Research Article ISSN 2693-2490

Journal of Psychology and Neuroscience

Understanding the Lived Experience of Visual Processing Difficulties: Challenges, Symptoms and Systemic Barriers

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Submitted: 24 Mar 2026; **Accepted:** 17 Apr 2026; **Published:** 27 Apr 2026

Citation: Lansdowne, M. (2026). Understanding the Lived Experience of Visual Processing Difficulties: Challenges, Symptoms and Systemic Barriers. *J Psychol Neurosci; 8*(2):1-4. DOI : https://doi.org/10.47485/2693-2490.1154

Abstract

Visual processing difficulties remain under-recognised within both educational and healthcare contexts in the UK. This study adopts a mixed-methods approach to examine the lived experiences of affected individuals, alongside the perspectives of parents, carers and education professionals. The findings reveal substantial gaps in awareness, delayed identification, inconsistent support and significant barriers to accessing appropriate interventions. Reported symptoms extend beyond reading difficulties to include perceptual distortions, fatigue, anxiety and sensory overload, all of which adversely affect educational attainment and psychological wellbeing. The study identifies potential systemic shortcomings, including misdiagnosis, limited professional training and inequitable access to support pathways. The paper concludes by advocating for targeted research and policy development to improve early identification, professional awareness and fair access to support.

Keywords: Visual processing difficulties; educational barriers; healthcare awareness; early identification; mixed-methods research; psychological impact; visual stress.

Introductions

Visual processing difficulties, characterised by perceptual distortions and discomfort when engaging with text or visually complex environments, represent a significant yet underexplored challenge. Despite increasing anecdotal and experiential evidence, there remains limited consensus regarding identification pathways, professional responsibilities, and effective support mechanisms. As a result, many individuals experience prolonged periods of difficulty without appropriate recognition or intervention.

This study investigates the extent to which individuals experiencing such difficulties perceive their needs as being met. It also explores the systemic factors that influence identification, support and outcomes, with particular attention to the roles of education and healthcare systems. By foregrounding lived experience alongside professional perspectives, the research aims to provide a comprehensive understanding of both individual and structural challenges.

Methodology

A mixed-methods design was employed in order to capture both depth and breadth of insight. The qualitative phase consisted of semi-structured interviews with individuals directly affected, as well as parents, carers, and education professionals. This approach enabled the exploration of nuanced personal experiences while maintaining consistency across key thematic areas. The resulting data were analysed using thematic analysis to identify recurring patterns and shared experiences.

The quantitative phase involved an online survey distributed to approximately 700 individuals, which was completed by 211 respondents. This component was designed to validate and extend the qualitative findings by identifying broader trends relating to symptoms, satisfaction with support systems and perceived barriers. Statistical and correlational analyses were applied to explore relationships within the data. Ethical considerations were rigorously addressed throughout the research process, including informed consent, anonymity and participant wellbeing.

Findings

Symptom Profile

The findings indicate that visual processing difficulties manifest through a diverse and complex range of symptoms. Participants consistently described visual distortions when reading, such as text appearing to move, blur or change shape. These perceptual anomalies were not confined to reading tasks but extended to environmental distortions, affecting the way individuals perceived their surroundings.

In addition to perceptual challenges, participants frequently reported physiological symptoms including migraines, headaches and pronounced visual fatigue, which were often accompanied by psychological effects such as anxiety and emotional distress, particularly in situations involving sustained visual effort. Sensory overload and difficulties with depth perception were also commonly described, contributing to a broader sense of cognitive and physical strain. Collectively,

these findings suggest that visual processing difficulties are multifaceted in nature, affecting both sensory processing and overall wellbeing.

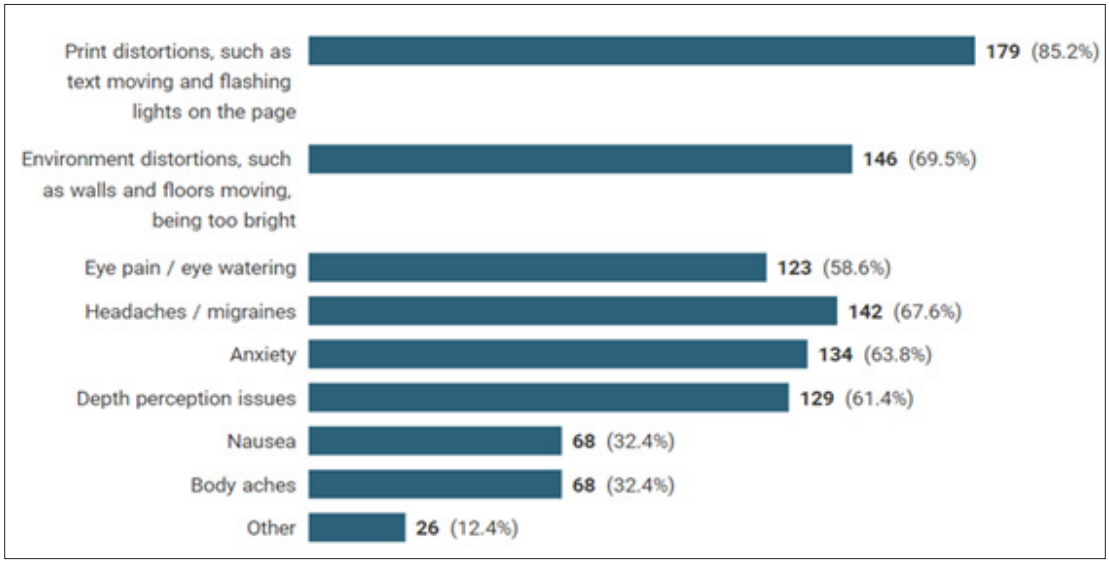

Figure 1: Reported main symptoms

Impact on Educational Outcomes

The impact of these difficulties on educational attainment emerged as both significant and pervasive. Many participants reported persistent challenges with reading fluency, comprehension and concentration, which in turn hindered their ability to engage fully with the curriculum. These difficulties were often misinterpreted by educators as a lack of effort or ability, leading to inappropriate responses that failed to address the underlying issue.

Over time, these experiences contributed to diminished self-esteem and increased frustration. Participants described feeling misunderstood and unsupported within educational settings, which further exacerbated their difficulties. The cumulative effect of these challenges extended beyond academic performance, influencing broader aspects of identity, confidence and motivation. The findings therefore highlight the importance of accurate identification and appropriate support in mitigating long-term educational and psychological consequences.

Barriers to Identification

A key finding of this study is the prevalence of delayed or missed identification. Many individuals reported that their difficulties were not recognised until adolescence or adulthood, despite experiencing symptoms from an early age. Early indicators were frequently overlooked or attributed to other conditions, resulting in prolonged periods without appropriate support.

Misdiagnosis emerged as a related concern, with participants describing pathways that focussed on alternative explanations for their difficulties. While such assessments were often well-intentioned, they did not address the specific nature of visual processing challenges, leading to ineffective interventions. The absence of routine screening within primary education represents a critical gap, as it limits opportunities for early detection and intervention. This delay in identification not only prolongs academic difficulties but also increases the likelihood of secondary psychological impacts.

Awareness Gaps

The findings reveal a substantial lack of awareness across both education and healthcare sectors. Within education, teachers reported limited formal training on visual processing difficulties, resulting in uncertainty regarding identification and support strategies. Although some educators were aware of certain coping mechanisms, these were often understood within the context of other learning needs rather than as part of a distinct condition.

In healthcare settings, participants frequently expressed dissatisfaction with the level of knowledge demonstrated by professionals. Consultations were often described as uninformative, with limited recognition of the reported symptoms or their impact. This lack of understanding contributed to frustration and a sense of being unheard among participants.

Beyond professional contexts, a broader lack of public awareness was identified as a contributing factor to delayed help-seeking and misunderstanding. This societal gap reinforces stigma and reduces the likelihood of early recognition, further compounding the challenges faced by affected individuals.

Access and Equity Barriers

Access to appropriate support was found to be significantly constrained by financial and systemic factors. Many participants reported that perceived effective interventions were only available through private funding, creating inequities based on socioeconomic status. This reliance on private provision places an additional burden on families and limits access for those unable to afford such options.

The lack of clearly defined and consistent support pathways further exacerbates these challenges. Participants described fragmented systems in which education and healthcare services operated in isolation, resulting in inconsistent guidance and limited coordination. Geographical variation in awareness and provision was also identified, indicating that access to support is influenced by regional factors. These systemic barriers collectively contribute to unequal outcomes and reinforce existing disparities.

Lived Experience and Voice

A recurring theme throughout the qualitative data was the marginalisation of individual voices. Participants frequently reported that their subjective experiences were dismissed or insufficiently explored during assessments and interactions with professionals. This lack of validation not only hindered accurate identification but also contributed to feelings of frustration and disempowerment.

Conversely, when individuals were given the opportunity to articulate their experiences and were listened to, this facilitated more effective support and improved outcomes. The findings underline the importance of incorporating lived experience into both assessment processes and support strategies. Recognising and valuing individual perspectives are essential in developing responsive and person-centred approaches.

Discussion

The findings of this study may indicate a systemic failure to adequately recognise and support individuals experiencing visual processing difficulties in the UK. The interaction between limited awareness, absence of early screening and restricted access to interventions creates a cycle in which difficulties are perpetuated rather than addressed.

From a psychological perspective, the impact of these challenges extends beyond cognitive processing to encompass emotional wellbeing and identity formation. Repeated experiences of misunderstanding and academic struggle contribute to negative self-perceptions and reduced confidence. These effects highlight the need for a more holistic approach that considers both cognitive and emotional dimensions.

The study also raises important questions regarding the adequacy of current frameworks within education and healthcare. The lack of integration between these systems limits the effectiveness of support and underscores the need for coordinated, multidisciplinary approaches.

Conclusion

This study provides clear evidence that individuals experiencing visual processing difficulties in the UK face substantial and multifaceted barriers. These include delayed identification, widespread lack of awareness, inequitable access to support and systemic shortcomings within both education and healthcare sectors.

There is a clear and urgent need for further research to help support and contribute to strategies that improve awareness and knowledge among teachers and healthcare workers. In addition, the development of strategies to support early identification and improve outcomes is essential, including the implementation of early screening in schools and the provision of continuing professional development opportunities to raise awareness among frontline healthcare staff. There is also a need to implement effective approaches that bridge existing gaps in awareness, identification and access to appropriate timely support. Finally, further research is required to deepen the understanding of visual processing difficulties and to inform best-practice evidence-based approaches for intervention.

Addressing these priorities will be critical in improving outcomes, reducing inequities and ensuring that affected individuals receive timely, appropriate and effective support.

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