

The Invention of Foreign Language “Learning Disability”

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The concept of learning disabilities (LD) was coined in 1963. Earlier, the term referred to an assortment of labels such as neurologically handicapped, perceptually handicapped, minimal brain dysfunction, brain injured, and other terms. In 1978, the federal government published its definition of LD, and around the same time, the LD field adopted the notion of aptitude (IQ)-achievement discrepancy as the diagnostic criterion for LD. Early on, researchers questioned the utility of the LD concept and speculated whether LD was another category for low achievement.¹ By the mid-80s, the definition proved much too broad, leading an editor of the flagship LD journal to write that there could not be consensus on the definition of LD because the concept emerged from social and political pressure, not scientific evidence.²

By the mid-1990s, the diagnostic criterion for LD, IQ-achievement discrepancy, had been falsified and leading researchers maintained that the term LD made little sense for scientific, clinical, and school policy purposes. Nevertheless, despite the absence of an empirically-based definition and valid diagnostic criterion, LD became part of the cultural landscape and the number of students diagnosed as LD and served by public schools expanded. In the 1990s, students classified as LD were enrolling in colleges and universities where they were provided with instructional and testing accommodations.³

- 1 Bob Algozzine, James Ysseldyke. “Learning Disabilities as a Subset of School Failure: The Over-sophistication of a Concept.” *Exceptional Children* 50, no. 3 (1983): 242-246.
- 2 Gerald M. Senf, “Learning Disabilities as Sociologic Sponge: Wiping up Life’s Spills,” *Research in Learning Disabilities: Issues and Future Directions* (1987): 87-101.
- 3 P.G. Aaron, “The Impending Demise of the Discrepancy Formula,” *Review of Educational Research* 67, no. 4 (1997): 461-502; Reid G. Lyon, “Learning Disabilities,” *The Future of Children* 6, no. 1 (1996): 54-76; National Center for Educational Statistics, *Digest of Education Statistics* (2021), https://nces.ed.gov/programs/digest/d21/tables/dt21_204.30.asp; Susan Vogel, Pamela B. Adelman. *Success for College Students with Learning Disabilities* (New York: Springer-Verlag, 1993).

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Since its inception, the LD field has been home to a number of pseudoscientific creations. For example, "stealth dyslexia," a term describing students with above average reading ability that inverts the definition of dyslexia, i.e., severe deficits in reading, has emerged.⁴ Indeed, the *Journal of Learning Disabilities* recently published a paper titled "High reading skills mask dyslexia in gifted children."⁵ (The title prompted a colleague to quip that 20/20 vision might mask blindness in visually impaired children.) The hallmark of a learning disability is supposed to be academic deficits in reading, writing, and math, i.e., substantial impairments of 1.5 standard deviations (SD) below the population mean for age, i.e., below average achievement (\leq 7th percentile) on standardized achievement tests of reading, math, or writing without regard to IQ. But the notion that LD is an academic deficit is routinely undermined by information that conflates LD with nonacademic problems such as aphasia, visual processing disorder, ADHD, auditory processing disorder, dyspraxia, and other problems and by clinicians who use flexible and expansive diagnostic criteria and diagnose individuals with normal behaviors and average achievement as disabled.⁶

The LD field's longstanding tolerance of its broad definition and the falsified discrepancy criterion have led researchers to call the LD field "inherently political" and to label its diagnostic procedures as "pseudoscience."⁷

A New Learning "Disability"?

In 1986, a colleague and I, both LD specialists, asked whether there might be a "disability" for foreign language (FL) learning similar to a reading disability in one's native language. By 1993, our studies had falsified the assumption of a FL "disability" by showing that there were no cognitive, language, and academic achievement differences between LD and low-achieving (non-LD) students in FL courses. Like most academic skills, FL learning occurred along a continuum of very strong to very weak learners and LD students performed in the average range. Even so, by the mid-1990s a new phenomenon emerged in postsecondary education in which LD students were assumed to be unable to pass FL courses

4 B. Eide, F. Eide, "Stealth Dyslexia," *Twice Exceptional Newsletter* 13, (2005): 1-18, 19. https://2eresource.com/wp-content/uploads/2021/01/2e_Newsletter_Issue_13-1.pdf.

5 Sietske van Viersen, Evelyn H. Kroesbergen, Esther M. Slot, Elise H. de Bree, "High Reading Skills Mask Dyslexia in Gifted Children," *Journal of Learning Disabilities* 49, no. 2 (2016): 189-199.

6 Allyson G. Harrison, Richard Sparks, "Disability Diagnoses: Seven Sins of Clinicians," *Psychological Injury and Law* (2022): 1-19.

7 Kenneth A. Kavale, Steven R. Forness, "The Politics of Learning Disabilities," *Learning Disability Quarterly* 21, no. 4 (1998): 245-273; Keith E. Stanovich, "The Future of a Mistake: Will Discrepancy Measurement Continue to Make the Learning Disabilities Field a Pseudoscience?" *Learning Disability Quarterly* 28, no. 2 (2005): 103-106.

and were granted course substitutions or waivers for the FL requirement. Our studies had evaluated these students and found that they scored in the average range or better on standardized measures of reading, writing, and language; that is, they were average students who were not disabled. Nevertheless, these policies permitted students to substitute courses such as French history or literature for the required courses in the French language. Since my colleague and I had already investigated and abandoned the notion of a FL "disability," we questioned the need for course substitutions and found that the policies were based largely on "conventional wisdom" that LD students would exhibit inordinate difficulties with FLs.

We published our first large study in 1996 on this topic with ninety-six students who had received course substitutions for the FL requirement at one university. The study found that only one-third of the students had a previous diagnosis of LD prior to college, two-thirds had been referred to disability service providers only for FL learning problems, less than half met minimum published criteria for LD diagnosis, and few had objective histories of native language or FL learning problems.⁸ In fact, their skills were in the average to above average range on standardized tests, including the ACT/SAT. We also found that the large majority had withdrawn from FL courses with passing grades, but learned later that "W" grades were assumed to be synonymous with course failure. Most of the students had passed FL courses in high school with above average grades, and some passed FL courses in college before receiving substitutions. These findings were paradoxical because LD students are supposed to exhibit a history of severe academic learning problems and below average achievement scores.

By the time our study was published, foreign language "learning disability" had become a popular diagnosis and course substitutions were provided as an accommodation for these "disabled" students at several universities. In fact, the cessation of a policy allowing FL course substitutions for LD students was one component of a lawsuit brought by students at Boston University in 1997.⁹

8 Richard Sparks, Lois Philips, Leonore Ganschow, "Students Classified as Learning Disabled and the College Foreign Language Requirement: A Study of One University," *Patterns and Policies: The Changing Demographics of Foreign Language Instruction* (1996): 123-160.

9 Guckenberger et al. v. Trustees of Boston University et al., 974F. Supp. 106 (D. Mass. 1996).

Beliefs about LDs and FL Learning

In 1998, my colleagues and I published a historical review of the evidence about FL learning problems for low-achieving students and those classified as LD.¹⁰ We found the notion of a unique "disability" for FL learning was based primarily on anecdotes, single case studies, and personal beliefs about language learning. Our review also found two mistaken beliefs among educators about FL learning. The first mistaken belief was that students classified as LD would exhibit severe FL learning problems and could not pass FL courses. Educators assumed that LD was synonymous with inability to complete FL courses and that difficulty with FL learning was evidence of a disability.

The second mistaken belief was that aptitude (IQ)-achievement discrepancies were related to or indicative of FL learning problems. Discrepancy is calculated by a diagnostician who administers a standardized intelligence test and standardized achievement tests. A discrepancy between the two scores was generally (but incorrectly) associated with LD. In the case of FL "disability," students who exhibited a discrepancy between their performance in their other courses and in FL courses were also thought to have a "disability." Even in the absence of empirical evidence, the beliefs that LD students would exhibit severe FL problems and the association of discrepancies with FL learning difficulties contributed to unsubstantiated notions about a FL "disability."

Studies with LD Students and Foreign Languages

After publication of our 1996 study and the literature review two years later, we embarked upon a series of studies with students classified as LD in college FL classes.¹¹ These studies examined databases of university students classified as LD who received course substitutions for the FL requirement and LD students who fulfilled the requirement by passing FL courses. In all cases, the students had been evaluated by a qualified professional with standardized measures of academic achievement and cognitive ability. We also had access to students' academic records and college entrance exam scores. In some studies, we compared the testing profiles and academic histories of LD students who received course substitutions with LD students who had successfully completed

10 Lenore Ganschow, Richard L. Sparks, James Javorsky, "Foreign Language Learning Difficulties: An Historical Perspective," *Journal of Learning Disabilities* 31, no. 3 (1998): 248-258.

11 For review of these studies, see Richard Sparks, "Is There a 'Disability' for Learning a Foreign Language?" *Journal of Learning Disabilities* 39, no. 6 (2006): 544-557; Richard Sparks, "Myths about Foreign Language Learning and Learning Disabilities," *Foreign Language Annals* 49, no. 2 (2016): 252-270.

FL courses. In subsequent studies, we replicated the findings with secondary level LD students and low-achieving (non-LD) students in FL courses. In all of our studies, we found that students classified as LD with course substitutions achieved in the average range or better academically and most were not identified as LD until college when they self-reported FL problems. In addition, there were no cognitive and academic achievement differences between LD students who had received course substitutions and those who had passed FL courses and fulfilled the requirement.

By the late 1990s, myths about LDs and FL learning had become common among educators, students, and parents. Table 1 includes several of these myths and the evidence from our studies that falsified the myths. The evidence showed that LD students who received course substitutions possessed the language skills necessary to pass FL courses and that their skills were no different than LD students and low-achieving non-LD students who passed FL courses. Most of the students who received course substitutions had self-reported FL learning problems, withdrew from FL courses, were subsequently diagnosed as LD (for the first time), and then granted substitutions. Most of these students met no published criteria for LD.¹² In effect, the LD label became the sine qua non for receiving course substitutions, which made a diagnosis of LD valuable not only for FL substitutions but also for instructional and testing accommodations in other courses.

Table 1. Myths and Evidence about FL "Disability"

Myth	Evidence
LD students <i>will</i> have FL learning problems	Most LD students passed FL courses
LD students exhibit weaker language skills than low-achieving, non-LD students in FL classes	There were no significant differences between LD students and low-achieving students in cognitive ability and native language skills; both groups scored in average range
LD students granted course substitutions have below average native language skills	LD students exhibited average native language skills in reading, spelling, writing, and vocabulary
LD students granted course substitutions have lower native language skills than LD students who pass FL courses	There were no significant differences between these LD groups in cognitive ability, native language skills, ACT/SAT scores, and graduating GPA
Withdrawal from FL courses is evidence of a FL "disability"	Most students who withdrew from FL courses passed FL courses in high school and college
LD students <i>will</i> fail FL courses	Most LD students passed FL courses with average or better grades <i>if</i> they completed the course

¹² Richard Sparks, Benjamin Lovett, "Objective Criteria for Classification of Postsecondary Students as Learning Disabled: Effects on Prevalence Rates and Group Characteristics," *Journal of Learning Disabilities* 42, no. 3 (2009): 230-239.

Discrepancy between IQ and achievement is evidence of a FL “disability”	Students with discrepancies and students without discrepancies performed equally well on cognitive ability and achievement tests, and in FL courses
LD students who were granted substitutions have a history of academic problems prior to taking FL courses in college	Most students had no history of academic learning problems and were referred to Disability Services Office only for self-reported FL learning problems
LD students granted course substitutions meet published criteria for LD and display academic impairments	Only 7% of the students met DSM-IV Criterion A (discrepancy) and Criterion B (academic impairment), and 55% met no published criteria for LD diagnosis

The FL “disability” diagnosis has also been perpetuated by the myth that students have to become fluent or literate at a certain level of proficiency to pass FL courses, i.e., they have to “learn” a FL. However, this belief is incorrect: U.S. students enrolled in FL classes do not have to achieve a level of proficiency in a FL—they have only to pass the course. Susan Gass, a prominent FL educator and researcher, has stated the following:

Not all universities have language requirements, but when they do, in most cases the only requirement is seat time . . . Thus, their actual learning may be somewhat irrelevant as long as they achieve a grade in the class that will allow them to move to the next course. Important to note is that in most programs, students do not need to pass a language proficiency test.”¹³

Because U.S. students do not have to achieve a level of proficiency to pass FL courses, we questioned the persistence of students with course substitutions and the motivation of educators who supported their requests. It seemed likely that some students who exhibited average, or better, language skills lacked motivation and persistence, but were granted course substitutions by educators who themselves may have been motivated by the aforementioned myths.

In sum, empirical evidence did little or nothing to dispel the myths about FL learning problems and LDs. In the absence of evidence, why did educators, clinicians, parents, and students succumb to the idea of a FL “disability”? I propose that the answer is related to culture.

13 Susan Gass, Koen Van Gorp, Paula Winke, “Using Different Carrots: How Incentivization Affects Proficiency Testing Outcomes,” *Foreign Language Annals* 52, no. 2 (2019): 216-236.

Culture and FL “Disability”

The problems with the LD concept and the myths about language learning provided fertile ground for the invention of a new “disability.” However, its uncritical acceptance may also be rooted in cultural realities about learning another language. The U.S. is a largely monolingual society in which learning another language is not mandatory. (Only 20 percent of U.S. primary and secondary students and about 8 percent of college students engage in FL study, and less than 1 percent of U.S. adults report fluency in a FL learned in school.)¹⁴ In contrast to European and Asian countries, there are few economic incentives for U.S. students to become fluent in a FL. In addition, FL learning is difficult and time consuming, especially in a monolingual society in which FL learning usually starts in high school, well beyond the critical period for FL acquisition. However, these reasons alone are not sufficient to explain the invention of a new “disability.” Two additional explanations, concept creep and shift in the meaning of disability, are also relevant.

Concept Creep and Disability Expansion

The advent and growth of a FL “disability” is likely related to the general expansion of the meaning of harm and pathology to cover behaviors or activities not previously seen as harmful or pathological. As outlined by Nick Haslam, this phenomenon, called “concept creep,” is the result of the hegemony of a liberal moral order, which is highly sensitive to harm and focuses on the therapeutics of specific harms.¹⁵ Prominent examples of this phenomenon from psychology include the increase in the number of children diagnosed with ADHD, even though many exhibit only slightly more elevated levels of physical activity that would have been considered normal at a previous time. Another example would be the number of individuals with above-average cognitive abilities, average academic skills, and no evidence of impairment attending selective private colleges who are incorrectly diagnosed as LD because their average skills are judged as “not good enough” when compared to their above average classmates.¹⁶

14 Amelia Friedman, “America’s Lacking Language Skills,” *The Atlantic*, May 10, 2015; Kathleen K. Stein-Smith, “Foreign Language Classes Becoming More Scarce,” *The Conversation* (February 6, 2019).

15 Nick Haslam, “Concept Creep: Psychology’s Expanding Concepts of Harm and Pathology,” *Psychological Inquiry* 27, no. 1 (2016): 1-17.

16 Robert Weis, Celeste Erickson, Christina Till, “When Average is Not Good Enough: Students with Learning Disabilities at Selective Private Colleges,” *Journal of Learning Disabilities* 50, no. 6 (2017): 684-700.

Concept creep in psychology allows milder, less disabling (or non-disabling) psychological phenomena to qualify as disorders and for students, parents, and educators to expand their notions of harm and pathologize everyday experiences. An example of this phenomenon from our studies is the number of students with average or better language skills with no history of learning problems who received course substitutions after self-reporting FL difficulties, receiving only W grades, or failing to attempt FL courses at all. Concept creep permitted these students to claim "harm" even before they were "hurt," that is, before they had completed, or even attempted to complete, FL courses.

The expansion of the meaning of "disability" also facilitated the creation of FL "disability." In recent years, disability advocates have advanced the notion of Critical Disability Theory (CDT), whose proponents reject a "fixed definition" of disability. According to Pluckrose and Lindsay, disability studies scholarship "can be best understood as a shift from understanding disability as something that resides in the individual to viewing disability as something imposed on individuals by society that doesn't accommodate their needs."¹⁷ For CDT advocates, disability is a social construct, not the consequence of impairment, and can thus be self-diagnosed or diagnosed by a clinician, in both cases using mutable standards because there are no fixed diagnostic criteria or fixed definition for disability.

The conceptual shift to a social model of disability (from a medical model) "places the responsibility for enabling or disabling people on society . . . and demands that society must adjust to the individual, not the other way around."¹⁸ CDT changes the meaning of the word "disability" because anyone who believes he is a "victim" of an environment/situation that does not meet his "needs" can invoke his personal (lived) experience and acquire disability status. An example is a student who claims that FL courses create a less than optimum situation, identifies as disabled, and demands that the university adjust its course requirements.

Concept creep changes a culture's notion of harm so that those with ordinary problems are "protected" from the "harm" of participating in FL classes. CDT guarantees the invention of a new "disability" since disability does not reside in the individual but instead is the result of institutional and attitudinal

17 Helen Pluckrose, James A. Lindsay, *Cynical Theories* (Durham, NC: Pitchstone Publishing, 2020).

18 *Ibid.*, 162.

environments that fail the person. For U.S. students, culture works against studying a FL and for the invention of a new “disability.”

Conclusion

The notion of a FL “disability” started with the a priori assumption that there is a unique disability for FL learning and an intimate connection between FL learning and LDs. Educators, clinicians, and researchers were largely uninterested in evidence contrary to the FL “disability” concept and either facilitated or encouraged FL course substitutions and waivers. The empirical evidence has shown that FL “disability” is not an evidence-based diagnosis that reflects severe language learning problems or an academic impairment. Instead, it is an invented “disability” with a flexible definition that expanded the notion of harm and pathologized everyday experiences.