adults . . . Educators must recognize both the fact that adult, functional needs are immediate and that they vary with context and maturation . . . There is no reason to assume that the LD adult's needs can be met by providing only a remedial academic program. We must be ready to provide help in dealing with self-concept, family relationships, sexual relationships, organization, motivation, assertiveness, finances, leisure, aesthetic awareness -- in short, those skills and interactions that enable satisfying, meaningful functioning (Gray, 1981, p. 429).

Seventy-eight percent of the LD adults in Buchanan and Wolf's (1986) study characterized their public school experiences as negative. The LD participants in the 1982 research by White et al. were less satisfied with their secondary school years than the non-LD group; only 67% of the former group, as

opposed to 84% of the latter group, reported that they had further educational plans. McCue cited a 48.5% successful rehabilitation rate after intervention in his 1984 study. It is not surprising that adult remediation services that replicate unproductive public school formats and content would be found similarly ineffective and dissatisfying.

A number of researchers (Haig & Patterson, 1980; Hamilton, 1983; Johnson, 1981; McKinley & Lord-Larson, 1985; White, 1985) have emphasized that LD adults themselves must be involved in educational planning and service decisions. Johnson asserts that these "veterans of the school of hard knocks" are the best determiners of their own needs. Hamilton labels as having a "paternalistic motive" those educators who program and plan *for* LD adults. The ethic of involvement, while apparently sensible and altruistically-based, has received a strong caution from other researchers. The caution centers on noting that the perceptual (particularly regarding self-perception) and cognitive problems of LD adults may contribute to unrealistic or distorted self-assessments and expressions of needs and demands (Blalock, 1982; Buchanan & Wolf, 1986; Gray, 1981; Hoffman et al., 1987; Polloway, Smith, & Patton, 1984).

Gray, in 1981, investigated the range of postsecondary options for LD adults, and "questioned the thoroughness and marketability of vocational preparation of high-school graduates." Of the 44% in Chelser's (1982) group of 562 LD adults who had received career or vocational education during their school years, only 17% reported that education to have resulted in a long-term work position. LD adult subjects in

Hoffman et al.'s (1987) study indicated that they had received "little or no vocational or career education." These subjects had a mean age of 23 years old. It could be argued that, since they had probably left school on an average of 4 to 5 years earlier, and Gray's concerns had been publicized only 1 to 2 years before their high school leaving, there had been little time to address the need for and implement more comprehensive and productive career education. That argument *might* stand were not the fact acknowledged that career preparation should be provided, extensively and effectively, for *all* high school pre-graduates; indeed, such a focus on post-school plans should be as integral a part of secondary instruction as the teaching of academic subjects. Programs that do exist to fully assist adolescents with transitional and adult life and work anticipation, training and qualification have been weakened by narrow definitions and limited offerings. The young LD adult is not a special-case population missing out on needed services. He or she is, rather, part of a large group of young people receiving a necessary aspect of "education" constricted to inefficacy.

Investigating educational paths other than academic, or remedial academic, taken by LD adults, Hoffman et al. (1987) reported that 29% of 381 subjects had technical, vocational, or trade school experience after high school; 62% of that subgroup commented that they had benefited from those educational experiences.

In 1981, White reviewed existing research outlining needs of LD adults in postsecondary institutions, and program availability

and extent. He also made suggestions for further research and programming. Among the concerns he recognized were:

- a limited number of universities and colleges offering special programs for LD students, and generally only basic tutoring where programs were offered;
- little guidance or counselling for the particular social/emotional problems of the LD;
- confusion or unwillingness on the part of course instructors to make accommodations for LD students;
- lack of trained specialists, and of programs to train such specialists;
- absence of valid assessment instruments for use with adults.

White's chief recommendations were for:

- research on the relationship between the characteristics of LD adults and the situational demands of the workplace;
- more research on the task demands of postsecondary institutions with reference to LD students' needs;
- more appropriate career and life skills counselling in addition to academic assistance for LD adults;
- development of vocational interest and aptitude assessment instruments more specifically applicable to adult LD students;
- training and hiring of educators with expertise in learning disabilities.

In 1987, the National Joint Committee on Learning Disabilities (NJCLD) echoed White's concerns and recommendations of six years earlier. The NJCLD identified a

lack of access to "appropriate academic instruction, prevocational preparation, and career counseling"; a "paucity of diagnostic procedures"; "few professionals . . . prepared adequately to work with [LD] adults."

The NJCLD made recommendations in the following areas:

- further research both on the characteristics of the LD adult, and on the performance differences of adults with learning disabilities in educational and vocational settings;
- expanded and more appropriate postsecondary programs for the adult LD;
- "support systems" for the development of life skills, as well as for enhancement of academic skills;
- career counselling, and group and individual psychological counselling;
- professional preparation in a variety of disciplines for those providing service to adult LD students;
- program selection and interventions for LD adults based on "comprehensive and integrated" assessments.

Educational provision for adults with learning disabilities appears from the research to be less a description of operational programs, analysis of their effectiveness, and guidelines for improvement, than it does an ongoing series of lists of what the adult LD can and cannot *do*, does and does not *need*, and *who* should address these incapacibilities and requirements and *how*. The question of *why* these issues are not being addressed, or, if addressed, are not effective, is nowhere directly answered.

Vocational Issues and Needs.

Despite occasional mention in the research, and mini-biography in popular and lay publications, of successful, genius, or star-quality LD adults, most of what is written about vocational experiences focuses on the negative, and on the seeming majority of LD adults who have had recurrent problems in qualifying for, finding, and maintaining paid jobs. Some researchers discuss reasons in depth for these problems, others comment briefly on them as a preliminary to suggestions for enhanced programs, or toward further research. Perceptual deficits, both as applied to self, and to work considerations, are seen to play a significant role in vocational difficulties.

An explanation for the fact that the literature maintains a heavy emphasis on vocational issues in the life of the learning disabled adult relates to self-identity. The concept and strength of "self," for all adults, is based to a varying degree on occupational position and success. Life satisfaction is drawn from that success, and has as a contributing factor the ability to maintain the desired economic standard of living. Perceptual deficit aspects of learning disabilities may foster unrealistic or circumscribed determinations of success, expectations, and needs. For many LD adults, the combined effects of workplace difficulties, misperceptions of their own capabilities, inadequate income, and limited definitions of success, create a weakened self-identity. Problems in social and emotional functioning may result from such an assessment of the inefficacy of "self," adding in a circular influence to further vocational difficulties.

Vocational difficulties related to learning disabilities:

McCue (1984), in a survey of research on employment-related problems in LD adolescents and adults, found difficulties in many areas: making vocational choices, job acquisition, job maintenance, job promotion, and underemployment. Problems in the application of basic academic skills, and in memory, attention, perceptual and cognitive deficits, as discussed previously, can result in inefficiency, errors, accident-proneness, difficulties in learning job demands and sequences, in accepting criticism, and in inappropriate or inadequate personal grooming (Brown, 1980; Humes, 1986; McCue, 1984). "These difficulties may result in ridicule, termination, or injury; contribute to decreased self-esteem and self-efficacy; and foster an identity based on failure rather than on successful experiences" (McCue, 1984).

Motor, or visual-motor coordination, or spatial deficits may cause inefficient performance in manual labor and clerical positions, and "clumsiness" in handling, moving, packing objects or in body movement and balance. Poor organization of time, papers, ideas, personal appearance, can lead to accusations of carelessness and slowness (Brown, 1980; Geib, Guzzardi, & Genova, 1981) and general criticisms regarding "work habits" (Haig & Patterson, 1980).

A distinction is made by Blalock (1982) between job-related skills and job-related behavior. The latter may be affected by weaknesses in perception and social cognition, especially in the interpretation of nonverbal cues; employer or coworker descriptions of rudeness or lack of consideration for others may be attached to LD adults when they are unaware of, or

do not respond to, nonverbal messages. Recognizing when to be quiet, to leave or enter, that a comment is poorly timed or worded, that another person is annoyed, impatient or angry, that another person is in a hurry, could be inhibited by certain learning disabilities. Spatial perception problems may lead to discomforting judgements in the use of personal space.

LD adults have reported using a variety of compensation and often concealment strategies to disguise the existence of their learning disabilities (Blalock, 1982; Kroll, 1984). Situations are not uncommon such as that described by Geib, Guzzardi, and Genova (1981), in which a self-employed LD adult maintained total dependence on, and trust in, an employee for financial and reading tasks. Blalock reported instances where employees, aware of their disabilities, turned down promotions because of their intense fear of failure. Concealing or attempting to compensate for the learning disabilities results in a constant sense of vulnerability, with the LD adult always worried that s/he will be found out, exploited, or lose his/her job.

Responsibility for some aspects of vocational difficulty that the LD adult experiences may be laid at the employer's door. Patton and Polloway (1982) have noted that some employers see the LD adult without reading skills as a "misfit." These researchers ascribe the employer reaction to ignorance about learning disabilities and judgements based on first impressions. White (1985) mentioned that other research shows employer prejudice against LD job applicants and employees. Many of these employer responses can be attributed to a need for knowledge about learning disabilities and ways in which to

accommodate the LD person in work environments; Brown (1979) provides a comprehensive set of guidelines to assist employers in such understanding. Nonetheless, it should be noted that information such as Brown's has been needed and beneficial because of the Section 504 requirements in the United States, decreeing affirmative action for the handicapped including the learning disabled. Where there is no such widespread, clearly legislated, and federally funded effort to enhance the vocational situation of the LD adult, employers will likely feel little compunction to, or benefit from, making possibly costly and time-consuming accommodations for adults with learning disabilities. Such is the situation in Canada.

The issue of employer and workplace attitudes toward the learning disabled raises a number of questions:

- should business have a humanitarian obligation;
- should government dictate the extent of that obligation, and, if so, should there be government compensation for the costs and time involved;
- should governments and taxpayers hold the burden for vocational rehabilitation, which may or may not ultimately reduce welfare and unemployment insurance rolls;
- should those who benefit from vocational upgrading and placement pay for the assistance, and if so, what portion;
- should the unemployed LD have any priority over unemployed non-LD, particularly non-LD young adults, a group experiencing significant job acquisition problems.

The closest that the research comes in addressing such questions is in Kronick's (1984) admonition that the LD adult "must quickly learn how to intervene on his own behalf, and

recognize that although one has a right to expect minor adjustments in the work situation to accommodate the learning disability, one still must prove to be a competent employee."

Vocational history and adjustment:

Although there are findings of several surveys in the literature regarding employment status and history of adults with learning disabilities, few of these make comparisons with non-LD populations, or with employment statistics in general, so that there are evident obstacles in determining whether the given results indicate low, high, average, or unexpected rates of employment. Rogan and Hartman (1976) reported that two-thirds of the 90 LD adults they studied were employed, and of that portion 60% had full-time positions, and half had remained in their jobs for three years or more. Of the 60% who were employed, 62.2% held clerical or unskilled jobs, or were "marginally employed" (that is, in sheltered workshops). Figures were provided by Fafard and Haubrich (1981) of 4 out of 15 LD adult subjects with full-time jobs, 1 unemployed, and 10 with part-time jobs. The nature of these jobs included food service, nursing aide positions, construction and industrial labor, and military service. Hoffman et al.'s (1987) survey group of 381 LD adults included 36% who were employed at the time of the study. "Filling out job applications" was the single item most frequently checked by this group in a list of job difficulties.

Learning disabled adults do not seem to have a strong feeling of satisfaction about their work situations: Fafard & Haubrich (1981) reported half of their subject group to be

dissatisfied with their jobs, a finding supported by other research (Chelser, 1982; White, 1985; White et al., 1982). In a comparison of 50 LD young adults with 50 non-LD, White et al. indicated that the LD group were employed in lower social status jobs than were their non-LD counterparts, and expressed significantly greater dissatisfaction with their jobs, and acknowledged significantly lower ambitions and goals regarding further training or education. Discussing 80 LD adults in a college-based diagnostic and remedial program, Blalock (1982) commented that "many of the group had a history of numerous job changes with periods of unemployment. During the time they were enrolled in the program, several lost and/or changed jobs. Some felt that their jobs were temporary until they improved skills and . . . found a better job."

Kroll (1984) has reported on research indicating that 4 out of 12 learning disabled adults questioned said that they had difficulties getting along with bosses and co-workers, compared to none of the 23 non-LD surveyed. No analysis was made of this finding, other than to include it to support claims of poor adjustment of the LD at work. It could be hypothesized, however, that, given the cognitive and language deficits noted already as pervasive through the LD adult's functioning, the LD group might have been less inclined or able to be anything but frank about their work relationship problems, or that the non-LD group might have been more astute and verbally adept at denying or diminishing the extent of such problems that they may indeed have experienced.

Vocational training and support services:

The issue of vocational training and supplementary services has a dichotomous representation in the literature. Many outlines, guidelines, reviews and overviews exist to detail the extant information on what is needed vocationally by the adult LD, how it should be provided, and by whom. These specifications are contained usually within larger sets of recommendations on LD life functioning needs as a whole. Considerable commentary is offered concerning the vocational difficulties encountered by LD adults as an obverse method of suggesting intervention. Such information is generally easily available, and within a wide range of publications from well-known professional journals, through to staffroom magazines for practicing teachers, to public awareness and campaign brochures and handbooks distributed by learning disabilities advocacy associations.

Information on the other side, evaluations of what *has* been done, by whom, how well it worked or did not, why or why not, what next, is sparse, and not accessed with facility. Few descriptions exist of operative programs that would allow others to consider them as models, nor are there extended evaluations of their operations or their clients' rehabilitative outcomes. Where specific programs are considered, the relevant information is generally available only on microfiche, or contained in remote government committee or project reports. The common ramification of this restricted or difficult accessibility is that the program information, however valuable, is seldom obtained and used by field workers, researchers with

short-term grants, or those who quickly must design programs for individuals or small groups who are identified as needing immediate assistance. Such service providers as these last tend, therefore, to investigate projects initially developed for the physically or mentally handicapped, and to attempt to alter them to address the distinctive needs of the learning disabled adult. As well, instead of organized and LD-specialized vocational or pre-vocational training, a variety of therapeutic interventional procedures are increasingly being made available, such as individual counselling and self-help groups for LD adults (Blalock, 1982; Buchanan & Wolf, 1986; Geib, Guzzardi, & Genova, 1981; Gray, 1981; Haig & Patterson, 1980; Hoffman et al., 1987; Humes, 1986; Johnson, 1981; Kroll, 1984; McCue, 1984; Patton & Polloway, 1982; White, 1985).

General findings have been reported on numbers of LD adults who have participated in postsecondary training programs, or who have commented on such programs' effectiveness in job finding and maintaining. Gisseman (1985) noted that "almost half" of the 40 LD adults in his study had not completed high school, and only 12% of the total group had enrolled in postsecondary vocational or training programs.

The issue of assessment to both identify the population requiring vocational services, and to adequately determine and plan those services, as a prerequisite accomplishment to actual service provision, has received more specific comment and/or analysis in the research (Lefebvre, 1984; McCue, 1984; Salvia & Ysseldyke, 1978). Central to this analysis has been admonition to design assessment instruments and procedures that relate to

adult life goals, and that evaluate the LD adult's functioning in the context of various life environments (Gray, 1981; NJCLD, 1985; Travis, 1979), as opposed to limited academic, perceptual and cognitive skill assessments.

The use of "type" and personality inventories (e.g., Minnesota Multiphasic Personality Inventory, Sixteen Personality Factor Questionnaire) as well as of wider-encompassing psychoeducational instruments, has been advocated by several researchers to assess factors of learning disabilities which bear on life functioning (Gisseman, 1985; Gorsuch, 1985). Compared to those rehabilitation clients in McCue's (1984) study who had received only psychological testing, those who received neuropsychological assessment earned significantly higher salaries, although the latter type of assessment was not found to result in a higher rate of employment. McCue posited that "More comprehensive neuropsychological procedures may identify strengths and competencies that would not be documented" by less comprehensive assessment procedures such as psychological testing and vocational aptitude and interest inventories. Further, neurological testing "may also specify client potentials that enable clients to be trained or employed at a higher level in spite of functional limitations" (McCue, 1984).

Military service is suggested, frequently in the United States, seldom in Canada, as a vocational training and experience option for adults with employment difficulties or prerequisite deficits. For LD adults, however, military service does not seem a feasible alternative. White's (1985) findings indicated that only 29% of a tested group of young LD adults

earned scores "high enough to qualify for the Army, the service branch with the lowest qualification criteria," and only 4% qualified for the Air Force. Three percent of the LD adults surveyed by Hoffman et al. (1987) had participated in military training programs. Patton and Polloway (1982) point out that demands for "organization, discipline, socialization, and following directions and orders" would conflict with LD adults' lack of strategies or skills in these areas of performance.

Computer training:

The computer within the recent past has been employed regularly as a tool to assist those LD students at any level whose perceptual difficulties - make handwriting awkward, or who need increased yet motivating drill work. It has also proven valuable in the development of writing organization and composition proficiency, allowing the student to revise with little frustration, and to produce finished work of attractive appearance.

Incorporating computer use in the service delivery programs for learning disabled adults, however, has not been rapid. The research that does comment on software design with reference to this population emphasizes that many of the concerns that apply to software and documentation for LD children apply similarly to that used by LD adults. Recommendations (Collins & Price, 1986; Moyles & Newell, 1982; Varnhagen, 1983) include that:

- the screen should be free of cluttering visuals and the necessary graphics clear;

- the screen vocabulary should be easily read;
- the instructions should be simple and numbered;
- the rate of presentation should be not too rapid, or else should be controllable by the student;
- the program format should be designed to provide immediate feedback;
- the documentation should be well laid out, without complex syntax, and with repetition of key concepts.

Impulsive use of the "RETURN" key by Varnhagen's students, which resulted in missed instructions, necessitated program modifications. LD adults with whom Moyles and Newell worked "preferred a non-game format that made a serious presentation; they often objected to the smiling faces," in contrast to the type of software that appeals to and motivates younger students.

Word-processing has been the most common application of computer technology, but primarily as a skill compensation or enhancement for those LD students who must do much writing, such as those in college. Discussing the applications and benefits of computer use in a learning skills program for college students, Moyles and Newell explain that

A computer with standard hardware is ideal for the visual learner because of the strong emphasis on visual presentation of information. For individuals with deficits in visual-motor coordination, it is beneficial because it reduces the amount of time needed to formulate a complete and legible response. For students with physical impairments or mobility limitations, it allows for rapid and thorough responses with a minimum of manual dexterity and range of motion. For the student who learns at a faster or slower rate than average, the microcomputer is ideal because it is entirely self-paced (p. 153).

All these good points would have equal reference to issues of job demands and difficulties encountered by the LD adult; yet there is virtually no research on vocational preparation programs that specifically and substantially incorporate computer training. Gray (1981) reminded that "we live in a technological age . . . *print* literacy is not the only literacy." Proficiency with computers would provide LD adults not only with assistance during vocational training, but would furnish them with a marketable skill. Few business environments operate without some form of computer, and, increasingly, jobs that were performed by un- or semi-skilled laborers alone are acquiring a computer component, such as warehousing, and even taxicabs. The psychological advantages of computer mastery are summarized by Moyles and Newell (1982):

Content that had real-life applications and seemed business-like in its presentation was highly favored. Students felt that working on a computer was a sign of competence and for those who were not usually adept at visual-motor coordination or conversant with modern technology, a special form of self-esteem was inspired (p. 152).

Aside from application in academic and remedial situations, computer training appears to be insufficiently explored or implemented in programs for learning disabled adults.

Effects of perceptual problems on vocational functioning:

Perceptual deficits may have myriad negative effects on the vocational performance of LD adults. Problems with time, space, visual processing, listening, movement, and interpersonal

functioning are some of the difficulties that could interfere with the demands of employment. There are, however, *intra*personal aspects of perceptual disabilities that may in fact erect more profound and enduring obstacles to successful long-term employment acquisition and maintenance for LD adults.

Kronick (1984) noted:

. . . their deficits in judging their attributes in relationship to an upcoming situation, and imagining all the elements of that situation, result in their striving for unrealistically high or too modest goals. The former produces a cycle that bounces from optimism to discouragement, and the latter to minimal productivity socially and vocationally (p. 2).

Blalock (1982) described these perceptual deficits in reference to vocational concerns:

At times an individual's goals may be unrealistic in light of his specific disabilities. Some are unaware of the significance of their problems while others have no idea of what the selected job involves. Many learning disabled adults have had little or no vocational education and are not prepared to decide on areas of work. Other times the goals are very realistic but remediation of deficits is required to achieve these goals.

. . . Learning disabled adults are usually well aware of specific problems they have, but may have little understanding of the nature of the underlying problems which would enable them to anticipate problems in new situations (p. 12).

Blalock underlined this difficulty by noting that "only 3 or 4 of the 80 adults tested in our program seemed to understand their problems and these people were not always able to explain them."

Buchanan and Wolf (1986) discussed "Sam" who had "attended college for 16 years in an attempt to earn a degree in engineering . . . and repeatedly failed his math classes." Despite the motivation this showed, it also indicated that Sam "was persisting in courses in which he had a very small likelihood of being successful," in a way similar to many in this population who "described themselves as lacking in motivation, [yet] tended to be unusually persistent in reaching their goals." "Sam" and other subjects in Buchanan and Wolf's study "did identify personal strengths, but the perceptions were often inaccurate. They had little understanding of the nature of their learning disabilities and how these disabilities were affecting their lives." Humes (1986) echoed the other researchers' findings: "those with learning disabilities often have a limited understanding of the handicap and the effect of their actions on others." Humes discussed these reasons for unrealistic aspirations, which not only supported previous observations and analyses in the literature, but adumbrated later survey findings:

- (1) limited exposure to the working world -- taking the first job available, or long-term unemployment;
- (2) inaccurate notions of career -- not understanding or anticipating the demands of a job, not realizing that occupational change is common and expecting a job to last forever;
- (3) limited awareness of abilities -- and gravitation toward jobs that underuse abilities, or require more or other than the individual possesses;
- (4) low level of motivation -- and "paralysis of effort" due to history and fear of failure;

(5) perceptions of familial and social pressures to be successful, particularly economically;

(6) lack of flexibility -- difficulty in keeping up with changing career trends, compromising, altering plans once determined.

Hoffman et al. (1987) consulted through checklist questionnaires a group of 381 learning disabled adults, service providers, and families of and advocates for these adults. Of the LD group, 68% responded that they understood their learning disabilities. Reading and spelling were the academic areas most checked (by 63-65%) as affecting employment, yet only 75% of those noting these problems expressed a desire for help in such areas. Lack of motivation, mentioned by Humes as a factor in LD adults' unrealistic aspirations, ranked in the third highest place with "no self confidence" in a list of personal problems checked by the LD adults.

The study also compared the perceptions of learning disabled adults of their own academic, vocational, living, social and emotional problems with those of the service providers and families and advocates involved with the LD adults. In many areas the groups' perceptions were at variance. For example, 49% of the service providers saw "not following directions" as the most significant problem in LD adults' getting and keeping jobs, but only 12% of the adults themselves viewed this as a problem; 37% of the service providers perceived job interviewing as a problem area for the LD adults, as opposed to 16% of the adults who felt they had difficulties with interviews. Response comparisons indicated that generally the service providers viewed LD adults as having more significant

employment problems than did the adults themselves, ascribed to some degree by Hoffman et al. to the "limited work experience" of the LD adults surveyed. Service providers and families/advocates further and similarly perceived the LD adults as having more consequential social problems than did the LD adults. After appropriate job placement and vocational rehabilitation services, both service providers and families/advocates viewed the LD adults' own understanding and acceptance of their disabilities as major needs.

Blalock (1982) made a final point in noting that

Many evaluated in our program have a history of frequent job changes because "things didn't work out." Unfortunately, when they lose jobs and do not understand why, they may continue to take jobs with the same requirements and make the same mistakes. A part of this problem has to do with limited understanding of the nature of their own problems (p. 13).

What is frequently needed, explained Blalock, is "someone to help the adults with learning disabilities analyze possible job problems in light of their specific deficits," who could also attempt to reconcile the LD adult's perceptions with perceptions of those on the "outside" or, in concert with the adult and his/her vocational efforts and experiences, develop more realistic self-perceptions and goals.

Social and Emotional Needs and Problems

While job acquisition, retention and satisfaction, and the contributing academic deficit areas, are obviously concerns for

both LD adults and those who assist them, these areas are superseded in the perspective of LD adults themselves by social and emotional issues. Chelser's (1982) study listed the following areas in rank order according to the subjects' determination of need for assistance:

- (1) Social relationships and skills;
- (2) Career counselling;
- (3) Developing self-esteem and developing confidence (equal ranking);
- (4) Overcoming dependence and survival (equal ranking);
- (5) Vocational training;
- (6) Job getting and holding;
- (7) Reading;
- (8) Spelling;
- (9) Management of personal finances;
- (10) Organizational skills, -

Problems of an academic or vocational nature (other than *career orientation*), despite being those which draw the attention of service providers to the LD adult, are evidently of less import to the latter than are social and psychological difficulties.

Social perception weaknesses have much to do with the poor social performance of LD adults. Difficulties in use of space, in listening, and in nonverbal communication, as discussed previously, lead to missed or misinterpreted messages; poor memory can result in accusations of "not caring" when a date or anniversary is forgotten. LD adults have difficulty with the "taken for granted" social customs, according to Brown (1980): "small talk, entering a circle of people, introducing themselves to strangers" and not knowing the signals of conversational

turns such as "leaning toward the speaker"; they may often speak loudly without recognizing the volume of their own voices, or apologize for social gaffes too profusely or too frequently.

The LD adult with attention problems or high distractibility may find that "the most meaningful moments in a relationship [are] destroyed by such things as a ticking clock, a crackling fire, the sound of a car or voices in the distance, or even a simple touch" (Wood, 1985).

Kronick noted that

Their egocentricity, impulsivity and inadequate imagery create errors in judgement because they fail to imagine all the elements of a situation, to visualize the other person's perspective and their own role in relationship to it, so act precipitously, or seemingly insensitively or irresponsibly (Kronick, 1984).

Lack of role-playing ability, or taking the other's perspective, may also contribute to poor personal care: the LD adult may be unaware of how s/he looks, or of what nature of dress is demanded in a given situation; problems with fine motor and visual perception skills may make personal grooming difficult.

Research on the LD adult and human sexuality issues by Wood (1985), from a survey returned by 220 LD adults, indicated that normal development of relationships was significantly impaired by the effects of learning disabilities. Previously discussed problems of nonverbal communication, making and keeping friends, recognizing whether another person is angry, and what the LD person has said or done to provoke that anger, were reported also in Wood's study. Females more

than males mentioned that they often felt the need to touch or to hug others when speaking with them, and that they did not know when they were behaving in a sexy or flirting manner, or leading someone on, until they were told; "in fact," summarized Wood, "more adult females than males reported difficulties in most facets of human sexuality that were measured." Such difficulties may leave adult LD women "vulnerable to unwanted sexual encounters," Wood extended. Trying to please superiors in order to succeed may lead to the LD adult accepting abuse and sexual harrassment (Marin Puzzle People Newsletter, 1985).

Fafard and Haubrich (1981) described the extent of many LD adults' social involvement as restricted to family, with few friendships; White et al.'s (1982) LD group members reported that they participated less in social organizations and recreational activities than did the non-LD group. In Rogan and Hartman's (1976) study of 21-39 year old LD adults, 38% of the subjects lived with their parents, and 17% of the total group were married. Of the 40 LD adults (20 male, 20 female) in Gisseman's (1985) study, over half of the women were divorced or separated, and 80% of the men had never married.

Findings from Gisseman's research also indicated that 60% of the men and 10% of the women had been arrested or brought to court at some point in their lives. Lerner (1981) supplied data showing that "learning disabilities were twice as prevalent in the delinquent group as in the nondelinquent group" of 127 juveniles studied. White et al.'s (1982) findings, however, in a comparison of LD and non-LD adults, concluded that the groups did not differ substantially in the number of encounters

they had with the courts, but that the LD young adults were more likely to be convicted of crimes for which they were charged. Hoffman et al. (1987) stated that data were inconclusive with regard to a definable link between juvenile delinquency and learning disabilities.

The variation between LD adults' perceptions of their own problems and the perceptions of their service providers and families/advocates is as noticeable in the social sphere as in vocational environments. Hoffman et al. reported that the latter groups "viewed learning disabled adults as having more significant social problems than did the learning disabled adults themselves." All groups identified impulsivity as a major social problem of the LD adults. However, while both the service providers and families/advocates perceived "dependence on others" as the LD adults' next most serious social difficulty, dependence ranked fifth in the adults' own estimation, checked by only 18% of the adult group. Shyness, dating, and making conversation ranked higher from the adults' determination of their own social problems.

Withdrawal from social relationships, difficulty in tolerating tension and frustration, emotional lability, oversensitivity -- "they built walls between themselves and others" -- were characteristics of LD adults described by Rogan and Hartman (1976). Polloway, Smith, and Patton (1984) noted an "inability to adapt to life events." Gisseman (1985) indicated that, on a profile derived from the Minnesota Multiphasic Personality Inventory, his subjects were "generally immature, self-defeating, [had] poor problem solving skills, and [placed] little

value on intellectual ability or cognitive skills." Gorsuch's (1985) research supported other findings that LD adults, college students in this case, were less dominant than the non-LD, had more anxiety and were less able to "bind" anxiety, than other categories of college students. Subjects in Buchanan and Wolf's (1986) study described themselves as "nervous, disorganized, moody, and easily discouraged, as well as having self-image problems . . . shy, self-conscious, insecure, overly passive, and withdrawn." One group in Lefebvre's (1984) study demonstrated "considerable determination, high achievement orientation, and a creative, flexible approach to problem solving." The other, less successful, group showed "a depressive syndrome marked by feelings of hopelessness, social isolation, low self-esteem, and dependence on authority figures . . . and to have a low tolerance for frustration."

Johnson (1981) discussed LD adults' consistent reports of "panic responses, reaching their breaking point, and a frequent need to recuperate." Internal and external stressors contribute to inability to function in all areas of the LD adult's life:

LD adults are often confronted with inappropriate expectations, extra energy expenditures in having too much to cope with, covering up problems, overcompensation for failures, being too different for social acceptance and belongingness, unusual and stressful family dynamics, and the constant frustration of feeling ill at ease with the total environment. All this contributes to the onset of a stress cycle [which] manifests as dramatic fluctuations of energy resulting in a further breakdown of behavior, and as wear and tear on the body (pp 439-440).

Prock (1984) notes that the LD adult "suffers a peculiar kind of guilt created by not understanding the academic and social links that are missed or inappropriately connected. In efforts to understand lack of significant function, errors are frequently attributed to irrelevant sources." Adults with social problems resulting from their learning disabilities are "essentially lonely people," Prock explains, and this loneliness is exacerbated by continued fear of attempting new social contacts, and thus continued lack of experiences that might allow practice in developing social abilities.

Abetted by the lack of knowledge generally displayed by LD adults regarding their own disabilities, ambivalence over intelligence is common (Humes, 1986). Demonstrated and repeated failure leads to the LD adult's profound worry that s/he is mentally deficient or abnormal. Sometimes this worry is promoted by the LD adult's being "splintered by different professional vantage points" (Johnson, 1981), by whom s/he may be labeled "schizophrenic, mentally retarded, or emotionally disturbed" according not necessarily to diagnosis, but to the functional mandate of the agency with whom the LD adult had managed to become involved.

As with vocational and social problems, Hoffman et al's survey indicated significant discrepancies between LD adults' perceptions of the existence and effects of their own personal problems and those of service providers and families/advocates. Although all three groups checked frustration most often as a major personal problem, only 40% of the LD adults saw it as such as opposed to 61% of the service providers and

66% of the families/advocates. Lack of self-confidence was perceived as the second most significant personal problem of the adults, being checked by 28%, yet 49% of the service providers and 57% of the families/advocates saw this area as a difficulty for LD adults. A greater percentage of these two latter groups saw "controlling emotions and temper" as a problem of the LD adults than did the adults themselves; yet the adults reported "feeling angry often" more than did the other two groups. All three groups did, however, have similar perceptions of depression as a serious personal difficulty.

In Hoffman et al.'s study, the LD adults were additionally asked if they felt that their personal problems hindered their getting or keeping a job; only 16% responded affirmatively. This is interesting in light of other research reviewed in the same article: "In a study of employer attitudes toward hiring the learning disabled, employers were willing to help handicapped workers as long as they carried their own loads and did not introduce their personal problems into the workplace," responses which are indicative of employer experiences with and/or anticipations of, the effects of personal difficulties on LD adults' job performance.

An abased sense of self-esteem, and a distorted self-concept, are both the cause and the result of many of the LD adult's social functioning difficulties. Virtually every researcher describing characteristics and problems of this population has included mention of diminished self-esteem as a major factor in the continuing cycle of frustration, failure, and lack of motivation.

Therapeutic Needs

Despite recognition that dysfunctional social relationships and emotional disturbances are prevalent in the learning disabled adult's life, specific counselling services for LD adults are not widely offered, or if offered, are not widely utilized. Such specialized therapy is seldom offered in conjunction with other rehabilitative/educational services. When counselling is available, it is not often provided by therapists knowledgeable about the particular psychological influences of learning disabilities.

The research of Rogan and Hartman (1976) showed that 73% of the 90 LD adults studied had been involved in some form of therapy during their lives; 24% at the time of the study were receiving therapeutic assistance, and a further 11% had received therapy as adults but had discontinued the intervention.

Hoffman et al's (1987) findings indicated that 13% of the 381 LD adults had received therapy from a psychologist or psychiatrist, 9% from a counselor, 6% from organized group therapy; 5% had had placement in a mental hospital or psychiatric ward. Only 1% of the LD adults had participated in a self-help or support group. Twelve percent were involved in some form of therapy at the time of the study; 24%, however, stated that they would like to receive assistance with their personal problems.

Out of 10 areas in which LD adults expressed the wish for help, self-esteem and self-confidence tied for third ranking,

ahead of vocational training, job getting and holding, and academic skills, including reading (Chelser, 1982). Hoffman et al. cited results of a study of LD adults by the U.S. Rehabilitation Services Administration (1983) in which "the psychosocial limitations of learning disabilities were viewed as being as important as the academic limitations."

Since "social isolation and inadequacy" have been recognized as major problems for LD college students, White (1985) referred to numerous studies demonstrating the importance of counselling and self-help groups in the success of LD adults in postsecondary educational settings. He added that students in one sample reported that "counseling and psychotherapy for the purpose of dealing with frustration and other problems was considerably more beneficial than services for learning problems." Meyers (1985), in discussing her academic remedial work with an LD college student, stated that the student saw a professional counsellor weekly, to deal with the self-esteem effects of long-term "trauma, humiliation, and degradation." Had the student not had outside counselling, Meyers noted, "too much emphasis would have been placed on those concerns during the tutoring sessions, eliminating any time for instruction."

As well as identifying what self-help and advocacy groups have been established to provide opportunities for LD adults to meet and share problems and successes, Patton and Polloway (1982) state that LD adults "have available to them the same services that all citizens have -- mental health agencies and private psychiatric/psychological agencies." These researchers

did not discuss, however, that many mental health professionals lack specific understanding of learning disabilities. Furthermore, the social, cognitive and perceptual problems that lead to life dysfunction in the first place may well inhibit or cause difficulties with many LD adults' productive search for, and contact with, the appropriate therapeutic services.

Geib, Guzzardi, and Genova (1981) outlined the operation of a pediatric hospital-based "Academic Therapy Program" for 29 LD adults, during which the students raised and discussed social and emotional issues within a tutorial, "group encounter" setting. This time had not been formally organized as a therapeutic intervention; therapists reported that talk of problems spontaneously arose, in reference to both daily living difficulties and concerns with the academic therapy program itself.

The benefits and efficacy of group counselling have been discussed by Humes (1986), due to the focus on "relationship building and self-exploration." Johnson (1981) elaborated on the development and functioning of a self-help group for LD adults in Arkansas, the advantages of which included increased social contacts, and with people sharing common experiences, discoveries, and concerns; LD group-directed, rather than therapist-guided, discussions; mutual feelings of being taken seriously, and of enhanced self-esteem; acknowledgement of successes and special skills; tension and stress alleviation; motivation to improve personal appearance, and practice in social skills. The LD participants reported, according to Johnson, that "the self-help group offered more help than any

other agency.”

Professionals who work in educational or vocational rehabilitation situations with learning disabled adults should be aware of, and trained to deal with, the psychosocial and emotional difficulties of the LD adult. Mental health professionals should be aware of the connections between the emotional problems and the learning disabilities of their clients, and be provided with specific and comprehensive knowledge about learning disabilities (NJCLD, 1985). Schulman (1984) advised psychotherapists that the LD adult patient “initially may appear to be impulsive, socially inappropriate, concrete in his or her thinking, tangential, and/or perceptually distorting”; psychotherapists should not “be hasty in ascribing these behaviors to a severe primary emotional disorder,” since indeed many LD adults, even with some degree of emotional problem, have “surprisingly intact ego functions.” Schulman further discussed the necessity for analyzing the LD adults’ “rigid defenses,” noting that successful therapy entails their looking “at how they *themselves* put serious limitations on their lives, and how they, themselves, are faced with the opportunity . . . to begin to take risks that they had previously perceived as far too dangerous.” If focus remains only on the disability and its “evil” effect, stated Schulman, then the therapy only gives the patient permission to feel sorry for him/herself and to perpetuate hopelessness regarding change.

Buchholz (1987) posits a theoretical model for psychoanalytic treatment of the learning disabled adult based on recognizing that “many of the LD adult’s serious problems may

result from a hampered and damaged self and unsatisfying and unconnected object relations dating back to the earliest years." She explains this childhood blockage of "attainment of emotional object constancy" by noting that it "relies on the infant's visual, auditory, and perceptual skills," areas most often impaired in the learning disabled. Similarly to Schulman, Buchholz cautions therapists to "respond with accuracy to [LD adults'] occasionally misleading behavior." Treatment aspects in the analytic focus for the adult LD are "restructuring and education, ego building, and use of the therapist as a self-object." There is also a goal of "expansion in symbolic functioning," and, "more than in therapy with other patients, there is need for patient and therapist to readjust the perceptions of the past by filling in gaps."

Several therapeutic models have been proposed as frameworks for assisting the LD adult with maturational and transitional life difficulties and adaptations. Simmermon and Schwartz (1986) discussed application of the "Adult Development Theory," of Levinson, with borrowings from Erikson and Jung. The assumption is, while not denying the existence or effects of learning disabilities, that the individual moves forward and toward healthy maturation. This theory "highlights environmental context . . . [encouraging] clients to work with the real people and institutions they interact with in their lives and to benefit from the potential for growth possible in those interactions." Use of Levinson's theory as a productive foundation for therapeutic work with LD adults is discussed extensively also by Polloway, Smith, and Patton (1984).

Prock (1984) effectively develops an application of Kubler-Ross's model to the life problems of the LD adult. This is not a life-span theory, but rather a presentation of a system of stages -- Denial, Anger, Bargaining, Depression, Acceptance -- at any one of which the LD adult may be stalled: "Once an individual's status is located, a quite specific set of tasks can be generated within the architecture of the model . . . tasks that can be promoted in order to produce forward movement toward the next stage" (Prock, p. 5). Special consideration is made of the use of "constructive confrontation," wherein, after being presented with behavioral evidence of his/her problem, the client acknowledges, with the support and option-offering of the therapist, that s/he "has the ability and the right to make his/her own decisions within an acceptable framework." As with application of Levinson's theory, Prock's use of the Kubler-Ross model for LD adults highlights challenge and individual power, with positive development being the issue rather than emphasis on the negative results of the learning disability.

As to recommendations for specific counselling programs, Patton and Polloway (1982) suggested the establishment of "life adjustment centers" where "social, communication, and employment skills training as well as counseling services, recreation, and academic remediation" could be provided in a coordinated setting. Humes (1986) proposed the development of a counselling Individualized Education Program (IEP), which could be written even in the absence of an instructional IEP.

Service Nature, Availability and Scope

While the bulk of comment in the literature about service delivery relates to vocational programs, and secondarily to counselling and other therapeutic activities, there have been several comprehensive works outlining all aspects in which LD adults are affected by their disabilities. In an article entitled *Services for the LD Adult: A Working Paper*, Gray (1981) listed 25 suggestions for the description, definition and assessment of LD adults. Mentioning that the existing literature was "limited," he introduced his work as

an attempt to 1) provide some shape to the slightly-less-than-skeletal collection of discussions and descriptions of programs for LD adults found in the literature; 2) to identify issues; and 3) to provide a base from which learning disabilities professionals can identify needs and lead the development of services for the LD adult.

The suggestions, with topic headings, were as follows:

GENERAL PRINCIPLES

1. Program options must be available to the LD adult.
2. The LD adult should be treated as a client.
3. Learning disabled individuals, like nondisabled individuals, must be considered lifelong learners.

DESCRIPTIONS AND DEFINITIONS

4. As often as possible in the literature, we need to describe LD adult individuals rather than describing composites or characteristics frequently associated with the learning disabled.
5. Learning disabilities professionals must provide the leadership necessary to establish identification criteria for determining service eligibility and insuring consistent, manageable research.

6. Criteria should involve "severe" discrepancy between ability and performance.

ASSESSMENT AND CONTENT

7. Content of diagnostic and assessment devices and of educational services should be specific to life needs. The appropriateness of assessment procedures directed toward psychological processes, abilities, thought to be prerequisite for meaningful learning should be carefully evaluated.

8. Assessment and intervention should be directly related to adult life goals.

9. LD professionals need to identify existing assessment devices which provide reliable and valid information about the adult in relation to his/her various environments.

10. New devices should be constructed which assess the individual's level of competence in relation to (a) expected competencies in his/her various environments, and (b) the modifications necessary and/or possible in those environments.

11. Developmental and remedial instruction in basic skills should be made available to those who wish such training and for whom such programs are appropriate.

12. Our views of appropriate content for adult services should be expanded beyond traditional literacy requirements and vocational training.

13. Compensation [i.e., coping skills] should be a major focus of the content of our services to LD adults.

14. We must actively involve the LD adult in content decisions, but we cannot limit ourselves to that input.

DELIVERY OF SERVICES

15. We should make existing formal education institutions accessible to the LD adult.

16. Faculty members of formal education institutions should be encouraged to accept some of the challenge and responsibility for making their content accessible to the LD adult.

17. We should expand our repertoire of models for meeting needs beyond formal education to include informal and nonformal models

18. Services should include training of individuals in the LD adult's various environments.
19. LD professionals should initiate and encourage cooperative efforts with other professionals interested in adult, lifelong, and community education.
20. Counseling services should be available to LD adults.
21. Services for LD adults should include advocacy.
22. One individual should be available to act as finder and orchestrator for the LD adult.
23. Existing services, such as vocational rehabilitation, must become responsive to the needs of the LD adult.

RESEARCH

24. Descriptions of specific programs, case studies, and N=1 studies should continue to be included in the literature.
25. Systematic, data-based research is needed to examine the LD adult's needs from his/her own perspective, from the perspective of the service provider, and from the perspective of the adult's environments.

A rationale for each of the above suggestions was supported with research references, and were certainly based on earnest professional concern to develop preventative as well as remedial awareness and services. Yet, despite claims in the intervening years of the sparseness of research on the adult LD, and exhortations toward more (Buchanan & Wolf, 1986; Kroll, 1984; McCue, 1984; Meyers, 1985; Polloway, Smith & Patton, 1984; White, 1985), the 1985 NJCLD position paper *Adults with Learning Disabilities: A Call to Action*, published in 1986 and 1987, reiterated many of the problems and recommendations presented by Gray in 1981:

1. Programs must be initiated to increase public and professional awareness and understanding of the manifestations and needs of adults with learning disabilities.

2. Selection of appropriate education and vocational training programs and employment for adults with learning disabilities is predicated on a clear understanding of how their condition influences their learning and performance.
3. Throughout the school years, individuals with learning disabilities must have access to a range of program and service options that will prepare them to make the transition from secondary to postsecondary or vocational training settings.
4. Alternative programs and services must be provided for adults with learning disabilities who have failed to obtain a high school diploma.
5. Adults with learning disabilities must assume an active role in determining the course of their postsecondary or vocational efforts.
6. Consistent with the Rehabilitation Act of 1973 and regulations implementing Section 504 of that Act, appropriate federal, state, and local agencies as well as postsecondary and vocational training programs should continue to develop and implement effective programs that will allow adults with learning disabilities an opportunity to attain career goals. Also, consistent with Section 504, postsecondary programs, colleges, vocational schools, employers, and governmental agencies should be aware of the nondiscriminatory testing requirements for the handicapped.
7. The development of systematic research programs that will address the status and needs of adults with learning disabilities is essential for the provision of appropriate services.
8. Curricula must be developed and incorporated in preparation programs for professionals in such disciplines as education, vocational and rehabilitative counseling, social work, psychology, medicine, and law to inform these professionals about the problems and needs of LD adults.
9. Mental health professionals must be aware of the unique personal, social, and emotional difficulties that individuals with learning disabilities may experience throughout their lives.

The United States, through the Rehabilitation Act of 1973 and especially Section 504 of that Act, mandated vocational assistance to LD adults. The NJCLD paper asked that governmental agencies "continue the development and implementation of effective programs that will allow adults with learning disabilities the opportunity to attain career goals." Given that the research continues near-silence on specific programs in the U.S., let alone evaluation of their efficacy, this latter comment would appear either disguisedly cynical, or gently but firmly exhortatory. The situation in Canada is even more uncertain as to program existence or success.

"The literature indicates that there have been no specific models developed to identify and aid learning disabled adults." (Geib, Guzzardi, & Genova, 1981). At this time, the statement still generally holds, inasmuch as models that have been developed have been primarily from a psychotherapeutic perspective. And while there may be programs the designs of which could function well as models, little is known outside their locale regarding their structure or success.

Buchanan and Wolf (1986) claimed that "most reports have focused on characteristics of young LD adults, but do not address intervention strategies"; yet, while they noted that their study focused on two questions, the second of which was "What implications do these characteristics [those which have persisted into the adulthood of the LD population] have for programming and general service delivery?" they did not include specific intervention implications or recommendations. Further,

in discussion on their research with 33 LD adults, they stated that the subjects "had little understanding of the nature of their learning disabilities and how these disabilities were affecting their lives." Buchanan and Wolf discussed no further, however, this question of perception which evidently influenced detrimentally their subjects' educational, vocational and social functioning.

McCue (1984) noted that only 48.5% of the 130 LD adults in his study were successfully rehabilitated; "the average rate of successful case closures for all rehabilitative clients" in his sample area during the same period, "was 70.5% . . . suggesting that the difficulties encountered by the LD population may present significant obstacles to successful rehabilitation." This is a significant statement, yet neither does McCue nor do other researchers fully explore these findings.

Dissenting Voices

. . . are few. Coles (1980) began his investigation with: "It was inevitable that the search and destroy missions aimed at children's 'learning disabilities' would encourage the same kind of pursuit in adults." Despite the acerbic start, he lucidly discussed weaknesses in diagnostic instruments; somewhat defensively presented his theories and claims refuting the existence of perceptual disorders as contributing to learning disabilities in adults, even perhaps their existence at all. His principal hypothesis, based on his work with Adult Basic Education students and, presumably, on his psychiatric knowledge

as a professor in that field at Rutgers Medical School, is that the etiology of adults' poor literacy skills "lies more in their backgrounds of faulty education, poverty, disturbed family relationships, developmental immaturity when beginning school, and similar causes rather than in underlying cerebral dysfunction." While many of his arguments may have had truth at the core, the strident tone may well have caused other professionals to slide across the surface of his work. And yet, were his hypotheses adequately addressed in the research of others, issues that Coles confronted might have answered some of the questions the investigations of other researchers raised but did not follow.

Lieberman's (1987) *Is the Learning Disabled Adult Really Necessary* did not raise questions as much as it provided strong cautions. Lieberman did not take exception to the increasing focus on LD adults as such, except to argue that teaching compensatory strategies was evading the problem: one should not give children with writing problems typewriters, one should teach them to write -- "Getting around the problem is not special education." His main point was rather a warning against the implication he perceived that focus to contain, "the potential need for lifelong support and lifelong recognition of being exceptional." Why this was dangerous, he explained, was because it ran counter to "the basic tenets of normalization and those who are committed to mainstreaming handicapped individuals in the fullest and truest sense." Lieberman emphasized that many handicapped persons, including LD adults, find independent ways in which to lead satisfying lives. Those

who advocated for LD adults, however, by constantly emphasizing the specialness of learning disabilities, were simply and unproductively providing a "hook": "The hook is what is used to hang every failure on; every perceived injustice; every reason for not maximizing one's own potential. Learning disabilities for adults can be a very powerful hook."

Again, as with Coles, little response to Lieberman's view has been evident. Yet studies such as Hoffman et al.'s (1987), wherein 381 LD adults, and a combined figure of 1160 service providers and families/advocates involved with the life functioning of those 381, identified substantial lists of needs in every area of that functioning, might have benefited from an incorporation of Lieberman's concerns into the analysis and discussion.

Summary

A literature-based profile of LD adults:

LD adults are not simply LD children writ large, but are adults whose "processing deficits persist into adulthood and interfere with social, vocational, and higher educational functioning" (Blalock, 1982). Social relationships and skills are not seen as a primary deficit only by those who work with LD adults, but are cited first on the list of problematic life concerns by the LD adults themselves. Faulty social perceptions, poor verbal and non-verbal social skills, distractibility, impulsive or overly shy behavior, and lack of

self-monitoring strategies, adversely affect the psychological, social and sexual aspects of the LD adult's life functioning, with women more than men in both adolescent and adult LD populations reporting frequent and severe sexual difficulties.

As depicted in research findings, the "more fortunate LD adults will develop (or be taught) compensating survival strategies and will melt into the mainstream of society, unlabeled, and successful at meeting the demands of adult life" (White, 1985). Hoffman et al. (1987) described the "large number of learning disabled adults at the other end of the continuum," those with "severe personal problems involving frustration, low self-confidence, and depression." Chronic loneliness, hopelessness, a constant sense of vulnerability, dependence on authority figures, low tolerance for frustration, high levels of stress, rollercoaster rides of emotion, battered self-esteem and a distorted self-concept, will be the limited spectrum of colors which the LD adult's perceptually-deficient vision can discern.

Vocational problems are significant and represent frequent obstacles in the lives of adults with learning disabilities: difficulties in making career choices, getting and holding jobs, career promotion, un- or underemployment, job satisfaction, low median income, will be the general outline of the LD adult's occupational history.

Processing and perceptual deficits include poor verbal reasoning, poor verbal concept-forming, impaired visual attention to detail and poor auditory recall. These deficits account for much of the learning disabled adult's frustration in

postsecondary education, high school upgrading programs, or vocational training. The academic ramifications of such difficulties are seen, however, by both LD adults and service providers as being of significantly less importance than they were for the LD in childhood. Moreover, social, emotional, and vocational problems are identified as having more consequential and negative implications than do academic skill deficits in the adult life of the learning disabled. Short-sightedness or astigmatism in perceptions of their own abilities, goals, needs and development are as great, if not greater, a handicap for LD adults than are sensory perceptual deficits.

What becomes noticeable in reading the literature is that this profile is well known; what is absent in research data is description and evaluation of the full frontal view.

Status of research and service delivery:

In 1982, Blalock stated: "Considerable information about the nature of residual learning deficits and the kinds of problems encountered by learning disabled adults in society is needed to plan effective programs." During the following years, considerable information was amassed. In 1986, Humes stated: "The overriding issue in the mid-80s is not awareness or sensitivity to the plight of LD individuals but rather a plan of action through the vehicles of individual plans and least restrictive environments which will incorporate counselling and guidance goals."

The plan of action still awaits development. There are indeed constant calls to action, but there is little or no action,

no comprehensive models. The literature discloses patterns in research and assessment of the same populations being sampled, the same tests being administered, and being repeated, the same suggestions in lists being re-itemized, but no apparent movement.

Given all that is known, or said to be known, about adults with learning disabilities, there are surprisingly many questions left unanswered, significant among them, these: If all that is known points to such a number of dysfunctions, pervasive through the adult LD's life, why are not programs being specifically and appropriately developed? If such programs do exist, why are they not effective, and why is there so little known in detail about them? And if the hidden answer is perhaps that nothing really seems to work, why is that possibility, and all the issues that possibility raises, not confronted?

CHAPTER III **METHODOLOGY**

Description of Educational Ethnography

Research is designed and conducted according to the type of information being sought, the amount and scope of pertinent knowledge which exists and is available, and the theoretical or philosophical perspective of the researcher. Particular methods of subject selection, data collecting and analysis, and conclusion development are dictated by the *form* of question being asked, and by the desired *nature* of the findings.

Cohen and Manion (1985) discuss the varying perspectives which influence choice and design of research: "Where one subscribes to the view which treats the social world . . . as if it were a hard, external and objective reality -- then scientific investigation will be directed at analysing the relationships and regularities between selected factors in that world." Research designed from this perspective will be "predominantly quantitative." The contrasting or alternative view of social reality as described by Cohen and Manion, "which stresses the importance of the subjective experience of individuals in the creation of the social world," will principally be concerned "with an understanding of the way in which the individual creates, modifies and interprets the world in which he or she finds himself or herself," an approach that becomes qualitative.

Neither of these approaches, nor the type of study that arises from them, states Hakim (1987), is "inherently inferior

or superior" to the other. She does, however, suggest that "qualitative research, even when theoretically informed, is the most open-ended and thus least biased type of study," in comparison with studies conceived in terms of theoretical inclinations and assumptions, since the latter form of research is by "nature heavily selective and hence offers a partial or distorted account." In contradistinction to some preconceptions, Hakim further notes, it is not necessarily the case that qualitative research is dictated by the fact of there being no preliminary hypothesis being tested, although generally the object of qualitative inquiry is to understand a given individual or group in a given environment, and to derive implications *ex post facto*:

Qualitative research is concerned with individuals' own accounts of their attitudes, motivations and behavior. It offers richly descriptive reports of individuals' perceptions, attitudes, beliefs, views and feelings, the meanings and interpretations given to events and things, as well as their behavior; displays how these are put together, more or less coherently and consciously, into frameworks which make sense of their experiences; and illuminates the motivations which connect between attitudes and behavior, or how conflicting attitudes and motivations are resolved in particular choices made (Hakim, p. 26).

Taking the above definition a step further, and noting that the new field, having educational anthropology, educational psychology, and educational sociology as its sources, "represents an emergent interdisciplinary fusion," Goetz and LeCompte (1984) outlined *educational ethnography*, the purpose of which "is to provide rich, descriptive data about the contexts, activities,

and beliefs of participants in educational settings.” Using data gathered from observation, field participation, structured and unstructured interviewing, recorded life histories, researcher-designed instruments, and content analysis of human artifacts, “the ethnographer’s focus on the vagaries of everyday life and on the perspectives of those involved confirm the reality experienced by educators and demonstrate concretely the connections among research activity, educational theory, and pragmatic concerns.”

Educational ethnography is used to disconfirm generally held assumptions through specific investigations of people and groups in situations where those assumptions might be expected to hold true; to support theories predicated on the operation of one situation in other, or different situations; to synthesize concepts or practices from various disciplines; to provide initial exploratory work as a means of recognizing where further research is required; to develop hypotheses; to augment quantitative data and analyses; to determine and verify the personal and social variables of quantitative data over time; to identify and account for deviant or for extreme cases; and to illuminate particular details in a group or individual instance of a particular socioeducational phenomenon.

Methodological Factors

Goetz and LeCompte list the following investigatory strategies as central to ethnographic design:

- 1) The strategies used elicit phenomenological data;
- 2) The strategies are empirical and naturalistic;

3) The research is holistic (i.e., descriptions of phenomena within contexts, and data analyses which describe interrelationships between behaviors and phenomena);

4) The research is multimodal or eclectic, recognizing and using the interdependence between education and sociology, anthropology and occasionally other disciplines as a source and justification of a variety of research strategies and models.

The study of Cindy is representative of these criteria. It is based on a combination of analyses of interviews, her self-written life history, the researcher's recorded observations of her behavior during the interview period, and reports from other professionals associated with Cindy during that period. Analyses are derived from psychoanalytic and linguistic theories and concepts as well as from those related to education, or, more specifically, to the field of learning disabilities.

Theoretical Foundations

Silverman (1985) outlined three principal methods of considering interview data, and suggested a fourth which attempts to reconcile "apparently incompatible perspectives" maintained by these three. The first, positivism, sees interviews as a context-independent means of eliciting "facts about the world"; interviews are standardized as to both design and protocol in order to eliminate bias. Were the research instrument and procedure to remain unchanged, say positivists, then results from one interviewee could be adequately replicated in a later interview with the same subject. Reality

is assumed to be external, single and objective, and accounts of individuals to be "multiple mappings" of this reality.

Interactionism, the second method, views the interview situation as an environment the interpersonal aspects of which have great significance in the production and nature of the data. The motivations, attitudes, roles and relationships of the participants are recognized as being as instrumental to the research as is the content of the interview. Interactionism assumes that no predetermined or immutable sequence is appropriate to all respondents. It does permit them to bring into the discussion issues perceived as important or relevant that may not have been in the researcher's original design.

Ethnomethodologists, the third group, place as much, or more, emphasis on analysis of the interview as a process and structure in itself, as they do on using it as a resource for content. With regard to interview analysis, ethnomethodology has a base in linguistic theories developed by Husserl, Saussure, Alfred Schutz, and Harold Garfinkel, as discussed by Silverman, and in Cicourel's (1964) work on sociological measurement. Highly structured interview designs are not usually part of ethnomethodological studies, although the researcher may choose, says Silverman, to "shape the flow of topics." Cicourel (1964), also quoted extensively in Silverman's work, points out that it is the "taken-for-granted status" of "typical motives, roles, cues, constancies, unstated meanings," as well as the "inner horizon of idiomatic expressions, course-of-action motives, institutional and innovational language" that must be analyzed in addition to the content of the interview.

The fourth method, developed and presented by Silverman as a system which synthesizes the most productive and "non-authoritarian" elements of the preceding three theoretical standpoints, he calls "realism." Interviews interpreted by this method can be seen to *display* realities in terms of perspectives and moral structures (an acknowledgement of the interactionist viewpoint), as well as being an informed statement of an individual's involvement in a larger social, cultural, or educational reality (a recognition of the positivist argument). The bridging arises from incorporation of Garfinkel's (1967) notion of accounts being componential to the world/reality on which they are reporting.

Cohen and Manion (1985) add phenomenology to Silverman's list of relevant theories, separating it and its proponents (chiefly Husserl and Schutz) from Silverman's reference to them in the context of ethnomethodology, also noting two main conceptual branches and several distinguishing features common to both branches. Phenomenology emphasizes a subscription to the principal importance of subjective consciousness; to recognition of consciousness as actively bestowing meaning; and to acknowledgement of essential structures in consciousness which may be understood through certain reflective activities.

The transcendental phenomenology of Husserl seeks to remove cultural and symbolic influences from interpretations of the world. The three factors remaining in the process of individual consciousness are "the 'I' who thinks, the mental acts of this thinking subject, and the intentional objects of these mental acts."

Schutz's existential phenomenology places significance on the act of reflection in order to retrospectively assess the meanings of experience. Meaning is further dependent on the individual's identification of a personal life goal. As a method of achieving this goal, the individual constructs a collection of "ideal types," derived from his/her experience, against which s/he measures personal status and accomplishments. In addition, the individual becomes aware of the fact that s/he has "multiple realities," or spheres of experience in his/her daily life, which require a "leap of consciousness" to accommodate the varying demands of each reality.

The theoretical position drawn upon for the analysis of this study is most closely akin to Silverman's concept of realism. Given the verbal, cognitive and perceptual deficit aspects of learning disabilities which influence the presentation of the account and the interview situation, as well as the content data provided, a multifaceted approach such as Silverman's is indicated.

Data Collection: Procedures and Context

Elements of the interactionist perspective are included in Silverman's (1985) approach, particularly those that relate to the interpersonal aspects of the interview situation. Therefore, following details of the data collection procedures, the context of this study is comprehensively described. Such a description is presented in order to emphasize the operative, not merely locational, factors of the interviewing relationship and context.

Data collection procedures:

The principal interactive data collection procedure used in this study was the depth interview, described by Hakim (1987) as the most commonly used method in such forms of qualitative research. The depth interview is:

unstructured (there is no questionnaire), of very variable length . . . and may be extended into repeat interviews at later dates (e.g., to find out how individuals' perspectives change in response to some experience or event in their lives). Although the interviewer guides the discussion enough to focus on the topic of interest, the depth interview provides enough freedom for respondents also to steer the conversation, for example, to bring in all sorts of tangential matters which, for them, have a bearing on the main subject. (Hakim, p. 27)

At no time was a formal questionnaire developed or used, although directed questions with a specific intent of clarifying parental historic background, chronologies, factual details of educational or vocational placements or procedures, were presented to Cindy near the end of the interview contact period. Non-directive, or open-ended questions were used when elaboration or clarification was required of topics, affective responses, anecdotes brought up by Cindy herself. An example of such questions presented by the researcher is: "Can you please summarize your reactions, feelings, and perceptions regarding your vocational experiences?" Cindy asked, "Do you mean just about the jobs I had?" Researcher: "Jobs, job training, anything to do with your career plans and preparation." Such requests for summarization and focus were

necessary because of Cindy's inclination to speak rapidly, covering many and diverse topics in the course of one interview. Those interviews pre-arranged by the researcher, over a period of nine months, took place at Cindy's home; a large number of telephone interviews augmented the in-person contact.

While tape recording is a commonly used method of recording interview data, it was not used in the interview process with Cindy, for several reasons. When a tape recorder was set up at the first formally research-focused session after a number of tutoring sessions had taken place, Cindy became preoccupied with talking *to* the machine, and her voice and behavior changed from the natural manner which she had displayed to that point to a shrill, distorted tone. Her posture also changed to a rigid sitting in her chair, eyes focused on the tape recorder. At the following session the tape recorder was not used, and Cindy's behavior returned to the prior relaxed attitude. Also, since many conversations with Cindy took place over the telephone, and from varying locations, it was not possible to have them all tape recorded, although the researcher ensured constant availability of pen and paper for note-taking. Donaghy (1984) remarks that "taking [notes] makes interviewees feel important. If respondents feel important and that their information is valuable, they are more likely to provide open and honest responses." This was apparent in Cindy's case, where she would frequently end a conversation sequence on a particular topic by asking "Is there anything else you need to know about that," or even request that the

researcher review the notes to check if there was anything "important" that was missing: "I know," she said, "how important it is to have all the facts."

In this study, a life history, handwritten by Cindy shortly before the researcher/subject contact period, was used as a basis for continuing research. Life histories, as intimate, often confessional personal documents, focus on the individual's reactions to mental and social crises, his/her adjustments and accommodations, the development of a life philosophy based on personal experiences. The writing of such a document may function as a medium of tension release for the individual. The life history, in that the act of writing and the content are introspective and deal with personal stresses, has intrinsic value for the qualitative researcher, and more so if it is written spontaneously, outside of research demands or requests (Good, 1966).

School transcripts, psychoeducational assessments, and reports from various service providers contributed both verification of Cindy's account, and clarifying information. Other material collected included resumes, writing samples, and copies of letters written by Cindy. This material was not requested directly of Cindy by the researcher; all of it was, rather, spontaneously offered at the beginning of the contact period, during the first tutoring session. Cindy pulled from a drawer one large file folder, not organized in any way, and handed it to the researcher. She commented as she gave it: "Here's everything on me. I keep it all for when I have to tell people what I need, and what I have to have."

The complete text of Cindy's life history is included in *Appendix A*. The work is presented entirely as Cindy composed and typed it, without editing by this researcher save for changing of all names of people, places, institutions and organizations with whom Cindy has been associated for purposes of confidentiality. Chapter IV, *The Story*, contains information drawn from the life history, as well as elaboration of that information based on documents and assessments provided by Cindy, with all names similarly changed. The story also incorporates commentary and experiences which occurred during the interview contact period.

Context of the study:

This researcher's initial contacts with Cindy were in the role of tutor. Cindy's mother had contacted the university where the researcher is based, requesting assistance in "life skills" for her daughter, who at the time was 39 years old. The life skills for which help was sought were makeup application, personal grooming, and selection of appropriate dress. Telephone contact was made with Cindy herself, who commented that, although she saw no difficulty in her life with the problems itemized by her mother, she was very interested in receiving help that could lead to salaried employment.

The first meeting, customary with the tutor's practice with adult students, was held in a restaurant, where Cindy discussed openly and freely her social, emotional, and vocational difficulties, academic history, psychiatric experiences, and her goals. She also admitted to annoyance at her mother's

concentration on her physical appearance, and indicated that she would comment more on her relationship with her mother when she and the tutor next met. Cindy brought into the conversation at an early point the fact that she was unable to pay any fee for assistance, as she was receiving only a limited pension for the handicapped. The tutor agreed to work with Cindy on a volunteer basis. Weekly tutoring sessions were arranged, at the first of which Cindy presented to the tutor a portfolio containing high school and college transcripts, psychoeducational and vocational aptitude assessments, a sequence of resumes revised as she had had various volunteering positions, many brief writing samples, and a lengthy life history.

Before and after the research for this study was recognizably in process, tutoring work focused on development of a combination of skills to enhance both Cindy's independence and her employability. Assertiveness training, improvement of written expression, job search and job maintenance techniques comprised the specific emphases of the instructional sessions. As a tool for writing assistance and as a marketable skill, the computer was introduced: Cindy highly enjoyed using it, and composed a number of letters, articles, and commission briefs, revised her resume, as well as adding to her personal portfolio of philosophical statements and lists of needs for herself and for LD adults as a group. While the extensive work on the computer noticeably contributed to her personal motivation, it was not significantly effective in ameliorating the severe problems in spelling, punctuation, organization, and clarity of expression which characterize Cindy's written productions.

After much effort and thought, the researcher ceased a tutoring function with Cindy approximately seven months after beginning work with her. Despite being conducted with good intentions and incorporation of a variety of strategies, the situation began to signal a poor prognosis for Cindy with regard to her occupational goals. This recognition was presented to Cindy at the time, and resulted in the responses noted near the end of Chapter IV, *The Story*. The researcher maintains a "friendly," rather than professional, relationship at the present time with Cindy, as Cindy is in a transitional period between volunteer placements and has a tendency toward depression. The researcher makes herself available for telephone conversations, and will gradually terminate contact as Cindy becomes involved in other volunteer work. Plans have also been made to meet with members of Cindy's care team, to discuss with them the particular factors necessary or beneficial to consider as to vocational, social, and emotional difficulties experienced by Cindy that may be minimized or reassessed in light of her learning disabilities.

Control of Error and Bias

Researchers in educational ethnography, and in other fields of qualitative research which utilize interviews, have cited verification, consistency, respondent's goals and motivation, interview bias, and researcher's background as those factors most critical to address in controlling for error and bias (Abrahamson, 1983; Brenner, Brown, & Canter, 1985; Cohen &

Manion, 1985; Douglas, 1976; Goetz & LeCompte, 1984; Hakim, 1987; Kahn & Cannell, 1957). In discussing the methods used to address these factors in the study of Cindy, description must be provided of the influence of her learning disabilities. Particular consideration is given to those issues, such as respondent's goals and motivation, where the perceptual problems of the LD adult may have a significant and/or an unusual effect.

Verification:

The "triangulation method" of Denzin, discussed in Hakim (1987), was used to ensure validity as to the facts of Cindy's educational and vocational history, disability status, and current service delivery experiences, by consulting external sources for verification. Documents contained in *Appendix B* attest to her claims of postsecondary education, vocational program attendance, and presence, degree, and effects of learning disabilities. Her government-employed social worker and counsellor corroborated, through personal and telephone contact, details that Cindy had provided regarding travel, and vocational and therapeutic services received. The counsellor further volunteered the information that actions and verbal behaviors and content reported by the researcher were familiar and regularly observed by other professionals involved with Cindy.

Consistency:

The question of consistency was addressed by notes taken indicating that the content and emphasis of material presented

by Cindy varied in degree, but seldom in nature, over the period of nine months during which the research took place. This may be attributable not only to intrinsic credibility of the respondent, but to influence of an aspect of Cindy's learning disabilities, the attentional disorder known as *perseveration*. Perseveration is "the tendency to continue an activity once it has started and to be unable to modify or stop the activity even though it is acknowledged to have become inappropriate" (Lerner, 1981). Once on a topic, Cindy either missed or ignored both verbal and nonverbal cues from the researcher indicating that a topic shift was desired, exigent, or appropriate. Within any given interview session, and habitually over a sequence of sessions, she would mention and then repeat anecdotes, longer-term occurrences, chronologies, details of vocational experiences that presumably were significant to her. Cindy would continue to do so as long as six to seven months later with virtually no variation or omission in the previously repeated information.

Respondent's goals and motivation:

As discussed by Kahn and Cannell (1957), Lewin's "field theory" -- wherein the "psychological field" of the individual is constituted by a pattern of needs and goals, conceptualizing of means toward their satisfaction, and impulses directing their achievement or abnegation -- contributes to understanding of the respondent's goals and motivation within the interview situation.

Perception and tension, continue Kahn and Cannell, also

have a bearing on the motivation of the respondent. The way in which the individual sees him/herself, and his/her past experiences, especially those in any way similar to the interview situation, will dictate the nature, the extent, and the openness of responses. Conflicts instigated by mutually exclusive goals may similarly lead to repression, elaboration, or distortion of material relevant to the interview. Acquiescence might lead to non-participation (Brenner, Brown & Canter, 1985).

In this study, Cindy presented her goals and motivations early in the contact period. She clearly expressed a desire to provide, and did, a wide array of information both verbal and written, for the initial instrumental purpose of giving enough background data for the researcher to assist her in finding a job.

An aspect of the effect of learning disabilities comes into play in considering the way in which Cindy provided material. Among the social cognition deficits observable in LD individuals are impulsivity and a corresponding lack of inhibition or discretion with regard to behavior and speech (Lerner, 1981). Cindy demonstrated these traits from the first encounter; their display may have been increased by her familiarity with situations (e.g., social assistance, vocational rehabilitation, counselling interviews) in which she felt she had to tell the whole story in order to receive the requested aid. The result was a voluminous proffering of papers and conversation supporting her primary goal of employment. The problems surrounding perception are investigated in more detail in the *Discussion* section; the aspect of perception to be mentioned

briefly here, however, is that Cindy expressed a perception of herself as a sufferer under both her disabilities and the various inadequate services she had received. She appeared eager both to show documentary evidence and to verbally report in detail on the errors and inexpediences to which she felt she had been subjected.

Her secondary goal, expressed soon after the first tutoring session, was her self-imposed responsibility as "a spokesperson for my people." Seeing the needs of learning disabled adults as inappropriately and inadequately addressed, she stated a desire to have her history, with all supporting artifacts, used in some way to help others with similar disabilities avoid the difficulties which she had faced. To this end, shortly before contact with the researcher, she had sent copies of her life history and assessments to an LD advocacy group in the United States, and had begun a collection of articles on learning disabilities found in newspapers and magazines.

This pre-evident fact of Cindy's interest in learning disabilities as a field of involvement wider than her own experiences would mitigate against the possibility that Cindy was responding out of a sense of obligation to the researcher, as a surrogate for fee-payment for tutoring, or that there existed any conflict in her willingness to provide information.

As to the question of obligation, it does not appear to have been a factor. After several tutoring sessions of which a certain amount of conversation involved Cindy asking questions about the researcher's university study, Cindy commented that, about ten years earlier, a graduate student who had been

assisting her with study skills had written a term paper on her. Cindy followed this immediately, and somewhat archly, with "Why don't you do your thesis on me?" Prior to that point, that had not been the tutor/researcher's intent, nor a possibility even determined when the volunteer arrangement had been made.

Regarding reluctance in providing material, in fact the opposite was the case: tutoring and interview sessions were frequently prolonged beyond the time originally planned by the researcher, due to Cindy's disinclination to cease contact. This latter point also has an explanation in descriptions of the social difficulties of LD adults, in that the common verbal and nonverbal signals of conversation, especially those with regard to one participant's need or desire to end the conversation, are either not perceived or not comprehended.

Interview bias:

Kahn and Cannell (1957) note that "interview bias occurs when the . . . activities of the interviewer are not limited to reward[ing] full and complete response, reward[ing] responses focused on the objectives of the interview, and tend[ing] to discourage communications irrelevant to those objectives." Should the interviewer reward or punish expressions of particular attitudes or values held by the respondent, then feelings may well be distorted in order to "please" the interviewer.

This possibility could be reasonably excluded in the interview situation with Cindy, inasmuch as non-directive

questions composed the majority of those that were asked of her, open-ended questions to elicit elaboration on topics or experiences which she had originally introduced; specific questions were posed only to clarify chronology of events or facts relating to family, educational, or vocational history. Further, her stream of speech allowed for little interruption or commentary by the researcher.

Researcher's background:

The researcher entered the interview relationship with knowledge and recognition of the effects and concomitants of learning disabilities in adults. This consideration is noted as support for the contention that the researcher would have been less liable to ascribe value or personal judgements to either the process or the content of Cindy's responses, but rather to assess Cindy's perceptions or motivations underlying the material in light of factors associated with her learning disabilities, family and social relationships, and educational, vocational, counselling and psychiatric experiences.

That the possibility existed of the researcher being inclined by such a knowledge base to *overascribe* responses, behaviors, and motivations to the factors of learning disabilities was admitted. Measures were taken to avoid this situation by constant reference to research material to determine what responses could be reasonably expected to occur as a function of learning disabilities, and which responses, outside those, might be more attributable to other psychological dysfunction. This researcher further frequently devoted

thorough reflection to this concern, with the intent of self-monitoring for the occurrence of inappropriate attributions.

The recognition that the researcher was knowledgeable about learning disabilities, and would take Cindy's problems seriously (as opposed to her perceptions of the attitudes of others on her care team) could also be expected to have enhanced trust and rapport in the interviewing relationship for Cindy, a consideration noted as essential in reducing respondent inhibition or distortion (Goetz & LeCompte; Good, 1966; Kahn & Cannell, 1957).

Data Analysis

In analyzing the information contained within both Cindy's story and the context of its presentation, Spradley's (1979) concept of *themes* was used. Themes, as described by Spradley, are those "cognitive principles," encompassing what other ethnographers have identified variously as "values, value-orientations, core values, core symbols, premises, ethos, eidos, world view, and cognitive orientation." These cognitive principles are implicit in the subject's actions, or explicitly stated, and are "recurrent in a number of domains." Not only are they statements, but these guiding beliefs and perspectives serve also to link different subsystems of a subject's functioning.

Recognizing the themes in Cindy's story involved, initially, coding by color overlay the words or whole statements repeated most frequently. These were "job," "abandonment,"

"hunger/hungry," "need," and "do," in the phrase context of "do for [me]." While the amount of interview material presented by Cindy was considerable, the actual content of the material was the same information regarding events, reactions or feelings, repeated continually. This repetition occurred within a single interview, and in the interviews over the entire contact period.

Following from identification of repeated words and phrases, recurrent patterns in activities and functioning were coded. These included the suicide attempts (seen as either Cindy's own abandonment of herself, or as attempts to corporealize the sense she held of being abandoned by others); and the overeating and weight problems. The writing of her story, of lists of needs, the searches for additional people to "do" things for her, or for her existing care team to "do" more, was considered as a functional repetition of the verbal statements.

These themes, once identified, were then analyzed from sociological, psycholinguistic, literary, mythological, and feminist perspectives, as well as from education-based viewpoints. The rationale for this eclectic analysis was derived from Goetz and LeCompte's (1984) discussion of a "multimodal" approach to educational ethnography as central to such research design. Goetz and LeCompte described educational ethnography as an "interdisciplinary fusion," including research methods utilized in sociology and anthropology. Spradley, in addition, specifically suggested consulting novels for identification and investigation of themes.

Interview topics presented by Cindy that were specifically omitted from analysis were her repeated discussions of her friend Phyllis, and her sisters. While the actual event-content of these topics has not been discussed, the thematic content has been subsumed in the analyses of "abandonment," since the focus of the comments on the friend and sisters was consistently on how Cindy felt they had abandoned her.

Subject Description

Cindy is a 40-year old Caucasian woman. She is four feet, eleven inches tall and weighs 182 pounds. While due to her obesity and low income she is unable to dress in an optimally flattering way, her personal grooming is always adequate. There appears to be, at times, a difficulty with brushing the back of her medium-length hair, which may be attributable to her motor skill and perceptual problems. She has never been married, has no children, and lives alone in a ground-level one-bedroom townhouse in a suburban cooperative development where rents are scaled according to the tenant's ability to pay.

Her small living room is cluttered with furniture; papers, books, dishes are always found scattered about the room. As Cindy has balance difficulties when standing on a chair, all items in her kitchen cupboards are on the accessible lower shelves. The books, record player, and television are also placed on lower shelves of the living room wall unit, with the upper shelves filled with an assortment of plush toy animals.

Cindy's mother lives in a similar cooperative development, in the same suburb, not far from Cindy. The father died of cancer two years ago. Of three sisters, two are married and living with their families in the same suburban area. The whereabouts of the remaining sister are uncertain: telephone calls have been received from her in various penal institutions in the United States, and very recently from cities in the eastern end of Canada. One niece who is physically disabled lives in the section of Cindy's mother's townhouse development which has been designed especially for the handicapped.

Cindy has been formally assessed as having learning disabilities in the following areas: spatial self-orientation; auditory discrimination and recall in sequence; visual figure-ground, visual closure, visual memory; reading comprehension; mathematical computation; spelling; and written expression. Her ability to understand spoken language in normal conversation is at an average level, and her verbal expressive vocabulary is above average.

Physical problems include a history of eating disorders, a present severe arthritic condition, recurrent urinary tract infections, and recently diagnosed pre-menstrual syndrome indications. She wears glasses for reading. Cindy has received extensive dental work, particularly for tooth restoration as a result of many and large cavities.

There have been several instances of institutionalization in psychiatric facilities since Cindy's early adulthood. She presently is receiving the services of a government-appointed care team, which includes a social worker, registered

psychologist, personal counsellor, and vocational rehabilitation counsellor; medical and dental services are funded by the same government agency.

The diagnosis and treatment of the pre-menstrual syndrome has taken place at the hospital associated with the city's major university. In her search for services to assist with her various difficulties, Cindy volunteered herself as a subject in studies being done on pre-menstrual syndrome by the university's medical researchers in exchange for treatment.

Such volunteering of herself for study has been a consistent pattern in her quest for attention and aid. She has called herself the "guinea pig" for LD student services at the first college she attended as a result of demanding particular accommodation. She has, moreover, credited herself as being instrumental in that college's development of programs for the learning disabled. Cindy asked to take part in a survey on vocational aptitudes and needs of handicapped persons with chronic unemployment problems, having become aware of such research in progress through her counsellor. While receiving support from a mental health association, she requested to participate in a similar study of the vocational problems and needs of ex-psychiatric patients being carried out by that association. Continuing the pattern, as soon as she knew of this researcher's interest in learning disabled adults, she volunteered herself for comprehensive study.

CHAPTER IV **THE STORY**

Family Background, Early Childhood and Public School Experiences

The name Cindy was given at birth, March 8, 1948, was Jennifer Anne. She was the youngest of four children, all girls: sisters Louise, 8 years older, Sharon, 7 years older, and Barbara, 2 and a half years older. Cindy's family was living in a town in the rural interior of a western Canadian province; the mother was 28 years old at the time of Cindy's birth, the father 30 years old.

Cindy's maternal grandmother had been married to a farmer; the couple lived in an isolated farmhouse in the northern section of the same province. The story related by Cindy's mother is that the grandfather, a very strict, unaffectionate and easily antagonized man, came home unexpectedly to find his wife playing with the six children instead of doing housework. The grandmother was at the time, late in 1920, eight months' pregnant with Cindy's mother. The husband, enraged, beat and kicked her, causing the immediate and premature birth of the child; the mother, no medical assistance having been requested by the husband, bled to death in the farmhouse.

The children were subsequently dispersed by the father among various relatives. An older sister cared for Cindy's mother until she was three years old, at which time the child was placed in an orphanage. At the age of six she was

adopted by a middle-aged couple. The adoptive father wanted a child very much; the adoptive mother did not want children at all. The small girl was treated poorly by the stepmother as a result. She was not permitted to play outside or in any way in which she might get dirty, she was regularly beaten for minor misdemeanors, and had her doll taken from her and hidden away. The stepfather infrequently intervened in the stepmother's actions, as he was extremely deaf and was unaware of the abuse. When the child was twelve years old the stepfather died. A year later the stepmother remarried, the girl was sent out to work in domestic service. She did not again return to the stepmother's home.

When the young woman was sixteen, she was contacted by her natural father, who was by that time elderly and desired as many of his children as possible to come to look after him. Cindy's mother did not do so, having found different and relatively satisfactory employment. Cindy's parents met shortly thereafter, and were married when the mother was 19 years old, and the father 21.

Few of Cindy's mother's siblings maintained significant connections through their adult lives. Cindy's comments about these relatives included mention of one aunt who had two illegitimate children by the uncle who had taken her in at the time of the mother's death, and several uncles whom she knew to be illiterate or to have various and unspecified "reading problems." One uncle, Cindy recalled, reminded her in facial and body structure and physical movement "of an ape."

The mother's pregnancy with Cindy was not uneventful:

Cindy stated that her mother, recently mentioned having had surgery for appendix removal at approximately the end of the first trimester, which necessitated total anaesthesia. Cindy commented that her mother recently recalled this fact in combination with a wondering if the surgery had had any bearing on Cindy's development or learning disabilities. Her mother also reportedly emphasized that she ought not to be held responsible for any difficulties that might have ensued, since no one recognized at that time a potential hazard to the fetus of surgery at such an early prenatal stage.

The parents were aware, although not concerned, that Cindy as a toddler was not developing at an expected rate. A family friend, a registered nurse, drew the parents' attention to the fact that Cindy would sit in her playpen surrounded by toys, but not play with them. The parents did not take any action or seek any professional assistance at that point. Cindy's comment regarding this situation was that, since at the time of her birth in the same hospital two other infants were born "mentally retarded," her parents presumed that retardation was the only likely diagnosis, and that they did not want to hear that diagnosis.

Cindy's speech until the age of three years was limited, slurred, and affected by severe stuttering. She did not recall extensive conversational attention prior to school entry from either parent, although she did remember that her sisters spoke and played with her a reasonable amount. No assistance was sought by the parents for speech difficulties at that time, nor at any time prior to Grade 6.

Memories of first grade, at six years old, for Cindy centered on her isolation and friendlessness due to the continued stuttering and unclear speech. Cindy described herself, in addition to these problems, as being "immature," elaborating that she was not able to work independently. She did suggest that the teacher bore some responsibility for Cindy's responses: "she treated me like a baby. We played house instead of doing schoolwork." Cindy explained that it was because of her delayed emotional development that she was required to repeat Grade One.

While she attended school in the Interior town, Cindy recalled, she was extremely lonely; held back for both academic and social/emotional difficulties, she was ridiculed by the other children. Grade 3 was a highlight, where she remembered a teacher who had been particularly encouraging, and allowed her to work at her own pace. During this period, however, the school did not arrange for formal assessment of her learning problems, nor was specialized assistance provided for these or for her speech difficulties. Such services in the mid-fifties were rare. The usual assessment instruments, if any were used, were achievement and intelligence tests, not diagnostic tests. The usual method of dealing with "slow learners" who were not so academically impoverished or incapable as to be labeled "retarded" (and thus sent to a "special" school environment or simply kept at home) was to have them repeat grades, as was done with Cindy.

Due to limited employment opportunities in the rural area, Cindy's family moved to a large coastal city, where she was

enrolled in Grade 5 in a Catholic school. All academic subjects presented her with difficulties, with written expression and spelling being those she remembered as "her worst." Physical education caused her much embarrassment due to her awkwardness. Organization of time and materials, comprehension and following of instructions, were also problematic. This school did not provide any formalized learning assistance, although it did arrange for the services of a speech therapist for Cindy's stuttering.

The Grade 6 year was a very pressure-laden period. Cindy reported that a passing average in that private school was 65%. She recalled her classmates as "super intelligent" and all substantially surpassing that average. She reflected that the combined pressures of her undiagnosed learning disabilities, and the high expectations of the school, caused an emotional breakdown during the sixth grade. When asked to describe what symptoms she displayed at the time, she replied that she "had temper tantrums, and was just generally 'spaced out.'" The school recommended that she see a psychiatrist, the fact of which event Cindy remembered, but could not furnish any details of the visit, ongoing treatment, nor any particular results.

Cindy did not pass Grade 6, but rather than being required to repeat it she was placed in a "preoccupational" class. This program was comprised primarily of modified academic subjects. Cindy commented no more on that grade other than that the standards were still high and the work difficult, and that occasionally she resorted to unspecified "cheating" to complete

her assignments.

During the summer following the preoccupational grade her family moved to a suburb in the same metropolitan area. Cindy's parents approached the principal of the local junior secondary school, who gave Cindy permission to attempt Grade 8. Maintaining acceptable grades in the generally unmodified academic subjects continued to be a challenge, but one to which Cindy rose, passing the year. Her parents and school associates were surprised that she did achieve this goal, she reported.

This period, Grades 8 and 9, according to Cindy, marked the establishment of a clear recognition that "something was wrong with me." Her social life was very limited, the few deep friendships and acquaintances made were with people she met at school. There were no "neighborhood buddies." Sports, given her spatial and sequential disabilities, were areas of great frustration and embarrassment, and the type of social reinforcement and connection that often arises from athletic, particularly team, participation was thus not available to her.

As a compensation for her lack of socialization experiences, she developed a "fantasy world." The characters in this world have remained from that period in her school life through to the present: two males and two females, each economically and socially successful. They began at about two years older than Cindy, being in their mid-teens, and have aged as Cindy has, always maintaining that two-year difference. Cindy discussed how she would deliberately "go into" her fantasy world when she was troubled at school, or bored, or not comprehending what was taking place in class, or at night,

during the frequent occasions when she had trouble in falling asleep. As she has grown older, it has not been so easy to slide into the interesting and quasi-perfect fantasy realm; the people "only come now when I am happy." It would appear that the imagined experience has shifted from being one of presentation of a desirable alternative to negative situations to being a supportive encouragement and extension of emerging positive attitudes.

Cindy did not remember receiving any counselling specifically related to her learning or academic problems. In fact, she enrolled in a course in German, without benefit of any academic counselling. Given her disabilities in spoken and written language, this course would be expected to add a significant burden to her studies, which Cindy confirms that it did, although she passed it.

Grades 11 and 12 were completed in a senior secondary school in the same suburb. English was a particularly difficult subject, especially when the focus was on mechanics of grammar and spelling. Discussion of ideas, debates, were more comfortable for Cindy, as were aspects of any classes where she could orally exercise her analytical and critical abilities. Nonetheless her first year in Grade 11 was stressful, due to the constant academic frustration and social alienation, compounded by the personal and family reactions to Cindy's father's two heart attacks during the year. Grade 11 courses were repeated the following year. To attempt to find new friends that second year in senior high school, Cindy joined the Future Teachers Club, the Library Club, and the Art Club. As a change from her

academic efforts the clubs were valuable, but as social experiences they were unsuccessful. She still felt very much "on the outside."

When Cindy was 19, in early 1968, Cindy's mother read a newspaper clipping that described characteristics of learning disabled persons, and mentioned the name of a specialist in the field. Cindy's family doctor, at the instigation of Mrs. Wallace, referred Cindy to Dr. Simpson for assessment, the diagnosis following from which was that Cindy was dyslexic. Dr. Simpson's tutor designed a reading and spelling program for Cindy using tactile materials, which, Cindy commented, in itself was not as productive as was the professional recognition and labelling of her previously indefinable problems. As Cindy proceeded through her second high school year with the extracurricular tutoring assistance, she began to develop a career goal of teaching LD children.

It is impossible to determine with certainty if it was the acknowledgement of Cindy's dysfunctions as "Learning Disabilities," the emotional and practical support resulting from the tutoring, a maturational leap, or a combination of all three factors that contributed to a *comparatively* successful Grade 12 for Cindy. She completed a "Grade 12 Academic Technical Program with Arts Specialty," with her highest final grade in Art, "Pass" or higher (C/C+) in her English, Social Studies, Physical Education, Math, Biology, German, Law courses, and an "Incomplete" only in a Foods course. (Her high school transcript for this period is included in *Appendix B*.)

During this year she volunteered with two groups, one for

mentally handicapped adults and the other for children similarly handicapped. At the latter she met another volunteer, her first boyfriend, Lorne. Cindy's recollection of that relationship, while composed of seemingly negative facts, was given in a neutral, matter-of-fact fashion. According to Cindy, Lorne was a learning disabled person also, with difficulties in reading, speech problems and social skills. He demonstrated a strong dependency on Cindy and others, even to the point of agreeing to and abiding by a list of thirteen rules for behavior provided by Cindy early in the relationship. "Do not hold my hand in public" was one item on the list. When directly asked if she had had sexual relations with Lorne, Cindy replied "Of course not." Researcher: "Why not?" Cindy: "Because he bored me. And I didn't respect a lot a guy who wouldn't even question rules I gave him." The accomplishment that stood out for Cindy in her last year of high school, as a positive memory surpassing graduation and its attendant ceremonies, her expanding social life, or completion of the first part of her academic goal, was obtaining her driver's licence.

Postsecondary Education and Early Adult Experiences

Cindy stated that she received neither formal nor informal career counselling during her high school period. She independently chose, following Grade 12, to attend a community college in the metropolitan area that offered various diploma programs, first- and second-year university transfer courses, and technical courses. Her selection of academic courses was

designed to cover prerequisites and general areas necessary for eventual admission to a Bachelor of Education program at one of the local universities. With emphasis on Cindy's keen interest in politics and history, geography, political science, English literature, philosophy, psychology and theater courses comprised her first five semesters (Fall 1970 to Spring 1973). Sociology and counselling courses, as well as reading, writing and study skills, were included in the sixth and seventh semesters, taken several years later.

This college has provided for a number of years a support program offering such services as tutoring, skill development, and scribes for test-taking. Cindy claimed that she was the very first person at the college who ever received recognition as an LD student, and that she was instrumental in convincing the administration of the need to accommodate learning disabled students. It has been impossible to verify this claim. The accommodations extended to her were primarily in allowing her instructors to submit their grades in the form of "annotated marks," whereby anecdotal description of her performance was given in addition to simple statements of final grades. Her instructors were apprised of her specific disabilities, and were asked by the support services staff to modify assignments or requirements appropriately wherever possible. The majority did so. (*Appendix B* contains copies of all such anecdotal reports which Cindy supplied to this researcher.)

During the latter period of the first phase of Cindy's college work, her mother again discovered information in the newspaper regarding a specialist working with LD adults and

older LD students. Mrs. Wallace contacted this person, who was associated with the university which Cindy had a goal of attending. Dr. Feldman assessed Cindy, and diagnosed, according to Cindy, "perceptual/disordering disabilities" as a major source of her learning difficulties. A therapist was arranged under Dr. Feldman's supervision for treatment of spatial problems: practice and awareness exercises in such problem areas as walking up and down stairs were a focus of the intervention.

Dr. Feldman was supportive of Cindy, and acted as an advocate for her to the University's Faculty of Education, obtaining permission for Cindy to register in September of 1973. An early part of the teacher training program was a classroom practicum, which Cindy did not pass, nor did she pass the other course components of the program in the first term. Her memory of that period was that, although Dr. Feldman had been encouraging, and had provided consistent and frequent emotional and academic support prior to Cindy's enrolment at the University, Cindy felt entirely abandoned by Dr. Feldman once she was admitted to the teacher training program. Tutoring and counselling had ceased, and there were no specific services or support programs provided by the university for students with learning difficulties. Cindy has commented that she felt at the time, and still maintains, that it was extremely unfair that she should have been left to cope with the university demands on her own. The frustration and failure concomitant with this experience led rapidly to an emotional breakdown. After being seen by her family physician, she was admitted to the

psychiatric ward of a large city hospital, then transferred to a provincial psychiatric institution.

Cindy's memory of the time at that institution centered on several aspects. First, she felt that the staff and doctors working with her did not seem to know what she meant when she explained that she was learning disabled. Secondly, and not unexpectedly, given her impression of their familiarity with LD persons, these professionals did not offer any assistance either for her learning problems or for dealing at an emotional level with them. Behavior modification procedures were employed, and Cindy felt that these measures were both inappropriate and frustrating. During the interview period she stated that, at the time of her institutionalization, she was aware that the treatment she was given was addressing only the symptoms of her problems, and not the root causes, namely the learning disabilities. Since she was not then sufficiently knowledgeable or articulate about where the real difficulties lay, she could not adequately explain her needs to her caregivers. The only other comment she made about that period was that she was told by various staff members that she would be allowed to stay at the institution indefinitely, for "the rest of my life, if I wanted."

After approximately one year at the institution, Cindy was placed in a boarding home for ex-psychiatric patients in the area. A care team of psychologists and counsellors was assigned to her, with contact and effects that in Cindy's estimation were both variable and often unhelpful. The next several years were composed of a series of stays in various

boarding homes, accompanied by the development of anorexia, punctuated by readmissions to the psychiatric institution for severe depression or more periods of being "spaced out." One of the homes was the scene of Cindy's first suicide attempt. Depression, uncertainty as to her future, the conflicts of being intelligent and yet unable to be socially productive, she stated, provoked her to consume 20 5-milligram tablets of Valium. Cindy reported that when she was discovered by the boarding home staff, semi-comatose, they did not contact a doctor nor did they take her to a hospital; she was simply put into her bed to "sleep it off."

At one point Cindy left another boarding home, started to hitchhike east across the country, reached a town about 100 miles from where she had started, was apprehended and taken back to the hospital. After two weeks she left and again headed east, this time making it to a major Canadian city on the east coast, then back to the west coast. She lived in a youth hostel for two weeks following this trip, at the end of which period she attempted suicide for the second time. "I bought a mickey, but I couldn't open the bottle." She swallowed, instead, almost a full bottle of Aspirin. It did not render her unconscious, merely dazed, and she walked the streets until the effects had diminished, then returned to the hostel and advised them of what she had done. Cindy said that she did not know if the hostel contacted her care team. All she recalled was that no one from the team gave her any assistance or counselling as a result of that suicide attempt. She also commented that she had a vague recollection of "someone"

telling her that her parents had obtained some sort of restriction order barring her from being anywhere within five miles of their home. As to the veracity of this memory she was not sure, nor did she ever directly question her mother regarding the possibility of such an order having been instituted.

Shortly after the second suicide attempt she surreptitiously crossed the border into the United States, using a strategy "taught to me by an Indian man" and proceeded to Mexico. She had taken little money or clothing with her, and was supported by the goodwill of people who picked her up and gave her a place to stay, a meal, or a few dollars. She volunteered that occasionally a man would try to force himself on her: "They'd make me take off my clothes, but then I'd say I was a lesbian, although I really didn't know what lesbians do, and I'd say 'My butch will get mad, she'll know you did this.' Or else I'd throw a tantrum so they'd think I was a crazy person. Then they'd let me go." At the U.S./ Mexican border, having decided at the last minute to not cross into Mexico and turning back, Cindy was jailed for "posing as an American." She escaped, and hitchhiked up the American coast. An experience halfway back up the coast to Canada resulted in a frustrated truck driver, whose sexual advances Cindy had refused, dumping her at the side of the road and calling the highway police to inform on her as an illegal alien. The police arrived to find Cindy lying across the road, and arrested her for "obstructing the highway." (When this researcher asked Cindy why she had been lying on the road, she gleefully responded, "How else could a person get cars to stop for her?") After appearing in court,

Cindy received from the judge a sentence of one year in jail or a \$500 fine, but the local authorities soon discovered that she had initially entered the United States from Canada illegally. She was held in the local jail for a month and then deported by plane to Canada, where she was immediately re-institutionalized.

On this last, an almost year-long stay, at the psychiatric hospital, she determined that she did not want to return to a boarding home. She performed various duties at the hospital, in preparation for independent living. Few facilities were available at that time with minimal supervision for those ex-psychiatric patients who chose to live on their own, and Cindy became frustrated and anxious waiting for a placement. The staff moved her to a ward for patients requiring more supervision, which increased her distress, and, according to Cindy, warned her that she would be placed in another boarding home if she did not become more cooperative. Her parents finally took her to live in their home until an independent space became available. Cindy stated that, neither at the time of her release from the institution nor any time following, did the hospital provide liaison to the community, job search assistance or job training, or volunteer placement.

While residing with her parents, Cindy began a volunteer job at a long-term care hospital, providing portable library (book and tape) services to the resident patients. As well she did clerical work, again on a volunteer basis, for a city information and referral agency. Being in working environments led Cindy to decide that she wanted to receive comprehensive assessment and diagnosis of her learning disabilities, as a first

step toward productive career development. To this end she contacted the local branch of an international LD advocacy association, who gave her the name of James Dexter, a psychologist specializing in adult learning disabilities who was also associated with another community college in the metropolitan area. She approached Mr. Dexter, who, during November 1981, performed a comprehensive psychoeducational assessment. The process of being assessed involved significant effort and commitment on Cindy's part. The cost, \$150, was a noticeable bite out of her disability pension, and the three weeks of visits that comprised the testing sessions was time she committed after her volunteering.

The full text of Mr. Dexter's report is included in *Appendix B*. A synopsis of the results indicates he found Cindy to have or to be:

GENERAL :

- Mixed cerebral dominant
- Test anxiety

PERCEPTUAL :

- Average in auditory comprehension
- Below average in auditory memory (of sentence recall)
- Below average in auditory sequential -- both forward and backward -- memory (digit recall)
- Difficulty in auditory discrimination of a few particular initial consonant sounds
- "More errors than would be expected of someone her age" in visual figure/ground and visual closure
- Within normal range in visual organization
- Well below average in visual memory (with twice as many right side as left side errors)
- Below average in ability to see a whole stimulus and then manipulate given parts to form the whole

READING:

- Significantly below average in silent reading comprehension (single *sentences*)
- At the Grade 12 (maximum) level in comprehension on a silently read *passage* (adding to the apparent incongruity between this finding and that above was the discrepancy indicated by this comment of Mr. Dexter's: "At the lower levels, e.g., Grade 6.5 and 8.5, she did have more errors than one would expect for a person who had such a good score at the Grade 12 level.")

SPELLING:

- At a grade 7 level in spelling (on familiar words, errors in middle -- short and long vowels -- and final sounds -- irregular vowels; on unfamiliar words, frequent sound/ symbol relationship errors -- e.g., "slot" given for "salute," "commanen" for "campaign")

EXPRESSION:

- Average in verbal expressive vocabulary
- In written: no paragraphing; low level syntax; omitted words; many spelling and punctuation errors; many incorrect word endings. ". . . difficulty in holding on to the sequential whole (story) that she has envisaged and then breaking it down to the part that she is working on (and concentrating on) at the particular time."

MATHEMATICS:

- At a grade 7.3 level; errors included misreading process signs, basic multiplication facts, misreading directions, lack of methodological knowledge -- multiplication and division of fractions, multiplication of mixed numbers, finding percentages and averages. (Mr. Dexter's comment regarding performance on the math test was that Cindy "had errors that are typical for someone who has not been in school for a period of time. When you compare this result to her visual memory score, then you can see the influence of the latter skill. One would have to wait until she was back into a mathematics course before we could investigate this mathematics area more fully.")

Cindy was, at the time of this testing, almost 34 years old. Mr. Dexter referred her, following the assessment, to a clinical psychologist specializing in vocational testing and counselling. This psychologist, Mr. Paul Clarke, in February 1982 administered a general aptitude test battery; Cindy retained the computer printout (see *Appendix B*) of the scores she received on that testing, but when asked if she had the interpretive report that should have accompanied the scores, she said she had never been given nor had seen such a report. The scores, on a range of 60 - 140, and "below 60," indicate very low performance in finger (39) and manual (41) dexterity, low in spatial (65) and form (66) perception, and mid-range in verbal (88), motor coordination (95) and clerical perception (99). No score was provided for either general learning or numerical aptitude.

Mr. Clarke suggested a program established to provide employment orientation for women as a suitable next step for Cindy, who registered in it September, 1982. She did not feel that the program addressed her specific needs, placing more emphasis on academic and social skills training than she gauged herself as requiring. After the program was completed, she again contacted James Dexter, who advised her of another program being offered by a community college. This was a support service, with assistance provided though a tutor, for students of the college. Cindy repeated a number of high school courses which she had previously passed in order to avail herself of the individualized tutoring, and received help in spelling, written expression, reading comprehension,

mathematics, and study skills. Cindy recalled this program as the first significant assistance she received where her learning disabilities were specifically addressed as a source of many of her difficulties. It was also a productive experience in discovering more about her learning problems, their extent, and their effects upon various aspects of her functioning. She continued in the individualized tutoring program for four years, combining the work with a number of volunteer positions.

Vocational Training and Career Experiences

Volunteering has formed a central part of Cindy's activities from Grade 12 to the present. Her motor, perceptual and expressive disabilities combined to make both finding and keeping a salaried job extremely difficult, but she was never content to simply stay at home and occupy herself with housekeeping. While at the psychiatric institution for the longer stays, she was paid a token wage for duties as a tuck shop clerk, a linen room aide, a laundry room worker, a hairdressing assistant, and a janitorial assistant. During the four years she was involved in academic upgrading at the community college, 1982-1986, she was also heavily involved in volunteer activities. The following summary is taken from resumes prepared with the assistance of several vocational counsellors over the last two years:

CLERICAL :

- Put membership cards in alphabetical order for social service agency
- Performed general office duties such as answering the telephone, xeroxing, and filing

- Clipped articles from newspaper for files on community agencies
- Researched and compiled information for articles in monthly newsletter

SOCIAL SERVICE:

- Located services and made referrals for information desk in a community agency
- Helped clients learn arts and crafts in recreational therapy program
- Escorted senior citizens on community outings
- Assisted in the organization of a rehabilitation program for boarding home residents, including chores, outings and meetings
- Greeted and registered people, and provided information about the program, as hostess in a drop-in center

SERVICES:

- Organized picnics and prepared and served meals for recreational group
- Washed, set and cut hair as hairdresser's assistant
- Swept floors, cleaned bathrooms, and wiped counters in various janitorial positions

LIBRARY:

- Placed all orders for "talking books" for library in hospital setting
- Maintained inventory records, kept magazines in order
- Shelves books, sorted donated books
- Helped patients choose and sign out books
- Participated in training of volunteers

The position to which she devoted most time, effort, and interest was that of Library Aide in a long-term care hospital for the physically disabled, where she progressed from initial responsibilities of assisting patients to choose books, and ward distribution of reading materials, to purchase and coordination of "talking books," inventory control of audio machines and

equipment, record-keeping, and training of other volunteers. Cindy functioned in this position for six years, until mid-1988. For a 6 hour per day, 3 day per week, commitment, she was paid \$50.00 per month. This amount is the total offered as an incentive to recruit volunteers by the provincial Ministry of Social Services and Housing, and is added to the monthly payments or handicapped pensions of those receiving support.

Over the six years Cindy volunteered at the hospital, as both her given and self-imposed duties increased and expanded, she periodically approached the head librarian with a request to be officially employed, and paid commensurately, for her efforts.

Cindy recalled these conversations as resulting generally in inconclusive comments such as "We'll see what we can do," and in her determination little was actually done. She sufficiently liked working with "her" patients that she did not seriously consider either quitting, or giving the hospital administration any sort of ultimatum. Nonetheless she continued to work with mounting frustration. She also regularly broached the subject of what she felt was needed to improve the whole patient library system to the volunteer supervisor and the head librarian.

In early 1988 she, on her own initiative and with recently-acquired computer skills, spent much time and effort to write an outline of her duties at the hospital (included in *Appendix C*), and submitted it to the administration. Shortly thereafter she had a discussion with the head librarian, who indicated that Cindy would enhance her prospects for employment in a salaried capacity were she to take the Library Technician program

offered by a local community college. He further suggested that graduating from this program would obviate any potential union opposition to her hiring. Cindy was initially enthusiastic about this idea, but after investigating the demands of this program, and consultation with the college special needs students' counsellor, Cindy decided not to proceed with it. She did not hear further from anyone at the hospital until August, 1988, when she was informed that she was being dismissed because of "inappropriate dress." As she had worked in the same environment for six years, wearing the same type of clothing without receiving comment, she felt that the dismissal actually had more to do with her requests for paid recognition, and to her operational suggestions, than to her self-presentation. Nonetheless, Cindy reported, the disappointment caused by the experience, and the loss of \$50 to an already limited income, caused her much depression and anxiety.

Cindy had put the most enthusiasm, perseverance and thought into the hospital library position, she stated, out of all her other volunteer experiences, because it most closely fulfilled many of her intellectual and social needs. A number of her previous activities had been mainly manual or physical labor, which had been both uninteresting and taxing. The positions in which she had performed clerical or research work, or had had contact with the public, had been rewarding, but were short-term. She felt her greatest diversion from her desired path had been promoted by the vocational training programs in which she had taken part, on the suggestion of the professional support people who composed her care team.

The first of these, as previously described, was the 1982 program designed particularly to assist women's entry or re-entry into the job market. While the program had provided a certain amount of academic upgrading, Cindy felt that the staff involved in it did not clearly understand or consider the fact that her learning disabilities were the major problem. She perceived the staff to be including her among those students who were involved in the program because of deficits in academic skills due to early school leaving. That her learning disabilities did not single her out for special assistance caused her much annoyance. She also felt that the program, in not addressing her particular needs, did little to further her vocational goals.

During the following four years Cindy continued her academic upgrading at the college but did not focus heavily on finding a job. She did function in a volunteer capacity as a junior office clerk for a referral service and as researcher/reporter for a support association for ex-psychiatric patients. This same association offered job search assistance for its members, and through that aid Cindy obtained work as a janitor, which she reported as boring and tiring, although she did obtain a highly commendatory reference letter from the supervisor of the crew.

Early in 1986, Cindy began to use that name, although never officially. Up to this time she had been "Jennifer," but had always liked the name "Cindy." It was the name of a "smart and pretty" girl with whom Cindy (as Jennifer) had attended elementary school. Cindy related that she had felt it

was time to make some sort of new and directed start toward obtaining a job, and since "Jennifer" had been unsuccessful, then perhaps "Cindy" would fare better, especially with the symbolic support of beauty and intelligence.

Changing her name seemed to have been an auspicious move. In the spring of 1986, during one of the frequent meetings with her care team members to plead her case for appropriate employment, she discovered that a work feasibility study was being undertaken by the metropolitan mental health service. She volunteered herself energetically for the study, hopeful that the information obtained would lead in some way to a job. The vocational aptitudes and needs ascertained by the study were itemized according to: Personal Characteristics, Reward Values, Basic Interest Scales, and Occupational Scales. A summary letter accompanied the computer printout of Cindy's profile, with recommendations regarding appropriate career categories and the ways in which her strengths as well as her learning disabilities could affect these vocational considerations. (The letter summarizing the printout can be found in *Appendix B*.)

The study indicated that Cindy had a strong preference for jobs which demand leadership skills, responsibility, and decision-making, that require public speaking, are in the social service domain, and have a high degree of task specificity. Comments in the summary noted that clerical positions were also significant in Cindy's preference profile, but cautioned that her motor skill deficits could cause problems with such tasks as typing or office machine operating. Particular careers suggested, utilizing Cindy's verbal skills and interests in helping

others, yet acknowledging the possible difficulties generated by her learning disabilities, were: day care assistant, nursing aide, or homemaker. The report was thorough and realistic. Although it identified a wide range of occupations appropriate to Cindy's interests and personal characteristics, it structured the summary to emphasize those opportunities which would accommodate, or not be unduly influenced by, Cindy's particular learning and functional problems.

Shortly after receiving and reading the report, Cindy consulted a counsellor at the college which she had been attending for academic upgrading. Although she did not provide him with a copy of the report, she related to him, she stated, all the relevant information including specific career suggestions. Cindy does not know why the only career mentioned in her summary of the report that he focused upon was homemaking, but he immediately advised her that the college did offer a program providing training for that occupation, known as the "Institutional Assistant" or "IA" program. He convinced her to enrol in it.

Cindy's recollection of the eight months she spent in IA is one of continuing discouragement, pressure, feelings that "someone" had made a mistake by having her take the program, and that it was a complete and painful waste of time. She has also criticized repeatedly the fact that the program coordinators themselves did not recognize the inappropriateness of the endeavor in light of the results obtained from the work feasibility study, and that her care team members during that time either were not interested or not knowledgeable in

recognizing her frustrations. The program did not result in a job.

Her deepest complaint centers on the unsuitability of the program. It was designed to prepare young adults for employment in the laundry, kitchen, or housekeeping areas of an institution. There was little in the program that acknowledged her interests in assisting people directly, or in leadership and decision-making, nor did it provide a forum for her verbal abilities. The practicum component, which involved placement in a cafeteria, was difficult for Cindy in that it demanded organizational and memory abilities, which were areas of significant deficit. Her motor skill weaknesses, noted in the work feasibility study, caused further difficulties in cafeteria work. Cindy also complained that the practicum was physically taxing. She felt that the program coordinators had not considered the problems resulting from her arthritis and heavy weight in placing her in an environment where she would be expected to be continually on her feet.

While Cindy did report on her difficulties and frustrations in meetings with counsellors and the social worker on her care team, she stated that, as far as she knows, they did not intervene until halfway through the program, and they did not at any time specifically discuss the work feasibility study recommendations with the IA coordinators.

A barrage of pressures, Cindy explained, led during this period to her third suicide attempt. She had encountered obstacles in a mathematics class which was a required course in the program. Cindy felt that the instructor did not devote

sufficient time to preliminary skills before introducing higher-level concepts and computational demands, and that this was a particular difficulty for her because "I'm not sequential." Prior to taking this math course, Cindy recalled her confidence as high, and after it, was very diminished, exacerbated by the demands of math skills in many areas of the entire program. Pressures mounted: the 8-hour per day, five day per week class attendance; the effects of what was later diagnosed as premenstrual syndrome; fears of failing the program and of frustrations with its goals; a large amount of dental work, and a change of residence. These sources of stress combined with the greater personal trauma of her father's death from cancer to instigate the suicide attempt.

This attempt was premeditated to a degree, in comparison with the first two, in that Cindy had been hoarding tablets of acetaminophen with codeine rather than taking them at the prescribed times. Having gone through three or four sleepless nights, and having "figured out what hell would be like," she took what she felt was equivalent to three-quarters of a bottle, with some orange juice, a container of yogurt, and some fresh peaches. And promptly vomited. Shortly after vomiting she went out and took the bus to the college, got off and boarded another to return home. Home was now the townhouse, with her mother living nearby. Upon arrival, Cindy crawled into bed. Her mother let herself in not long after, tried to wake Cindy up and did not succeed, and, interestingly, did not call the hospital or for an ambulance, but instead telephoned Cindy's care team vocational counsellor. This person came,

arranged for an ambulance and accompanied Cindy to the nearest hospital in that suburb. Within a day Cindy was transferred to the psychiatric unit at the metropolitan hospital where she had been admitted previously. During this stay there she received a visit from her care team personal counsellor, who discussed the antecedents of the suicide attempt, focusing on school pressures, and agreed to speak to Cindy's instructors. Cindy was released to return to her own residence after spending a weekend in the hospital.

It should be noted that Cindy did say that she at no time directly asked for a meeting with the IA coordinators to discuss her activities in the program with regard to questions of inappropriate placement. Neither did she ever ensure that they received a copy of the work feasibility study, nor of Dexter's or Clarke's earlier reports. Although she related her complaints to her care team members, she stated that she never explicitly requested that they meet with the IA coordinators to determine a resolution of her difficulties. Whether one group or the other should have taken the initiative toward discussing her problems, as opposed to Cindy requesting that either group do so, is open to question. The only contact between IA and the care team that she was aware of was after her suicide attempt, at which time her counsellor suggested to IA that Cindy's course load be cut back by half, which did occur.

Despite all the effort and determination invested by Cindy in the IA program, culminating in her receiving a certificate of successful completion in April 1987, no job was obtained as a

result of that completion. Several supervisors involved in the program provided letters of reference for Cindy, but she perceived her IA experiences as so discouraging that she did not feel they established any skill or motivational foundations for a productive job search.

For that she returned to the association for ex-psychiatric patients, which was at that time offering a "Job Club," wherein assistance with writing resumes, job interview skills, and a support group, were provided. She also volunteered to participate in a study being conducted by that association of the vocational needs of ex-psychiatric patients. No report at the end of the study was furnished to her, however, nor were specific occupational recommendations ever made. Cindy remained in the club for several months without success in actually obtaining employment. She did work on several trial job positions, but they were too difficult to continue due to physical demands, or because her auditory and memory deficits caused significant inefficiency, and "either the employer got mad at me or I got fed up with the job." She eventually abandoned the effort. It was at the end of her involvement with the club that the initial contact was made with this writer.

The researcher asked Cindy to summarize her reactions, feelings, and perceptions regarding her vocational experiences, with reference to both training and employment attempts. All of Cindy's comments were made in tones of anger and/or exasperation. She responded that she was certain that:

- none of her job training instructors in any program or course was aware of all her disabilities;

- the prime function of such instructors was to help people with employment difficulties find and keep jobs, but that they were not trained to assist people with specific disabilities such as hers;
- aside from aid during the college academic upgrading program, no one expressly addressed her learning disabilities and their effects;
- her potential employers were neither told of her learning disabilities nor assisted in means to accommodate them;
- she never met with a counsellor or psychologist for personal or vocational therapy who was adequately knowledgeable about learning disabilities;
- no one had ever suggested that she find such a person to act as both a support and an advocate for her.

Family Relationships

In the written life history that Cindy presented initially very little mention was made of her mother other than as to the instrumentality of her contacts with various professionals in the course of seeking help for Cindy. Subsequent interviews have elicited much comment on her mother, in both past and current interactions, with decreasing inhibition on Cindy's part as to her perception of her mother's interest in her and Cindy's own analysis of her mother's behavior.

Cindy's relationship with her mother was, in all of Cindy's recollections from childhood to the present, distant at best and painful at worst. There was for Cindy no memory of cuddling, or verbal or physical affection. She recalled very little in the way of productive concern regarding her school performance:

few parent-teacher conferences, and nothing provided in the way of tutoring or other academic assistance through her mother's intervention during the elementary school years. Criticism formed the greatest substance of her mother's speech to Cindy, as it did in her memory of her sisters' verbal responses to her as well: "They said it was their form of love, to improve me." This was the sort of "double message" which Cindy said she often received from her mother: words which would indicate that there was maternal concern, followed by physical rejection, or hitting.

From her early childhood, but more so from the ages of 13 to 16, Cindy reported, her mother would physically abuse her "out of frustration, I guess." Cindy received blows to the head from her mother frequently, and recently commented to the researcher that she wondered if "all those hits might have made my learning disabilities worse." At those times when she was being struck, Cindy's self-perception, regardless of her chronological age, was that of a very small girl, "little Cindysie." This child-image has continued to "take over" to the present when Cindy is in a situation where she feels abandoned, vulnerable or threatened. In one incident in her early adolescence, Cindy remembered, it was "little Cindysie" who subconsciously voiced words that the physical Cindy was unable to speak out of fear of her mother: "Granny [i.e., Cindy's mother] why did you hurt me?" Cindy recalled that in this instance she ran into a closet to escape from her mother's beating.

The mother has continued to the present to criticize Cindy,

especially regarding her dress and make-up. (In fact, the original contact with this researcher was a call from Mrs. Wallace, during which she mentioned the employment or emotional status, or other effects of Cindy's learning disabilities not at all, but asked specifically for assistance for her daughter to "improve her cosmetic use and the way she dresses.")

Recently, with regard to a nephew's wedding in a neighboring province, the mother and sisters dissuaded Cindy from attending by first making a number of negative comments about her ability to choose and wear suitable attire, and then by consistently referring to Cindy's lack of finances, and their own to assist her in making the trip. As she recounted this story, Cindy commented on how angry she was over "the whole thing to keep me from embarrassing them all," especially since she discovered that one sister to whom Cindy had ended up loaning \$300.00 to make the flight had actually driven to the wedding, with space available for Cindy to have accompanied her, had Cindy known, and had the sister desired her presence.

This concentration on Cindy's appearance by her family bothers Cindy less, she has said, than does her perception of her mother's refusal to acknowledge the fact that theirs is a dysfunctional family. Cindy related that every time she has tried to engage her mother in a discussion and analysis of their interactions, her mother denies that there is, or has been, any significant problem in the functioning of the family, other than the mother's own stress in having to deal with a handicapped daughter and the death of her husband.

Her mother has been particularly annoyed at Cindy's regular attendance at a support group for the adult children of alcoholics, stating that alcoholism had not been a factor in either parent's life. Cindy has countered this in the interviews by repeatedly referring to the frequent parties throughout her adolescence and young adulthood during which her parents drank heavily. She has said that she feels her mother rationalizes the drinking by circumscribing it in the context of the parties, thereby removing from it the label of a continuing alcoholic problem. Nonetheless Cindy felt that the behavior changes brought about by the drinking, including parental arguing, physical fighting, and verbal and physical abuse directed toward Cindy herself, qualified the situation as one of alcoholism; and as such, formed a background influence that could be ameliorated by association with others with similar experiences.

Cindy described an image of her father as "not being around much" until she was about 11 years old, when the family moved to the coast. Prior to that time her father was away for long periods, working in mining, forestry, farm labor, wherever he could obtain employment. When asked, several times over the course of interviewing, to elaborate on her relationship with her father, Cindy's comments were sparse, and usually described her father in reference to her mother. She has never gone into detail about her connections, or perhaps lack of them, in a manner equal to that which characterized her statements about her mother.

Her father was, Cindy said, a pleasant, gentle man. He did not talk much, did not share much specifically with Cindy. She

described him further as not a "strong" man, in that she never remembered him having "stood up" for her during incidents of abuse received from her mother. There was much arguing and physical confrontation between the parents, however, over "Mum's affair," which occurred when Cindy was a young adult. Cindy has described the devastation she experienced over her father's lengthy illness and death from cancer of both the lung and pancreas. Even then, though, when she has begun to elaborate on the depth and extent of her sadness and anger, she has quickly enlarged the picture to discuss the reactions of all the close family members, and to provide a graphic account of her father's funeral and honoring by members of the union with which he was associated.

Added to Cindy's memories or family stories about illiterate and "apelike" relatives on the maternal side, Cindy noted that her father stuttered badly, had difficulties in reading and writing and "couldn't spell at all," and had dropped out of school in Grade Eight. She reported also that her father's mother had "died in a mental institution," and a sister of her father's was resident in the same institution for many years. There was also a second cousin who was mentally handicapped, and one who was known to have had a stuttering problem.

Cindy related that her eldest sister Louise is "married to an alcoholic." It is their daughter who is disabled, requires crutches to walk, and lives in the townhouse section designed for the handicapped. Cindy's youngest sister, Barbara, "married a fundamentalist and hides her problems from everybody." Barbara is the sister Cindy has remarked who was her

mother's favorite when they were children. Both sisters completed Grade 12, but neither continued with any form of postsecondary education. Cindy has mentioned infrequent contact with Louise. Barbara, however, and Cindy go out shopping together frequently, and Barbara's pre-teenage daughter is Cindy's favorite niece because "she is always kind to Auntie Cindy."

The sister between Louise and Barbara, Sharon, has had a history which Cindy occasionally has discussed with adjectives of "interesting," more recently with annoyance. Sharon -- "the only A student in the bunch of us" -- proceeded from a promising acting career on television through two "nervous breakdowns," of which Cindy did not know, or did not wish to supply, the details, to incarceration in several U.S. prisons. More than once Sharon was convicted of obsessively harrassing a married man and his family, both at the man's place of employment and at home. During these times of imprisonment Sharon has phoned the mother collect on a number of occasions to request money. Cindy has commented with disgust that her mother sent the money, and proffered her opinion that "Sharon's so crazy we should all just disown her; everybody's got their own problems."

Cindy recently provided an update on Sharon, noting that her sister had been deported back to Canada, and was now making her telephone requests for money from a city on the east coast. Accompanying this report, and repeated twice before the end of that particular interview but not elaborated upon, was Cindy's observation that "when we were kids,

Barbara was the one who helped me, especially with my homework and when Mum was yelling at me, but it was Sharon who really understood me."

Physical Condition and Health

She was, as a child, always plump, Cindy stated. In conjunction with her kinesthetic and motor skill problems, her weight made school physical education classes awkward and embarrassing, and extracurricular sports out of the question. She joined a support group for people with eating disorders for the first time in 1977, at a period when the stresses of college attendance led to an anorexic decline in her weight from 183 pounds to 90 pounds in one year. Despite the stability the group offered, her attendance was interrupted by a combination of traveling, suicide attempts and psychiatric institutionalization. She did not return to the program until 1982, and has remained in regular attendance since that time. When asked why she chose to restart participation, she replied that it was not so much a question of directly dealing with her intense and constant desire for food, but that she craved a "comfortable support place," and the group provided that for her. Her weight is still high, but she has remarked that until recently the emotional and social benefits she received from association were as much, if not more, beneficial than actual weight loss; and as the aims of the organization are to instill a healthy sense of self to counteract eating compulsions, she has reported herself to be receiving more long-lasting personal assistance

than mere weight reduction. Her recent criticisms are regarding a number of individuals within the group whom she perceives to be "complaining too much, too negative, all they want is more help but they're not really trying for themselves." One indication of their lack of full motivation, according to Cindy, is that they have not attended retreats sponsored by the organization, whereas she has regularly participated in the retreats. When asked if she had ever dealt with her eating disorders in any other therapeutic situation, such as with her counsellor, she replied that she had not, nor had the subject been raised by a therapist or psychologist.

Linked perhaps to the bodily stresses resulting from Cindy's obesity has been an ongoing arthritic condition. She was not able to recall when the arthritis began, but noted that for at least 15 years she regularly had had prescribed for her, and had taken, analgesics (acetaminophen with codeine, and recently ibuprofen) for the pain in her elbows, knees, hands and shoulders. The researcher observed, at any time in which she used Cindy's bathroom, that two and sometimes three pharmacy bottles of ibuprofen, under the trade name "Motrin," each containing 100 tablets, stood at the edge of the bathroom sink.

Cindy has received extensive dental work through private dentists paid for by the Ministry. She has as well volunteered herself for treatment by students in dentistry at the university dental clinic. During the course of the interview contacts, she complained often of toothaches and problems with her teeth, related to many and deep cavities, untended abscesses, crumbling molars, and an ill-fitting bridge. It is reasonable to

suggest that Cindy's kinesthetic, perceptual, and motor difficulties may have contributed to inadequate personal dental hygiene. She, in fact, commented to the researcher that she could not manage to use dental floss, and that looking in a mirror confused her even further.

During the time in which the researcher has known Cindy, she has been seen by a physician for digestive problems and a bladder infection which lasted over three months. She has recently begun, as a volunteer subject, comprehensive diagnosis, observation, and treatment at the university medical center for pre-menstrual syndrome. Her remarks on this treatment center on the fact that she is now glad to know that it is a physical problem that has caused all her previous depressive episodes. The researcher has not discussed this possible misconstruing of the medical center physicians' comments with Cindy.

While not directly in response to specific health concerns, government arrangements provided assistance on a one-time program basis for Cindy in areas of personal grooming, residence organization and maintenance, and socializing. This was a three-month contract, July to October 1986, with a home care worker, who wrote and posted extremely detailed charts for Cindy as to cleaning and upkeep requirements for every room in her apartment. The worker was to visit Cindy several times per week. Her other functions and objectives, as recorded on monthly progress reports, were to discuss with Cindy all the concerns for Cindy's personal management, to monitor task completion, to "research possible friendships," and to "encourage a regular social/recreational outlet."

Cindy was very conscientious during the three months, filling in the squared spaces on the checklists as she completed the tasks and keeping a notebook of reminders, and of issues regarding housekeeping routines, and social and personal behavior. Some entries have been extracted from this notebook (with spelling and grammar corrected for readability):

- Before class -- get hair dry before leaving house
- Necklaces on before makeup
- How to talk small talk?
- Can't operate bottles
- Remember to wear matching earrings
- Wednesday -- do living room and hall

Several of these concerns were mentioned by the home care worker in her monthly report as having been addressed, by such methods as having Cindy buy a hair dryer and tools to open jars. One item in the notebook that had no further remark from either Cindy or the worker was simply "Sex -- problems." At the end of September the worker summarized the month with: "The last week of September Cindy appeared more reserved and expressed the return of her 'negativeisms' [sic] as well as difficulties with the IA program. Sept. 26 Cindy took too many pills and required hospitalization. She was released and returned home Sept. 30th."

After termination of the home care worker's contract in October, Cindy ceased to follow or fill in the checklists for her housekeeping chores. One list, entirely unmarked, still is thumbtacked to the hallway wall over the telephone, and another, equally without checks, is pinned under the bathroom window. A number of times Cindy has commented on her

exasperation with the short duration of the program, and on her annoyance with the home care worker. The worker, according to Cindy, took frequent days off, stating that "they don't pay me to do the progress reports at home, so I have to use some of my visiting time to write them." As the length of the program was limited to begin with, Cindy felt the worker should have come as often as possible: "I don't think she really taught me anything; it should have been longer, and with someone who really knew what I needed."

Interview Contact Period: Experiences and Comments

During the course of involvement with Cindy, the researcher's role has changed from that of tutor, through interviewer, to at present being a "friendly ear." Early in the tutoring program Cindy was introduced to word-processing on the computer, and enjoyed the work. Her first tasks were simply copying her own selections of her own handwritten compositions, the life history being the first sizeable choice after much practice with smaller stories and essays. She then moved into composing and editing directly on the computer. General suggestions were made by the tutor as to topics for these pieces, usually "something about learning disabled adults" as that was the area of principal concern for both Cindy and the tutor at the time. What resulted were extensive and repeated lists of needs of the LD adult, needs of Cindy in particular, letters of request for various services, although she latterly developed and typed a collection of ideas for the

Talking Book service at the hospital in which she volunteered.

Informal counselling, primarily using methods of reframing Cindy's perceptions of and responses to a range of past and current situations, became a part of the tutoring process, and elaborated discussion of Cindy's social and emotional difficulties soon absorbed most of the tutoring time. She still was very interested in enhancing her computer skills, and until midway through the contact period occasionally used the computer available at the hospital for practice, to augment the sessions to which was brought the tutor's own computer. However, she began to complain of not having sufficient access to a computer, and several suggestions were made by the tutor as to means of acquiring one of her own, or more time on one elsewhere: saving, asking her family for financial contributions, using one of several available at the local public library, joining a computer club and possibly meeting someone who would share, requesting assistance in purchasing one from a philanthropic organization. This last was the only suggestion accepted by Cindy, who offered reasons why none of the others "would work." She did decide on a certain organization (her father's union) and telephoned them. Her report on the call was that "they said they don't do things like that." She then asked the tutor to call a metropolitan daily newspaper, which frequently ran stories of needy individuals to elicit financial donations, and to present her case: "People will send in money for me to buy a computer when I say that it could be a way for me to be employed." The tutor, in fact, did call the newspaper, but the appropriate department never returned the call.

Termination of Research

Despite Cindy's interest in the computer, work on it seemed to have no ameliorative impact on her written expression difficulties, her spelling, or her conceptual organization. Further, there was no discernible increase in speed or keyboard accuracy over a period of several months. Suggestions made by the tutor, by that time interviewer as well, as to specific job search strategies, or questions to raise with Cindy's care team members, or social opportunities to investigate, were either immediately rejected, or simply not pursued. As Cindy's volunteer situation became increasingly problematic, her emotional status increasingly unstable, the researcher finally acknowledged that Cindy's problems appeared to be influenced by more than her learning disabilities. The researcher had competence in dealing with those psychological problems related to the disabilities, but no practicable knowledge of, nor professional qualifications to handle, what seemed more psychiatric-based than LD-based difficulties.

The conclusion arrived at by the researcher was that lasting vocational assistance or placement was not within the researcher's power to effect. In addition, university teaching responsibilities began to demand more of her time, a fact which she had anticipated and had provided for by gradually changing Cindy's tutoring from once a week to biweekly, and had explained, in detail and repeatedly to Cindy, the need for such change. The researcher did, however, realize a personal interest in and commitment to Cindy, and also realized that withdrawing fully from the relationship at that time would

probably add significant emotional pressure to Cindy's already unsettled functioning. Having implemented a reduction of contact, and after consideration of Cindy's difficulties and her goals, the researcher advised Cindy's counsellor, who concurred that long-term employment was improbable. The counsellor further acknowledged that Cindy exhibited many severe psychological problems which may exist independently of the syndrome of learning disabilities. Discussion with the counsellor ensued as to Cindy's reactions to gradual cessation of tutoring, and the response was "We're used to dealing with her depressions and demands, we can handle it."

At the next instance of Cindy asking "But when am I going to get a job?" the researcher diplomatically relayed to her the concerns, with explanations, and promised to remain as a support for a reasonable length of time. This was received equivocally by Cindy, who listened without interrupting, and then commented that she would contact the researcher later when she had thought about it all.

The following are extracts taken from notes made during a sequence of calls, incidents, and personal contacts the researcher had with Cindy after the above brief conversation.

July 16 (Saturday) -- Cindy calls 4 AM -- simply asks if I am coming that day (we had no session arranged) -- I, groggy, say call back later, it's 4 in the AM, she says OK, abruptly, no other words, & hangs up. She does not call back during the day, I call in the evening, no answer.

July 18 (Monday) -- Cindy calls, is angry because I did not recognize that she was overdosing with something early Saturday morning -- says she feels I am "backing

out" -- I say that I could not have interpreted from that conversation what she was doing & also that I was not even very awake at the time; I try to explain that I just do not any longer know what to do with her to help her -- for 1st time make a point about how my work has been volunteer, including behind-the-scene work she is not aware of, such as writing many letters for computer to charitable organizations, calling groups to find her a more satisfying volunteer job -- she just keeps getting angry that I (& everyone else) is abandoning her

I try to insist that I do still care about her, but professionally do not know how else I can help her. She accuses me of not finding her a job (which I never promised, I only promised skills) -- she misinterprets or misremembers or takes literally too many things.

Says -- so I've taught her skills, but what can she do with them. I say that the next steps are up to her, she says that some people need to have hand held, that she is not able to do those independent things yet, needs help. Is also ferociously angry about doing so much volunteer work, she wants, demands, a paying job. Cannot reconcile to possibility of never being employed, that handicap will always inhibit. She sounds bad.

I call her counsellor, who is on holiday -- they give me to Penny, a therapist who worked with her up to a year ago. Penny knows about me, says they are glad someone is working with Cindy who knows about LDs; says Cindy has a history of playing one member of her team against another, of accusing everyone of abandoning her when in reality she has a psychologist, a psychiatrist, a social worker, a vocational counsellor, a university doctor treating her PMS as well as a regular GP -- says often she is dissatisfied with the help she receives, says (as Cindy has to me) she is "lost", nothing is helping her to "get anywhere." Penny very supportive to me, but does suggest that an earlier cooperative effort or at least contact by absolutely everyone working w/Cindy would have been perhaps helpful. The problem is that the social work people know little about LD; the LD person (me)

knows a little about psychoses or other severe psychiatric problems but not enough, & besides, I am not qualified legally or professionally to handle, & the vocational placement & training people know little about either the LD or the psych problems. More knowledge all around is needed.

Cindy calls back, is still very angry, says she no longer wants to be a part of my thesis, wants all her stuff back. I agree without question. I suggest we have lunch on Saturday the 23rd & I will bring the stuff back then.

July 23 (Saturday) -- lunch. I pick her up from her meeting with the group for eating disorders, we go to a buffet because I figure she can choose as little as she wants there. She piles her plate & leaves 1/3 uneaten. She is in a much more cooperative mood, says she was not serious about dropping my thesis. Was just so angry at everybody right then it was all she had to get back with, says she just wanted to "punish you for abandoning me."

Spends lunch rapid-fire talking about a million topics, incl reincarnation -- has a friend with whom she knows she has spent a number of past lives, & is particularly upset that this friend is right now abandoning her. Also her mother is out of town for several weeks, this upsets, she both is angered by her mother's inability to let her be independent & by her own recognition that she *is* dependent on her mother. Tells me of her volunteer work at the hospital, says she tells patients sometimes she will be there, sometimes not, they just have to accept and develop their own resources -- I could point out that what she expects of all her counsellors she does not of herself, but I say nothing. (Inability to roleplay.)

I ask where she sees herself in 5 years -- she says married, in a house of her own, with 2 kids (I think, as much as I wish it for her, little chance).

Goes on about how her other team people do not care, that they have given up on her: they will not arrange, as

she has requested them to do, for a 2-bdrm apt such as the other handicapped people in her co-op are entitled to, or extra money for tinted glasses because fluorescent lights bother her eyes, or a special phone for handicapped, big numbers.

She asks what specifically I intend to do to get her a job with computers, or when I will arrange for her to do computer work at home for money (a somewhat possible idea she suggested some weeks ago, and for which I praised her for the initiative). I tell her that without a computer of her own I can do little in that way for her, that she needs more practice. I do gently suggest that she could have bought one instead of the brand-new dishwasher or microwave she bought two weeks earlier, but she says that she saved for long time for them & does not change her goals once determined.

Conversation jumps from subject to subject without pause or connection, much on reincarnation. Asks me if I think she has multiple personalities like Sybil or "3 Faces of Eve" -- I say perhaps, in a way, when she switches into "little Cindysie" voice. She agrees, & says that she does not think it is schizophrenia, but rather manifestations of previous existences.

Much on her friend Phyllis, the one who is "abandoning" her, & how they shared so many experiences in past lives. Her voice gets steadily louder, she keeps getting up for water, clean fork when she drops hers, extra napkins, more food. Other diners stare. One comes up to me when she is in the restroom, says, "It is so good of you to take these retarded people out in public." I think about explaining LDs, decide to keep quiet.

July 24, (Sunday) -- phone call, half hour. She is angry at Phyllis, & at Phyllis's mother for being afraid that Cindy will "steal" her daughter; mad at Phyllis for returning a present Cindy bought for her, Phyllis saying she knew Cindy really could not afford it -- I try to show her Phyllis's possible point of view, but Cindy refuses to look from other side.

Also angry at family for not taking her to wedding in Calgary. Especially upset with sister Barbara, who, Cindy reminds me, is very much overweight, & does not like Cindy, Cindy knows she does not. ("Barbara is just like my mother.") Barbara is married to "a strange evangelical Christian who can't do anything, doesn't work, Barbara has to make all the decisions in the family." Cindy mentions that Barbara also owes her money. Much talk about her sister Sharon, and the whole (repeated from several other sessions) story of Sharon's being jailed for "following a guy, like in the movie." Again, she talks of reincarnation.

Cindy must have heard me lighting a cigarette; ends conversation with: "You know why I like you? Because you smoke, I don't like it when people smoke, but it's an addiction, just like when I have to eat, and so you know what it's like." I say, "Cindy, I like you too, I hope you understand that." She says, "Yes, I know that, it's just that sometimes I forget."

Conversations and contacts since these experiences have been extremely amicable; there may well be an element of uncertainty and dependence, since two of Cindy's primary counsellors have in the last month moved to other employment, and Cindy says that she "hasn't broken the new people in yet." The researcher will be meeting with these new counsellors, both with and without Cindy, in the near future, to discuss strategies for therapeutic and rehabilitative work. It has also been explained that the researcher's direct involvement will gradually be curtailed as Cindy becomes comfortable with the new counsellors.

Cindy has been given encouragement by the researcher to call whenever she "feels like talking" and Cindy does, on the

average three times a week. Rather than having a perceived role of "job-finder" for Cindy, the researcher has explained that she is interested in being a sympathetic listener for problem times, yet hopes to hear increasingly of Cindy's own successes and self-motivations in addressing her difficulties. Humor has become a noticeable addition to the conversations, as has Cindy's reports of assertiveness in dealing with her mother's demands. The last call was to advise that she had registered in a computer course being offered for handicapped people, and was preparing notes for writing her autobiography.

CHAPTER V **DISCUSSION AND CONCLUSIONS**

Data Analysis in Educational Ethnography

The richness of qualitative analysis resides not in the content categories with which they deal but rather with the *interpretation* which they make of the content material (Berelson, 1971).

It is the ability to see new relationships by allowing one's creative powers enough free rein to envision . . . to turn ideas around, perhaps even upside down . . . to stand back from a problem in order to gain perspective . . . to work with contradictory data . . . to see behind rationalizations . . . to ask, "What is the *meaning* of this?" (Brenner, Brown, & Canter, 1985).

A good content analysis will answer some questions but raise others (Krippendorff, 1980).

In tackling the answering of even some of the questions raised in the *Introduction*, a framework is helpful. Frameworks, indeed, are often helpful, but it must be first recognized that the organizing structures used in research analysis are seldom inherent in the operation of an individual, either consciously or subliminally. Cindy did not categorize and function through her life in determinate spheres of "Early Experiences," "Postsecondary Experiences," "Vocational Training," "Family Relationships," "Health," or "Researcher Contact Period Experiences." At all times these were interwoven, whether in the experiencing, or in the relating of

the experiences. Chapter subsections are organizing superimpositions on lengths and chunks and scraps of material; the interpretations, not just to be valid but to be useful, must weave these patches into some larger fabric, rather than perpetuating their disparateness. The framework, then, should be an adjustable pattern for the sort of comfortable loose wrap worn by plump women, or a "once upon a time" olden-days cloak, more than an architecture of girdles and trusses.

The first pieces to be used are those that comprise the basic pattern. Brenner, Brown and Canter (1985) note five essential considerations in working with the various strands:

- the incidence of occurrence;
- the direction and intensity of feelings and observations expressed by the respondent;
- the presence or absence of particular content;
- salience, or the correlation that exists between a respondent's stated attitude and his or her behavior;
- meaning.

Blanketing these considerations are questions of truth, lies, and reality -- not those that can be verified by triangulation with outside sources, but the inner acknowledgements and motivations of the individual.

Then there are the repeated designs, motifs, themes threaded in the raw material, sometimes in bold colors, sometimes muted. Themes of perception; of abandonment and its fairytale companion, hunger; of other fairytales, where the orphan needs to find his or her real name before the true recognition, or where the sad little girl needs magic to save her, or where the magician chooses the wrong spell, and the

frog remains a frog; and grown-up tales, of powerlessness, in women, in the learning disabled, and in LD women.

Meaning is linked with the choice of the tale told to convey it, and thus grasped from the plot as well as being inferred from between the lines. Meaning is also here mentioned last, not because of lower priority, but because certainty in divining meaning is ephemeral. Nonetheless, this is a story, and a good book report attempts to discover what are the meanings of the story -- through analyzing the language used in both speech and written words; the writing of the story itself, by first Cindy and then the researcher; and, finally, through synthesizing what Cindy is trying to say with what the readers hear.

Questions of Truth, Lies, and Reality

Lies are "those untruths intended to mislead the researcher, to give him a false picture of the world"; are about what could be "dangerous or stigmatizing for [those being researched]." (Douglas, 1976).

Dean and Whyte (1958), in trying to answer the question posed in the title of their article "How do you know if the informant is telling the truth?", ask another key question designed to clarify the situational determinants of subjective data presentation: What factors can we expect to influence this informant's reporting of this situation under these interview circumstances? The possibilities they consider important to investigate in the informant are those of:

1. *Ulterior motives* which might modify his/her reporting of the situation;
2. *Bars to spontaneity* which might inhibit free expression by the informant, especially the negative aspects of the subject or history under being reported;
3. *Desires to please* the interviewer so that the informant's opinions will be favorably considered;
4. *Idiosyncratic factors* that might cause the informant to express only one facet of his/her reactions to a subject, or that might influence the way s/he articulates his/her reactions.

Addressing the above list of factors with reference to analysis of Cindy's psychological status and learning disabilities does not necessarily prove or disprove the truth of her responses. In fact, aside from those issues that relate to her educational and training experiences, there is no objective truth to be ascertained. About some of those experiences, critical comment should and will be made. For the rest of the story, it is not a matter of explanation or justification, but illumination, of the process of Cindy's phenomenal consciousness which ensures that certain topics are habitually reviewed, others virtually ignored, and that certain roles are constantly held by certain people. And in this particular story, there is more at work than normally understood human subjective consciousness: the significance of phenomena to Cindy, and her means and pattern of dealing with them, are all informed by her learning disabilities.

As to motives, ulterior or otherwise, the fact of Cindy's

wanting someone to find her a job has previously been discussed. The instrumentality of that desire, and secondarily of the desire to help other LD adults, impelled her to provide documents and writings in copious amounts, to open connections between the researcher and other professionals who could, if they wished, negate her claims or statements. There is no reasonable assumption to be made that her motivations restricted the provision of information, although they did assuredly dictate the emphasis of the verbal information.

Questions of inhibition, desires to please, and idiosyncratic factors must be considered both in light of these motivations, and with recognition of the influence of the learning disabilities. It has been noted earlier that lack of inhibition and discretion, and the existence of a powerful egocentrism, are characteristic of many LD adults with social cognition deficits. This was evident in Cindy's case from the beginning, and interviews from the beginning to the present have covered her psychiatric difficulties, her family dysfunction, anecdotes of embarrassing moments, and the many incidents of failure. Negative aspects of these experiences have not been withheld. In fact, the emphasis on the negative aspects leads to understanding of a subliminal motivation, and one that she may actually perceive as a means of achieving her more "concrete" goals. Presenting herself as a victim, a sufferer, and often with a child's voice, may in her estimation lead to some benevolent person in authority granting her wishes for a job. Her rationalization, not entirely subconscious, but often stated outright, is that she is disabled, so she might as well capitalize on it, since her

intelligence and those faculties that are not disabled (persistence, effort, verbal articulateness) have not carried her to where she would like to be.

Abrahamson (1983) adds another factor to the list of reasons why respondents might intentionally lie: "to shield themselves from the realization that they are not meeting their own standards." Cindy's recurring complaint is that it is other people's mistakes, lack of interest, knowledge, or caring, that keep her from operating at her optimal level. The nature of the research on learning disabilities further supports this kind of attribution, with its continual listing of personal and service delivery needs. While Cindy has not read the most academic professional literature, she has certainly obtained and read, from advocacy associations, layman-level repetitions of these lists. By not accepting the restrictions imposed by her severe and many learning disabilities, responsibility for those activities under her control, the realities of the working world, or the possibility of emotional dysfunction not directly LD-caused, she does not need to feel inadequate in meeting her own standards: it is not her fault, but someone else's. That from which she shields herself is not the realization of her own failing to meet standards, but her *role* in that failing. The shield is to a great degree an accoutrement of the learning disabilities, and perhaps even an armament from a stockpile of psychiatric dysfunction-based strategies: the result of exaggerated, distorted, or inaccurate *perceptions*, which define her roles and cloud a more objective assessment of the operations of the world, particularly the career world.

The analysis, then, becomes an intertwined investigation of roles and perceptions, and the meanings of the story that they divulge.

Themes, or, Jane Eyre and Cinderella

Lodge a Complaint with the Proper Authorities

Themes are cognitive principles . . . A cognitive principle is something that people believe, accept as true and valid; it is a common assumption about the nature of their experience . . . Themes are assertions that have a high degree of generality. They apply to numerous situations. They recur in two or more domains . . . Themes come to be taken for granted; they slip into that area of knowledge where people are not quite aware or seldom find the need to express what they know . . . they *connect* different subsystems . . . they serve as a general semantic relationship among domains (Spradley, 1979).

A significant theme, or knot of issues in discussing the vocational needs of the LD adult, is found tangled under the rubric of *perception*. First, the social perception of the life-success of any adult individual, disabled or non-disabled, tends to be based upon an evaluation of the productivity, and particularly wage-earning productivity, of the individual. The constructs and underlying philosophy of this evaluation are accepted in varying degrees of consciousness by the individual, who feels excluded from society's benefits when s/he is un- or under-employed, a valued member when satisfyingly and lucratively employed, or who may choose to reject society's superimposition of values and be personally satisfied with status or accomplishments other than those which are

materially-oriented.

The LD adult may have a complex of problems related to perception. At the level of perceptual skills, s/he may have a deficit in one or more of the components of visual and/or auditory perception, including discrimination, memory, sequencing or closure; difficulties in interpreting information received through tactile and kinesthetic sensory modalities; disturbances in motor development or impaired visual-motor coordination.

Perceptual problems found in LD adults may have such undesirable effects on job performance as inefficiency, errors, accident-proneness, difficulty with basic academic skills, and difficulty in learning a sequence of job tasks. . . These difficulties may result in ridicule, termination, or injury; contribute to decreased self-esteem and self-efficacy; and foster an identity based on failure rather than on successful experiences (McCue, 1984).

Given that the LD adult may also have cognitive deficits, such as impulsive thinking and weak analytical ability, s/he may more likely than a non-LD person to subscribe to societal judgements of individual value that are salary- or position-focused. The unemployed LD adult, for example, may be unable to recognize or acknowledge his/her own worth in performing volunteer activities, seeing volunteer status as significantly socially inferior to the unrealized image of him/herself as a paid worker. Rigidity of thought and direction may add to this by hindering the LD adult from seeing the possibility of satisfaction within a *range* of vocational alternatives (Kronick, 1984). Thus basic specific perceptual weaknesses may induce, through consequential frustration, in the LD adult a

perception of his/her whole self as impotent or unsuccessful, such perception being exacerbated by its comparison with often distorted, overly materialistic, or unrealistic social expectations.

Perceptions of LD adults' own specific difficulties in getting and keeping jobs, and the variance of those self-perceptions with those of service providers and of LD advocates, may create problems ranging from the development and continuation of appropriate programs to their ineffective, mis- or underuse. Many of the research articles note the discrepancy between what service providers see as the needs of LD adults, and the stated needs and desires of the adults themselves. If service delivery is predicated, designed and implemented wholly according to the perceptions of the service providers, the LD adults will be dissatisfied. If the LD adults' perceptions of their needs and demands form the major emphasis and direction of service provision, then they will be equipped for vocational and life functioning only to the extent acknowledged as necessary or valuable by their possibly limited or distorted perceptions. As long as the research continues to uphold the perception of service providers as "doing for" the LD adults, then the adults will develop and cling to a perception of themselves as waiting for the doing.

Cindy has subscribed to the societal perception that she is valueless without a job, and that her volunteer activities are only second-best. She has stated that to have a job is her right, despite the effects of any disabilities. She has insisted that it is the responsibility of her care team members, and

others, to see that she gets that job. "I keep telling them I am tired of volunteering, they really aren't doing anything. How long is it going to be before they find a job for me?" To the researcher, "What exactly are you doing to get me a job with computers?" when that had never been a stated, or even implied, commitment by the researcher. These expectations are really faulty perceptions fostered and supported by the literature, which has reiterated the need for governments and service providers to accommodate and rehabilitate all, equally and as extensively as required, until that elusive "appropriate" employment is obtained. The care team certainly has a reasonable responsibility, by its government mandate, to assist in job finding. Nonetheless the members should have developed a clearer perception of their obligation to assist Cindy in understanding the fallacies occasioned by her own perceptions, both sensory and societal. The care team members *and* Cindy need a more realistic vision of the demands of the workplace, and of the interaction of those demands with Cindy's learning disabilities.

Cindy's perception of herself as a victim or sufferer is not entirely without foundations, however. From the preschool lack of parental attention to her developmental lags and the ongoing parental abuse or neglect, non-provision of learning assistance in elementary school, and no speech therapy for the stuttering until Grade 6, the absence of career counselling in high school, through the university's inability to support LD students, the lack of professionals aware of and trained in dealing with learning disabilities in the psychiatric institutions and in her

care team, and in the misguided vocational training placements, she has surely been a sufferer. She has much about which to complain. Where issues of perception enter is in her consistent reliance on outside agencies, on her mother, as the instruments of survival and success, rather than developing a vision of herself as having any power autonomously in achieving her goals. She also further maintains an image of these external actors as somehow eventually becoming successful for her, not assessing their limitations in light of their past failures and inadequacies. "I'm sure they're looking for the right program for me . . . Next year I imagine there'll be a course I can take . . . I've thought about moving further away from my mother, but . . ."

Perhaps these government and social service agencies maintain a similar image of themselves as eventually effective. Probably they see overly rigidly their obligation to handicapped persons, which is not necessarily the same as implementing appropriate services. In any case, these agencies, sustained by the focus of the research literature, have not addressed the possibility that for some handicapped people the prospect of long-term paid employment may well be an unrealizable dream. By not so doing, and by continuing to offer rehabilitative course after course, they have perpetuated the perception of constantly unfilled needs in and by the adults served. The lack of critical analysis both regarding an individual's rehabilitative success, and in evaluation of programs, has promoted increased service demand and consumption. What is needed is for the agencies and professionals involved to look at the whole picture

of an individual such as Cindy, compare it with evaluative results of a number of programs and studies of other individuals, and admit to the possibility of "service saturation." While altruistic, the agencies' constant unquestioned response to the perceived needs of LD adults may lead to such adults clinging to a hunger for attention; a hunger for others to achieve, on behalf of the LD adults, goals which when analyzed may never be realistically attained. The ultimate result for some LD adults is a bitter and profound sense of abandonment when they either are reluctantly drawn to recognize, or are told, that there is nothing further that can be done for them *in the way that they wish it to be done.*

Abandonment and hunger, in fact, are parts of a linked theme recurrent and strongly noticeable in Cindy's story. She has claimed frequently that she has been abandoned, by her mother, by her caregivers, by the researcher. The word "abandon" is one highly charged with images: it conjures up Hansel and Gretel, and Snow White, and any number of nineteenth-century novel heroines, and infants on doorsteps, and wives whose husbands have fled, images that synonyms such as "left behind" hardly suggest at all. "My mother abandoned little Cindysie . . . Janet [a counsellor] went away on holiday for two weeks and abandoned me without anyone else to look after me . . . Everyone's deciding to abandon me, you too, I can tell, no one wants to help me get a job any more." That Cindy has chosen to use this particular word in preference to others in describing her feelings and perceptions may well, from a psycholinguistic point of view, be an additional, probably

subconscious, method of both expressing those feelings and getting across a whole story without extensive elaboration. For example, one does need a full description of room decorations, gift wrap, and the smell of mince pie to have images arise at the speaking of the word "Christmas." Visions are inherent in cultural connotations of the words.

"Abandoned Child" stories form a significant part of the corpus of myth and legend in virtually every culture and every time. Myth has been argued as being less a primitive historical record than a reflection of culturally acknowledged personal psychic realities (Hillman, 1980). If this argument is accepted, then it becomes interesting to consider both the theme of abandonment and the issue of disabilities in Cindy's life with reference to the Greek myth of Hephaistos, drawn from Hillman's analysis of the myth.

The young god of Olympus is lame, according to some versions club-footed, at birth, and thrown out of heaven by his disgusted mother Hera. In other versions the deformity is a result of injuries sustained when he fell onto the island of Lemnos, his father Zeus having hurled the lad from Olympus for taking his mother's side in a marital quarrel. The rejection in any case is by those from whom a developing child needs acceptance, from whom a handicapped child needs encouragement. Hephaistos is weak, vulnerable, and starving, is prepared to fade from life, until the Great Mother sends her Daktyloi, dwarf-like servants, to teach him their trade. The Daktyloi are expert metallurgic craftsmen. Under their tutelage, Hephaistos becomes so skilled that Achilles, Aeneas and

Heracles commission arms from him, and Agamemnon his royal scepter.

Many North American native Indian myths and legends have an "Abandoned Boy" theme, and the issue of hunger is inextricable from the situation of disability and subsequent rejection from the group (Boas, 1910; Bouchard & Kennedy, 1977; Clark, 1966; Marriott, 1968; Spence, 1914; Thompson, 1971). The child is left behind when the group moves to different fishing or hunting grounds; he is "abandoned" because he has performed some activity which is socially unacceptable, such as a chief's son begging for food, or because he bears the external symptoms of some loathsome disease, or has a deformity. A frequent characteristic of the abandoned child is insatiable hunger: gluttony is the sin for which often he is deserted. Bewildered and despairing, he is unable to fend for himself, and declines physically and mentally until either he stumbles across his grandmother, or she returns from the group, having pitied his helplessness. She first takes care of his physical needs, giving him fire for warmth, and food. She then supplies him with the source of Power: a stone of knowledge, a magic blanket or mask, medicine bundles, or a secret for catching many salmon. With this Power he strengthens himself, and eventually finds and returns to the tribe, where he is welcomed as a valuable member of the community.

That Cindy, as a "learning-lame" person, speaking regularly in a small girl's voice, makes constant accusations of abandonment against her caregivers, almost rapaciously demands her life to be filled with a job, does fill her stomach

too often and with too much so that obesity has resulted, and is forever waiting for magic -- in the form of outside agencies' interventions -- to rescue her, suggests, as Hillman would suggest, that she is on an intrapsychic level "living a myth." Whether this understanding has any productive therapeutic value would depend on whether or not she has the cognitive and imaginal abilities to comprehend that she is doing so, were it to be explained to her.

The purpose of explaining would be to encourage her to continue the role into the second part of the myth, not outlined above: receiving Grandmother's help is not without its obligations. The boy, in striving toward manhood, must learn to control his hunger by fasting; gifts of magic bows and arrows demand hours spent on practice to render them effective, and part of his catch or booty must be returned to the benevolent spirit in thanks. He is expected to devise independent ways of ensuring his own survival once he has been given the Power, and he must not again call on the Power-giving entity or spirit except in extreme emergency. Once reunited with his community, he must work as hard as the other members, no matter any residual trace of his deformity.

There could indeed be, given Cindy's experience with her own fantasy world, some merit in helping her to understand her hungers and demands from a symbolic perspective. Both controlling her emotional hungers and satisfying them independently would leave her less vulnerable to "abandonment" by others. As the Indian boy depends less on Grandmother, and more on himself, he becomes part of a community. As a small

child finds neighborhood friends, she spends less time in the kitchen with Mummy. Were Cindy to rely less on the caregiving of her counsellors, and pursue some of her personal interests, through drama clubs, perhaps, or political organizations, she might find a supportive community. The advantage of these groups would be that they would be composed of "healthy" people, as opposed to the clubhouses for the mentally handicapped and ex-psychiatric patients which have been her most frequent form of social contacts. Social functioning could be enhanced by observing and modelling the behavior of non-handicapped persons. Extended to concrete considerations, controlling of her physical hunger should result in actual weight loss. Since many of her occupational problems have been related to her weight and her possibly associated arthritis, this might even improve prospects of job acquisition or job maintenance.

Further investigation of these themes of abandonment and hunger, with reference to childhood neglect and/or abuse, and to eating disorders, is warranted, and should include research from fields of psycholinguistics, literary criticism, mythology, and psychological theories that incorporate such multidisciplinary approaches.

Another angle in opening the myth to Cindy for inspection would be to underline its qualities of fantasy, emphasizing that fairy godmothers do not pop out of sparkly dust, and one must transform one's own pumpkins. Since this message in direct form is not easily accepted, a vehicle of metaphor might be more palatable.

Given that Cindy seems to be still functioning occasionally from the perspective of a child, in needing her hand held, in speaking with her little girl's voice, she may still be one of those young "Cinderella complex" women, with dreams of the white picket fence and the husband as part of a package necessary for fulfillment. As Cindy has accepted the societal determination of having little value as long as she is unemployed, she has also acceded to perceptions dictating that she is not sufficiently a whole woman without a husband. After a job, the husband is next on the list. That desire is not spoken of as "a fulfilling relationship," or even "someone to love me," but as an object to acquire, "Husband."

Again, behind the word, is a world of meanings that may indeed include relationship needs, but the manner in which Cindy always mentioned the word was no different in tone or attitude from that which she used for wanting a larger apartment, or tinted glasses. The result of non-acquisition was similar, not that she would like something warm and human in the same house, but that without that particular service somehow provided, she would remain disabled. The image she portrays is rather like that of a nineteenth-century young woman, for whom "marriage is crucial because it is the only accessible form of self-definition for girls in her society" (Gilbert & Gubar, 1979). Cindy is in a society where personal productivity rather than a spouse's name is definitional. Where introductions involve first questions of "what do you do, what line are you in," marriage is the second most accessible form of self-definition, a job being the first.

Cindy's story, indeed, reads very much like a nineteenth-century novel. In fact, the writing of it may have as a underlying motivation the same as had the nineteenth-century women novelists and poets: finding their own voices. These writers were trying to find their voices in a culture which was patriarchally dominated. Cindy is trying to let her adult voice be heard over the demands of "little Cindysie," above the complaints of her learning disabilities, and loud enough to drown out her mother's criticisms. That she does not effectively get her message across is less a result of inadequate effort than it is the choice of negative and weak vocabulary.

Gilbert and Gubar (1979), in a comprehensive work on the nineteenth-century female literary imagination, discuss in length the recurring themes of imprisonment, illness, madness, orphanhood, starvation, and self- or other-imposed silence in women's writing of that time. These themes, in both plot and metaphoric images, are described as representative of women's struggle to express themselves individually in a culture and epoch when their existence in society was recognized in reference to their positions as wife, and then mother. Women in these novels and poems are often childlike, with the lack of power that characterizes a child's state, and are often feeble, their strengths, especially intellectual strengths, little acknowledged.

Her lips were open -- not a sound
Came through the parted lines of red.
Whate'er it was, the hideous wound
In silence and in secret bled.
No sigh relieved her speechless woe,
She had no voice to speak her dread.

And in her lurid eyes there shone
 The dying flame of life's desire,
 Made mad because its hope was gone,
 And kindled at the leaping fire
 Of jealousy, and fierce revenge,
 And strength that could not change nor tire.

The above lines are taken from Mary Elizabeth Coleridge's poem, "The Other Side of the Mirror," published in 1908. The woman is imprisoned behind a looking-glass, in which she sees her own mad image struggling to scream its way out of a distorted space. A young woman in a poem by Christina Rossetti (1909), watching as "her songs died on the air," admits sadly that there will never be a place for her talents to be acknowledged. The heroine of George Eliot's 1871 verse drama "Armgart" has also been locked away, but has found a means to get back:

She often wonders what her life had been
 Without that voice for channel to her soul.

...
 "Poor wretch!" she says of any murderess --
 "The world was cruel and I could not sing:
 I carry my revenges in my throat;
 I love in singing, and am loved again."

The title of Cindy's life history, *A Prisoner in My Own Body*, and the last lines -- "a school principal in my own life didn't allow me to sing with the rest of the school when a visiting official came . . . But this isn't so, I have a good voice" -- attest symbolically to the similarity between her story and those of the women writers. Cindy has often spoken of how trapped she feels, how hurt her "little Cindysie" is, how

abandoned. A painful frustration, which she has described many times, is the knowledge that she is intelligent and articulate, yet these talents have nowhere been acknowledged in any forum which she feels is productive. Her learning disabilities are what she identifies as the bars which cage, the confusing mirror which obscures, the other capabilities she possesses.

Matthew Arnold (1853) wrote of Charlotte Brontë that her "mind contains nothing but hunger, rebellion, and rage." The *Quarterly Review* (1848), in considering one of Brontë's creations, was equally shocked by her anger and her demands:

Jane Eyre is . . . ungrateful, too. It pleased God to make her an orphan, friendless, and penniless -- yet she thanks nobody, and least of all Him, for the food and raiment, the friends, companions, and instructors of her helpless youth . . . On the contrary, she looks upon all that has been done for her not only as her undoubted right, but as falling far short of it.

Jane Eyre is an orphan, living with a family that does not love her. After a beating she is locked in a room furnished with a "high, dark wardrobe." Feeling forced to look into the mirror panels on the wardrobe, Jane's perception is that "all looked colder and darker in that visionary hollow than in reality"; what is staring back at her from that hollow is a "strange little figure." Anger motivates Jane to consider only "running away, or . . . never eating or drinking more, and letting myself die."

Cindy's "orphan," little "Cindysie," had a similar closet episode after a beating. Cindy, in fact, does run away, up and down and across the continent. She becomes anorexic, losing

93 pounds in one year. Cindy's four attempts at suicide parallel Jane's idea of "letting herself die." Jane's chapters are peopled with saintly teachers and beautiful society women, models of lives out of Jane's reach; Cindy has her fantasy couples. "One's a doctor, he's really good looking," Cindy has described. Doctors are teachers, at the root, and what will heal Cindy, she perceives, is the right teacher. If she can find the right teacher. If she cannot, she will offer herself to doctors and dentists at universities.

Gilbert and Gubar (1979) discuss the "frightening series of separations within the self" which Jane experiences: "Jane Eyre splitting off from Jane Rochester, the child Jane splitting off from the adult Jane, and the image of Jane weirdly separating from the body of Jane . . ." Cindy found she had to slough off the skin of "Jennifer." Her child Cindy, however, speaks up whenever the adult feels threatened or about to be "abandoned." Cindy is aware of her many voices, and rather seems to like hearing her own chorus: "Do you think I have multiple personalities?" she asked the researcher, in an almost hopeful tone. "I do, I do, like *Sybil*, or *3 Faces of Eve*. I would have liked to be a movie star. It's not schizophrenia, though. It's reincarnation. I've lived before, nineteen or twenty times."

While there are numerous other small parallels between the stories of Jane Eyre and Cindy, their paths veer apart significantly toward very different resolutions. Wandering, famished and penniless, after having fled from Rochester, Jane knocks on doors, but no one will feed her. Nonetheless "I

blamed none of those who repulsed me . . . To be sure what I begged was employment: but whose business was it to provide me with employment?" She recognizes that to support her own self, in all its aspects, is her own responsibility. Even though she accepts soup and a dry bed offered by a kind family, she recovers quickly from her weakness, and finds herself a teaching position. Jane Eyre also chooses to be no longer driven by needs, but to control them: "It was *my* time to assume ascendancy. *My* powers were in play, and in force." That the richnesses of life come only to those who are self-fulfilled is proven by the large inheritance, the house, the husband and the baby that follow upon Jane's opening of "the doors of the soul's cell," allowing her spirit to fly, "independent of the cumbrous body."

Cindy is in a story with an alternate ending. She remains a prisoner in her own body, trapped by "hunger, rebellion, and rage" which she chooses not to control. She, more visibly than Jane Eyre, "looks upon all that has been done for her not only as her undoubted right, but as falling far short of it." She does, however, unlike Coleridge's woman behind the mirror, get her revenge -- not by singing, but by a cacaphony of complaints. "You have to help me, I'm learning disabled . . . I couldn't do that cafeteria job, I'm learning disabled . . . Here's a list of what learning disabled people like me need . . . Nobody does anything for LD people like me." Her learning disabilities are not only the cause of her woes. *Wielding* her learning disabilities, and therefore being constantly dependent, *becomes* revenge against those who do not alleviate her woes.

Writing first her brief life story, and then preparing for the autobiography, especially since becoming familiar with the computer, has provided Cindy with an outlet for her creative impulses, for her voice, as much as it has been a vehicle for the messages contained in the story content. The process of self-definition that the writing can engender, however, has been somewhat truncated by her emphasis on her past, her often distorted perceptions, and the cycle of complaints which take up much of her compositional energy and time. Gilbert and Gubar (1979) have noted that this pattern was indeed broken by women such as the Brontë sisters and Emily Dickinson. These writers who were, at first, "inclined to immobilize themselves with suffocating tight-laces . . . or tempted to destroy themselves by doing fiery and suicidal tarantellas out of the looking glass," managed through their writing, to ensure that "the old silent dance of death became a dance of triumph, a dance into speech, a dance of authority."

It might be more productive, and satisfying, if unorthodox, for Cindy's care team to cut back on the vocational training allowances, fund a computer, and simply let her write.

Furthermore, it would be valuable for service providers to have more direct information on the personal, social and sexual ramifications of learning disabilities from a woman's point of view. Watson and Watson-Franke (1985) have discussed the particular significance of women's life histories, and the problems of interpreting these stories. These researchers note that "the female experience" has been underestimated because of the following attitudes:

(1) we perceive such experience as a supplementary product or as a document of deviancy; (2) we focus on the "accepting" woman who "fits" the conventional norms of society; and (3) we emphasize data that support a male-oriented view of women and ignore contrary data that support divergent attitudes and orientations (Watson & Watson-Franke, 1985, p. 183).

These attitudes have been implied in the research on learning disabled persons. Much of the research centers on learning disabled boys and men, given ratios that variously suggest an LD population identified in childhood of 4 or 5 males to 1 female. The difficulties of the learning disabled male in school are seen as more urgent for educators to address, due to the overt and disruptive behavior problems more often displayed by LD boys than by LD girls. A similar emphasis on learning disabled males has been noted in research on LD adults. Buchanan and Wolf's (1986) study involved 23 males and 10 females; McCue, Shelly and Goldstein's (1986) sample consisted of 75 males and 25 females. Of the 381 LD adults in the study by Hoffman et al. (1987), 71% were male. Geib, Guzzardi, and Genova (1981) presented case studies of four LD adults, three of which were focused on men. Only one woman had her story told.

Whether these figures truly represent the proportion of learning disabled males to females within the general population is uncertain. What can be acknowledged, however, is that insufficient consideration is given to the particular problems and concerns of women with learning disabilities, especially with regard to social and sexual functioning. Wood (1985), with reference to her study of 124 LD youth and 220 LD adults, noted that:

Only recently have we begun to realize that the incidence of learning disabilities may be as high among females as it is among males . . . disabilities in nonverbal social skills appeared to interfere with the development of human sexuality of adult females more often than adult males. In fact, more adult females than males reported difficulties in most facets of human sexuality that were measured (p. 546).

Cindy certainly has social difficulties. Of her grappling with issues of sexuality, she has divulged little. Aside from a stated but not discussed desire for "a husband," there is only the rather poignant, but terse, observation "Sex -- problems" penned in her notebook.

She has also, on occasion, added "two children" to her list of desires. Watson and Watson-Franke (1985) noted one study in which a number of young women "volunteered their stories because they all shared the problem of being childless." While Cindy has never elaborated on her feelings about not having children, it is possible that this situation has created significant distress which she has masked. Issues of perception and realistic expectations come into play here: she has just turned forty years old, yet in a recent cataloguing of "where I see myself in 2 years," she envisioned herself as the mother of two children. She has numerous times commented that she would not "treat my own kids the way my mother treated me." Her living room is decorated profusely with stuffed toy animals and dolls, which she introduced by name to this researcher during an early interview session. There have been, as well, many instances when Cindy has observed that she must "mother my little Cindysie, because if I don't who will?" This comment

has most often followed upon either a description of her mother's critical behavior, or upon Cindy having reverted to her "little girl" voice. Such incidents and comments may indicate problems in confronting the present fact and future probability of being childless. In addition to lacking a self-identity defined by a job, or by a spouse, she may also feel that a maternal identity has been denied her. She thus finds surrogates in dolls and imaginary daughters to protect.

Cindy briefly indicated that problems related to sexuality and to having children have not been discussed in sessions with her counsellor. Moreover, and surprisingly given her general openness in the interviews, sexuality was the one area in which she was evidently not comfortable in speaking with this researcher. Were Cindy to have access at home to a computer, she could deal with such problematic and delicate issues through writing, and in private. A gradual confrontation with these difficulties might allow her some ease and practice in discussing them with her counsellor. Alternatively, use of the computer could permit her to develop her thoughts on paper, and provide to her counsellor a written description of her problems. From such information the counsellor could determine optimal ways of introducing sensitive topics.

As with Cindy's fairytale themes, more research would be valuably and legitimately addressed to issues of power and powerlessness in the handicapped in general, and in the learning disabled in particular. Concerns of LD women should be given more thorough and serious consideration, especially those concerns that relate to social and sexual functioning.

**Meaning, or, This Textbook is Not The Kind
With the Answers at the Back**

As writers on educational ethnography have pointed out, the exercise of such a study is more exploratory than conclusive. There are, nonetheless, two sides to every story, and in this case, what Cindy has said is occasionally not what the reader has heard, or the reader has heard whispers from between the lines.

She has detailed a story in which she has played the role of victim, with some justification for that role. However, those whom she has perceived to perpetrate the injustice, the agencies and institutions who have provided services and care for her, have done so not out of lack of concern, but from ignorance, sometimes, and sometimes out of a misguided fairy godmother function, thinking they must fill all of her emptinesses.

Questions of a debilitating early home life, and the effects of a dysfunctional family even into adulthood, are not necessarily more severe for the LD person than for the non-LD; but they may well be self-perceived as more severe. Perceptions, in fact, perhaps more so than hard, objective realities, need addressing, restructuring, new presentations, to a greater degree in the LD than do more pragmatic concerns such as job-finding. Since educational and rehabilitative approaches have not succeeded in this regard, perhaps psycholinguistics, and mythology and literary analysis could contribute to a new vision. The intense needs described and

prescribed for the LD adult may well be put in a more reasonable perspective in the literature, if the perspective of the LD adults regarding such needs could be moderated.

The writing of this story should be seen as a call to action, not in the sense repeatedly demanded by the research literature, but as an exhortation to think in new directions for such learning disabled people as Cindy. Paid work in a nine-to-five environment is not the only vocation that they should see as socially productive, and as personally satisfying. Nor should service providers let themselves be exploited into saturating services, in an often futile attempt to enable the LD to punch that time clock.

Conclusions

Learning is not site-specific, triggered only as the learner crosses the classroom threshold. Neither is learning circumscribed by time, a happening that waits for the first day of kindergarten, and finishes with the diploma. Learning is a continuous process from infancy to death, and the most enduring and necessary learning is that which results from inter- and intrapersonal exploration. Disabilities which inhibit learning ignore the same demarcations as does learning itself: learning disabilities are not just a school problem, not just an academic problem, not just a vocational problem. Learning disabilities are a life problem, cobwebbing the corners or curtaining the windows of every room through which the LD person passes.

And, for some, the darkneses of those passages cling to the learning disabled, swelling and heavying the shadows that they daily drag.

Cindy's story is about the cumulative effect of inadequate light on the human soul, and particularly on the handicapped soul. It is also about the often inappropriate responses in service provision to that darkness, and the often misguided support in the research literature for that groping in the dark.

One of the more important functions of the case study is the generation of new hypotheses, which later may be subjected to more rigorous experimental scrutiny. As Dukes (1965) observed, the case study can occasionally be used to shed some light on extremely rare phenomena or cast doubt on well-established theoretical assumptions (Barlow & Hersen, 1984).

Considerable information about the nature of residual learning deficits and the kinds of problems encountered by learning disabled adults in society is needed to plan effective programs (Blalock, 1982).

Enough information already exists to note the problems that are encountered -- the question is in the "plan" and the "effective." As recently as in 1987, issues relating to wide-ranging assessment, service delivery, and research recommendations have been again advanced. The reasonable assumption drawn from this information is that the services described as required are not being implemented. Or if they are or have been implemented, not effectively. Certainly not all the outlined programs and accommodations have been provided in locations or formats accessible to a large number of LD adults, primarily due to economic limitations at all levels

of government. Nonetheless, many LD adults have received some assistance, and some have been the beneficiaries of many and varying services.

There are obviously many questions to ask regarding the content and structure of existing programs, with the aim of assessing their efficacy. There are some blunt answers to be demanded of government employment and education agencies and institutions as to whether commitment to rehabilitation of the adult LD is more than theoretical. But there begins to be also a more socially and ethically awkward problem to confront: it may be time to acknowledge that some LD adults may be simply "black holes," insatiable consumers of services. Such learning disabled persons may never attain career goals, indeed, may never perhaps be employed at all. They may also be persons who spend an adult lifetime receiving various therapies, with no discernible point of completion or independence, such as Cindy's story describes.

If the questions start to be asked, the simplistic, apparently ethical, and politically expedient answer arises that everyone is entitled to develop to his/her own potential. Arguments also surface as in regard to many social issues (for example, abortion). Such arguments plead the case that if services are denied, a genius may remain somewhere unencouraged. All the histories of famous people with learning disabilities are used to support those arguments. The problems associated with learning disabilities, however, problems of perception, of unrealistic goal-setting, of the ascertainable limitations caused by the learning disabilities themselves, and

the thorny related issues of cost-benefit analyses, are not adequately considered when these arguments are presented.

Many LD people want the position, the end result, because they are intelligent, and feel they deserve to be at the top, even if their rationale is flimsy. Cindy wants to be a teacher of the learning disabled just because she herself is learning disabled. This may go back to a constant, early embedded external locus of control and accompanying learned helplessness: give me what I need, because I am disabled, I cannot do it by myself, but whatever is done will not be enough. The maintaining of unrealistic goals may also be related to sequential disabilities on a larger scale. Perhaps Cindy cannot see the sequence, or need for some pattern of organization, in achieving a career goal.

What is important in recognizing characteristics of LD adults is not only that their problems, particularly those of the various types of perception, create obstacles to successful life functioning. It is also a function, and perhaps an immutable one, of the disabilities themselves that may always, no matter the nature of the rehabilitative effort, impede functioning in the way that the LD adults expect or desire to function. What must be altered, and it is a societal alteration as well as an individual one for the learning disabled individual, is the notion that every story has a happy and well-known ending.

Service delivery must be prepared also to recognize and support the LD adult's passage into non-traditional careers. Service providers must then learn to gradually withdraw support as the individual discovers that it is indeed possible to

sustain him- or herself within a different role than that originally envisioned.

This story is presented with a great sense of respect for Cindy's motivations and accomplishments. It is also told with an objective of encouraging service providers to look beyond the needs perceived by learning disabled adults, and to understand that many perceptions carried by LD adults may be distorted or limited. Service provision must become creative, introducing the learning disabled adult to alternative or innovative ways of life productivity, enjoyment and self-evaluation.

CHAPTER V **RECOMMENDATIONS**

Sufficient information exists on learning disabilities and the needs of LD adults. Adequate recommendations have been made in the literature with regard to the type and scope of service delivery for LD adults. Where research on service provision should be next focused is on evaluation of implemented programs. Emphasis in such evaluation should be not only on the success or lack of success of programs in operation. Consideration must also be given to a realistic acknowledgement of LD adult participants' prognoses for success. Suggestions should be made for criteria for service withdrawal in situations where those prognoses are unfavorable.

The right to withdraw services entails an equal responsibility to develop alternative approaches to conventional service provision. There are many cases, for example, of learning disabled adults who are deemed unemployable, but who enjoy volunteer work. Rather than encouraging such persons into repetitive and ineffective vocational rehabilitation programs, financial compensation of at least minimum wage in their locality should be provided if the "volunteer" work is satisfactory. Where learning disabled adults possess special talents, such as art or writing, it may be more productive to supply them with the materials or equipment needed for their pursuits. They could be encouraged to work at home, rather than attempting to develop skills in which they are extremely deficient, or to train them for jobs which do not exist.

In addition to a wider range of *types* of service provision, consideration should also be given to *roles* of service providers. Blalock (1982) discussed the need for an individual to assist the LD adult with questions of perception regarding his/her own abilities and aspirations. She suggested one person, moreover, with comprehensive knowledge of learning disabilities and their effects, to act as an advocate for the LD adult, consulting with all the necessary professionals and services and, as a subject in Blalock's study said, "get them all together." This need was stated earlier by Gray (1981): "One individual should be available to act as finder and orchestrator for the LD adult" regarding the adult's needs and service delivery. Given the increasing awareness of the wide spectrum of environments, inter and intra, which learning disabilities can affect, the benefit of such an individual is evident. The value of a single representative for the LD adult increases as service provision in academic, vocational training, and therapeutic settings, is both increasing and fragmented among various government and social service agencies.

The manner in which Cindy volunteered herself for this researcher's study, as well as for various other services and research, is an indication of her determined pursuit of assistance and attention. Her continual search was based on perceptions of herself as almost totally lacking the required recognition and care. An orchestrator could have assessed the validity of programs prior to Cindy's participation in, and dissatisfaction with, these programs. An orchestrator with counselling as well as learning disabilities knowledge could have

assisted Cindy in a reframing of her perceptions with regard to that constant dissatisfaction. A "finder" could have obviated the duplication of services.

In order that service providers successfully modify their expectations, goals, and roles related to LD adults, however, they must first clarify and define their guiding principles. A perspective to assist with such clarification may come from return to a medical model, from which the field of learning disabilities moved to an educational model in the early 1960s. The difference in this return, however, is that this medical model is neither diagnostic nor does it imply a medical etiology of learning disabilities. Rather, it serves as a *metaphor* for a new perspective on service provision.

The first consideration from a medical point of view is that of the nature of care being given, leading to investigation of the particular treatments associated with different types of care. There are two main categories of medical service delivery: palliative and acute care. The issue is not whether one category is preferable to the other, but whether the appropriate category is chosen in relation to the condition and prognosis of the "patient," or service consumer.

In determining the nature of appropriate treatment, criteria are provided by application of the battlefield concept of *triage*. This was a system that allowed medical units with limited staff resources, and overcrowded field hospitals, to deal most effectively with those who were wounded in war. *Triage* involved the following classifications of injured combatants:

- (1) Those whose injuries were slight enough that they could be ignored. Such wounded could be reasonably expected to recover on their own;
- (2) Those whose injuries were so severe that no amount of treatment would benefit them;
- (3) Those who were severely wounded, but whose condition indicated optimistic prognosis for recovery with appropriate and available treatment.

For injured soldiers assessed in the first two classifications, minimal medical efforts were expended. In the first situation, no significant treatment was truly necessary, and in the second situation, no treatment would have been productive. Resources of staff, medicine, and time were therefore reserved for those patients for whom treatment could realistically promise recovery.

Services for LD adults could be provided according to the same model, after assessment of the specific learning disabilities. For some of these adults, services even if requested may not be necessary, and service agencies should forbear from extending assistance. These LD persons should be encouraged to deal with their problems independently, avoiding what Lieberman (1987) called "the hook" of learning disabilities.

Other learning disabled adults, such as Cindy, may fall into the second situation, where virtually no matter what treatment is provided, prognosis for productive recovery is poor. For such people, palliative care, rather than acute care, would be of most benefit. The soldier in this classification would not receive extensive medical care, but he would be seen and comforted by a chaplain. The LD adult in this classification

should have access to a counsellor, but vocational or other rehabilitative efforts should be limited, and withdrawn as soon as the impossibility of success is acknowledged. There should be no "care team" for persons in this classification, as the presence of a care team confirms the presumption of the LD individual that active care is to be expected. This is the population for which alternatives such as paid "volunteer" work should be provided. For LD adults such as Cindy in this group, a "one-shot" measure, for example, the provision of a computer, could be productive. The understanding would exist on both service provider and service consumer sides that support beyond such a measure would not be forthcoming.

Acute, or interventionist, care should be reserved for those LD adults whose motivation, emotional status, and type and severity of learning disabilities indicate feasibility of employment after rehabilitative efforts. A careful match should be made between service and service consumer, taking into consideration the *assessed* abilities and disabilities, interests, and experience of the LD person. Specific entrance and exit criteria for programs should be developed and upheld. The rehabilitative process of the LD adult should be monitored by a knowledgeable "orchestrator," and suggestions or requests for program change should be made by that individual after consultation with the LD adult involved. The learning disabled adult should not have the licence to "shop" for services, but should be guided to the appropriate service by the "orchestrator." Program completion, and a reasonable commitment of time and effort to a particular job following

program completion, should be mandatory before additional or different services could be considered beyond the initial service provided.

Emphasis should be placed at all times on the understanding that service provision is temporary. The ultimate and clear expectation of service providers should be of effective training or rehabilitation of the LD adult leading to his/her successful job acquisition and maintenance. In cases where this expectation becomes improbable, re-evaluation of the learning disabled person's status should be made, and reclassification, generally involving limitation of services, should be undertaken. This direction is preferable to increasing services in a non-strategic, and usually unprofitable, attempt to "find something that works."

Where an interventionist approach to service provision is warranted, services should include training in survival skills, and assistance with social perceptions and functioning. Counselling or psychotherapy should be provided by specialists knowledgeable regarding the social and emotional ramifications of learning disabilities. Self-help groups, noted in the literature as being of value to the LD adult, should be established. Analysis must be made of those emotional disturbances that significantly impede the functioning of the learning disabled adult. A distinction should be made between reasonably expected emotional difficulties associated with learning disabilities, and the more severe problems that may be indicative of psychiatric dysfunction. Learning disabilities professionals and service providers should not accept the latter

as within their sphere of responsibility, but should arrange for treatment through appropriate psychiatric or psychological services.

The concept that "every person has a right to develop to his or her potential" is a common guiding principle in education, and in the education of learning disabled persons in particular. The "right" is unassailable; what is open to question and investigation is the nature and extent of the "potential." The application of this metaphoric medical model to the situation of learning disabled adults is not designed to withhold services from those who could benefit from service provision. It is, rather, a set of guidelines for identifying more productively those LD adults who indeed could become independent with appropriate services. This application also confronts the real problem of "service saturation." Service provision does not help LD adults in the struggle toward independence by constant availability and unclear criteria for service completion. Nor are these persons aided by service providers who participate in, and contribute to, the distorted world and self-perceptions often held by learning disabled adults.

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APPENDIX A***A Prisoner in My Own Body:*****Cindy's Story**

(Cindy's story is presented exactly in the form in which she typed and formatted it into the computer, without spelling, grammatical or syntactic corrections, or compositional suggestions. This writer's only alteration has been to change, for demands of confidentiality, the names of people, including family, places, organizations and institutions with whom or with which Cindy has been associated.)

A Prisoner in MY Own Body

I, Jennifer Anne Wallace, was born in Central, B.C. on March 8, 1948. There were three other children in the family, all girls. My family named me Jennifer but my mother wanted to call me Heather. One thing that always remained in my memory of that time in the hospital was that two others were born mentally retarded!

During my early years my family had a friend who noticed that I was not developing properly. She told my parents something was wrong with me. I didn't play with toys the way other children did. The only thing the doctors could diagnose in those days was mental retardation.

At the age of three years I had an eye cyst operated on and removed. Until this time my speech was limited and not understandable.

My first grade in school was a disaster because I stuttered so bad and was immature for my age. I failed grade one for this reason.

I also had a teacher that treated me like a baby. In my elementary years the children teased me quite badly. In 1955 I passed into a split Grade classroom where I repeated Grade 2 material until Xmas and then proceeded to Grade 3.

In this Grade I had an teacher who really guided children to learn to their potential and at their own speed.

We moved down to the Coast when I was eleven old and I went to a Catholic School. The standards were quite high meaning you had to get 65% to pass out of Grade 6. During this

time I went to a speech therapist for help with my stuttering.

AT about this time I became emotionally disturbed and had to see a psychiatrist. In school I was with children that were super intelligent and they all got grades that were above 80%. After I failed grade 6 with 61%. I was placed in a preoccupational class. In order to pass into Grade 8 you had to have a certain grade so I did my work but sometimes I cheated. At the end of the year we moved and the principal allowed me to try Grade 8.

School was hard for me. At that time I didn't know I had learning disabilities but I knew something was wrong with me. I found that I couldn't do sport and I only had friends while at school. I didn't fit in anywhere! I passed into 9 with a lot of work and it amazed everyone. During that period of time in high school some of the kids picked on me but I ignored them. This made me develop defense mechanisms and some people thought I was stuck up and arrogant. My three Junior High School years were unhappy and very difficult. In those years I took German which I found hard. During this time of my life I developed a fantasy world of people to help me deal with my craving to be normal and have friends. My dream world was always in the future therefore I was much older than real life. I went into my fantasy world whenever I was bored or at night to help put me to sleep. Today I have to be emotionally stable.

After those three years I went into high school and found it extremely hard. I had an English teacher that did a lot of grammar exercises which I wasn't very good at. During this

year my father had two heart attacks and I was under so much stress it contributed to me failing GRADE 11 .

I joined many school clubs to make friends but I was still an outcast. Finally one day my mother read in the paper about learning disabilities. I got a referral to Dr. SIMSON for an assessment. His diagnosis was that I was dyslexic .For a year I was helped by one of his tutors which used the technique of reading and spelling by tactile (sandpaper) . I could not now 19 years old +I finally had an idea that I had an idea that I had an idea that I had learning problems.

My goal at that time was to become a teacher of learning disabled children. I repeated some of Grade 11 and took the rest in Grade 12 At that time my volunteer career with two groups , for retarded people. There I met a called Lonan he had a learning disability and he was the first male I went to out with . He was older but more socially inept than me . For example , I went to my graduation dance with him but he never wanted to dance with anybody else. Also in our relationship I gave him thirteen rules and he didn't question them.

The best thing that happened to me during that time was I got my driver's license. Afternoon Grade 12 I went to Coste College for my first year which I found really hard .

At this time my mom again saw an article about learning disabilities in the paper and it mentioned a person it mentioned a person a person working with the older students, students. She took the name and place of the contact person which was Dr. Feltman of U..

In Feltman tested me and found out that my problems a

perceptive - ordering disability. In my second year at Coaste College they devised a new marking system called "noted marks ",so I could do the course without worrying about marks and I was also allowed to have as much time as I needed to complete the test. Under Dr. Feltman I had a learning therapist which was one of hers . We worked on perceptual things like walking up and down stairs. With my marks Dr.Feltman asked the Faculty of Education to accept me into a program for teacher training that started the following September. she said I should wait for that year. I finally started my training at U. the following year to become a teacher. As part of my training I was put in a practicum in a regular classroom I did not pass the practicum. After four short months I failed miserably. Finally everything landed in hospital.

Later I lived on my own on for a short time and went to RLC to determine what type of training I needed. In hospital I spent time on the Behavior Modification wards. They told me I could stay there the rest of my life. They told me I would stay there the rest of my life. However after about a year of this they took me to my first boarding house in East Suburb. I stayed there for a year and a half and moved on to another one in the city. All the people that were mentally ill. Most of them on medication but I was not allowed anything so when a traumatic event happened to me ie. when my boyfriend died I was denied medication.

I lost weight during this time and I also volunteered for many jobs while I went to school. I had another behavior breakdown again years later.

I started to hitchhike across to Toronto and down to Mexico. I also went up the Alaska border. I had just the clothes on my back and sometimes only ten dollars in my pockets. I survived by people giving me food and shelter. This lasted months and then I then I landed in hospital again. After a short time I went to a boarding house and thing didn't work out so I moved to another which was and finally the care team put me back into the hospital. I decided at this point I never wanted to live in the boarding houses again and wanted to live on my own. This time I less than a year there and I waited for an apartment. At one point I moved to another ward and they threatened to put me in another boarding house. I was so upset that Mom&Dad took me in to live with them until I could find a place to live. Where I was in hospital I got better when I was working at a job. When I was released this time they did not help me find any job or any volunteer work.

While at my parents place I wanted to get tested by professional for my learning disabilities so I phoned C.F.L.D. They gave me James Dexters name who worked at the Campus so I phoned him for an appointment. It cost \$150 because it was done privately and took over three weeks or more to do. I did this after my volunteer job at the Hospital in the patient library. After my testing James wrote up a report on what my learning disabilities were and a program to help them. He recommended that I get vocational testing from Paul Clarke, so I did and it cost me \$75.00. This took another three weeks to complete. He came up job and another report Paul recommended me to a course at WES at the Campus.

In June of that year I moved out on my own for the second time in my life . In September of that year I took the course but found that it didn't meet my needs. However I got one thing out of it which was starting in the E.A. program, There I met my tutor, Martha Craford, and I started working on spelling and written expression. One exercise was having a story read to me and I had to and I had to get the facts out of it and repeat the paragraph word for word. To stay in E.A. you to be taking a course so I took high school courses . I started Grade 9 English and moved up to Grade 11, Math 11, in Math I went from Grade 9 to 10. Other courses I took were Reading & Study Skills ,Writing , and Typing. In typing found that I couldn't do it because of my fine motor and sequencing problems. As we have worked on my learning disabilities it has been more clear what area it effects what area it effect me such as auditory, sequential memory, visual, written expression, reading comprehension, fine & gross motor coordination and spatial relation.

My spatial relationship problems effect me 24 hours a day for example I don't know where I am in space. I avoid stairs and hills because I don't know how to balance my body or how to judge the distance from one step to another . Also anything to do with size or to do with size or shape of anything is difficult for me. An example is that I don't understand the concept of big a small- if someone asked me to pick the bigger one of because I would choose the bigger one not because I understand the concept but because it looks different. I sometime have to ask if something is big or small. there are

many illustrations I can give for this, but so far found No help for this part . This gives me an eerie feeling because 24 hrs a day I have to live with this handicap and it very frustrating.

My next handicap is my verbal expression. Stuttering has always been always been a problem and people have always had a hard time people have always had time understanding me. To get over this problem I had to go to a speech therapist. I am over it now except when I get really nervous. In the past I would get so frustrated I wouldn't talk at all. I would also talk backwards so if I was going to say , "Take the hat off your head", I would say, "Take head off hat". For this problem my family made me repeat the sentences over and until I got it right. I have now learned how to focus on a subject and give the main point.

My third disability is my auditory sequential memory. An example of this is telephone numbers -if you give me a telephone number I would only get some of the numbers right . It was so bad that at a volunteer job I wasn't allowed to answer the phone . To correct this I learned how to chunk my numbers together which was a excellent strategy for me even though I have difficulty with the number 0. Another example is if told me to do a series of thing I might miss them up a leave an important thing out altogether. When I receive direction now I need to have it written down ask for instruction to be repeated.

My next disability is my visual, sequential memory which really showed up in Math . Geometry was especially difficult because I had to reproduce figures (ex. triangle). Instruction

were given on the board and invariably I would get the steps mixed up. I find this a problem in my home life as well with things like reading a recipe- I get direction mixed up there as well.

I also have great difficulty with fine and gross motor skills. My fingers never seem to work together so I have problems with hand writing and I cannot make my fingers work independently so typing was almost impossible. In physed class I could never do gymnastics (tumbling) or anything. If I had to do forward roll it took two people to push me over.

Another learning difficulty I have is written expression. I find it extremely hard to transfer my thoughts on paper. When I write about something sometimes I leave out words or put them backwards. I have been told I have good ideas but cannot express them on paper. I often think faster than I can write so I tend to leave out words or lose my focus. I get very frustrated at this point because I can't write down what I want to say and then I lose my train of thought.

Another area I have difficulty with is eye hand co-ordination. This shows up in a simple task like threading a needle.

Inside of me I feel worn out because I have tried so many things like school, looking for a job eh but I am unable to get anywhere because of my handicaps. I have also tried to find friends - for all of my 37 years I have tried everything but I wonder where I fit into society?

My personality traits are gentleness, kindness, thoughtfulness, intelligence, caring, empathic, friending, hard

working ,patient, and determination but somehow they are trapped in my body . When I try to use my self - espression it is resited by my handicaps. To over this I have develop a network of professions on support people like emotional therapists, counsellors , teachers and tutors. These peple have taught me how to deal with my handicaps that effect my social life , school, home life.

In 1986 I in a course in a course called the Astant Program that trains you in homemaking skills , dietary aide , housekeeping etc. I had to take the course in two parts of 13 weeks each but I completed it and graduated. Now I am in a job looking for work. I hope to to find one soon. When I d;o get a job my support worker is going to on the job with me until I fell capable of handling the postion myself.

Up until two years ago I didn't know how bad my handicap was or how to deal with it. The only feeling that kept coming up inside was that I was a prisoner in my own body. I hope that one day I can help other people with leaning disabilities discover who they are. Another thing I hope this story does is give hope to somebody else. By writing this story I learned a lot about myself and it has been a kind of therapy for me to release it.

Postscript : Since I finished that writing of the first draft of my story which is what you are reading I have found out this things out the course that I took and that I miss a part of handicap out of my story. About the course that I took was a course that know one that I contacted to get a job in any

of the areas that the course taught knew of it, and the course didn't really teach you enough of in the areas that it taught. What I mean is that not enough practical in the areas that it taught in. If it did then when it when I was tested for area that it taught which was kitchen assistant (from a another place that was going help to find a job) that my full of my handicap didn't fit into this job. It was too difficult for me to do with my handicap. I would have gone through such trouble and heartache again. Because I when through it and once again I felt my prison bars on my life. I once again had to figure out what to do for the rest of my life. In terms job ,etc. My mom phone D.R.Smith of U. to talk to find out if there was anybody that she knew that might help her daughter made teacher her to work on a computer. DR. Smith gave her the name and of one of her Master student's name of Charlene Lazine. My mom phone her and talk with her about me. She found out that learning disabilities people can work on a computer. Then I connected her and set up a meeting. To the first meeting I brought my transcripts of my marks etc. At first she just gave assignments to write on at home like what kind of resource I think should be for LD people at any age. Then we went out to her place and she should me how to work on a computer. So far I have done three things on it. I find work on the computer has give me hope that I can do something in this world. What I don't know time will tell. It has opened my creative part of me that before my prison bars which means my handicap has stopped me. Now I am writing on paper more about things etc. I am quite happy with my life. I can hardly

wait to the time when I get my own. So I only have do it only once. Maybe in the future I will fill in the rest of this story as my autobigraph that I will get puphished. The part of my handicap that I missed was my figure-ground but I don't know how to explain it to the layman or give a example of it in my own life. There might be more parts to my handicap that professionals if they tested me might find that I don't know about and I am effected by but I don't the name of them. I have just in with another one I have that is more major then it or them.

Will I was doing this last part I had a thought of doing M.A, theise on people that the schools system has hurt by not giving them the right help or teachers putting down students to the point that they gave up and thought they were not good. An example of

jjjjj

this is a school princple in my own life didn't allow me to sing with the rest of the school when a visiting official came. The method she used was that she made me to sing like a fish. What was wrong when I sang was that I sang off tune or the wrong note. For years I thought I couldn't sing that I had a bad voice. But this isn't so I have a good voice.

APPENDIX B

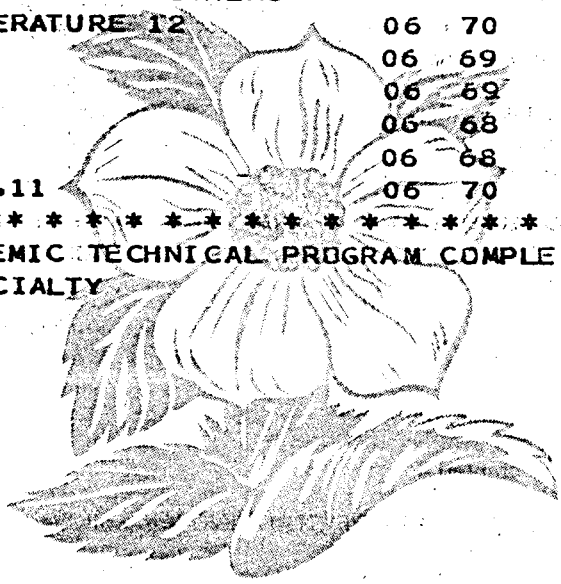
Cindy's Academic Documents and Assessments

SENIOR SECONDARY SCHOOL STATEMENT

HAS EARNED THE FOLLOWING STANDING:

SUBJECT AND COURSE	GRANTED		MARKS		
	MONTH	YEAR	SCHOOL	DEPARTMENTAL EXAM	FINAL
GENERAL EDUCATION CONSTANTS					
ENGLISH 11	06	69	C+	**	C+
ENGLISH 12	06	70	P	**	P
SOCIAL STUDIES 11	06	68	P	**	P
PHE & GU 11	06	69	C+	**	C+
PROGRAM CONSTANTS					
MATHEMATICS 11	06	69	P	**	P
BIOLOGY 11	06	68	P	**	P
GERMAN 11	06	69	P	**	P
PROGRAM SPECIALTIES & OTHERS					
ENGLISH LITERATURE 12	06	70	C	**	C
HISTORY 12	06	69	C	**	C
LAW 11	06	69	P	**	P
ART 11	06	68	B	**	B
FOODS 11	06	68	I	**	I
VISUAL COMM. 11	06	70	C	**	C

GRADE 12 ACADEMIC TECHNICAL PROGRAM COMPLETED WITH ARTS SPECIALTY



ANY ALTERATION OR ERASURE RENDERS STATEMENT INVALID.

CANDIDATE'S NUMBER

BIRTH DATE DAY MONTH YEAR

[Empty box for Candidate's Number]

48

CURRENT SCHOOL

[Empty box for Current School]

SUPERINTENDENT OF EDUCATION DATE OF ISSUE

JULY 22 1970

COURSE	NO	COURSE TITLE	CR. HOURS	GRADE	GRADE PT
FALL TERM 1970 UNIVERSITY TRANSFER					
GEOG	100	MAN AND THE EARTH	3.00	P	3.00
GEOG	120	DUPLICATE OF GEOG120 FALL 1971(NO CREDIT)	3.00	P	
LIT	105	THE ISOLATED AMERICAN	3.00	C	6.00
PHI	100	INTRO TO PHILOSOPHY	3.00	C	6.00
PSY	100	FOUND COMTEMP PSYCHOLOGY	3.00	C	6.00
		CUM GPA 1.75 TERM GPA 1.60 CREDITS 15.00			
SPRING TERM 1971 UNIVERSITY TRANSFER					
GEOG	110	WEATHER & CLIMATE	3.00	C	6.00
GEOG	130	ENVIRONMENT & TECHNOLOGY	3.00	C	6.00
LIT	109	MAN IN CONFLICT	3.00	B	9.00
PHI	200	STUDIES IN PHILOSOPHY	3.00	C	6.00
PSY	200	FOUND CONTEMPORARY PSYCHOLOGY	3.00	C	6.00
		CUM GPA 2.00 TERM GPA 2.20 CREDITS 15.00			
FALL TERM 1971 UNIVERSITY TRANSFER					
GEOG	100	DUPLICATE OF GEOG100 FALL 1970(NO CREDIT)	3.00	EXPERIENCE	
GEOG	120	INTRO TO EARTH SCIENCES	3.00	C	6.00
LIT	316	ENG LIT TRAD 14 TO 18 CEN	3.00	C	6.00
PHI	110	MORALITY IN TURMOIL	3.00	C	6.00
POL	125	INTRO TO POL SCIENCE	3.00	C	6.00
PSY	350	CONCEPTS-ABNORMAL BEHAV.	3.00	EXPERIENCE	
		CUM GPA 2.00 TERM GPA 2.00 CREDITS 18.00			
SPRING TERM 1972 UNIVERSITY TRANSFER					
LIT	319	ENGLISH NOVEL-ITS DEVEL	3.00	EXPERIENCE	
PHI	210	ETHICS AND MORAL JUDGEMENT	3.00	B	9.00
POL	110	IDEOLOGY AND POLITICS	3.00	C	6.00
PSY	320	DEV PSY-CHILD BEHAV & DEV	3.00	C	6.00
THEA	100	PRISM OF MAN AND DRAMA	3.00	EXPERIENCE	
		CUM GPA 2.06 TERM GPA 2.33 CREDITS 15.00			
		DIPLOMA GRANTED			
SPRING TERM 1973 UNIVERSITY TRANSFER					
HUD	100	HUM INSIGHT, GR ENCOUNTER	3.00	A	12.00
SOC	125	SOCIAL PROCESSES	3.00	C	6.00
		CUM GPA 2.17 TERM GPA 3.00 CREDITS 6.00			
FALL TERM 1977 UNIVERSITY TRANSFER					
HUD	160	INTRO TO INTER COMMUN	3.00	C	6.00
SOC	135	INTRO TO SOCIAL THEORY	3.00	B	9.00
		CUM GPA 2.20 TERM GPA 2.50 CREDITS 6.00			
SPRING TERM 1978 UNIVERSITY TRANSFER					
ENG	120	WRITING SKILLS I	1.50	AUDIT	
ENG	121	WRITING SKILLS II	1.50	AUDIT	
HIS	121	EUROPE SINCE 1939	3.00	AUDIT	
SD	100	READING DEVELOPMENT	1.50	A	6.00
SD	110	STUDY SKILLS FOR COLLEGE	1.50	A	6.00
		CUM GPA 2.29 TERM GPA 4.00 CREDITS 3.00			
		CREDITS COMPLETED 78.00			
		LESS DUPLICATE CREDITS - 6.00			
		NET TOTAL CREDITS 72.00			

72.00
STUDENT COPY
 NOT AN OFFICIAL TRANSCRIPT

AUGUST 11 1983

DATE

DIRECTOR OF ADMISSIONS

college

Inter Office Memo

Date: _____

, Anecdotal Report

's attitude towards this class has been quite good. She appears interested, involved, willing to join in, co-operative, perseverent, and willing to speak up. Her written work displays dyslexic symptoms and the grammatic substitution and juxtaposition make it impossible to follow all of her original train of thought. Scores on objective tests (multiple choice, true-false) place her in the average range for comprehension, considerably higher than that gleaned from essay work. has not yet developed a critical attitude toward the course material. There is a certain naivete which hinders her ability to assess written or verbal material critically. My feeling is that the main area to improve in would be developing ability to weigh material presented according to such criteria as the rigor of investigation, the assumptions involved, and the consistency of the material with other data. An example of this would be her unqualified acceptance of Freudian interpretations and symbols in advertising.

has a satisfactory understanding of terminology familiar in the course including behaviour classifications, symptoms, and operational definitions of abnormality. Her ability to apply learning theory concepts to the acquisition of abnormal behaviour also indicates ability in concept mastery.

Indications stemming from behaviour other than perceptual-motor test-taking behaviour, suggest that is mastering course material at a low-average level.

Conceptual Frameworks of Abnormal Behaviour
Psychology 350 Section 1
Instructor:

college

Inter Office Memo

Date: February 2,

Anecdotal Report,, Geography 25-100

1. We should keep in mind that _____ is repeating this course.
2. I am confident that _____ could adequately cope with the conceptual requirements of a subsequent course if she was taking less than a full course load. (This would give her the time she requires to cover the material.)
3. Her written work is seriously deficient in basic writing skills, but once you work through to her ideas you find them capably handled.
4. Her oral presentations reflect the same difficulties as her written work, but she does get the message across. What _____ has to say about the human condition is worth hearing. She needs ample preparation time.
5. _____ has met all the essential conceptual requirements of the course. She shows the ability to relate the ideas of one course or subject to another.

college

Inter Office Memo

Date: May 1, 1972

Psychology 320

The Child Psychology course was divided into two sections. 50% of the mark came from a series of 20-question multiple choice tests (each covering 40 to 100 pages of reading material) given each week. The other 50% came from a major essay.

was given the same treatment as all of the other students with regard to the multiple choice tests and averaged a "C+". She was allowed to present a seminar in place of the essay and was assigned a B- for this.

was very conscientious, and contributed considerably to class discussions. She does very well when she is able to relate course material to her own experiences; she is less sure of herself in areas of pure theory. Because of her inability to write I would not like to see her attempt courses in upper level theoretical psychology.

I would say that she will be very good at any task which required practical intelligence and interpersonal contact and thus should have no difficulty pursuing her chosen field of special education.

college

Inter Office Memo

Date: May 11, 1972

Anecdotal Report,English 91-319

's performance in class discussions improved significantly in the course of the semester. During the first third of the semester her comments were often not clearly related to the topic under discussion. She seemed not to understand the point of the discussions. However during the course of the semester there was a change in the relevance of her remarks, until at the end of the term she was able to apply an abstract statement about theme or about literary techniques to several books at once, displaying occasionally above-average insight in her responses to other students.

Her taped essays followed a similar pattern. The very first one was poorly organized, examples from the text were not clearly relevant to the argument, obvious difficulties in the thesis were ignored, and the overall quality of expression was low. However from this point on there was a steady improvement in every one of these areas. began to use written outlines as a basis for her taped essays, and has improved on her outlines each time. Especially noticeable in her last essay were the clarity and coherence of the essay as a whole, and the improvement in expression in sentences and phrases. This improvement has carried over into her quiz and examination work to some extent too.

's progress in this course, especially in her understanding of what an essay should be, has been consistent, significant, and rapid. I would recommend that she move as soon as possible from the taped essay to the written essay, possibly by using the tape as a step of diminishing importance between a detailed outline and a rough draft of an essay. It is important that while she is making such a transition that it be orderly and supervised. She should have adequate help for the transcription of the tape (which must include her exact words, including all repetitions, incomplete sentences, and other problems in expression, so she can see the purpose for the written work) and plenty of help initially, so that she has a reasonable opportunity for success. The reason for this recommendation, is that precise and long essays seem to me to present special problems for the medium of the taped essay.

The Development of the English Novel

college

Inter Office Memo

Date: _____

, Anecdotal Report, Adolescent Psychology 28-321-20

evaluated her work in my class at an A level. I have no reason to disagree with her.

She is a conscientious, interested student. She organized, and participated in an excellent panel discussion on Learning Disabilities and their Effects on Adolescents. She attended a two day neuropsychological conference in Victoria with me and some other students. She attended most classes and participated to the fullest. At times it is hard to follow her train of thought, especially when she gets emotionally aroused, but with patience and some questioning, it becomes evident that her understanding and insight can be keen and penetrating.

college

Inter Office Memo

Date: _____

In English 95-100-30 (Contemporary Drama as Literature) _____ was an eager and attentive student. Her reaction to her "handicap" (as she openly designated it on the first day of class) seemed to be a hard working and aggressive approach which rendered the handicap minimal.

Instead of the usual assignment of two written essays, and one oral report, with my permission _____ presented two oral reports and one taped oral essay with an accompanying outline. She also volunteered to read a part in a class reading of a play. In spite of verbal difficulties, her performance in all of these was eager, co-operative, unhesitating, and sincere.

_____ is better at research work than she is at subjective analysis. Her two oral reports were on Stage Lighting and Stage Scenery. The first in particular was thorough and showed considerable insight. I graded her B+ for the first and C+ for the second.

The taped essay was an attempt at comparing two major characters from two plays. It showed considerable thought and organization, although it was somewhat repetitive and showed limited insight; I graded it C.

For class participation, which is important as there is no final examination, I would grade her B for degree of participation and C for content. In addition to the above, I received a very favorable impression of her attitude, effort and determination. I think that she should be encouraged to go on.

college

Inter Office Memo

Date: May 15, 1972

is a conscientious and hardworking student. Her attitude towards this class has always been good. She appears serious and interested in learning, and not hesitant to speak out in group discussions. This notwithstanding, it is slightly more difficult to evaluate her than any other students. The evaluation of a student's performance in this course is generally based on his comprehensiveness of the course materials, his ability as a researcher, and his ability to criticize works presented by other students. For this purpose, students are required to do a research essay, a book report, an oral presentation of the book report, and a final examination.

In the case of _____, every required work has been taped. I have found her taped essay and book report a bit too sketchy and not very well organized. I am convinced, however, that her overall comprehensiveness of the course materials is comparable to the average "C" student in the class. She appears to be able to present her ideas in a more sophisticated and systematic way when she is given some clue and allowed more time to express herself. This seems to indicate that she has learned more in this course than the average "C" student. I am sure that she will make much more progress in the future.

Ideology & Politics
Political Science 22-110-Section 2
Instructor:

PSYCHO-EDUCATIONAL ASSESSMENT
OF

10,16 and 17 NOVEMBER, 1981

2.

Middle long vowel/consonant
es for eas
u for ud

Final irregular vowel/consonant
aer for ary
eration for iation
iam for iasm

Other
beligian for beliggerent
currents for occurence

5. W.A.I.S. Wechsler Adult Intelligence Scale

- i) Vocabulary Subtest: Raw Score: 62
Scaled Score: 13
- ii) Digit Span: Raw Score: 04+04=08
Scaled Score: 6

VISUAL INPUT

6. P.I.A.T. Peabody Individual Achievement Test

- i) Reading Comprehension: Raw Score: 58-9=49
Grade Equivalent: 6.5
Percentile Ranks: approx. 8%ile

7. M.F.V.P.T. Motor-Free Visual Perception Test

Raw Score:

Visual Figure Ground: 8/8
Visual Figure Ground: 3/5
Visual Memory: 5/8
Visual Closure: 9/11
Visual Perception: 4/4 correct
29/36

8. The Hooper Visual Organization Test

Raw Score: 28.0 / 30.0
Range: No Degree of Impairment
(25.0 - 30.0)

9. Benton Visual Retention Test

Expected Number Correct Score of 4, which gives an estimated pre-morbid IQ of 59 and below.

Expected Error Score of 8, which gives an estimated premorbid IQ of 59 and below.

	<u>Left</u>	<u>Right</u>	<u>Total</u>
Major Figures	2	4	8 (2 singles)
Peripheral Figures	0	0	0
Internal Details Incorrect	1	2	3
Rotation	1	1	2
Incorrect Figures	0	1	3 (2 singles)

3.

10. W.A.I.S. Wechsler Adult Intelligence Scale

- i) Picture Completion: Raw Score: 12
Scaled Score: 09
- ii) Block Design: Raw Score: 16
Scaled Score: 06
- iii) Picture Arrangement: Raw Score: 22
Scaled Score: 09

11. W.R.A.T. Wide Range Achievement TestArithmetic Subtest: Level I:

Raw Score: 20+25=45

Grade Rating: 7.3

Error Analysis: Misreading process signs.
eg., $6+2=4$ Basic multiplication facts.
eg., $9 \times 8 = 81$ Misreading directions
eg., Multiply ...she added.Finding the average
eg., she selected middle numbers.Lack of knowledge of methodology
eg., Fraction division
Fraction multiplication
Multiplication of mixed numbers
Getting percentage of a whole number12. Spache Diagnostic Reading ScalesSilent Passage Reading6B Grade 6.5 level
Time: 2 minutes, 8 seconds
Comprehension Errors: $2\frac{1}{2}/8$ 7B Grade 7.5 level
Time: 1 minute, 43 seconds
Comprehension Errors: $1/8$ 8B Grade 8.5 level
Time: 1 minute, 37 seconds
Comprehension Errors: $3/8$ Single Word RecognitionList 1: 48/50 correct
anyway for away
round for aroundList 2: 38/40 correct
farm for farmer
in for inch

4.

List 3: 33/40 correct
 unload for unloading
 prove for provide
 powerful for powerfully
 photography for photograph
 strength for strengthen
 circumstance for circumstances
 standarsize for standardize

13. McCarthy Individualized Diagnostic Reading Inventory

Silent Passage Reading

Level 9-10	2 miscues	Instructional Level
Level 11-12	1 miscue	Independent Level

OTHER
 =====

14. T.O.W.L. Test of Written Language

	<u>Raw Scores</u>	<u>Grade Equivalents</u>
Vocabulary	47	9.0
Thematic Maturity	8/20	8.9
Spelling	19/25	7.7
Word Usage	20/25	8.5
Style	9/25	5.2

Written passage:

- there was no breakdown to paragraphs,
- the syntax was not at a high level,
- there were omitted words,
- there were a number of spelling errors,
- many word endings were incorrect,
- some of the personal pronouns were not correctly related.

Spelling:

- tard for tardy
- slot for salute
- allfull for awful
- instution for institution
- orginal for original
- commanen for campaign

Style: - a large number of punctuation errors.

SUMMARY
 =====

was tested to be:

Left handed to write,
 Left footed to kick,

Right eye dominant,
 Right handed to throw,

for which she would be labelled as mixed cerebral dominant by those who follow the theory that speech or language disorders may be due wholly or partly to the fact that one cerebral hemisphere does not consistently lead the other in control of bodily movement.

5.

Apparently has trouble walking stairs and hates walking hills and using elevators. This dyskinaesthesia is characteristic of an individual who has a self-orientation problem within her immediate space/environment.

On the auditory input side, it can be seen that approximates the average level for her understanding of words that are spoken in conversation.

When it comes to recalling what she has just heard in sentence format, was below average and needs a compensation skill for this deficit area. She could take simple, short and sequential written directions on a small pad to ensure her retention of verbal directions.

eg., finding the subject in a sentence:

1. Find verb.
2. Ask who or what. I sat on him.
3. That's the subject.
4. Underline it.

appeared to have some difficulty in ascertaining that there was a difference in the heard initial V-th sounds. This was a consistent error for the initial sounds, but she was able to correct herself in the final V-th sounds-discrimination.

On a spelling instrument which gives a relatively conservative grade score, came out at the grade 7.0 level. Of more concern is an analysis of her errors. For words that were unfamiliar to her, was able to get only a couple of the sound/symbol relationships correct. The vast majority of her errors on the other more familiar words were in the middle and final sounds of the words. The short and long vowels were prominent as the middle sound errors, and, the irregular vowels as the final sound errors.

's expressive vocabulary in verbal form is above average for a person of her age level.

Her ability to recall just heard digits in sequence, both forward and backward, was below average for her age level. This, in part, parallels her score on her ability to recall just heard sentences.

On the visual input side, it can be seen that is well below average in her ability to comprehend the meaning of a single, silently read sentence.

When was given a silently read passage and then asked comprehension questions on the passage's content and intent, she passed at the maximum grade twelve (12) level. At the lower levels, eg., grade 6.5 and 8.5, she did have more errors than one would expect for a person who had such a good score at the grade 12 level. In fact, at the grades 9 and 10, and, 11 and 12 level, adopted quite a sophisticated and confident air with her answers.

On a visual perception instrument, which ceilings out at about the C.A. 9.0 level, had more errors than would be expected of someone her age. These errors were in the visual figure-ground, visual closure and visual memory areas.

's score on a test of visual organization was well within the normal range.

On a test of visual memory, had a score that was well below average for a person of her age. It was interesting to note that had a predominance of right side errors (approx. 2:1 over the left side errors).

's ability to be able to see the whole (visual picture) and then to be able to see what part was missing, was in the average range for her age level. This was also true when she had to place in sequence, pictures in which she had to see the parts within the whole of each individual picture.

However, when it came to her ability to see the whole (stimulus) and then be able to manipulate the given parts to form that whole (thing), was below average for her age level.

On a normed Mathematics instrument, had errors that are typical for someone who has not been in school for a period of time. When you compare this result to her visual memory score, then you can see the influence of the latter skill. One would have to wait until she was back into a mathematics course before we could investigate this mathematics area more fully.

In written expression, it can be seen that there is a difference between the internally formulated language and the expressive, on-paper language. I feel that has difficulty in holding on to the sequential whole (story) that she has envisaged and then the breaking it down to the part that she is working on (and concentrating on) at the particular time. Obviously she would have achieved a better result had she have done a (visual) rough copy of the proposed story.

There was a variability in 's performance during the three-session assessment and I am not really sure that I can pinpoint the correct reason(s) for this. Of course, test anxiety had a contributing role and this anxiety is something that tries hard to contain when she is faced with a new and/or previously-known-to-be-difficult task.

At this point, I will not make any further recommendations for, or to, , but I will turn her and this assessment report over to , Clinical Psychologist, who will undertake the Vocational Assessment. I will collaborate with him on the final report, so that will have some definite proposals which are based on the findings of both assessments.

, M Sc, M Ed.
Learning Diagnostician.

THE GENERAL APTITUDE TEST BATTERY REPORT

TEST DATE: 1982/02/01 FORM: A DATE OF BIRTH: 1948/ SEX: F NORM: ADULT EDUCATION: 14

APTITUDE	STANDARD SCORE	LEVEL	BELOW 60	60	70	80	90	100	110	120	130	140	ABOVE 140
GENERAL LEARNING (NO SCORE AVAILABLE)				60	70	80	90	100	110	120	130	140	
VERBAL	88	4		60	70	80	90	100	110	120	130	140	
NUMERICAL (NO SCORE AVAILABLE)				60	70	80	90	100	110	120	130	140	
SPATIAL	65	5		60	70	80	90	100	110	120	130	140	
FORM PERCEPTION	64	5		60	70	80	90	100	110	120	130	140	
CLERICAL PERCEPTION	99	3		60	70	80	90	100	110	120	130	140	
MOTOR COORDINATION	95	3		60	70	80	90	100	110	120	130	140	
FINGER DEXTERITY	39	5	X	60	70	80	90	100	110	120	130	140	
MANUAL DEXTERITY	41	5	X	60	70	80	90	100	110	120	130	140	

OCCUPATIONAL APTITUDE PATTERNS

APTITUDE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
GENERAL LEARNING																						
VERBAL																						
NUMERICAL																						
SPATIAL																						
FORM PERCEPTION																						
CLERICAL PERCEPTION																						
MOTOR COORDINATION																						
FINGER DEXTERITY																						
MANUAL DEXTERITY																						

SE

LEGEND: * = SCORES MEET OR EXCEED ALL OF THE NORMS
 SE = SCORES PLUS ONE STANDARD ERROR OF MEASUREMENT MEET OR EXCEED ALL OF THE NORMS
 L = SCORES ARE BELOW ALL OR SOME OF THE NORMS
 (blank) = NOT SUFFICIENT SCORES AVAILABLE

RAW SCORES: 1= 39 2= 16 3= 5 4= 14 5= 22 6= 11 7= 5 8= 67 9= 64 10= 84 11= 16 12= 17

MENTAL HEALTH SERVICEWORK FEASIBILITY STUDY

June 1, 1986

Dear

Thank you again for your participation in the Greater Mental Health Service Work Feasibility Study. All of the assessments have been completed now and the information you helped provide will be used to make recommendations about the best type of support that can be given to clients re-entering the work force.

The information in this report is about you and is taken from the questionnaires you completed. It may be useful in deciding upon a suitable work placement if you are now in a workshop, in choosing volunteer work, or in narrowing your choices for a training program or job search. Because you participated in a group vocational assessment, the information below will not take into account many important facts about you as an individual. It is therefore especially important that you go over it with someone who can help you apply it to whatever choices you are making. Discuss it with your therapist, workshop supervisor or a vocational counsellor who knows you well.

VOCATIONAL INTERESTS

An important aspect of finding satisfying work is deciding what you are interested in. As part of this study you completed the Career Assessment Inventory which can provide some general information about the kinds of work you like. In addition you will need to take into consideration the other test results concerning your skills (Aptitudes) and personal style, that is, the kind of person you are and what kind of work environments you prefer (Personal Characteristics and Reward Values).

A copy of the Career Assessment Inventory is included with this report and the important aspects of your profile have been highlighted. The specific occupational areas and jobs mentioned in the profile should be thought of as directions and indicators of where you might be most satisfied and should not be regarded as specific suggestions about exactly what job to pursue. You must also consider the factors outlined above as well as the type of training required, the current and predicted job market, and the degree of stress involved in learning and performing that type of work.

Task Specificity:

Above Average - your score on this scale indicates that you like to know exactly what is expected of you at work. You feel a sense of accomplishment from completing a task and knowing that it is done right. Individuals with scores like yours like to work on problems to which there is a definite answer, to be able to check their work in detail and to see what they have accomplished at the end of the day.

Leadership:

Above Average - your score on this scale indicates that you enjoy positions of responsibility, leading, directing, and making decisions. Individuals with high scores on this scale usually describe themselves as persuasive, frank and competitive. They enjoy public speaking and jobs which involve management and supervisory responsibilities.

Social Service:

Above Average - your score on this scale indicates that you place a high degree of importance on helping others. In this respect you are similar to individuals in occupations which provide a service by teaching or attending to the social, recreational and medical needs of others.

SUMMARY

The results of this assessment indicate that your strong interests are in activities geared toward helping others, to clerical and office-type work and to business activities. Those who know you comment on your obvious motivation to work and your willingness to help others. In addition you are apparently working hard on areas which have been pointed out to you as needing improvement including your acceptance of supervision and attention to your appearance.

Aptitude assessment confirmed that you have strong skills in the areas of clerical perception and motor coordination. In addition you achieved average level scores in verbal and numerical subtests. Consistent with your past educational experience of difficulty in sequencing and the perception of non-verbal shapes and forms you had difficulty on subtests of spatial perception as well as manual and finger dexterity.

Given your strong interest in people you may wish to explore jobs such as homemaker, day care assistant, or nurse's aide. Your verbal skills and motivation to help others would both be assets in these fields. You may also wish to explore clerical areas although these will probably pose more difficulty should they extend beyond filing to motor-based skills such as typing or operating other office equipment. Naturally in considering any other vocational possibilities you should always keep in mind the extent to which sequencing and non-verbal perception are involved. Work placements provide a useful way to explore any of these options before beginning on a job search or training program. It is best to consult with your workshop supervisor about the timing of these steps.

Thank you, _____, for participating in this study. If I can be of any further assistance in interpreting the results of this assessment, please do not hesitate to contact me.

Sincerely,

Clinical and Consulting Psychologist

Copy to:

MONTHLY PROGRESS REPORT: JULY, 1986DATE SERVICE BEGAN: JULY 23, 1986

PERSON: _____

SOCIAL WORKER: _____

CONTRACT WORKER: _____

CURRENT LONG TERM GOALS:

1. Groomed and attired according to situation.
2. Selects and organizes wardrobe to suit needs.
3. Develops and maintains friendships.
4. Keeps apartment tidy and presentable.

CURRENT OBJECTIVES:

1. Discussion with _____ to obtain basic needs and future direction in programs regarding grooming, personal hygiene, wardrobe, friendships and apartment upkeep.
2. Assist _____ in developing a consistent workable weekly schedule of outside activities.

THIS MONTH'S PROGRESS:

1. July 23 -contract meeting at _____ ' home included _____, _____ and myself to establish goals.
2. Discussed general contract goals, emphasis on grooming (nails, rings, bracelet necklaces, make up and hair) devised weekly schedule of outside activities.
3. Devised and completed task analysis on bathroom cleanup, reviewed grooming, discussed friendships.
4. Reviewed and revised bathroom cleanup, wardrobe selection for weekend conference, cleaned jewelry, manicured nails and shaped appropriately.

PLANNING FOR NEXT MONTH:

1. Complete inventory and organization of wardrobe.
2. Devise daily and weekly routines around grooming and personal hygiene.
3. Monitor bathroom cleanup.
4. Set up housekeeping routine and complete task analysis of all areas as time permits.

ADDITIONAL COMMENTS:

1. _____ attended an _____ conference in Surrey Aug. 1, 2, & 3rd. She proved to be resourceful in finding transportation and accomodation. She was conscientious of her grooming, dress and presentation as well as that of the others at the conference.
2. _____ has been accepted into the _____ program at _____ campus to start full time Sept. 15, 1986.
3. _____ has now made the first step towards "standing up" to her mother in hopes she will acknowledge her capabilities and progress and treat her as an adult. To date, her mother has been basically unacceptant and non-compliant.
4. _____ continues to enthusiastically complete all assigned homework and show an eagerness to improve herself and her quality of life.
5. _____ continues to have a very busy schedule which leaves little opportunity for rest, relaxation and developing friendships.

MONTHLY PROGRESS REPORT: AUGUST, 1986DATE SERVICE BEGAN: JULY 23, 1986

PERSON: _____

SOCIAL WORKER: _____

CONTRACT WORKER: _____

CURRENT LONG TERM GOALS:

1. Groomed and attired according to situation.
2. Selects and organizes wardrobe to suit needs.
3. Develops and maintains friendships.
4. Keeps apartment tidy and presentable.

CURRENT OBJECTIVES:

1. Complete inventory and organization of wardrobe.
2. Devise weekly bedroom cleanup check list.
3. Monitor bathroom cleanup.
4. Review grooming in general.
5. Research possible friendships within current social, educational and work settings.

THIS MONTH'S PROGRESS:

1. Completed inventory and organization of wardrobe, fixed and labelled drawers bought necessary tools eg. hammer, screws, masking tape. Discussed appropriate attire for weather and situation and proper fit and care of clothing.
2. Devised, reviewed and revised complete task analysis for bedroom cleanup. Direction given in proper cleaning techniques and upkeep for bedroom.
3. has consistently followed through with the bathroom checklist and is keeping this area tidy and presentable.
4. Reviewed grooming, makeup, hair, nails, necklaces.
5. phoned and invited a girlfriend from . to go to the PNE with her.
6. was given information on treating simple health problems, first aid and proper laundry techniques.

PLANNING FOR NEXT MONTH:

1. Devise daily and weekly routines around grooming and personal hygiene.
2. Monitor bathroom and bedroom cleanup.
3. Complete inventory, organization and task analysis for cleanup of laundry room.
4. Continue to encourage friendships within present social, educational and work settings.

RECOMMENDATIONS:

Continuation of contract with emphasis on positive reinforcement to assist to acknowledge her full capabilities and meet her own personal goals.

ADDITIONAL COMMENTS:

1. On all occasions enthusiastically completed all assigned homework.
2. consistently verbalized and showed an eagerness to improve herself and her quality of life.
3. acknowledged her biggest problem in her mother who is over-dominant and does not acknowledge her capabilities or treat her as an adult.
4. During all visits occasionally used her "little girl" voice for brief phrases. However, it was used in an appropriate expressive context therefore I did not acknowledge it.

MONTHLY PROGRESS REPORT: SEPTEMBER, 1986DATE SERVICE BEGAN: JULY 23, 1986CURRENT LONG TERM GOALS:

1. Groomed and attired according to situation.
2. Selects and organizes wardrobe to suit needs.
3. Develops and maintains friendships.
4. Keeps apartment tidy and presentable.

CURRENT OBJECTIVES:

1. Devise daily routines for grooming and personal hygiene.
2. Monitor bathroom and bedroom cleanup.
3. Complete inventory, organization and task analysis for laundry room & kitchen.
4. Continue to encourage friendships within present social, educational and work settings.

THIS MONTH'S PROGRESS:

1. Daily personal hygiene and grooming checklist devised as well as morning routine. has faithfully followed through and her grooming and attire has been adequately maintained.
2. Completed inventory and organization and cleanup of laundry room and kitchen. Direction in proper cleaning techniques and upkeep given as necessary (areas include fridge, stove, freezer, cupboards and proper storage of foods).
3. has consistently followed through with bathroom and bedroom checklists and is keeping areas tidy and presentable.
4. Friendships were discussed and information given on social groups within Mental Health and leisure services.

PLANNING FOR NEXT MONTH:

1. Complete task analysis and cleanup check lists for kitchen, dining room and living room.
2. Complete weekly checklist for general housekeeping duties and responsibilities.
3. Shopping for necessary housekeeping and wardrobe needs, invite a friend to join us if possible.
4. Encourage a regular social/recreational outlet (eg. swimming) to assist in alleviating stress from current busy schedule.

ADDITIONAL COMMENTS:

1. Grooming - hair problems have been solved with the use of hair conditioner and the purchase and usage of a proper blow dryer.
- makeup application is good, however quality of makeup is poor thus resulting in eye shadow smudging, direction has been given in finding a better quality.
- attire in general is good. Difficulties in past seemed to be more directly related to inadequate differentiation between social and work oriented situations. These situations have now been clarified and is adequately following through.
2. continues to have a very busy schedule with work at Pearson, LA program at Campus full time, program at regular meetings with Inga and and 1-1 worker involvement. What little spare time is left continues to be dominated by involvement with her mother. Situation in general was further complicated by tooth problems which required immediate direct dental attention.
3. The last week of September, appeared more reserved and expressed the return of her "negativeisms" as well as difficulties with the LA program.
4. Sept. 26 took too many pills and required hospitalization. She was released and returned home Sept. 30th.

MONTHLY PROGRESS REPORT: OCTOBER, 1986DATE SERVICE BEGAN: JULY 23, 1986

PERSON: _____

SOCIAL WORKER: _____

CONTRACT WORKER: _____

CURRENT LONG TERM GOALS:

1. Groomed and attired according to situation.
2. Selects and organizes wardrobe to suit needs.
3. Develops and maintains friendships.
4. Keeps apartment tidy and presentable.

CURRENT OBJECTIVES:

1. Complete task analysis and cleanup check lists for kitchen, dining room and living room.
2. Complete checklist for weekly housekeeping duties and responsibilities.
3. Shopping for necessary housekeeping and personal needs.
4. Encourage a regular social/recreational outlet.

THIS MONTH'S PROGRESS:

1. Completed task analysis and clean up for kitchen, hallway, dining room and living room.
2. Completed weekly household management and personal checklist (included scheduled time for self and for a friend).
3. Shopping for necessary household needs.
4. Discussed circumstances leading to hospitalization and ways of avoiding repetition in the future.
5. Telephone discussion with social worker and _____ to review progress.
6. End of contract meeting with social worker, _____ and _____ 1-1 to discuss progress and future directions.

PLANNING FOR NEXT MONTH:

Contract completed and terminated.

RECOMMENDATIONS:

Continued encouragement for _____ to make time available for rest, relaxation and making friends within peer groups.

ADDITIONAL COMMENTS:

1. Throughout the contract, _____ has continued to show enthusiasm towards improving herself and her quality of life.
2. _____ has consistently followed through with personal hygiene, good grooming and housekeeping requirements.
3. _____ finds checklists easy to work with and now that her home is in order is much more content within herself and her home situation.
4. _____ is reaching out and attempting to accept or make friends within _____ and her _____ program.
5. The I.A. program at _____ has been cut to part time for _____ and she is now finding her program, schedules and responsibilities much easier to cope with.

hospital

April 9, 1987

TO WHOM IT MAY CONCERN

LETTER OF RECOMMENDATION RE:

has worked as a volunteer in the Resident's Library at Hospital since May 4, 1982. Her job primarily consisted of maintaining a collection of audio cassettes which were on loan from the Library Services Branch of the provincial government. would visit with the resident's, many of whom have extremely poor communication skills, and from these visits determine the subjects, or titles that would be appropriate for their needs. She would order these resources from the Library Services Branch, and deliver them to the residents. was responsible for weeding the collection, as these audio cassettes are rotated on a regular basis, older titles are returned and new ones obtained. On her own initiative she also set up her own circulation system and maintained it.

Since October 1, 1985, has worked under my supervision. I was hired to set up a Staff Medical Library and to also oversee the activities of the resident's library service. 's duties essentially remained the same as stated above, although there were some minor modifications to her circulation system which adapted to very effectively.

The residents appreciate her visits and the Library will miss the volunteer service has faithfully provided for the past five years. I have found to be pleasant, prompt and conscientious in performing her duties and acting as a resident's advocate in obtaining better services and resources.

In conclusion, I would recommend to any employer for a job for which she is qualified.

Sincerely yours,

Librarian

May 7, 1987

TO WHOM IT MAY CONCERN:

I supervised _____ on a janitorial workcrew for a period of six months, from November 12, 1985 to April 14, 1986. This was a temporary opening.

' duties on the workcrew included mopping floors, vacuuming, spot cleaning, washroom wash-down, window cleaning and occasional floor stripping and waxing.

The position required a mastery of janitorial skills, the ability to work in a team situation, and ability to respond well to supervision.

In each of the above areas, _____ was both willing and diligent and she often suggested improvements in routines.

I recommend _____ for any similar type of position and wish her success in her future endeavours.

Sincerely,

APPENDIX C

Cindy's Personal Writings

(All samples of Cindy's writing included in this appendix have been retyped by this researcher, as the majority of original works were too faint to reproduce. Names have been changed for purposes of confidentiality. There has been no other editing.)

Hospital Job Description

Duties: 1) Begin typing the card catalog of all print books like put them on computer file and print them out.

2) Maintain resulting catalog system. 3) Maintain circulation system. 4) Maintain and organization of the shelves.

5) Liaise with Resident, take request for taking books + general books be identifiable presence in the library in the people who live here and use the library.

6) Know how to work with all types of tape recorder etc.

8) Keep a list all the resident on talking books -and what they have read+ Large Print etc.

9) Be liaison person between other staff by going to all the wards meetings

10) Have a plan of what ward you are working on Monday like Ward 1 - turn tapes etc.

11) Order all talking books and large print etc.

12) Find some company that we can order tape recorders ect. cheaply for the resident also were to get them fix to.

13) Have a knowledge of community resource that might fund for tape recorders etc.

14) Community knowledge resources for the resident.

15) Do odd jobs for the resident that they might need for them have done. 16) Write up reports on Job

17) Must take time to visit the resident to find out what they need+ about.

Qualifications:

1) Prefer to have Grade 12 and have above

2) Some office experience 3) Ability to type or use a computer.

4) Must knowledge of how a library works.

5) Must know to use different tapes recorders

6) Must know how to work with people with different abilities

7) Must know how to order books of all types

8) Must be able to work with volunteers rightly

9) Like working with people of that are different that is the staff and the resident

10) Be a person that is flexible and wants to learn how to make live different for the resident etc.

11) Be responsible person and creative one to.

Talking Book Service Ideas

1) Buy tape recorders and headphones for one place and get them fixed there too. The tape recorder should be like Sony. This tape recorder should be automatic reverse and power units. The company that we get them from should know that we would like to have them know we would be using maybe if the resident wants to buy one. This would be a faster service for the residents and a better service too.

2) We should have a workshop on tape recorder to show the staff how to work them, ours and the residents too.

3) We should have one tape recorder for each ward and put them in the head nurse office with a card to put the name of the resident and the date that the resident took it out, and where it is i.e. room number. These are to be used only for a short time until the resident has their's or buys one for the person's shelf. On the ward we should have a complete unit meaning tape recorder, headset, power unit, and any other that they need to make it complete.

4) We should have a list of all the tape recorders we have, the kind of that we have and which ward has it. We should have a master list of the tape recorder, headphones, etc. who has them, the number of the room, the conditions of them.

5) When ever a person gets a tape recorder we should have a list of them so we know how to show the staff how to work with them.

6) In some cases we should have a program developed for some residents use of talking books. An example is that say if a resident has bad memory that they only listened to them in bed.

These are some of suggestions to make the talking book service better for the residents who live here. I found that these things are needed badly so that it be better. I hope that these suggestions will be soon acted on because it would make life for the residents a lot better.

Your truly
Cindy Wallace

1985 Achievements

January 16 1986

1. Career

- Got janitorial job for while
- Volunteered at hospital
- assessment, counselor
- developed library job at hospital
- got 5 people to meet for hospital
- told Club I wanted a "Employment Job." I

named 3 jobs I wanted, told them I had been there for 2 yrs and won't be here much more if I don't get a job. I was very assertive.

- Wrote resumey.

2) Personal

- Friends. Decided what kind of type of friends I want.
- Close. Bought new clothes. Half of cheque for cloths.
- Started to change name

3) Spiritual

- Returned to receive COMMunion
- told mother about going church
- prayer

4) House

- bought dining table and bought wall unit

5) Schooling

- Got a C+ in math
- Handicap doing better

6) Emotional Growth

- learnt how bureaucracy works
- assertive
- small talk
- inner strength
- discover person inside with other people acknowledging me
- organizing people
- giving to others
- other people benefit when they work with me
- inspiring to others
- learnt to evaluate other peoples' opinions

Goals for future

January 16 1986

1. Career - short term career
 - hospital
 - long term career
2. Personal - clothes
 - friends
 - exercise
 - hobbies
 - boyfriend or husband
3. Spiritual - closer to God or high power
pray, church
4. Eating - control
5. House - painted, furniture, etc.
 - new townhouse, 2 bedroom
6. Schooling - BA, finish
7. Travelling - see world
 - go to see The Puzzle People, Inc.
8. Car
9. Political - N.D. P.
 - elected

June 12, 1988

Dear to whom it may concerned

I Cindy Wallace I am mult- Learning disable Adlut that needs a desk top cmpter and printer or some replace some other type on that I can use at home so that I can write my book that will help other pople that are learner dissable

the purpures of it so that other people can learn from my life and that also that proffionals people can also learn from my life so that others not have to go through the same thing as me so that their be help for me and other sevices for people like me. Right now there id no service for old adult People like me to get hepl ether.

At this time I ow ownly get a Comter at Differ time like once maybe in a blue moon and then it not even for very long. So if you could see that Ypu can help a pw person like me I know that I will use the compter for great good.

Her is just a small sample of what I can do w