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A Case-Based Study of Dyslexia in Learning English as a Foreign Language

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Abstract

Dyslexia is a particular learning impairment also known as reading and writing disability. Despite average intelligence it is characterized by a challenge with reading and writing. Dyslectics are affected with different degrees. Dyslexia has a neurological and family history basis. This study aims to highlight both the existence of this condition among students and the teachers' unawareness of this kind of learning difficulty. The study is conducted on a 13-year-old dyslexic girl. A general estimation of the case was carried out by first, an evaluation of the social and academic status of the girl's family, and second, using dyslexia screeners with some of the reading and writing tests to examine the nature of her disability. It was concluded that there are students in Kurdistan who have Dyslexia, without teachers and parents be aware of it. Dyslexia requires early intervention by teachers and parents alike to mitigate its effect on the process of learning. There is also an urgent need for an early diagnosis program of Dyslexia in the Kurdistan region so that teachers can identify dyslexic students and not blame them and their parents for their learning difficulties.

1. Introduction:

Learning English as a foreign language (EFL) has become compulsory and element of the education system in Iraq's Kurdistan region. It is taught from as early as the kindergarten stage, where children start from learning colours and numbers. Learners in general and those with Dyslexia in particular face various difficulties during the process of their learning.

In the ordinary course of events, normal children will have acquired a vocabulary of about 8,000 words and almost all the basic grammar structures of their language when they arrive in kindergarten. At kindergarten and school children start to learn writing, the process of using printed symbols in the form of letters, which make up words and words are combined to formulate into sentences, as well as

reading, the ability to change orthographic patterns of alphabetic letters into phonological patterns of a similar spoken word. (Gleason, 2005:7)

Despite the complexities of reading and writing, the majority of the children learn them easily. However, the minority have difficulty in mastering these skills. These children are generally referred to as children with specific difficulty and scientifically as dyslexic children. Dyslexia is a neurological difference and can have a significant impact on the course of education. It can range from mild to severe, and it can co-occur with other learning difficulties. Dyslexia can affect other areas, such as coordination, organization, and memory. It generally runs in families and is a life-long disorder. (British Dyslexia Association, 2009).

It is important to detect potential language difficulties as early as possible, because more can be done before a child begins school to improve their language skills. This will then promote the growth of their reading at school, As there are a lot of studies relating to language disorder in early childhood to later literacy problems.

Psycho-linguistics

The study of the reciprocal relationship between linguistic factors and psychological aspects is psycholinguistics or language psychology. The focus of psycholinguistics involves language development in ordinary situations, and when it disintegrates after brain damage. Its main topic of research is the psychological and neurological factors that help people learn, use, understand, and produce language (Altman, 2001:pp129–170). It is concerned with the review of cognitive abilities helping acquisition of language and making it possible to create accurate

and meaningful sentences from grammatical rules and lexical words along with the processes that help understand utterances, texts and words.

According to Schmitt (2002: 133-150), historically, the emphasis of psycholinguistics was on the acquiring of first language L1 in children and the comprehension and development of language in adults. Besides, there are other parts of the language that can be studied within the scope of psycholinguistics such as phonology as well as phonetics concerned with the application of sound patterns, and also how the brain processes and understands them. The study of word recognition and reading also explores the method of acquiring orthographic, phonological, morphological, besides semantic knowledge from written materials.

Dyslexia

The first scientific research came to prominence at the 1960s, for providing data about what differentiated dyslexic person from those who were slow in reading, and their reading skill was parallel with their general cognitive ability (J. [Margaret](#) and [J. Stackhouse](#) 2006:2)

According to Rose (2009:5), "Dyslexia is a learning difficulty that mainly affects the skills involved in accurate and fluent word reading and spelling. Typical features of Dyslexia are difficulties in phonological awareness, verbal memory, and verbal processing speed".

Dyslexia is not an indication of laziness or poor cleverness. It is not the result of vision impairment, either. Dyslexic people genuinely have a neurological condition that makes the brain retain information

in different manner and perceive it diversely. (National Centre for Learning Disabilities, 2013).

There are two main patterns of Dyslexia, deep and surface, the main characteristics of these two types as pointed out by Marshall and Newcombe (1973: 175-99) are as the following:

Surface Dyslexia

1. Surface Dyslexia can read nearly some of the nonsense syllables.
2. Phonological errors are usually similar to the stimulus.
3. Mistakes by surface dyslexic persons are typically phonologically possible, but lexical constructs do not exist.
4. Visual stimulus is determined by semantic reading

Deep Dyslexia

1. A person with a dyslexic disorder cannot read nonsense syllables.
2. The errors that they do are often semantically alike to the stimulus.
3. Errors are (nearly)never non-existent lexical forms
4. Sometimes misreading semantically of the stimulus is sometimes headed by an incorrect visual analysis of the stimulus.

Signs and Symptoms of Dyslexic Students

In education, according to Reid (2016:4) and parallel with Dyslexia, students face difficulty dealing with

structural and operational brain-linked areas relating to neurological connections in the brain. There are problems with the time needed to process information, difficulties with machine reading, writing skills, and working memory in a way that recent information gets forgotten or misperceived as a result of the actions happening in the brain.

Dyslexic students are likely to be slow in taking information in as well as reading and answering questions. They take longer to process new words, understand the meaning, and deal with phonological assignments and continue with the pace of the lesson progressing from one task to another. This can cause difficulties in their phonological processing and progression, which are necessary for knowing how to read by promoting phonological skills, identifying sounds, and learning how to foster literacy skills through deciphering words (ibid). This view is shared by Rief and Stern (2010:8), stating that dyslexic students commonly struggle with phonological knowledge and breaking up words into individual phonemes.

To Kormos (2017:7), the Deficit Hypothesis is a term to explain the difficulty in phonological processing and is the well-known cognitive theory for the causes of Dyslexia. She depicts the hypothesis as a difficulty of word reading resulted from an underlying impaired knowledge of phonology. This phonological awareness includes syllabic and phonetic knowledge. Syllabic knowledge is the capability to break down words into syllables and arrange the syllables into words. However, in phonetic knowledge, students need to know how to segment words into sounds as well as manipulating and distinguishing sounds from each other by being capable of recognizing and

putting the tiniest elements of sounds together to make words.

Moreover, dyslexic students face difficulty in reading, and even greater difficulty were asked to use phonological skills for doing tasks like decoding sounds into words, nonword reading, and repetition that requires deploying different actions as phonological processing, working memory and audio decoding. Also, metacognition is another area with which the dyslexic students struggle as they are not sure how to arrange and transform their thoughts into written or spoken language and promote their learning skills due to being uncertain and perplexed about their capabilities. (Ibid)

Biological Factors behind Dyslexia

Despite that learners typically have difficulties with grammar, phrase recognition and comprehension, Dyslexia generally is concerned with the literacy issues. It has been revealed by scientists that Dyslexia has a neurological basis and that it is genetic and a brain-related disorder. Therefore, it is considered a language learning disability as genetic factors are thought to be behind nearly 50% of the risk for reading disability. According to (Pumfrey & Reason, 2003 as cited in Mortimore, 2008:50) Dyslexia "referred strictly to an impairment in the processing of written language. It is later recognized that the two terms seemed to be used interchangeably to cover the particular pattern of difficulties experienced". Dyslexia Does not have links to learners' intelligence, intellectual abilities, and age; however, it needs to be realized that it is an incurable certain language learning disability with the neurological origin. As Wood (2006:116-133) and Reiter et al. (2005:116-131) explain, it is a biological chronic condition in a way that studies have indicated distinct differences

between the brain structure of dyslexic children and nondyslexic ones.

The International Dyslexia Association has defined Dyslexia based on biological behaviour, perception and the environmental level (Kormos and Smith, 2012:24). It is originally a specific neurological learning disability on a biological level. As regards behavior level, problems with recognizing words accurately and/ or fluently along with low decoding and spelling ability are its main characteristics. These difficulties are normally the result of an insufficiency in the phonological field of language that is unpredictable concerning other cognitive abilities as well as the lack of constructive instruction in the classroom environment.

Methodology

This study is a descriptive case study. Case studies are important in that they help build a detailed understanding of a case that is uncommon or rare. Case study design would result in a rich and adequate explanation of the phenomenon, offering invaluable insights (Pearson Casanave, 2009:pp. 288-305).

To ensure that findings are valid, data were collected in several ways including family background, the situation at school, observation, interviews, and documents such as student work, assignment sheets, and exams. The participant was informed about the study's purpose. The name used in this study is a pseudonym.

Background of the Case

Family History

Maria is a lively girl of thirteen years old. She is a highly sensitive and independent child who has many talents. She has a 16- year- old brother. They live

with their mother as their parents divorced from each other when Maria was 4 years old.

Maria was born approximately 9 months and weighed 3.6 kilograms. Her mother describes her birth as a terrible experience, and her life fell to a dangerous level. Maria began to walk at the age of 11 months. She uttered her first words when she was 9 months.

Maria started dressing and bathing without support by the age of five. She is a fussy, low appetite eater. She's right-handed and has her own room, but often in the kitchen she's doing her homework so that her mother can assist with it. Kurdish and Swedish are spoken at her home. Maria's mother is a habitual reader, unlike her father, who never tries to read even a newspaper. She is not addicted to television (She watches cartoons and, sometimes, a video, but nothing more than that). She likes painting as well as dancing. Her parents do not practice corporal punishment of behavior. Maria preferred being with adults rather than with children of her age.

School History

Maria began kindergarten at the age of four but from the beginning her attendance was problematic. She spent 2 years at Grade one in kindergarten although Kindergarten is not mandatory in the Kurdistan Region and there is no compulsory curriculum. Therefore, Maria's reading difficulty is not identified in kindergarten.

Schooling in Kurdistan is compulsory from the age of six. Maria was ready to begin first grade at one of the English private schools. However, this experience, like the previous one, also turned out to be another disappointment as she had learning disabilities; even so, she was quite hard-working, but it took her to complete her tasks longer than others.

The school condition soon became stressful for both Maria and her mother.

At the age of 7-9 years, her problems with reading and writing became progressively worse. She was very slow in comparison with the other pupils in the class.

In general, teachers in the Kurdistan Region may not be able to identify dyslexia as it would entail extra preparation, for which the Ministry of Education and Higher Education has inadequate arrangements and funds for these conditions. Teachers therefore blame the children and parents for failures in learning. They consider the child as a lazy and/or ignorant individual and often hold the parents responsible for neglecting or over-protecting their children.

These problems usually arise only after four years at school because, Under Kurdistan Region rule, pupils in the first three classes cannot be failed. Consequently, by that time this difficulty in learning becomes greater and results in diminished self-esteem.

Her mother was blamed too much by her teachers and relatives although she did her best to help Maria but with no use. The instructors at the school were strict and challenging, according to Maria's mother. So when Maria refuses to execute a task or an activity, she was punished by her teachers instead of helping her, therefore, she moved her daughter to another English private school when she was in grade 4. Maria and her mother were too eager to start in this new school however this step turned to another disappointment. But her mother insisted on helping her daughter this time by hiring a private teacher to help Maria at home. Although that step helped Maria

it was not enough. She was hardly able to master her curriculum.

Maria's problem continued until fifth grade. Her fifth-grade teacher was the first one to notice that Maria was experiencing different cognitive problems. She noted that her overall speed was inefficient and she made a lot of form mistakes and mixed letters in her written work . For example, She always misuses letter (a) and (c) in reading and writing. This fault in letter identification and creation was noted in Mary 's performance of reading and writing. The teacher's diagnosis of Maria's learning difficulty was a turning point for her family as her lack of success affected them all.

In Kurdistan, there is not a national test for diagnosing Dyslexia. It is primarily up to the specialists to decide what appraisals they choose. Also professionals differ in evaluation procedures and thus diagnoses are very different. This teacher identified this case based on her experiences in teaching in the United Kingdom. She is not specialized or an expert in this field, but she was successful in identifying this case. Maria's teacher stated that these students need special educational assistance, such as taking good care of their reading and writing assignments, allowing them to take more time to consider their work when necessary to improve them, and also many other ways for enhancing their skills.

Positive behavior and different teaching strategies play important roles in teaching English to a dyslexic learner. Students with Dyslexia are highly grateful for positive teacher behavior and motivational, instructional processes. Further, the use of an extensive variety of methods and approaches, as well as the teacher's guidance and support, are regarded as

significant factors that help a dyslexic child to overcome her or his foreign language learning problems as in the case of Maria.

Dyslexia Diagnosis and Treatment Issues

Several tools can be used to indicate possible dyslexic difficulties. The International Dyslexia Association offers a range of assessments for children and adults. Such screening assessments and check lists offer a huge support. Dyslexia screeners are not alternatives for an educational psychologist's assessment, but rather considered as a stepping stone between a parent voicing their concerns and getting a formal analysis.

Dyslexia could only be given a diagnosis formally through a diagnostic assessment conducted by an accredited expert. (British Dyslexia Association, 2009).

A particular analysis of the case of Maria was made by using Dyslexia screeners to parents and self-assessment tools, which is developed to provide additional information specific to the school-age children's groups. The online versions available at The International Dyslexia Association Website .with some of the reading and writing tests to examine the nature of her disabilities.

Table 1 (Dyslexia screeners for parents of their children's reading skills by IDA)

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Questions	Never/ Not at all	Rarely/ A little	Sometimes	Always/ a Great Deal	Frequently/ Quite a bit
Has difficulty with spelling				✓	
Has/had difficulty learning letter names				✓	
Has/had difficulty learning phonics (sounding out words)				✓	
Reads slowly				✓	
Reads below grade level				✓	
Requires extra help in school because of problems in reading and spelling				✓	

Table 2 (Self-Assessment Dyslexia screener by IDA)

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No.	Questions	Yes	No
1	Do you read slowly?	✓	
2	Did you have trouble learning how to read when you were in school?	✓	
3	Do you often have to read something two or three times before it makes sense?	✓	
4	Are you uncomfortable reading out loud?		

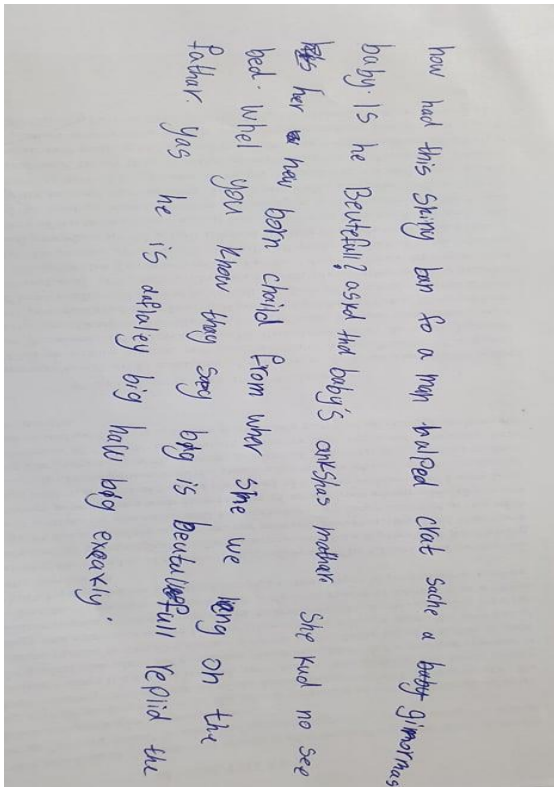
		✓	
5	Do you omit, transpose, or add letters when you are reading or writing?	✓	
6	Do you find you still have spelling mistakes in your writing even after <i>Spell Check</i> ?	✓	
7	Do you find it difficult to pronounce uncommon multi-syllable words when you are reading?	✓	
8	Do you choose to read magazines or short articles rather than longer books and novels?	✓	
9	When you were in school, did you find it extremely difficult to learn a foreign language?		✓
10	Do you avoid work projects or courses that require extensive reading?	✓	

Maria administered some reading, writing, and spelling assessments. She had been asked to read and write from a short storybook. As English is a non-phonetic language, it is therefore deemed difficult for dyslexic learners. It is obvious; reading is a challenging visual task for these learners. It requires the decoding of small and fine details. She reads familiar terms easier in the oral assignment than terms whose pronunciation she had to create through phonological perception of the written symbol. She was able to read and understand simple sentences in English, but it was extremely difficult for her to read long words. She also added words and replaced words with others. In reading texts aloud, Maria added words, omitted words. She read the text with too much pause between one word and the next and with hesitation.

Fluency in the reading text is critical for comprehension. Fluent and efficient releases

attentional and cognitive resources to comprehend the meaning of the text. Those who read slowly and with great effort have difficulty understanding what they read, and it will also raise the demand for working memory, therefore, creates difficulty in understanding text. This pattern is observed by Maria in comprehending the required text.

The dictation results confirm her struggle with phrases whose spelling and pronunciation she had to create by phonological interpretation. Her most writing mistakes were: confusing 'a' with 'c', 'o' and 'u', 'w' with 'v', 'q' with 'k', 'i' with 'l', 'h' with 'ch' and 'j' with 'g'. Maria's handwriting was poor and large, and she did make many spelling mistakes.



Part of a dictation performed by Maria.

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5. Conclusion and Recommendations.

There are students in the Kurdistan Region with Dyslexia, without teachers, or parents' awareness of the existence of this disability as in the case of Maria. Screening and classroom assessments, as well as measurements of skills and teacher observations, should be directed frequently to the students with poor educational performance. Special and individualized help for students with specific learning difficulties should be available in every school. Time should be allocated for reading, writing, and spelling activities on a regular basis; also a wide range of supporting activities and services are essential within the school context for these learners. Parents should be requested to spend extra time in the children's learning process according to the severity of the difficulties of their children in every school in the Kurdistan Region.

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