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DYSLEXIA: THE REAL ISSUES

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One of the interesting philosophical issues or discussions present on the educational scene at the moment is that of the role of dyslexia as a cause for basic reading deficits. The purposes of this article are to present briefly some of the historical trends regarding the topic; analyze a few current definitions; outline several procedures for diagnosing the difficulty; offer a description of four techniques for dealing with the problem; and provide a response to three questions dealing with the real issues of dyslexia.

Historical Background of Dyslexia

The development of the term, "dyslexia," has evolved slowly during the past sixty years. From the period of 1925-1960, various psychologists and educators used such words as "strephosymbolia" to describe a condition of mixed brain dominance and uncoordinated brain functions. Others words and phrases used during this period were "word blindness," "alexia," "brain injured," "primary reading disability," and "developmental lag."

As far back as 1917, Dr. James Hinshelwood, a Scottish physician, compiled a volume entitled *Congenital Word Blindness* (1917). He contended generally that the loss of visual memory centers in the brain could create a reading problem. Dr. Samuel T. Orton (1937), a famous Iowa neurologist, did not believe that dyslexia, as a condition, was the real root of reading problems. It was his belief that many disabled readers possessed "strephosymbolia," a deficiency which caused children to reverse such common words as *saw* and *was*.

During the last seventeen years, a plethora of articles have appeared in the literature regarding the topic. The sections which follow describe the author's opinion as well as the thoughts of various writers on the important subjects of definition, evaluation, and remediation of dyslexia.

Definition of Dyslexia

A careful review of articles written in recent years on the subject leads one to the conclusion that there is some major disagreement as to whether such a condition exists. For example, Rafferty (1968), indicates that he has been waiting for somebody with expertise to tee off on "progressive" education's latest excuse for poor reading: dyslexia. He believes that dyslexia neatly fits education's classic definition of the perfect alibi; it's scientific sounding, it's mysterious, and it's something the teacher can't be expected to do much about.

Labeling children "dyslexic" really has more political and economic

importance than educational significance according to Fry (1977). He is of the opinion that special funding is available if the child is “dyslexic”; if the child is only a “poor reader,” no special funds are available. He further contends that a scientific definition of dyslexia is lacking. In the same vein, Ross (1976) warns his readers not to be awed by fancy labels and that the word, “dyslexia,” is an attempt to say in Greek that the child can’t read.

Despite the skepticism of some writers, there appears to be a number of reading and learning authorities who do believe that dyslexia does exist as a definite, identifiable disability among children and adults. Unfortunately, the term itself means many different things to different educators and is probably more misunderstood than understood (Smith and others, 1978). Several authorities concur that the definition of *dyslexia* is a severe reading problem which is considered to be a result of a brain and/or central nervous system dysfunction (Savage and Mooney, 1979; Johnson and Smith, 1976; and Miller, 1971).

After serving many years as a director of a university reading clinic, the writer is convinced that indeed there are children and adults who have varying stages of brain dysfunctions which cause them to display evidences of mixed dominance, inability to remember recently taught sight words, and left-to-right orientation problems. Whether these persons should be labeled “dyslexic” is obviously a controversial question. Until further evidence is forthcoming to the contrary, it may be appropriate to indicate that these types of clients do, in fact, demonstrate dyslexic tendencies. The important thing to remember is that these children can be *treated*. They certainly *do not* have an incurable disease.

Diagnosis and Description of Dyslexia

Numerous writers have offered definite characteristics of the dyslexic child. Kaluger and Kolson (1969) observe that these children show difficulty remembering whole-word patterns and do not learn easily the sight method. Additionally, they are poor oral readers and poor spellers, and come from families in which there is left handedness or language disorders or both.

There are other characteristics as well. Miller (1971) mentions that the teacher may teach a dyslexic child a word which he/she learns and then forgets several minutes later. It would appear that the child cannot seem to hold either the visual or auditory image of the word in his/her mind. She further observes that such a learner is often hyperactive and distractable as well.

One of the interesting discussion points of dyslexia is the number of children who appear to possess the disorder. The percentage figure is obviously related to a given person’s definition of the term. If, for example, an individual believes that any child who cannot read at grade level is dyslexic then the percentage may be in the range from 30 to 60 percent of the total child population. On the other hand, if one does not

believe in the total concept of dyslexia as a definite, identifiable disorder, then one might understandably conclude that there is not even one such child in the country.

Those who adhere to the viewpoint that dyslexia is a legitimate disorder employ a number of techniques for the purposes of diagnosis. These involve careful clinical observation of the child to note difficulties with orientation, visual-memory tasks, and general mixed dominance when asked to designate "right and left" and "up and down." To rule out any neurological disfunction, the learner should receive a thorough neurological examination by a reputable physician. Several well-known tests such as the following may be employed to evaluate auditory, visual, and/or mental functions: *Wepman Auditory Discrimination Test*; *Goldman-Fristoe-Woodcock Test of Auditory Discrimination*; *The Marianne Frostig Developmental Test of Visual Perception*; *Developmental Test of Visual Motor Integration* (Beery-Buktenica); and *The Illinois Test of Psycholinguistic Abilities*. With younger children the use of some commercial reading readiness tests may yield data relating to left-to-right orientation as well as visual and auditory functions. These would include *Gates-MacGinitie Readiness Skills Test* and the *Metropolitan Readiness Tests*. Information regarding these tests can be found in a number of source volumes including those by Kirk and others (1978) and Bond and others (1979).

Treatment of Dyslexia

During the past two or three decades a number of suggestions have been made by writers regarding the proper treatment for children and adults with dyslexia. Four approaches for helping learners with this general type of problem have been described by such authorities as Kirk and others (1978) and Miller (1971). The *VAKT Approach* represents four modalities: visual, auditory, kinesthetic, and tactile. This technique activates four different learning modalities into a single learning experience which may help the dyslexic child overcome some of his/her problems.

The *Fernald Method* developed by Grace Fernald (1943) uses four stages and employs both the language-experience and tracing methods to help the learner with orientation difficulties. *The Gillingham-Stillman Method* (Gillingham & Stillman, 1968) uses a multisensory procedure by teaching elements of sound and the letters of the alphabet. Anna Gillingham and Bessie Stillman utilized this alphabetic method with many children in the 1930's who had been diagnosed as being language disordered. Much drill and repetition is assigned and a strict sequence of teaching steps is demanded of persons using this method.

The Hegge-Kirk-Kirk Remedial Reading Drills (Kirk, 1936) were developed at the Wayne County Training School for high-grade mentally retarded children. Kirk and others (1978) recommend this approach for those pupils who have extreme visual or auditory deficien-

cies, lack perceptual-motor abilities, and are reading at a level much lower than the child's mental age.

In addition to the four methods previously described, some clinicians employ other routines such as the neurological impress method, the cloze procedure, and various phonic approaches. Obviously the success of any or all of these procedures depends on such factors as the learner's attitude, other disabling conditions, and the teacher's effectiveness.

The Real Issues

In light of this discussion, what are the *real* issues regarding dyslexia? They seem to concentrate on the questions and responses to three questions. These are: (1) Is there a reading-learning disability called dyslexia? (2) Can this problem be diagnosed? and (3) Can the difficulty be treated?

With respect to question 1, there are children who have severe reading difficulties and associated orientation and dominance handicaps. If one defines these conditions as being dyslexic, then indeed we may well say that these persons can be classified as being dyslexia statistics. This writer believes this is the case.

Can the problem be diagnosed? This answer is yes if the diagnostician is competent in the use of the various evaluative devices which have been described in this article. The important thing to remember is to examine the data and results of a number of commercial and informal devices *before* making a definite diagnosis.

Can the difficulty be treated? There are many different types of methods which can be utilized. Several have been described in this article. One must recognize that these techniques are merely ideas to try. No one plan can guarantee a cure. The wise clinician recognizes that several common approaches have been helpful in the work with many children; however, the true dyslexic child needs a flexible plan based on his/her exact learning needs.

In summary: there are dyslexic children; they can be diagnosed; and there is help available to them from competent clinicians in school and university reading/learning clinics.

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