

Dyslexia

Its impact on the Individual, Parents and Society

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عسر القراءة تأثيرها على الفرد والوالدين والمجتمع

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IN THIS ISSUE OF SQUMJ, THERE IS A very good review article on dyslexia by Drs. Shidhani and Arora.¹ They describe the different types of dyslexia, the various aetiological causes and also its management. Perhaps the next major question to be discussed is its social impact. How does dyslexia impact the child, the parents and society in general?

What does dyslexia do to the sufferer? Dyslexia typically is clinically manifested when the child first goes to school and has to cope with learning how to read. The child then discovers his/her disability, but unfortunately, the degree of the trauma varies according to initial interpretation and hence the translation of the trauma into symptoms may also vary significantly. In addition, as described in Dr. Shidhani's article, the precise nature and the degree of disability will vary from individual to individual.

The child with dyslexia, even though often of average or above-average intelligence, may have difficulty in grasping abstract concepts and in retelling a story. They may be slow at word recall and have difficulty in reading because of reversing or inverting letters or reading a whole word backwards. The unfortunate consequence is that a sufferer may have to read a paragraph 3 or 4 times before they can grasp its content. Often this happens as a result of poor recall and fluctuating performance—when reading a particular sentence, they may have no difficulty with the first few words, but then get mixed up with the last few words, and then a different problem when they read it again in an

effort to try understand the sentence. Spelling is the second major problem in the classroom. Children with dyslexia may spell the same word differently even in the same essay. All these difficulties lead to frustration and delays necessitating an extra time for reading, writing and other scholarly activities.² Because they have to work much harder in school to catch up with their classmates, their self-esteem drops, sometimes to a seriously low level. Such children come to believe that they are “stupid” with the serious consequences of that attitude. These problems can be exacerbated by teasing from classmate with all consequences this may entail.

What other emotions do children challenged with dyslexia feel? They can become so frustrated with words, sentences, meanings and recall that they remain anxious throughout school age and into adulthood. They can thus often develop severe anxiety disorder, which is the most frequent emotional symptom that dyslexic children experience,³ and this adverse disposition can be lifelong. Another emotional symptom from which dyslexics suffer is anger arising from their frustrations in schools. Social scientists point out that the greater the frustration the more it breeds anger.³ Poor self-image is another problem for such individuals despite their often superior intellectual capacity. In fact, the diagnosis of dyslexia, generally, includes the consideration that the intellect and IQ has to be at least average.^{2,4,5} Poor self-image can lead to low self-esteem; this is characterised by negative thoughts which, in turn, tend to worsen

self-image and can lead to clinical depression.^{6,7}

Next to the individual distress occasioned by dyslexia, come the problems encountered by the family. Dyslexia impacts the family in variety of ways and can often result in sibling rivalry. The dyslexic child needs special attention from parents and relatives, while the non-dyslexic siblings may be jealous of this extra attention. This can lead to family quarrels, which can create a further psychological burden for the afflicted individual. There is some indication that dyslexia runs in families meaning that some parents maybe anxious about the possibility of their offspring also suffering from dyslexia. Some caregivers may not accept that the child has a learning disorder, instead simply defining the problem as laziness. Such a scenario is likely to trigger frustration not only for the affected individual but also for the caregiver.

Another predicament of people with dyslexia is the perception that they have a cognitive impairment such as poor memory since they may not readily remember what they read or recall a specific word. This can then lead to a struggle with the teacher, with the parents and with themselves. The result can be a child deemed to be “incorrigible”, a judgment which can further traumatise the individual.⁸ Other problems from which children with dyslexia may suffer are the setting of realistic and attainable goals, or the lack of opportunity to rejoice over their achievements and success. Learning to set attainable goals should be part of the rehabilitation of people with dyslexia. It is well known that children with dyslexia who achieve success in athletics or in artistic endeavours are likely to have high self-esteem.

The above discussion has dwelt on children with dyslexia and their caregivers. The next question is in what diverse ways dyslexia can impact society in general.^{6,8,9-12}

Typically, dyslexia incidence is 5–10% of school children.⁸ Unfortunately, it is not uncommon for children with dyslexia to have other impairments or disability. The most common among these are attention deficit disorder (ADD) and attention deficit hyper-active disorder (ADHD). The school drop-out rate of dyslexics can be as high as 35%, twice as the national average school drop-out rate of many countries;^{4,5,13} in the United States, 27% of the high school drop-outs have learning disabilities.¹⁴ It has been estimated that barely 2% of dyslexics

enrolled in undergraduate programmes in the USA complete the requisite 4 years of study.

In the workplace, up to 20% of the workers may have dyslexia.¹⁵ A survey-based exploration of the impact of dyslexia on the career progression of UK registered nurses explored the effects of dyslexia on the practice and career progression of the UK registered nurses.¹⁵ The study concluded that dyslexia appears to have “a negative impact on working practices and career progression but remains a poorly understood and often, hidden disability.” Functional illiteracy is a major problem in some societies; in the USA, the estimated rate is about 20%¹¹ and, of these people, 50% have dyslexia. A total of 80% of all people diagnosed learning disabilities are dyslexic. When one looks at the high prison figures of people with dyslexia, one wonders why, but part of the answer is embodied in the fact that 85% of juvenile offenders have reading disabilities.¹⁴

It can thus be seen that dyslexia can cause various social and psychological problems for the individual, the family and society. The question now is what needs to be done. There is a dearth of empirical information on the prevalence of such learning disorders in Oman. Unfortunately, there is also no provision for remedial services and rehabilitation for children with dyslexia in Oman, nor even culture-specific tools for diagnosing dyslexia. However, there is a significant amount that can still be done and some measures can be implemented with minimum effort. Some shining initiatives have emerged from private schools. Anecdotal reports suggest special education teachers are available in some private schools in Oman. They are able to give special attention to dyslexic pupils, helping them to compensate for or cope with their learning disorder. These children are given more time to do tests, typically 20 extra minutes more per hour. We need to implement these actions in the Ministry of Education’s (MoE) public schools. It is generally accepted by the experts in dyslexia that the answer to managing dyslexia is not to have special schools, as the disabilities are subtle and often mild, but to get these children accommodated in the mainstream schools, with special support. The children need to believe that they are not stupid but have a disability that can be overcome once it is properly understood.

There are several specific evidence-based

therapeutic measures that are commonly employed for people with dyslexia. Some of these remedial measures have been shown to mitigate the severity of dyslexia. These include the use of coloured overlays to avoid the problem of reading black print on white paper, and the use of computers to help in reading and spelling.¹⁶ Also a test may be read out to the individual. These and many other remedial measures that can be used by teachers and caregivers often have to be individualised. While much can be done in school by the teachers, as described above, much needs to be done by the parents at home.¹³ Empowering caregivers should be an integral part of devising mechanisms for remedial intervention. Expert advice is available to support caregivers. Parents can specifically help the dyslexic child by listening to them, not overpressuring them, by talking about their disability, pointing out specific problems and helping them, and by giving them plenty of praise and encouragement. They can also inspire them by giving examples of famous international figures that had dyslexia such as Alexander Graham Bell, Albert Einstein, Mozart, and John F. Kennedy. In Oman, we need to take steps to educate the parents and the public.

The MoE has to be commended for recognising the lack of facilities in its own schools and giving special permission for Omani children to go to private schools. However, what we really need is specially trained teachers in MoE schools. The MoE, perhaps together with the Ministry of Health, needs to recognise officially that dyslexia is a condition requiring special attention and to provide resources for rehabilitation as has been done for other children with special needs. This is important since dyslexia is a disability affecting around 10% of the population, both children and adults. It is less obvious among adults, because they have learned how to compensate for their disability, while some lucky ones have also had good help from their parents and teachers. There are signs that Oman is starting to deal with the problem of learning disability.¹⁷

Many of the solutions discussed above can, in fact, be fairly easily handled if the appropriate infrastructure is in place. Thus, we urge the MoE to focus more attention on this very common disability and build appropriate and required infrastructure to deal with the problem. We need specialised teachers and we need education of

parents and the community as a whole. Educated communities might then form the all-important non-governmental organisations (NGOs) as is happening in neighbouring countries.¹⁸ We need more psychologists trained in diagnosing learning disorders, and they will need special and appropriate diagnostic tools.¹⁹ Researchers from the College of Education and the College of Medicine at SQU have recently been given a grant from His Majesty's Strategic Research Fund to study dyslexia, specifically the authentication of diagnostic tests for dyslexia—an area where improvement is needed. We need to do more in Oman so that the challenges of dyslexia can be surmounted. This is eminently possible if appropriate efforts are made by all parties concerned.

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