

SOCIAL AND EMOTIONAL PROBLEMS RELATED TO DYSLEXIA

By Michael Ryan

When researchers first began to study specific developmental dyslexia, they noticed that social and emotional difficulties often accompanied this disorder.¹ Subsequently, however, these difficulties were neglected, and for some years only the academic and cognitive aspects of dyslexia were studied.

Fortunately, during the 1980s, researchers and clinicians began to focus on the social and emotional problems of dyslexics. Margaret Bruck, in her recent review of the research, offers two possible explanations for these problems:

First, the social and emotional difficulties of dyslexia "are a part or a manifestation of the same disorder as is responsible for academic failure."²

Second, Bruck suggests that because dyslexia puts the child at odds with his environment, he experiences great stress, which in turn creates many problems in social and emotional adjustment.

I believe that both hypotheses are correct. Some of the dyslexic's problems have biological causes, while others are reactions to the disability itself. This article will focus on the problems that are secondary to specific developmental dyslexia.

First, after discussing the factors that make dyslexia such a problem for children and adults, we shall present a summary of the social and emotional reactions that can result from this disability. Finally, the article will offer some concrete suggestions to help dyslexics and their families.

Neurologist Samuel Orton was one of the first to describe the emotional aspects of dyslexia. According to his research, the majority of dyslexic pre-

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schoolers are happy and well adjusted. Their emotional problems begin to develop when early reading instruction does not match their learning style. Over the years, the frustration mounts as classmates surpass the dyslexic student in reading skills.

Dyslexics' frustration often centers on their inability to meet expectations. Their parents and teachers see a bright, enthusiastic child who is not learning to read and write. Time and again, dyslexics and their parents hear "He's such a bright child; if only he would try harder." Ironically, no one knows exactly how hard the dyslexic is trying!

The pain of failing to meet other people's expectations is surpassed only by dyslexics' inability to achieve their own goals. This is particularly true of those who develop perfectionistic expectations in order to deal with their anxiety. They grow up believing that it is "terrible" to make a mistake.

However, their learning disability, almost by definition, means that these children will make many "careless" or "stupid" mistakes. This is extremely frustrating to them, as it makes them feel chronically inadequate.

Social Relationships

The dyslexic frequently has problems with social relationships. These can be traced to several causes:

- Dyslexic children may be physically and socially immature in comparison to their peers. This can lead to a poor self-image and less peer acceptance.

- Dyslexics' social immaturity may make them awkward in social situations.

- Many dyslexics have difficulty reading social cues. They may be oblivious to the amount of personal distance necessary in social interactions or insensitive to other people's body language.

- Dyslexia often affects oral language functioning. Affected persons may have trouble finding the right words, may stammer, or may pause before answering direct questions. This puts them at a disadvantage as they enter adolescence, when language becomes more central to their relationships with peers.

My clinical observations lead me to believe that, just as dyslexics have difficulty remembering the sequence of letters or words, they may also have difficulty remembering the order of events. For example, let us look at a normal playground interaction between two children. A dyslexic child takes a toy that belongs to another child, who calls the dyslexic a name. The dyslexic then hits the other child. In relating the experience, the dyslexic child may reverse the sequence of events. He may remember that the other child called him a name, and he then took the toy and hit the other child.

This presents two major difficulties for the dyslexic child. First, it takes him longer to learn from his mistakes. Second, if an adult witnessed the events, and asks the dyslexic child what happened, the child seems to be lying.

Unfortunately, most interactions between children involve not three events, but 15 to 20. With his sequencing and memory problems, the dyslexic may

relate a different sequence of events each time he tells the tale. Teachers, parents, and psychologists conclude that he is either psychotic or a pathological liar.

Variation and Inconsistency

The inconsistencies of dyslexia produce great havoc in a child's life. There is a tremendous variability in the student's individual abilities. Although everyone has strengths and weaknesses, the dyslexic's are greatly exaggerated. Furthermore, the dyslexic's strengths and weaknesses may be closely related.

I once worked with a young adult who received a perfect score on the Graduate Record Exam in mathematics. He could do anything with numbers—except remember them. The graduate students he tutored in advanced statistics or calculus had great difficulty believing that he could not remember their telephone numbers.

These great variations produce a "roller coaster" effect for dyslexics. At times they can accomplish tasks far beyond the abilities of their peers. At the next moment, they may be confronted with a task that they cannot accomplish. Many dyslexics call this "walking into black holes." To deal with these kinds of problems, dyslexics need a thorough understanding of their learning disability. This will help them predict both success and failure.

Dyslexics also perform erratically within tasks. That is, their errors are inconsistent. For example, I once asked a dyslexic adult to write a hundred-word essay on television violence. As one might expect, he misspelled the word *television* five times. However, he misspelled it a different way each time. This type of variation makes remediation more difficult.

Finally, dyslexics' performance varies from day to day. On some days, reading may come fairly easily. However, another day, they may be barely able to write their own name. This inconsistency is extremely confusing not only to the dyslexic, but also to others in his environment.

Few other handicapping conditions are intermittent in nature. A child in a wheel chair remains there; in fact, if on some days the child can walk, most professionals would consider it a hysterical condition. However, for the dyslexic, performance fluctuates. This makes it extremely difficult for the individual to learn to compensate, because he or she cannot predict the intensity of the symptoms on a given day.

Social and Emotional Problems

Anxiety is the most frequent emotional symptom reported by dyslexic adults. Dyslexics become fearful because

of their constant frustration and confusion in school. These feelings are exacerbated by the inconsistencies of dyslexia. Because they cannot anticipate failure, entering new situations becomes extremely anxiety-provoking.

Anxiety causes human beings to avoid whatever frightens them. The dyslexic is no exception. However, many teachers and parents misinterpret this avoidance behavior as laziness. In fact, the dyslexic's hesitancy to participate in school activities such as homework is related more to anxiety and confusion than to apathy.

Many of the problems caused by dyslexia occur out of frustration with school or social situations. Social scientists have frequently observed that frustration produces anger. This can be clearly seen in many dyslexics.

The obvious target of the dyslexic's anger would be schools and teachers. However, it is also common for the dyslexic to vent his anger on his parents. Mothers are particularly likely to feel the dyslexic's wrath. Often, the child sits on

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his anger during school to the point of being extremely passive. However, once he is in the safe environment of home, these very powerful feelings erupt and are often directed toward the mother. Ironically, it is the child's trust of the mother that allows him to vent his anger. However, this becomes very frustrating and confusing to the parent who is desperately trying to help her child.

This anger is particularly evident in adolescents. By its very nature, dyslexia causes children to become more dependent on the adults in their environment. They need extra tutoring and help with their homework.

As youngsters reach adolescence, society expects them to become independent. The tension between the expectation of independence and the child's learned dependence causes great internal conflicts. The adolescent dyslexic uses his anger to break away from those people on which he feels so dependent.

Because of those factors, it may be difficult for parents to help their teenage dyslexic. Instead, peer tutoring or a concerned young adult may be better able to intervene and help the child.

The dyslexic's self-esteem appears to be extremely vulnerable to frustration and anxiety. According to Erik Erickson,

during the first years of school every child must resolve the conflicts between a positive self-image and feelings of inferiority. If children succeed in school, they will develop positive feelings about themselves and believe that they can succeed in life.

If children meet failure and frustration, they learn that they are inferior to others, and that their efforts make very little difference. Instead of feeling powerful and productive, they learn that their environment acts upon them. They feel powerless and incompetent.

Researchers have learned that when typical learners succeed, they credit their own efforts for their success. When they fail, they tell themselves to try harder. However, when the dyslexic succeeds, he is likely to attribute his success to luck. When he fails, he simply sees himself as stupid.

Research also suggests that these feelings of inferiority develop by the age of 10. After this age, it becomes extremely difficult to help the child develop a positive self-image. This is a powerful argument for early intervention.

Depression

Depression is also a frequent complication in dyslexia. Although most dyslexics are not depressed, children with this kind of learning disability are at higher risk for intense feelings of sorrow and pain. Perhaps because of their low self-esteem, dyslexics are afraid to turn their anger toward their environment and instead turn it toward themselves.

However, depressed children and adolescents often have different symptoms than do depressed adults. The depressed child is unlikely to be lethargic or to talk about feeling sad. Instead, he or she may become more active or misbehave to cover up the painful feelings. In the case of masked depression, the child may not seem obviously unhappy. However, both children and adults who are depressed tend to have three similar characteristics:

First, they tend to have negative thoughts about themselves, i.e., a negative self-image.

Second, they tend to view the world negatively. They are less likely to enjoy the positive experiences in their life. This makes it difficult for them to have fun.

Finally, most depressed youngsters have great trouble imagining anything positive about the future. The depressed dyslexic not only experiences great pain in his present experiences, but also foresees a life of continuing failure.

Effects on the Family

Like any handicapping condition, dyslexia has a tremendous impact on

the child's family. However, because dyslexia is an invisible handicap, these effects are often overlooked.

Dyslexia affects the family in a variety of ways. One of the most obvious is sibling rivalry. Nondyslexic children often feel jealous of the dyslexic child, who gets the majority of the parents' attention, time, and money. Ironically, the dyslexic child does not want this attention. This increases the chances that he or she will act negatively against the achieving children in the family.

Specific developmental dyslexia runs in families. This means that one or both of the child's parents may have had similar school problems. When faced with a child who is having school problems, dyslexic parents can react in one of two ways. They may deny the existence of dyslexia and believe if the child would just buckle down, he could succeed. Or, the parents may relive their failures and frustrations through their child's school experience. This brings back powerful and terrifying emotions, which can interfere with the adult's parenting skills.

Strategies for Success

During the past 15 years I have interviewed many dyslexic adults. Some have learned to deal successfully with their learning problems, while others have not. My experiences suggest that in addition to factors such as intelligence and socio-economic status, other things affect the dyslexic's chances for success.

First, early in the child's life, someone has been extremely supportive and encouraging. Second, the young dyslexic found an area in which he or she could succeed. Finally, successful dyslexics appear to have developed a commitment to helping others.

Encouragement and Support

Both teachers and parents need to offer consistent, ongoing encouragement and support. However, one rarely hears about this very important way to help youngsters.

I believe encouragement involves at least four elements. First, listening to children's feelings. Anxiety, anger, and depression are daily companions for dyslexics. However, their language problems often make it difficult for them to express their feelings. Therefore, adults must help them learn to talk about their feelings.

Teachers and parents must reward effort, not just "the product." For the dyslexic, grades should be less important than progress.

When confronting unacceptable behavior, adults must not inadvertently discourage the dyslexic child. Words such as *lazy* or *incorrigible* can seriously damage the child's self-image.

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Finally, it is important to help students set realistic goals for themselves. Most dyslexic students set perfectionistic and unattainable goals. By helping the child set an attainable goal, teachers can change the cycle of failure.

Even more important, the child needs to recognize and rejoice in his successes. To do so, he or she needs to achieve success in some area of life. In some cases, the dyslexic's strengths are obvious, and many dyslexics' self-esteem has been salvaged by prowess in athletics, art, or mechanics. However, the dyslexic's strengths are often more subtle and obtuse. Parents and teachers need to find ways to relate the child's interests to the demands of real life.

Finally, many successful dyslexic adults deal with their own pain by reaching out to others. They may do volunteer work for charities or churches, or choose vocations that require empathy and a social conscience. These experiences help dyslexics feel more positive about themselves and deal more effectively with their pain and frustration.

Many opportunities exist in our schools, homes, and churches for dyslexics to help others. One important area is peer tutoring. If dyslexic students do

well in math or science, they can be asked to tutor a classmate who is struggling. Perhaps that student can reciprocate as a reader for the dyslexic student. Tutoring younger children, especially other dyslexics, can be a positive experience for everyone involved.

Conclusion

Helping dyslexics feel better about themselves and deal effectively with their feelings is a complex task. First, teachers must understand the cognitive and affective problems caused by dyslexia. Then they must design strategies that will help the dyslexic, like every other child, to find joy and success in academics and personal relationships. □

REFERENCES

¹ Samuel Orton, *Reading, Writing, and Speech Problems in Children* (New York: W. W. Norton and Company, 1937), p. 133.

² Margaret Bruck, "Social and Emotional Adjustment of Learning Disabled Children: A Review of the Issues," *Handbook of Cognitive, Social, and Neuropsychological Aspects of Learning Disabilities*, S. Ceci, ed. (Hillsdale, N.J.: Lawrence Erlbaum Associates, 1986), p. 362.

Dr. Michael Ryan is a Psychologist with a private practice in Kalamazoo, Michigan. He specializes in working with learning-disabled persons. A dyslexic himself, Dr. Ryan is a past president of the Michigan branch of the Orton Dyslexia Society, and serves on the boards of the national Orton Dyslexia Society and the Michigan Learning Disabilities Association.