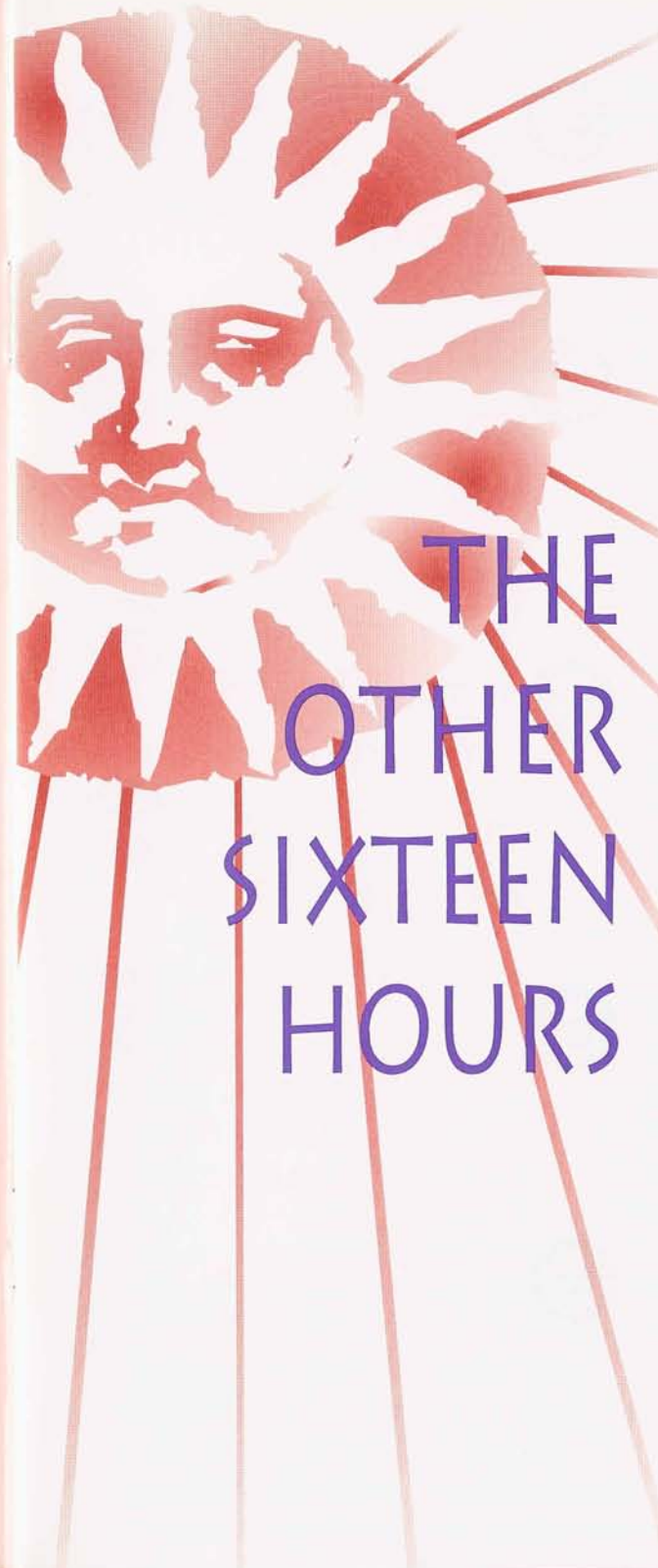


This monograph is dedicated to Gary Ulrich, Executive Director of The Orton Dyslexia Society from November, 1992, until his death, May 1, 1994.

Gary's knowledge, energy and sensitivity has touched the lives of many children and adults who suffer from dyslexia; his insights and creativity will continue to promote the literacy and mental health of exceptional people.



THE OTHER SIXTEEN HOURS

THE SOCIAL
AND
EMOTIONAL
PROBLEMS
OF DYSLEXIA

BY
MICHAEL RYAN,
Ph.D.



THE OTHER SIXTEEN HOURS



WHY IS DYSLEXIA
DISCOURAGING
AND FRUSTRATING?



HOW DOES
DYSLEXIA INFLUENCE
SOCIAL
RELATIONSHIPS?



WHY DOES THE
DYSLEXIC CHILD
HAVE EXTREME
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THE
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SUCCESS AT
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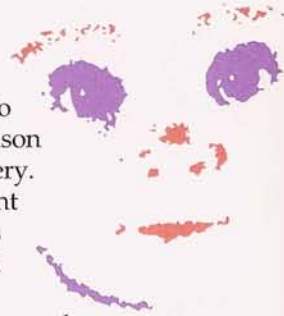
THE SOCIAL AND EMOTIONAL PROBLEMS OF DYSLEXIA

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WHY IS DYSLEXIA DISCOURAGING AND FRUSTRATING?

The frustration of the student with dyslexia often centers on his or her inability to meet high expectations. His or her parents and teachers see a bright, enthusiastic child who is not learning to read and write, but the reason for the difficulty is a mystery. Time and again, the student hears or infers from adults that he or she is bright and capable. The student and family assume that he must not be trying hard enough. Ironically, the dyslexic student may be trying much harder or expending much more energy than other students to accomplish even the most basic academic tasks. For the dyslexic student, the pain of failing adults' expectations is surpassed only by the pain of failing one's own expectations. Disappointment in oneself can be overwhelming, especially for those who deal with their anxiety by becoming perfectionists. They grow up believing that it is terrible to make a mistake. However, their learning disability makes it inevitable that they will make many "careless" or "stupid" mistakes. The student can feel chronically inadequate under these conditions.

The neurologist Samuel T. Orton was one of the first to describe the emotional aspects of dyslexia. According to his observations, the majority of dyslexic children were happy and well-adjusted as preschoolers, but their emotional problems began when they entered school and had trouble with letters, sounds, and directions. Over the years the frustration increased as classmates performed better, first in reading, then in other academic areas.



HOW DOES DYSLEXIA INFLUENCE SOCIAL RELATIONSHIPS?

Children with dyslexia vary widely in their social skills and social coping strategies. Children with dyslexia may have problems with social relationships that can be traced to several causes:

- ▶ They may be physically and socially immature in comparison to their peers, especially with regard to attention, organization, and self-discipline. About half of all children with dyslexia also have problems with attention, organization, and self-discipline.
- ▶ They may have difficulty reading social cues. If they do have difficulty "reading" other people, they may not know, for example, how much distance to keep between themselves and others, how to wait their turn, or how to interpret the body language of others.
- ▶ They may have difficulty interpreting spoken language and joining in the verbal conversation with their peers. Students with dyslexia may have trouble finding the right words to express themselves, may wait too long before responding to others, or may not understand humor. These problems put an adolescent at a disadvantage in establishing relationships with peers.
- ▶ In addition, just as dyslexic students have trouble recalling sequences of letters in words, they may also have difficulty remembering sequences in real world events. For example, if a dyslexic child takes a toy that belongs to his playmate, and the playmate calls him a name, the

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dyslexic child might get angry and hit the playmate. But in recalling what happened, the dyslexic child might confuse the sequence of events. He might insist that his playmate called him a name first, before he took the toy in return, and believe that hitting the playmate back was justified.

► An adult who witnessed these events might then believe that the dyslexic child was lying as he retold the events. Most of the time, when memory and sequencing problems affect a child, a whole series of events may be confused in his or her mind. When a child mistakes cause and effect or when a child interprets a long chain of events inaccurately, parents and teachers may conclude that he has a character problem when, in fact, he has a problem with social reasoning.

WHY DOES THE DYSLEXIC CHILD HAVE EXTREME UPS AND DOWNS?

Inconsistencies in performance plague the dyslexic child. The fact that he cannot rely on his memory for symbols and words can produce havoc in his life. Although everyone has individual strong and weak points, and everyone has ups and downs, the child with dyslexia may have unexpected and exaggerated strengths and weaknesses. For example, the student may be extremely good in the logic of mathematics but not be able to remember

her own telephone number. The student may be a natural leader of others but not be able to remember the names of people she meets. The student may be great at drawing objects but not be able to spell the simplest words such as "of", "they", or "said".

These inconsistencies produce a "roller coaster" effect. At times the dyslexic student can perform far better than the abilities of his or her peers. At times, however, he or she may not accomplish the simplest task correctly. Many adults with dyslexia compare this to "walking into black holes." Dyslexic students benefit from a thorough understanding of these symptoms to help them anticipate the conditions under which they are most likely to succeed.

The dyslexic student may also perform unevenly within tasks. That is, even the errors may be inconsistent. In a 100-word essay, the student may misspell the same word three different times in three different ways. In one sentence, the student may recognize a word in one phrase but misread it in the next. This type of variability is frustrating and difficult for everyone to understand and accept.

Finally, the performance of the dyslexic student may vary from day to day. On some days, reading may be fairly easy. Yet on another day, she may barely be able to write her name. This inconsistency is extremely confusing, not only to the dyslexic student, but to everyone around her.

In comparison, few handicapping conditions are intermittent. A person with a physical disability, who may be confined to a wheelchair, at least may be predictable as far as knowing her routines, her needs, and the conditions under which she can be successful. If the person could manage

THE CHILD WITH DYSLEXIA MAY HAVE UNEXPECTED AND EXAGGERATED STRENGTHS AND WEAKNESSES

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without the wheelchair on some days, professionals would wonder if the disability was genuine or if the person was pretending to have a disability! The student with dyslexia, however, faces uncertainty about herself every day, because performance can fluctuate. The individual will then have difficulty compensating, coping, and adjusting because she cannot predict the intensity of the symptoms on a given day.

WHAT DOES THE DYSLEXIC CHILD FEEL?

Anxiety, anger, low self-esteem, depression, and social withdrawal are the most frequent responses to stress caused by dyslexia and other learning disabilities.

Anxiety. The person with dyslexia may become fearful of reading, language, and writing activities or of school itself. The dyslexic person's fear of failure, embarrassment, or feelings of inadequacy are heightened when the disorder causes his or her performance to be inconsistent. New situations are anxiety provoking because it is difficult to know the extent to which the disability will interfere with successful accomplishment of tasks.

The avoidance behavior that often accompanies the dyslexic child's anxiety may be interpreted as laziness or apathy. In fact, it is often a response to anxiety. We all tend to avoid what makes us anxious and uncomfortable.

Anger. Social scientists have frequently observed that frustration produces anger. The dyslexic individual is often angry because of the constant frustration he experiences with basic academic tasks. Although the obvious target of his anger

would be his school or teachers, he may also vent his anger on his parents or siblings. His mother is particularly likely to feel his wrath. Often the child suppresses his anger during school to the point of appearing passive. When he comes home to a safe environment, the anger may erupt and is often directed at his mother. Ironically, the child's trust of his mother allows him to express and vent his anger. Bearing the brunt of the anger is not easy for the mother, who may only want to help the child and who may feel rejected instead of appreciated.

As the child reaches adolescence, society expects her to become more independent and self-sufficient. However, a continuing need for tutoring or special help with homework is often a reality. The dyslexic child may remain dependent on adults in her environment. The tension between the expectation of independence and the very real need for adult assistance causes great internal conflict for the student. She may use her anger to break away from the people she depends on the most. For this reason it is often difficult for parents to help their own teenager. Instead, a peer tutor, professional tutor, or concerned young adult may be more successful in reaching and helping the student.

Self-image. According to psychiatrist Erik Erickson, every child must resolve the conflict between a positive self-image and feelings of inferiority during the first few years of school. If a child succeeds in school, he will develop positive feelings

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about himself and believe that he can succeed in life. If the child meets failure and frustration, he learns that he is inferior to others, and that his efforts make very little difference. Instead of feeling powerful and productive, he feels 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 child succeeds, he is likely to attribute his success to luck. When he fails, he simply sees himself as stupid. Research suggests that these feelings of inferiority develop by the age of ten. 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. Although most individuals with dyslexia do not have a severe form of depression, many do suffer from chronic moodiness and lack of joy or enthusiasm. They are at high risk for intense feelings of sorrow or pain, and they may seem unhappy much of the time. Individuals with depressed mood may be turning toward themselves the anger they feel toward the environment. Psychologists often say that depression is anger turned inward.

A depressed or unhappy child often does not behave the same way we expect depressed adults to behave. Instead of being lethargic or verbalize feelings of sadness, the child may be more active or may misbehave. However, the child and adult with mild depression may have three characteristics in common:

- ▶ They tend to have recurring negative thoughts about themselves.
- ▶ They tend to view the world negatively. They are less able to enjoy positive experiences.

- ▶ They cannot imagine a positive future. They foresee a life of continuing failure and frustration.

Mild forms of depressed mood may be specific to the time the dyslexic child is in school. In these children, their mood lifts during vacations.

Dyslexia may also coexist with more severe forms of depression or emotional disorder that require psychiatric care, including medication. If children express extreme symptoms of withdrawal, suicidal thoughts, inability to concentrate, and other signs of distress, they need immediate professional help from a mental health agency.

HOW DOES DYSLEXIA AFFECT THE FAMILY?

Dyslexia is an invisible handicap with fluctuating symptoms so its influence on the family is often under the surface as well. Raising a child with dyslexia, like raising any child with a disability, has a tremendous impact on the family. One of the results can be sibling rivalry. Non-dyslexic brothers or sisters may feel jealous of the child who gets more of the adults' attention, time, and money. Ironically, the child with dyslexia does not want this attention because it makes him feel even more broken and defective. The attention can exacerbate sibling rivalry for each child in the family.

Specific developmental dyslexia runs in families, that is, there is a genetic component to dyslexia. If it affects the child, one or both parents usually have had similar language learning problems. Dyslexic parents may react in one of two ways. They may deny the existence of

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dyslexia and believe that if the child would just buckle down, he could succeed. Or, the parents may relive their failures and frustrations through their child's own experiences. This brings back powerful and terrifying emotions that can interfere with the adult's objectivity and parenting skills.

HOW CAN PARENTS AND TEACHERS HELP?

Psychologists and mental health professionals see many individuals with dyslexia and other learning disabilities. Often, they need help learning to cope with and resolve uncomfortable emotions such as anger, depressed mood, or hopelessness. Research on the long-term adjustments of children with dyslexia and other learning disabilities has shown that there are several general factors associated with better mental health and a satisfying life:

- ▶ Problem-solving ability
- ▶ The presence of at least one supportive and encouraging adult in one's life
- ▶ The presence of a special interest or talent that provides self-esteem and success
- ▶ Involvement in helping others

THE ENCOURAGING ADULT

Both teachers and parents must become adept at encouraging the dyslexic child. First, it is important to listen to the child's feelings. This is particularly true as the child who suffers from dyslexia is often overwhelmed by the very powerful and

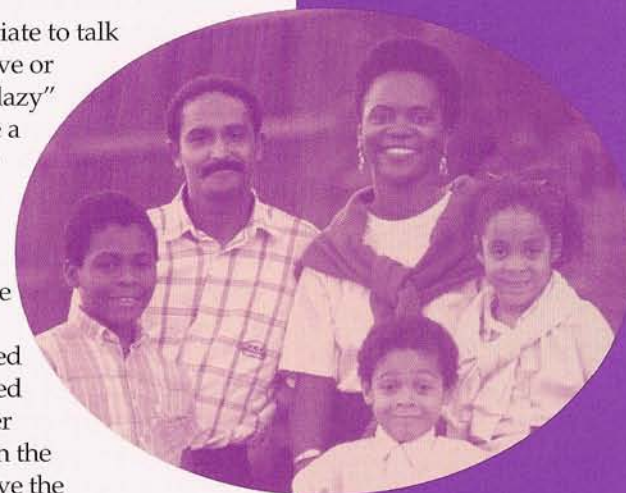
frightening emotions and responses. Anxiety, anger, and depression are the daily companions of many dyslexic children. Because his or her language problems cause difficulty with verbal communications, he must be helped to talk about his feelings. The child must hear the message that talking about feelings is possible without acting on them. Talking about being angry does not mean that one can hit others or throw things. Next, it is extremely important that adults reward effort and not just "the product." Improvement should be stressed over grades. Stressing continual improvement rather than making A's is more effective in helping the child reach his potential.

Although it is appropriate to talk about behavior, negative or critical terms such as "lazy" or "incorrigible" create a negative impact on the child's self-image. Furthermore, many of us neutralize the encouragement we give children by adding "buts." "You really tried hard, but you misspelled two words." Whenever possible, concentrate on the encouragement and save the corrections for a later time.

SUCCESS AT SOMETHING

It is extremely important that the dyslexic child meet with success in some arena. Self-esteem may be salvaged by interests and involvements in activities as diverse as music, art, sports, leadership, community service, or games. The strengths or interests children develop may be

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unconventional. Skills in playing computer games, doing extreme sports, designing clothing, or tinkering with mechanical objects may aggravate parents but may be therapeutic for children. It is not good enough to simply find experiences at which the dyslexic child can succeed; teachers and parents must participate and cultivate a sincere interest. This may be challenging for the parent when the child's greatest interest is a fantasy character game. However, it may help parents to consider the whole picture and to understand that the fantasy game may promote peer friendships, eye-hand coordination, imaginative problem-solving, math skills, or even reading. An interest in motorcycles may lead to an interest in mechanics and eventually a career in engineering.

Helping a child set realistic goals for himself is an extremely important part of aiding the child. The problem is not that the child doesn't set goals, but that the aims are perfectionist and unattainable. By helping the child set attainable goals and to recognize his achievements, we can begin to change the cycle of failure. Many dyslexic children, after achieving a goal, will then discount it. "I got a C, but everyone else did better." It is important that we confront this behavior and help the dyslexic student recognize his or her success.

HELPING OTHERS

Finally, many successful dyslexic adults deal with their own pain by attempting to help others. This may take the form of volunteer work for charities, or they may choose vacations where empathy and a social conscience are required. The process of helping others appears to enable the dyslexic person to generate more positive

feelings about him or herself, and deal more effectively with pain and frustration.

Although there are many opportunities within our schools, homes, and churches to allow dyslexic people to help others, one powerful method is peer coaching or tutoring. If the dyslexic student is strong in math or science, for example, tutoring a younger student or classmate may be possible. Later the roles may reverse and the other student can help the dyslexic student with reading or writing. Tutoring a younger child, even a younger dyslexic child, can be a powerful and constructive experience for both students. A task as small as helping a younger child with the use of calculator can help a dyslexic student feel more positive about him or herself.

WHAT ARE THE BEST WAYS TO GET PROFESSIONAL HELP FOR SOCIAL AND EMOTIONAL PROBLEMS?

If anxiety or depression become severe, a knowledgeable psychotherapist and/or physician who understands dyslexia should be located immediately. Finding a qualified mental health professional usually demands research and a trial interview. Therapists often expect that a new client will want to have an initial interview that will help both parties determine if they are right for each other, and parents should feel free to interview several professionals. One of the most reliable sources of information about therapists is another parent who has a child with similar problems. If they have first-hand experience, other parents are able to provide useful, detailed information about

PEER COACHING OR TUTORING CAN BE A POWERFUL METHOD OF HELP

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therapists, counselors, and tutors. They will also be able to offer strong opinions about who to avoid.

Organizations that provide help for individuals with dyslexia can also be consulted. The names and addresses of just a few resources are in the back of this monograph. The larger national organizations, such as IDA, have local branches run by individuals with plenty of experience in a particular community. Support groups, lectures and workshops organized by these groups can also be very informative and helpful to parents searching for information.

Screening possible therapists to make sure they have the appropriate credentials and experience is the next step. Most states allow only three types of professionals to practice psychotherapy: psychiatrists, psychologists, and clinical social workers. A psychiatrist is a medical doctor who is able to prescribe drugs and may practice psychotherapy. A psychologist is a professional who can administer psychological tests and often practices psychotherapy. A psychologist may have a Ph.D. or master's degree; those with master's degrees usually need to be supervised by doctoral-level psychologists. Finally, there are clinical social workers whose caseloads frequently address family-related issues; they will have an M.S.W. degree.

In addition to the appropriate academic degree and state license for each of his or her own disciplines, the therapist should have relevant clinical experience, and additional training in the field of dyslexia and other learning disabilities. Five years of full time psychotherapy experience is recommended. Look for a therapist who

has received training, followed by experience working with individuals with learning disabilities or dyslexia. This experience is gained through internships and supervised post-graduate work. The therapist should be able to cite training or experience that allows him or her to work in this specialty.

After finding two or three possible therapists, parents should make appointments with the express purpose of interviewing each candidate. This is expensive and time-consuming, and finding an effective therapist will ultimately save time, pain, and money in the future.

The initial interview, in addition to providing the therapist information about the problem, is a good time to raise questions about fees, office policies, and the individual's approach to psychotherapy. Come prepared to ask the therapist about specific goals and therapeutic techniques. Ask about managed care restrictions if insurance coverage is important to you.

After the interview, think about each professional and how he or she responded to your questions. How open was he or she? Do you feel you established trust? Would this person and your family make a good team? Do you understand what the therapist was saying? It is not important to agree with all the therapist's statements, but trusting and being able to work with the therapist are critical.



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He has lectured extensively throughout the United States and was professional advisor for the PBS documentary *Dyslexia, The Hidden Disability*.

He is a former Vice President of IDA. Dr. Ryan is in private practice in Grand Rapids, Michigan, and teaches at Aquinas College in Grand Rapids.

The International Dyslexia Association, founded in memory of Dr. Samuel T. Orton, was founded in 1949 as a nonprofit organization. The Association continues Dr. Orton's work in the study and treatment of dyslexia. Our membership includes concerned parents, educators, physicians, researchers, diagnosticians, speech and language therapists, and others in the field, as well as individuals with dyslexia.

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