

ADOLESCENTS IN SPECIAL SCHOOLS' PERCEPTIONS OF THEIR LEARNING DISABILITIES

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BEdPsych

Thesis presented in partial fulfilment of the requirements

for the degree of

Master of Education in Educational Psychology

in the Faculty of Education



Stellenbosch University

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March 2012

DECLARATION

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ABSTRACT

Completing formal education with a specific learning disability presents many challenges to the individuals concerned. For learners in special education, negative perceptions of learning disabilities and/or inaccurate and unrealistic perceptions, could result in poor outcomes in adult life, as well as feelings of frustration, helplessness and hopelessness during their transition from school to post-school environments. Such individuals need to form accurate perceptions of their own learning disabilities to ensure that they can and will advocate for themselves and will be willing and able to seek out the appropriate support needed to experience success in all spheres of life. The aim of this study was to conduct an in-depth exploration of the subjective perceptions of adolescents in special education regarding their own learning disabilities since accessing this knowledge is an important first step toward developing and providing positive and empowering interventions and support for learners in special education.

The researcher aligned herself with the constructivist/interpretive paradigm and the research methodology used can be described as a basic qualitative research design. Seven participants from one special school were selected through purposive sampling. The researcher used individual semi-structured interviews and focus group interviews as well as personal documents in the form of learners' personal files to obtain data. The process of analysis employed can be described as thematic content analysis.

The findings of this study suggest that adolescents are aware of the individual challenges posed by completing school with a learning disability, although this was experienced in a less debilitating sense as a result of the supportive special school context. They were aware of some of the coping strategies that needed to be implemented in order to cope with their current academic workload, but were not always aware that these would need to be extended to life after school. Generally, they were also not aware that they would need to advocate for themselves and seek out support in post-school settings. The perceptions formed of their learning disabilities were influenced by early experiences of their first awareness of their struggles with learning, their experiences of assessment and placement in a special

school, the perceptions others had of their learning disabilities, as well as their experiences as learners in a special school. The most important recommendation based on the findings of this study is that learners in the special school environment need to be provided with more explicit counselling regarding the specific nature of their learning disabilities. They need to be made aware of support strategies and resources that they would be able to use in post-school environments, as well as the process of obtaining access to such resources.

OPSOMMING

Voltooing van formele onderwys met 'n spesifieke leergestremdheid bied baie uitdagings aan die betrokke individue. Negatiewe persepsies van leergestremdhede en/of onakkurate en onrealisties persepsies kan vir leerders met spesiale onderwysbehoefte swak uitkomste in die volwasse lewe tot gevolg hê, asook gevoelens van frustrasie, hulpeloosheid en hopeloosheid tydens hul oorgang van skool na naskoolse kontekste. Sulke individue moet 'n akkurate persepsie van hul eie leergestremdhede vorm om te verseker dat hulle gewillig self voorspraak sal maak (self-advocate) en in staat sal wees om toepaslike ondersteuning wat nodig is om sukses in alle sferes van die lewe te ervaar, uit te soek. Die doel van hierdie studie was om 'n in-diepte ondersoek van die subjektiewe persepsies van adolessente in spesiale onderwys met betrekking tot hul eie leergestremdhede te voer, aangesien toegang tot hierdie kennis 'n belangrike eerste stap in die rigting van die ontwikkeling en voorsiening van positiewe en bemagtigende ingrypings en ondersteuning vir leerders in spesiale onderwys is.

Die navorser het haarself belyd met die konstruktivistiese/interpretatiewe paradigma en die navorsingsmetodologie wat gebruik is kan beskryf word as 'n basiese kwalitatiewe navorsingsontwerp. Sewe deelnemers van 'n spesiale skool is gekies deur middel van doelgerigte steekproeftrekking. Die navorser het individuele semi-gestruktureerde onderhouds- en fokusgroep onderhouds gebruik, sowel as persoonlike dokumente (in die vorm van die leerders se persoonlike lêers) om data te verkry. Die proses van analise wat toegepas word kan beskryf word as tematiese inhoud-analise.

Die bevindinge van hierdie studie dui daarop dat adolessente bewus is van die individuele uitdagings wat aan hul gestel word deur die voltooiing van skool met 'n leergestremdheid. Tog was dit in 'n minder aftakelende sin ervaar as gevolg van die ondersteunende spesiale skool konteks waarin hul hulself bevind. Oor die algemeen was hulle nie bewus daarvan dat hulle self voorspraak (self-advocacy) sal moet maak vir ondersteuning in naskoolse kontekste nie. Die persepsies wat van hul leergestremdhede gevorm word is beïnvloed deur vroeë ervarings van hul eerste bewustheid van hul stryd om te leer, hul ervarings van die assesseringsproses en

plasing in 'n spesiale skool, die persepsies wat ander van hul leergestremdhede het, sowel as hul ervarings as leerders in 'n spesiale skool. Die belangrikste aanbeveling gebaseer op die bevindinge van hierdie studie is dat die leerders in die omgewing van die spesiale skool voorsien moet word van meer eksplisiete voorligting ten opsigte van die spesifieke aard van hul leergestremdhede. Hulle moet bewus gemaak word van strategieë en hulpbronne wat hul moontlik kan gebruik in die naskoolse omgewings, asook die proses van die verkryging van toegang tot sodanige hulpbronne.

ACKNOWLEDGEMENTS

First and foremost, thank you to my husband, Rian. Thank you for your support and understanding over the last two years. I appreciate all the motivation and sacrifices that you have made for me.

To Mrs Collair, for her guidance and encouragement every step of the way. I could not have asked for a more skilled supervisor.

Thank you to my family and friends for their support during this long process.

Thank you to Ms Honey for the language editing.

Thank you to all the learners offering their time to share their personal experiences with me.

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CHAPTER 1

CONTEXT AND RATIONALE FOR THE STUDY

1.1 BACKGROUND TO THE STUDY

According to Rodis, Garrod and Boscarding (2001) many learners with special needs (especially those in special education) go through the education system without ever having a clear understanding of their own learning disabilities. In special education, the majority of support strategies focus on cognitive and academic interventions, leaving a gap in the social and emotional development of learners with learning disabilities (Yuan, 1994). Many learners with learning disabilities are diagnosed at a young age. Although some learners do receive counselling and support in developing self-knowledge and understanding of their learning disabilities upon diagnosis and admission to a special educational environment, this often is not an ongoing process. The nature of the learning disabilities stay relatively consistent over time (Bogod, 2009; Shapiro & Rich, 1999) but the way adolescents make sense of them – their perceptions – change as they grow and develop through the various life stages.

Perceptions are not only influenced by personal growth and developmental stages, but are also influenced by our experiences within our contexts. When viewing human beings holistically from an Ecosystemic perspective, it is important to consider that all human beings find themselves in unique social contexts. These contexts are made up of different overlapping systems that interact and impact on one another. The level of functioning of individuals and the perceptions that they form, depends on the level of interaction and quality of interaction between the various systems that form part of their context (Swart & Pettipher, 2005). Therefore it can be assumed that our perceptions are significantly influenced by the attitudes, actions and expectations of significant others in our social contexts. For learners with learning disabilities, experiences at home, school and among their peers can have a significantly positive

or negative impact on their own perceptions of their learning disabilities (Lambie & Milsom, 2010).

Many people are uneducated or misinformed about learning disabilities because learning disabilities are invisible. This can be seen in the many myths that exist around these difficulties. According to Bogod (2009, p. 1), many people believe that learners with learning disabilities have "below average intelligence", will "grow out of it", are "just lazy" and "will never succeed in academic life"; the list goes on.

For learners in special education, negative perceptions of learning disabilities and inaccurate/unrealistic beliefs, could result in feelings of frustration, helplessness and hopelessness. Poor coping methods, for example drug abuse, low self-esteem, anxiety and depression have been reported among learners with negative academic self-perceptions (Rodis *et al.*, 2001). An accurate perception of their own learning disabilities is therefore needed to ensure that learners with learning disabilities can and will advocate for themselves and will be willing and able to seek out the appropriate support needed to experience success in all spheres of life.

1.2 AIM OF THE STUDY

The aim of this study was to conduct an in-depth exploration of the subjective perceptions of adolescents in special education regarding their own learning disabilities.

Understanding the experiences and beliefs of students diagnosed with learning disabilities is an important first step toward developing and providing positive and empowering interventions for learners in special education. It is hoped that the knowledge gained from this study will inform the development of a programme of support for learners with special needs in special education. The aim is to help them to develop self-regulating and self-advocating behaviour based on accurate and realistic perceptions of their own learning disabilities. The hope is that this will enable all learners with learning disabilities to achieve their full potential in life.

1.3 RESEARCH QUESTIONS

To refine the study, the focus was on three research questions:

- How do Grade 10 and 11 learners at a Special School perceive their learning disabilities? How do they experience the impact of learning disabilities on their lives?
- What support can be provided to help them develop self-advocating and self-regulating behaviour?

1.4 RESEARCH PARADIGM

A paradigm can be seen as a vantage point from which a person views, interprets and understands the world. In research theory, a research paradigm influences the ontology (nature of reality), epistemology (relationship between the researcher and the knowledge gained) and the methodology (techniques used to gather data) (Silverman & Marvasti, 2008). This qualitative research study will be approached from an interpretive/constructivist paradigm.

1.5 PURPOSE OF THE STUDY

The purpose of this study is to explore and understand the personal perceptions of their learning disabilities of seven learners from a special educational environment. The description of these experiences will be based on participants' subjective views of their external world – the ontology (Durrheim, 2006).

When qualitative research is conducted, the researcher is part of the research process, as he/she is the data gathering instrument (Merriam, 1998). The researcher will be part of the process of constructing the knowledge/understanding of what is being studied through personal interviews and observation. This enables the researcher to gather data that will describe the unique personal experiences of the participants in this study and to gain a unique understanding of the individual experiences of these learners – the epistemology.

Qualitative research explores the richness, depth, and complexity of phenomena with the aim of providing a thick, descriptive understanding of analysed data. Therefore, considering the purpose of this study, qualitative research methodology will be effective in gathering the required data.

1.6 RESEARCH DESIGN

Before a research study can be conducted, it is important to decide on a research design to inform the actions of the researcher during the research process. This involves considering the research question and purpose of the study, as well as the researcher's personal role in the research process.

This study sought to understand the unique perceptions of a group of learners. A basic qualitative design formed the basis for this study. It enabled the researcher to explore the research questions in order to gain understanding of the views of the learners involved.

1.7 RESEARCH METHODOLOGY

It was important to ensure validation of the data collected during this study by using more than one data collection method. Therefore primary data resources - the transcriptions of semi-structured interviews and focus group interviews, as well as data collected from personal documents were used in the study.

1.7.1 Selection of participants

Purposeful sampling allows the researcher to select the most productive sample to provide the information needed to answer the research question (Marshall, 1996). Due to the nature of the study, the selection of appropriate participants was an important consideration.

Seven participants were approached to participate in the study; all were selected from one special school in the Western Cape. This specific special school follows the National Curriculum and provides learners with specific learning disabilities with the opportunity to obtain the National Senior Certificate qualification when they complete Grade 12. A more detailed description of the special school context is provided in

Section 3.4. Knowledge constructed during the study is bound to this specific context and the subjective experiences of participants with specific learning disabilities completing the Further Education and Training (FET) phase of their school career. Learners who experience other diverse learning barriers and have other special learning needs are not included in this study.

Adolescents nearing the phase of early adulthood were approached to participate in this study. The rationale was that these learners' perceptions would be better defined and more maturely expressed than perceptions of learners in early adolescence. Furthermore, learners in the FET phase are nearing the end of their school careers in special education and the responsibility to advocate for themselves and to effectively manage their learning disabilities would be their sole responsibility when they exit from Grade 12. Their perceptions of their learning disabilities could impact greatly on their success in doing so.

1.7.2 Data collection methods

Data were collected by means of individual interviews, focus group interviews and personal documents (student records).

1.7.2.1 *Semi-structured individual interviews*

To ensure that the relevant information for the study was elicited, an interview guide was utilised to form the framework for the interviews. The focus areas for discussion chosen for the interview guide were based on the research questions and knowledge gained from a literature review. Although this approach structured the collection of data, it provided freedom to explore the focus areas for this study in detail.

Once the interviews had been completed, they were transcribed verbatim and used as raw data (Patton, 1987). Audio recordings of interviews as well as copies of the transcribed interviews were provided to the participants to ensure that they had the opportunity to view the data and ensure that the researcher recorded and interpreted the information correctly.

1.7.2.2 Focus group interview

A focus group interview with the group of participants was conducted, with the purpose of identifying similarities and differences in the experiences of the participants. The motivation for conducting a focus group interview was also to provide the researcher with the opportunity to elicit a group discussion surrounding the research topic, to construct a deep and unique body of knowledge. As all the participants were from the same special school environment, this was seen to be a valuable opportunity for sharing and informing their experiences in a familiar supportive group.

1.7.2.3 Personal documents

A request was made to participants and their parents to allow the researcher to access their student records. This provided information about their admission to the school and the support that they have received at the school to date regarding their learning disabilities.

1.7.3 Data analysis

Once the interviews had been conducted, they were transcribed verbatim and used as raw data (Patton, 1987). The raw data subsequently were analysed by means of thematic content analysis through a process of segmenting, categorising and selecting findings appropriate to the research purpose and research questions. This process consisted of three phases: Open-coding, axial coding and selective coding (Boeije, 2010). This approach to the analysis of data allowed the construction of knowledge as set out during the purpose of this study.

1.7.4 Ethical considerations

The subjective experiences of participants are a very personal construct to share. The ethical considerations of this study were therefore focused on the protection of the privacy of the participants.

This study's focus was on the personal experiences and perceptions of adolescents with learning disabilities. The personal nature of the investigation and the vulnerability of the target population therefore required that various ethical

considerations be taken into account when conducting this study. The following steps were taken to ensure that this study upheld the principles of beneficence and non-maleficence:

- The research proposal was submitted to the Ethics Committee of the University of Stellenbosch (Reference number: 594/2011) as well as the Western Cape Education Department for ethical clearance before the study was conducted (Addendum C & Addendum A).
- All participants were asked for informed consent before participating in the study. All concepts and procedures, as well as the rights and responsibilities of both the researcher and the participants, were discussed with the participants. They were given the opportunity to voice any concerns and receive clarity about the process and the study before entering into the research process.
- Confidentiality was ensured for all participants. The methods used to ensure confidentiality, as well as the process of data storage and dissemination after the conclusion of the study was discussed with participants.

1.8 DEFINITION OF TERMS

1.8.1 Perceptions

Defining perception is a complex task and varies according to the paradigm or the theory followed by the person formulating the definition. According to Lewis (2001, p. 275), perception can be seen as the "meaning that individuals give to their world". This short definition is appropriate when one considers the nature of the study that was undertaken. This understanding of the construct of perception is further supported by the Oxford Dictionary (2010), which defines it as: "the way in which something is regarded, understood, or interpreted".

1.8.2 Special Schools

Special School, for the purpose of this study, refers to an educational institution that provides special education to learners who have special educational needs which cannot be accommodated in the current mainstream environment of the South

African education system. Learners are therefore separated from their mainstream peers, and attend separate schools in order to complete their education.

1.8.3 Adolescence

The onset of adolescence ranges from 11 to 13 years of age and ends around the age of 17 to 21 years (Thom, Louw, Van Ede & Ferns, 1999). For the purpose of this study, the participants were part of the group that can be classified as late adolescents – 16 to 23 years. A detailed exploration into the developmental tasks of the late adolescent and young adult is presented undertaken in Chapter 2, as it is important to be able to identify how these life tasks influence individual experiences of learning disabilities.

1.8.4 Learning Disabilities

According to Dednam (2006), learning disabilities as a general term refer to a group of neurological disorders which manifest in difficulties with language and mathematics. The DSM-IV TR (APA, 2000) uses the term Learning Disorders as the overarching category which includes Reading Disorder, Mathematics Disorder and Disorder of Written Expression (each with their own unique criteria).

1.9 STRUCTURE OF PRESENTATION

The brief outline of the research study report is as follows:

- Chapter 1 provides the background and objectives for the study.
- Chapter 2 explores the literature on paradigms and discourses surrounding disabilities, specific learning disabilities and adolescence.
- Chapter 3 presents the research design, methodology, data collection procedures, as well as the data analysis process.
- Chapter 4 deals with the discussion of the research findings, as well as recommendations for practice and limitations of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The aim of this study was to expound the personal experiences, definitions and constructions of their daily lives as perceived by adolescents in special schools. With this in mind, the study was conceptualised to understand the experiential realities of adolescents with specific learning disabilities. As a prerequisite, therefore, it was necessary firstly to describe some of the paradigms and theoretical models that have influenced discourses surrounding disabilities and are currently impacting on the way they are perceived in society.

Disabilities and difficulties in learning are relative to the social contexts in which they arise and are maintained (Donald, Lazarus & Lolwana, 2006). Therefore not only the nature of the specific disability, but also the educational, social and cultural contexts of the learner with the disability impact on the perceptions that individual learners form of their disabilities and how they experience the impact which these learning disabilities have on their lives (Donald *et al.*, 2006).

This chapter forms the theoretical basis on which the qualitative information gathered during the study is placed. The paradigms that have informed the theoretical models for understanding disabilities, as well as the nature of specific learning disabilities as described and understood from a current theoretical perspective are discussed in the first section of this chapter. Thereafter specific learning disabilities and special education in general, as well as in the South African context, are discussed. Adolescence as a life stage, with specific focus on late adolescence, will create a knowledge base of a personal developmental context for the study and link with the specific challenges faced by people with learning disabilities.

2.2 PARADIGMS FOR UNDERSTANDING LEARNING DISABILITIES

Paradigms are the broad lenses, active at any given time, through which certain phenomena (in this case learning disabilities) are perceived (Gabel & Peters, 2004). Knowledge is created within social and historical contexts, therefore influencing paradigms (Thomas, 2006) and the viewpoint for understanding reality (Gabel & Peters, 2004). Theories or models used to explain current knowledge bases for understanding phenomena exist within paradigms (Gallagher, 2006).

When we focus on learning disabilities and employ the functionalist, structuralist or postmodernist paradigms to understand it, this same phenomenon will be understood, described and responded to differently in all three instances (Gabel & Peters, 2004). It therefore has social, economic and political implications in each instance (Mitra, 2006).

In Sections 2.2.1 to 2.2.4, a discussion of the various paradigms and the models which link with them provides a basic background understanding for further discussion on how each paradigm and model views and relates to learning disabilities, which is provided in Section 2.2.5.

2.2.1 The Functionalist/Positivist Paradigm and the Medical Model of Disability

The functionalist/positivist paradigm is discussed first, as this view, together with the medical model for understanding disabilities which was born from it, can be placed at the beginning of the chronological timeline used for this discussion. Although paradigms have shifted and new knowledge in the form of theoretical models has been created, the impact of the reductionist medical discourse surrounding this paradigm is still encountered today.

The functionalist/positivistic paradigm sees social realities as objective, orderly and rational. Learning disabilities, through the lens of this paradigm, are therefore described in absolute terms, with no flexibility for human 'variety'. This, in itself, is problematic and limiting when one considers the diverse nature of disability (Shakespeare & Watson, 2002). The response of how to 'deal with' learning disabilities will be controlled, based on the assumption that human behaviour can be

predicted (Gabel & Peters, 2004). From this worldview, disabled individuals have inherent conditions that can be "objectively diagnosed, treated and in some cases ameliorated" (Gabel & Peters, 2004, p. 587). It is from this Functionalist/Positivist paradigm that the Medical Model of Disability was born.

The Medical Model (also referred to as the biomedical model) places disability within the person and explains its existence according to diseases or conditions which require medical treatment and rehabilitation (Mitra, 2006). Many of the etiological explanations for learning disabilities are presented as a result of genetics or conditions within the person. The response to these conditions, from within this model, is the placement of learners in a 'remedial' school setting in order to rehabilitate and improve their 'learning problems/conditions' through speech therapy, occupational therapy and physical therapy. Special Schools are still very much situated in this model of viewing learning disabilities.

2.2.2 The Structuralist/Social Constructionist paradigm and Social Model of Disability

The structuralist/social constructionist paradigm was developed after the functionalist views were recognised to be limited in their view of human beings. Social constructionism refers to the development of phenomena relative to social contexts. This paradigm sees learning disabilities as an experience of an individual caused by socio-political systems and structures that result in the individual experiencing inequities and social injustices because of the social context (Gabel & Peters, 2004; Mitra, 2006). In other words disabilities are seen as being constructed by society, thereby removing any reference to disability within the individual, as was the focus within the functionalist paradigm and the medical model.

The paradigm inherent in the social model of disability is social constructionism (Gabel & Peters, 2004). The main purpose of the social model is to take action against the oppression of people with disabilities through social change (Gabel & Peters, 2004; Mitra, 2006). When we consider learners with learning disabilities, this model strives for the full inclusion of learners with learning disabilities into mainstream school environments from the point of view that they will thereby be better equipped to fully participate at all levels in their communities. The placement

of learners in Special School Settings is viewed as discriminatory, segregating, and limiting with regard to their level of participation in everyday community life.

2.2.3 The Post-Structuralist/Interpretivist paradigm and Relational/Bio-ecological Model of Disability

A poststructuralist paradigm refutes the existence of an objective reality and rather supports the uniquely subjective construction of reality by individuals (Gabel & Peters, 2004). This is also referred to as the interpretivist movement. In this paradigm, the aim of research is to understand how individuals make sense of the world and construct their social identity in challenging circumstances and unique contexts (Ridell, 2006). In poststructural discourse, thoughts around learning disabilities have moved away from the purely biological explanation of impairment to include the idea that impairment is related to the social world (Goodley & Rapley, 2001).

2.2.4 Eclectic theories

Current paradigmatic trends tend to move towards a blend of the above paradigms by which an understanding of phenomena is constructed by looking at the experience of individuals with learning disabilities because of their biological difference, but also attempting to understand their experiences because of their contexts (Gabel & Peters, 2004). According to Shakespeare and Watson (2002), this paradigm allows us to view disability as having both biological and societal influences in its construction. The eclectic view of theorising around disability provides the opportunity to see the whole picture. Within this model, it is possible to give weight to the personal experience of living with reduced function, both socially and individually, without embracing a purely individual approach (Reindal, 2008).

Three core values concerned with disabilities have been established in this theory. According to Denhart (2008), these ideas can be summarised as follows:

- a) Disabilities are socially constructed
- b) Disabilities are part of normal human variation
- c) Disabilities need the voices of disabled to deconstruct the concept.

The development of an understanding and accommodating attitude towards all human beings, as well as a positive, valued approach to diversity can be based on the above assumptions. These values also lead to the development of different frameworks for the explanation of various complex human phenomena, therefore moving away from the simplistic, one-directional approach of the medical model. Not only can the unique contexts in which individuals function now be included together with the biological factors that may be part of the person, but also the dimension of the reciprocal relationships and interaction between individuals and their contexts. This is valuable, as it provides a method for understanding the complexities and uniqueness of human development.

The constructivist paradigm and the ecosystemic perspective are two of the holistic approaches to viewing human beings that have important implications for understanding learning disabilities. Bronfenbrenner's bio-ecological theory fits into these two paradigms (Bronfenbrenner & Evans, 2002).

When viewing human beings holistically from an ecosystemic perspective, it is important to realise that all human beings find themselves in unique social contexts. These contexts are made up of different overlapping systems that interact and impact on one another. The level of functioning of an individual depends on the level of interaction and quality of interaction between these various systems that form part of their context.

Human beings are multi-dimensional and operate in various systems throughout their lives. We do not develop in isolation and therefore it is important to understand that, by using models that rely on reductionist, cause-and-effect linear approaches to understanding human behaviour and systems, we will be limiting that understanding.

Bronfenbrenner's bio-ecological model for understanding human development provides a framework that considers human development from a systems theory perspective (Swart & Pettipher, 2005). The underlying principles of systems theory state that changes will take place during human development. Although these changes take place, the individual will always attempt to achieve dynamic balance. Systems theory also focuses on the circular causality of situations, including

reciprocal relationships and their effects on the outcomes (Swart & Pettipher, 2005). Over and above the systems, Bronfenbrenner (2000) determined that there are also various dimensions that impact on the functioning of these systems and they need to be considered when evaluating these systems. Person factors are factors within an individual (biological factors, dispositions, ecological resources, demand characteristics), which determines and influences the way the person influences and is influenced by their systems. The process factors refer to the patterns of interaction between individuals and various systems. Time is a dimension which causes maturation or changes, either in the system or the individual, which is important to consider when looking at the interaction

The model divides the various contexts in which individuals function into the microsystem, mesosystem, exosystem, macrosystem and the chronosystem. Each of these systems can be represented by a set of concentric circles around the person in question. This model allows us to investigate and understand learners with learning disabilities biologically, psychologically and environmentally.

2.2.5 Defining learning disabilities from the different paradigms

The medical, reductionist view of learning disabilities firstly places the experience of learning difficulties within the person, discounting the effect that the social context may have on the experience of barriers to learning. It reduces the construct of 'learning disabilities' to a single quantifiable construct that can be measured, explained and treated in a single medical way.

Managing intervention for learners with learning disabilities is very often still strongly influenced by the medical model and functionalist paradigms. The medical model with the functionalist paradigm based on quantifiable scientific research, also still forms the basis for the majority of the research body and presents learners with learning disabilities by focusing on their 'liabilities' and shortcomings, placing the deficit within the child and looking at his/her pathology (Flack, 2005). Management therefore aims at fixing and remediating the child.

This medical-model view of learners with learning barriers has a number of consequences. Firstly, a view of this kind limits the scope of understanding human beings. Although biological factors can be contributing factors to a learner's disability,

it is not the only level of analysis that should be considered when analysing learning barriers. Secondly, identifying learning barriers using the medical model provides labels for learners. These labels often place learners of the same 'kind' of disability in the same institutions, excluding them from the mainstream learners. When complex labels are placed on learners – labels which do not fit into a category – there often is a lack of resources for these learners. Because of this, they are not only excluded from the mainstream band of education, but from education as a whole. Thirdly, learners 'graduating' from special educational settings struggle to integrate into society after school. General society is not accustomed to interacting with people with disabilities and people with disabilities struggle to integrate themselves and cope in mainstream society. Lastly, the functionalist focus breaks the whole into microscopic parts to be understood, only to lose sight of the global picture (Flack, 2005) and very often leading to the provision of fragmented services to the individual. Management in this paradigm focuses on one small part of the 'problem' at a time. Furthermore, placing learners into exclusive educational settings because of their disabilities causes a disintegration of education systems. Having so many different institutions results in a great deal of money being spent, as well as not having fully integrated education systems (Kavale & Forness, 2000; Swart & Pettipher, 2007; Swart & Pettipher, 2005; Stainback & Stainback, 1992).

White Paper 6 on Special Needs Education of the Department of Education (DoE, 2001) defines learners with special education needs as not only those suffering from physical, mental or neurological impairment (medical model), but also those experiencing learning difficulties due to socio-economic deprivation and contextual influences (social model). The term used in the social model of disability theories is 'learning barriers', rather than learning disabilities.

The focus needs to shift when looking at learners with learning disabilities, from focusing on their deficits to recognising differences (Flack, 2005). This is in line with the constructivist paradigm and bio-ecological theories for understanding human beings.

The definition of specific learning disabilities as constructed in the medical model and described by reference guidelines for practitioners in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) published by the American Psychiatric Association (APA) (2000) is discussed, as most learners in special schools (participants in this study) have been diagnosed according to these criteria.

2.3 SPECIFIC LEARNING DISABILITIES

Before we can start to discover how adolescents in special schools perceive their own learning disabilities, it is important to explore and understand the theoretical base that exists around learning disabilities. In this section, we look at some of the available literature about the prevalence and diagnosis of learning disabilities. A short description of the different types of learning disabilities according to the DSM-IV-TR is presented before the previously identified characteristics, challenges and experiences of people with learning disabilities are briefly discussed. Some aspects to consider when providing support to learners with learning disabilities are mentioned before moving on to a discussion of special needs education.

2.3.1 Defining specific learning disabilities

Defining learning disability is problematic as the understanding behind the definition has changed over the last few decades. In the 1950s, the term 'minimal brain injury' was used to describe learning disabilities. During the 1960s (Kavale & Forness, 2000), the understanding shifted to explaining learning disabilities as a processing problem. Now it is accepted as a description that encompasses many different conditions and contextual factors that all lead to scholastic underachievement. Recent policy documents have led to professionals in the field of education referring to "learners with barriers to learning and learners with special educational needs" instead of learners with learning disabilities, which broadens the nature of the learners included in the so-called definition (Flack, 2005, p. 381). Although there are broad overlaps in the definitions, different countries still have subtle differences in the way the definition is applied.

In the United Kingdom, 'learning disability' and 'learning difficulty' is used to refer to learners experiencing scholastic difficulty due to mild or moderate cognitive

impairments (Flack, 2005). In the USA, the accepted definition is described in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychological Association as scholastic underachievement not due to sensory or cognitive impairment (APA, 2000).

The DSM-IV-TR of the American Psychiatric Association (APA, 2000) provides the following guidelines in the diagnostic features section under the chapter heading 'Learning Disorders':

"Learning disorders are diagnosed when the individual's achievement on individually administered, standardized tests in reading, mathematics or written expression is substantially below that expected for age, schooling and level of intelligence. It significantly interferes with academic achievement or activities of daily living that require reading, mathematical or writing skills (APA, 2000, p. 49).

According to the guidelines provided, learning disabilities must be distinguished from learning attainment and scholastic difficulties that are better accounted for by a lack of opportunity, poor teacher and cultural and other contextual factors that impact on the learning of an individual (APA, 2000). This is an important consideration, especially in the South African context where such challenges in the education system are plentiful. Learners with learning disabilities need intensive support and encouragement in spite of good teaching and home circumstances and a stimulating environment (Dednam, 2005). According to Bronfenbrenner's theory, we can describe these difficulties as being intrinsic in nature.

According to the DSM-IV-TR (APA, 2000) we can further broadly categorise learning disabilities into:

- Reading disorder
- Mathematics disorder
- Disorder of written expression

According to Donald *et al.* (2006), we can distinguish between learning disabilities and difficulties in learning on the basis of the aetiology. When physical, sensory, neurological and intellectual factors can be identified as the cause of an individual experiencing barriers to learning, it can be referred to as a learning disability.

Psychologists in South Africa usually refer to learners with average or above average intellectual potential who experience scholastic difficulty, particularly with regard to language (reading or writing), as having a learning disability (Flack, 2005). Although this is the general descriptive tendency in South Africa, there is evidence that the definition is not understood in the same way across provinces and professions. This often makes the provision of appropriate services to learners who need additional support and assistance (special education) inadequate in this country (Flack, 2005).

During a study conducted in KwaZulu-Natal (Hlela, 1997 and Khubeka, 2003 in Flack) it was found that more than 50% of teachers who participated in the study, did not know how to identify learners experiencing scholastic difficulties due to learning disabilities (Flack, 2005). One of the possible reasons for this could be the proliferation of definitions around the subject, depending on the profession and research used to define learning disabilities.

For the purpose of this study, the definition provided by the DSM-IV-TR (APA, 2000) will be used when referring to learners with specific learning disabilities.

2.3.2 Prevalence of specific learning disabilities

The prevalence of any construct to be mentioned depends on the definition used to explain it. Statistics in the DSM-IV-TR (APA, 2000) has a wide range for the prevalence of learning impairments in the general population – from 2 to 10%.

In developed countries, the statistics indicate that the number of learners experiencing problems with learning is estimated at 10% of the school-aged population (Donald *et al.*, 2006). Contextual disadvantages and poverty in developing countries such as South Africa put the number at a much higher percentage of the population.

Statistics for specific learning disabilities in the general population of learners (between the ages of 6 and 18 years) in the USA was estimated to be 5.37% in 2006. In RSA the estimate in 1985 for the same population was 3% (Donald *et al.*, 2006). According to Donald *et al.* (2006, p. 258) challenges in data collection and

inadequate resources for diagnosing disabilities make these figures 'conservative estimates'.

There seems to be general consensus in the literature that the ratio between females and males being diagnosed with reading disorders is approximately 1:3, according to Carr (2006), as found in a study conducted in the UK. For learning difficulties centred around arithmetic and disorders of written expression, the ratio is 1:1.

2.3.3 Aetiology of learning disabilities

It is often difficult to ascertain the specific causes of learning disabilities, but some factors have been shown to have a high correlation with the development of learning disabilities in children. Genetic factors have been shown to play a significant role in the aetiology of learning disabilities in that children of parents with specific learning disabilities have a higher chance of also being faced with these challenges during their education (Wong, 1996).

Learning disabilities are often explained as differences in the neurological construction of the brain. According to the DSM-IV-TR (APA, 2000), perinatal injury, and neurological or other medical conditions have often been found to have a strong correlation with the presentation of difficulties with learning in the areas of language and arithmetic. Children who show a delay in language development have been highly correlated with experiencing learning difficulties when going to school (APA, 2000).

It is especially important to note that a close correlation between poverty and malnutrition and cognitive development has been found in the South African context (Donald *et al.*, 2006). One can therefore deduce that children with lower socio-economic status would therefore be at a higher risk of having to contend with learning disabilities when they attend school.

2.3.4 Identifying and diagnosing learning disabilities

Identifying and diagnosing learning disabilities is challenging when one considers the various definitions which have been formulated to understand the phenomena, as

well as the individual interpretations and applications across various professional contexts.

Two methods for diagnosing learning disabilities are mentioned in the literature. Historically, the IQ/Performance discrepancy method was used to identify learners who achieve below their IQ measured potential academically (Berninger, Hart, Abbott & Karovsky, 1992). Due to the critiques of IQ testing that have surfaced over the past few decades, this method of identifying and diagnosing learning disabilities is scrutinised.

Trends in moving away from identifying learning disabilities from a purely medical perspective brought about another model for identifying and supporting learning disabilities. The Response to Intervention Model was created as part of the re-authorisation of the Individuals with Disabilities Education Improvement Act (IDEA) in 2004, which is used in the USA to provide support for individuals with disabilities in educational settings (O'Donnell & Miller, 2011). Instead of focusing on a discrepancy between measured ability and academic performance, the focus of this model is on measuring the response of individuals to scientific/research-based intervention.

2.3.4.1 IQ vs. Performance Discrepancy

According to Carr (2006) an IQ of above 90 needs to be measured in order to diagnose a learning impairment in someone struggling with academic tasks. Therefore the discrepancy between a child's performance in academic tasks and his/her IQ potential, points to a difficulty in a specific area of his/her academic functioning and not in overall potential.

Scholastic placement in South Africa often still depends on this form of identification of learning disabilities. This poses ethical questions around the validity of IQ scores, in a country like South Africa where culturally valid tests of IQ do not exist in all the official languages (Flack, 2005). This may lead to the over identification and placement of learners in special education.

2.3.4.2 Response to intervention identification

The purpose of the Response to Intervention (RTI) identification model is to identify learners with learning disabilities and provide the support that they need in the least restrictive environment. Since learning disabilities and the levels of support needed by such individuals fall on a continuum, this model allows for the individualised provision of intervention by using three tiers as levels of support, with level one providing minimal support and level three providing more intensive support (IDEA, 2004).

One of the benefits of this method of identification is that it provides direct access to support for the learners identified as needing it (O'Donnel & Miller, 2011). All learners are screened in the first level and those identified as needing extra academic support are moved into level two. These identified learners receive two evidence-based interventions and their response is monitored. Once it has been determined that learners in level two require further support, they move to level three where further evaluation takes place and the eligibility for special education services is considered (O'Donnel & Miller, 2011).

In South Africa, the misdiagnosis of learning disabilities and the under identification and lack of provision of support to learners with special needs, has led to the development of a South African model for identifying and supporting such learners. The SIAS (Screening, Identification, Assessment and Support) document provides clear guidelines on the identification of learners who have special learning needs and the provision of support at different levels depending on the individual, much like the RTI model described in the IDEA policy. Its purpose is the early identification of learners who require additional support and the provision of appropriate support in order to enhance their participation and inclusion in educational settings (DoE, 2008).

The SIAS document (DoE, 2008) works on four levels of support provision, with learners moving from Level 1 to Level 5, depending on the level of support needed. Levels 1 and 2 are described as low levels of support and Levels 4 and 5 as high levels of support.

2.3.5 Intervention and support for learners with learning disabilities

According to Donald *et al.*, (2006, p. 266), the provision of support and intervention strategies for learners with learning disabilities should focus on the following principles:

- Inclusion and health promotion
- Building resilience
- Prevention
- Curriculum development and support
- Remediation
- Life skills education (Including developing values of acceptance and tolerance as well as vocational support and exploration)
- Counselling (for dealing with hurt feelings often associated with stigmatization, highlighting strengths and using strengths to overcome difficulties, developing an internal locus of control and avoid the development of a sense of helplessness and passivity).

Studies have shown that learners with learning disabilities achieve academic success in supportive and understanding environments. Teachers who use a variety of pedagogical methods (which are straightforward and focus on the development of skills) in a setting where individual attention and repetition can be given to learners have achieved the goal of helping them experience academic success (Deshler & Putnam, 1996; Watson & Boman, 2005). Furthermore, teachers who understand learners with learning disabilities and effectively respond to their individual needs in a committed and caring way, have had a positive impact on these learners' experience of school (Milsom & Glanville, 2009).

Practical strategies such as adapted assessments improve the quality of the learning experience for learners with learning disabilities and could include:

- Audio texts
- Note takers
- Having exams read
- Alternative assessment
- Extended time on exams/tasks
- Receiving assistance from learning support specialists (Denhart, 2008).

Such accommodation is not always available or is available inadequately (Denhart, 2008). To receive assistance for learning disabilities, students must first be diagnosed. The assessment experience can be a costly and invasive process which could serve as a deterrent for learners who should be accommodated by means of the above and receive learning support (Denhart).

Although these interventions are nothing more than good teaching practice that will enhance the learning experience of all learners, not only those with learning disabilities, they are often not available in mainstream schools. High student-teacher ratios, limited resources and the inadequate training of teachers on how to provide support to learners with specific learning disabilities are all barriers to including such learners in the mainstream environment. Although White Paper 6 (DoE, 2001) states that the placement of learners with high-level needs in special schools will remain, the placement of learners with lower-level needs, who would otherwise be able to cope in mainstream settings with support, still occurs.

2.4 SPECIAL NEEDS EDUCATION

Special education is a social construct based on paradigms and theories that have shaped the understanding of special education. The development of special education has been influenced by conceptual, political, juridical and practical factors to shape our complex understanding of the phenomenon today (Ridell, 2006).

When we use the social constructionist and social constructivist paradigms to view special education, it is important to understand that, once again, as with defining learning disabilities, a single definition of the concept cannot be given. Unique contexts and unique individuals within these different contexts will all have their own

constructions of knowledge and understanding around what is referred to when 'special education' is being discussed. It is influenced by the social discourses of the time, as well as the historical events and political influences in a specific time.

2.4.1 The historical development of Special Needs Education

Throughout history, the definition of what special education is, and who it is for, has changed in line with paradigm shifts and historical events. Special education is the product of social and political frameworks which have been used to determine what is 'best' for, in this case, learners with disabilities at any given time (Thomas, 2006). We have moved from seeing some learners as being uneducable and in need of protection, to protecting society from the disabled, to providing mainstream education for all learners as a first choice (Hegarty, 2006). It is important to briefly review the ideas and discourses that have shaped history, as many of the ideas still resonate with some current thoughts and practices found in society surrounding learning disability and special needs education today (Hegarty, 2006).

During the charitable movements of the early nineteenth and twentieth centuries, the beginnings of organised special education was seen in the establishment of special schools for blind and deaf learners (Thomas, 2006). This was usually done by philanthropists (church clergy) who identified the need to protect these vulnerable populations.

This flowed into the stage of institutionalisation. In the past, special education has referred to marginalised groups being placed in separate institutions in order to obtain learning and teaching opportunities in line with their special educational needs (Ridell, 2006). During the time of Social Darwinism and the Eugenics movement, it was viewed as important to remove the weak from society and 'protect' the genetic stock of humanity (Thomas, 2006) by not allowing the 'abnormal' or 'disabled' to mix with the normal people in society. It was this very way of thinking that led to the development of psychometrics, which would help to sift and then place learners who were seen as having a lower than average IQ into special education (Thomas, 2006).

During the last couple of decades, the paradigm and historical events have shifted to viewing people with disabilities as valuable to society, able to contribute and having

the same rights as all human beings. A focus on, and development of, human rights changed the view of human life in general. Universal Human Rights were formulated as early as 1948 and countries from all over the world joined together at the Salamanca Conference in 1990 to renew their pledge to work towards 'Education for All'. The publication of the Salamanca statement by the United Nations Educational, Scientific and Cultural Organization (UNESCO, 1994) has set the focus on Inclusive educational practices which encourage schools to include learners with special educational needs and learning barriers in mainstream schools with their peers. This has changed the way in which the concept of special education is viewed. Adaptations to include learners with special educational needs within the mainstream setting can be referred to as special education and is now not always seen as separate institutions but rather as educational accommodations.

Even though South African policy aims to implement inclusive education in practice, implementation is still in the first half of the 20-year roll-out phase of White Paper 6 and the reality is that it is not always achieved as policy intended. The paradigm for viewing learning disabilities from a special educational needs perspective has always been from a functional/positivistic viewpoint. It was the conceptual and philosophical frameworks of the era when special education, as we know it today, developed in the mid-1960s (Gallagher, 2006) and still continues to influence the placement of learners in special schools. The medical model of viewing disabilities, which forms part of this paradigm and informs the responses to learning disabilities, has relied on the classification of disability (Reindall, 2008) through assessment into different categories in order to access support and intervention in the form of remediation of the individual (Gallagher, 2006). Special education emerged from the medical model of disability (Gallagher, 2006).

2.4.2 Special needs education and inclusion in South Africa

South African policies in education are underscored by the Constitution of our country which upholds the value of democracy and equality. Social inclusion is the overarching goal of inclusive practices in education. The aim is to develop inclusive practices at school level to such an extent that the idea of valuing diversity is developed in all learners and educators who form part of the education system. The hope is that this will then inform the values of society in general and develop a

society where inclusion is valued and all people can thrive in and contribute to society (Dyson & Forlin, 1999).

Although Inclusive education is the overarching goal for education in South Africa, segregated special schools are seen as a necessity in many developing countries, such as South Africa, as the general educational stream is very often inadequately prepared and resourced to accommodate and include the full diversity of learners (Reindall, 2008).

Currently, there are about 88 000 learners in approximately 400 special schools in this country (DoE, 2008a).

This amounts to approximately 0.64% of the learner population, ranging from 0.28% in Limpopo and Mpumalanga to 1.65% in Gauteng. However, funding for inclusive education has been improved considerably over recent years, from R1.8 billion in 2004/2005 to R2.2 billion in 2007/2008 (DoE, 2008a).

In line with the goals for inclusive education in South Africa, the role of special schools is to change, from providing support to a small population of select learners to becoming so-called resource centres that will help to overcome the challenges faced by mainstream schools in accommodating learners with special educational needs. The new role of special schools will be to share knowledge and expertise with mainstream schools in order to reach these goals, whilst providing assistance to learners experiencing extreme barriers to learning on a short-term basis.

2.4.3 Special Schools as Resource Centres

According to the Department of Education's Guidelines to Ensure Quality Education and Support in Special Schools and Special School Resource Centres (DoE, 2007), the role of special schools and their specific tasks in the inclusive education system in South Africa is to:

- Promote full development, human potential, sense of dignity and self worth, and strengthen human rights, fundamental freedoms and human diversity (see UN Convention on the Rights of Disabled People, 2007).

- Promote the inclusion and participation of all learners in all academic, social and sporting activities in the school.
- Involve parents and the community in the life and services of the school.
- Be cost-effective in the utilisation of human and material resources.
- Emphasise the support of learners in the classroom, rather than withdraw them for individual specialised interventions.
- Where withdrawal for specialised intervention is the best option, this must be done for therapeutic purposes in order to facilitate re-integration.
- Make specialised support available to all schools in a district in an effectively managed programme (Department of Education, 2007, p. 2)

The particular school used as a context for this study, has started providing services to the broader community in terms of educational sessions to teachers in mainstream education, with the focus being on the management of learners with learning disabilities in the mainstream classroom. Further proposed services to schools in the district have not yet been implemented, but the process of becoming a resource centre for the broader community has been initiated.

2.4.4 Critiques of Special Education

Education is a human right, as stipulated in the Universal Declaration of Human Rights Charter, Article 46 (1948). Everyone should therefore have access to education. According to Florian (2007), education is a means of achieving human rights. It is hoped that, through education, which is a human right in itself, we will be able to educate people about human rights and correct some of the problems of society.

Special education was seen as a way in which education for all and provision of teaching and learning to the diverse learning population could be achieved. Initially it was hoped that people with disabilities would become contributing members of society through special education, but this did not happen. By looking at its exclusionary nature, some critics have seen special education as a denial of the right

to education (Skrtic, 1991). Special schools and special education is based on the provision of educational services for specific categories of disabilities. Identification and classification of disabilities for educational purposes is challenging, as is noted during the discussion on the proliferation of definitions surrounding learning disabilities in Section 2.3.4 of this report. Special schools and special education thus are based on provision of services for specific categories; therefore it is not available to everyone.

One of the greatest critiques was that special education was not preparing learners with disabilities for life after school (Deshler, 2005) as they were more likely to be unemployed because of being less well educated and therefore also less likely to participate in social activities. Furthermore, because the special education environment is dominated by the medical model of disability, 'deficit thinking' very often surrounds learners at these schools (Goodley & Rapley, 2001). Focus is placed on what they cannot do, instead of focusing on their many strengths and abilities. This has ramifications on how they see themselves and what they think they can do. Furthermore, this influences the decisions they make about their future education and job opportunities.

Previous studies on learners with learning disabilities have discovered the many challenges that this population faces in their various contexts. Achieving success as adults has been characterised by obtaining support in different contexts and developing certain skills within themselves in order to minimise the impact of learning disabilities on everyday life experiences. The following section provides a discussion of these findings.

2.5 EXPERIENCES AND CHALLENGES FACED BY LEARNERS WITH SPECIFIC LEARNING DISABILITIES – PREVIOUS STUDIES

Learning disabilities are persistent throughout the course of life and therefore learners with learning disabilities are likely to always struggle with some aspect of academic life (Firth, Greaves & Frydenberg, 2010; Nalavany, Carawan & Rennick, 2010; Larkin & Ellis, 1998; Watson & Boman, 2005). During the transition into adulthood, youth have aspirations of becoming successful adults. According to numerous transitional studies, this, however, is more challenging for learners with

learning disabilities, for a number of reasons. One of the reasons mentioned is attributed to learners with learning disabilities being less likely to complete their education (APA, 2000; Kortering, Braziel & McClannon, 2010; Murray, Goldstein, Nourse & Edgar, 2000; Swanson, 2008; Watson & Boman, 2005). According to the DSM-IV-TR (APA, 2000), the drop-out rate for learners with learning disorders is as high as 40%. This has an impact on their future success as adults in both tertiary and vocational environments. Learners with learning disabilities struggle to complete school and move into tertiary education. Therefore they have been found to be employed in lower income jobs later in life. Some studies have shown that adults with learning disabilities have a higher percentage of unemployment (Murray *et al.*, 2000).

Learners with learning disabilities experience a number of challenges. According to Rojewski (1992), they can be described as learners who experience low academic performance, have poor organisational skills, experience test anxiety, have a limited attention span and experience difficulty with learning in new situations. They are also often referred to as passive learners using 'learned helplessness' as a coping strategy (Shapiro & Rich, 1999; Watson & Boman, 2005, p. 44).

Over and above their academic difficulties, learners with learning disabilities are also said to struggle with social adjustment and to show deficits in social skills (DSM-IV 2000; Milsom & Glanville, 2009; Wagner, Newman, Cameto, Levine & Marder, 2007). All of these factors can have a negative impact on self-esteem and the formation of a self-concept and identity, especially during adolescence (Watson & Boman, 2005).

While most studies focus on the negative and limiting characteristics of learners with learning disabilities, as mentioned above, these learners have strengths which are often overlooked. Creativity, a desire to help others, persistence in difficult situations and a capacity for hard work are some of the characteristics mentioned as strengths (Rodis *et al.*, 2001; Shessyl & Reiff, 1999).

Although learning disabilities are associated with negative life outcomes, a study conducted by Firth *et al.* (2010) has pointed out that the coping styles employed by

learners with learning disabilities can curb these negative outcomes, as well as their experiences of support in their social and educational contexts.

Larkin and Ellis mention a number of characteristics of learners with learning disabilities who have become successful adults, they:

- Have a desire to excel and thus are willing to take risks, continue learning, and display persistence when the going gets tough.
- Set goals and use effective and efficient strategies to attain these goals.
- Fully understand themselves (their own academic, cognitive, social, motivational and psychological strengths and weaknesses) so that they are able to fit themselves into environments that offer both challenge and stimulation but also the possibility of significant success.
- Understand their learning disabilities and reframe it into something unique and positive about themselves.
- Know how to seek out and recruit resources so that they have supportive and helpful people at hand when needed (Larkin & Ellis, 1998, p. 560).

In a study conducted by Scott, Scherman & Phillips (1992), early intervention, encouragement of talents and hobbies, and involvement in activities which promote self-knowledge and increases self-worth were indicated as predictors of adjustment and success during adulthood.

Family support and peer support have also been mentioned as protective factors in enabling learners with learning disabilities to become successful adults. However, family support can only be adequately provided if parents or caregivers are adequately informed about learning disabilities and can respond to their children's needs in a sensitive and supportive manner (McNulty, 2003).

Teachers also have a role to play in assisting the development of the above-mentioned characteristics. According to studies conducted by Reschly and Christenson (2006), learners with learning disabilities described effective teaching and teachers as being caring, providing individualised instruction, and explaining in a

way that students understood. This is supported by another study conducted by Milsom and Glanville (2009). Teachers who have positive relationships with learners in their care and the ability to meet the diverse and individualistic needs of learners with learning disabilities based on knowledge and understanding of learning disabilities have contributed to learners' experience of success and their overall well-being (Rodis *et al.*, 2001; Watson, 2007; Watson & Boman, 2005).

Some studies report that learners with learning disabilities have experienced that teachers in mainstream settings are not always available or willing to give them the individual support they need for success (Watson, 2007). Although the critiques against the placement of learners in special educational settings have included aspects such as being over-protective of learners, not preparing them for life after school and giving them an unrealistic view of their abilities (Kelly & Norwich, 2004) there are just as many positive outcomes of placement in special needs education. Having services available such as those at special schools (speech therapy, occupational therapy, counselling) makes it more likely that learners with learning disabilities will have access to these (Pillay & Terlizzi, 2009; Wagner *et al.*, 2007). This is especially true in the South African context where mainstream schools do not always have the funding to provide such services. Smaller classrooms in the special school setting, aids the provision of individual support which is needed for achieving success (Pillay & Terlizzi, 2009). Milsom and Glanville (2009) found that learners with learning disabilities experience more rejection and bullying from their peers in mainstream school settings. They also have more negative self-perceptions than those in special schools because of the way they are treated and the derogatory terms used to refer to their learning disability, as well as their personal comparison with peers with better academic abilities (Kelly & Norwich, 2004).

The social construction of learning disabilities in societies where literacy abilities are seen as a reflection of intellectual ability has many implications for learners with learning disabilities (Rowan, 2010). In such contexts, an inability to perform literacy tasks is therefore equated with cognitive disabilities (Rowan, 2010). Learning disabilities are often equated to having a low IQ and these learners are described as intellectually inferior to those without (Denhart, 2008). Furthermore, although learners with learning disabilities have to put in more effort to achieve academic

success, they are often seen by others as being lazy and unmotivated learners (Litvack, Ritchie & Shaw, 2011; Denhart, 2008). Since learning disabilities are invisible it often further limits the understanding that others have of learning disabilities (Litvack *et al.*, 2011). Being provided with supportive accommodations when writing tests or exams and completing learning tasks has been viewed as receiving unfair advantages by a society that does not understand learning disabilities (Denhart, 2008).

The views that others have of learning disabilities impact on the individual with such disabilities in profound ways. Many of the misconceptions and views of others are integrated and influence the self-concept of these learners. Self-concept can be defined as what people believe about themselves and their main attributes, as well as the positive and negative values attached to these attributes (Donald *et al.*, 2006). Learners with learning disabilities often misunderstand themselves as they internalise the labels that society places on them and then counterproductively tend to refer to themselves as intellectually inferior. This leads to devaluation of the self (Denhart, 2008). Learners with learning disabilities often experience poor self-esteem and expected failure, especially in areas of academic performance (Watson, 2007).

When learning disabilities, what it is and what it means, is not fully understood by the learners themselves, their families and their educators, their choices for further education, as well as the view of the abilities of these learners, are influenced (Rowan, 2010). When lower expectations of those with learning disabilities exist in society, learners with learning disabilities are more likely to view tertiary or further education as being "beyond their capabilities" (Rowan, p. 73). They may also only consider lower level further educational opportunities (Kortering, Braziel & McClannon, 2008).

The impact that learning disabilities has on the decisions made during the transition between school and work/tertiary study has received much attention from various studies. Carr (2006) noted that good adjustment in later life was associated with selecting a job that fits with personal strengths and abilities of people with learning disabilities. The opportunities to explore various career options, develop self-

knowledge and -awareness and be informed of support needs and resources outside of the school setting is therefore important for this population.

During a study conducted by Watson (2007), learners seemed to be more enthusiastic about tertiary education once they realised that support would be provided. Learners without this knowledge were more apprehensive and more likely to discard such future prospects.

A further impact of the misconceptions others have of learning disabilities relates to the rate of disclosure by learners with learning disabilities. When others have negative attitudes and are misinformed about learning disabilities, the willingness of learners with learning disabilities to disclose and participate in self-advocacy for support declines (Hartman-Hall & Haaga, 2002).

Self-advocacy is the ability to explain your needs and make decisions or take steps towards accessing support (Test, Fowler, Wood, Brewer & Eddy, 2005). In order to self-advocate effectively, self-knowledge, as well as knowledge about rights, are prerogatives (Test *et al.*, 2005), together with a feeling of competence and confidence (Kotzer & Malka, 2007). Since many learners with learning disabilities form views of their learning abilities and support needs on the basis of the misconceptions of others, and are not always educated and given the opportunity to discover self-knowledge (Kelly & Norwich, 2004), this often is a difficult task for these learners.

A lack of knowledge is not the only barrier to self-advocacy and disclosure. Fear of discrimination very often prevents learners with learning impairments from requesting the assistance which is needed for them to excel academically (Denhart, 2008). According to the NLTS2 (National Longitudinal Transition Study) conducted in America (Wagner *et al.*, 2007), learners with learning disabilities are less likely than any other disability category to disclose and advocate for their support needs. It is only through self-understanding and fully understanding learning disabilities for what they are and how they impact individuals in unique ways that these learners will be able to take control of their needs and promote self-advocacy (Denhart, 2008). Learners with learning disabilities need to be explicitly informed and guided on how to obtain support and self-advocate (Test *et al.*, 2005). If our aim is to minimise the

impact of negative outcomes for learners with learning disabilities in adulthood, it is important to teach them to be self-aware about their limitations and creative and proactive in their response to it (Firth *et al.*, 2010).

Over and above all the challenges presented by moving through education with a specific learning disability, adolescence itself presents individuals with life challenges. In the next section of this chapter, adolescence as a life-stage is discussed, with specific regard to the specific developmental tasks presented to individuals during this phase of life. The impact of learning disabilities on these developmental tasks will form part of the discussion, in order to more fully begin to understand the complexities of how adolescents perceive their learning disabilities.

2.6 ADOLESCENCE

Throughout our lives we pass through various developmental stages (Cook & Rumrill, 2000). Each stage presents us with the challenge of reaching specific goals and objectives in order to move through transitions to the next stage. These transitions are often very difficult and, although they present us with the opportunity to grow and develop ourselves, they often introduce stressful experiences for the individual involved.

A major life transition that every person has to experience is that of moving from childhood into adulthood. This transitional phase, referred to as adolescence, is very complex because it coincides with many different adjustments that need to be made on the part of the individual, physically, mentally, socially, cognitively and emotionally. By the time youth leave school, society expects them to be able to live independently, determine an initial career path and find meaningful employment and/or postsecondary education. They are also expected to establish fulfilling relationships and become part of society by choosing leisure activities that will enhance their adult life (Lehman, Clark, Bullis, Rinkin & Castellanos, 2002).

Some of the challenging experiences during this transition is the adjustment to new social environments, increased responsibility and independence, adjustment to new academic/work environments and the adjustment to the newfound sense of freedom. Although these experiences are challenging for all individuals, such expectations and

adjustments can become even more complex when the adolescent required to live up to such expectations present with a learning disability.

2.6.1 Defining adolescence

The term 'adolescence' is derived from the Latin word *adolescere* which means to 'grow up' or 'to grow into adulthood' (Gouws, Kruger & Burger, 2000).

Aristotle, the Greek philosopher, was one of the first people to produce writings about Adolescence as we know it today. He described a youthful character type with an unstable personality who was easily given to passionate behaviour (Gulotta, Adams & Markstrohm, 2000, p. 7).

Numerous challenges exist in defining adolescence. Cultural differences as well as the declining age of onset of adolescence are two of these challenges mentioned by Gouws *et al.* (2000).

The onset of adolescence is much more easily defined as it coincides with physical and physiological changes such as the appearance of secondary sexual characteristics, functionality of the reproductive organs and physical and biological sexual maturity (Gouws *et al.*, 2000). The onset of adolescence ranges from age 11 to 13 years and ends around the age of 17 to 21 years (Thom *et al.*, 1999). The end of adolescence and the beginning of adulthood is not so easily determined. Some definitions use age-related developmental tasks, such as having a steady occupation; being financially independent; being married and raising a family; and having gained some recognition within one's community, as criteria for the end of adolescence (Gouws *et al.*, 2000).

According to Gulotta *et al.* (2000), each generation has different ways of perceiving social events and constructs which is influenced by the time in which they live. Each generation has a different social reality, which makes it almost impossible to accept universal definitions and explanations of constructs. Therefore the definition of adolescence and how it is understood has also shifted and changed over time. Adolescence can be examined briefly by three social realities, psychological theories, sociological theories and genetic theories, each having its own perspective and way of making meaning of adolescence (Gulotta *et al.*, 2000).

In South Africa, the end of adolescence, according to these criteria, is determined by reaching an age where you are legally entitled to vote, obtain a driver's licence and when parental consent to sign legal documents falls away, in other words between 18 and 21 years of age.

2.6.2 Developmental tasks of adolescence

From a western perspective, the developmental tasks that adolescents are expected to master can be summarised as follows:

- Accepting a changing body image.
- Developing a male or female gender role identity.
- Developing cognitive skills and the acquisition of knowledge.
- Developing an own identity.
- Developing a sense of independence from parents and other adults.
- Making choices about a future career.
- Developing socially responsible behaviour.
- Acceptance and adjustment to certain groups.
- Developing heterosexual relationships.
- Developing a strong emotional bond with another person.
- Preparation for marriage and family responsibility.
- Achieving financial independence.
- Developing morals and values as guidelines for behaviour.
- Developing a value system which is realistic and based on a scientific world view.
- Developing a personal life-philosophy (Thom *et al.*, 1999).

The following section of this chapter focuses specifically on the task of forming an own individual identity during adolescence, since this is one of the major life tasks which is brought into focus during this phase of development.

2.6.2.1 Identity formation during adolescence

Identity is described as a complex psychological process which stretches over the lifespan of an individual being influenced by experiences in our different contexts (Gulotte *et al.*, 2000; Gouws *et al.*, 2000). Although it develops throughout the lifespan (Thom *et al.*, 1999; Gulotta *et al.*, 2000), during adolescence it becomes more focused due to physiological changes and expected social maturity (by parents and society) which influences and lead adolescents to question and develop their ideas about their role in society (Gulotta *et al.*) and who they are. Identity is about finding a space in society (Thom *et al.*, 1999). The identity formed by an individual "provides a sense of direction, commitment and trust in a personal ideal or self-image" (Gulotta *et al.*, 2000, p. 76).

It is important to understand who we are in order to provide meaning and direction

... through the construction of reality. It enables adolescents to make choices based on alternative, providing a sense of personal control and free will. It integrates beliefs, values and commitments. And it enables adolescents to realize their potential. The core identity therefore gives meaning, direction, goals and commitment to life (Gulotta *et al.*, p. 76).

Not knowing who you are makes it very difficult to present yourself to others (Gulotta *et al.*).

According to Erikson's (1968) theory of development, Identity vs. Identity confusion is the way this process is referred to. The development of an individual identity is an important step towards becoming a productive and happy adult (Thom *et al.*, 1999). The development of an identity rests on the resolving of previous stages of Erikson's psychosocial stage model of developmental tasks, therefore the development of basic trust, autonomy, initiative and industry.

In order to develop an own identity during adolescence, sex-role identification; beliefs and ideology; accepted group norms and standards; and self-conception is integrated (Gulotta *et al.*, 2000, p. 76; Thom *et al.*, 1999). Adolescents must identify who they are by deciding what is important to them and which directions they intend to take in their lives.

The ways in which adolescents form an identity differ due to contextual and cultural factors (Thom *et al.*, 1999). Adolescence is seen as a period of experimentation (referred to by Erikson as a psychosocial moratorium) (Thom *et al.*), where individuals should be given the space to 'try out' different roles and views of themselves in an attempt to find 'the real me', by experimenting with different roles, questioning values and developing their own values which guide their behaviour (Thom *et al.*). Themes identified as important considerations during this phase are: gender roles, relationships, marriage, religion, politics, own value system, independence from parents, social responsibility and work roles.

In order to develop an own identity, Erikson identified the following developmental tasks:

- Constructing an integrated view of the self. (Staying the same person regardless of time and changes.)
- Socio-cultural identity which tasks the adolescent with incorporating own value-orientation and role expectations with that of his/her society.
- Adolescents have to accept their role as male/female (gender role identity).
- A career identity has to be formed which implies that adolescents must have realistic views of their abilities and accomplishments in order to make these choices.
- An own value system must be developed which implies that the adolescent has to spend time evaluating values and accepting them as a basis for their lives (Erikson, 1968).

Confusion in identity, according to Erikson's theory, takes place when adolescents cannot make decisions about themselves or the roles they fulfil (Thom *et al.*, 1999). This results because of preconceived identity or having a negative identity that goes against values and expectations in society.

According to Erikson's theory, the development of identity is largely consolidated by the age of 18 years. This is limiting, however, when one considers the individuality of human beings, therefore the age at which adolescents complete this phase varies.

As mentioned before, identity is influenced by the marked physical, sexual, social and cognitive and moral development that takes place during adolescence (Thom *et al.*, 1999). The way these constructs affect the individual, together with differences in social and contextual factors, have a marked influence on the identity formation (Thom *et al.*).

The development of formal-operational thinking patterns has an impact on how adolescents think about values, career choices and roles in society, which, in turn, influences the decision adolescents make in terms of these (Gouws *et al.*, 2000).

Social and contextual factors such as different parenting styles characterised by involvement, support, communication and setting guidelines for behaviour also impact either positively or negatively on the process of identity formation, depending of the quality and extent to which the aforementioned factors are present (Gouws *et al.*). A parenting style that is authoritative and democratic which allows guidelines whilst allowing safe experimentation with different roles promotes the healthy development of identity. When a good bond between a parent and an adolescent exists, a safe space for exploration is created within which adolescents form their own identities. Cultural factors determine the extent to which it is seen as acceptable to experiment and explore during adolescence. This, therefore, has an impact on identity formation (Gouws *et al.*).

According to Roazen, the following characteristics can be seen in adolescents who have worked through and established an own personal identity:

- Tolerance toward self and others.
- Ability to make decisions and follow through on tasks.
- Actualization of skills in a vocational setting.
- Courage to be alone and independent.
- Future vision and the ability to handle conflict and new situations.
- The ability to be a fulfilled human being (Roazen, 1976, in Thom *et al.*, 1999, p. 437).

Adolescents become increasingly self-aware during this phase of development and, because of cognitive development in terms of moving from concrete to more abstract thinking, they become more able to express their views about who they believe they are (Thom *et al.*, 1999). Gouws *et al.* (2000) describe the self-concept as a complex, dynamic construct. It is ever changing and influenced by experiences and continually influencing the behaviour of the individual. At the beginning of adolescence, self-esteem is said to decline as adolescents experience the various changes discussed above. As they move into late adolescence and start to assimilate these changes, their self-esteem/self-concept once again comprises a more positive view of themselves (Thom *et al.*, 1999). Rosenberg (in Gulotta *et al.*, 2000, p. 96) described a positive self-concept as having high self-esteem, feelings of mattering, stability in self-concept, low vulnerability, a sense of personal control and low levels of public anxiety. In contrast to this, low self-esteem could encourage greater likelihood of depression, lower levels of happiness, more negative emotional states, greater anxiety, irritability, aggressiveness, impulsivity, and alienation.

Adolescence is a time where a heightened awareness of the opinion of others develops (Good & Adams, 2008). Adolescents have a great need to feel that they belong (Thom *et al.*, 1999). The increased importance and interaction of adolescents with their peers and the development of relationships outside of the family therefore has an important impact on psychosocial development during this phase (Good & Adams, 2008). The relationship with peers influences the development of a self-concept, since adolescents tend to compare themselves to their peers (Gouws *et al.*, 2000). According to Gouws *et al.*, the peer group has various roles which are important during adolescence. In interacting with their peer group, adolescents are challenged to stand on their own and make their own decisions without their parents. The feedback given to adolescents about how they are perceived by others, facilitates the formation of a sense of identity through self-knowledge, self-insight and self-evaluation attained in the interaction with the group (Gouws *et al.*). Acceptance and support from a peer group is especially important during this phase. A positive relationship exists between social adjustment and psychological adjustment and forming positive relationships between peers during adolescence (Gouws *et al.*).

According to Good and Adams (2008), educational environments play an important role in the psychosocial and academic wellbeing of adolescents, since adolescents spend most of their time in these environments and these environments provide them with opportunities to experience "individuation in the separation from parents" (Good & Adams, 2008, p. 223). A positive and socially supportive school atmosphere promotes positive academic and social outcomes in young people (Good & Adams). The important role of teachers is emphasised by Gouws *et al.* (2000), because of the influence exerted on the lives of adolescents by teachers.

In samples of middle school and high school students it has been demonstrated that students who perceive their teachers as being supportive and caring and their peers as being supportive, friendly and non-competitive, tend to succeed psychologically, socially and academically (Good & Adams, 2008, p. 225).

Evidence has been provided in numerous studies about the impact that teachers have on the formation of adolescents' identity, self-concept and goals for adulthood. Teachers can help enhance the self-esteem of learners by accepting and valuing all learners for attempts as well as accomplishments, encouraging them to compete against themselves rather than against each other and providing opportunities for all learners to experience success (Gouws *et al.*, 2000).

Adolescents with learning disabilities deal with the same challenges as their non-disabled peers. They however have the added challenge of incorporating a learning disability into their sense of self (Marshak, Dandeneau, & Prezant, 2010). Adolescents have to formulate their learning disabilities in a realistic, accepting and positive way in order to incorporate it into their personal identity in the same way. When learning disabilities are seen as 'the self' instead of a small part of the bigger whole of the person, feelings of shame and attempts at denying limitations could result (Marshak *et al.*, 2009). Developing a positive identity in adolescents with a learning disability is more likely to take place when they are able to find the value in their individual learning disabilities (Marshak, *et al.*, 2009; Valeras, 2010). When one considers the stigmatizing views and misconceptions that exist around learning disabilities in society, the context of the individual and the impact that the views of others have on them, play an important role in the formation of a personal identity as either positive or negative (Deshler & Putnam, 1996). This is especially true during

adolescence where feeling accepted by peers and having a sense of belonging is important.

Accepting a learning disability as part of your identity doesn't happen instantly, but rather follows a process with various stages of acceptance. Rodis *et al.* (in Marshak *et al.*, 2001, p. 179) discuss the process of the integration of learning disabilities as a valued part of the self, according to five stages:

Stage 1: Problem without a name.

Stage 2: The diagnosis stage.

Stage 3: The alienation stage.

Stage 4: Passing.

Stage 5: Crisis and reconfrontation.

Stage 6: Owning and outing.

Stage 7: Transcendence.

Although the abovementioned stages are presented as a possible understanding for the integration of a learning disability into the personal identity, each individual approaches this process in a unique way (Marshak *et al.*, 2009). Adults and professionals working with adolescents with learning disabilities need to be made aware of the additional challenges of identity formation during this life phase. They need to be sensitive and skilled in providing guidance and support to these adolescents in order to help them through the stages of acceptance and enable them to integrate their learning disabilities in a positive way.

2.6.2.2 Adolescence and career choices

Making a career choice is one of the most important tasks during adolescence (Thom *et al.*, 1999). Choosing a career involves an important decision, since it influences the definition of personal identity and is the first step in moving towards fulfilling adult roles (Thom *et al.*). In order to make a realistic choice in terms of careers, adolescents have to consider the following/be aware of the following:

- Have knowledge about individual capabilities, interests, values and personality characteristics
- Have adequate information about various careers and career options
- Match personal skills and characteristics with the requirements of careers
- Have alternative choices.

Various career theories describe the phases in which adolescents find themselves in terms of different career choices. The period between 17 and 18 years is described as the realistic period of career development). During this period, adolescents make career decisions based on a realistic view (Gouws *et al.*, 2000) of their interests, abilities, values, ideals and motivation, as well as the expectations of a job. A well-developed sense of identity is therefore a prerequisite for making this important life decision.

2.7 CONCLUSION

Chapter two firstly provided an overview of the literature regarding the paradigms from which disabilities have been understood and how they have impacted on the way learning disabilities are defined. A discussion of learning disabilities, providing information about identification, aetiology and characteristics thereof followed, before the context of special education, specifically in the South African context, was further explored. A discussion of the various challenges faced by adolescents and adults with learning disabilities followed, forming the argument that it impacts on the lives of those living with the reality of learning disabilities in a profound way, due to various personal and contextual factors. Finally, a discussion of adolescence as a life phase was presented to form a basis from which the experiences that adolescents with learning disabilities in special schools can be explored, interpreted and understood.

The following chapter provides a detailed discussion of the research paradigm and design which was used during this study.

CHAPTER 3

RESEARCH METHODS

3.1 INTRODUCTION

Research almost always starts from a question. When a topic for research is identified, the nature of the study is closely linked to the purpose for which the information is gathered and the methods used to obtain and interpret the information. By using systematic ways of gaining knowledge about a question, the researcher is participating in what Merriam refers to as "research" (2009, p. 3).

The nature of the questions asked by the researcher is influenced by the paradigm within which the researcher is situated. This influences the way the search for answers relating to the question will take place; in other words, the research process and research methodology.

Getting started on a research project requires that many different considerations are entertained. The researcher needs to reflect on what he/she believes about the nature of reality, the purpose of doing research and the type of knowledge that will be produced in the process (Merriam, 2009, p. 13).

In this study, the researcher aimed to gain understanding of the perceptions about their learning disabilities held by learners with learning disabilities who attended a special needs school. The inquiry was further focused on understanding the following research questions:

- How do Grade 10 and Grade 11 learners at a Special School perceive their learning disabilities?
- How do they experience the impact of learning disabilities on their lives?
- What support can be provided to these learners in order to assist them in developing self-advocating and self-regulating behaviour?

The purpose of the study was to explore and understand the perceptions of adolescents in special education of their own learning disabilities, rather than provide an explanation for why these perceptions exist. This is true to the nature of qualitative research.

The following section will provide an outline of the research process and methods chosen for this study, as well as a description of the research paradigm which influenced the motivation of the researcher regarding each decision.

3.2 RESEARCH PARADIGM

A paradigm is a philosophical foundation on which a study can be built. All of the dimensions, elements and processes of a research project, as well as the final research report and the way it is presented, are influenced by the research paradigm of the researcher. It is therefore imperative that this stance of the researcher be explored before the rest of the research design and processes are discussed.

The researcher aligned herself with the constructivist/interpretive paradigm. The interpretive paradigm can be described best by referring to Henning, who has said: "Studies in an interpretivist framework aim to capture the lives of participants in order to understand and to interpret the meaning" (Henning, Van Rensburg & Smit, 2004, p. 19).

Studies conducted from this paradigm have, as an underlying purpose, the gaining of an understanding of research participants' perceptions and experiences by interpreting data gathered during interaction between the researcher and the research participants (Lincoln, Lynham & Guba, 2011; O'Donoghue, 2006, p. 25). The point of view of a researcher in the constructivist/interpretive paradigm is that of "co-constructer of knowledge" (Lincoln *et al.*, 2011, p. 100). The purpose of this particular study was to understand how adolescents in special schools perceived their learning disabilities.

The nature of a research paradigm can be explored further by looking at three constructs, ontology, epistemology and methodology, which give us a clear picture of how the researcher understands what exists, how to understand what exists and how to study it (Terre Blanche & Durrheim, 2006).

Ontology is described as what the researcher believes about the nature of reality (Merriam, 2009, p. 8). Researchers within the constructivist/interpretive paradigm see reality as consisting of multiple views constructed by individuals on the basis of each individual's personal mental construction and situation or environmental influences. They understand that realities are constructed during authentic experiences of constructs and through interaction with others (Lincoln *et al.*, 2011). These researchers believe that truth, or that which can be known, can never be universal and therefore is relative. Thus, a researcher involved with interpretive, qualitative research will seek to understand the multiple realities of individuals experiencing an event or phenomenon.

Epistemology is what one believes about the nature of knowledge (Merriam, 2009, p. 8). Within the constructivist/interpretive paradigm, knowledge is understood as being subjective and transactional, therefore what is known is created between the researcher and the research participant as an entity, through interaction (Lincoln *et al.*, 2011) and does not exist apart from the research participants as a construct waiting to be discovered (Merriam, 2009, p.9). An important consideration in the constructivist/interpretive paradigm therefore concerns the influence that the lived experiences of researchers have on the interpretation of data collected by them (Lincoln *et al.*, 2011). Knowledge, in this view, is uniquely specific to the co-constructed understanding created in the relationship between the researcher and the research participant (O'Donoghue, 2006, p. 25). According to Henning (Henning *et al.*, 2004, p. 20), the interpretive researcher searches for "the way" in which people make meaning and "what meaning" they make.

The methodology chosen for a particular study naturally flows from the influences of the paradigm and the discipline within which a particular researcher works (Lincoln, Lynham & Guba, 2011). Furthermore, the research questions as well as the context for the research plays a role in the methods used (Denzin & Lincoln, 2006). Qualitative research methodology, which fits into the interpretive framework of this study, was employed to uncover the subjective experiences of adolescents in special education of their learning disabilities, and their views of their disabilities from the perceptions formed in their individual contexts and through their individual processes. According to Terre Blanche and Durrheim (2006) and Merriam (2009, p.

8), the constructivist/interpretive paradigm naturally uses qualitative research methods which gather data from naturalistic settings in the form of language and through interaction between the researcher and the research participant. Meaning is created during discussion, interpreted, compared and reconstructed by showing the consensual meaning found by the researcher (Lincoln *et al.*, 2011).

3.3 RESEARCH DESIGN

According to Durrheim (2006), the research design aims to link the research questions posed by the researcher with the strategies which can most effectively be employed by the researcher to answer the research questions in a logical and systematic way. Four dimensions (the research purpose, paradigm, context and techniques) are mentioned as central considerations in the research design (Durrheim, 2006). All of these elements should work together and make logical sense in order to obtain design coherence. With careful consideration of the aforementioned dimensions and a description of how each impact on the research process, the researcher does not only have a plan that directs the research process but also the ability to enhance the validity and coherence of the study (Durrheim 2006).

Broadly described, there are two approaches to research – quantitative and qualitative. These two approaches differ in every way from the philosophical grounding on which it is based, through the methodology used and, finally, in the nature of the data presented.

Qualitative studies such as this one are focused on the understanding of a phenomenon. Understanding how people make sense of their individual experiences and what these experiences mean to the individual person, is what the qualitative researcher aims to uncover (Merriam, 2009, p. 5).

Merriam describes the characteristics of qualitative research as follows:

- Studies focus on meaning and understanding from the participants' perspectives, as they are created in their natural contexts.
- The researcher is the primary instrument for data collection.

- The research analysis and interpretation follows an inductive process.
- Rich descriptions in the form of words and pictures rather than numbers.

This study of the perceptions that adolescents in special schools have of their learning disabilities lends itself to a basic qualitative research design approach based on the philosophical understandings of the interpretive/constructivist paradigm. The purpose of the study was to gain insight into the lived experiences of adolescents at a special school. Choosing a basic qualitative research design was justified by considering the research paradigm within which the research was placed, as discussed previously. This research paradigm further influenced research decisions about the methodology.

The research paradigm and the purpose of this study having been discussed in previous sections, the following discussion relates to the context of the study, the data collection methods and methods used for analysis.

3.4 CONTEXT FOR THE STUDY

This study was conducted in the context of a naturalistic setting as the researcher did not manipulate or change the context for research purposes, but rather entered into the context in order to understand and explore. It is an important consideration in research to fully describe the setting, since meaning is created within a specific context.

The special school selected for this study is situated in the area of the Western Cape Education Department, near Cape Town, approximately 20 km from the city bowl. The school serves learners with special educational needs drawn from across the Cape Peninsula.

The language of learning and teaching is English and the school accommodates approximately 400 learners from Grade 1 to 3 (Foundation Phase), Grade 4 to 6 (Intermediate Phase), Grade 7 to 9 (Senior Phase) and Grade 10 to 12 (FET Phase). The class groups are significantly smaller than mainstream classrooms (15 to 20 learners), which enables educators to provide personalised instruction and attention to the learners in their care.

The curriculum offered is the National Revised Curriculum, which is the same as that of mainstream schools. The support provided to learners at the school aims at adapting the curriculum in such a way as to make it accessible to learners with specific learning difficulties. At the end of Grade 12, learners write the external National Senior Certificate Examination of the National Education Department.

Support services available to the learners who attend the school include occupational therapy, speech therapy, physiotherapy and help from psychologists who work with the educators of the school to provide therapeutic intervention in the educational setting, as well as develop skills in learners with special learning needs to enable them to cope with the learning material.

Learners, who benefit most from placement at this school, are learners who, despite adequate cognitive abilities as to comprehension, reasoning, abstract thinking, verbal expression and retention, experience barriers to development and learning.

These specific barriers may manifest as:

- significant delays in specific perceptual development needed for formal learning.
- significant delays in language development (reading, spelling and/or written language) .
- significant delays in numeracy.
- the inability to maintain concentration and complete tasks due to attention deficit and/or hyperactivity.
- specific learning needs that could not be significantly met by inclusive mainstream education.

3.5 PARTICIPANTS

Once the problem statement and the statement of purpose of a study has been conceptualised, the researcher must decide on the unit of analysis – the issues of what, where, when, and whom – to be focused on (Merriam, 2009, p. 76). The unit of analysis in this study comprised the perceptions of adolescents with specific learning disabilities in one special school in the Western Cape. In order to achieve the aim of the study, which was to understand the perceptions of these learners, it was

important to access learners who would be able to provide information-rich accounts of their experiences. The method of sampling participants therefore was a key consideration in the research process.

3.5.1 Sampling

Different approaches to sampling exist in research, with two of the approaches being probability sampling and non-probability sampling. The purpose of probability sampling is the generation of data that can be generalised to the population and this is therefore more often used in quantitative studies (Merriam, 2009; Maree & Pietersen, 2007, p. 172). Since this is not the goal of qualitative research, however, the non-probabilistic, purposive approach to sampling was used for this study.

The purposive method of sampling enables the researcher to select participants with a specific purpose in mind (Maree & Pietersen, 2007, p. 178; Creswell, 2007). In this case, adolescents who were best able to give insight and different perspectives for understanding specific learning disabilities on the basis of their personal experiences were selected for the study. Their input could therefore be seen as information rich (Patton, 2002) cases which are necessary for an in depth study such as this one.

The first step in the process of purposive sampling is formulating selection criteria to guide the search for information-rich participants who have the appropriate personal experiences and characteristics essential for uncovering the appropriate knowledge for the study (Merriam, 2009, p. 77).

The following criteria were used to select appropriate, information-rich participants for the study:

- All participants were required to attend the same special school in the Western Cape.
- All participants were required to attend the special school because of being learners with specific learning disabilities.
- All the participants were required to currently be completing the FET phase of their school career.

3.5.2 Characteristics of Participants

Once the process of purposive sampling was completed by the researcher, seven participants were identified and approached to participate in the study.

The information included in the following table depicts the basic biographical characteristics of the participants in this study. It was obtained from the school database and from the learners' personal files.

Table 3.1: Basic biographical characteristics of the participants

	GRADE	SEX	AGE	Time at special school	Reason for placement in Special School
P1	11	Female	18	Grade 1 - Grade 11	Specific learning disability
P2	11	Female	18	Grade 1 - Grade 11	Specific learning disability ADD
P3	11	Female	18	Grade 2 - Grade 11	Specific learning disability
P4	11	Female	18	Grade 4 – Grade 11	Specific learning disability
P5	10	Male	16	Grade 4 – Grade 10	Specific learning disability ADD
P6	10	Female	16	Grade 3 – Grade 10	Specific learning disability ADD
P7	10	Male	17	Grade 1 – Grade 10	Specific learning disability

3.6 DATA COLLECTION METHODS AND ANALYSIS

According to Merriam's (2009, p. 23) description of the basic qualitative research design, data are collected through interviews, observations, or document analysis according to the purpose of the study. For the purpose of this inquiry, the researcher, as the main instrument of data collection, used interviews and document analysis as the main sources of data.

3.6.1 Data collection

Data were collected during interviews with research participants in individual semi-structured interviews, as well as one focus group interview. Personal documents, in the form of learners' personal files were also accessed to obtain further data. The interviews were recorded and transcribed verbatim from the interview voice recordings. The transcripts were then used as the raw data which were analysed and reconstructed to present the knowledge and insight gained from the learners about their learning disabilities. The detailed procedures for achieving this, are described in the following sections.

3.6.1.1 Individual interviews

Interpretivist researchers reject the notion that there is only one truth and therefore employ the technique of in-depth interviewing to gain insight into the many lived experiences (the subjective truths) which people hold as their realities (Miller & Glassner, 2011). They approach the interview with research participants as partners participating in an active process of creating understanding (Fontana & Frey, 2008; Holstein & Gubrium, 2011, p. 150). It focuses on the "meanings that people attribute to their experiences and social worlds" (Miller & Glassner, 2011, p. 133).

Maree (2007, p. 87) describes an interview as "a two-way conversation" with the purpose of obtaining rich descriptive data about how the participant perceives reality based on their beliefs, opinions, views and ideas. This is in line with the purpose of this research project. Interviews vary in the degree of structuredness and the quality and nature of the interaction between the interviewer and interviewee (Holstein & Gubrium, 2011). Structured interviews detract from the participation of the research participant (Holstein & Gubrium), therefore semi-structured interviews were used.

The interviews in this study were conducted in the research participants' home language. The researcher who did the interviews was known to the participants before the commencement of the research project. The interviews were conducted after school in a classroom in which learners felt comfortable and lasted from 30 minutes to 60 minutes per discussion. The decision to conduct interviews in the school environment was also made to make it more convenient for the participants.

An important consideration during interviews, is to be sensitive to how interviewees respond to the interviewer based on who the interviewer is, as well as the social categories to which we belong, such as age, gender, class and race (Miller & Glassner, 2011, p. 134).

The privilege of having been a former educator of the participants resulted in the speedy establishment of rapport in this study. The researcher approached the participants as a student conducting research in order to give them a voice, therefore attempting to establish equality and a mutual goal.

An interview guide was used to conduct the semi-structured interviews. This method was chosen as it enabled the researcher to explore the perceptions and experiences of the adolescents regarding their learning disabilities in one-to-one interaction and obtain information about the real experiences of individuals (Miller & Glassner). Although a semi-structured interview guides the interview by providing broad discussion categories for the interaction between the researcher and the participant, it allows the researcher freedom to explain terms and adapt questions to suit individual abilities and understanding (Maree, 2007, p. 87). Furthermore, this mode of interviewing allowed for the researcher to probe during questioning in order to obtain more detail, to clarify the understanding of what had been said and to ask for elaboration on topics mentioned during the research process (Maree, 2007, p. 88). Genuine interest on the part of the researcher about the learners' experiences seemed to make them more forthcoming with experiences when they were probed. The participants felt comfortable enough with the researcher to share personal information, with the result that rich and in-depth descriptions were constructed during the interview process.

The interview guide was first piloted with one participant to check for understanding and provide the researcher with a trial run before data collection was started. It gave

the researcher the opportunity to refine questions, discover how research participants may respond to certain questions and to ensure that a variety of questions were included in the interview guide. Maree (p. 88) suggests a range of "experience and behaviour questions, opinion and value questions, feeling questions, knowledge questions and sensory and value-based questions" in order to obtain rich, descriptive data. These guidelines were followed to create the interview guide (Addendum E).

3.6.1.2 Focus group interviews

Focus group interviews can be described as group discussions covering a central topic. According to Maree (2007, p. 90) the focus group interview has many positive outcomes, especially in alignment with the ideas of social constructivism and interpretivism. It is assumed that participants in a group discussion will draw on ideas from each other in the group setting, thus encouraging a wider range of ideas to be shared and discussed. Knowledge about a specific topic is therefore more richly constructed within the group.

The focus group interview in this study was conducted after the completion of the individual semi-structured interviews. The purpose was not only to allow the research participants to share their perceptions, experiences and challenges of their learning disabilities in an attempt to construct rich descriptions, but also to give the researcher an opportunity to triangulate data (Fontana & Frey, 2008). An interview guide was used to provide broad topics for discussion during the group interaction (Addendum F).

Although the positive outcomes of focus group interviews mentioned above cannot be denied, the researcher also needed to consider the limitations. The researcher was aware of group dynamics at all times during the interview, thereby to ensure that all members of the group were equally involved in the discussion (Maree, 2007, p. 91). This was especially challenging, since all the participants were very eager to share their opinions and experiences. The researcher ensured that all participants were given a chance to speak by giving guidelines for the discussion before the interview commenced.

3.6.2 Data analysis

Qualitative research is creative and interpretive (Denzin *et al.*, 2011). Merriam (2009, p. 23) describes the analysis phase of the basic qualitative design as consisting of various processes ranging from the identification of repeating patterns in the data (which is an inductive process) to presenting the researcher's interpretation of the construction of the reality. The interpretation and reporting of the constructed understanding is based on the purpose of the evaluation, in other words, the research purpose (Patton, 1987). It is therefore important to describe the process that is undertaken by the researcher in constructing the findings.

During this study, the researcher employed a process of analysis that can be described as thematic content analysis. According to Henning (2005, p. 104), content analysis allows the researcher to reduce, condense and group the content. Content analysis approaches the deconstruction of research data with the purpose of identifying themes, categories and patterns in the data (Patton, 1987). A flowchart of the process used during this research process is provided in Figure 3.1 and a discussion of the process follows.

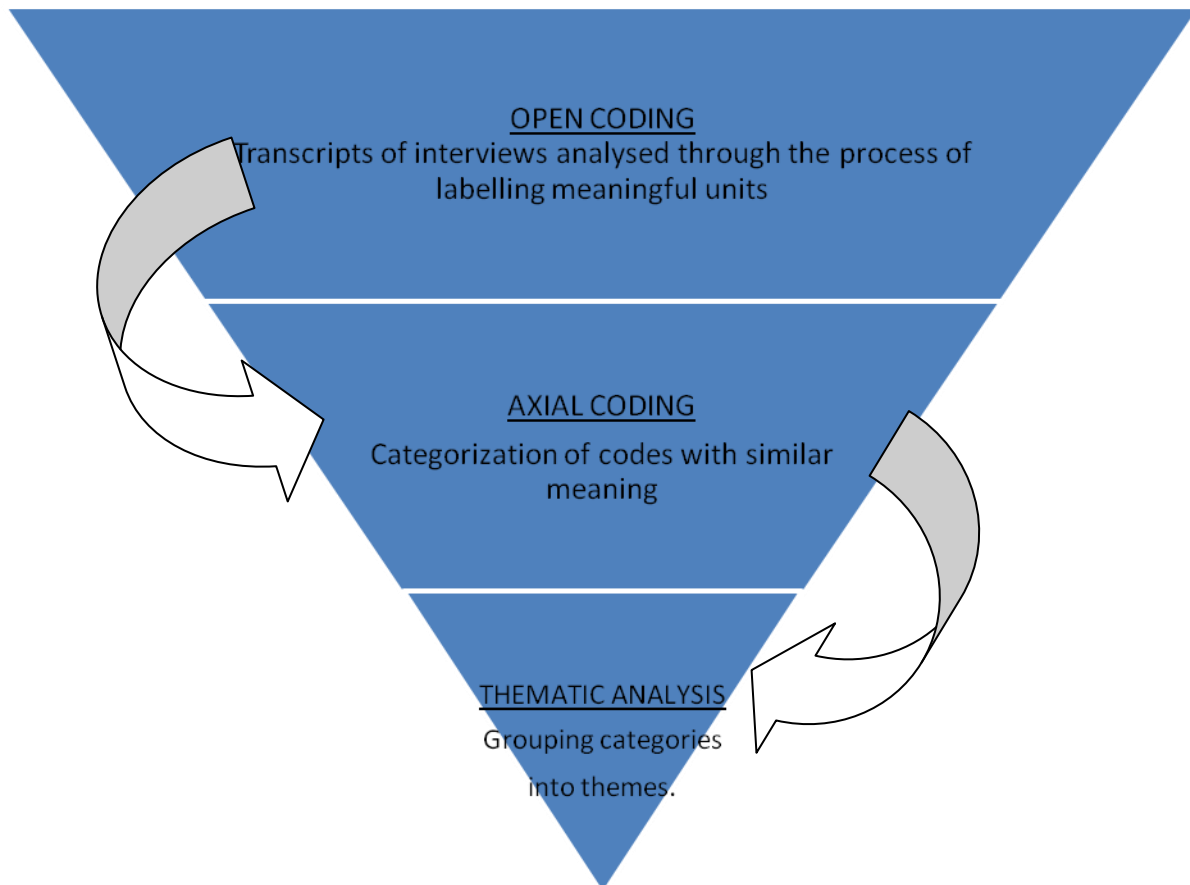


Figure 1.1: Flowchart illustrating the process of deconstructing research data

Before the process of analysis can begin, the collected data need to be prepared in a way that enables the analysis to take place. In this study, the researcher transcribed all the data collected during interviews verbatim, thereby providing texts to be subjected to the data analysis process. An example of one transcribed interview is presented in Addendum G. Transcribing data has the added benefit for the researcher of becoming familiar with the data and engaging with it in a technical process, before the more inductive process of interpretation takes place (Henning *et al.*, 2005).

The first step in content analysis was carried out through actively reading through the transcribed data and then assigning codes to the content as suggested by Patton (1987, p. 149). The researcher therefore engaged in a process of dividing the data into "units of meaning" (Henning *et al.*, 2005, p. 102) and assigning codes according to what the researcher found significant about the words and utterances of the

research participants. Some researchers refer to this process as 'open-coding' and this process usually requires more than one reading of the text.

The second step started with the thematic analysis of the data, also referred to by some researchers as 'axial coding' (O'Leary, 2010, p. 257). This requires that the researcher starts to make meaning of the text by identifying recurring codes and codes that are linked together because of the constructed overlapping meaning as interpreted by the researcher (O'Leary, 2010, p. 257). This involved re-reading the transcripts together with the codes ascribed to sections of data during the first process and grouping codes with similar themes into categories. An example of the process followed by the researcher in this study is provided in Addendum H.

Finally, once the themes had been identified, the final step entailed the evaluation of the data in which the researcher interpreted and produced her understanding of the data findings, whilst keeping in mind the purpose of the research, as well as the research questions (O'Leary, 2010, p. 258).

Henning poses nine questions to guide the process of seeing the whole. These questions are as follows:

- What are the relationships in meaning between all these categories?
- What do they say together?
- What do they say about each other?
- What is missing?
- How do they address the research questions?
- How do these categories (together) link with what I already know about the topic?
- What has been foregrounded in the analysis?
- What has moved to the background?
- What additional data gathering and or analysis have to be completed? (Henning, 2005, p. 106).

The discussion of the research findings and the interpretation of these findings are presented in Chapter 4.

3.7 VALIDITY AND RELIABILITY

In qualitative studies the researcher aims to construct an understanding, therefore the constructs considered to determine the trustworthiness of a study are different to those used in quantitative studies (Merriam, 2009). The nature of this qualitative study, as well as the philosophical underpinnings of the research questions, the procedures used (methodology) and the knowledge constructed and produced all have an impact on the way the research study is evaluated. As a research study has as its purpose the contribution of knowledge to a specific school of thought or discipline, establishing the trustworthiness of the findings is imperative.

In quantitative research, the constructs of validity and reliability apply when considering the trustworthiness of a study. In qualitative studies, researchers prefer to refer to terms such as credibility, dependability, transferability and confirmability (Lincoln *et al.*, 2011).

According to Merriam (2009), a research study can be viewed as trustworthy when it is conducted in an ethical way, following stringent research principles and processes. These processes therefore need to be described in detailed terms by the researcher conducting the study so that others may be able to follow the process and understand the motivation for decisions that are made and procedures that are followed during the research process. The terms referred to above as they relate to this study are described in the following section of this chapter, as well as the procedures followed to ensure that the research is trustworthy and authentic.

3.7.1 Credibility

Credibility is also referred to as internal validity and concerns the confidence in the truth of the findings. It questions how the research findings match reality (Merriam, 2009).

In this particular study, credibility depended on the interpretivist understanding of reality. The data captured during this study were based on the reflection of the realities of adolescents with learning disabilities from their personal perspectives. In keeping with the nature of qualitative studies, the researcher served as the primary instrument of data collection in interaction with the participants. The transcripts of the

interviews were presented to the participants, which gave them an opportunity to verify the correctness of the collected data and the interpretations made by the researcher. This practice is referred to as "member checking" (Merriam, 2009). The data collected and the interpretation thereof by the qualitative researcher is therefore closer to the lived experiences of the research participants and their constructs of reality (Merriam, 2009), which contributes to qualitative views of credibility.

Qualitative researchers use various methods to increase the trustworthiness of their studies. Triangulation was the primary method used to enhance credibility, dependability and confirmability of this study.

3.7.2 Dependability

Quantitative researchers refer to reliability as the extent to which studies and research findings can be replicated by different researchers and conclusions and findings drawn from the collected data will be of a similar nature in each instance, and, therefore, reliable and consistent (Merriam, 2009). In qualitative research, this construct is rather referred to as dependability (Golafshani, 2003). Due to the subjective nature of qualitative studies and the focus being on the dynamic and individualistic nature of human experiences, one cannot expect the same answers from one instance to another because they emerge from different contexts and circumstances of production (Holstein & Gubrium, 2011). In qualitative studies, dependability therefore refers to the consistency between the data collected and the findings described in the research; in other words whether the data and the findings that are reported, as well as the research practices, make logical sense for the context within which it takes place (Merriam, 2009). Peer examination is one method of establishing this.

Peer examination involves the examination of a research study by an external researcher, with the purpose of evaluating the process and the findings and providing feedback on areas of concern and strengths (Merriam, 2009). Since this study has been conducted as a project in partial completion of a Master's degree in Educational Psychology, a research supervisor was assigned to the research process to provide guidance during the study. The final product of the research project was submitted to an external examiner to further extend this process and

thereby increase the validity of the research findings. To further strengthen the dependability of a study, the qualitative researcher provides an 'audit trail', describing the collection and interpretation of data during the research process and the production of the research report. This enables other researchers to follow the research process and deduce whether the findings are representative of and consistent with the data collected (Merriam, 2009).

In this study, this chapter (Chapter 3) on the research design and methodology, the inclusion of examples of analysed text, transcribed interviews, letters of consent and assent, as well as the ethical clearance documents added as addenda at the end of this report, all serve the purpose of creating and reporting on the audit trail of the study. This enables evaluators of this specific research study to understand the logical process used by the researcher in constructing and interpreting the research findings. This is in accordance with the process described by Golafshani (2003).

3.7.3 Transferability

In qualitative studies, external validity and generalisability (constructs described in quantitative research) are referred to as transferability. Transferability refers to the applicability of the findings to other contexts (Merriam, 2009).

In qualitative studies, the measure to which research findings are applicable to other contexts and situations is an important consideration since the sample sizes are usually very small (Merriam, 2009). In order to establish transferability, the aim of the qualitative study should therefore be to saturate data with thick descriptions which contain details about the research study in terms of the context, the participants and the methodology, and the research decisions made (Merriam, 2009).

In this study, a rich description of the context for the research is provided in section 3.4 and research participants are described in Table 3.1. The scope and limitations of the study therefore are made clear and other populations and contexts can be compared to the context and participants presented in this study, with the purpose of evaluating the extent to which research findings are transferable or not.

3.7.4 Confirmability

Confirmability is the degree of neutrality or the extent to which the findings of a study are shaped by the respondents and influenced by the interpretation of the researcher. Qualitative researchers therefore need to ensure that their interpretations of the research participants' experiences of reality is reflected accurately. Triangulation was the main method used to establish the confirmability of the data collected for this study.

Triangulation is a term used in qualitative research to refer to the attempt of researchers to obtain thick data descriptions by using a variety of settings/individuals or methods to obtain the data (Denzin & Lincoln, 2005, p. 5). The consistency between the data collected through the use of various methods can then be used to increase the dependability and confirmability of the research findings.

Different types of triangulation are mentioned in research theory. For the purpose of this study, the triangulation of methods was used by conducting one focus group interview and individual interviews to obtain data, as well as accessing personal documents of the research participants. Seven different participants' experiences of their realities were documented, whereby the researcher gained the opportunity to identify and validate themes across all the interviews and between the different research participants. These were then used to construct the researcher's understanding of the perceptions of adolescents in special education of their learning abilities, which are reported in Chapter 4.

In Chapter 4 of this research report, the conclusions drawn by the researcher are supported by providing quotations from the actual interview transcripts in support of the researcher's interpretation. Readers of the research report are therefore enabled to follow the researcher's process of analysis and interpretation closely on the basis of quoted evidence provided from research participants' interview transcripts.

3.8 ETHICAL CONSIDERATIONS

The ethical principles as set out by the HPCSA (Health Professions Council of South Africa) which govern all practices of Educational Psychologists, including the research they conduct, underlies all the research processes and decisions related to

this research study. These principles ensure that the wellbeing of participants are considered at all times and that research practices and interaction with research participants strive to do no harm. These principles are also referred to as Beneficence and Non-maleficence (Allan, 2008). Together with the general ethical principles that all psychologists are required to uphold, the American Psychological Association also provides specific standards for research and publication that need to be considered (<http://www.apa.org/ethics/code/index.aspx>). These include, among others: Institutional Approval, Informed consent to conduct research and Informed consent for recording voices and images. These overlap with the following ethical issues checklist provided by Patton:

- ✓ Explaining purpose of the inquiry and methods to be used
- ✓ Promises and reciprocity
- ✓ Risk assessment
- ✓ Confidentiality
- ✓ Informed consent
- ✓ Data access and ownership
- ✓ Interviewer mental health
- ✓ Advice (who will be your counsellor on ethical matters)
- ✓ Data collection boundaries
- ✓ Ethical versus legal conduct (Patton, 2002, p. 233).

The guidelines provided above were considered during this study in an attempt to conduct ethical research which would not be harmful to the research participants. The following sections describe the procedures followed to uphold these ethical principles.

3.8.1 Institutional approval

Institutional approval refers to the process of submitting a research proposal to relevant institutions and obtaining consent to complete the proposed research projects. This research project was conducted in a Special School context as part of the requirements for the completion of a master's thesis in Educational Psychology.

The consideration of the research project and the approval thereof was therefore requested from three institutions - the University of Stellenbosch and the Western Cape Education Department, as well as the specific special school from which the participants were selected. The responses to the requests were obtained in the form of Ethical Clearance for Research from the Research Ethics Committee at Stellenbosch University (Addendum C), the approval of the research project from the Director: Research Services of the Western Cape Education Department (Addendum A) and a signed letter of permission to conduct research at the special school from the principal (Addendum B).

3.8.2 Informed consent

According to the APA, prospective research participants should be given information about the nature and purpose of the research project, as well as about aspects of the research process and potential risks concerning participation, such as:

(1) expected duration, and procedures; (2) the right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence willingness to participate, such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact regarding questions about the research and research participants' rights. This is referred to by Allan (2008) as informed consent. These provide opportunity for the prospective participants to ask questions and receive answers before they consent to participation. All of the above aspects were included in the letter of consent provided to obtain consent from parents of participants younger than 18, as well as in the letter of assent for minors (Addendum D). Although prospective research participants were identified and approached through a process of purposive sampling, their participation was encouraged to be voluntary.

3.8.3 Confidentiality

Confidentiality was explained verbally to all participants during the initial part of the interviews. Further guidelines about confidentiality were described in the informed consent forms provided to the participants before the commencement of the

research study. The methods used to ensure confidentiality, as well as the process of data storage and dissemination after the conclusion of the study, were discussed with participants. Identifying information that could link the collected data with the participants was omitted from the study and codes were used to identify the participants in the research process. Access to the raw data was limited to the researcher and the research supervisor, which further ensured that the research participants' shared experiences remained confidential.

3.9 CONCLUSION

This chapter's purpose was to provide a detailed description of the research context, paradigm, design and methodology of this study. The aim was to provide information about the interpretivist/constructivist paradigm and to discuss the methods of data collection and analysis used during this basic qualitative research study, which had the purpose of exploring the individual experiences of adolescents with learning disabilities who attend special schools. The final section of this chapter has described the steps that the researcher has taken during this study to ensure that the research was conducted in an ethical way and that the research findings are trustworthy within the research context. The following chapter provides a discussion of the findings of this study.

CHAPTER 4

RESEARCH FINDINGS AND DISCUSSION

4.1 INTRODUCTION

Chapter 3 has focused on providing an in-depth discussion of the research process, with specific details of the methods used for the gathering and analysis of the data. The discussion in this chapter focuses on providing answers to the research questions.

In this study, the researcher's purpose was to gain insight into the perceptions that adolescents in a special school have of their learning disabilities.

The following secondary questions were posed in an attempt to gather information about the primary research question:

- How do Grade 10 and 11 learners at a Special School perceive their learning disabilities? How do they experience the impact of learning disabilities on their lives?
- What support can be provided to assist the development of self-advocating and self-regulating behaviour?

4.2 RESEARCH FINDINGS

The themes and categories identified during the process of thematic content analysis are provided in Table 4.1 and provide the structure for the discussion and interpretation of the findings in terms of the existing literature.

Table 4.1: Themes and Categories

THEMES	CATEGORIES ADDRESSED DURING DISCUSSION
4.3.1 Perceptions of learning disabilities	<ul style="list-style-type: none"> • Becoming aware of learning disabilities • Personal perceptions of learning disabilities • Others' perceptions of learning disabilities and special schools
4.3.2 Perceptions of the impact of learning disabilities on their lives and the experience of support	<ul style="list-style-type: none"> • Experiences of mainstream schools and special schools • Current challenges of learning disabilities and sources of support
4.3.3 Perceived challenges in transition to post school settings	<ul style="list-style-type: none"> • Perception of the impact of learning disabilities in the future • Perception of support needs during transition • Disclosure and self-advocacy

4.3 DISCUSSION OF RESEARCH FINDINGS

Perceptions, as understood in this study, are the meanings assigned to that phenomenon within the social context. Against the backdrop of social constructionism, the perceptions formed by the participants of their learning disabilities were influenced by their early experiences of their first awareness of their struggles with learning, their experiences of assessment and placement in a special school, the perceptions others had of their learning, as well as their experiences as learners in a special school. The findings of this study will therefore be discussed.

4.3.1 Perceptions of learning disabilities

The key findings concerning the perceptions of adolescents in special schools with regard to their learning disabilities were that they did not experience the impact of their learning disabilities as debilitating. Instead of framing learning disabilities as an all-encompassing construct which negatively affected all areas of life, they experienced it as being limited to certain areas and did not formulate it in terms of affecting intellectual functioning.

"Well, I won't say that you're stupid, it's just that you wouldn't be able to do some things that other people can do ... Dyslexia doesn't really affect anything except my reading so I can do anything else I want ..." (P3: 136)

The participants seemed to perceive learning disabilities on the basis of their own experiences and, although they seemed to be aware of their support needs, they found that they were able to learn with the exception of specific areas.

"I would just say that it's a difficulty that people have or that the person has, to learning, **so it's not that they're stupid** it's just that they need more time and more effort to do the work" (P7: 346); "Reading but not reading to myself, but reading out loud and maybe maths, *ja* reading and maths" (P1: 226); "... it's fine for me to read by myself but if the spelling counts ..., then it's bad" (P1: 231).

These participants (P1; P2; P4; P3) were also aware of the individualistic nature of learning disabilities and described their understanding in terms of the differences between the ways it affects individuals: "Well, there's many different ones ..." (P1: 196); "it's actually different phases, some people have it differently to others ..." (P2:193).

The special school context seemed to help them form a normalised view of themselves, since their learning difficulties were easily overcome with adequate support. The perceptions seemed to be formed and presented on a cognitive level based on the knowledge that learners had gathered through mediation by others. As a result, the perceptions that learners have of their learning disabilities were presented in a positive light. The question about how they experience their learning disabilities on an affective level was posed, since learners alluded to the negative experiences that they have outside the special school context and the insecurity they feel when faced with leaving the supportive environment.

The role of early experiences in the educational setting played an important part in forming an awareness of their learning disabilities. The participants (P3; P1; P4; P5) first became aware of their learning disabilities as a result of their struggles and failures in mainstream schools at a young age. "I was struggling with my work and that was when I got tested and just to see where I was, like what level I was" (P3: 81).

Although these struggles and failures were noted (P1; P2; P4), most did not seem to perceive these as having a profound effect on their learning at the time. "Well, there were little signs, but I didn't take them so seriously ..." (P1:128). One of the participants did not seem to have noticed his learning disabilities at all: "I don't think that I noticed it actually, because I just came here to this school" (P7: 75).

This contrasts with the study conducted in Australia by Watson (2007), who found that constant failure in the mainstream had a negative impact on learners' educational experiences. The move from the mainstream environment to special school seemed to provide an explanation (P7; P6; P2) for not really noticing their difficulties. The more supportive environment of the special school therefore seemed to protect the participants from the experience of constant failure: "I thought it was normal, when everybody got it wrong I got it wrong ..." (P2: 64). The special school context normalised what was considered different in their mainstream schools.

The provision of additional support in the mainstream setting also contributed to some participants' (P4; P6; P5) awareness of their learning disabilities: "I did go to extra classes then, to this lady that would like teach me more in detail how to read the letters" (P4: 332).

The process of assessment and diagnosis is still very much a part of placement in a special school in South Africa. All of the participants in this study had undergone psycho-educational assessment before being placed in the special school (Data obtained from personal files confirmed this finding). All besides one participant had no negative memories about the process since they were very young when it took place: "It was jumbled up. I went to one person and then another one, ... I didn't know what was happening but when I was through it I was like, ok, it was fine" (P5: 229); "It was fun, obviously I got to play in this room with the lady, and *ja*, it was fun for me" (P6: 63).

The fact that the participants in this study were all relatively young when the assessment process took place seems to have had an impact on the quality of their understanding of their experiences and the ability to report on them, which is in contrast to Denhart's findings (2008) that the experience of assessment and diagnosis can be very negative for the individuals involved, if not explained to the

person in a sensitive and supportive manner and conducted similarly. The noticeable difference is that, while Denhart reported on those experiencing the assessment as adults, this study reports on the participants' experiences of the process as children.

The assessment and diagnosis of learning disabilities provides the first important opportunity where knowledgeable professionals can start developing self-knowledge and self-awareness in learners with learning disabilities and guide parents on how to further develop these skills in their children. This forms the basis for self-regulating behaviour in the future and should focus on acknowledging strengths and formulating learning disabilities in a positive way. None of the participants in this study seemed to have had the necessary counselling during the assessment process, or after their placement in special schools, on how to manage their learning disabilities effectively. It is possible that the participants could not remember this taking place, because of their age at the time, or that this knowledge was implied and not explicitly conveyed. This could point to the fact that learners in this special school need more explicit input and continued counselling and support throughout their school careers and especially during transition, about the nature of their learning disabilities, as well as the development of coping skills and how to effectively manage it.

Although participants in this study seemed to have first become aware of their own learning disabilities through their experiences of failure and the assessment process, the way it was mediated by others also contributed to their perceptions. Parents and teachers were their main sources of information about their learning disabilities and the reasons for them moving to a special school: "My mom did explain what was happening and I was being considered for special school" (P3: 121).

Explanations were framed in terms of the benefits that special school would hold for the learners and the provision of extra support (P3; P2; P1; P6) but did not include information about the nature of learning disabilities. One of the participants remembered that her mom explained to her in the following way: "She said that I have to go to a different school and it's for my own good and they will pay more attention to me there and help my marks go up" (P6: 35).

All of the participants in this study saw their learning disabilities in terms of the need for extra support and extra effort in the process of learning, which resonated with the way in which it was explained to them by their parents.

People who need extra attention and who need to go more in depth into [work], who have teachers pay attention to them more and have extra classrooms and maybe even extra lessons ..., because they can't learn as easy as other people can. (P6: 243)

The explanations of teachers and people doing the assessments informed them about their learning disabilities to them (P3; P2; P1), not in terms of support needs and benefits, but in terms of the medical discourse surrounding disabilities: "... the teachers, the people that were testing me, they told me what was wrong with me, what was my disability, they call it dyslexia" (P3:121). What 'dyslexia' really was and the impact it has on learning, were not explained to these participants. This seemed to leave them with a label that had very little meaning as to how it affected them in their daily lives. This resonates with the experiences of participants in the study conducted by Denhart (2008), which found that the medical label was assigned but further information and explanations about the nature of the learning difficulties were not provided. Three of the participants (P1; P4; P3) referred to the medical term 'dyslexia' when they described their personal learning disabilities and this seemed to be related to the way in which it was explained to them by parents and teachers when they were younger.

It would therefore seem that the mediated explanation provided by parents and teachers had contributed to the perceptions formed by these learners as their explanations were in line with what they had been told by others.

The adolescents' own perceptions of learning disabilities were strongly contrasted with their perception of how others see learning disabilities. All the participants in this study mentioned that their learning disabilities had been misunderstood by people who did not have specific knowledge about learning disabilities. They perceived others as holding the view of learning disabilities in terms of inferior intellectual functioning, lack of motivation and laziness, and general lack of ability in all areas of

life. These ideas resonate in studies by Rowan (2010), Litvack and Shaw (2011) and Denhart (2008).

If they heard of learning disability they probably think like we're disabled, like we're stupid, we don't understand." (P7: 430)

... they're too lazy to learn, they don't study enough, things like that. They don't understand." (P5: 516)

I think that they just [think], we can't cope with anything, ... that you're stupid." (P2: 525)

Being viewed by others as intellectually inferior, lazy and unmotivated, when in actual fact you need to work harder at achieving the same results as someone without a learning disability, can be very de-motivating and damaging to the perceptions and self-concept formed by learners with learning disabilities. Being aware that others may have these misconceptions of learners with learning disabilities could result in feelings of shame and fear of discrimination. Professionals involved in the teaching and support of learners with learning disabilities at special schools, as well as the parents of these learners, need to be constantly aware of and sensitive to the extent to which such views held by others impact on the lives of learners with learning disabilities. Support also needs to be provided on a continuous basis to negate these views and prevent adolescents from internalising them into their views of themselves and their learning disabilities. Learners with learning disabilities often experience low self-esteem when they internalise the perceptions that others have of their disabilities (Denhart, 2008).

b

The participants in this study seemed to have been largely protected from the negative views that others have of learning disabilities by their individual home and school contexts and provided sound and knowledgeable perceptions of their learning disabilities on a cognitive level. This was further supported by some participants' willingness to educate others about special schools and learning disabilities. This, however, was not experienced by everyone:

"I'd explain it, 'cause I don't want them to really have this wrong impression of a special school. I kind of have to, I don't want them to be in the dark, rather let them know a little bit, then they know the whole thing. (P1: 492)

The impact of the views of others on an affective level is questioned, however. Some of the participants (P1; P4) implied this: "... people sort of make you feel bad about it, ... they're like oh, are you retarded?" (P4: 578).

Adolescents become more aware of the opinions of others and have a desire to belong during this life phase (Good & Adams, 2008; Thom, 1999). Since learners are aware of the negative perceptions of others, and have experienced their views on a first hand basis, one questions how these misconceptions will affect these learners and their self-concepts when they are removed from the protected special school environment and have to face these views of others on a daily basis. This is explored further in the discussion of learners' willingness to disclose their learning disabilities in environments outside of special schools in Section 4.2.3.

One of the critiques of special education, as presented in Rodis *et al.* (2001), is that learners attending special schools often go through their school careers without having a clear understanding of their learning disabilities. This seemed to be true of some of the participants in this study. Based on their responses, it would seem that some learners in this special school had an acceptable level of knowledge regarding their learning disabilities. The concern of the researcher, however, was that not all participants had a clear understanding and therefore provided tentative responses. Since their knowledge was mainly constructed through individual experiences and varying sources, the likelihood exists that adolescents with learning disabilities could also form misconceptions about their own learning disabilities.

4.3.2 Perceptions of the impact of learning disabilities on their lives and the experience of support

The experiences of adolescents in this study seemed to show that a number of challenges were faced by these learners in their daily lives as a result of the nature of their learning disabilities. The extent to which these impacts were experienced and described as limiting or manageable seemed to be strongly influenced by the level of

support provided in their individual home and school contexts. This further influenced the way in which adolescents perceived their learning disabilities.

Good and Adams (2008) highlight the important role that the educational environment has to play in the development of children. A positive and socially supportive school atmosphere promotes positive academic and social outcomes in young people. In contrast to this, a negative, unsupportive school atmosphere can be seen to have more undesirable outcomes.

The participants in this study all started their schooling in the mainstream and attended these educational environments for varying lengths of time, ranging from one year to three years, after which they were placed in special schools (data obtained from personal documents). The impact of their learning disabilities on their lives were more profoundly noticed during their time in mainstream education, where the lack of knowledge that educators had and insufficient resources for supporting learners with specific learning disabilities seemed to bring learners' inabilities into sharper focus.

Teachers were perceived to be less willing to provide support or were unable to do so as a result of the contextual barriers of a mainstream classroom. "They [teachers] weren't paying close attention to students who needed help, they would just give you work and you had to do it, ... I found that very difficult" (P5: 33).

This led to participants experiencing feelings of shame and fear of being judged. Participants in this study (P2; P1; P5) reported that they were reluctant to ask for extra support in the mainstream settings. "I was afraid of that in primary school [mainstream], not now, I didn't ask questions, what if they think I'm stupid or if I asked a question" (P2: 631).

These experiences may have the impact that learners with learning disabilities are prevented from reaching their full potential in life, by them not accessing the support they need in order to succeed. Bogod (2009) reports that shame and the fear of being judged and criticised are two of the top five emotions experienced by people with learning disabilities. This often results in this population trying to hide their difficulties through non-disclosure and various other coping strategies. Participants in

this study often struggled with academic work and used various strategies to mask their difficulties in the mainstream classroom

I never liked to ask for help, ... so I never knew what the word meant exactly, ... I can't just leave it blank cause then they're gonna think I'm lazy and don't do the work, so I used to look at the other people's pictures ..." (P1: 135).

...in class they'll read us a story and at the end of the day you must go home and you must practice it with your parents, you must read it, but because I have such a good memory my mom would read it with me and I would remember exactly what it says, ... (P4: 313).

Being compared to mainstream learners without learning disabilities and constantly competing against them resulted in further negative feelings: "[I]f I had to do something, the rest of the children could do it, but I wouldn't be, with my reading, wouldn't be able to read the same" (P3: 100). This further resulted in learners experiencing a lack of recognition for their efforts, since they were being compared to learners without learning disabilities:

... we used to write stories the teacher would like give gold stars and fairies and I was like always upset because I didn't get one and then one day I actually got it right to get it and it was like such a big thing ... because for everyone else it's so easy, it doesn't mean for me it is. (P1: 516)

The placement in a special school setting seemed to have had a positive impact on the perceptions formed of their learning disabilities. The study conducted by Pillay and Terlizzi (2009) supports these findings. The participants reported that they coped better in the special school environment and had noticed the improvement in their academic skills since the move to the special school environment. Some noticed such a great improvement in the areas affected by their learning disabilities since having been placed in the special school environment, that they almost thought it did not have such a big impact any more (P3; P5; P6): "For English, my reading improved quite a bit" (P3: 145).

They still noticed their learning disabilities in terms of the required extra effort needed in order to achieve academic success (P7; P4; P6). "I must put more effort in

to study the work" (P7: 202). Time management and organisational skills were of paramount importance in order to learn, since they perceived themselves to need more repetition of academic work in order to understand and learn effectively: "... if I need to get something done, I'll have to put a time schedule on and make sure that I've done everything, so like from 1 'o clock to 2 'o clock I'll do this and so on" (P3: 226).

Attending a school for learners with special needs often results in such learners not attending schools in their neighbourhoods. Travelling long distances to and from school was mentioned as having a major impact on their lives every day (P7; P3; P1; P2): "I wish I didn't have to wake up so early to get here" (P1: 572). This shortens learners' afternoons, and therefore also the time they have to do homework. They also experienced having less time to do enjoyable things since they had to spend more time doing schoolwork than the average adolescent (P7; P3; P1; P2).

"Time, you don't really have a lot of time. I leave school at half past three everyday and when I get home, just after 4, ... I don't have a lot of time to do homework, I do projects, 'cause we get quite a lot of projects and I've to stay up really late if I wanna get a project done and then the next morning I'm so tired that, like everyday I'm quite tired." (P3: 218)

Denhart (2008) also identified this theme in her study, in which participants reported that they had to work harder and put in more effort in order to cope with the same workload as learners without learning disabilities, very often to the point of experiencing physical symptoms of exhaustion. If mainstreams schools were better able to accommodate learners with learning disabilities, this specific challenge experienced by the participants in this study, could be eliminated.

Learners without learning disabilities were perceived as having an easier time with schoolwork and participants described them as being less burdened by academic demands:

Well, it's much easier for their school work, I'll think that their understanding the work better and they'll get it faster than I would. I would have to go over it and over it again to understand it. Other people probably would just go through it once and understand it. (P3: 241)

They generally saw themselves as experiencing greater levels of stress, anxiety and frustration with schoolwork (P1; P6; P3; P2; P4): "Coming to school. I think every day ..., will I cope today?" (P2: 356). Participants found it considerably easier to motivate themselves to study subjects they were interested in (P4; P2). As a result of the limited subject choices at the special school, however, many learners are obliged to take what is available, which has a negative impact on their motivation:

I find that studying, ooh, gosh no, is horrible. Ok, I enjoy it, ... if I find something interesting in that subject ... then I don't mind, I'll memorize that whole page for you, you know, I think it's for everyone like that, if you're not interested then you're not really motivated to study it. (P2: 372)

None of the participants mentioned that they had specific outlets and coping strategies for dealing with their high levels of stress and anxiety. These experiences could increase in frequency and intensity when learners move into less supportive environments after school and therefore attention needs to be given to ensuring that learners have pro-active and healthy methods for coping with stress and anxiety.

Some participants (P1 & P2) mentioned that having a learning disability has had a positive impact on their lives. This was formulated in terms of having better self-knowledge, knowing how to deal with difficulties and being able to work harder to achieve success: "I don't wanna say you struggled your whole life, but you obviously had to work harder, I feel that we will actually know how to deal more with things ..." (P2: 317). They report having a better understanding and more empathy for others experiencing difficulties in life: "I think I'll have a better understanding of people going through similar things. I won't be so quick to judge people, maybe if I have that happen to me then I won't understand people" (P1: 246). This was also found in studies conducted by Shessyl and Reiff (1999) and Rodis *et al.* (2001).

The fact that only two of the participants in this study were able to recognise these strengths and share them during the interview, could point to the fact that other participants either were unaware of these strengths or generally tended to frame their learning disabilities in terms of their weaknesses instead of their strengths. This seems to link with the positivistic discourse surrounding learning disabilities as reported in the literature (Mitra, 2006), which strongly focuses on the deficits of such

individuals. Learners in special schools need to be supported to explicitly identify and formulate these positive characteristics of themselves and their learning disabilities in order to internalise more balanced and favourable views of themselves and their learning disabilities.

The participants in this study (P3; P5; P4; P1; P2) seemed to be pro-active in finding individual strategies that help them with their learning disabilities, which contrasts with the view presented by Watson and Boman (2005) who generally describe learners with learning disabilities as passive learners using strategies of 'learned-helplessness'. Comments in this study included: "Well, I read over the notes and then I make, like a small point that I think is important. And also I study with a friend. And it's easier doing that cause you talk about it and you seem to remember" (P1: 693); "If I don't understand what's going on, I'll ask my mom just to give me a better understanding ..." (P3: 172).

According to Firth *et al.* (2009), developing coping styles and being pro-active in dealing with challenges posed by learning disabilities can curb negative outcomes in later life. It seems that the special school environment has provided opportunities for the participants in this study to explore and understand their individual learning styles and experiment with strategies which work for them. These skills need to be extended and the importance of using them after school needs to be made explicitly clear to learners.

Learners experienced teachers in special schools as being more interested in the learners in their care and their needs, as well as being more capable of making the academic work manageable and accessible to learners by adjusting the content and presenting it in interesting ways (P1; P2; P4).

... some teachers, find the text book is just too complicated and some, in normal schools it's like just read the text book, you know, but she actually takes important information out of it and makes a worksheet for us and we only study from our notes now and not from the text book. It's just a lot more simpler and that helps a lot. (P2: 628)

The contextual benefit of smaller classrooms seemed to also lead to a more positive experience of school. The personal support received in the special school made the

participants feel more competent and relaxed at school and increased the belief that they could succeed in their academic work. "[W]e've got smaller classes and you can get like more individual attention and I cope better in the smaller classes" (P3: 262). The smaller classes and school also had other benefits in terms of the personal relationships formed (P3; P1; P5). "The school is so much more homely and more alive. Because it's such a small school you get to know everyone and make friends easy" (P5: 413). Teachers formed better relationships with the learners in their care and learners, as a result, perceived them to be approachable, patient and willing to help: "If you ask a question they would come to you and explain to you and if you say you still don't understand they wouldn't get angry with you, they would explain again" (P5: 273).

In the study conducted by Watson (2007), learners with learning disabilities reported that they viewed teachers in mainstream environments who cared about their students, challenged them and helped them by putting more effort into their presentation of the academic work as being the most supportive, which resonates with the experiences of the participants in this study.

The skills and characteristics of teachers in the special school setting which were experienced positively were all based on general good teaching practices. All learners, whether they have learning disabilities or not, will benefit from the practices reported by the participants. Training of teachers at all levels of education needs to focus on equipping teachers to provide this support in their teaching practice and in developing the personal characteristics mentioned. The greatest challenge in achieving this, however, is the high student-teacher ratio and the lack of resources in most schools in the South African context. Participants in this study may experience the negative impact of increased levels of stress and struggle to adjust to tertiary settings where class sizes and the volume of academic work to be covered limit the individual attention awarded to learners in such settings.

Although the participants all had positive views of the special education setting as they were experiencing it, both academically and socially in terms of support provided, the concern is that learners could face the same negative challenges that they had experienced in mainstream education when they leave the supportive environment. The special school environment seems to have made learners aware

of their progress, which had a positive impact on learners' perceptions of their learning disabilities. Their level of awareness of the real impact that their learning disabilities could have on their lives in future in terms of their specific learning disabilities however questioned. Learners therefore need to be prepared for the contrasting realities and be provided with adequate strategies for coping in a less supportive environment. Very few of the learners in this study reported on their awareness of the possible negative impact that the protected and supportive special school environment could have on their experiences during transition to vocational/mainstream tertiary environments.

... everything feels familiar [here]. They say that everything happens so much faster, people are so much quicker also with writing things down and giving answers, ... maybe this is too much spoon feeding here, which could be a bad thing, especially when you wanna go to a university or something like that.
(P1: 303)

This resonates with the critique of special schools provided by Kelly and Norwich (2004), which voiced concerns that special educational environments do not adequately prepare learners for life after school and tend to be overprotective, therefore limiting adjustment after school.

The impact of social support from peers was another important supportive factor in contributing to the positive learning experience of the participants in the special school context. The realisation that all learners in the special school had some difficulties around learning led to learners in this study feeling more secure, supported and accepted by their peers in the classroom (P1; P2; P4; P6), which is also mentioned by Denhart (2008): "... everyone here, is basically here for the same reason, because they need help. So it's not like ... if you do bad in a test, that they will like tease you ..." (P4: 594). This enabled them to take more risks with learning activities which they would normally have avoided: "There's no judging in this class, like if someone can't read properly, then it's not like, ... oh, you couldn't read the part, you know, because lots of people in this class can't read ..." (P2: 506).

These experiences are strongly contrasted by their experiences with friends outside of the special school, where the feelings of insecurity, shame and fear of being

judged once again often lead to them avoiding certain situations or asking certain questions. They (P3 & P1) would refrain from asking for explanations of things they did not understand as a result of their fear of being ridiculed and judged. "With my other friends I would like be afraid to ask them something because they might think that I don't really understand anything, because they know I go to [a special school]" (P3: 429).

Parental support was a factor which all of the participants in this study expressed as having a positive impact on their experiences of the challenges presented by their learning disabilities. Having a parent with learning disabilities (P2; P3; P1; P4) especially made them feel understood in the context of the home: "Well my dad also has really bad dyslexia and he was, ... always told *ja* you're stupid and you can't read and always just made fun of him ... So he like knows, he has that experience" (P1: 410). Although all the participants in this study seemed to have positive family support structures in place, which helped them to cope and make sense of their learning disabilities, one questions how the experiences of learners with learning disabilities are altered when this support is not available.

Participants in this study had a variety of experiences regarding the impact of their learning disabilities, as well as resources of support in helping them deal with daily life challenges. This provided valuable information of possible resources that could be drawn on for all learners experiencing challenges with learning disabilities, as well as the impact on their lives that needs to be considered when developing support strategies to improve their learning.

4.3.3 Perceived challenges in the transition from school to post-school settings

The transition from school to post school settings is challenging for all adolescents, but more profoundly so for adolescents with learning disabilities.

The willingness to disclose learning disabilities and being able to self-advocate for support, are two important prerequisites for success in life after school (Larkin & Ellis, 1998). Self-advocacy is based on a well-developed knowledge of self and support needs, as well as knowledge of support rights and resources (Test *et al.*, 2005). They therefore need to be made aware of their strengths and difficulties and

be enabled to identify and seek out supportive resources to cope with this challenging phase of life.

The most important finding of this study regarding the perception of future support needs among adolescents in special schools was that they lacked knowledge of how their learning disabilities will continue to impact on their lives and what support they would need during this transitional phase. This seemed to be due to the supportive special school environment in which the negative and limiting impact of their learning disabilities was not experienced as profoundly debilitating. Such a lack of knowledge surfaced in the comment "... so I can't say to you now if it's gonna affect my life after school. Only if I can't read at all or write at all, then maybe it could, but no, it's not that bad" (P2: 309).

The participants voiced concern about whether or not they would be able to cope with the academic requirements outside of special education and the lack of knowledge seemed to result in feelings of insecurity about leaving the special school environment: "Sometime I do think how it would be outside of ... I sometimes wonder if I'm going to cope but I don't know yet" (P7: 263).

Only a few of the participants (P3; P4; P6) mentioned that their learning disabilities have a persistent course and will impact their lives after school in the same way it impacted on them during their school careers. Learners were more likely to have this understanding of learning disabilities when they had parents with learning disabilities: "I think it will, it always is something that will always be with you, you can't just get rid of it like I think it will probably be with me forever and I just have to cope with it" (P4: 470).

The general lack of knowledge that the participants had of the persistent nature of learning disabilities is a concerning factor which needs to be addressed when supporting learners through the development of self-advocating and self-regulating behaviour. All learners with learning disabilities need to be made aware of the possible impacts that their learning disabilities could have on their future studies and lives, so that this will not be a negative and surprising experience if it does occur.

None of the participants were aware of support services available outside of special schools. According to Watson (2007), this lack of knowledge could cause

adolescents with learning disabilities to discard prospects of future study. The current study has found that learners were more enthusiastic about the prospect of future study once they had been informed of supportive resources in other contexts. Making learners in special schools aware of resources for support and explicitly teaching them how to access them, should form an integral part of any supportive interventions provided to these learners.

The perceptions that others have of learning disabilities seemed to pose the greatest challenge to the participants in this study in terms of their willingness to disclose their learning disabilities and advocate for support. They (P2 & P6) felt that they would be less likely to disclose their learning disabilities in the workplace than in tertiary educational settings. Their motivation for not doing so in work settings revolved around the fear of being unfairly discriminated against because of people's misconceptions about learning disabilities: "... I can be actually quite brilliant at a job but because they judge me from the school I come from ... I'm actually quite scared to tell them" (P2: 486). Findings from a study conducted by Denhart (2008) closely link the impact that the misunderstandings that others have of learning disabilities to the reluctance of this population to request accommodation and support for fear of experiencing discrimination and harassment.

The motivations reported around willingness to disclose learning disabilities in the educational setting revolved around obtaining the support they would need and, more importantly, dispelling myths and misconceptions about learning disabilities, as well as changing people's opinions about them and their efforts in the educational environment (P5; P4; P3).

I think I would [disclose]. Especially with the writing so that they understood ... Not that they'd think I'm lazy or ... just didn't pay attention at school, or whatever ..., so that they at least understand, that I'm trying, that it's not that I just don't care. (P4: 757)

Participants in a study conducted by Denhart (2008) reported similar experiences. The participants voiced their concerns that, because of the increased workload needed to produce academic products, they feared that their efforts would be judged

as being mediocre when compared to their non-learning-disabled peers if educators were not aware of them having a learning disability.

Careers and career choices seemed to be an important consideration for the learners in this study in ensuring that they would be able to cope with their learning disabilities after school. Some of the participants (P2; P4; P1; P3) were of the opinion that their learning disabilities would not affect them as much after school if they chose appropriate careers that focused on their strengths rather than their weaknesses: "... but I think it depends on what you do, if I like go work at a bank I know I'm gonna [struggle] 'cause I don't know like maths, you know like financial kind of stuff" (P2: 286). This view is supported by the views of participants in the study conducted by McNulty (2003), which reported that 'finding a niche' in terms of a future career enabled them to cope better with the challenging impacts that learning disabilities have on their daily lives.

Learning disabilities have impacted on the process of learners making career choices as a result of the perception that they would not be able to cope with careers that are academically loaded (P2; P1; P5; P4). They seemed to prefer careers with a more practical than academic focus and expressed fears and insecurity around their learning abilities outside of the special school environment: "I'm scared to take something that I can't cope with ... You won't say, I want to ... become a lawyer, something that's big, you'd rather just tend to have little careers" (P2: 652). Another comment was:

Well it depends. I think if you had to go for like a therapist it would be more physical than anything else, and it'll be fine because you don't have to read but if it was a lawyer, it would be more difficult ... the only reason why I don't want to become a lawyer is there's a lot of reading and to me that might be really hard. (P1: 265)

The fears and insecurity that learners experience around their learning disabilities outside of the special school environment need to be addressed when providing support to them during transition. Once again, making them aware of available support services and how to access them could lead to alleviating some of their insecurity and the limitations they place on themselves.

Learners in special education environments therefore need to be guided in finding suitable careers which will enable them to achieve success in life through combining their skills, abilities and strengths with their interests. These support needs were voiced by learners in terms of suggestions that opportunities to prepare themselves for life outside of special education environments – through practical work experience and exposure to possible further education environments – be made available to them. This would help them feel more prepared for the differences between the settings:

One thing could probably be job shadowing, to have a taste of what we have to do when out of school but we don't have that. (P7: 267)

Just to show us what it's like in everyday life and if that's really the field that we want to go in and the job we want to choose. So just to be able to experience those things while I'm still in school and just make sure of my choices. (P6: 707)

The views expressed by the participants in this study about their career choices seemed to place them in the realistic phase, where realistic views of interests, abilities and values of the person are considered and compared with the expectations of certain careers. This is appropriate for the developmental phase of late adolescence and bodes well for the decision-making process in which the participants currently find themselves. The importance of appropriate and realistic self-knowledge however, needs to be highlighted when providing support to these learners during this phase of development. Kortering, Braziel and McClannon (2008) reported that decisions based on inadequate or unrealistic self-knowledge may cause adolescents with learning disabilities to consider lower level further educational opportunities than what they may be capable of and should be guarded against.

4.4 CONCLUDING INTERPRETATION AND IMPLICATIONS FOR PRACTICE

The findings of this study suggest that the adolescents who participated in the project were aware of the individual challenges posed by completing school with a learning disability, although this was experienced in a less debilitating sense as a result of the supportive special school environment. They were aware of some of the coping strategies that needed to be implemented in order to cope with their current academic workload, but were not always aware that these would need to be extended to life after school. Generally, they were also not aware that they would need to advocate for themselves and also seek out support in post school settings.

The most important recommendation based on the findings of this study is that learners in the special school environment need to be provided with more explicit counselling regarding the nature of their learning disabilities. They need to be made aware of support strategies that they would be able to use in post-school environments, as well as of the resources that would be available and the process of obtaining access to such resources. Self-regulating and self-advocating behaviour need to form part of the school curriculum of these learners and should be explicitly taught throughout their school careers.

Adolescents reported that the support experienced in the special school setting in terms of individual attention provided by teachers, both personally and academically, had been beneficial to their experience of school as a positive environment. The support provided by family and peers were also experienced as having a significantly positive impact on their experiences. This contrasted strongly with how the participants in this study experienced the mainstream school environment. Sharing the supportive practices of the special school environment with mainstream environments could add to the positive experience of learners with learning disabilities who are not able to attend special schools. This could further support mainstream schools in their quest to become inclusive educational settings.

Parents of the participants in this study seemed to be the main sources of information and explanations about these adolescents' learning disabilities. Professionals involved in the identification and assessment of learners with learning

disabilities, therefore need to ensure that parents are well informed about specific learning disabilities and that their skills in adequately and supportively informing their children about learning disabilities are developed as part of the process.

Adolescents in this study very rarely reported on their strengths and rather focused on their inabilities and the negative effects that learning disabilities have had on their lives. Supportive interventions need to focus on making adolescents aware of their strengths so that they might re-frame their learning disabilities in a more positive way. This could have a more positive effect on their self-regulating and self-advocating behaviour, as well as their decisions around careers and opportunities for further education.

Career guidance is important for all adolescents, but even more so for adolescents with learning disabilities. Although this topic is addressed in the subject Life Orientation, participants in this study voiced a need for extended guidance in the decision-making process for their future. Information about how post-education/vocational settings are different from special schools and the possible challenges that learners will have to face in these settings (as well as how to deal with them through self-advocating and self-regulating behaviour) should be presented parallel to the development of self-knowledge and career knowledge as is proposed in the Life Orientation curriculum.

Some of the greatest challenges faced by adolescents with learning disabilities, concerned the perceptions and misconceptions that others have of learning disabilities. Educating others about learning disabilities, both in mainstream schools and in society in general, seems to be a great need, in order to make life easier for people with learning disabilities. Awareness programmes aimed at informing and adequately educating others about learning disabilities (what it involves and what could be done to support such learners), should be part of the outreach strategy of special schools.

4.5 LIMITATIONS OF THE STUDY

Due to the small purposefully selected sample size and selected context, the transferability of the findings of this study is limited. This is discussed in detail in Section 3.7.3. This study was approached from within a qualitative research design and only focused on the perceptions of seven adolescents in the FET phase of their school career in one specific special school setting. The opinions of these participants were therefore interpreted and reported on, but it is possible that other learners in the school may have had other experiences and different perceptions of their learning disabilities.

The participants in this study were all completing the FET phase of education. According to numerous studies, learners with learning disabilities very often drop out of school before completion as a result of insufficient support. It can therefore be deduced that these adolescents experienced better support and were exposed to more protective factors, which enabled them to cope with their learning disabilities. The perceptions of learners who have not been able to complete their education due to the impact of their learning disabilities have therefore not been included in this study.

Learners with learning disabilities in the General Education and Training (GET) phase of education at the special school, were not included in this study. Further research in exploring their perceptions could contribute to creating a broader understanding of the personal perceptions of learning disabilities at various life-stages (middle childhood and early adolescence). This, however, was beyond the scope of this research study.

4.6 SUGGESTIONS FOR FURTHER RESEARCH

The existing research on how adolescents form perceptions of their learning disabilities and abilities is limited. Very few studies, especially in the South African context, have investigated this phenomenon from an interpretivist/constructivist qualitative paradigm. Further research studies of this nature are therefore suggested to investigate the following:

- Perceptions of learners with learning disabilities in special schools who are currently completing the GET phase of education
- Perceptions of learners with learning disabilities who have dropped out of formal education
- Perceptions of learners with learning disabilities in mainstream education settings
- Perceptions of learning disabilities formed by teachers (both in the mainstream and special education settings)
- Perceptions of learning disabilities formed by the parents of learners with special educational needs

Conducting studies of this nature according to the suggestions made, will extend the scope of knowledge about the perceptions of learning disabilities formed by various individuals in various contexts in our society.

4.7 CONCLUDING REFLECTION

This qualitative research study has made me acutely aware of the value of understanding the experiences and the perceptions of adolescents with learning disabilities in special schools. I believe that it is only through giving these learners a voice and involving them in the development of supportive interventions, that effective strategies will be developed to enable them to reach their full potential in life. This is especially important when one considers that the South African education system is still in the process of implementing inclusive education. The insights gained from these learners should be shared with parents, educators and peers who do not need to cope with learning disabilities in order to sensitise them to the challenges experienced by learners with learning disabilities, and thereby cultivate a nature of acceptance and support based on sound knowledge.

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ADDENDUM A

Permission to conduct the study from Western Cape Education Department

Navrae
Enquiries Dr A.T Wyngaard
IMibuzo

Telefoon
Telephone 021 467 9272
IFoni

Faks
Fax
IFeksi

Verwysing
Reference 20110324-0068
ISalathiso



Wes-Kaap Onderwysdepartement

Western Cape Education Department

ISEbe leMfundo leNtshona Koloni

Mrs Bianca Kuffner
PO Box 917
Cape Gate
7562

Dear Mrs Bianca Kuffner

RESEARCH PROPOSAL: THE PERCEPTIONS OF ADOLESCENTS IN SPECIAL EDUCATION OF THEIR LEARNING ABILITIES

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **1 April 2011 till 30 September 2011**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Audrey T Wyngaard
for: **HEAD: EDUCATION**
DATE: 25 March 2011

MELD ASSEBLIEF VERWYSINGSNOMMERS IN ALLE KORRESPONDENSIE / PLEASE QUOTE REFERENCE NUMBERS IN ALL CORRESPONDENCE /
NCEDA UBHALE IINOMBOLO ZESALATHISO KUYO YONKE IMBALELWANO

GRAND CENTRAL TOWERS, LAER-PARLEMENTSTRAAT, PRIVAATSAK X9114, KAAPSTAD 8000
GRAND CENTRAL TOWERS, LOWER PARLIAMENT STREET, PRIVATE BAG X9114, CAPE TOWN 8000

WEB: <http://wced.wcape.gov.za>

INBELSENTRUM /CALL CENTRE

INDIENSNEMING- EN SALARISNAVRAE/EMPLOYMENT AND SALARY QUERIES ☎0861 92 33 22
YONKE SIKHOLE/SALE SIKHOLE ☎ 0800 45 46 47

ADDENDUM C

Letter granting ethical clearance for the study from Stellenbosch University ethics committee



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jou kennisvennoot • your knowledge partner

10 October 2011

Tel.: 021 - 808-9183
Enquiries: Sidney Engelbrecht
Email: sidney@sun.ac.za

Reference No. 594/2011

Ms B Kuffner
Department of Educational Psychology
University of Stellenbosch
STELLENBOSCH
7602

Ms B Kuffner

LETTER OF ETHICS CLEARANCE

With regard to your application, I would like to inform you that the project, *Adolescents in special schools perceptions of their learning abilities*, has been approved on condition that:

1. The researcher will remain within the procedures and protocols indicated in the proposal, particularly in terms of any undertakings made in terms of the confidentiality of the information gathered.
2. The research will again be submitted for ethical clearance if there is any substantial departure from the existing proposal.
3. The researcher will remain within the parameters of any applicable national legislation, institutional guidelines and scientific standards relevant to the specific field of research.
4. The researcher will consider and implement the foregoing suggestions to lower the ethical risk associated with the research.
5. This ethics clearance is valid for one year from 10 October 2011 to 9 October 2012.

We wish you success with your research activities.

Best regards


MR SF ENGELBRECHT

REC Coordinator: Research Ethics Committee: Human Research (Humaniora)
Registered with the National Health Research Ethics Council (NHREC): REC-050411-032



ADDENDUM D

Informed consent form as provided to research participants



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STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

CONSENT FORM: PARENTS and Participants older than 18 years

Adolescents in special schools perceptions of their learning abilities

Your child _____ has been approached to participate in a research study conducted by Bianca Kuffner (M.Ed.Psych), from the Department of Educational Psychology at Stellenbosch University as part of the requirements in completing a Masters Thesis in Educational Psychology. Your child has been selected as a possible participant in this study because of his/her personal experience of being a learner with learning difficulties.

1. PURPOSE OF THE STUDY

The aim of this study is to conduct an in-depth exploration of the subjective beliefs and experiences of adolescents in special education regarding their learning difficulties. Understanding the experiences and beliefs of students with learning difficulties is an important first step in developing and providing positive and empowering interventions for learners in special education. It is hoped that the knowledge gained from this study will inform the development of an empowering programme of support for learners to develop self-regulating and self-advocating behaviour based on accurate and positive perceptions of learning difficulties.

2. PROCEDURES

If you agree to your child's participation in this study, I would request the following:

- Access to your personal file at school
- Participation in a personal interview (45 – 60 min) arranged at a time and venue convenient to you. (Recordings will be made)
- Participation in a group interview (45 – 60 min) arranged at a time and venue convenient to you. (Recordings will be made)

3. POTENTIAL RISKS AND DISCOMFORTS

Due to the personal nature of the research conducted, the participants may experience some discomfort during the data collection process.

Counselling opportunities will be made available to all participants should it become necessary during the course of the study. Mrs Suzette Swart (_____) as well as Mrs Elsabe Kidd (_____) are aware of the research study being conducted at the school and will be available to provide the necessary counselling and support to participants who may need it. They can

both be contacted at (021) 558 2405. The right to refuse to answer any questions that cause discomfort to the participants will be upheld throughout the process.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Information shared during the interviews may inform the development of supportive programmes that will enable learners with learning difficulties to develop self-advocacy which is needed for success in all spheres of life.

5. PAYMENT FOR PARTICIPATION

No remuneration will be provided for the participation in the study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission and that of your child or as required by law. Confidentiality will be maintained by means of using pseudonyms. Furthermore, access to raw data containing identifying information will only be accessed by the researcher.

Transcriptions of interviews as well as the audio recordings of interviews will only be accessed by the researcher and securely stored after completion of the research study.

No names of identifying information will be used in presenting the thesis.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to allow your child to participate in this study or not. If you agree to allow your child to volunteer to be in this study, they may withdraw at any time without consequences of any kind. Your child may also refuse to answer any questions they don't want to answer and still remain in the study. The investigator may withdraw your child from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Mrs L Collair (Student Supervisor at Stellenbosch University: (021) 808 2304, lyncol@sun.ac.za)

9. RIGHTS OF RESEARCH SUBJECTS

All participants will have the right to listen to recordings of interviews and view transcribed information.

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me the parent of the prospective participant by Bianca Kuffner in English and I am in command of this language. I, the parent of the prospective participant was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent that the participant may participate in this study.] I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____
and [his/her] representative _____. [He/she] was encouraged and given
ample time to ask me any questions. This conversation was conducted in English.

Signature of Investigator

ADDENDUM E

Interview guide for semi-structured individual interviews.

ADOLESCENTS IN SPECIAL SCHOOLS' PERCEPTIONS OF THEIR LEARNING ABILITIES

1. What views do learners have about learning difficulties?
2. How do Learners experience the impact of learning difficulties on their lives?
3. What support can be provided to help them develop self-advocacy and self-regulating behaviour?

1. INTRODUCTION AND PRELIMINARIES
 - a) Introduce self
 - b) Purpose of the interview
 - c) Confidentiality and anonymity
 - d) Format of the interview
 - e) Length of the interview
 - f) Negotiating the use of recording equipment
 - g) Clarification and questions
2. DEMOGRAPHIC INFO
 - a) Current age
 - b) Age at entering the special education system
3. RAPPORT BUILDING
 - a) Family background
 - b) Hobbies
 - c) Give a general description of yourself.
4. UNDERSTANDING LEARNING DIFFICULTIES
 - a) Why do you attend a school for learners with special needs?
 - b) When did you know that you have a learning difficulty?
 - i) How was it explained?
 - j) How did you feel about it?
 - c) How do you explain what a LD is?
 - d) Which areas in your schoolwork are affected by your LD?
 - f) What are your academic strengths?
 - k) How do you learn differently to learners without LD?
 - g) How do you think your LD will be part of your life after school?

5. INFLUENCES OF LEARNING DIFFICULTIES AND IMPACT ON NEEDS

- a) What are some of the challenges that you face daily?
- b) How do you know that LD is part of your life?
- c) How do you think life is different for learners without learning disabilities
- c) Who do you think, understands you best? Why?
- d) What have you heard other people say about LD?
- e) What do you think people generally believe about people with LD.
- f) What are people's first reactions/impressions/judgments when they hear you are at a special school?
- g) Where do you think their ideas come from?

6. EXPERIENCES OF LD IN DIFFERENT CONTEXTS

- a) Tell me about your experiences in school before being moved to [REDACTED].
- b) Tell me about your experiences in school after being moved to [REDACTED].
- c) How do you think [REDACTED] is different to other schools?
- d) What support do you receive at school?
- e) How does LD impact on experiences in your home life
- f) How does LD impact on experiences with friends outside of the special school
- g) How does LD impact on experiences in your broader community

6. FEELINGS ABOUT LEARNING DIFFICULTIES

- a) How do you feel about being at a special needs school?
- b) How do you feel about having a learning difficulty?
- c) Are you treated differently because of your LD by
 - i) friends
 - ii) teachers
 - iii) family
 - iv) other people in the community
- d) How does this make you feel?
- e) Have you ever experienced Depression, Anxiety, etc.

7. HOW DO YOU THINK YOUR LEARNING DIFFICULTIES WILL IMPACT YOUR LIFE IN FUTURE?

- a) How does LD affect your plans for your future?
- b) What do you think you will need (support) when you leave special school?
- c) Will you tell people in your workplace/further study institution about your difficulties? Why / Why not?
- d) Which competencies/strategies are helpful in your life? Where do you think they come from?
- e) What are some of the skills/abilities that you think you have developed because of LD / being in a special school?

ADDEMDUM F

Interview guide for focus group interview

ADOLESCENTS IN SPECIAL SCHOOLS' PERCEPTIONS OF THEIR LEARNING ABILITIES

1. What views do learners have about learning difficulties?
2. How do Learners experience the impact of learning difficulties on their lives?
3. What support can be provided to help them develop self-advocacy and self-regulating behaviour?

INTERVIEW GUIDE – FOCUS GROUP

1. INTRODUCTION AND PRELIMINARIES
 - a) Introduce self
 - b) Purpose of the interview
 - c) Confidentiality and anonymity
 - d) Format
 - e) Length of the interview
 - f) Negotiating the use of recording equipment
 - g) Clarification and questions

4. UNDERSTANDING LEARNING DIFFICULTIES
 - a) Has anyone explained you learning impairment to you?
 - b) How was it explained?
 - c) How did you feel about it?
 - d) How do you explain what a LD is?
 - e) Which areas in your schoolwork are affected by your ld?
 - f) What are your academic strengths?
 - g) How do you learn differently to learners without LD?
 - h) How do you think your LD will be part of your life after school?

5. INFLUENCES OF LEARNING DIFFICULTIES AND IMPACT ON NEEDS
 - a) How do you think life is different for learners without ld?
 - b) What are some of the challenges that you face daily.
 - b) How do you know that LD is part of your life?
 - c) Who do you think, understands you best? Why?
 - d) What have you heard other people say about LD?
 - e) What do you think people generally believe about people with ld.

- f) What are people's first reactions/impressions/judgments when they hear you are at a special school?
- g) Where do you think their ideas come from?
- h) What makes special schools different from mainstream schools.
- i) Tell me about your experiences in school before being moved to special school.
- j) Tell me about your experiences in school after being moved to special school.
- k) What support do you receive at school?

6. FEELINGS ABOUT LEARNING DIFFICULTIES

- a) How do you feel about being at a special needs school?
- b) How do you feel about having a learning difficulty?
- c) Are you treated differently because of your LD by
 - i) friends
 - ii) teachers
 - iii) family
 - iv) other people in the community
- d) How does this make you feel?
- e) Have you ever experienced Depression, Anxiety, etc.

7. HOW DO YOU THINK YOUR LEARNING DIFFICULTIES WILL IMPACT YOUR LIFE IN FUTURE?

- a) How does LD affect your plans for your future?
- b) What do you think you will need when you leave special school?
- c) Will you tell people in your workplace/further study institution about your difficulties? Why / Why not?
- d) Which competencies/strategies are helpful in your life? Where do you think they come from?
- e) What are some of the skills/abilities that you think you have developed because of LD / being in a special school?

ADDENDUM G

Portion of one transcribed semi-structured individual interview.

A: Well it was a long time ago that I got like told why, but I think it was dyslexia and fine motor gross skills, or something like that.

Q: And do you know what they are? What that means?

A: Well when I was little they explained that dyslexia was that I changed numbers around and things like that and that I read some times, gets jumbled up and lately it happens when I talk, I decide that I don't like saying a whole sentence I will just put the first word and then the last word and a middle sound of a word, a word in the middle of a sentence together and it creates a whole new word which means my sentence is really strange. I don't know how to describe the other one, I don't know what the definition is but I really know how to describe it, cause that's how I was explained when I was tiny. Say my mom would give me 4 things to go put away and the 1 would be like put in the bathroom, is like a toothbrush, the other one was at the end of my room and the one was in the garden, and I was closest to the garden then I'll go all the way to the bathroom, even though I was closest to the garden, next to me and then go all the way back to, like back track and instead of straight, I guess.

Q: That's a lot for a little kid to take in

A: I can't even remember how they explained it, that's the only way I know now

Q: When, and I know it's a long time now, but if you can remember, when did you first know that you had a learning difficulty?

A: Well, there were little signs, but I didn't take them so seriously, like grade 1 I went to Springfield and you used to be in groups and we had this thing where you had to write down a word and then you had to draw a picture of what the word was and I never liked to ask for help, as I said I'm not really an extrovert and not ask for something, so I never knew what the word meant exactly and we weren't allowed to talk and was like o my word, what is this, I can't just leave it blank cause then they're gonna think I'm lazy and don't do the work, so I used to look at the other people's pictures and obviously you're small so you don't know what the picture is of, and my group was full of terrible drawers, so I tried to understand what they were drawing and I was like o man. And the teacher used to ask me so what is this and I'd be like, I don't really know. It was like little things like that, or you had to like write a story and teacher would ask you to read it back and I couldn't even understand what I was saying, but I knew at the time what I was wanting to say.

Q: So it was difficult for you to express it, although you had it there, it was just not coming out the way you thought it. And you were in Springfield and obviously you moved, can you remember anything about that process?

A: My teacher recommended it to my parents and they gave us 2 options, [REDACTED] and they recommended [REDACTED] even though it was a bit further, so we went with the teachers' advice. We did look at both of the schools, I don't remember going to the other school though, I do remember coming here, I was like really, really upset and I was like crying and back then used to think that I was going to a retarded school.

Q: Why do you think you thought that?

A: Because when you're small you don't think ok, learning disabilities, you think like what you see on the movies and things like that. Like mental institution and that's what I thought, so I was like petrified and in tears and it was very horrible, but when I got there I was like it's not actually that bad I got used to the idea. And also because there was boys in the school

Q: Did anyone explain to you why you were moving here? Can you remember anyone sitting down with you? I know the learning difficulty you said you can't remember how that was explained but who was supportive in that transition for you?

A: Like everybody really, my family and family friends

Q: How did they explain that to you?

A: O my gosh, they just sat me down and explained to me and asked my opinion on things, like if I wanted to stay here I could stay, but it's gonna benefit me in the long run, but if I wanted to I could always move back, so it's up to me in the end. But once I moved here I really enjoyed it, cause I got along with everybody much better and they always explained it to me like you're in the same boat and I was like, I don't know, back then I was like ok, like Noah's ark and pictured all the animals like the same and I was like little animals all the same, and it was a bit better for me because we could all play together, I don't know, it was just weird.

Q: How do you explain to people what a learning difficulty is? Like if you had to go to [REDACTED] [REDACTED] for example.

A: Well, there's many different ones, so my specific one, or in broad?

Q: Say for example you had to go to assembly at [REDACTED] and you had to explain to them what learning difficulties is, what would you say?

A: I would just say that it's kind of like self explanatory, that you have difficulty learning but it doesn't mean that you don't know how to do the end result, it's just that you have trouble getting to the process of that

Q: Very nice way of explaining it, the end result's the same, the route you take getting there is just different. How is that different? Which route do you think mainstream learners would take?

ADDENDUM H

Portion of transcribed focus group interview

How do you know that learning difficulties is part of your life? What are the things that you experience?

P5: I struggle with maths and Afrikaans, and I just scraped through grade 5, and then I applied for [REDACTED], and it just picked up from there and I just improved as I went along.

If you look at someone who doesn't have a learning disability, how is their life different to yours?

P1: Well, it is like, if I look at someone who doesn't have a learning disability, life is so much easier for them. They don't have to struggle through things when they have to like learn something, they say like "o i will do that tomorrow" when they have something that has to be done where with me, if I don't do it now it is not going to get done. And i have to practice things all the time, if I don't I forget about it. So you spend a lot of time. Also, because I have a learning disability i have to get up so early in the morning to get to school, to come here. My friends who don't have Id they can go to any school they want to and like, wake up whenever and go to the school down the road.

P2: For me, the same as what she said, like, my friends go to fishhook and I live in fishhook, and I have always had this dream, I used to wish that I can go to a school like that, that is in my area. I always had to travel far to get to school.

I also always used to see kids after school, playing or on their skateboards on the road and wonder why they were in civvies, "didn't you just come from school?". Why aren't they at home doing homework because I come home from school so late and then, I have to start with my work. I just think that they are very chilled, like, because they know that they cope and they don't struggle like we do, we focus on work a lot. They just like "i'll do it some time". We are like "i struggle with this, but i still have to do it," That is a little bit unfair.

P4: I think that it is easier for people without Id, I mean think about it, they are in such big classes and they still cope, and in a class of like 40 or 50 people, we would not cope. We would probably all fail. They definitely understand things easier.

P3: When I came to [REDACTED], i was in a class of 31, and when I came to [REDACTED], it was such a difference, and then you realise ok well they are coping and I am not, so I have to come to a special school.

P5: Can you repeat the question please?

How do you know that learning disabilities is part of your life? What makes your life different from those who don't have learning disabilities.

P5: In a way it holds you back in a certain way. You can't do everything that a person from a mainstream school would do. Obviously if it affects your reading and your spelling you can't do as much as a mainstream child would do. Then you know that it affects you. I can't remember how I realised that I had a learning disability. Because I came in grade one I sort of realised as the time goes on, ok I struggle with this, or i struggle with that. I also know that I have to put a lot more time to my work, Knowing that you struggle with something you have to sit with it for longer and also time management, you have to focus on that as well,

P3: you need time management.

P5:You definitely need time management. It is not like when you get home you can put your bag down and say, "ok i will get to it later". I have to set my things out, if I don't set my work out, it will never get done. So I think that is where it affects me.

Do you think that you experience more stress and anxiety than people without learning disabilities?

All agree.

P2: O my word yes, it is not even funny.

ADDENDUM I

Example of analysis process

We are going to chat about what you call it. Why are you at the school, do you call it learning difficulties or... So you call it a learning difficulty. So why do you attend this school?

OPEN CODING	AXIAL CODING	THEMATIC ANALYSIS
<p>"Well, dyslexia" (P3 Line 59), , cause my mom told me that when I was a baby I had like a convulsion and that's something that causes learning difficulties (P3 Line 60) (P365) Well when I first came to the school it was about my spelling, I always used to mix the words around, like d's and b's, and I would skip lines when I was reading I couldn't find where I was(P3 74)</p> <p>(P3 74)I'd always get distracted by something and then I'll come back and I'll have no idea where I now,</p> <p>(P3 79) But now, like last year I started reading books and I've been quite, I've been doing really well with my reading</p> <p>(P1 99) I don't like impairment, cause it just sounds strange, maybe (P195)difficulty, cause disability sounds like something physical to me</p> <p>(P199)Well it was a long time ago that I got like told why, (P1100) I think it was dyslexia and fine motor gross skills, or something like that</p> <p>Well when I was little they explained (P1 104) that dyslexia was that I changed numbers</p>	<p>Call it Dyslexia</p> <p>Mom explained to me</p> <p>LD caused by Convulsion</p> <p>Struggles with spelling and reading</p> <p>Easily Distracted</p> <p>Improvement in Reading</p> <p>Doesn't like impairment label Disability sounds like something Physical</p> <p>Was explained a long time ago Call it Dyslexia (not sure) When I was little they explained</p> <p>Struggled with reading and numbers</p> <p>Lately affects her speech – makes strange words</p>	<p><u>NAME FOR LD</u> Call it Dyslexia Call it Dyslexia (not sure) Doesn't like impairment label Disability sounds like something Physical Call it learning disability Call it Learning Difficulty Call it Dyslexia Call it Learning Difficulty Don't know what they call it Not really sure</p> <p><u>EXPLANATION OF LD</u> Was explained a long time ago Mom explained to me When I was little they explained Don't know how to explain Was explained when she was young Can't remember how it was explained</p> <p><u>CAUSES OF LD</u> LD caused by Convulsion Got it from Dad</p> <p><u>LEARNING NEEDS</u> Struggles with spelling and reading Easily Distracted Struggled with reading and numbers Lately affects her speech – makes strange words Difficult to concentrate Others think I Need more attention</p>

<p>around and things like that and (P1 105) that my reading some times, gets jumbled up and</p> <p>(P1 110) lately it happens when I talk, I decide that I don't like saying a whole sentence I will just put the first word and then the last word and a middle sound of a word, a word in the middle of a sentence together and it creates a whole new word which means my sentence is really strange.</p> <p>P1 112 I don't know how to describe the other one, I don't know what the definition is , cause that's how I was explained when I was tiny.</p> <p>(P1 122) I can't even remember how they explained it, that's the only way I know now</p> <p>(P2 47) In grade 3 I came because, I have a learning disability and through the years I have progressed, (P2 49) I didn't come because I had to come to school, (P250) and it is a very far distance to travel and (P2 50 if I didn't have a learning disability I would have gone to a school closer to where I stay (P2 53) And I didn't move because, the schooltold me I can't go somewhere else</p> <p>(CS 206) Because I have ADHD and (CS 207)I find it hard to concentrate (CS 207) they find that I need more attention than children that go to mainstream schools.</p>	<p>Don't know how to explain Was explained when she was young Can't remember how it was explained</p> <p>Call it learning disability Have improved over the years <u>Didn't have to come wanted to</u> <u>Very far to travel</u> <u>Would be in a closer school</u> <u>without LD</u> <u>MS school didn't force me to come</u></p> <p>Call it ADHD Difficult to concentrate Others think I Need more attention Won't learn as well in another school.</p>	<p>Failing Afrikaans and Maths Struggle with Concentration Didn't do the work right in other school. I need more attention I couldn't concentrate</p> <p><u>BENEFIT OF SS</u> Have improved over the years Won't learn as well in another school. I came here because its more one on one attention.</p>
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<p>Otherwise I won't learn as good (CS 208) I need to be paid more attention to otherwise I won't be able to learn and I fall behind and my marks will go down as well</p> <p>(P4 283) I've got dyslexia (P4 283) I got it from my dad actually. What I've heard is that most people get these kind of things from their fathers, like all my friends got it from their dads,</p> <p>(P5 203) I had a learning difficulty with maths and Afrikaans and I was failing those subjects so that's why P5 (205) I was referred to [REDACTED] by my teachers P5 (207) Ja, and concentration</p> <p>(P7 66), I don't know what they call it but it's one of those, what do you call it now, it's ADHD, one of those sort of stuff. (P7 67) I'm very in my own world, so in my old school I didn't even do the work right because I needed more attention on my work, (P7 68) I couldn't concentrate with all the children there, so I came here because it's more one on one attention, (P7 68) so ja, that's my learning disability</p>	<p>Call it Dyslexia Got it from Dad</p> <p>Call it Learning Difficulty Failing Afrikaans and Maths <u>I was referred to [REDACTED] by teachers</u> Struggle with Concentration</p> <p>Don't know what they call it Not really sure</p> <p>Didn't do the work right in other school. I need more attention I couldn't concentrate I came here because its more one on one attention.</p>	
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