

The Identification of Dyslexia

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Abstract:

In this study I present an attempt to portray some of the issues regarding dyslexia. The article will begin by looking at the developments of ideas around dyslexia since the first case of dyslexia was recorded. Also, we will look at the definitions, identification and the issue of terminology and labelling.

Over the years scientists have tried to define dyslexia. The definitions vary and depend on the scientific backgrounds of the individual researchers and what they conceptualize as the underlying cause of dyslexia (Ott, 1997). Over the last decades more interest grew about dyslexia or Specific Learning Disability (SLD) and more researchers tried to find the causes and effects of it. More than 50 definitions can be found in the literature in an attempt to achieve the right one about dyslexia (Ott, 1997).

Defining any condition is quite important as it can help people to identify any individuals that experience it. Being assessed and identified with any condition can be a very emotional and social experience. Identification is quite closely linked with labelling as any positive assessment of any condition will, as a result, cause a label to be attached to the interested party. Labelling can have positive and negative effects for people. To start with, it gives them a reason for their condition and problems. It can give them the 'power' to ask for specialized help and support. On the other hand, labels can stigmatize people. Research has shown that even among individuals with disabilities different labels are more accepted than others.

Key words: dyslexia, specific learning difficulty, labeling, identification, frequency

DEFINING DYSLEXIA

Since the time the concept of dyslexia was first introduced in the academic and medical world a lot of definitions and different points of views have been expressed in order to describe the phenomenon of dyslexia which has quite a few characteristics. The plethora of the attributes makes the identification and assessment harder and also has caused skepticism for its existence (Elliott, 2008).

Chia (1992 quoted in Ng, 1996: 54) gives three reasons why people are unable to come out with a universally acceptable definition:

1. The failure to locate stable correlates of dyslexia,
2. The lack of clarity in the delineation of dyslexia, often resulting in a poor understanding of the relationship between the reading and language, and
3. Too many terms, including the term *dyslexia* as well, have been coined to describe this reading difficulty or disability resulting in an entanglement of synonyms’.

Lyon (1995) claims: ‘Despite the significant role that a definition should play in the scientific and clinical understanding of dyslexia, the field has constructed numerous vague, ambiguous, and non-validated descriptions of the disorder’ (p. 4). Hammil (1990 gives us 43 definitions (cited in Ott, 1997). The British Dyslexia Association (BDA, 2009a) throughout the years has published ten different definitions.

Another reason for the existence of all these definitions is that professionals employ different assessment procedures and instruments, and that they use different criteria in order to identify their sample. All of these differences can in part be traced back to the variety of definitions of ‘dyslexia’ that the

researchers have been using (Tonnessen, 1997). Moreover, there are still major difficulties in giving descriptions, because dyslexia has so many different aspects; it concerns so many disciplines, each of which has a contribution to make (Miles, 1995). All that multi-dimension of dyslexia triggered Malatesha and Dougan (1982) to propose their perspective on the definition debate. They believe that one of the main reasons for this controversy is the fact that a lot of scientists have not accepted the possibility that dyslexia is not a single isolated syndrome but a group of disorders. As Hynd and Cohen (1983 cited in Tonnessen, 1995: 140) said: ‘attempting to define dyslexia can be one of the thorniest problems related to the study of this condition’.

Nowadays, the dispute among the professionals still continues. Rice and Brooks (2004) cite twenty-eight different definitions of dyslexia written by scholars, institutions or government bodies over the last forty years. Examining all these different definitions one cannot but notice that the only element that they all tend to agree as a characteristic of dyslexia is the reading accuracy deficit; followed by the cognitive impairment (fifteen), age discrepancy (fourteen), IQ discrepancy (twelve) and spelling fluency accuracy (eleven) (Table 1).

An analysis of dyslexia definitions

		Behaviour specific to literacy						Lexical
		Age discrepancy	Reading accuracy deficit	Spelling fluency deficit	Writing deficit	Comprehension deficit	Cognitive impairment	
Advocates	BDA 1	*	*	*	*	*	*	*
	BDA 2	*	*	*	*	*	*	*
	BDA 3	*	*	*	*	*	*	*
	ED	*	*	*	*	*	*	*
Practitioners	DI	*	*	*	*	*	*	*
	IDA	*	*	*	*	*	*	*
	NUCLD	*	*	*	*	*	*	*
	Ottos-Gillingham	*	*	*	*	*	*	*
	BPS	*	*	*	*	*	*	*
	CDHCN	*	*	*	*	*	*	*
	Hornbly	*	*	*	*	*	*	*
Scholars	Fletcher (2002)	*	*	*	*	*	*	*
	Fisher (2002)	*	*	*	*	*	*	*
	Grigorenko (2001)	*	*	*	*	*	*	*
	Swain (2001)	*	*	*	*	*	*	*
	Snowling (2000)	*	*	*	*	*	*	*
	Snowling et al. (2000)	*	*	*	*	*	*	*
	Raskind (2000)	*	*	*	*	*	*	*
	Cossa (1999)	*	*	*	*	*	*	*
	Stanovich (1999)	*	*	*	*	*	*	*
	Frith (1999)	*	*	*	*	*	*	*
	Padgug (1998)	*	*	*	*	*	*	*
	Nicolson (1998)	*	*	*	*	*	*	*
	Stanovich (1994)	*	*	*	*	*	*	*
	Badian (1994)	*	*	*	*	*	*	*
WFN (1968)	*	*	*	*	*	*	*	
Government	DfES (2002)	*	*	*	*	*	*	*

Table 1 (Rice and Brooks, 2004: 147)

Sinclair (1995) argues that it is very crucial to have a definition and descriptions of the problem in order to find the appropriate support and help to ameliorate the difficulties that people with disabilities face. However, the more precise and accurate the definition and the description of the problem are, the easier it becomes to label children as dyslexic (Tonnessen, 1997) because inadequate definition leads to inappropriate classification (Muskat, 1996: 408). In addition to this, Stanovich (1992) noted that school personnel could use definitions for learning disabilities as a way to allocate school services in order to provide better support to low achieving students. In this way issues of definition become almost inexplicably engaged with issues of access to resources.

Before presenting any definition of dyslexia it is essential to mention that this present study will deal with students that have developmental and not acquired dyslexia. Acquired dyslexia arises as a result of neurological damage, typically during a stroke or brain trauma. People who have acquired dyslexia lose the ability to read and write because of the injury they have had. It can obviously affect anyone at any stage in his/her life. Developmental dyslexia on the other hand connotes a failure in 'normal' development. Acquired dyslexia is a loss of normally developed skills. Developmental dyslexia is a failure in the original acquisition (Vinegrad, 1992: 20).

In the following paragraphs some of the definitions that have been expressed over the years will be analyzed to demonstrate the difficulty involved in finding an agreed definition.

In 1968, the World Federation of Neurology (cited in Critchley and Critchley, 1978; Riddick, 1996; Fawcett and Nicolson, 1994) gave a definition of dyslexia that is still widely used:

'A disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence, and sociocultural opportunity. It depends on fundamental cognitive disabilities which are frequently of constitutional origin'

Definitions like the above have been criticized a because of their exclusionary criteria (Ott,1997). They say about what dyslexia is not rather than what it is. As Tonnessen (1997: 81) reports 'originally these groups were excluded on purely methodological grounds: one wanted to make sure that the condition being studied was not caused by impoverished environment or deficient intelligence'. However, researchers have argued that by excluding these factors the sample of the study would probably be biased as later research has shown that dyslexia occurs in all groups of children no matter their social strata, gender or geographical area (Rutter et al. 1974; Klasen (1972); Naidoo (in Herschel, 1978) all cited in Richardson, 1992: 389; Doyle, 1996; Heaton and Winterson, 1996). Furthermore, Catts (1989) argues that definitions using exclusionary criteria provide a very limited description of the characteristics present in the disorder and therefore the identification of children as dyslexic becomes even harder and more difficult. He points out that if people want to have a sufficient definition of dyslexia by using exclusionary definitions, it is important to add a list of the factors that are known to be present in the disorder. Prior (1996), from her point of view, suggests that sometimes parents and teachers prefer definitions using exclusionary criteria because deep inside them they wish that their child's problem could be only medical and so a medical explanation and cure would be found for it. Unfortunately, things are not as simple as there is no medical-type cure or standard prescription for dyslexia.

Discrepancy definitions are also being used in order to define dyslexia. Discrepancy definitions are based on observable or measurable characteristics of dyslexics. They are not causal in nature; they do not imply anything about the causes of dyslexia. The discrepancy principle is based on the idea of underachievement; that is, a discrepancy between potential and actual achievement. The assumption is that the child's poor performance in reading and writing is compared with his age and level of intelligence (Riddick, 1996). In the 1970s and 1980s

the assumption of the existence of important etiological, neurological and cognitive differences between high-IQ and low-IQ readers continued although there was no empirical evidence to confirm it (Stanovich, 1994). The majority of the definitions were concentrated on the discrepancy between reading and 'cognitive potential' (Tonnessen, 1995: 143). That happened because it was assumed that poor readers with high aptitude (judged by IQ test performance) were cognitively different from poor readers of low aptitude (Stanovich, 1994). The discrepancy between intelligence quotient (IQ) and performance is widely used in definitions of learning disabilities in general. As Ng (1996) reports, measured IQ is taken as a fundamental construct for defining dyslexia.

On the other hand, there are a lot of people who have criticized discrepancy definitions.

Siegel (1992: 619) reports that research has shown that certain cognitive processes of children with learning disabilities with lower IQ scores may not differ from those of children with higher IQ scores. Furthermore, as Riddick (1996: 2) recounts: 'obvious discrepancies between reading and spelling scores tend to diminish as children get older so by adolescence this approach will exclude many children who do have the specific cognitive impairments underlying dyslexia'.

Catts (1989: 53) argues that it is assumed when employing these formulas that IQ and reading achievement are strongly correlated. As a consequence, large discrepancies in these scores are taken as indicators of dyslexia. In order to show his doubts whether the latter should be taken into account, he presents the findings of Stanovich, Cunningham, and Feeman (1984). In a review of the data from a large number of investigations, they found that the median correlation between IQ and reading ability in grades 1-3 was .45 and in grades 4-8 it was .60. These findings indicate that a large proportion of the variance in reading performance, especially in the early grades, is not accounted for in the general intellectual abilities as measured by standard IQ tests.

Furthermore, another matter that should be taken under consideration when it comes to discrepancy definition is the assessment instruments that are used. Rudel (1985 cited in Catts, 1989: 54) found big differences in the results of two reading tests in the same children. In the first one the mean discrepancy between mental age and reading age was 23.9 months whereas in the second one was 8 months. The former had a limited time for children to respond compared to the latter where the children's answers were not timed.

Miles (2006) believes that by using traditional IQ tests for dyslexics, this draws more on their weaknesses rather than their strengths. The ACID profile (Arithmetic, Coding, Information and Digit Span) commonly used throughout the 1980s as an indicator of dyslexia (Mortimore, 2003; Miles, 2006) has been criticized for its efficiency. Parts of the test rely on mechanisms that dyslexics are not particularly good at. As Miles (2006: 53) points out the Arithmetic subtest 'requires knowledge of times tables', an area that dyslexics might not thrive on, no matter how intelligent they are. Besides, parts of these tests are based on a time limit and there is no extra allowance for people with dyslexia although they might need it to complete them.

Discrepancy definitions, do not take into account the latest findings in the research frontier (phonological, magnocellular and cerebellum), which have been closely linked with dyslexia, and they persist into adulthood (Morgan and Klein, 2000). In addition, dyslexics have problems with reading which are not 'strongly related to IQ' (Snowling, 2006: 2). People with lower IQ have been able to master the reading process. It would also be difficult to apply it to the adult dyslexic that has left school being able to read and write to a satisfactory level. Adults can develop compensatory techniques and although they might be able to read this does not necessarily mean that their dyslexia has disappeared. Adults in higher education or workplace might still need support and

special provisions to complete their studies and do their job efficiently (Moody).

Last but not least, in order to use a discrepancy definition there should be at least a two year reading discrepancy between the child and their reading age which means it cannot be used for children who are too young, making their identification by these means impossible (Snowling, 2006). The third way that is commonly used to explain dyslexia is by utilizing descriptive definitions. The BDA and IDA definitions fall into this category.

The IDA (2002) defines dyslexia as:

‘Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge’.

Whereas the BDA (2009) defines dyslexia as:

‘Dyslexia is a specific learning difficulty which mainly affects the development of literacy and language related skills.

It is likely to be present at birth and to be lifelong in its effects. It is characterized by difficulties with phonological processing, rapid naming, working memory, processing speed, and the automatic development of skills that may not match up to an individual’s other cognitive abilities.

It tends to be resistant to conventional teaching methods, but its effects can be mitigated by appropriately specific intervention, including the application of information technology and supportive counselling’.

Descriptive definitions inform people about the different characteristics and manifestations of dyslexia. They include aspects that are useful and can provide guidance to

practitioners in order to help them identify and assess dyslexia. They avoid exclusionary criteria and use more explanatory elements to help individuals understand the term (Elliot and Place, 2004). It is also essential to include the strengths that are related to dyslexia (Reid, 2004). On the other hand, scientists tend not to use these types of definitions as they need much more precise criteria to conduct research (Gaddes and Edgell, 2001). The above definitions can be useful for teachers and other professionals who are involved to a child/adult's education as they give the characteristics that are associated with dyslexia. The teachers can look for these signs and monitor the progress of the child/adult that displays them. If the difficulties are persistent they can ask for further support and request for the individual to be assessed for dyslexia.

In 1998, Bournemouth University suggested as relevant to students with dyslexia in higher education the following descriptive definition:

'Dyslexia manifests itself as an imbalance of skills whereby the dyslexic is unable to commit to paper ideas and information which are commensurate with their intellectual ability as evidenced by spoken understanding or demonstration'.(Demos project, n.d.)

There is no doubt that there would be quite a few university students who can identify themselves with the above definition as one of the main problems that people with dyslexia face is writing on paper all the ideas they have in their minds (Michail, 1998). Especially as in higher education essay writing and taking exams are required in order to obtain a degree. On the other hand, this definition only focuses mainly on the writing skills of the individuals without taking into consideration the difficulties in reading and comprehension that HE students might experience. In order to be able to 'commit to paper ideas and information' students need first and foremost to understand what they are reading and do so within a limited period at times (Riddick et al., 1997). Also, it does not

provide any information about other characteristics that are associated with dyslexia. On the other hand, how can a lecturer identify a student with dyslexia by just marking his/her work if they do not 'know' the student and if there is not personal contact with him/her.

All this disagreement reveals that dyslexia is a difference with various aspects and interpretations. From all the above the definitions the descriptive ones can be more beneficial for educators and parents as it gives a better understanding of what dyslexia is rather what it is not.

IDENTIFICATION - SPECIFIC LEARNING DIFFICULTY

Research that has been conducted with children and adults with dyslexia has shown that in the majority of the cases they were diagnosed at quite a late age (Riddick, Farmer and Sterling, 1997; Hughes and Dawson, 1995; Osmond, 1993). All the subjects in these studies wished they had been diagnosed earlier and wanted help and support relevant to their problems. If this had happened their lives would be much easier and happier and a lot of the frustration and anger that they had during their school years would not exist.

The earlier the identification is done the better for the child. Stag (1972 quoted in Fawcett and Nicolson, 1995: 3) claims that with 82 % of children diagnosed in grades 1 and 2 are catching up with their chronological age group, this compared with 46 % in grade 3, and falling to only 10-15 % in grades 5 to 7. Badian (1988 cited in Ott, 1997: 24) also reports that 'when diagnosis of dyslexia was made in the first two grades of school, over 80% of the students could be brought up to their normal classroom work'.

In addition, early identification can be a relief for both the children and their parents. This is due to the fact that dyslexia gives an explanation to both of them for the problems that they or their children are facing. People with dyslexia know deep inside themselves that something is going wrong but

they cannot really say what it is. They feel that they are bright and they have capabilities (Kenny, 2002). They know that they work hard and they spend more time than their peers in finishing their work but still the others do better than them and they put half of the effort in than dyslexics do. Children start thinking that they are 'stupid', 'thick' or 'lazy' (Miles, 1993). They hear these words from their teachers or from their peer group and, since they do not have anything else to prove the opposite, after a while they start thinking that probably the rest are right. Even if someone knows that he/she is not 'stupid', when he/she hears it a lot of times from different people (teachers, schoolmates or friends), he/she begins to believe it. 'Everyone told me that I was no good. I began to believe them (male, age 26, quoted in Hughes and Dawson, 1995: 183). Unfortunately, there is a large number of students with dyslexia that suffer or have suffered during their school years because they are not being treated well by their teachers and they do not have the help they need to ameliorate their condition. Edwards (1994) mentions the cases of individuals that have been bullied because dyslexia was not identified.

Although early identification is of great importance for the future life of the dyslexic child it does not necessarily happen at all times. One thing that makes early identification difficult is the belief that a child cannot be diagnosed as dyslexic until about the age of 7 (Riddick, 1996; Fawcett and Nicolson, 1995). This was based on the child's failure to read at school, as it was only then possible to measure his/her reading age compared to his/her chronological age. Another problem is deciding how far 'behind' the average the child's reading, spelling or writing should be before s/he attracts that particular label (Prior, 1996).

It should be mentioned that before a child is diagnosed as dyslexic, the people that carry out the assessment should exclude any other factors that might cause the child's learning difficulties. They should check if inadequate or interrupted schooling or any other physical handicap is the cause for the

child's problems (Doyle, 1996; Heaton and Winterson, 1996; Thomson, 1990). If the child did not have a proper education and did not attend school as he or she was supposed to, this might be the reason for his/her failing at school and not being able to cope with the schoolwork (BDA, 2009). In addition, lack of good vision or some other physical handicap might prevent the child from developing adequate literacy skills (BDA, 2009). All these possible factors might affect the child's literacy and should be taken into consideration and checked before any formal assessment takes place.

LABELLING

Labelling has its positive and negative effects or as Solvang (2007) mentions 'bright' and 'dark' sides. One of the positive contributions of labelling is the fact that if the learner's disability is known at school age, an appropriate treatment or a special educational program can be used for the child's wellbeing (Gallagher, 1976). Furthermore, the label gives the opportunity to the individual to understand his or her problem and to realize that the problems he/she has are not his/her fault (Miles, 1988). A label is reliable if it identifies a learning difference that remains stable across many tests and settings. It is valid and instructionally useful if children with that label benefit from treatments theoretically compatible with the identified underlying processes more than from other treatments (Wise & Snyder, 2001: 1). Vinegrad (1992) from his own experience has found that for dyslexics who have been dogged all their lives with epithets such as 'lazy', 'careless' or stupid, labelling has therapeutic effects. The self-image changes and individual feel much better about themselves and can face their problems with more confidence. Solvang (2007) emphasizes the importance of the de-stigmatization for the individual's self-esteem and confidence. He refers to court cases that took place in Sweden, where dyslexic adults received compensation from their schools due to the lack of diagnosis.

The court ruled also in their favor because they were not given the 'possibility of gaining self-confidence from the labelling' (Solvang, 2007: 85).

... Just a call to attention that the plaintiff had a problem she could and should have received help for would have in itself been important to her. This would have given her a sense of safety and knowledge about the problem she faced (cited from court judgment, writer's own translation (Solvang, 2007:84).

Dowana (1995) in her study of university students with dyslexia reports that most of the students felt better when they knew that dyslexia is the cause of their problems. It was a relief for them. It was a relief to know that they were not mentally retarded. They know that they can ask for help from their schools and universities, especially where the amount of work is large and they have to deal with deadlines and exams. For most of the students labelling has positive effects when it is followed with the appropriate help and support (Barga, 1996). Reid and Kirk (2001) believe that having a label attached to an individual should be a signpost rather than a goal in receiving assistance. The level of support should be connected more with the strengths and weaknesses of the individual and should be adapted to her needs.

Furthermore, Riddick (1996) after a study of children with dyslexia (22 children as sample) and their parents, reports that both parents and their children were quite happy and relieved when they have heard about the child being dyslexic. Some of the mothers questioned felt guilty because they did not manage to understand their child's problem at an earlier age. From the children's responses one can tell that dyslexia gave them the answers to their problems and made them realize that they were not stupid, thick or backwards. As one child said: 'I'm glad I'm called dyslexic rather than lazy' (Riddick, 1996: 84).

On the other hand, labelling might have a negative effect in the person's life if they get stigmatized from it and others treat him according to the imposed label (Schafer and

Olexa, 1971 in Barga, 1996: 416). In schools this can happen via name-calling, accusation and low academic expectations from peers and teachers alike. In addition, Barga (1996) reports that students thought of labelling in a negative way in cases where they were taken apart from their schoolmates in order to receive special help and it was obvious that they got different treatment from others. This happened when students were taken in a very public manner from their classroom to receive assistance for their problem in another room of the building. Before labelling an individual, the people who do it should be very careful and be sure that they do it for the right reasons. In the case of adults with dyslexia, labelling can affect their future and successful employment, as there are employers that might not be very sympathetic to their situation (Reid and Kirk, 2001).

Furthermore, research has shown that dyslexic learners may already be stigmatized by teachers or other professionals due to their poor performance. As Sutcliffe and Simsons (1993) point out, labelling can be stigmatizing and in adults can lead to exclusion of individuals from mainstream society. Riddell and Weedon (2006) report that in Scotland although students in higher education were keen on their diagnosis, their lecturers thought that this might be a disguise of laziness. If people in academia 'dismiss' dyslexia, how is it possible for the rest of the population to accept and understand it? How can these lecturers be sympathetic and willing to assist their students if they do not believe in their condition?

People with learning difficulties consider themselves the same as other people and seek to find positive self-concepts (Harris, 1995). Irving (1994), from her own experience of having a disabled brother, raises the issue that unfortunately non-disabled people do not see the person but his/her disability. People with dyslexia consider themselves as part of the society and feel they have a lot of things to give. Unfortunately, due to the fact that the symptoms of dyslexia are not obvious to the naked eye, some people misjudge them and attach labels to

them without even considering the effect that this might have. Nowadays, labels (positive or negative) seem to be an integral part of our lives and although a label can save someone's life (medical), on the other hand socially it can stigmatize the individual.

Gillman, Heyman & Swain (2000) report that when it comes to diagnosing life-threatening diseases usually the diagnosis is appreciated as it gives the chance to the person involved to have the appropriate treatment that can save his/her life. On the other hand, the assessment of other types of syndromes like Downs, autism or schizophrenia may lead to the individual's stigmatization and exclusion from society. It seems that society has divisive labels with some having a negative concept behind them and others having a positive one. Lakin (1997 cited in Goodley&Moore, 2000: 876) pointed out that:

'Being identified with such labels [as mental retardation] often prevents people from being 'labelled' with more positive, meaningful, and personally satisfying descriptors, such as 'poet', 'actor' or 'artist'. It has been assumed.. That 'cognitive impairments' – which diagnosticians determine based on performance in vocabulary, memory, math and abstract reasoning – are total impairments, pervasively diminishing everything those so 'afflicted' can do'.

Dyslexia is a 'hidden, not' evident disability (Riddick et al, 2002: 91). There are no external signs for someone to 'identify' dyslexia as it might happen with Down's syndrome. Although a book should not be judged by its cover, people with dyslexia, as mentioned before, have been labelled as stupid or lazy due to the mistakes they might have made. What about the talents they might have; their creative mind and expression? Why cannot people with dyslexia be labelled according to their strengths and abilities? Kenny (2002) a dyslexic herself, from her school experience came to the conclusion that 'the nature of the labels we select to describe individuals depends to a large degree upon the angle from which we choose to focus our lens' (p.43). Do people always consider the way they perceive

individuals with disabilities and whether when they are looking at them what they see first is the person or the disability? People with dyslexia or other disabilities might be a bit different compared to the rest of the population but they might have special abilities and by considering and promoting these abilities might be the first step to try and change the way society perceives them.

For the families of the individuals who have a learning difficulty, putting a label on their condition helped them to deal with the general public and empowered them with an explanation about why their next of kin might behave on a certain way. Besides, the individuals and their families can have access to special support and resources which they would not have had without the diagnosis (Gillman et al 2000). Riddick (2000) enhances the latter by mentioning that many people with dyslexia and their families see the 'dyslexia' label as a positive thing as it allows them to have access to different types of support, to find positive role models (famous dyslexic people), to understand more their problems and find other people with similar difficulties to talk to. In addition, dyslexics need the label, especially in HE, in order to have access to resources that they are entitled to. Without a statement, they cannot claim any allowances. They have to have proof in their hands before claiming anything from the state (Slovang, 2007).

On the other hand, labelling can have traumatic effects on the person's self-esteem and self-concept if taken light heartedly. People have to be very careful before attaching a label to an individual because it is something that stays with them and it is not easy to detach it. In the case of dyslexia it seems that labelling has a positive effect on the person's life, the traumatic experiences and feelings happened before they were assessed. Reading autobiographies of people with dyslexia like Susan Hampshire (1981) or Eileen Simpson (1981) shows there is a very distinctive feeling of relief and contentment for being dyslexic and not 'slow' or 'lazy'.

Green (1998) believes that one of the reason dyslexics have been given inappropriate labels is because they have a different learning style.

Labels can be really powerful and affect people's lives. People should use them as a mean to help and support the individuals in need, to assist them accept their difficulties and understand the consequences of their 'condition' (Wise & Snyder, n.d.) . Although social change is important, people with dyslexia need to have a better understanding of what dyslexia is and how it affects their lives. They need to have a sense of identity and accept and comprehend their dyslexia (Fitzgibbon and O'Connor, 2002; Reid and Kirk, 2001). Professionals can help during this journey. They can help heal wounds created in the past and give hope for a much brighter and successful future. People should also try and see the positive side of dyslexia. Davis (1997) sees dyslexia as a gift rather than a disability. Maybe it is time for society to start and try to understand things from a different perspective; focus on the positive side of dyslexia and use the label to emphasize the individual's strengths rather than weaknesses.

FREQUENCY OF DYSLEXIA

The exact number of children or adults that have dyslexia is unknown. This is because of the fact that a lot of children are been assessed at a quite late age and sometimes they develop such good coping strategies that it makes it even harder for their teachers or parents to understand the problems that they have. However, BDA estimates that in the Western world up to 10 per cent of children have some specific problems and about 4 per cent are severely affected (Smith, 1993; Singleton, 1996; BDA, 2009). About two to four percent of the student population have dyslexia (Miles, 1991; Snowling, 1987 cited in Crombie, 1995).

THE CASE OF EARLY IDENTIFICATION

Research that has been conducted with dyslexic children and adults has shown that in the majority of the cases they were diagnosed at quite a late age (Riddick, Farmer and Sterling, 1997; Hughes and Dawson, 1995; Osmond, 1993). All the subjects in these studies wished they had been diagnosed earlier and wanted help and support relevant to their problems. If this had happened their lives might have been much easier and happier and a lot of the frustration and anger that they had during their school years would not exist.

The earlier the identification is done the better for the child. Badian (1988) reports that 'when diagnosis of dyslexia was made in the first two grades of school, over 80% of the students could be brought up to their normal classroom work' (cited in Ott, 1997: 24). Stag (1972 quoted in Fawcett and Nicolson, 1995: 3) gives similar percentages. He claims that 82 % of children diagnosed in grades 1 and 2 catch up with their chronological age group, compared with 46 % in grade 3, and falling to only 10-15 % in grades 5 to 7.

Unfortunately, it is possible that there are a number of students with dyslexia that suffer or have suffered during their school years because they are not being treated well by their teachers and they do not have the help they need to ameliorate their condition. In older people with dyslexia (over 40-45 years old) in the days that dyslexia was not widely spread among the general population, those people went through school without knowing why they could not learn the same as their other schoolmates and they reached adulthood with bitter and unpleasant memories of their past (personal contacts).

On the other hand, during the 1950s and 1960s people did not put so much emphasis in their children's education due to economic problems (especially working class parents) and relied more on what the teachers told them (teachers know best) (Morgan and Klein, 2000: 18) about their children's progress and abilities and rather than blaming the system for

their offspring's failure to read or write they were putting the blame on the child. There is no doubt that since the 1950s people's perceptions and awareness about dyslexia has changed but still nowadays there are adults with dyslexia who are assessed after entering university making it difficult for them to cope with the requirements of their courses and even losing the chance to attend their preferred institution due to lower scores in their A levels exams (personal contact with student support counsellor).

CONCLUSION

This study focused on a journey that started more than one hundred years ago when Dr Kussmaul recorded the first incident of dyslexia. Ever since, quite a few terms (word blindness, dyslexia, SpLD) have been used to describe it. Although there is not an international definition about dyslexia the BDA and the BPS ones are widely used to help specialists and educators identify children and adults that are at risk or have problems due to dyslexia. The identification, especially an early one is quite important as people with dyslexia have a reason for all the problems and difficulties they might have. The later the identification the worse it is for individuals with dyslexia. Although people can argue that labelling can have negative effects for the individuals in the case of dyslexia it is widely accepted as a positive thing; mainly because it gives an answer to their problems and secondarily because it gives the dyslexic students the right to ask and receive help and support for them.

The importance of early identification informs the research questions about the age the subjects of this particular study were assessed and the effect this had in their personal and family lives. It also brings up the issue of the positive, in the case of dyslexia, feelings that the participants felt after their assessment.

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