

# Wilkins v. Irlen – an informed opinion.

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I am a British trained Speech-Language Therapist/Pathologist (Leeds 1982). Most of my career has been spent delivering service to, or working within, the school system. My Master of Philosophy research was exploring the links between resolved speech disorders and ongoing spelling difficulties. Over my career, I have been particularly involved with specific speech and language difficulties, Aspergers and High-Functioning Autism and support to psychiatric services. In 1996 I was the Head of Paediatrics in a rural SLT department in Scotland trying to redesign how we delivered services to our preschool and school based clientele.

I was fortunate to be diagnosed with Scotopic Sensitivity around 1996 when I met the ideas whilst doing a Diploma in Dyslexia in Scotland as part of the process of developing more positive working practices with our schools. The presenter screened me at lunchtime, and with 2 green overlays placed together I could suddenly see clear and still text. I exclaimed “But I’ve never seen text like that before”. The following year, still with just overlays, I read more for my M.Phil than I had read in the previous three years. I was assessed at the local hospital and had to do eye exercises before I could go for the coloured lenses. I was assessed on a reading assessment comparing my reading rate with and without the overlays, and I remember being told that I had a large significant difference between the two. I eventually went to another hospital, had an assessment involving a questionnaire and selecting colour with a machine (the Colourimeter), and got dark green lenses. I found this assessment very uncomfortable and left with a screaming headache. I remember being told that I should not wear them outside or for driving. It was definitely regarded as a problem with reading and fluorescent lighting. That piece of advice, I can now see, was the worst thing I could have been told. I can also now see that that assessment process was exactly the same as choosing an overlay, but without the comparative Irlen approach. I also remember being told that the NHS system of colour assessment was better than the Irlen system – that Irlen give strange advice such as telling people to wear the glasses all the time, that I would have UV damage if I did that, that these are not the same as sunglasses. I had never been told that the colour I need may change and was never followed up. I do not know whether follow-up has improved since I was assessed.

So, I definitely felt the benefits of the glasses and wore them as much as I could. I braced out meetings, training days and other very public events. I tried to share my story and spread the word.

Eventually I left Scotland and moved to Canada. I knew that my glasses were not working very well anymore, but had no idea how to replace them. I had been warned off Irlen so had no idea what I was going to do. I was starting to feel embarrassed about my tatty old green glasses. I eventually went to the opticians, had an eye check and had, for the second time in my life, a miniscule prescription for reading. I got them to tint the glasses green. But they did not work. The text was bigger but I couldn’t read for very long with them. Maybe 10 minutes. Too much light was coming in around the frames and I was starting to suffer again.

Then I had an email from a colleague, who had seen me wearing my glasses, asking if I wanted to join her for training with Irlen over the Spring break. After some hesitation, due to my scepticism about Irlen, I realised that I should get educated about my own condition and really find out about the Irlen assessment process. It was my only option in this country to be re-assessed.

Once I started to read about Irlen (in “Reading with Colour”), I became quite excited. Once I met Bonnie, and started to realise the immensity of the impact on my health of my scotopic sensitivity, I knew this was not a con or poorly researched. My poor concentration was explained, as was my chronic fatigue experience, as was feeling too overwhelmed to convert my M.Phil to a Ph.D even though I knew I was a whisker away with my research. Also explained were my increasing neck and back problems, my sleep problems, discovering I was a ‘night owl’ after I had given up work and was living at a Buddhist centre for 6 months (waiting for immigration to Canada), and my difficulty in learning cross country skiing even though I know I am coordinated. I now knew why I crashed into furniture and banged my head so much on shelves, and hit corners and generally felt clumsy even though I am not. I understood why I had wanted sunglasses from a young age, why I always squinted in the sun, and why I couldn’t see a thing in Australia when I was in water with no sunglasses on. I learnt about why I don’t like night driving, why oncoming headlights bother me and why I become sleepy while driving long distance. I realised that my perception of 3-D was actually a layered 2D, like a stage set, seeing the world in a series of flat images. Thus, at last I had an explanation about why I can’t catch well unless I concentrate really hard as I have no idea where the thrown object is in space.

I was assessed by Bonnie Williams and have received my first set of filters – I now wear them from dawn to dusk and my life has been dramatically impacted

I knew about the reading and fluorescent light stuff, it was all the rest that I had not known. Part of me felt cheated and let down by my assessment in the UK. They hadn’t told me the whole story. Initially I had felt that the British researcher was playing the usual research game and having to take a stance. The excellent part was that it was all on the NHS, apart from the frames. The sad part was that they had discounted the full impact of a visual processing disorder.

It's like telling a person with a hearing impairment to only wear their aid in class and the office - to actively discourage any other use. And to actually provide a poorly adjusted hearing aid at that. Now, I understand that they are assessing using an incomplete model of how to assess for and treat a scotopic sensitivity.

Now I understand the difference, my sister and niece will be assessed by an Irlen assessor and not through the Wilkins system. What would be the point? Although I know I was assessed by good people excited by being able to help another group of people, we now have a whole professional group in the UK who have been lead to believe that Wilkins is good and Irlen is bad. I have now experienced both systems, as an adult with a strong professional knowledge of learning difficulties, and I feel disheartened that this will now be the received wisdom within the ophthalmology world in the UK.