

READING DISABILITY (Paralexia, Dyslexia)

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Reading Disability (Paralexia, Dyslexia)

Primary Disciplinary Field(s): Education, Developmental Psychology, Clinical Psychology, Neurology

1. Core Definition and Distinction

Reading Disability (RD) is a comprehensive term used to describe cases in which a child exhibits reading proficiency that lags significantly behind their measured intellectual capacity, typically by one or more academic years. Crucially, children identified with reading disability are distinct from those designated as "retarded readers." Retarded readers experience academic difficulties primarily due to generally low intelligence. In contrast, children with RD possess normal or above-average intellectual capabilities but face specific, specialized difficulties--whether psychological, physical, or social--that severely impede their reading performance and learning acquisition.

The failure to read effectively represents a fundamental obstacle to virtually all academic success, as reading serves as the indispensable foundational tool for most learning processes. Consequently, this persistent academic shortcoming almost invariably leads to profound psychological consequences, including intense feelings of inadequacy, discouragement, and anxiety. For an effective intervention to be initiated, a meticulous, individualized diagnosis must precede the development of any remedial program.

2. Prevalence and Demographics

Reading disability is a common concern within elementary education. Studies indicate that between ten and fifteen percent of elementary school children demonstrate reading disability, ranging from mild to severe presentations (Goldenson, 1957). A notable demographic disparity exists in the prevalence rates, with boys significantly outnumbering girls by a ratio of approximately three to one in reported cases of reading disability.

3. Diagnostic Stages and Procedures

The accurate diagnosis of reading disability is executed through a rigorous two-stage process designed both to identify specific weaknesses and to isolate underlying causal factors, thereby ensuring the subsequent remedial program is appropriately targeted.

The **First Stage** involves a full evaluation of the child's reading skills conducted by a grade teacher or reading specialist. This stage utilizes a variety of assessment tools, including informal classroom procedures, structured trial lessons, and standardized tests measuring both oral and silent reading abilities. The objective is to determine the child's general reading level and expose specific deficiencies. These commonly include poor comprehension, inadequate word recognition or word

analysis skills, significant mispronunciation, lack of fluency in oral reading, slowness during silent reading, deficient vocabulary, consistent spelling errors, and faulty habit patterns such as mouthing words or backtracking.

The **Second Stage** is reserved for cases involving more severe disabilities. This stage mandates further intensive diagnosis, often carried out by a specialized psychologist or remedial expert. It involves conducting comprehensive special tests and in-depth case studies. The overriding purpose of this advanced diagnosis is to isolate the basic, underlying causes of the disability, a critical step necessary for planning a fundamentally effective and individualized remedial program.

4. Causal Factors and Etiology

Before assessing causal factors, a crucial preliminary step in the thorough diagnosis of reading disability is the administration of an individual intelligence test. This test confirms the extent of the discrepancy between the child's actual reading performance level and their underlying intellectual capacity. Following this confirmation, five principal sets of factors, which frequently contribute to reading disability, must be systematically examined and assessed:

Physiological Immaturity: Referred to as "developmental lag," this includes deficiencies such as poor auditory or visual discrimination abilities, and "directional confusion," which manifests as difficulty in tracking text correctly (e.g., reading from right to left instead of left to right).

Physical Handicaps: These encompass chronic health issues such as low vitality, frequent illness, impaired vision or hearing, or, in certain severe instances, evidence of brain damage.

Emotional Handicaps: Psychological factors include significant tensions, anxieties, chronic feelings of inferiority, and pervasive discouragement that directly interfere with the learning process.

Environmental Conditions: These typically relate to a deprived home environment lacking intellectual stimulation, or situations where a foreign language is spoken exclusively, creating a linguistic barrier to mainstream academic material.

Educational Factors: School-related issues, such as ineffective teaching methodologies, the use of inappropriate reading materials for the child's level, or a general classroom climate that is unsuited to focused learning, can significantly contribute to the disability.

It is important to note that in the majority of severe reading disability cases, multiple factors from these various categories are often concurrently operative, necessitating a multi-faceted remedial approach.

5. Remedial Approaches and Intervention

Following a full diagnostic study, an individualized plan for reading improvement is developed and implemented based strictly on the unique needs and deficits of the child. Intervention strategies are

typically categorized into two main types:

Corrective Reading Program: Designed for handling simpler difficulties, this program is usually implemented within the regular classroom setting. It involves the direct teaching of missing skills through focused activities such as word games, extra practice in phonics, specialized attention to prefixes and suffixes, and exercises designed to counteract regression.

Remedial Reading Program: Required for cases of more severe disability, this program involves concentrated training and typically takes place in individual or small group sessions, either with the class teacher during special periods, or with a dedicated reading specialist in a school, clinic, or private setting. Consultants may be called upon to address specific interfering difficulties, such as visual, auditory, or profound emotional problems.

Remedial reading is fundamentally a concentrated training procedure engineered to overcome a child's specific defects. This often necessitates intensive development of basic word analysis skills through special study of sight words, consonants and consonant combinations, short and long vowels, and proper division into syllables. Intervention techniques are varied, incorporating sight, sound, motor, and game methodologies tailored to the child's specific learning needs. Furthermore, certain children require focused attention on root words, using context clues, correcting reversal errors (e.g., reading "no" for "on"), or improving spelling proficiency. Others may need extensive practice in oral reading to develop better comprehension, phrasing, and expression, while some require training to expand vocabulary and enhance overall study skills.

Crucially, the success of any intensive remedial program relies heavily on the cooperation of the parents. Their involvement is sought not only to provide essential supplementary reading practice and materials at home but also to modify any potentially faulty attitudes toward the child and actively improve the general emotional atmosphere within the home environment.

6. The Concept of Dyslexia

The use and definition of the term **dyslexia** remains a source of ongoing academic and clinical debate. Many specialists adhere to a narrow, specific definition articulated at the 1961 Johns Hopkins Conference on Dyslexia, which defined it as a **genetic, neurological dysfunction** that is not complicated by other external or cognitive factors. This view emphasizes a purely intrinsic, inherited basis for the reading difficulty.

However, a substantial number of clinicians and researchers favor a broader interpretation. While generally agreeing that a malfunctioning of the nervous system is central to the condition, they expand the term **dyslexia** to include not only cases arising from apparent genetic neurological defects but also those where there is demonstrable evidence of early developmental disorder, significant early disease, or birth injury. This broader definition thus encompasses many of the severe disability cases previously discussed under the general reading disability topic.

7. Illustrative Case Study: Jimmy

Jimmy, an attractive nine-year-old in the high third grade, serves as a compelling illustration of severe reading disability compounded by emotional and physical challenges. After failing to progress in his school's corrective reading group, he was referred to the City College Educational Clinic. Initial visits were marked by extreme emotional upset, including nausea and vomiting. His physical history was complex, including frequent illnesses, multiple surgeries (pneumonia at three months, tonsil and adenoid removal), and a history of tongue-tie, necessitating three operations. His speech was notably flat, indistinct, and nasal, accompanied by a marked lisp and difficulty articulating the letters l, r, j, g, and sh.

Assessment revealed an above-average intellectual capacity with an IQ of 117. Despite this, standardized reading tests placed him at a beginning second-grade level. His oral reading was slow, inaccurate, and characterized by frequent mispronunciations, reflecting meager phonics knowledge. Specific difficulties included confusing the letters m and n, n and v, and b and d, and a tendency to pronounce nearly all vowels as "uh." Previously, he had been taught exclusively through a visual method. His academic profile was highly inconsistent: spelling was at a low first-grade level, yet his arithmetic skill was high fourth grade.

Home conditions were significant contributing factors. His parents had a history of severe conflict and separated when Jimmy was three. His mother was nervous and sickly, and Jimmy felt acutely the absence of a regular father figure, struggling to relate to his older siblings. The mother's behavior was contradictory; she frequently criticized him and threatened to send him away, but would ultimately yield to his temper tantrums, sulking, or crying spells. A psychiatrist concluded that his significant behavioral difficulties were entirely attributable to feelings of rejection and the highly disturbing experiences within the family dynamic.

The comprehensive diagnostic process led to a multifaceted intervention plan. Jimmy was scheduled for remediation at the Reading Service twice a week, received medical attention for his documented hearing loss and tongue-tie, and continued his clinical visits. At the Remedial Reading Service, he was purposefully assigned to male tutors, as it was believed he would be more receptive to instruction from men. Over a period of five months, he received twenty-seven lessons utilizing controlled materials (pre-primers, primers, first/second readers). The core of the intervention focused on developing phonics ability through reading drills that stressed letter-by-letter sounding and blending, with intensive attention paid to correct hearing and pronunciation. Tutors employed a gamified approach, using index cards to track new words in "do know" and "do not know" envelopes. Due to his speech and hearing deficits, considerable time was allocated to oral reading, with tutors modeling exaggerated distinctness.

Leveraging his mental age of eleven, comprehension exercises at the second-grade level were quickly introduced. Initially, speed was not emphasized; however, toward the end of the tutoring

period, he was encouraged to stop pointing with his finger and practiced phrase reading to improve fluency. Utilizing a visual-motor method, he received instruction in spelling, which required him to print the word on a card, look at it, say it, then close his eyes and print it from memory. The tutors fostered his interest in sports, used competitive scoring, expressed deep respect for his intelligence, and offered generous praise. They also actively engaged with his mother, repeatedly expressing confidence in Jimmy's ability in an effort to modify her critical attitude. By the conclusion of the five-month period, Jimmy demonstrated remarkable progress, advancing to a third-grade level in spelling, high third grade in paragraph reading and vocabulary, and a fourth-grade level on silent reading tests. This objective improvement was paralleled by a significant subjective transformation, reflected in an air of confidence, marked improvement in conduct and personality ratings, and sustained average grades of B plus over the following two years (Harris, 1961).

Further Reading

Dyslexia (Reading Disorder)

Alexia

Aphasia

Goldenson, R. M. (1957). *Psychology of Reading Disability*.

Harris, A. J. (1961). *Reading Disabilities: Diagnosis and Remediation*.