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*"The Moving Finger writes; and having writ,
Moves on..."*

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A Study of Pure Dysgraphia: HIGH ACHIEVERS

By Pamela Heather

Introduction

Since the Learn-Write Centre opened its doors in 1990 to offer the first teaching treatment for dysgraphia, many high achievers who had pure dysgraphia have succeeded professionally. Many have become teachers, optometrists, engineers, journalists and lawyers. Not one of them went into, or came from the field of medical practice. Some doctors have illegible handwriting and appear to have no other difficulty. Perhaps they possess a fast mind and a slow pen, and pay little or no attention to the mechanics of writing. This study answers the question: *do students with pure dysgraphia enter all professions, including medicine?*

Dysgraphia, a disorder affecting written expression, may occur on its own (Pure Dysgraphia) or in conjunction with other disorders. In March 2001, doctors' poor handwriting hit the newspaper headlines: *'Prescription scrawl could get doctors struck off'*. This article reports: *'The British Medical Association also supports the call for hospital and family doctors to tidy up their writing or face disciplinary action. Mix-ups caused by pharmacists prescribing the wrong drugs, or doctors and nurses prescribing the wrong dose are thought to lie behind some of the medical errors which affect one in ten Health Service patients and claim 34,000 lives a year.'*

Litigation is on the increase in medical practice and poor handwriting could be a risk factor. Would the General Medical Council's Handbook (2001) on tighter controls, help us to discover if some doctors have pure dysgraphia? Six months later, the first doctor applied to the Learn-Write Centre for help, followed by a second doctor, Michael. They were both thirty-four-years old.

Background

Dysgraphia is usually allied to other disorders: dyspraxia (motor impairment/immaturity/delay), dyslexia, dyspraxia (impairment or immaturity of the organisation of movement), dysphasia (a communication disorder), Asperger's Syndrome (a form of autism) and Attention Deficit Disorder (with or without behavioural problems), Gerstmann's Syndrome (affects finger agnosia, left-right direction, handwriting – dysgraphia, and numerical manipulation), Walton Cavey (2000). However, dysgraphia can exist alone and only high achievers have pure dysgraphia.

In September 2001, after the GMC's tighter controls, the first GP applied to the Centre for help because she was changing her field of practice and hoped to be a surgeon. Near the end of her university course, her tutor told her she

was dyslexic and it was unlikely she could take her finals. This came as a terrible shock. Although she knew she had had problems up to the age of fourteen she believed she had overcome them.

After a psychological assessment, she was referred to the Centre for help, two months before her final examinations. A special concession of extra time was granted for her finals because she had no time to develop the speed of her new, prescriptive handwriting style. Her slight spelling difficulty had disappeared after the first week of the changed style. She gained a 'second' degree qualification, but was disappointed that her high intellect was not evident in written examinations. Six months later, a second doctor, Michael, applied to the Centre. His case is described below.

These doctors have no difficulty in achieving very high grades in those subjects that require shorter examination answers; their memory and recall of information is first class. Their problems of writing at length, in longhand, will return when they want to change career-direction.

The crux of their problem lies in the area of written expression. They find it difficult to organise thoughts and ideas, and at the same time, to concentrate on writing in such a way that they maintain legibility. A slight spelling problem occurs in their creative work (it is only noticeable because it is unexpected). Many high achievers have been unable to develop an automatic, longhand style that is readable, and since examiners must be able to read their papers, their results suffer accordingly.

A CASE STUDY OF A HIGH ACHIEVER WITH PURE DYSGRAPHIA

A very successful specialist approached the International Graphology Association to ask for help for his illegible handwriting. His next career move appeared unachievable. Over the years, his handwriting style had gradually deteriorated. Joined capital letters began to occur in the middle of small case words after half-a-page of writing and some letters were inaccurately produced.

Michael's capital 'J', for instance, was written as a number '3'. He sometimes tripled the same letter instead of doubling it. Even his signature could be affected: one letter would be omitted and two 'e's and two 'j's inserted instead of one. Errors such as these suggest that Michael is a poor speller. This assumption, in his case, would not be true. Roman (1968) identified that *"Perseveration in handwriting is revealed by the involuntary, compulsive repetition of letters, letter parts, words, and even phrases"*.

This doctor is 'coming out' and declaring his problem. He hopes it will encourage other high achievers to face their problem and do something about it. Another aspect of 'coming out' is that it alerts educators to the fact that high achievers who have pure dysgraphia cannot improve their longhand style themselves.

Illegibility and inaccuracies could be clearly observed in Michael's writing as shown in example 1. His creative writing speed of 19 words per minute was slow, but he managed to get through schooling and examinations. Criticism and suggestions of laziness and not bothering to make the effort is frustrating for these students.

has lessened, but it will continue to inhibit my production of longhand. My writing speed is minimally faster, but it will not improve further because I have to maintain legibility. A chunky pen with an italic nib counters my range of physical difficulties when holding a writing tool. The downside is, only one manufacturer produces a suitable pen and after six weeks of heavy pressure, it leaks. Other pens do not enable me to retain a writing rhythm. I also know that I must retain the prescribed handwriting style and grasp of the pen. At least, I know what I have to do and can help myself.

Pam's work makes a real difference to people's lives. I am less tired and far happier. Compliments galore flowed after the handwriting change; the hospital pharmacy thought my

EXAMPLE 1, DICTATION: MICHAEL'S FORMER HANDWRITING STYLE

Cesarian section the popular American response to postpartum distress has not proven to be an entirely successful non-universally satisfactory remedy. The incidence of long term neurological deficits in surviving neonates seems little changed even by very liberal use of Cesarian delivery. As given on the points out an increase from 22 to 94.6 in Cesarian delivery for noted prescriptions made no

Michael tells his own story:

I did not appear to have many problems with learning, and my examination grades were mostly 'A's with the exception of English Literature ('C' grade). I have, however, always had problems in two specific areas: writing at speed and writing at length. In addition, quite painful hand cramp would develop in either situation. Writer's cramp, in my case, is due to pressing down heavily on the pen to control a benign tremor. Other physical difficulties were present such as continual, tense, jerky movements of the pen. I did not hold my pen in the conventional way.

It appears that after many years of trying to write at speed and at length, my handwriting legibility began to deteriorate. In Medical School (1992-94), it was just about readable. In 1999, my work colleagues and several Consultants told me that my surgical records, patient's case notes and prescriptions were illegible. My ambition of becoming a Consultant seemed remote. Something had to be done. After many phone calls to find someone who could help me, I was eventually told about the Learn-Write Centre.

After completing the handwriting course at the Centre, I felt as though a huge weight had been lifted off me. The physical movement of the pen improved and I began to enjoy writing for the very first time. I could look at my handwriting style and admire it.

There are, however, certain aspects connected to the handwriting change that I have to accept: the hand cramp

signature on a prescription was a forgery. There is a considerable amount of writing in doctor's working day. All the general administrative procedures, patients' notes, and a busy operating list, ensure an efficient usage of my time. I can now consider other strategies to make further improvements to my written records.

At present, I am a Specialist Registrar in Obstetrics and Gynaecology (with a special interest in reproductive medicine). I am finishing off my general studies and hopefully, will become a Consultant in a few years time.

Identification of Pure Dysgraphia

Many people have a fast mind and a slow pen, which manifests itself via a barely legible style of handwriting. They do not have pure dysgraphia. Their speed of thought and ideas ensure very little short-term memory is employed in the mechanical production of written letters. Although their handwriting style is difficult to read, it can be seen that they produce a similar and consistent flow of letter movement, with no spelling errors.

Those who have pure dysgraphia are high achievers, who limit and avoid creative writing tasks. They can omit consonants in words and show poor letter-height differentiation. Their capital letters shrink when they insert them into small case words, and their letter production shows unconventional joins. Some spelling anomalies are due to visual-motor perception deficits. For example, when writing the word 'explained', an omission of 'i' occurs, then

EXAMPLE 2, REPEATED DICTATION: MICHAEL'S PRESCRIPTIVE HANDWRITING STYLE ONE WEEK LATER

Caesarian section, the popular American response to possible difficult delivery, has not proven to be an entirely successful nor universally satisfactory remedy. The incidence of long term neurological deficit in surviving neonates seems little changed even by very liberal use of caesarian delivery. As Green et al point out, an increase from 22 to 94 percent in caesarian delivery for breech presentations made no

EXAMPLE 3, CREATIVE WRITING: THREE WEEKS LATER

As you can see, my handwriting has improved immeasurably since seeing you last week. Everybody is amazed at work!
I am still finding my little "r's" somewhat difficult, but otherwise things are going well, as you can see.
The pharmacy at work thought a prescription I signed was a forgery.

EXAMPLE 4, CREATIVE WRITING: FOUR WEEKS LATER - A MATURE HAND

The new writing is now sticking in my memory and I am improving daily. My speed is coming along and my 'r's' are getting better.
I once again cannot thank you enough for helping me as you have and enabling my writing to not only be understood but also so lovely to look at, write and read.

Current research shows that the average writing speed for an adult is 25 words per minute, with a top speed of 35 words per minute. SLD students have slower writing speeds. They possess an average or above average IQ, and write 2-16 words per minute. These writing speeds for SLD students are confirmed by past and current research.

Adults with pure dysgraphia may have a

relatively slow writing speed, when writing essays, around 18-20 words per minute. Their copying and dictation speeds reach between 20-26 words per minute. Something quite unexpected is observed when their faster sample of writing (dictation) is compared to the slower sample of writing (creative). The faster sample shows a slightly smaller, more legible handwriting style and fewer errors of grammar, spelling and capitalisation. Please compare the Dictation, Example 1 and Michael's former Creative, Example 5 that follows:¹

the writer perceives the first stroke of 'n' as 'i', and it may even be dotted. Two letters can be conjoined like Siamese twins.

Their letter closure can be inaccurate so that 'a' looks like 'u' and vice versa, a 'd' looks like 'cl', a 'g' looks like 'y'. ...This can happen on the backtracking of up-down movements when forming letters. An 'r' can look like 'n/v', a 'b' can look like 'h/k', a 'w' can look like 'u', an 'm' can look like 'n/w' or vice versa...

¹ All the examples were written on lined paper with a setleft margin

EXAMPLE 5: MICHAEL'S FORMER CREATIVE STYLE

happiness + joy as I feel the glow of the winter
 weather around my body. I look back and see my
 footprints from the dawn in some way the perfection
 of the snow spied by my ~~foot~~ prints frozen - but
 I knew just to walk in this heavenly atmosphere is
 so awesome that the prints of my feet are justified.
 I stop, look around, up into the clean pure
 sky - and as a small snowflake starts on my
 nose I wish that this heaven could last
 forever.

Conclusion

The theory for those who have *Pure Dysgraphia* is as follows: when more attention is placed on the mechanics of writing then less attention can be paid to the accuracy of grammar, spelling and capitalisation.

This theory is supported by the following evidence, before and after the change of the student's style of handwriting:

- Students who have pure dysgraphia submit five-minute copying and dictation samples, to the Learn-Write Centre. These samples are usually written faster than the creative sample that involves writing at length. All of them said that they found writing essays difficult, which limited the amount they could write.
- The students, who have pure dysgraphia, score highly in spelling tests at school.
- Their spelling was better in the dictation sample than in the creative sample taken *before* the handwriting change.
- Before the handwriting change, they could accurately spell aloud the errors made in their creative samples sent to the Learn-Write Centre.
- It is found: after the development of a prescriptive handwriting style (one week later), less attention is needed for the mechanics of writing, which enables more attention to be paid to the recall of spelling, grammar and capitalisation.

Jean Aicardi (1998) wrote a chapter on Attention Deficits and Specific Disorders. She wrote that dyslexia and dysgraphia are often collectively referred to as dyslexia. She went on to say that it is quite inadequate to do so, considering that spelling and other writing problems do not necessarily overlap with reading problems and vice versa.

The findings here support her criticism of the umbrella term of dyslexia that is now so easily attached to anyone with learning, spelling or writing problems. In the female doctor's case, her university was quite wrong in suggesting she had dyslexia. The misdiagnosis, however, did prompt

their student to find appropriate help and they allowed her to sit her finals.

It was stated in the Daily Mail: ... '30% of doctors did not use capital letters in a survey of 560 prescriptions issued at Raigmore Hospital in Inverness, in 2001'. Were these findings due to a very fast writing speed, carelessness, or pure dysgraphia? Further research is needed.

The results of the five-minute copying and dictation skill samples usually differ when compared to the creative sample when they have to write at length. A slower writing speed and greater difficulty in creative language suggests attention is concentrated upon the recall of ideas and the mechanics of writing, which detracts attention away from spelling. This is further supported by additional evidence: pure dysgraphics scored highly in spelling tests at school, and they accurately spelt aloud the errors they made in their creative work.

Pure dysgraphia is usually a hidden disorder because most high achievers gain top grades in factual subjects such as science, information technology, music, foreign languages and mathematics. Despite lots of experience and obvious ability, some people reach a stage in their career where pure dysgraphia limits the progression in their chosen field. It blights their career prospects. Michael's history provides valid evidence that all high achievers, whatever their profession, can have pure dysgraphia, and it can be successfully treated.

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 For The International Graphologist

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