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ABSTRACT

With increased awareness of the reading problems of college students, more attention in recent years has been focused on dyslexia. No reliable figures exist on the occurrence of dyslexia among college students, but 10 percent is a representative estimate among elementary students; hence there would logically be fewer dyslexic college students. However, colleges should be prepared to see more and more dyslexic students in the next few years because of the increase in special education classes in the public schools. For the diagnosed dyslexic student, the teacher of composition should have some concrete methods available to help improve reading and composition skills. The situation is even more critical for the undiagnosed learning-disabled student. College teachers, and especially freshman English instructors, must learn to recognize and provide help for students with dyslexia. (RB)

Barbara Sims

## THE DYSLEXIC COLLEGE STUDENT

By Barbara Sims

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In keeping with the trend in the teaching of composition to personalize and individualize instruction, it is well to be aware of a certain minority group which has received little attention on the college level. The dyslexic, or learning disabled, student is one who--though not of inferior intelligence, nor culturally deprived, nor primarily emotionally disturbed, nor the product of a totally deficient school--arrives at college noticeably lacking in the basic skills of reading, writing, or spelling. This small minority of students has handicaps of varying severity usually attributed to some biochemical or neurological dysfunction which makes it difficult for them to learn by the ordinary classroom methods.

Although the term dyslexia and the syndrome to which it refers has been known since the 19th century, it was not until the 1960's that the subject gained wide recognition, and efforts were seriously made in primary schools to diagnose and provide effective help for students so afflicted. This delay was caused by the reluctance of many educators to recognize that such a thing as a congenital learning disability might exist.

In fact, the term dyslexia is still anathema to many reading teachers, who attribute most learning difficulties to immaturity, lack of motivation, or emotional blocks. Certain psychiatrists have been quite adamant in attributing learning disabilities wholly to unconscious emotional attitudes. One famous child psychiatrist gave his opinion that the reason Johnny cannot add 2 and 2 is that two and two equals the parents, plus Johnny, plus an unwanted sibling. An inability to face unpleasant facts is at the root of school failure, he believes.

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Among those who do recognize that dyslexia exists, estimates range widely concerning the percentage of young children having this disorder. Ten per cent is a representative estimate. There are no reliable figures pertaining to occurrence of dyslexia among college students, although their number would logically be substantially less than the elementary school population. However, colleges should be prepared to see more and more dyslexics in the next few years, because of a great increase in the special education classes in the public schools, which are designed to salvage these students. Ideally, these special programs will provide total remediation and the language difficulties of these students will not be noticeable by the time they reach college. Observation suggests, however, that the handicaps connected with dyslexia often persist. Although a student may have been diagnosed as having a learning disability, often remediation has not been effected because of unavailable, overcrowded, limited, or ineffectual educational resources.

For the diagnosed LD student, the teacher of composition should have in mind some concrete methods to help him improve his reading and compositional skills. For the undiagnosed LD, the situation is even more critical. The freshman English teacher may be the only one with sufficient knowledge of the student to pick up signs of dyslexia. Although the teacher may feel, somewhat justifiably, that it is not his province to have to ferret out why an unsuccessful student does not perform well, still it must be done if the schools are truly to teach students and not fail them or send them along unimproved. It is not enough for the English teacher to make a lot of red marks on themes, write notes of admonition to "do better," or assign grades of F on "mechanics."

A teacher may correctly suspect dyslexia when confronted with a student who performs quite intelligently in class discussion but who turns in papers of markedly different caliber. One such student in a class of mine had devised a useful strategy for coping with his learning disability. Observing about

himself that he could perform orally much better than in traditional school tasks, he had joined in all the curricular and extra-curricular speech activities in his high school. Prior to the time he began to blossom as a debater and speaker, he had been considered stupid by his teachers and classmates, who judged him by his ability to take tests and do other written work. Such a student (or any LD student) should be encouraged to pursue college work which capitalizes upon his strengths and also should be guided toward remediation of his weaknesses. In the case of this student, he was given special help with the elements of composition which he did not comprehend and was referred to a reading clinic, of the type many colleges provide for students who cannot read well.

Another type of student who is encountered (but rarely) is one who carries over into late adolescence the worrisome characteristics of hyperkinesis--clumsiness, impulsiveness, distractibility, and weaknesses in remembering the impressions of their visual and auditory senses. One such 19-year-old whom I taught was very irritating in the classroom, because he constantly shifted around, distracted his classmates, interrupted, and even fell out of his chair. This behavior, which he masked in a clowning posture, would lead one to believe the student was being "bad," if his behavior were not recognized as somewhat beyond his control.

This student had a diagnosed learning disability, and his academic problems included half-completed tests, misunderstood assignments, and oddly executed written work. Although the use of drugs in learning disabilities is a controversial subject, it is widely recognized that certain medications can help students who exhibit the type of problems this student had. A referral to a physician might be in order.

One of the most obvious symptoms of dyslexia is illegible handwriting. Poor slant, poor spacing, omitted letters and words, erratic capitalizations,

and general unreadability may suggest a neurological basis for poor performance. An interesting case of dysgraphia which almost caused a Harvard student to fail is told in the book, Can't Read, Can't Write, Can't Talk Too Good Either by Louise Clark. The student in the book was able to find a handwriting therapist, who worked wonders, but since most teachers know of no such person, they must either suggest means for the student's self-help or refer the student to an old-fashioned elementary school teacher who remembers the days when penmanship was emphasized and truly mastered by practice and repetition.

Some students will reject the idea of trying to improve handwriting, but those who want help can find it in an educational supply house, where cursive writing practice books for elementary students are sold. The reason that handwriting is often such a problem to LD students is that their fine motor movements, eye-hand coordination, and visual perception are often poor when they are young. By the time they are college age, most of these students have outgrown the physical basis for their problems, but have not been taught writing at a time when they could master the skills. Therefore, their illegibility is essentially a bad habit. Handwriting as such is not important, but if a student's writing is unnecessarily laborious, it can result in unfinished compositions and tests.

A student in a technical writing class was having a great deal of difficulty with his reports. On one paper, the teacher noted that he made many spelling errors, including these: critical, spelled critial; institutions, spelled instutions; and specialization, spelled specilzaiation. To the teacher or anyone of good visual perception, these words looked odd. A syllable-by-syllable analysis revealed the letters omitted or incorrectly included. The student, however, neither perceived that the words looked odd, nor was he adept enough at phonics or syllabication to sound out the trouble spots. It is obvious that if such a student is going to improve his spelling, he needs

to learn phonics and syllabication. The question may be raised that if a student has not acquired such elementary skills before college, why should the college English teacher concern himself? Certainly, the curriculum cannot be broadened to include primary subjects. However, all that is really called for is a bit of individual advice. The student can be steered in the direction of remedial tutoring or other help. One of the easiest methods of mastering phonics is to listen to phonics records, which may be bought for a reasonable price at educational supply houses.

A student in a large state university was referred to the writing lab to remove a deficiency in composition in order to graduate. In his own field of study he had done fairly well, and in certain courses he was definitely superior. He was described by his art professor as bright, inventive, and conscientious. When he wrote a sample paper for the lab instructor, this is how he expressed himself: "The importans of Art is dificant to put a valou on in a way that most peple today look upon valou....This becomes importan when you see that no only events have sunificants but thoughts and Ideals have equlely as much importans in shaping that man is at at any one protikure time."

The paper, in addition, was written in a childish, cramped hand and looked as if the student had expended much effort in his choice of words, as evidenced by frequent mark-overs. The margins were also messy and ragged. The writing slanted first right and then left.

The appearance of the paper and the substitution of that for what in the second sentence are clues to visual perception distortions. Remedial reading devices such as teaching machines to influence eye movements are sometimes used, but in the absence of such equipment, the college teacher may try such simple things as asking the student to copy passages. Achieving accuracy in copying may sometimes be very hard for severely handicapped students, and with improvement in copying there often comes improvement in composition. Buying

a set of sight-reading basic words and drilling with these flash cards may sometimes improve visual reading, and therefore, writing.

The student who wrote the passage under consideration evidenced not only visual weakness, but auditory problems as well, as shown by the words which were wildly misspelled, so as not even to approximate the sounds of the words, such as protikure, for particular. Referral to a special program for dyslexics would probably be helpful in a complex case such as this.

The local school board, speech and hearing clinics, medical schools, and psychological clinics may point the way to special help. Special education teachers trained in teaching dyslexics will sometimes tutor privately. Saturday tutorial programs employing para-professionals are available in each state. Certain colleges, such as the College of the Ozarks in Clarksville, Ark., cater to the dyslexic student.

As I have been using the term, dyslexia refers to a variety of communications difficulties, but in a popular sense, it denotes a weird abnormality which makes people reverse letters. Reversals, in fact, are a good diagnostic clue. A teacher suggested to a 28-year-old student that he be tested for dyslexia when she noticed that he had written, in one paper, several words containing reversals, such as : felxible for flexible; ethier for either; and colud, for could.

At a psychological clinic he was given a representative battery of tests to evaluate his IQ, visual-motor coordination, lateral dominance, academic achievement, and personality. He was told that he had an extremely high IQ, but severe perceptual problems. Despite wearing glasses, he had double vision. In addition to academic recommendations, the staff suggested psychiatric treatment for the emotional problems which the student exhibited, presumably in part due to the lifelong frustration of being intelligent enough to know what society expected of him, but unable to accomplish goals which were easy for

others to achieve.

Indeed, the life of any dyslexic tends to exhibit episodes of frustration, embarrassment, and rejection by teachers and peers who do not understand his handicap. The college teacher, even though not full unprepared to deal effectively with specialized problems, can, with some knowledge of the nature of dyslexia, understand.

<sup>1</sup> Louise Clark, Can't Read, Can't Write, Can't Talk Too Good Either (New York, Walker and Company, 1973).