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DEVELOPMENTAL DYSLEXIA – IT'S (NOT) A PROBLEM

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Abstract. In the process of supporting a child's development, parents play a very important role, in creating their closest developmental environment. It is the parents who are largely responsible for the further development and achievements of the child, but they also play an important role in the process of recognizing educational difficulties and supporting the child in overcoming them. However, in order for them to be able to carry out their tasks, it is necessary for them to have knowledge. Because an increasing number of children are diagnosed with developmental dyslexia – currently, it is estimated that they constitute one-third of students at individual levels of education – but also more and more assistance programs are being created, it is necessary to educate parents in this area. The article presents theoretical assumptions concerning developmental dyslexia. The methodology of research conducted among parents of children with developmental dyslexia was presented. Due to the specific nature of the disorders, only parents whose children were diagnosed with dyslexia were included in the research sample. The selection of the sample was significant because it is these parents who are responsible for creating developmental conditions for the child. The article presents the results of research conducted among parents of primary school students in the Lubuskie Voivodeship. The research was aimed at finding out the extent of their knowledge about developmental dyslexia. Attempts were made to reconstruct parents' knowledge of common beliefs, causes, symptoms, and forms of assistance provided to students with developmental dyslexia. The presented research results are the basis for further reflection on the directions of pedagogical education of parents and indicating their role in supporting the comprehensive development of the child. Expanding parents' knowledge can bring measurable benefits for the child's development and further education.

Keywords*:* education; upbringing; development; developmental dyslexia.

1. INTRODUCTION

The phenomenon of specific learning difficulties is an interesting area of research for psychologists, educators, practitioners, and neurobiologists. Most people dealing with the phenomenon of specific learning disabilities have no doubts about the rightness of conducting research in this area, searching for methods of working with students experiencing these difficulties, as well as the importance of building and expanding public awareness in the area of minimizing the described phenomenon. Because the lack of early therapeutic impact in children with developmental dyslexia may contribute to the difficulties observed at all stages of school education (Polish language, foreign languages, mathematics, geography, etc.), and often may even become a serious obstacle in building proper relationships with other people. It is important for

parents to have a good understanding of how children with specific learning disabilities function and to use an appropriate system to support them.

The aim of the article is to present the scope of parents' knowledge about developmental dyslexia. In the first part of the text, theoretical assumptions explaining the concept, the causes of specific learning difficulties, and the accompanying symptoms will be presented. The second part of the article will be devoted to the presentation of methodological assumptions and the results of research conducted among parents. The whole text ends with a discussion of the research results.

2. THEORETICAL BACKGROUND

In colloquial language, there is a belief that specific learning difficulties "are an invention of modern times" and an explanation for the "laziness" of the student. In order to confirm the above belief, another belief is often invoked that "there used to be no dyslexia". Numerous studies allow us to conclude that the first mentions of specific learning difficulties appear already in the notes from the 1st century AD, which describes the story of an Athenian who, because of an injury, lost his "memory for letters" (Maruszewski, 1970). Franz Josef Gall and Johann Spurzheim can trace the beginning of dyslexia research back to studies on the neural basis of various mental functions. Researchers showed the relationship between language functions and the region of the frontal lobes in the brain, which inspired further research by Jean Baptiste Bouillaud and Paul Broc. When conducting research on the deceased with symptoms of aphasia, the specialization of the cerebral hemispheres was indicated. In addition, based on many observations, the region in the left hemisphere of the brain responsible for generating speech has been called Broca's area, and its damage has been termed Broca's aphasia (Maruszewski, 1970). The phenomenon of the loss of reading/writing skills as described in 1667 by J. Schmidt, using the term alexia, while J. Lordat, in turn, described the problems with reading and speaking observed in himself as verbal amnesia.

Whereas J. W. Ogle used the term agraphia, and the German physician A. Küssmaul described disorders that occurred "despite good eyesight, intellect and the ability to use speech" as word blindness (Bogdanowicz, 2003). In the literature describing the symptoms of dyslexia, you can find many other terms: bradylexia (slow reading) – E. Claperéde, legastenia (difficulty in reading) and graphastenia (difficulty in writing) – P. Ranschburg, and partial illiteracy – B. Engler and K. Rutherford (Kurowska, 2011). The beginning of research on specific learning disabilities dates back to 1896 when an article by ophthalmologist W. P. Morgan appeared. It contained the first case report of a reading disorder. This case concerned a fourteen-year-old student who was found to have normal intellectual development, but despite the intellectual norm, it turned out that "He had great difficulty [...] mastering the art of reading [...]. The written or printed word did not seem to reach the boy's consciousness at all, only when to read aloud did it become meaningful to him. It is possible that this disease is congenital" (Skałbania, 2002). To describe the difficulties accompanying the boy's development, the term "congenital word blindness" was used (Kołtuska, 1989). Another publication in which the problems of dyslexia were presented was J. Hinshelwood's monograph entitled Congenital Word-Blindness.

In the literature on the subject, there are many definitions of developmental dyslexia, which belongs to a group of disorders known as specific learning disabilities. As emphasized by Bogdanowicz (2013), in the diagnosis of developmental dyslexia, the presence of intellectual disorders and environmental neglect should be excluded. In the process of operationalizing the term dyslexia, researchers pay attention to various aspects related to learning disabilities. Based on numerous studies, it can be concluded that specific learning disabilities are not a disease but a group of disorders, which is a separate diagnostic category in the International Classification of Diseases and Related Health Problems, revision 10 (ICD-10, International Statistical Classification of Diseases and Related Health Problems, tenth revision. They are defined as specific

developmental disorders of school skills and are coded as F81. Within this category, the following were distinguished:

- specific reading disorder (F81.0)
- specific sound-letter parsing disorder (F81.1),
- specific arithmetic disorder (F81.2),
- mixed learning disabilities (F81.3)
- other developmental disorders of school skills (F81.8).

The problem of dyslexia has also been included in the DSM-5 clarification, according to which the term dyslexia can be an alternative to the term "specific learning disorder", which is manifested by poor reading ability and accompanying difficulties in accurate and fluent word recognition, decoding, and correct spelling words. The DSM-5 concept also emphasizes the fact that slow reading speed and problems with reading comprehension are important aspects for the diagnosis of this phenomenon (Reid, 2005).

Specific learning difficulties are manifested in the occurrence of developmental deficits. The diagram below shows the basic deficit areas.

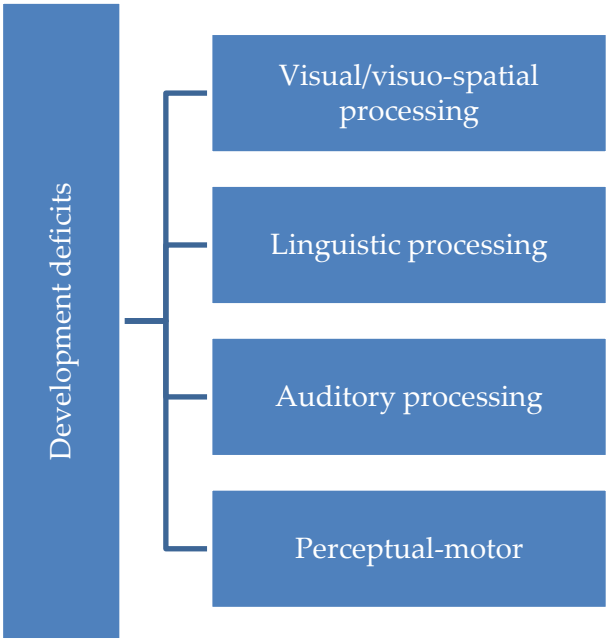

Fig. 1. Development deficits

Source: author's research

The occurrence of deficits was the basis for formulating criteria for determining the types of developmental dyslexia. Taking into account the criterion of a mental function disorder that is the basis for difficulties in mastering reading and writing skills, four types of dyslexia can be distinguished:

- visual-type dyslexia conditioned by visual perception and memory disorders, most often associated with visual-spatial and visual-motor coordination disorders;
- dyslexia of the auditory type, which is caused by disturbances in the perception and auditory memory of speech sounds, most often associated with disorders of language functions;
- mixed dyslexia, when there are disorders in both visual perception of words, visual sequential memory, auditory word perception, auditory sequential memory, visual-auditory memory and spatial imagination; in this type of dyslexia, dysfunctions are present in several areas simultaneously;
- integrative dyslexia, is when individual perceptual and motor functions do not show any

disturbances, and the disorders concern their coordination (Kalinowska, 2005).

The neuropsychological approach to classify types of dyslexia was used by a team of researchers who distinguished:

- dyslexia, in which there is a lack of articulatory and graphomotor coordination – in children we observe problems with motor pronunciation, graphomotor difficulties in writing and drawing activities, poor ability to synthesize sounds;

- dyslexia associated with language disorders – there are difficulties with naming, syntactic constructions, and difficulties with understanding and differentiating speech sounds;

- dyslexia is associated with visual differentiation, visual memory, and visuospatial difficulties (Martin, 2001).

Despite numerous studies, the cause of developmental dyslexia has not been clearly defined. Among researchers, the views on the etiology of disorders are divided, however, based on the analysis of the literature, several directions of research on the cause of developmental dyslexia can be identified. Four of them seem to be the most important (Lyons, 2016):

- **the phonological deficit theory**, which believes that dyslexia is caused by highly specific difficulties in the precise processing of speech sounds (Shaywitz, 2018).

- **the double deficit theory**, which recognizes that a deficit in phonological processing is the primary, but not the only, cause of dyslexia. Along with disturbed phonological processing, there is also a deficit in the precise temporal integration of information coming from different modalities. Which can be manifested in a slow pace of reading, and naming (objects, colors, letters, or numbers) (Wolf et al, 2001).

- **cerebellar deficit theory**, automaticity deficit theory – here, developmental dyslexia is the result of difficulties in automating complex activities, which difficulty is caused by abnormal development of the cerebellum (Lezak, 1994).

- **temporal processing deficit theory**, according to which dyslexia results from difficulties in processing sequences of rapidly changing and short-lived stimuli, both visual and auditory. The main variant of this theory is the magnocellular deficit hypothesis, which attributes this difficulty to the abnormal development of the nerve cells that make up the so-called large cell pathways (Stein, 2004).

M. Bogdanowicz, in turn, points out that "In dyslexic children, the number of symptoms of developmental disharmony increases with age in many developmental spheres. Visual-spatial and motor disorders often coexist with developmental disorders of auditory-language functions. They cause the so-called specific errors, such as confusing letters, omissions, rearranging" (Bogdanowicz, 2011).

The symptoms of developmental dyslexia include the following areas:

- gross motor skills – small motor efficiency of the whole body: the child has difficulties learning how to skate, skate, and ski and is reluctant to participate in physical games and physical education lessons, may have difficulties with balancing exercises, dancing, and gymnastics;

- fine motor skills – reduced mobility of the hands: difficulties with making precise movements during school classes, for example when assembling models, and drawing diagrams;

- hand-eye coordination – Difficulties with throwing and catching, the child draws badly and reluctantly, writes poorly, presses the pencil or pen too hard, the hand gets tired quickly

- Auditory-linguistic functions – Spelling of complex words, use of grammatically incorrect formulations, difficulties with the correct use of prepositional phrases describing spatial relations: over-under, behind-before, inside-outside, difficulties with differentiating similar sounds: z- s, b–p, confusion of phonetically similar words, difficulties with performing analysis and synthesis operations.

- Visual functions – Difficulty distinguishing elements from a whole as well as synthesizing them into a whole, for example when assembling a puzzle, difficulty isolating the details that

distinguish two pictures

- Lateralization- Persistent binocularity and ambidextrousness with a slight predominance of one hand.

- Orientation in the scheme of the body and space – Difficulties in pointing out both parts of the body and defining them in terms: right-left, difficulties in determining the position of objects in relation to each other: to the right, to the left;

- Reading - Difficulty in reading: slow pace, primitive technique, inaccurate comprehension of the text, but with few errors; reading with many errors resulting from fast reading speed, guessing content from the context, inaccurate understanding of the read text, reluctance to read, spelling difficult words.

- First attempts at writing – Difficulties with mastering the correct spelling due to delayed development of visual-spatial and auditory-linguistic functions, which results in incorrect spelling and a large number of spelling mistakes despite knowing the rules; Poorly legible handwriting associated with delayed motor development and eye-hand coordination. Problems with other objects because of the above-mentioned disorders, for example, wrong orientation on a map, reading numbers from right to left, confusing inequalities, difficulty reading and remembering notes, writing down chemical reactions, remembering names, and dates. Difficulties with foreign languages: problems with remembering words, and correct pronunciation (Bogdanowicz, 2017).

A big problem can be the assumed negative influence of social media, where different pictorial forms of expression and different abbreviations of words are used, which can promote dyslexia, especially we can pose this trend in Generation X (Lisnik, 2020).

3. RESEARCH OBJECTIVE, METHODOLOGY, AND DATA

The presented research was carried out in May and June 2022 in the Lubuskie Voivodeship in four urban primary schools. The aim of the research was to find out the extent of knowledge that parents of dyslexic students have about the causes and symptoms of developmental dyslexia and difficulties that may arise in children because of specific learning difficulties. The study used the diagnostic survey method. In order to conduct the study, the test of knowledge about dyslexia included in the brochure published by the Centre for Education Development was used, and a questionnaire was constructed, which also included a datasheet, which included the gender and place of residence of the respondents. The following research problems were posed:

1. What is the extent of parents' knowledge about the causes of developmental dyslexia?
2. What is the extent of parents' knowledge about the symptoms of developmental dyslexia?
3. What is the extent of parents' knowledge about the forms of assistance provided to students with developmental dyslexia?

The selection of the research sample was intentional, the questionnaires were distributed only to those parents whose children have been diagnosed with developmental dyslexia, they were pupils in the fourth grade of primary school who had not been diagnosed with dyslexia risk before. 160 questionnaires were distributed, of which 149 returned. After analysis, 7 more were rejected because they lacked completed answers. Thus, 142 questionnaires were used in the study, most of which (77.5%) were completed by women. The remaining 22.5% are questionnaires completed by fathers. The characteristics of the research group are presented in Tab. 1.

Tab. 1

Characteristics of the research group

	N	%
Matka	62	
Ojciec	19	
Razem	81	

Mothers were definitely more willing to participate in the survey. It is worth noting that during the interviews, the mothers also indicated that they were the ones who participated in the child's diagnosis at the psychological and pedagogical clinic.

During the survey, respondents were presented with twelve statements about dyslexia. The task of the respondents was to determine which statements – in their opinion – are true and which are false. On the basis of the obtained research results, categories were created. A detailed analysis of the scope of parents' knowledge about developmental dyslexia is presented in Tab. 2.

Tab. 2

The scope of parents' knowledge about developmental dyslexia

The scope of parents' knowledge about developmental dyslexia	Number of surveyed parents	
	n	%
Wide	30	21,1
Mediocre	68	47,9
Low	44	31,0
Together	142	100,0

Nearly half of the respondents (68 people, i.e. 47.9%) are people whose scope of knowledge about developmental dyslexia can be considered medium. One-third of the surveyed parents (44 people, i.e. 31.0%) gave answers that allow the conclusion that the scope of their knowledge about dyslexia is low. Thirty people (i.e. 21.1%) were in the group with a high level of knowledge about dyslexia. A high range means that parents gave 8 to 12 correct answers on the presented questionnaire. Medium range 5 - 8 correct indications and low range 4 and below. The obtained research results indicate that parents generally understand what kind of disorder developmental dyslexia is. However, nearly every third of respondents have common knowledge, which is burdened with mythical thinking about specific learning difficulties.

Another area that attempts to discover is the extent of parents' knowledge about the causes of developmental dyslexia. Parents were asked to answer the question: What, in your opinion, are the causes of developmental dyslexia? Based on the adopted operational definitions, three areas of parents' knowledge about the causes of developmental dyslexia were identified. It was assumed that the broad range includes indications from five to six reasons for dyslexia, the medium range from three to four indications, and the narrow range from zero to two indications. The detailed distribution of answers is presented in Tab. 3.

Tab. 3

The scope of parents' knowledge about the causes of developmental dyslexia

The scope of parents' knowledge about the causes of developmental dyslexia	*Number of surveyed*	
	n	%
Wide	42	29,6
Mediocre	75	52,8
Low	25	17,6
Together	142	100,0

Among the surveyed parents, the largest group is those whose knowledge of the causes of developmental dyslexia can be described as medium (75 people, i.e. 52.8%). That is, they indicate two to four causes of developmental dyslexia. The smallest number of respondents are parents who indicate one to two causes of dyslexia (25 people, i.e. 17.6%). On the other hand, forty-two parents (29.6%) indicated six or five reasons for specific learning difficulties. The reason that most often appeared in the respondents' answers was the genetic theory (79% of respondents) and damage to the central nervous system. Very rarely did the parents point to a hormonal cause or the temporal processing theory.

The study was also interested in the extent of parents' knowledge about the forms of support provided to children with developmental dyslexia. The obtained results are presented in Tab. 4.

Tab. 4

The extent of parents' knowledge about the forms of support provided to children with developmental dyslexia

The scope of parents' knowledge on the forms of helping a dyslexic child	Number of surveyed parents	
	n	%
Wide	55	38,7
Mediocre	59	41,5
Low	28	19,7
Together	142	100,0

It is interesting that parents are able to indicate various forms of support that their children can use. The chart below presents a detailed distribution of responses.

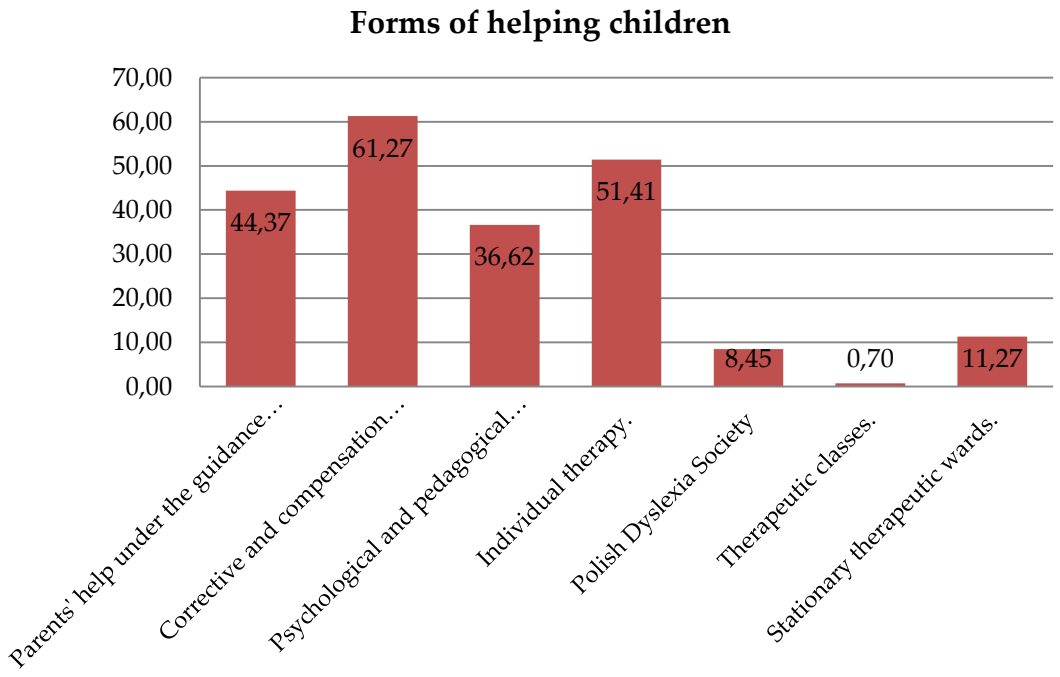

Fig. 4. Forms of helping children

Corrective and compensatory teams (61.27%) are the most frequently indicated form of helping children. Parents also point to the importance of individual therapy (51.41%). Not without significance is also the individual help provided by parents under the guidance of a teacher (44.37%). One-third of the respondents (36.62%) believe that a child can also get help in a psychological and pedagogical counselling centre. It is puzzling that few parents know about the possibility of obtaining help for a child in the Polish Dyslexia Society (8.45%), therapeutic classes (0.7%), or stationary therapeutic wards (11.27%).

The research also looked for an answer to the question of what is the extent of parents' knowledge about the symptoms of dyslexic children. Table 5 presents the data obtained as a result of the conducted research.

Tab. 5

Symptoms of developmental dyslexia

The scope of parents' knowledge about the symptoms of dyslexia	Number of surveyed parents	
	n	%
Wide	45	31,7
Medium	68	47,9
Low	29	20,4
Total	142	100,0

From the obtained research results, it can be concluded that nearly half of the respondents (47.9%) have an average range of knowledge about the symptoms of dyslexia. The respondents most often pointed to the syndromes that occur in their children. Over one-third of the

respondents (45 people, i.e. 31.7%) have a wide range of knowledge about the symptoms. These parents indicated not only the symptoms of their children but also were able to name other symptoms. Every fifth respondent (20.4%) has a low level of knowledge about the symptoms of developmental dyslexia. Parents from this group had difficulty indicating what disorders occur in their children, and how they manifest themselves.

4. RESULTS AND DISCUSSION

Based on the conducted research, it can be assumed that parents' knowledge about their child's developmental dyslexia is very fragmentary and largely common knowledge. The obtained survey results indicate that nearly one-fifth of the surveyed parents are convinced that dyslexia can be outgrown, there is no possibility of early diagnosis of dyslexia risk, diagnosis can be made only after prior diagnosis and sending the child for examination by the school, and diagnosing developmental dyslexia in a child allows for exemption from the implementation of certain areas of the core curriculum. Parents from this group see the cause of dyslexia very narrowly. Most often they see it in genes or injuries. As for the symptoms accompanying the disorder, they limit them to reading and writing only. In addition, the help their children can get is only a reduction in material and extended working hours.

A slightly larger group is parents whose scope of knowledge can be described as high. This group includes parents whose statements do not contain common beliefs about dyslexia, they are convinced that there are many factors determining the development of the disorder and there is no single theory explaining the origin of this phenomenon. These parents correctly identify the symptoms that appear in children with specific learning disabilities. They are also aware that not all symptoms may occur in one child, as it depends on the type of deficit the child has. These parents know the forms of helping the child and declare the use of these forms.

The study was conducted in a group of parents and its analysis allowed us to verify the validity of the hypothesis formulated at the beginning. The resulting picture of dyslexia awareness provided answers to the questions posed. It turned out that most parents have a medium range of knowledge about dyslexia. Considering the fact that there are still incorrect beliefs about dyslexia, the surveyed parents have at least basic knowledge about dyslexia (including dysorthography), and correctly recognize its symptoms, which gives the possibility of conscious therapeutic work with the child and understanding its difficulties. Almost all respondents agree with the statement that dyslexia is a real problem that requires support from specialists. Only a small group of parents has a narrow scope of knowledge about forms of helping children. The fact that parents, despite their declared knowledge of dyslexia, repeat stereotypes about it is also not optimistic. In this situation, it is worth examining what is the reason for so many prejudices and how to counteract them.

Because dyslexia is a real problem among children and adults, it is worth taking care of broadly understood prevention and conducting campaigns informing parents about the problem. Research shows that parents usually only learn when their child has been diagnosed with a disorder. This situation raises the hypothesis that perhaps a faster diagnosis could contribute to reducing the degree of difficulties in children. Probably proper education of parents would allow them to get rid of harmful stereotypes about children with dyslexia.

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У процесі розвитку дитини дуже важливу роль відіграють батьки, які створюють для неї найближче розвивальне середовище. Саме батьки несуть велику відповідальність за подальший розвиток і досягнення дитини, але вони також відіграють важливу роль у процесі розпізнавання навчальних труднощів і підтримки дитини в їх подоланні. Але для того, щоб вони могли виконувати свої завдання, їм необхідно володіти знаннями. У зв'язку з тим, що у все більшої кількості дітей діагностують дислексію розвитку – наразі, за оцінками, вони складають третину учнів на певних рівнях освіти – але також створюється все більше програм допомоги, необхідних для навчання батьків в цій сфері. У статті викладено теоретичні положення щодо дислексії розвитку. Представлено методику дослідження, проведеного серед батьків дітей з дислексією розвитку. Зважаючи на специфіку розладів, до вибірки були включені лише ті батьки, чиї діти мали діагноз «дислексія». Відбір вибірки був значущим, оскільки саме ці батьки відповідають за створення умов для розвитку дитини. У статті наведено результати дослідження, проведеного серед батьків учнів початкової школи Любуського воєводства. Дослідження було спрямоване на з'ясування рівня їх знань про дислексію розвитку. Були зроблені спроби реконструювати знання батьків про поширені переконання, причини, симптоми та форми допомоги, що надається учням з дислексією розвитку. Представлені результати дослідження є основою для подальших роздумів над напрямами педагогічної освіти батьків та визнання їх роль у підтримці всебічного розвитку дитини. Розширення знань батьків може принести відчутну користь для розвитку та подальшої освіти дитини.

Ключові слова: освіта; виховання; розвиток; дислексія розвитку.