

## REFLECTIONS AND PRACTICES ADOPTED FOR DYSPHASIA IN A REGULAR SCHOOL

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### ABSTRACT

Child-language-acquisition disorders or dysphasia is a communication disorder. It affects either the oral expression alone or the oral expression and comprehension. Although this disorder is well studied in other developed countries, there is no documented research on dysphasic children in Sabah. This has led to the disorder being misunderstood. This article reflects upon the experience and practices of a doctoral researcher who acted as a support for a dysphasic non-English speaking European child's school life in order to help the child cope in a regular private English international school classroom. The aim of this article is to contribute to the scarce documentation of special needs education in Sabah.

### Keywords

Dysphasic children, Dysphasia, Communication Disorder, Special Needs, SLI, Sabah.

### INTRODUCTION

Dysphasia is a communication disorder also known as child-language-acquisition disorder (Maillart et al., 2014) or Language Disorder (Bernard, 2018). Dysphasia is a severe and persistent disorder of oral language development, involving comprehension and oral expression (Bock et al., 2017: 167). Due to the disorder's complexity of diagnoses, with untraceable identifiable clinical cause, Bock et al., (2017) argued that the disorder's state of research should be best based on a review literature. Bernard's (2018) research too highlighted the extreme variation of terminology.

The term dysphasia or *dysphasie* in French is used in Francophone literature i.e., France, Belgium, Sweden, Quebec (Bock et al., 2017). However Anglo-Saxon literature prefers the term Specific Language Impairment (SLI) (Bernard, 2018; Bock et al., 2017), or Developmental Language Disorder which could mean a disorder that is not necessarily persistent (Bock et al., 2017). Another term used in Anglo-Saxon literature is developmental aphasia (Bock et

al., 2017). In a clearer perspective, the difference between the francophone literature and the Anglo-Saxon literature is that the francophone literature considers dysphasia as children suffering a severe persistent language disorder, whereas Anglo-Saxon literature refers to the disorder affecting children from minor to severe SLI. The discourse of this article will follow the francophone literature.

The term dysphasia existed since the 1960's through Julian de Ajurriaguerra (Bock et al., 2017). According to Fournerset and Da Fonseca (2018), it is estimated that about 6% of children suffer from language disorders and 2% of this 6% are dysphasic. However, this estimation is specific to their environment i.e. France. Research are still scarce in Sabah pertaining to the percentage of school children suffering from various forms of "dys". We have not found any literature relating to dysphasia in Sabah. Based on Maillart et al. (2014) findings, dysphasia is not well understood as there exist variations in profile and learning styles of these children to the extent that it is difficult to have a generalized conclusion on the disorder. According to Bock et al. (2017) there are three major categories of dysphasia. Nevertheless, our discourse will account as dysphasia in general. Among the many comparisons presented by Bock et al. (2017), there were differences between the English and French literature on a child's age upon diagnosis of dysphasia. In addition, Bock et al. (2017) found that dysphasia affected the boys more than the girls.

Even though Malaysia had pledged to initiate inclusive education program so that it could benefit 9.6% of special needs students with the aim of these children studying alongside students in normal schools (MOE, 2013a), UNICEF (2017) reported teachers admitting to having difficulty teaching in a classroom with both children with and without disabilities. The lack of proper disability classification presents another challenge (UNICEF, 2017) which could also contribute to the lack of awareness on the existing various types of learning disabilities other than the known autism, visual or hearing impairments. As Malaysia strives to close the gap between urban and rural schools (MOE, 2013b), the few researches available such as dyscalculia (Keong et al., 2016) is proof of a need for more researches in the area of special needs in general. In addition, Yasin et al. (2010) discovered lack of facilities for special needs children in Sabah schools.

## **WHERE IS SABAH?**

Sabah situated on the Northern part of the Borneo Island is home to various ethnic groups rich in their own culture, language, and religious beliefs (Sabihah et al., 2010). The total area of Sabah is 73,620 square km (7.362 mil hectares) and Sabah is located between 4–8 ° North latitude and 115–120 ° East longitude (JTU, 2019). Once colonized by the British yet rich in its history, figure 1 is a 19th century map of Sabah.

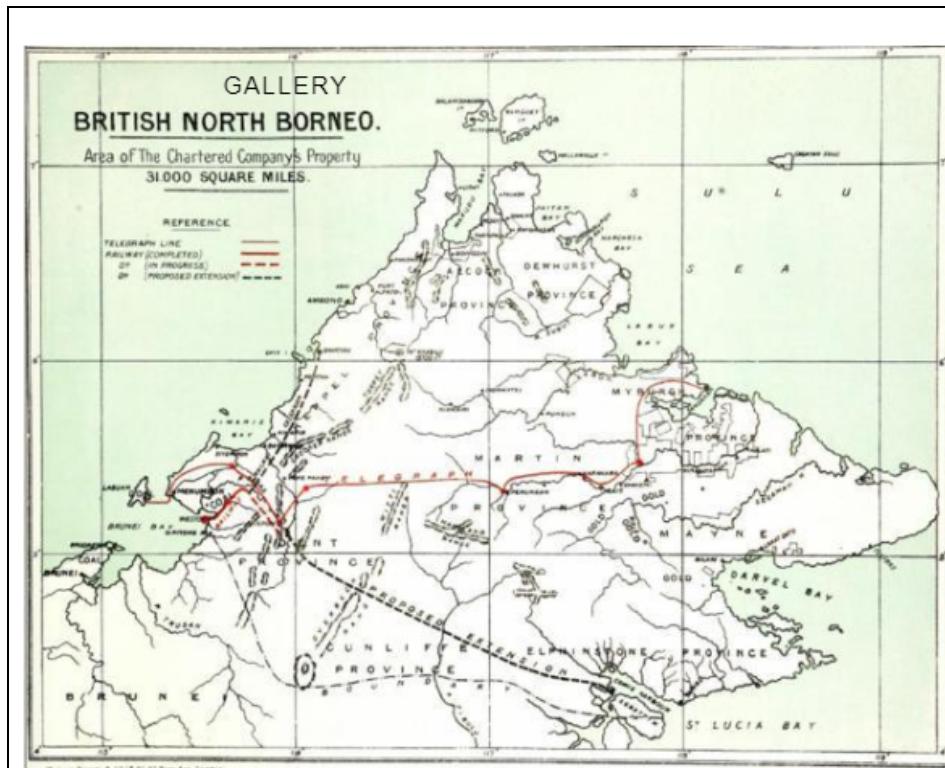


Figure 1: A map of Sabah taken from the Sabah Lands and Surveys Department  
Source : <http://www.jtu.sabah.gov.my/index.php/en/pages/historyboundary>

In the world map, Sabah which is part of Malaysia, is surrounded by Indonesia, the Philippines, Vietnam, Thailand, and Singapore as seen in Figure 2.



Figure 2: Sabah in the world map  
Source: <http://www.mysabah.com/wordpress/where-is-sabah/>

Figure 3 is the current map of Sabah. The capital of Sabah, Kota Kinabalu, is situated in the West coast of Sabah. English and Malay are the two official languages but due to the diverse ethnic groups in Sabah. There are other indigenous dialects. However, in Kota Kinabalu people speak English and Malay. Moreover, tourist the entrance point for tourism is in Kota Kinabalu thus most expatriates will stay in Kota Kinabalu as seen in Figure 3.

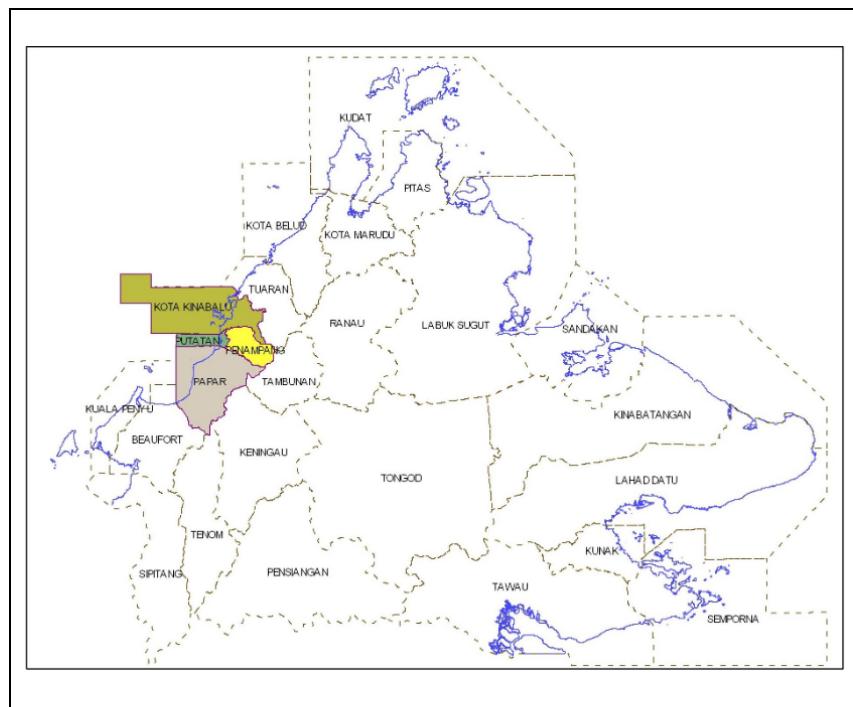


Figure 3: A map of Sabah taken from the Sabah Lands and Surveys Department

Source:

<http://www.jtu.sabah.gov.my/index.php/ms/profile/strukturpentadbiran#sandakan>

The Malaysian Education system is currently under reform. Debut in 2013, with eleven shifts to transform the system (MOE, 2013b), it is now in its second phase of reform i.e., 2016 to 2020. In this phase, enhancing programs for groups with special needs is currently taking place with key outcomes of a 25% reduction in the socio-economic and gender gap (MOE, 2013b).

## LEARNING DIFFICULTIES

Learning difficulties could reduce a child's smooth relationship with his/her environment, access to school learning, and specifically social discrimination or the child being mis-labelled as lazy or incompetent (Fournaret & Da Fonseca, 2018). According to Fournaret and Da Fonseca (2018), it is important to highlight

the specific learning disorders in schools (e.g., dyslexia, dysorthographia, dyscalculia); they also stated that the challenge in the diagnosis of learning disabilities is that it often happens too late. It is also possible to find children (Bock et al., 2017) with a combination of dysphasia, dyspraxia, dysgraphia and dyscalculia.

Fournet and Da Fonseca (2018) mentioned that the development of language consists of four important components namely semantics, syntax, lexicon, and phonology (see figure 4).

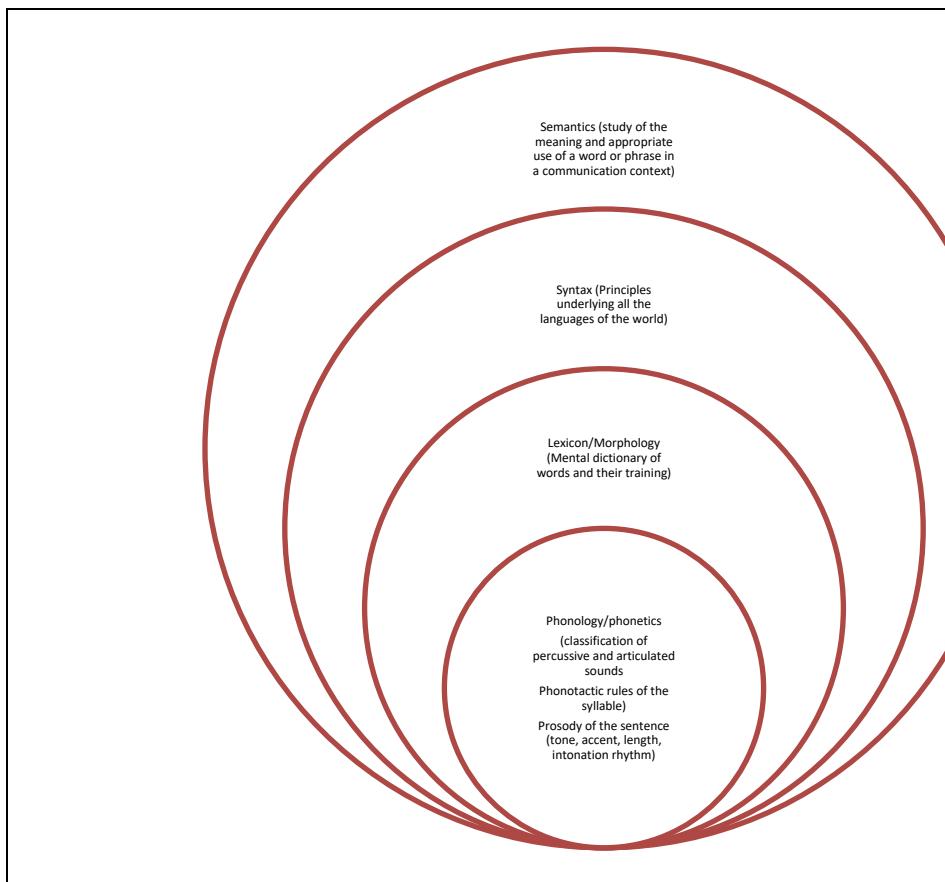


Figure 4: Components of language modified from Fournet and Da Fonseca (2018)

Fournet and Da Fonseca (2018) highlighted that when talking about learning disorder we should differentiate between delay in language and language disorder. That the former is a chronological lag in the acquisition of language, compared to standards expected for age, and the latter is defined as the non-installation or disorganization of the language function. In this article, the latter applies.

Fournieret and Da Fonseca (2018) also documented the normal chronology of language acquisition according to a child's age as seen in Figure 5.

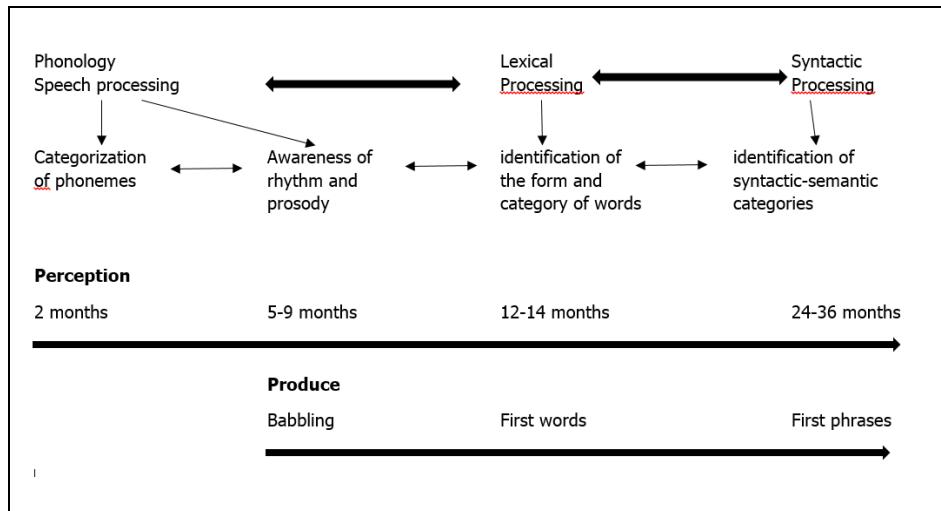


Figure 5: The Normal Chronology of Language Acquisition According to a Child's Age Between 0 To 3 Years. (Adapted From Fournieret and Da Fonseca, 2018)

In addition to learning disabilities, language itself is situated (Brown et al., 1989). The various difficulties in learning a new language is highlighted by Brown et al., (1989) as they argued that even experienced normal readers, in particular, implicitly understand that words are situated. In order for the reader to commit themselves to an interpretation of a word, experienced normal readers would ask for the rest of the sentence first.

The reflective question of this article thus, "How to help a non-English speaking dysphasic child cope in a regular English medium classroom in Sabah?". In this study I employed Vygotsky's Sociocultural Theory of human learning. It takes into account Vygotsky's theory of zone of proximal development (Fournieret & Da Fonseca, 2018). This theory postulates that learners learn on two levels, i.e. an interaction with people around the learner in society or culture, and in the learner's individual mental structure (Abdullah & Ishak, 2017).

### **MARIA, A EUROPEAN GIRL WITH DYSPHASIA**

Maria (pseudonym), a dysphasic non-English speaking European girl, was diagnosed with dysphasia at the age of five. Upon diagnosis, she was placed in a program for dysphasic children. She was monitored in terms of her development and wellbeing.

In 2015, Maria followed her parents to Sabah, Malaysia. She was 12 years old. She was and has always been a calm non-aggressive child. Maria entered an English medium Sabah International School. She entered the elementary school at year 4. Due to the lack of special needs school available in Sabah, she had to

learn a new language (English), as her maternal language is French. After school, Maria has another schedule with her parents in which she learns French.

She goes to bed at 8 p.m. and wakes up for school at 6 a.m. everyday. She had a Canadian aide who was assigned to be with her during school hours to translate and support Maria in her lessons. However, in 2017, her aide had to leave. Her parents had a tough time looking for French speaking replacement for Maria. It was by chance that they found me. Hence, I have been an aide and translator for Maria since September 2017. The duration of my relationship with her and her parents was about 16 months.

The number of students in her classroom for the year 2017 and 2018 were an average of 24 students of various nationalities. My role was to take over from the previous aide i.e., to accompany Maria in her classroom for the duration of her school hours. My role was also to translate and aide her in having smooth positive relationship with her classmates and surrounding. I also work with the class teacher to reduce the workload and homework if I find the load too heavy, or if Maria starts to complain or show signs of distress. I help the class teachers on any issues relating to Maria.

Maria attends all subjects except history and geography. During this period, I would bring her to a quiet classroom and catch up on lessons that she learnt that day. In 2017, I observed Maria would get stressed easily due to the fact that she was expected to sit for examinations. Although the examination questions were customized to her level, with input from myself but it didn't reduce the distress that Maria was experiencing not only in school but she continues to be distress at home.

At this point, I insisted that Maria be categorized as special needs and a medical letter from Maria's French doctor be provided to the school administration to confirm her condition. After a year of my being with Maria, we (her parents and myself) proposed that Maria be excluded from examinations as well. This was done to reduce her distress especially when she returns home. She has since then been calmer.

Maria had diverse French vocabulary by 2017 but she repeats the same phrases more than 5 times when she was with me. She prefers her personal space and does not like anyone to use her things. She religiously keeps her things exactly in place. For example, she uses her eraser, she erases a mistake once, then the eraser must be returned back into her pencil case, and the pencil case must be zipped closed. She would not leave her eraser on the table until the end of class session. So, I did not use any of her things. I accompanied her and sit by her side in the classroom but I would leave her during break time. In English reading, she does not articulate. Neither does she articulate well in French. I would correct her on the spot but if she presents distress, I would stop correcting her and just applaud for the effort that she made.

In 2018, Maria progressed to secondary school year 7 at the age of 16. It is important to note that the average normal child would be 13 years old in year 7. In terms of attention span, up to date, she would be distracted and not listen to me if there are distraction e.g., someone laughing in the room. This happens also in an empty room, she would stop when she sees an insect, for example an ant on her table. If she could not find her things, she would not be calm until I find it for her. She is not able to answer questions if the teachers

asked. In 2017, her Canadian class teacher tried on several occasions to ask her questions in English then in French. However, Maria has a delay in responds and even then, her response was and still is not complete sentences. In conversations with me, she would speak too fast and often she would not articulate (in French). She does not clearly articulate in English. Nevertheless, she is always happy when she comes to school. I often communicate with her in French.

## **MARIA'S SCHOOL EXPERIENCE**

The initial experience was very difficult for Maria as the school administration were not able to understand Maria's disorder. The school special needs center misunderstood the disorder for other common disorders such as dyslexia. As a result, the school administration agreed to accept an aide for Maria which was the Canadian aide. Thus, Maria was not put under the school's existing special needs program. Maria had to cope with having to sit for examinations expected of a normal child, and having to follow the normal school syllabus for 2 years. She also had to attend a daily intensive English program in order to cope with the new English language. Pictograms were used, laminated cards of words next to pictures were used. Colors were used to make these materials interesting.

Due to the lack of communication from the school administration regarding Maria's disorder in 2017, the teachers mistook the disorder as curable. The class teacher often subjected Maria to heavy classwork load, homework load, and quizzes. Several times, I had to halt the practice and explain that Maria has problems even in French meaning we can't expect her to get better. It is a persistent disorder. At one point, the teacher prevented me from explaining to Maria during class session because the teacher felt that Maria should ask the teacher questions or be quiet when the teacher was teaching. At this point the parents had to intervene. It was only in 2018 that a better understanding from the school administration of Maria's condition that the principal agreed to instruct teachers to allow me to help Maria during class.

## **MARIA'S DIFFICULTY WITH CERTAIN NEW ENGLISH WORDS**

When she has difficulty remembering English words, where possible a picture would be used side by side the word to give her an idea of the word's relation to the picture. However, her memory is short term and repetition of the same word is needed constantly. Maria was made to copy selected words from a picture dictionary during her intensive English program.

## **MARIA'S BEHAVIOR**

The initial experience was not easy for Maria. My reflection from the first school encounter was hostility. She refuses to cooperate. And she would outright not do any written work or learning and she justifies it as, it was her choice. She would rather go home and work with her parents instead of me. Reflecting on myself,

I would often have a serious composure. If my pencil accidentally touches her finger she would get very upset and says there is a mark on her skin. I would not respond and she would continue for a minute complaining that my pencil touched her skin. As the time progress, I realize she says "desolée" (I'm sorry) when I had to pull her attention to me. I decided to use this approach, whenever my pencil touches her hand or any other minor "accidents", I would immediately say "I'm sorry". She would then lighten up and say it's ok. I then discovered that she was expecting an apology. So, from then on, just by saying, I'm sorry changes her mood to a positive mood, and a willingness to cooperate with me.

## MARIA'S LEARNING WITH THE AIDE

While Maria follows her regular classes, in 2017 certain subjects were dropped in order for her to cope with the study load. She attends Intensive English Program five times a week for 45 minutes. We concentrated on building Maria's English vocabulary. For example, spelling. The parents and I tested her as often as we could to prepare her for a spelling test one week in advance. We repeated testing her as seen in figure 6. I would continue trying out spelling test with Maria as seen in figure 7 until figure 9. However, with me, I allowed the child to be the professor and check her own spelling mistakes. In this way, she was indirectly looking at the words again. If she made mistakes, she then has to rewrite the same word for another 3 to 5 times depending on her mood. This testing was done in one class period.

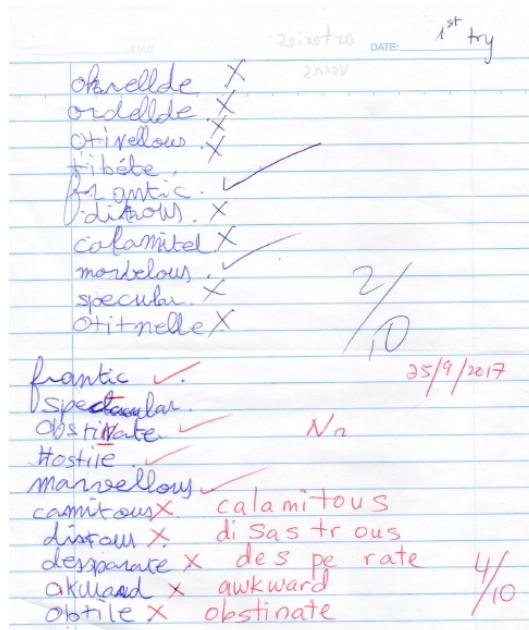


Figure 6: First and Second Try of English Spelling After Training at Home the Night Before.

aggressive . ✓	
hostile . ✗	
amphibious ✓	
obstinate ✗	
desperate . ✓	6 / 10
frantic . ✓	
disastrous ✗	r
calamitous ✓	m
marvellous ✗	s
Spectacular . ✓	+

Figure 7: English Spelling Trial.

spectacular . ✓	
marvellous . ✓	
calamitous ✓	
disastrous ✗	
frantic . ✓	7 / 10
desperate ✗	
obstinate . ✓	
amphibious ✓	
hostile . ✓	
aggressive . ✓	

Figure 8: English Spelling Trial.

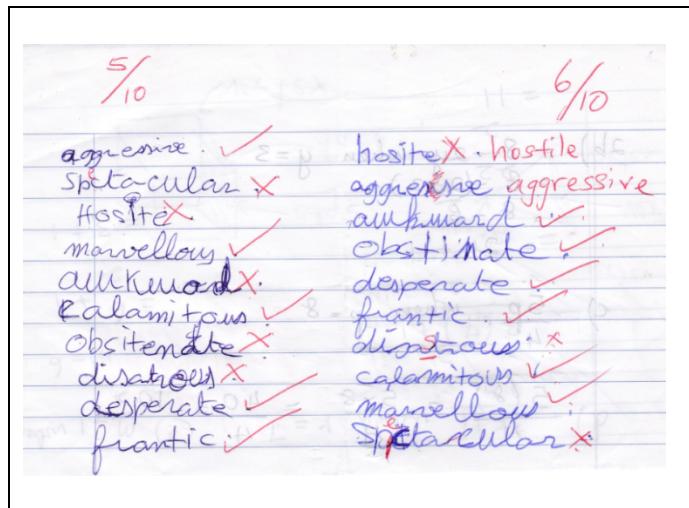


Figure 9: English Spelling Trial.

I also broke up words into syllables so that she could use her phonics which she had learnt through her aide before me in 2016 as seen in Figure 10.

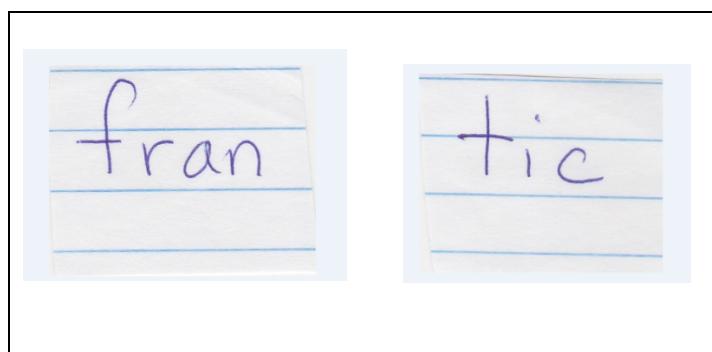


Figure 10: Words Were Broken Up According To Syllables

I used games to help her remember as seen in Figure 11 and 12.

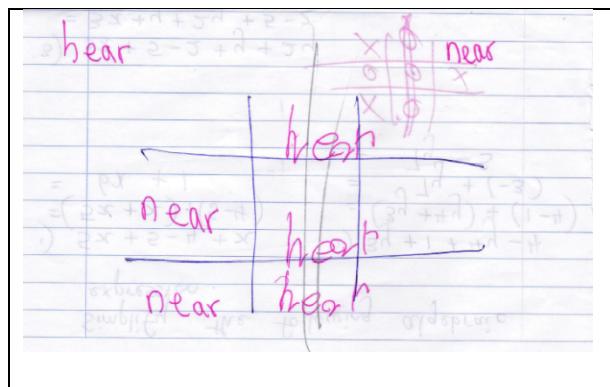


Figure 11: Repetition of words with games



Figure 12: Spelling with a Different Version of Hang Man.

I also used activities and games adopted from CELTA in order to make the learning fun. The standard dysphasic materials were used but also CELTA's method for foreigners learning English i.e., games or activities.

I also observed that Maria would be calm and pleasant in behavior when I (the aide) was calm. In 2017, I often had a neutral and strict facial expression during lessons. Although when playing games and activities, I was more playful. Nevertheless, she responded very well to my teaching. However, in 2018 I changed my facial expression. I responded to her with smiles and I showed

interest and looked at her directly in the eye. This has given me better responses from her to the point that she has started to invade my personal space and at some rare occasion I'm lucky to get a hug from her.

She also had difficulties remembering the spelling of the days in a week as seen in Figure 13.

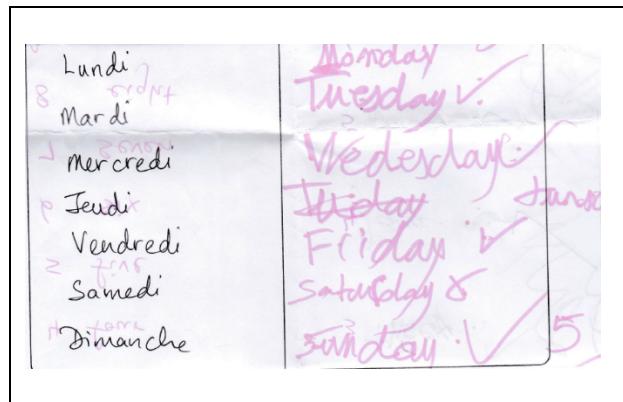


Figure 13: Remembering the Days in English in 2017.

However, in 2018 she was able to spell better as seen in figure 14 for the days Monday and Thursday.

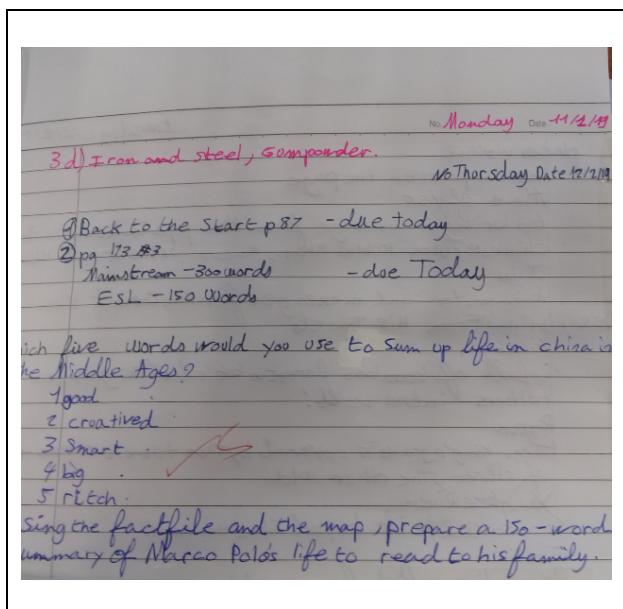


Figure 14: An Excerpt of Her Writing. The Days Monday And Thursday.

She writes on the line. However, word order presents a challenge. Thus, she can get the gist of what the teacher is talking about but she would not be able to construct a proper sentence with correct word order without my help.

When questions are asked to her in English, she would only be able to respond at one word at a time. Her usual respond would be "me no have" or "me not know" or responses that needed "yes" or "no". In 2018, this difficulty persisted.

I observed that she made the same mistake as other French students indicating her use of phonetics for example "know" is spelled as "no". It is in this scenario that I used CELTA technique to help her decode the word.

She enjoys movies, storytelling, and dance. She could remember the steps of a dance better than remembering writing. She also enjoys science projects as it was a hands-on activity. However, she would not be able to retain the objective of the experiment.

## DISCUSSION

Maria is now 16 years old attending year 7 in the same international school since the first time she came to Sabah. The average normal child would be 13 years old in year 7. Children with language disorder needs three times more exposure to the learning new words and vocabulary compared to a normal children (Rice et al., 1994). In Maria's case, she has a problem in both French and English. As remarked by Bernard (2018), dysphasia affects children with language disorders. It is clearly noticeable when one hears Maria reads in French (Maria's maternal language).

She wants everything exactly the way they are. For example, the pencil case must be returned and closed up. She must have her own books and no one touches her books. Her bottle and all her affairs must be with her at all time (in 2017). However, in 2018 she allowed her eraser to be borrowed but she will keep looking for it and she will not concentrate with the teachers lecture unless she has the book or her affairs with her. She also repeats particular same sentences about more than 5 times even though I have acknowledged her sentence by saying "yes you are right". However, in 2019, the repetition of sentences has reduced to about 3 times after my acknowledgement. I observed that this could be due to her having more French female friends thus she might have picked up the expected behavior.

In 2017, at year 6, she was forced to use the dictionary. She could write from the dictionary but she would not be able to understand the meaning of the word. I would explain the words from the dictionary in French but she will forget the meaning a few seconds later. Using the dictionary is not useful for a dysphasic child unless it is a dictionary with pictures. Learning the definition of foreign words is not effective unless it is context dependent (Miller & Gildea 1987). It can only be understood in relation to specific situations (Brown et al., 1989). Thus, I had to translate then put the words e.g., indexical words (e.g., now, next, tomorrow) grounded interpretation in situations (Brown et al., 1989).

Bock et al., (2017) found that dysphasia affected the boys more than the girls. However, Maria is a girl. In addition, children have a short attention span so I had to use games and activities from CELTA to engage her.

One of the first strategies I used in the classroom and guide the teachers was to reduce the speed of speaking usually used by adults when speaking to the child as suggested by Maillart et al.,'s (2014). By reducing the number of words per minute and insert slightly long pauses between sentences helps the child reduce the number of words that she/he has to comprehend and digest per minute thus allowing the child to have the time to formulate a speech (Maillart et al., 2014).

Paul and Norbury (2012: 81 in Maillart et al., 2014) suggested getting the attention of the child as they are easily distracted. They used exclamation (alerting) sentences like "Look at that!" thus getting the child to pay attention through listening or looking. In my case, I used her name to call her attention or touch her to look at me.

Paul and Norbury (2012: 81 in Maillart et al., 2014) suggested feedback such as "very good, you thought of saying is in that sentence". In my case I used encouragement sentences even though for example her reading pronunciation was not audible. I focused on the effort and thus I high five or gave facial positive facial expression or exclaimed "Very Good".

These dysphasic children need constant (a lot of) repetition before they can grasp a particular concept. (Maillart et al., 2014). The morphology of words presents a challenge for Maria. The English verbs changes with time. However, the different forms of a verb according to time was also difficult for Maria, as she applies the present tense often. However, due to her usual conversation at home as language is situated, she is able to have a proper conversation in French. Repetition is needed to remember the correct form for the correct time. To remember the spelling for the days in a week needs intensive repetition. However, by year 7, the Maria started to remember parts of the spelling. e.g., wednesday is spelled wednesday, thursday is spelled thursday. In general, she was able to remember how to write the days in English although capital letters and full stops were constantly forgotten. The difficulty of word order was highlighted by Clahsen (1989). Thus, consistent with my discovery about Maria. Bernard (2018) postulated that some of the conjugated verbs were difficult for Maria to remember and needs the aide to remind her of the target word in order for her to comprehend the meaning of the word. Bernard (2018) classified dysphasia as a disorder of "loss of words", as she discovers that studies on the child's lexical construction is very few.

According to Fournier and Da Fonseca (2018), the normal chronology of language acquisition is illustrated in figure 2. Unfortunately, in my case the new language started at 12-year-old and the understanding of dysphasia was very poor at the time Maria presented herself to the school special needs center. In order for a child to develop its maternal language the child needs an adult help according to Vygotsky's zone of proximal development (Fournier & Da Fonseca, 2018). However, since the child now has to cope with a foreign language, an aide is needed to help the child start from basics the English language in order to communicate. But in this study, the scaffolding is long term as this is a learning of a new language at a later age.

The speed of teaching in a normal school is rapid. Reduce homework or classroom write ups.

## CONCLUSION

At 16 years old, Maria still suffers from dysphasia. However, her behavior is much calmer. I believe her calm and positive entourage, female French friends, and aide had a positive role in her absorbing new simple concepts. The observed behavior is that she would like to do things like her normal friends, be able to offer help like a normal person. Although the notion of friendship is not clear to her, however, she is capable of expressing her disagreement or discomfort in her maternal language. Nevertheless, she tends to forget most of the events the next day.

The fact that Maria's culture is different, Maria needs to enter into the English-speaking community and its culture not with her "naked" folk eye but with a set of cultural eyeglasses, to be a member of that English-speaking culture. She has to learn to see the world the way the English-speaking community see the world. But then Maria has her own cultural glasses to see the world. The helper has to be someone who has adopted (or lived) in the behavior and belief systems of the child's social group (Brown et al., 1989) and be a bridge for the child between English social group and Maria's social group. The helper has already pick up relevant jargon, imitate behavior, and act in accordance with the Maria's cultural norm in order for Maria to respond to help. Thus, the aide has to be someone who has lived in the world of the child to know the culture that tunes to the child. To keep Maria, engage in lessons, games and activities are used.

Miller and Gildea (1987) found that normal children also had problems learning new words. They concluded that "Learning from a dictionary by finding the unfamiliar word, while keeping in mind the original context (meaning selecting the sense that is most appropriate in the original context) demands a high-level cognitive task (Miller & Gildea, 1987: 97) which is not possible in Maria's case. They postulated that children starting from fourth grade have problems until 5<sup>th</sup> to 6<sup>th</sup> grade. Because a word can have different meaning depending on context. They gave an example of the word "erode" which can mean eat away but on stone; erode does not mean going out to eat (Miller & Gildea, 1987).

We can't speak alone (Fournier & Da Fonseca, 2018), therefore the fact that the Maria is not home school but participate and is in the environment of a normal schooling environment and having an aide side by side have helped Maria progress. Thus, social interaction is important (Fournier and Da Fonseca, 2018). On another level, Keong et al., (2016) highlighted dyscalculia concerns in Sabah. Research should not only look at teachers training in teaching mathematics in Sabah, in particular. But also teaching other subjects. UNICEF (2017) reported teachers facing lack of training and feeling a sense of helplessness in teaching children with disabilities.

Conclusively, for my reflective question, "How to help a non-English speaking dysphasic child cope in a regular English medium classroom in Sabah?". My answers are:

- 1) Get the child's affection and respect first.
- 2) Get the child attention.
- 3) Reduce the speed of speaking.
- 4) Reduce the classwork and homework assignments.
- 5) Repetition of new words in various situations.
- 6) A positive attitude at all times, even though the expected response was not achieved.
- 7) The usage of CELTA activities and games.
- 8) The aide has to be someone who could speak the child's maternal language and also understand the child's culture.

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