Stress Reaction to Dyslexia

Abstract
This article attempts to put light on association between learning difficulties and behavior disorders. This research found the dyslexic reacts to the stress of failing in written language.

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The term dyslexia is being increasingly used to describe a category of difficulty with written language. The difficulty is seen as a failure to acquire competence in reading, spelling, and written fluency and sometimes confusion in the pattern of spoken language. These difficulties can occur despite normal school experience, social economic opportunity, emotional stability, and adequate intelligence.

Dyslexia can be described as a primary developmental difficulty in the acquisition of written language. Primarily because it is independent of other factors and seems to be an intrinsic disposition. Developmental because it represents individual differences in the development of perceptual and motor skills not favoring the easy acquisition of the written language system.

Typically, the dyslexic presents a profile of specific difficulty with reading, writing, and spelling; including disordering of letter and sound patterns; reversals; bizarre spelling; and confusions of sound symbol relationships.

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Other associated features are poor fluency and sequencing abilities, mixed or consistent laterality similar familial difficulties and often good spatial as opposed to symbolic or sequential cognitive skills.

Table 1 summarizes various factors to be accounted for in the identification of the dyslexic.

Background features to be accounted for in the identification of the dyslexic; background features refer to other reasons for written language difficulties which need to be ruled out as a possible cause and specific features refer to features observed in the dyslexic.

Table 1: Relevant Features for the Identification of Dyslexia

<table>
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<th>Background features</th>
<th>Specific features</th>
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<tbody>
<tr>
<td>No serious visual defect</td>
<td>discrepancy between intellectual ability and written language performance.</td>
</tr>
<tr>
<td>No serious hearing</td>
<td>characteristic patterns of cognitive skills.</td>
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<tr>
<td>Adequate school opportunity</td>
<td>characteristic reading and spelling error</td>
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<tr>
<td>No primary emotional psychiatry disturbance</td>
<td>poor reading accuracy disordered word</td>
</tr>
<tr>
<td>Adequate family background</td>
<td>reversals bizarre spelling mirror imaging</td>
</tr>
<tr>
<td>Adequate intellectual ability to cope with written language auditory</td>
<td>poor or random sound /symbol</td>
</tr>
<tr>
<td>No serious general health difficulties. common</td>
<td>poor sequencing ability (including poor sequential memory inability to sequence</td>
</tr>
<tr>
<td>No well documented brain injury /trauma.</td>
<td>Events) poor sound blending.</td>
</tr>
<tr>
<td>or mixed laterality at risk birth. Reading and spelling difficulties in the family. Good spatial skills. Poor grapho-motor</td>
<td></td>
</tr>
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The specific items listed are not all present; however, if a number of items occur in one individual, one may come to a satisfactory diagnosis. It should further be noted that inauspicious background items may also occur with some of these present also.

A theoretical model of dyslexic type difficulties has been developed, incorporating the various theories and approaches to dyslexia. Figure 1 presents this model.
Figure 1 Model of Dyslexic Type Difficulties

<table>
<thead>
<tr>
<th>Cognition Skills</th>
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<tr>
<td>Brain function</td>
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<tr>
<td>Learning Style</td>
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<tr>
<td>Written language</td>
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<tr>
<td>Perceptual skills</td>
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The differences in the brain organization appear to give rise to individual differences in cognition. Dyslexics appear to be more predisposed toward spatial thinking abilities; although general intelligence and oral language skills are independent of the dyslexia syndrome (Macdonald Chritchley), perceptual differences may also arise from the brain organization, thus on a probability basis. Individuals with this pattern of development are often poor at skills such as sequencing, blending sounds, associating sound, and arbitrary symbol.

The purpose of the paper is, however, to examine the stress reactions which children present as a result of their difficulties with written language.

Society as a whole would appear to create these stresses in children by demanding that they acquire certain skills at certain ages.

Failure to do so often results in children being labeled stupid, thick, lazy, obstinate, etc., and tremendous pressures from home and school are focused on making the child succeed.

After many years of compulsory school education, there are still many thousands of children who are underachieving, and unable to fulfill their potential. This results not only in personal trauma but also in a consequent diminution in the number of potentially skilled persons for society, in spite of massive research into the field of reading failure there is still confusion and disagreement as to etiology.

Over the past some individuals referred to department of language disorders illustrate in various ways and resultant stresses from failure to acquire written language fluency, two cases histories are presented as illustrations of these stresses reactions.

Case study

Sofiane was 10 years old when referred and had barely any attainments in reading and spelling although he could recognize a few words; he was of above average intelligence and was diagnosed as dyslexic. On the first session, Sofiane was anxious and withdrawn and needed considerable encouragement to attempt anything; continually looking for approval or indications that he was doing the correct thing. He verged on tears when he asked to do anything relating to written language, and his parents reported that he often burst into tears after school, and he was frequently ill in the morning in order to avoid school. Recently, he had started wetting the bed after three years ‘ dry sleeping ’; at school, he was often teased about his reading.
difficulties, and the teacher asked him to read in front of the class along with others. He was isolated from his peer group. He was unable to participate in most classroom activities, and remedial work consisted of learning lists of spelling which he invariably could not remember.

**Case 2 Mourad**

Mourad was 15 years old when he referred, a physically mature boy who had been suspended from school for threatening the head teacher and generally being disruptive. Mourad was of very superior intelligence, with great difficulty in written expression, he was rather sullen and aggressive at first, but soon revealed a warm and pleasant personality with a tremendous verbal fluency and wide interests, he had given up school as a waste of time, with consequent pressures from his parents; who also reported that he bullied his sister ‘age 10 a very good reader’. School reports from previous years indicated that he contributed considerably in classroom discussions, but written work and homework was very poor. He was reported to be very lazy; more recently, however, Mourad was making himself very popular with his class mates by joking and feeling around in class; and at home, he was associating with a group of youths who had been involved with the juvenile court.

The above brief descriptions illustrate typical behavioral and emotional reactions to dyslexia. In the above; and in general, these are reactions to the primary difficulty with written language; the secondary behavioral reactions begin to develop after the child starts to fail not only is the child vulnerable in his academic work, but also in social, emotional, and personality growth. These reactions are often seen as the casual factors; and in many cases it is difficult to sort out cause and effect relationships.

Clinical observations of stress reactions tend to fall broadly into two categories the first type of reaction is the child who withdrawn, and manifests extreme anxiety many times; the writer has observed children and adults actually trembling and sweating when asked to read and needing continued encouragement to attempt anything; the individuals self opinions are very slow and this generalizes to all aspects of their lives where they consider themselves failures, dunces and generally useless, often behavior regresses to more immature; for example, bed wetting, thumb sucking, dependence and so on, the child suffers tremendous stress at school, often trying to avoid it by psychosomatic disorders. Parents frequently report tears and emotional exhaustion at the end of the day. Depression and its associated debilitating effects may also be present.

The second reaction type is the child who over compensates. Deep anxieties are revealed from clinical investigation. Here the individual compensates by being successful in order areas, gaining popularity or attention by classroom disruption. In many cases this manifested by being the class ‘Joker’; hiding his failure under a could not care less attitude and silly behavior, sometimes this leads to aggression towards other children. Some children may show more extreme behavior such as stealing; truancy; continued aggression and this rejection of the whole school and authority system. A generally hostile attitude to society may result; older children can develop more serious patterns of delinquency.

Unrecognized and not helped, both groups typically leave school without qualification, drift without employment, and become what the department of
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employment term disabled school leavers; the highly intelligent child; or those with very supportive families or sympathetic schools get by are often under achievers, failing to attain their potential, and may suffer a life time of frustration.

General summary

The above studies would seem to provide support for the clinical observations made earlier; and pinpoint detailed in which dyslexic reacts to the stress of failing in written language.

The implication has twofold, the first is the crucial need to recognize and identify these learning disabilities at an early stage so that appropriate teaching help may be given, this would obviate the sense of failure; and all the consequences; such identification implies official recognition as appropriate screening.

Secondly, a special kind of therapeutic teaching is required for the older child who has already failed before being recognized; this involves understanding his problem, as an acceptance of him as an individual, that he is not stupid, lazy or not trying, and consequent classroom understanding. Techniques of therapeutic work would form the subject of another complete research.

References