Converging Methods for Understanding Reading and Dyslexia - Google Books Result Dyslexia: neuropsychological theory, research, and clinical differentiation. 0 Reviews
Research shows that dyslexic readers use different neural pathways than typical readers, improving through use of right brain regions. The dyslexic subjects had childhood histories of dyslexia and continued to show some symptoms related to reading, but their overall reading ability varied. For some word recognition and comprehension tasks, the dyslexic men scored as well as or better than controls. Research correlating brain activity with reading ability showed an intriguing inverse relationship between reading ability and cerebral blood flow patterns. I have this tentative theory that perhaps half the population is ‘Dyslexic™’, but is never diagnosed as such. It’s never a ‘learning disability™’ but as Mr Davis says It’s clearly a gift. To be ‘cured™’ would destroy who I am. Clinical theorists have attributed emotional disorders to cognitive idiosyncrasies, while cognitive theorists have developed models which suggest emotional states will be associated with pervasive information processing biases throughout the cognitive system. Both clinical and cognitive models of emotional disorders predict the existence of processing biases favouring emotionally congruent information in attention, comprehension and memory. Current research uses cognitive-experimental paradigms to test hypotheses arising from these models, and focuses on several related questions including: To Current research efforts are focused on the creation of clinical diagnostic criteria, finding objective biomarkers for CTE, and understanding the additional risk factors and underlying mechanism that causes the disease. This review examines. C. R. The neuropsychological and neuropsychiatric symptoms associated with CTE fall into three categories: cognition, mood, and behavior. These symptoms, including memory impairment, executive dysfunction, depression, apathy, irritability, suicidality, lack of impulse control, aggression, and disinhibition, tend to worsen with advanced stages of the disease.