

# Four Ds of children's development

IN ONE'S CAREER, ONE HAS BEEN associated with the Beaconhouse School System, the largest chain of private schools in the country, and the Lahore Grammar School, another fine school in the private sector. This provided the opportunity to see, evaluate, and advise dozens of children, boys and girls, who found it difficult to keep pace with peers in academics. One also had the chance to talk to teachers, academic coordinators and parents.

One hopes, in retrospect, that such interactions made some difference in their lives; and also allowed stakeholders to view the delayed learning among some children with understanding and compassion.

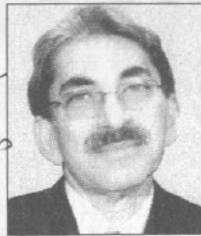
The case of young Shazib (a fictitious name) comes to mind immediately. His class teacher who taught him English, and his maths teacher, complained about Shazib's lack of progress. In their view, he had started to lag behind in recent months. His teachers had noted that in the beginning he had shown satisfactory academic progress. The decline started to set in gradually but became prominent with the passage of time.

The English teacher complained that his writing was sometimes funny, because he would write an inverted "B", as " ". His "C" was also the wrong way around, written " ". The maths teacher also noted similar problems: Shazib's "6s" were inverted.

Both the teachers corrected Shazib. But after correcting his mistake for a while, he quickly went back to making the mistakes. The young boy was referred to the academic counsellor, who diagnosed dyslexia. In technical jargon Shazib's recent poor academic performance, the counsellor pointed out, was due to a developmental delay disorder prevalent in quite a few children of his age group. The academic counsellor referred the child to a specialist. That was how his case came to one's attention.

This time of the year, March, is a time when annual school examinations are sched-

## PSYCHOLOGY



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uled. As a result teachers, academic coordinators and parents are under pressure to get the optimal academic performance out of children. This is also the time of the year when concerned teachers and parents discover that their children are not progressing as smoothly as others. They also see that in spite of all reinforcements such as rewards and punishments, some children still do not show the desirable rate of academic progress. The problem, they figure, has deeper roots. This is the time when enlightened schools and families feel the need

to consult specialists to address the academic problems of children.

One good thing that private sector education has done in this society, although at high financial cost, is to have in its repertoire a few sensitive and enlightened souls. Such people, when they see problems in their students' education, do not resort to the knee-jerk response of a typical public school teacher and try to beat the devil or the demon out of the child. Instead they are willing to acknowledge that perhaps the problem is "psychological".

In the 1980s and early 1990s, school educationists, child psychologists, and academic counsellors in Pakistani schools would refer to a host of learning problems that the standard textbooks of those decades described as "specific delays in development".

"International Classification of Diseases, 9" (ICD) for instance, recounted four specific disorders in this category, in growing children. These are dyslexia, dyscalculia, dyslalia, and dyspraxia. All of them were put under the general heading of specific delays in development.

Dyslexia was described as being specific to growing children of school-going age. Children who manifested specific reading or writing disabilities without any trace of lower-than-average intelligence or mental retardation were classified as dyslexic. All reading/writing disabilities were pooled together and labelled dyslexia.

Dyscalculia was considered a special problem that beset school-going children who showed weakness or relative backwardness in mathematical ability. The disability was not due to low intelligence or age-specific factors. Dyscalculia referred to specific mathematical disability in children.

Dyslalia was classified as a set of symptom-syndrome associated with verbal communication or disabilities related to children's verbal expression. If a child could not articulate specific words, or found it difficult to clearly express specific letters or words, she was diag-

nosed as having the specific developmental delay called dyslalia.

The fourth developmental delay was dyspraxia, where a child manifested poor motor coordination or delayed developmental milestones, such as sitting, crawling or walking. It might also manifest itself in dropping things, poor performance in sports and games, poor handwriting and general motor clumsiness. Muscular coordination or clumsiness in children was described as dyspraxia.

All four problems were specific to children and adolescents. In the 1980s and the 1990s these problems and their descriptive terms drew the attention of teachers, academics, child psychologists and parents. Since then research has continued in this area and in the psychological problems of school-going children and adolescents.

In the light of new research, the diagnostic scene has changed substantially. It is about time that our schoolteachers, school academicians, child psychologists and concerned parents took advantage of the latest knowledge on the subject, taking a more enlightened view of children's problems. This way developmental delays can be properly diagnosed and remedial, individualised educational plans devised for their benefit.

The two most recent classifications of mental diseases — the Diagnostic and Statistical Manual, (DSM) and the International Classification of Diseases (ICD) — now tackle diagnosis of such symptoms from a different angle. In the current diagnostic and remedial literature one hardly comes across the terms dyslexia, dyscalculia, dyslalia or dyspraxia. They belong to the twentieth century.

Twenty-first century diagnostic manuals now classify the four problems in three main categories: learning disorders, motor skills disorder, and communication disorders.

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