

Six myths about dyslexia

Think you know about dyslexia? Think again, says Susan Godsland.

As the parent of a once struggling reader, I have deep and personal experience of the frustration and anxiety which results from having a 'dyslexic' in the family. Back then, I read all the dyslexia books and thought I knew a great deal about the subject. Now, as a seasoned reading tutor with a steady stream of strugglers coming through my door (and having studied a different set of publications on reading difficulties, those whose authors are commonly ignored or derided by the dyslexia community), I know that all my previous learning amounted to little more than myths. Here, I will unravel some of the common ones.

Myth one: those diagnosed with dyslexia have a fault in the brain which manifests itself as an inability to hear and manipulate sounds at the level of the phoneme, causing serious problems with learning to read and spell.

This myth is surprisingly easy to challenge; one only needs to ask if these dyslexic students are able to speak normally. We know that babies learn to speak by listening for phonemes in the speech stream of the adults around them (McGuinness, 2005). Once they have learned to talk and no longer need to listen at this micro-level of sound, this wired-in phoneme sensitivity becomes biologically unnecessary and it disappears into the background of the brain.

In pre-literate times, this ability would never be needed again, but in order to learn to read and write using an alphabetic code, it becomes necessary to bring this facility once again to the fore. Children vary in the ease with which they can resurrect this now buried ability (McGuinness, 1997); a few children become phonemically aware almost effortlessly. They have inherited a great ear for sound and a good eye for patterns in words. In an environment full of books with helpful, literate adults on hand, they put the two together themselves and rapidly become readers. Most children aren't so lucky and some find it very difficult indeed. Fortunately, all is not lost for those that have missed out in the nature and nurture stakes as all the necessary knowledge and skills for reading and writing can be simply taught through the use of systematic synthetic phonics.

Myth two: dyslexia is a specific learning difficulty that can be readily diagnosed by an educated professional.

Until recently, only those struggling readers who, on formal testing, were found to have an average or above average IQ would receive the dyslexia label. It was widely believed that a specific disability, dyslexia, explained the puzzling disparity between their high intelligence and their low reading scores. The low IQs of the other strugglers were considered an adequate explanation for why they remained illiterate. The IQ/achievement discrepancy diagnosis was eventually found to have no basis in evidence and was reluctantly dropped by the dyslexia community. They now say that dyslexia can be found across the range of intellectual abilities.

The international dyslexia community has yet to produce a universally accepted, operational definition of the difficulty (Rice/Brooks, 2004) and, as long as no such definition exists, no scientifically valid diagnosis or research can take place. Professionals in the dyslexia community are aware of this problem, but they have to satisfy desperate and anxious parents, or the students

themselves, who want to know the cause of this mysterious affliction and may need the label in order to access scarce resources. The method devised to overcome this awkward state of affairs is to describe dyslexia as being on a continuum, not as a distinct category with clear cut-off points (Rose, 2009). This means, of course, that all dyslexia diagnoses are presently based purely on professional judgement (opinion) or intuition (guesswork).

Myth three: those professionally diagnosed as dyslexic need a particular type of remedial instruction which is different from that given to ordinary poor readers.

Many parents of struggling readers put a huge amount of effort into getting their children seen by an educational psychologist. They believe that the dyslexia label will enable their children to receive a special sort of intervention which is reserved exclusively for those diagnosed with the defect.

These parents need to know that there are no specialist reading programmes in existence which have proved to be successful only with those diagnosed as dyslexic (Elliott and Gibbs, 2008). An intervention programme based on exactly the same synthetic phonics principles recommended by Sir Jim Rose for Wave One classroom teaching (Rose, 2006), is equally efficient at remediating those with the label as those without.

Myth four: the brain defect dyslexia can be found world-wide.

Countries around the globe, as far apart as South Korea and Finland, achieve almost 100 per cent literacy rates. In the majority of European countries all children learn to decode and spell to a high level within the first year of school (Seymour, Aro and Erskine, 2003).

What these nations have in common is a transparent spelling code. Because it is so rare to find inaccurate readers in these countries, their reading tests are limited to measuring fluency (speed) and comprehension (McGuinness, 2004), their slowest readers being deemed dyslexic for research purposes.

A study, which compared Austrian dyslexic children (very slow readers) with English dyslexic children (very inaccurate readers), discovered that the Austrian children read "twice as fast" as the English children (Landerl, Wimmer and Frith, 1997); slow reading is relative and "slowness", it seems, is a function of the writing system, not a property of the child." (McGuinness, 2004).

Myth five: dyslexics are naturally compensated for their supposed lack of phonological ability by being genetically endowed with talents in the artistic/visual-spatial sphere.

This idea may be comforting, but it is simply opinion backed by anecdote. There is no evidence that the vast majority of struggling decoders are any more gifted in the artistic or visual-spatial areas of ability than those who have learnt to read easily (Rice and Brooks, 2004). What we do know is that those who struggle to read understandably avoid activities which are centred on literacy and, instead, head for the arts and crafts, sports, drama or computing areas of education.

Myth six: in addition to serious reading and spelling problems, true dyslexics experience a number of co-occurring difficulties such as clumsiness, poor short-term memory and concentration problems.

The catalogue of soft signs used in dyslexia diagnosis is open to interpretation or is based on subjective experience, not empirical evidence (Elliott, TES 2005). Many with the dyslexia label are far from clumsy and uncoordinated, including talented sports men and women. Joseph Torgesen found that a short-term memory weakness was poorly correlated with having severe reading difficulties (research cited in Mills: CH4 TV, The Dyslexia Myth).

Teachers report that non-readers with attention difficulties start to concentrate in lessons once they have been taught how to read. Furthermore, the so-called signs are commonly found in people who have learnt to read and spell with no problems whatsoever and in poor readers who don't have a diagnosis of dyslexia.

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