

VISUAL THERAPY: HELPING LEARNERS WHO HAVE TROUBLE LEARNING

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ABSTRACT

Children who struggle to learn to read and write suffer embarrassment and pain; their parents are often frustrated, confused, and angry with their children, as well as their children's teachers. If a learning problem *is* noticed, it can be often misdiagnosed and/or the symptoms may be treated instead of the cause - when no improvement is then observed after remediation, the result will be frustration all around. Syndromes such as dyslexia or ADD (attention deficit disorder) are often convenient labels to explain why learners are not learning, but these diagnoses are not always the correct ones. What many of these "slow learners" actually have is an inadequate visual system. With the help of a behavioral optometrist providing sessions of visual therapy, previously unsuccessful readers and writers can become efficient learners. This paper attempts to familiarize EFL educators and parents with a hidden learning problem which, treated correctly with visual therapy, can be overcome.

A CASE STUDY: CARLO

Carlo was a 13-year-old student in my town who had come to me for help with English; he was also having difficulties with Latin, and Math at school, he told me. I saw him once a week for almost a year, but did not see much improvement, and this was extremely frustrating to me. He was easily distracted, had trouble with simple reading comprehension tasks (although he knew the vocabulary), had great difficulty in reading out loud (sounding out words, recognizing patterns in sounds like "th", "tion", etc.), and could not remember much from one lesson to the next; he did everything in a very slapdash manner, was disorganized, and even forgot to come to a few lessons. He also seemed somewhat immature for his age.

Nonetheless, I felt that he was bright, but for some reason he was not doing well in school, and he frustrated me to the point of telling him he had better start working harder, or else. Fortunately, this did not discourage him too much - I suppose he must have been used to similar reactions. I then remembered that during our first lesson together, he had mentioned that he had been diagnosed as dyslexic, and tended to confuse letters like "b" and "d", "p" and "q", etc. I had hardly ever thought of it again until that evening, when I suddenly realized that perhaps there was much more to it than just confusing a few letters.

I telephoned one of my ex-students, Lidie, who was an optometrist; I knew she was doing something called "visual therapy", and I wanted to find out if Carlo might have a problem she could help him with. My feelings were right, for it was Lidie who had seen Carlo years before, and had identified some dyslexia in him. Speaking to her, and reading some books she lent me on the subject of visually related learning problems made me realize that many of my private students might have a vision related problem. Most of them were having problems in various subjects, not only with English.

I began to pay attention to their specific problems, and found that many of the symptoms, or red flags for visual problems applied to them; this discovery aided me in realizing that the students did not have certain basic skills needed to read or write in their first language, let alone a foreign language. Although I am not an expert in the field of visually related learning problems, I have at least learned to identify possible visual problems, and can refer students to a trained visual therapist in my area for assessment. In addition, I have learned to be more patient.

This paper seeks to familiarize educators (and parents) with a hidden and misunderstood learning problem, which treated correctly, can empower children and adults who find themselves

with inadequate visual systems; visual therapy can help create effective and efficient learners by treating the cause, and not the symptom.

LABELS, DIAGNOSES, AND CAUSE

Children and adults with obvious, and not so obvious learning difficulties, or disabilities (LD) are often labeled or “diagnosed” in elementary school when they have problems learning to read, write, and do math. These children and their parents are embarrassed and frightened by a myriad of “syndromes” and labels, as Kimple mentions, such as:

- slow learner
- hyperactive
- submissive / withdrawn
- dyslexic
- brain injured
- minimally brain damaged
- having a specific learning disability
- having a hyperactive learning disability
- having ADD (attention deficit disorder)
- having perceptual impairment

Kimple retains that these labels do not help educators to understand the cause of the problems, and therefore are of no value to teachers. Students are often assigned remedial “cures” such as after-school tutoring or extra homework; when these “cures” do not produce the expected results, students, teachers, and parents are bewildered and frustrated. Getman considers “the very word “disability” ... demeaning and destructive...”

Families sometimes go from specialist to specialist to try and find a diagnosis that makes sense, but rarely are they referred to an optometrist. Optometrists are still often considered “quacks” and “alternative” compared to ophthalmologists (medical doctors).

As we will see later in this paper, if children were to all see an optometrist for a visual evaluation early on in life, many heartaches and much pain would be avoided, for successful reading and writing depends on an efficient visual system.

SIGHT AND VISION

When a person takes an “eye test”, he or she will generally stand 20 feet in front of a chart of letters, which go from large on the top line, to very small on the bottom line. This chart was invented by a physicist named Snellen at the beginning of the 1800s. It is still used to determine visual acuity, which is considered the most important part of the many factors in visual functioning (Kimple, 1997, 17). In reality, what it actually determines is whether or not a person can read the last line on the chart at a distance of 20 feet. This is generally called “perfect 20/20 vision”. This test does nothing to measure vision; it merely measures sight clarity. Sight is the physiological reaction to light and contrasts, while vision is a complex system, which involves the processing of sight information plus other information including motor activity (posture, sound, touch, etc.). When all this information has been collected and processed by the brain, a closure occurs, and it is then interpreted for a following action (Getman, 1992, 9). This is called vision by behavioral optometrists.

Vision is not an automatic response like sight: it must be learned. According to Getman, this learning process begins at the moment of conception. During pregnancy the fetus’s central and peripheral nervous systems develop thanks to the movements of the fetus, and being ready for movement is vital to the visual future of the individual. As children learn to reach for objects, turn themselves over, crawl, toddle, walk, run, and explore, they are also preparing themselves for writing, spelling, and math, as they learn to understand sequences, patterns, and directions. As we

will see below, clumsiness can be a red flag for an inadequate visual system. Gross and fine motor skills are imperative to efficient vision.

When the child is “developmentally ready” for academic work (when his or her school environment matches the visual development of the individual) he or she will learn without stress or effort at kindergarten or in the first year of elementary school. Teachers should be aware that children develop visual skills at different rates, and might want to reconsider when and how to introduce literacy skills. After all, the human visual system was not designed for nearpoint activities, but for hunting prey from a distance.

SPECIFIC SYMPTOMS (RED FLAGS)

Following is a list of possible symptoms associated with visual problems. A complete vision examination is recommended if several of the following disturbances are noted:

Early Motor Skills

- Baby does not learn to crawl properly (hands and knees, left leg + right arm / then right leg + left arm), but may drag him/herself across the floor, or bump along on his/her bottom;
- Child does not know left from right, or seems to be ambidextrous;
- One or both of the eyes seem to drift inwards or outwards (this can be subtle). This will happen most often when tired.
- One eye suddenly “flips” outward while other eye remains stationary;
- Complaint of pain, itching, or burning sensation in eyes;
- Unexplained appearance of styes or red granulated eyelids;
- Blinking or squinting;

Balance and Posture

- Child has problems riding a bicycle, skipping, jumping rope, standing on a balance beam, or standing on one foot;
- Gait is erratic – person shuffles, slides, or slouches;
- Seems to move awkwardly;
- Leans against wall for balance, or looks at floor while walking;
- Bumps into things;
- Keeps head thrust forward while standing, sitting, or walking;
- Cannot catch a ball using body and arms as a basket after four or five years of age;
- Has a fear of heights, falling and climbing;

Reading

- Subject fidgets while reading;
- Books held too close or too far away from face;
- Tilts head, shuts one eye out, loses place while reading;
- Word or letter substitution (e.g. “saw” for “was”, “b” for “d”) when reading orally;
- Complaints of eye pain, eye rubbing, headaches during reading;

Writing

- Pencil held awkwardly – tightly gripped in a fist, or an awkward bend to the wrist;
- Written work clustered on one part of paper, or scattered over the page;
- Misspellings, substitutions (see Reading), or reverse words or letters;
- Writing is illegible;
- Difficulty in aligning numbers vertically;

Social Behavior

- Inappropriate social behavior (many social cues are visual) such as : inappropriate remarks, extreme shyness, excessive aggressiveness, inattention, and hyperactivity;

Stress

- Subject appears stressed during nearpoint work. Symptoms may include: hands and feeling wet and cold, complaints of tiredness, overreaction to requests to perform a task, sleeping in class, expressions of anger or frustration, poor test results

(Kimple, 50)

WHAT IS VISUAL THERAPY

Visual therapy, (or Visual Training, or Vision Training, or Optometric Vision Therapy, or Neuro-Optometric Rehabilitation, or Behavioral Optometry, or Developmental Optometry) is like physical therapy for the eyes. It is not a direct treatment for learning disabilities although it is often of great aid.

Visual therapy does not strengthen eye muscles; what it does do is:

- help patients develop or improve fundamental visual skills and abilities;
- improve visual comfort, ease, and efficiency;
- change how a patient processes or interprets visual information

through specific exercises or games using specialist tools.

WHAT A VISUAL THERAPIST / BEHAVIORAL OPTOMETRIST DOES

A complete vision exam performed by a specialized optometrist is followed by an evaluation after which a subsequent program of treatment may be recommended. These consist of a progressive program of exercises individualized to meet the needs of each patient conducted in-office once or twice a week. "Homework" is sometimes assigned to be practiced between visits.

Visual therapy includes the use of prescription and therapeutic lenses, prisms, optical filters, eye patches, computer software, and balance equipment.

WHAT WE CAN DO AS TEACHERS

- Be attentive to the red flag behaviors and symptoms listed above in your classroom and with private students;
- Encourage students and parents to see an optometrist trained in visual therapy for evaluation if learner has several of the above mentioned symptoms;
- Try to help the learner understand what is happening to him or her by providing information at the right time. This may also help the learner understand why he or she misinterprets visual information even in social situations.
- Encourage gross and fine motor skills through games and play even in the classroom.
- Do not waste energy and patience with traditional remedial classes; they will never help perceptually impaired learners unless they are designed to treat the cause, and not the symptoms. Careful visual assessment and treatment can save both time and anguish.
- Practice patience and give support and encouragement.

WHAT WE CAN DO AS PARENTS

- Be attentive to the red flag behaviors and symptoms listed above and see an optometrist if necessary;
 - Limit time spent watching TV, even watching so-called “educational” programs and children’s programs. People who watch a great deal of TV, and especially those who sit too close do not shift their focus from near to far (reducing eye strain and strengthening muscles) often enough. Children need to play and run and jump to learn to use their bodies and minds, to learn to solve problems and make decisions;
 - Do not force the issue of learning to read at an early age. It is not strictly necessary for children to learn to read before they enter school. School teachers are well trained in teaching reading skills, and children have many other important things to learn to do (Kimple 24);
 - Encourage your baby’s curiosity by stimulating all his/her senses – hand your baby things (bottle, toy, etc.) from both sides, right and left, and try to embrace the mess your baby makes when throwing flour all over the kitchen - it is all learning;
 - Ask your child to describe what he is doing while he is doing it to enhance verbal-visual integration;
 - It is recommended that around a child’s first birthday he /she be evaluated by a behavioral optometrist;
- (Kimple)

CONCLUSION

Without a doubt, learning to learn and applying what is learned is of fundamental importance for success in reading and writing. What has not been learned properly in early life can be corrected with visual therapy. “Visual therapy has a proven record of highly successful treatment of children and adults who have had vision-related learning disabilities” (Kimple, 140). I believe that if we are truly to help our students, we as educators must develop an awareness of the mechanics of what we are teaching; we must learn to appreciate all aspects of the process as well as the final result.

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