

# Psychosocial Functioning in Children with Dyslexia: Perspectives from Parents, Counsellors and Teachers

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## ABSTRACT

**Purpose:** *The study aimed to understand the issues and challenges encountered by various stakeholders (teachers, parents and counsellors) working with children with dyslexia in the inclusive school context.*

**Method:** *Using purposive and snowball sampling, 20 teachers, 20 counsellors and 20 parents (mothers) of children with specific learning disability (dyslexia) were selected from 8 inclusive schools in Delhi. A qualitative approach was adopted, with a semi-structured interview schedule to elicit responses. Qualitative thematic analysis was used as a framework for data analysis.*

**Results:** *Parents experienced negative feelings due to lack of awareness and acceptance of dyslexia. Counsellors felt parental ignorance led to delay in assessment and remediation. Parents and counsellors perceived lack of support from schools and lack of empathy among teachers. Teachers confessed they lacked training to deal with dyslexic learners, were unaware of policies and concessions for them, and were currently overburdened with their workload.*

**Conclusion:** *There is a need to hold psycho-educational workshops for parents in order to increase their awareness, and conduct training workshops (pre-service and in-service) for teachers to increase awareness and build empathy. Schools should provide in-house assistive services such as assessment and remediation, and redefine the goals of education to focus on the holistic skills of children.*

**Key words:** *Specific learning disabilities, dyslexia, inclusive education.*

## INTRODUCTION

The Diagnostic and Statistical Manual of Mental Disorders-V (DSM-5)(American Psychiatric Association, 2013) considers specific learning disability (SLD) to

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be a type of neurodevelopmental disorder that involves difficulties in reading, written expression, and/or mathematics, which have to be substantially and quantifiably below the levels expected for the individual's chronological age and may affect academic achievement or daily functioning if accommodations are not made (Bonifacci et al, 2015). Dyslexia is a type of specific learning disability that is neurobiological in origin. It is characterised by difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language (Lesevane et al, 2018). Despite its ascertained neurobiological origin, there is broad literature on the links between specific learning disabilities and socio-emotional difficulties (Carroll&Iles, 2006; Wilson et al, 2009). In general, research has found children and adolescents with dyslexia to have suffered from externalising and internalising symptoms (Michaels & Lewandowski, 1990; Eissa, 2010). Internalising problems are characterised by depressive and anxiety-like symptoms such as withdrawal, whereas externalising problems are indicated by overactive, impulsive or aggressive behaviours (Mugnaini et al, 2009). In addition, several studies have indicated that the presence of dyslexia produces marked effects on self-concept and self-esteem of children for a variety of reasons (Humphrey& Mullins, 2002; Sharma & Venkateshwarlu, 2009). As suggested by socio-cultural theory, a person's sense of identity is inevitably affected by what is valued within their society and culture (Burden, 2008). Therefore, in present day society where reading ability is highly valued due to its utility from books to blackboards to the internet, inability to acquire this skill is often associated with low intelligence and shame (Ingesson, 2007).

School can be a challenging environment for children with dyslexia as they enter a world where they realise that their abilities and strengths are quite different from those around them (Alexander-Passe, 2006, as cited in Hoskins, 2015), which often results in feelings of inferiority and unworthiness. A major challenge that children with dyslexia experience at school is often the attitude of regular teachers. Since the academic achievement of these children is generally lower than that of their classmates, they often have to face stigmatizing behaviour from their teachers who tend to judge them as being 'stupid' or 'lazy' (Doikou-Avliidou, 2015). Regular classroom teachers are the ones who are responsible for meeting the educational and psychosocial needs of these children, whether they work in a collaborative partnership with a special education teacher or other school professionals. These teachers are expected to have the skills and strategies to deliver appropriate instructions to diverse students, including children with

dyslexia. Unfortunately, in India, the teacher certification programmes lack sufficient courses in special education to prepare general education teachers for inclusive classrooms. Supporting this notion, a research by Das et al (2013) concluded that a vast majority of primary and secondary regular school teachers in Delhi had neither received training in special education nor had appropriate support services such as a special education teacher or a para-professional in their classrooms. These teachers also demonstrated a very low level of skills related to individualising instruction for special needs children, classroom management and the ability to differentiate instruction for these children.

Needless to say, teachers are among the most influential figures in the lives of all children, including children with dyslexia, and negative comments from them can reinforce feelings of inferiority and stigmatisation (Dale & Taylor, 2001, as cited in Lithari, 2018). Echoing the same idea in their study on children with dyslexia, Claassens and Lessing (2015) found that teachers, especially in the mainstream setting, do not understand their condition or know how to deal with learners with dyslexia in the classroom. Moreover, some teachers passed insensitive remarks in front of the participants' peers and often compared their abilities and other learners' abilities. On the positive side, Doikou-Avliidou (2015) found that teachers who were knowledgeable about dyslexia, or had experience in dealing with children with dyslexia, were understanding and willing to help these children. Furthermore, the participants in that study perceived these teachers to be patient, open-minded, encouraging, understanding, and/or willing to listen to the students and show respect for them, which helped them in dealing with their specific learning disability and in maintaining their self-esteem.

Thus, research indicates that negative attitudes of teachers and their lack of skills impede positive academic and psychosocial development of children with dyslexia. It is therefore important for teachers to be empathetic and understanding towards these children so as to have a positive influence on them. To achieve this objective, it is essential to make concerted efforts to design training programmes for school teachers to learn how to implement effective inclusion of children with special needs, including dyslexia.

Another challenge that children with dyslexia experience in their lives is the lack of peer support. Peers have been demonstrated to be perhaps the most 'significant others' in a child's life, having major implications for positive psychosocial and academic development (Humphrey, 2003). They are also important sources of

positive self-esteem, adjustment at school, social competency and psychological wellbeing (Kvalsund & Bele, 2010, as cited in Breckenridge, 2017). However, extensive research has long shown that students with specific learning disability have difficulties with peer social functioning (Estell et al, 2008). For example, a study by Leseyane et al (2018) explored dyslexic learners' experiences with their peers and teachers in special and public schools. The findings of the study revealed that in public schools, the dyslexic learners were exposed to ill-treatment by other students who despised, ridiculed, bullied and undermined them. Furthermore, the study found that as children with dyslexia battled to read and write, they often became the centre of attention among typically developing learners. In addition, the findings indicated that very few students in public schools sympathised with children with dyslexia and the majority teased them, which made them feel inferior to other learners. On the other hand, dyslexic learners reported a positive relationship with their peers in special schools. They emphasised that in special schools they interacted with learners who were similar to them and therefore they did not perceive themselves to be 'different'. However, a study by Wiener and Tardiff (2004) compared children with learning disabilities in four types of special education settings (in-class support, resource room, inclusion class and self-contained special education) in terms of social acceptance, number of friends, quality of relationship with best friends, self-concept, loneliness, depression, social skills and problem behaviours. The findings of the study revealed that children in inclusion classes had more satisfying relationships with their best school friends, were less lonely, and had fewer problem behaviours than children in self-contained special education classes. Though the study did not provide clear reasons for the lowered peer acceptance of children with specific learning disability who are put into a resource room, it is possible that being withdrawn from the classroom for special education is stigmatising for children with dyslexia. An alternate explanation may be related to teacher beliefs about children with special needs, implying that teachers who are in schools that choose to implement the in-class support and inclusion models may have more interventionist beliefs and practices. Interventionist teachers believe that children with specific learning disability can be included in the general classroom if teachers modify their teaching approaches to meet the needs of these children, and that teachers can help children be accepted by their classmates, as opposed to teachers with pathognomonic beliefs who believe that the problem exists within the child and who do not try many interventions (Stanovich & Jordan, 1998, as cited in Wiener & Tardiff, 2004).

Along similar lines, one of the themes in a phenomenological study indicated that children with dyslexia experience social difficulties because of dyslexia. A participant in the study stated that dyslexia had an impact on the amount of time he had for socialising. As one would expect, when a learner does not have sufficient time to interact with friends or to make friends, it would certainly have a negative impact on his wellbeing. Since children value the opinions of their peers, learners with dyslexia long to receive recognition and approval from their peers, to be accepted for who they are, and not be evaluated as lazy people when they have put so much effort into doing their work (Claassens, 2007). Thus, such studies imply that positive peer relationships are a key element for successful academic achievement as well as social and emotional development of children with dyslexia.

Parents are the primary caregivers for a child and have the potential to support their child's academic and psychosocial development. Unfortunately, the majority of parents have inadequate knowledge and information about dyslexia, which leads to delay in assessment and remediation, thereby impacting the child negatively. Alias and Dahlan (2015), using semi-structured interviews, aimed to study the challenges that mothers experience in raising children with dyslexia. Thematic data analysis of the study revealed that mothers lacked knowledge about dyslexia and did not know how to teach their children in an effective way. They send their children for tuitions which creates more financial hardship for them. The findings further indicated that since mothers did not have the required teaching skills, they experienced stress due to the excessive amount of time and energy expended on the child. Similarly, in another study (Fernández-Alcántara et al, 2017), parents felt helpless and perceived themselves to be 'bad parents', as they did not know how to help their child when their child faced an academic obstacle. Along the same lines, Abraham (2010) assessed self-esteem and social relations of adolescents with specific learning disability. The results of the study implied that the majority of adolescents felt stressed due to parental pressure because they are constantly compared to their siblings and classmates. Such studies imply lack of awareness and understanding about dyslexia among parents. Another exploratory study assessed the self-esteem and psychosocial adjustment of children with dyslexia and found that children with dyslexia do not have lower global self-esteem than the general population, but do have a specific self-esteem deficit in the area of scholastic competence. In addition, children with dyslexia were found to have significantly higher social, emotional and behavioural difficulties than the general population. It is important to note

that among children who had high global self-worth, both the children and their parents had positive attitudes towards the children's reading difficulties. These children had good relationships with their family and their peers, and the parents had a good understanding of their children's dyslexia, implying parental emotional support to be a protective factor. Similarly, research by Doikou-Avliadou (2015) highlighted that it was mainly the parents who encouraged children and assisted them with their school work, and constituted an important source of support for pupils with dyslexia. Piers and Duquette (2016) too stressed the importance of parental support in their study. They explored the educational journeys of 5 post-secondary students with specific learning disability from the perspectives of the students and their families, using a retrospective, multiple case study design. They found that after their children were diagnosed, parents educated themselves about specific learning disability so that they could advocate for their child and ensure adequate accommodations. In addition, the findings of the study indicated that attributes such as self-awareness, self-acceptance and self-advocacy acted as protective factors in the educational journeys of children with specific learning disability. However, it is important to note that it was due to the open communication about specific learning disabilities between parents and children that parents helped the children learn these skills over time and helped them develop an authentic understanding of themselves as learners; this later supported them in becoming advocates for their own needs. Hence, one might conclude from this research that a supportive environment can facilitate individual capacities required by students with specific learning disability to access the academic and mental health support that they need.

As mentioned above, due to lack of knowledge about specific learning disability, parents, especially mothers, experience an immense amount of stress in coping with their child's learning difficulties. Similarly, teachers too lack understanding and empathy towards children with dyslexia. In such a scenario, the school counsellor plays a crucial role in ensuring that parent and student stress is effectively minimised by explaining to them the nature of the disability, the importance of remedial education, and the rationale of provisions. However, a few previous studies in this field have indicated that school counsellors also encounter innumerable challenges in delivering effective counselling services in schools. For example, a study (Khanda, 2018) revealed that though most of the counsellors (60%) were highly qualified, very few (10%) had a background of psychology with a diploma in guidance and counselling. Even so, they were employed in guidance counselling services, which implied lack of expertise to

carry out their role effectively in schools. Furthermore, the study found that 60% of counsellors complained about inadequate resources, such as availability of assessment tools, reference books, counselling manuals and other facilities. Another important finding of the study was that 90% of counsellors were involved in classroom teaching along with undertaking counselling services in schools, irrespective of whether they were trained in counselling or not. The counsellors in the study reported that their workload was excessive and they felt overburdened with administrative work which impacted the amount of time they could devote to counselling services. Such studies imply that there is a need for awareness among stakeholders about the role of counsellors, so that they have the desired authority and adequate resources to provide effective counselling services.

From the literature review it can therefore be concluded that children with dyslexia experience persistent psychosocial difficulties, particularly in mainstream schools, as compared to children in special learning units. Perhaps mainstream schools offer a set of challenges for children with dyslexia, in terms of seeking acceptance and integration of those who view them as being 'different' (Estell et al, 2008). Besides, mainstream schools often lack adequate resources for them, such as trained teachers, standardised tools for assessment, remedial education and, most importantly, a 'dyslexia-friendly' environment. Along the same lines, a comparative research that explored the availability of learning support for children with learning difficulties in two different educational contexts, i.e., India and Australia, found that students with learning difficulties in the Australian setting were much more likely than students in India to receive assessment, modified learning programmes and ongoing assistance. Mainstream schools in India were found to lack additional teaching support, adequate assessment tools, and rarely sent teachers for awareness training and workshops (Thomas & Whitten, 2012). This finding is further supported by U-DISE data (Unified District Information System for Education, 2015-16) which indicates that there are only 6.56% of teachers who are trained in teaching children with special needs in private schools in Delhi. Also, only 13.45% of schools in Delhi have hired a counsellor or a special educator to support children with special needs including dyslexia. Moreover, the education system with its overwhelming emphasis on knowing rather than learning, i.e., memorisation over critical thinking, sabotages children with dyslexia to fail not just academically but also psychosocially. Though the Central Board of Secondary Education (CBSE, 2017a) in India offers a number of concessions for children with specific learning disability (for e.g., the appointment of a scribe, compensatory time, exemption from third language,

flexibility in choosing subjects, etc.), there still remains an enormous gap between the theoretical infrastructure and its implementation.

Nonetheless, despite these academic and psychosocial risks, not all students with dyslexia demonstrate socio-emotional difficulties. For example, children who view themselves positively in other fields such as athletics, music, dance, etc., are able to compensate for their low academic self-concept by engaging and achieving in these fields and, perhaps, feel confident about themselves (Kloomok & Cosden, 1994). Research has found several individual attributes such as self-efficacy, self-determination and growth mindset that may contribute to socio-emotional resilience in children with specific learning disability (Miller, 2002; Haft, 2016). In addition, several research findings have indicated that support from teachers, parents and peers significantly buffers, mitigates and protects individuals with dyslexia from the effects of negative emotional experiences on self-esteem, hence acting as a protective factor (Carawan et al, 2015; Doikou-Avliidou, 2015; Wang & Neihart, 2015). In the light of this, it was considered important to explore and understand the issues and challenges experienced by important stakeholders such as parents, teachers and counsellors who are involved with children with dyslexia in their day-to-day life, thus influencing their psychosocial development. In India, few previous studies have attempted to explore the experiences of various stakeholders, especially the parents and teachers. Research has been limited to the assessment of parental distress and anxiety, or awareness about dyslexia among teachers. Parents, teachers and counsellors have not had the opportunity to express their opinions and share their perspectives about lived experiences with children with dyslexia.

## **Objective**

In order to bridge this gap in the literature, the present exploratory study aimed at understanding the perspective of stakeholders (teachers, parents and school counsellors) about children with dyslexia. The objective was to understand a child's social context holistically and gain a better insight into the various challenges and issues that stakeholders encounter with children with dyslexia in their daily lives. It is important to understand these issues so that effective interventions for parents, teachers, and peers can be planned, which could further help in fostering positive psychosocial development of children with dyslexia.

## METHOD

### Study Setting

A list of inclusive schools in Delhi was obtained from U-DISE (2015-16), a database of information about schools in India. Subsequently 15 schools were approached, via formal letters or personal visits explaining the nature of the study. Of these, 8 schools gave permission for data collection.

### Participants

Using purposive and snowball sampling, teachers (N=20), counsellors (N=20) and mothers (N=20) were selected as participants (see Tables 1, 2 and 3) as they are the 'significant others' who influence a child's wellbeing. The researcher did not know any of the participants prior to the study. The respective school counsellors informed the researcher about the children diagnosed with dyslexia. Those who were cooperative and were willing to participate were included in the study. Participants were contacted via e-mail or telephonically and agreed to a time and venue convenient to them. Informed consent was obtained from all the participants in the study.

### Inclusion criteria:

- Parents of children with a formal diagnosis of specific learning disability (dyslexia) from an RCI recognised institute in Delhi. They were from middle-class families and were comfortable speaking Hindi or English.
- Teachers and counsellors with a minimum of 1-year work experience.

### Exclusion:

- Parents of children with any other co-morbid disability such as ADHD or intellectual disability.

**Table 1: Demographic Profile of the Counsellors**

Gender		Education		Work experience		Classes taught	
Male	0	UG	0	< 10 Years	10	Primary	2
Female	20	PG	1	10 - 20 Years	8	Middle	1
Total	20	Diploma (counselling)	19	> 20 Years	2	Senior secondary	5
						All sections	12

**Table 2: Demographic Profile of the Teachers**

Gender		Education		Work experience		Classes taught	
Male	0	UG	2	< 10 Years	5	Primary	13
Female	20	PG	1	10 - 20 Years	9	Middle	3
Total	20	B.Ed.	17	> 20 Years	6	Senior secondary	4

**Table 3: Demographic Profile of the Parents**

Gender		Education		No. of Children		Employment status	
Male	0	Higher secondary	3	1 child	7	Not employed	14
Female	20	UG	10	2 children	12	Employed	6
Total	20	PG	7	3 children	1		

**Table 4: Demographic Profile of the Key Participants (Parents)**

Participant	Gender/Age	No. of Children	Qualification	Occupation
P1	F 42	02	Undergraduate	Housewife
P2	F 35	02	Postgraduate	Housewife
P3	F 39	02	Postgraduate	Housewife
P4	F 42	02	Postgraduate	Teacher
P5	F 43	03	Undergraduate	Housewife
P6	F 39	01	Higher Secondary	Housewife

**Table 5: Demographic Profile of the Key Participants (Teachers)**

Participant	Gender/ Age	Qualification	Work experience	Classes taught	Trained for Children with Special Needs
T1	F 46	B.Ed	18 years	Primary	No
T2	F 48	B.Ed	20 years	Primary	No
T3	F 41	B.Ed	17 years	Primary	Yes
T4	F 28	B.Ed	4 years	Primary	No
T5	F 45	B.Ed	18 years	Middle school	No

**Table 6: Demographic Profile of the Key Participants (Counsellors)**

Participant	Gender/ Age	Qualification	Work experience	Classes taught
C1	F 48	M.Ed, Diploma (Counselling)	21 years	Senior secondary
C2	F 28	M.A	2 years	Senior secondary
C3	F 32	M.Sc, Diploma (Counselling)	6 years	All levels
C4	F 41	M.A in Special Education	14 years	All levels
C5	F 43	M.A, Diploma (Counselling)	15 years	Senior secondary

### Study Design

A qualitative approach was adopted to address the goals of the study. A semi-structured interview schedule was prepared, with the focus on eliciting responses regarding the kind of challenges participants face when working with children diagnosed with dyslexia.

### Data Collection

With prior consent, face-to-face interviews were conducted in the school or home setting, as convenient for the participant. The interviews were tape-recorded for

transcription purposes. The duration of each interview session ranged between 45 and 90 minutes.

Data was collected until saturation was achieved, i.e., when the participants repeated the same information and no new data was forthcoming.

### Data Analysis

The recorded interviews were transcribed for data analysis. Since interviews were used as a tool for data collection, qualitative thematic analysis (Braun & Clarke, 2006) was used as a framework for data analysis. The first phase of analysis involved familiarisation with the data by engaging in 'active reading' of the data, i.e., reading and re-reading all transcripts, searching for meanings and patterns. The second phase entailed the production of initial codes, followed by the third phase which involved sorting the different codes into potential themes and collating all the relevant codes within an identified theme. The fourth phase involved reviewing and refining themes in which similarities and differences between codes were examined and similar codes were grouped, which resulted in the formation of organising themes and basic themes. Once themes were refined, the final step was to define and name themes by extracting relevant data or narratives that provided justification to that theme.

The same process of analysis was conducted for the data of teachers, parents and counsellors.

## RESULTS and DISCUSSION

**Table 7: Summary of Themes based on Analysis of Participants' Interview Responses**

Global Themes	Organising Themes	Basic Themes
Perspective of parents	Challenges encountered with children with dyslexia	Negative feelings and emotions Financial burden Behavioural difficulties
	Challenges encountered with school authorities	Gatekeeping Lack of support and guidance Inadequate resources

	Challenges encountered with teachers	Lack of knowledge and empathy
Perspective of counsellors	Challenges encountered with parents	Lack of awareness Issues of stigma and denial Delay in assessment Negative attitude towards the child Sibling comparison
	Challenges encountered with teachers	Lack of knowledge and competency Unfair treatment towards the child
	Challenges encountered with school	Level of support Inadequate provisions and resources
Perspective of teachers	Challenges encountered with school	Lack of training programmes Overburden of work
	Challenges encountered with counsellors	Ineffective guidelines
	Challenges encountered with children with dyslexia	Individual attention Excessive time Behavioural difficulties
	Challenges encountered with parents	Issue of acceptance Unrealistic expectations Negative attitude towards teachers

As can be seen from Table 7, parents experienced negative feelings and emotions (e.g., shame, guilt, disappointment, helplessness, fear, etc.) due to their child's learning difficulties. They stated that it was challenging for them to accept that something was wrong with their child, as illustrated by these quotes from two parents.

*"I have difficulty accepting this even today that my children are not able to perform academically and that there is something wrong with them"* (P1, 42-year-old).

*"I wish for my child to perform well academically like other children"* (P2, 35-year-old).

The importance of academic achievement is apparent. Moreover, the parents indicated that it was difficult for them to witness their child struggle, both academically and emotionally. Hence, to protect the child from similar stigmatisation in school or at home, parents did not even disclose their child's diagnosis to the teachers. A study done by Alias & Dahlan (2015) supported this finding, indicating that most of the mothers had negative feelings towards their child's condition, such as low self-esteem, guilt, self-blaming, feeling sad, denial, worry and disappointment. They also experienced low self-esteem when other people compared the achievements of their children to other children of the same age.

The narratives of parents revealed a clear lack of awareness and acceptance about dyslexia which often resulted in blaming, criticising or undermining the child, such as attributing his academic under-achievement to lack of effort or ability. For example, one parent shared:

*"Being a mother, I couldn't accept it. I used to tell my mother, 'He is dumb', because we never knew there is something called dyslexia. I use to label him as 'dumb' all the time"* (P3, 39-year-old).

Parents also experienced lack of support and guidance from school, as they were never informed about the assessment or the remediation procedure for dyslexia. They complained that there were absolutely no provisions in school for them or for their child. For example, no psycho-educational workshops were held to promote awareness, there was no special educator or counsellor appointed to address their concerns, and they reported that very often a regular school teacher performed the 'dual role' of both teacher and counsellor. The parents in this study shared that no concessions offered by CBSE were being provided to their child. They added that the schools often acted as "gatekeepers" (Barga, 1996) by asking them to withdraw their child's admission due to poor academic performance, as it was feared that students who are underachievers might harm the status quo of their organisation. In addition, parents perceived arranging the regular classwork as a daily challenge for them. Since the pace of teaching in class was found to be faster than the processing and writing speed of children with dyslexia, they were always preoccupied with completion of pending classwork and lacked time for leisure activities.

The high cost of assessment and remediation too was perceived as a challenge by parents, due to which the assessment procedure was often delayed.

Behavioural issues of the child such as anger, withdrawal, avoiding school, refusal to opt for accommodations due to the fear of being labelled 'different', were also perceived as a challenge by parents. A parent pointed out:

*“He refused to drop the third language because I think he didn't like to get up from the class and go to the special educator. So, he pursues Sanskrit even now. He doesn't want a writer, he wants to write himself so I let him be”* (P4, 42-year-old).

Furthermore, parents perceived the lack of knowledge about dyslexia among school teachers because they were not able to identify the child's difficulty until it was too late. A parent stated:

*“I don't think the teachers are at all aware about learning disability nor do they know about what dyslexia is”* (P5, 43-year-old).

The parents shared instances of teachers humiliating the children in class, such as making insensitive remarks or being unfair to them. A parent mentioned a teacher who used to tell the child *“you are dumb”, “you don't know anything”, “you can't do anything”* and *“you are worthless”* (P6, 39-year-old).

The narratives of parents also highlighted the stressors encountered, specifically by mothers of children with dyslexia. In Indian culture, children are generally perceived to be a mother's responsibility, so mothers often had to compromise on their careers in order to nurture their child. Despite this they felt condemned by either their spouse or in-laws for not being 'good enough' as a mother, a wife or a daughter- in-law. Thus, it was a constant struggle for mothers to raise a child with dyslexia.

For counsellors, one of the most salient challenges encountered was lack of awareness among parents, as a consequence of which the assessment and remediation procedure was generally delayed. In addition, parents often undermined the importance of counselling and special education. A counsellor explained:

*“Parents are not able to accept that the child is having some problem. They keep on delaying it, and expecting that the child would do well himself and only after a lot of crucial time is passed they go for assessment, and even after the assessment they don't want anyone to know that their child is having some problem”* (C1, 21 years of work experience).

Counsellors also reported that parents frequently engaged in sibling comparison and pressurised the child to achieve higher grades. This finding concurs with the

study of Abraham (2010) who found that parents constantly compared their child with dyslexia to the siblings and other classmates, and pushed them to achieve grades as high as their peers. They added that if the children could not achieve the desired result, they were often criticised and punished by parents, which certainly affected their self-esteem. Furthermore, the narratives highlighted that it was an additional burden for parents to create extra time for their children, due to which their academic and emotional needs were often jeopardised.

A counsellor mentioned the importance of the parent-child relationship with regard to the child's self-esteem:

*"Relationship with parents influences one's self-esteem. Some children have a strong sense of who they are and some don't, which goes back to the family; it really depends on your upbringing, the environment at home. You're what kind of relationship you have with your parents so that determines the basic sense of foundation of self" (C2, 2 years of work experience).*

Previous research has also revealed that children who perceive greater parental understanding, or who perceive greater social support from parents, have a more positive self-concept (Terras et al, 2009).

The challenges counsellors encountered with respect to teachers included their lack of knowledge about dyslexia and lack of empathy for the child. They shared incidents of teachers making insensitive remarks to these children, not allowing them to go to the washroom as they perceived it to be an excuse, or not letting them eat during break, etc. A counsellor shared:

*"If the child is not able to write, the teacher might make the child feel ashamed in front of the entire class, such as passing sarcastic comments (e.g., 'Wow! You would be the first one to do it')... Teachers don't let them go to games, dance, extra-curricular activities so that they can finish off their classwork and homework" (C3, 6 years of work experience).*

The challenges for counsellors also included the level of support from school authorities. Many counsellors perceived that mental health services continue to be the least important priority for a school, either due to lack of awareness or having different goals for the school. A counsellor recalled an incident highlighting the same:

*"I went to meet the principal of a very renowned school in Delhi for one of our kids who has learning difficulty and I was trying to explain to her that the child needs extra help, and her answer was, 'They should be slapped, they should be made to stand under the*

*scorching heat, then they would learn to study. These are just lazy and dumb kids'..."* (C4, 14 years of work experience).

Supporting this finding, Nyamwange et al (2012) found that counselling personnel did not receive sufficient support from the school administration to enable them to render quality services.

The counsellors further mentioned that there were only a handful of schools implementing the directives issued by CBSE for children with dyslexia. This finding is in line with the U-DISE (2015-16) data which shows that there are about 86.55% of private schools in Delhi that have not appointed either a special educator or a counsellor, even though it has been made mandatory by the CBSE (2017b). These factors, including ineffective teacher training programmes, lack of transparency and effective policies, etc., undeniably add to the ordeal of a child with dyslexia.

Interview analysis of teachers' responses implied that they lack adequate knowledge and understanding about dyslexia and often attribute the child's academic difficulties to low intelligence. When asked about their understanding of dyslexia, a teacher responded:

*"I feel they also have some problem with their IQ"* (T1, 18 years of work experience).

In addition, teachers perceived hyperactivity to be a symptom of dyslexia, and were generally unaware of the policies and concessions available for children with dyslexia. Many teachers accepted that they were not acquainted with the term 'dyslexia' during their teacher training programme and it was only through their teaching experience that they came to know about it. Along the same lines, Basu et al (2014) found that most of the teachers (83 %) in government and private schools of Delhi faced challenges like academic (30 %), behavioural (17 %) or both (37%) with children with dyslexia. A few teachers also mentioned that they faced difficulty in teaching children with dyslexia, implying that they lacked essential knowledge needed to teach struggling readers, particularly children with dyslexia.

Another major challenge that teachers perceived was the lack of training regarding identifying, accommodating or teaching children with dyslexia. Supporting this notion, Ahmad (2015) observed that in India, teacher certification programmes are short of sufficient courses in special education to prepare general education teachers for inclusive classrooms. Teachers further complained that there were

no checklists or guidelines given to them by the school counsellors for either identifying children with dyslexia or evaluating their academic performance. A teacher expressed this:

*“Now, there is a rule that the child will be evaluated for his notebook but a dyslexic child whose notebooks are empty, there is no guideline for me if I can ask him to prepare a power point presentation instead? I don’t have the freedom”* (T2, 20 years of work experience).

Additionally, most of the teachers felt that devoting extra time to the child with dyslexia, such as giving individual attention in an overcrowded classroom, preparing separate question papers, etc., was a challenge for them as they already felt overburdened with academic and non-academic schoolwork.

On the other hand, a few teachers pointed out that even if the school provided training workshops for them, only a small number of teachers implemented those teaching strategies in the classroom. Illustrating this, a teacher stated:

*“There are trainings being given to us but how many of the teachers are actually applying it in classroom?...If I have taught children with the same teaching method for about 17 years and have succeeded, then why would I want to change my teaching method ever?”* (T3, 17 years of work experience)

Some teachers acknowledged the disinclination to change their teaching methodology since they had become accustomed to using familiar methods. However, there were a few teachers who expressed interest in acquiring new knowledge and enhancing their skills. In addition, they were sensitive to the needs of children with dyslexia. For example, they tried to encourage them to participate in class and pointed out their strengths. This finding is supported by Worthy et al (2016), who found that even though teachers are committed to providing support for their students identified as dyslexic, the vague policies, procedures and limited information interfered with this goal.

The majority of teachers felt that children with dyslexia should be placed in special schools as they would be taught at a pace convenient for them. However, there were a few teachers who felt that they should be part of the inclusive schools as it would not only provide them with an opportunity to learn academic skills, but also enhance other life skills such as communication and problem-solving skills, critical thinking, interpersonal skills, etc., that are crucially important for a child's psychosocial development.

Bronfenbrenner's ecological systems theory (1979) emphasises that the child is embedded in a series of environmental systems that interact with one another and with the child to influence development (Shaffer, 2013). Thus, drawing on Bronfenbrenner's ecological framework (1979), the child with dyslexia too is nested within a number of interacting layers of influence such as the family, school and community, contributing to his psychosocial development. The context, according to Bronfenbrenner, constitutes four distinct concentric systems: microsystem, mesosystem, exosystem, and macrosystem, each having either direct or indirect influence on a child's development. The layer closest to the child is the microsystem, which captures the child's interactions that occur in his/her immediate surroundings such as the family. The present study explored this system by understanding the child's characteristics from the perspective of the parents. In addition, the study also purported to understand the issues and challenges that parents experience with regard to their child's learning disability. The parents in the study shared that their children experienced considerable psychosocial and behavioural difficulties such as low self-esteem, poor social skills, anxiety, anger, frustration, etc. Similarly, previous studies have shown that the presence of dyslexia acts as a risk factor for psychosocial maladjustment. For example, Eissa (2010) found that dyslexia had negatively influenced adolescents' self-esteem and caused them to feel different from others. In addition, they were also found to suffer from externalising and internalising symptoms (i.e., withdrawal, somatic complaints, anxiety/depression, aggression, thought problems and delinquent behaviour). Furthermore, the narratives of the parents revealed that the relationship of dyslexic children with their significant others was affected negatively. However, on a positive note, all the parents in the study reported that their child with dyslexia possessed special talents such as sports, dance, music, narrative skills, etc. This research finding correlates with the findings of Miller (2002) who explored resilience elements in college students with specific learning disability and found various themes for resilient students including particular areas of strength. Similarly, West (1991) (as cited in Waterfield, 2002) acknowledges that individuals with dyslexia often display a "paradoxical co-existence of special abilities and disabilities in the same individual". In other words, children with dyslexia may have abilities which allow them to excel in arts, engineering and science subjects. By operating in a right-brained mode, they show aptitude for making connections and visualizing global ideas. Their strengths can include verbal acuity, excellent spatial awareness, flexible problem-solving, and artistic, imaginative or musical ability. However, more often than

not, this gift is not recognised by teachers at school and is regarded as a problem. Therefore, modes of learning, teaching and assessment need to take cognisance of both aspects of dyslexia in order for children to achieve their full potential (Waterfield, 2002).

The second of Bronfenbrenner's environmental layers is mesosystem, which refers to the connections or interrelationships among such microsystems as homes, schools and peer groups. Thus, at the mesosystem level, this study aimed to understand the role of the school environment in shaping a child's psychosocial experiences by understanding the perspective of teachers, parents and counsellors, as they are among the 'significant others' working with the child and, simultaneously, with each other. A child's successful psychosocial development depends not only on the nature of the relationship with the parents at home but also on the school's capability to provide an effective support system with adequate resources and services, including positive attitudes of teachers and peers. As discussed earlier, the findings of the present research have identified the school environment as often being a challenging setting where the school fails to meet the needs of children with dyslexia, with regard to providing them with an effective teaching environment and adequate support system for their academic psychosocial development. This research finding is consistent with the study of Shetty and Rai (2014) which also found that children with dyslexia did not receive adequate provisions and concessions from school, such as remedial classes, allotment of extra time, appointment of a scribe, etc.

Parents and counsellors too perceived lack of support from school authorities with regard to provisions for psycho-educational workshops and availability of adequate resources, respectively. Along the same lines, Karande et al (2011) reported that there is an acute shortage of remedial teachers and most schools do not have a remediation centre. Many parents cannot afford the services of remedial teachers working in the private sector. Few 'SLD-friendly' schools in Delhi have started "resource rooms" to ensure that these children get affordable and regular remedial education in the form of specialised instruction, individually or in small groups. Resource rooms have proven to be successful in significantly improving academic skills of children with SLD (Karande et al, 2011). Thus, the role of the school principal and school management are pivotal in providing adequate resources for counsellors, teachers and parents to assist in the successful psychosocial functioning of children with dyslexia.

Bronfenbrenner's third environmental layer, i.e, exosystem, consists of contexts that children and adolescents are not a part of but that may nevertheless influence their development. At this level, the themes parents and counsellors raised were explicitly related to teacher training and influences of governance systems. Parents raised challenges beyond school that impacted the child, in particular the lack of teacher training. Teachers do not have fundamental teaching skills or the ability to cater for diverse learning needs in the classroom. This is related to the government's efforts in providing teacher training to cater to the diverse needs of students. There is no assessment in school and no remediation, and it becomes expensive for parents, especially for the middle class. Thus, every teacher education programme in India should compulsorily include a specific course on the curriculum and instruction of children with special needs so that future classroom teachers have the necessary skills to teach children with SLD (Karande et al, 2011).

At the widest level, the macrosystem represents the values, customs, laws, and resources of the culture at large. Therefore, the analysis at this level caters to the experiences of the participants within Indian culture. The narratives of all the participants in the study reflected how the child with dyslexia perceives himself as being "different" within a broader cultural context that values and privileges perceived ability, and shames perceived inability. For example, parents reflected on their role as being more than that of a 'typical parent' and shared narratives of stresses associated with parenting a child with dyslexia, which demanded the performance of multi-faceted roles such as that of a tutor, advocate and, sometimes, even of a counsellor. They shared their experiences of being a "different" sort of parent, who needed to put in immense effort and patience as compared to a 'typical parent'. One of the major challenges they faced was to 'hide' their child's learning disability from the society, including the school teachers and their extended family, due to the fear of labelling and stigmatisation. This social stigma often prevented parents of children with dyslexia from seeking appropriate assessment and early intervention for their child. In addition, children with dyslexia tended to compare their academic performance with that of their classmates at school and felt frustrated because of the discrepancy between their efforts and academic achievement. Thus, in the present culture, factors such as lack of awareness and empathy pertaining to a hidden disability like dyslexia, undeniably affect the psychosocial and emotional development of children with dyslexia, more so in a context devoid of adequate resources and an effective support system.

Parents and counsellors raised concerns regarding the government's lack of recognition of dyslexia by not having transparent and effective policies for it. At present, there is no uniform guideline in India for diagnosis, assessment of severity and certification of specific learning disability. There is a wide variation in recommendations from state to state and from one board of examination to another. Although SLD has been included in the 'The Rights of Persons with Disabilities Act' (2016), the Bill only gives general guidelines regarding certification of the specified disabilities (Sandhu, 2015). Furthermore, 'The Rights of Persons with Disabilities Act' (2016) unfortunately places "Specific Learning Disabilities" under the category of "Intellectual Disability". Similarly, a CBSE circular (2019) extending several exemptions/concessions to candidates with disabilities subsumes "Specific Learning Disabilities" under the category of "Intellectual Disability". Thus, the government's lack of understanding about dyslexia leaves children with specific learning disabilities with little hope for assistance and support.

Although there has been progress in the form of provisions by National Educational Boards which conduct the Indian Certificate of Secondary Education (ICSE) and the Central Board of Secondary Education (CBSE) examinations to have formally granted children with specific learning disabilities the benefit of provisions such as appointment of a scribe, compensatory time for all written tests, exemption of third language, etc., there is however still a general lack of awareness about specific learning disabilities in a large majority of Indian schools. Specific learning disability has still not been diagnosed as a disability by many state governments in India. Also, there is no law in any state of India which mandates that a school should provide remedial education within its premises or that these children are entitled to "publicly funded" affordable remedial education services (Karande et al, 2011). Therefore, mere inclusion of SLD as a disability will not be sufficient unless there is also uniformity in provisions. There is need for concerted efforts from the government to ensure recognition and identification of learning disabilities and to translate its policies from paper into action, in terms of implementation, for an inclusive and equitable approach (Ahmad, 2015).

### **Limitations and Recommendations**

Though the present study obtained information from sources such as teachers, parents and counsellors of children with dyslexia and not from the children

themselves, a direct interaction with the child would shed more light on his/her experiences of socio-emotional difficulties. This is pertinent so that appropriate interventions can be planned to foster positive development of the child. The findings of the study cannot be generalised as the geographical location of the sample was limited to Delhi. Moreover, the study used only qualitative data sources, i.e., interviews, to explore the phenomenon. The use of mixed methods would provide validation of the findings for larger applicability of the study.

## CONCLUSION

The present study provides insight into the psychosocial experiences of children with dyslexia from important perspectives (teachers, parents and counsellors). The findings of the study suggest the need to have psycho-educational workshops for parents in order to increase their awareness, since they constitute an important source of support for children with dyslexia. It is also noteworthy that there is a huge gap between the skills for which teachers are trained and the skills that are actually required by them in an inclusive classroom. Thus, it is imperative to hold training workshops (pre-service and in-service) for them to increase awareness and build empathy. Furthermore, the participants in the study suggested that the schools should provide in-house assistive services such as assessment and remediation to address academic, social and emotional needs of children with dyslexia. Simultaneously, it is equally important to redefine the goals of education and teach skills that focus on holistic development of children. For example, since children with dyslexia commonly have working memory issues, using perception-action cycle, which focusses on learning through doing, might be a more effective method to teach them as it connects the back lobes of the brain (involved in sensing the environment) to the cognitive, emotion and memory network in the frontal areas. Thus, as language adds an additional level of working memory, engaging in the perception-action cycle through activities would be more practical and require less working memory.

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