

7-1-1988

Reading Difficulties: Eradication of Causes Treatment of Symptoms?

John H. Warren
University of Nevada

Follow this and additional works at: https://scholarworks.wmich.edu/reading_horizons



Part of the Education Commons

Recommended Citation

Warren, J. H. (1988). Reading Difficulties: Eradication of Causes Treatment of Symptoms?. *Reading Horizons: A Journal of Literacy and Language Arts*, 28 (4). Retrieved from https://scholarworks.wmich.edu/reading_horizons/vol28/iss4/4

This Article is brought to you for free and open access by the Special Education and Literacy Studies at ScholarWorks at WMU. It has been accepted for inclusion in Reading Horizons: A Journal of Literacy and Language Arts by an authorized editor of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



READING DIFFICULTIES: ERADICATION OF CAUSES OR TREATMENT OF SYMPTOMS?

JOHN H. WARREN
University of Nevada
Las Vegas

A Complexity of Variables

The reading performance of school-age children can be adversely affected by any number of causative factors, almost always operating in some combination (Robinson, 1946). For example, parameters of a physiological nature--like visual or auditory deficiencies, neurological problems or perceptual deficits, sex differences or poor general health--can be inextricably linked with such psychological factors as limited intelligence, emotional instability, or low self-esteem. Then, too, there is a legion of socioeconomic variables which frequently militate against normal reading progress; e.g., impoverished economic conditions, strained social relationships, or a dearth of printed materials for inciting interest in reading. Moreover, the foregoing and other factors are in alignment repeatedly with poor or inappropriate reading instruction, inordinate class size, insufficient language development and other conditions regarded as unpropitious for educational development.

While physiological, psychological, socioeconomic and educational reasons for disablement in reading cannot be gainsaid, in actuality it is the symptoms of those causes which indicate the presence and nature of a particular disability. A hypothetical case in point is the child whose visual handicap--be it hyperopia, imperfect fusion or another defect--is made manifest by recurrent scowls while reading, reddened eyes, or complaints of headaches. To most teachers the need for a vision examination would be all too obvious. Nevertheless, when diagnosing the reading needs of a group of children from a general population, one encounters any number of interrelated symptoms and possible causes of

disability. Yet, with respect to these variables, what constitutes a sensible *modus operandi* for classroom teachers of reading? In other words, should efforts be geared to an eradication of causes or treatment of symptoms?

In the literary treatment of causes and symptoms pertaining to reading disability, it is obvious to this writer that a rather consequential shift has occurred over the past two decades or so. This perceived change has not been one of semantics involving "cause" and "symptom" but, seemingly, has reflected some modulation in expectations articulated about the two. For all practical purposes in reading diagnosis and for clarification here, "symptom" is regarded as an indicator of probable causation of a problem; and "cause," a factor actually responsible for some difficulty. Before proceeding, however, two questions must be addressed: (1) Concerning symptoms and causes of reading disability, what basic recommendations were oftentimes given classroom teachers in the 1960's and 1970's? and (2) How consistent was the advice of noted reading experts during this period?

Advisement in the Sixties, the Seventies

While not discarding the use of symptoms to help identify children with reading problems, Schubert and Torgerson (1969), Dechant (1968), and Cushenbery (1977) were among recognized authorities who either directly stated or implied in their reading methods textbooks that classroom teachers should make some attempt to identify, study, eliminate or alter as many of the factors as possible which contribute to reading disability in their pupils. It was clear that Strang also supported this position:

In the past, diagnosis of reading problems tended to neglect conditions in home, school, and neighborhood that might be giving rise to the reading problem. Having recognized the influence of these environmental factors, the teacher or clinician may try to change them rather than to focus his attention on changing the individual directly (1969, p. 24).

From the foregoing one can deduce little, if any, distinction between a classroom teacher's role and that of clinician in probing causation. Conceivably, the onus for handling etiological variables in reading diagnosis could fall on either adept, depending on particular conditions or circumstances.

By standards of Gallant (1970), however, the burden was almost wholly the teacher's. It was the contention of Gallant that if classroom teachers did not appraise and adjust to factors affecting students' learning capabilities, chances were that most school children would receive only minimal or no help at all in overcoming their reading deficits. Bammann, Dawson and McGovern were obviously of like mind, stating:

While there are some children who benefit most from being removed from the classroom for special help from a specialist, it is still the classroom teacher who has the benefit of prolonged observations of each child and who is in a good position to offer help throughout the day. The factors of reading disabilities are neither so complicated nor so esoteric that every teacher cannot word effectively with those problems ('73, p. 246).

In marked contrast with preceding viewpoints was the position espoused in professional textbooks of Otto and McMenemy (1966), Harris (1970), Kennedy (1971), Bond and Tinker (1973), and others. The perspective of these writers, on the whole, required some differentiation between youngsters with mild reading disabilities and those besieged by more serious problems. For students in the former classification, diagnosis and correction were viewed as being reasonably within the purview of classroom reading teachers. Any incidence of moderate to severe reading disablement, on the other hand, necessitated referral to a reading specialist, clinician or school psychologist for the help that was needed.

With these prospects in mind, then, were classroom teachers advised to investigate and assuage etiological factors or circumstances, before instituting procedures among children diagnosed as having mild reading problems? No, not really. Educators like Otto and McMenemy typically persuaded classroom teachers to focus their attention on determining the nature, not causes, of reading disability. Even though an awareness of causes was viewed as advantageous for teachers, underscorings were nonetheless on symptom identification and programmatic adjustments for mildly impaired readers. Wilson epitomized the basic sentiments of this group of textbook authors when he wrote:

The classroom teacher will utilize his time and efforts most effectively in diagnosing patterns of symptoms to

adjust his classroom approach to the child with a reading problem. The reading specialist, in clinical diagnosis, will be more thorough in attempting to arrive at a cause (1967, p. 26).

Without question, teachers of the sixties and seventies were confronted with divergent, and perplexing, notions about what their focus should be when diagnosing reading needs of boys and girls. Certain scholars left little doubt that classroom teachers could, or should, attempt to tackle many of the contributory elements of reading disability. Other writers, so it seems, relegated the probing into causation to clinicians, specialists, or others. Furthermore, while some experts presumably advocated that teachers use symptoms only as indices for scrutinizing causes of reading disability, others encouraged the implementation within classrooms of corrective instruction geared wholly to symptoms. From these inconsistencies, does it come as any surprise that more than just a few teachers found no real direction for themselves, when plotting appropriate courses of action for reading-handicapped students? Does the same hold true for this decade? Let us take a glimpse.

Advisement in the Eighties

In contrast with the two preceding decades, the eighties are witnessing a mounting emphasis on several concepts which tend to restyle the earlier diagnostic-remedial role for classroom teachers. Among recommendations to reading teachers, an increasing number of textbook writers bring into focus (1) the difficulties and, perhaps more often than not, the impossibility of identifying actual causal factors in reading disability; (2) the necessity for gaining a working knowledge of the many potential causes of reading failure; (3) the need to identify, and use, recurring patterns of symptoms of reading difficulty when planning corrective measures; and (4) the advisability of providing classroom instruction for mildly disabled readers, and referring children with moderate or severe problems to other professionals for assistance. Keeping these four points in mind, let us proceed with a brief commentary.

In the first place, precision in identifying the cause of a reading problem is thwarted by the inevitable overlapping of socioeconomic, educational, physiological and psychological factors. Furthermore, difficulties arising from the aforemen-

tioned tendency are complicated by the occurrence of concomitant factors that have only a close, but not causal, relationship to the reading handicap (Ekwall and Shanker, 1983; Richek, List & Lerner, 1983). The oftentimes confusing and indeterminate nature of an etiological search can be sensed when once considers, for example, the theoretical case of a girl suffering from chronic stomach-aches. To begin, these pains might be traced to the child's poor self-image which, in turn, could have resulted from her below-average reading performance. Likewise, the youngster's reading difficulties might have stemmed from her high absenteeism from school, particularly on days when crucial skills were taught. The girl's absences, by the way, possibly were a consequence of her father's loss of jobs time and again, requiring the child and her family to move from one place to another. Repeated use of "might" and other grammatical markers of uncertainty alludes to options, speculation, and the inevitable aura of indecision which enshrouds various aspects of any investigation into causation.

Howards (1980), Brown (1982), Wilson & Cleland (1985) are among experts who advocate that diagnoses by classroom teachers should typically require very little, if any, investigation of factors responsible for problems in reading. Nonetheless, familiarity of classroom teachers with causes of reading failure is commonly seen as an asset, either for expanding their knowledge of possible reasons for deficits in reading (Rupley and Blair, 1983), making them more efficient when analyzing patterns of symptoms related to reading disability (Wilson & Cleland, 1985), or providing necessary adjustments in the reading instruction for certain children (McGinnis & Smith, 1982). With reference to the latter concept, McCormick emphasizes that "for many students, early accommodations . . . prevent reading problems from becoming severe or may even eliminate the problems entirely" (1987, p. 34).

Rather than make attempts to identify and alter or eliminate etiological factors, classroom teachers are being advised to concentrate on remedying symptoms of reading difficulty (Rupley & Blair, 1983; Wilson & Cleland, 1985; Gillet & Temple, 1986). One apparent reason for this recommendation is that contingencies of causation are so complex and difficult to pinpoint. A large majority of teachers have neither the training or expertise for coping with sinuositities of causal phenomena. Moreover, the inordinate amount of

time presently required for effective classroom teaching doubtlessly hinders most teachers in giving additional time to researching possible determinants of reading disability among students. In any case, the most workable classroom approach to diagnosing reading deficiencies is perhaps one which capitalizes on patterns of symptoms. Consider, by way of example, an initial diagnosis which uncovers word-by-word reading in a young man. Without question, continuous repetition of this condition is indicative of a problem, perchance one which stems from trouble with one or more word-recognition skills, a bad habit or comprehension difficulty. Each of these, in turn, is symptomatic of some constellation of interacting factors related to causation. By heeding current thought on a matter of this sort, the teacher of the young man will avoid pursuing reasons for the word-by-word reading. Instead, efforts will be directed toward correcting the most likely symptom(s) of some causal complex.

Classroom teachers' employment of a diagnostic-prescriptive approach, not unlike the one of Collins-Cheek and Cheek (1984), reveals pupil differences in functional reading levels and reading-skill deficiencies. Those identified as mildly disabled readers, on the one hand, typically have little difficulty in working alongside peers in normal-sized class groups. Teachers are indeed fortunate that this is the case, for the intensity of instruction, motivational efforts, and degree of individualization necessary for youngsters with mild reading problems do not differ significantly from similar pedagogical concerns for most other children in regular classrooms.

Much in contrast are the preconditions for teaching boys and girls with moderate or severe reading deficits. To illustrate this point, class size for the moderately disabled probably should not exceed eight students; for the severely disabled, three (Brown, 1982). The incapacitation resulting from serious reading impediments, aggravated by a prototypal poor self-image and host of related problems, justifiably mandates thorough diagnoses and intense, highly individualized instruction. Yet, for many of the seriously impaired, reading progress is impeded until such time that probable reasons for disablement are identified and corrected. Since a plurality of classroom teachers fall short of either the required time, scholarship or know-how for

successful work with seriously handicapped readers, the only plausible recourse appears to be the referral of these young people to other professionals. This draws attention to a pressing need for highly competent reading specialists who can spearhead diagnostic-remedial efforts and, by working in concert with teachers, school psychologists and others, bring about the in-depth diagnoses, factorial adjustments and distinctives of instruction that are so essential for children with serious reading problems.

How credible is advisement of the 1980's, over that communicated to teachers in the sixties and seventies? The advice, as perceived by many, comes as a boon, a refreshing "switch-on" to reality. Others, for whatever reason, sense bewilderment. One imperative does remain clear, though: The reading needs of school children must be met. For some, this requires an eradication of causes; for many others, a treatment of symptoms.

REFERENCES

- Bamman, Henry A., Mildred A. Dawson and James J. McGovern. Fundamentals of Basic Reading Instruction (3rd ed.), NY: David McKay Co., Inc., 1973.
- Bond, G. L. & M.A.Tinker. Reading Difficulties: Their Diagnosis and Correction (3rd ed.) NY: Appleton-Century-Crofts, 1973.
- Brown, Don A. Reading Diagnosis and Remediation. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1982.
- Collins-Cheek, M. & E. H. Cheek, Jr. Diagnostic-Prescriptive Reading Instruction (2nd ed.), Dubuque, IA: Wm. C. Brown Co., Publishers, 1984.
- Cushenbery, D. C. Reading Improvement through Diagnosis, Remediation and Individualized Instruction. W. Nyack, NY: Parker Publishing Co., Inc., 1977.
- Dechant, Emerald. Diagnosis and Remediation of Reading Disability. W. Nyack, NY: Parker Publ. Co., Inc. 1968.
- Ekwall, E.E. & J.L.Shanker. Diagnosis and Remediation of the Disabled Reader (2nd ed.), Allyn & Bacon, 1983.
- Gallant, Ruth. Handbook in Corrective Reading: Basic Tasks. Columbus, OH: Charles E. Merrill Publ. Co., 1970.
-

- Gillet, A. J. & Charles Temple. Understanding Reading Problems: Assessment and Instruction (2nd ed.), Boston: Little, Brown, & Co., 1986.
- Harris, A. J. How to Increase Reading Ability (5th ed.), NY: David McKay Company, Inc., 1970.
- Howards, Melvin. Reading Diagnosis and Instruction: An Integrated Approach. Reston Publ. Co., VA, 1980.
- Kennedy, E. C. Classroom Approaches to Remedial Reading. Itasca, IL: F. E. Peacock Publishers, Inc., 1971.
- McCormick, Sandra. Remedial and Clinical Reading Instruction. Columbus, OH: Merrill Publishing Co., 1987.
- McGinnis, D.J. & D.E.Smith. Analyzing and Treating Reading Problems. NY: Macmillan Publ. Co., Inc., 1982.
- Otto, Wayne & R. A. McMenemy. Corrective and Remedial Teaching: Principles and Practices. Boston: Houghton Mifflin Company, 1966.
- Richek, M. A., L.K.List, & J.W.Lerner. Reading Problems: Diagnosis and Remediation. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1983.
- Robinson, Helen M. Why Pupils Fail in Reading. Chicago: The Univ. of Chicago Press, 1946.
- Rupley, W.H. & T.R.Blair. Reading Diagnosis and Remediation (2nd ed.), Boston: Houghton Mifflin Company, 1983.
- Schubert, D.G. & T.L.Torgerson. Improving Reading Through Individualized Correction (2nd ed.), Dubuque, IA: Wm. C. Brown Company Publishers, 1968.
- Strang, Ruth. Diagnostic Teaching of Reading (2nd ed.), NY: McGraw Hill Book Company, 1969.
- Wilson, Robert M. Diagnostic and Remedial Reading for Classroom and Clinic. Columbus, OH: Charles E. Merrill Publishing Company, 1967.
- Wilson, R. M. & Craig J. Cleland. Diagnostic and Remedial Reading for Classroom and Clinic (5th ed.), Columbus, OH: Charles E. Merrill Publishing Company, 1985.
-