The Dreaded Dyslexia
It's caused by a teaching disability, not a learning disability.
by Diane McGuinness

"Dyslexia" is Greek for "poor with words" or "poor reading." "He has dyslexia" sounds medical and scientific. "He has poor reading" doesn't have quite the same impact. Like many medical terms, "dyslexia" merely describes a state of affairs and has no diagnostic validity. "Strabismus" means that your eyes are not properly aligned. But the word "strabismus" doesn't explain why your eyes are misaligned.

Do dyslexics have brain damage? Twenty years of data from brain imaging studies and electroencephalographic (EEG) recordings have shown conclusively that people diagnosed dyslexic have no damage to any part of their brain. Studies using modern imaging techniques such as computerized tomography (CAT) and magnetic resonance imaging (MRI) search for anatomical differences between poor and normal readers. So far, nothing has been found. The only result that is even marginally consistent is a tendency for poor readers to have more symmetrical brains. But 35 percent of the population have symmetrical brains. Symmetry is not pathology.

There is an even more serious problem than trying to find dyslexia in the brain. A number of studies on very large populations of children show conclusively that the diagnosis of dyslexia or "learning disabilities" is invalid. This calls into question all research on dyslexia. The diagnosis for many years was based on the assumption that if a child had a serious reading problem but normal or above normal intelligence, the child must have a special type of reading disability called dyslexia. Children with low reading scores and low intelligence were supposed to read badly because they have low intelligence.

For many years, a discrepancy between IQ and reading ability has been used as the basis for identifying children with a "learning disability." But beginning in 1992, a number of studies have challenged this assumption.

Jack Fletcher is one of the team leaders of the Connecticut Longitudinal Study which began in 1983. He and his colleagues reported on 199 poor readers, seven to nine years of age. They were divided into four groups on the basis of different statistical methods of computing a discrepancy between IQ and reading. A fifth group (controls) had no reading problems. All children were given a battery of nine tests. The discrepancy model did not hold up. Children with reading problems, regardless of IQ, all scored badly on one particular test which measures the ability to hear individual phonemes in words. Children with low IQs did worse on a memory test, but otherwise all poor readers scored normally on the remaining tests.

Fletcher was also a collaborator in a Canadian study with researchers at Windsor, Ontario. They tested 1,069 children referred to a clinic for reading problems. Children

were between the ages of nine and 14 years. The children were divided into four groups based on different calculations of IQ/reading discrepancy scores, and were given a battery of ten tests by the Canadian psychologists. All children with poor reading scores, regardless of IQ, regardless of group, did badly on the same two tests. One test measured the ability to blend isolated phonemes into words and the other the ability to decode letters into phonemes. Once again the results were the same, and the conclusion was that there is no basis for any special category of reading disorder. Similar findings were reported by scientists Keith Stanovich and Linda Siegel at the Ontario Institute for Studies in Education.

Sally Shaywitz and others in the Connecticut Longitudinal Study followed children to see if the discrepancy diagnosis of dyslexia was constant from one grade to another. Twenty five children were diagnosed dyslexic in first grade and 31 in grade 3, but only seven were classified as dyslexic in both grades. Of the 24 children classified as dyslexic at fifth grade, only 14 were also dyslexic in third grade. Finally, a study on twins has been carried out by Bruce Pennington and his coworkers at the University of Denver. They tested 538 pairs of twins, dividing the children into four groups based on age, IQ and reading scores. They had the same results. All poor readers, regardless of group, IQ or age, had problems reading phonetically-spelled nonsense words and nothing else. The authors concluded that there is no evidence for any test that can identify groups of poor readers who do or do not have a discrepancy between IQ and reading scores.

These studies sound the death knell of “dyslexia” and “learning disabilities” as a category of specific reading retardation. The truth is simply that if a child scores badly on a reading test, he or she has a reading problem and needs to be taught to read. There is no evidence from any of the studies or any of the tests that most poor readers have anything wrong with them except the inability to read an alphabetic writing system, and this in turn is related to a difficulty in accessing the phonemic level of speech. In other words, children with reading problems have a hard time “ungluing sounds in words.” But there is nothing wrong with their brains. Other studies show that phoneme awareness can be trained at any age — from 5 to 65 — in a relatively short period of time. This means that everyone can be taught to read.

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