

Understanding and working with dyslexia in individual and couple therapy

Implications for counsellors and psychotherapists

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Abstract

Although the term “dyslexia” is likely to evoke a picture of someone struggling with reading, spelling, and writing, the condition is far more complex than that. It may affect communication, information processing, and organisational skills, and contribute to breakdown in relationships. In New Zealand, dyslexia has only been officially recognised since 2007. Although awareness of specific learning difficulties has burgeoned in recent years, dyslexia is still not well understood. Yet it is estimated that between 10 and 20 per cent of the population—and potentially the same proportion of clients across all practice contexts—may be “dyslexic.” It is therefore vital that the complex challenges it can present for individuals, couples, and families are recognised, and that counsellors and psychotherapists know how to work effectively with these clients. This article first explains the aetiology of dyslexia. This is followed by presentation and discussion of the findings of a recent qualitative study which investigated six intimate relationships in which one partner had been diagnosed with dyslexia. In considering the implications of these results and recommendations for practice, the author draws on her clinical experience of working with individuals and couples who live with dyslexia.

Keywords: Dyslexia, counselling, learning difficulties, intimate relationships, communication, self-esteem

What is dyslexia?

The Dyslexia Foundation of New Zealand (2006) refers to dyslexia as an “alternative way of thinking” and defines dyslexia as “a specific learning difference which is constitutional

in origin and which, for a given level of ability, may cause unexpected difficulties in the acquisition of certain literacy and numeracy skills.” Dyslexia has only been officially recognised in New Zealand since 2007. Estimates indicate that in New Zealand one in ten individuals is dyslexic, though this is known to be a conservative figure, and statistics suggest that around 20% of the population have “specific learning difficulties” (such as dyslexia, ADHD, dysgraphia, or dyscalculia). It is therefore possible that between 10 and 20% of any practitioner’s clients may have dyslexia.

Neuroscientists describe dyslexia as an hereditary, familial, neurobiological disorder caused by a disruption in the fundamental neural circuitry within the language areas of the brain (Shaywitz, 1998, 2003). Core difficulties in phonological decoding and processing give rise to challenges with reading and written linguistic processes, as well as affecting spelling, word retrieval and articulation, and working memory (Shaywitz, 1998, 2003). Most people use the left hemisphere of their brain to read and understand words. Recent research from the University of Auckland has revealed that dyslexic individuals may compensate by using the “pictorial” right hemisphere to process language (Waldie, Haigh, Badzakova-Trajkov, Buckley, & Kirk, 2013). This can make understanding spoken and written language a longer, slower journey for dyslexic people.

However, dyslexia carries with it unique strengths and talents. Dyslexic individuals are often strongly creative, entrepreneurial, have strengths in visual/spatial abilities, are good problem-solvers, and tend to be lateral thinkers (Dyslexia Foundation of New Zealand, 2006). They are also manually practical (Buchanan & Wolf, 1986).

Research further reveals that dyslexia affects much more than the neural processes used for decoding language; it can also affect auditory and visual processing (Berresford, 2012) and can indicate difficulties with sequencing, organisation and planning, time-keeping, concentration, speed of processing, intake and output of information, memory, and the ability to process instructions (Buchanan & Wolf, 1986; Nalavany, Carawan & Rennick, 2011; Shaywitz, 2003). Dyslexia and ADHD may share certain neural deficits (Waldie & Hausmann, 2010) and between 30 and 50 per cent of dyslexics also have ADHD. “Specific learning difficulties” is an umbrella term for a complex, heterogeneous group of learning difficulties that can co-occur. In addition, because of the particular vulnerabilities that individuals with these challenges face in this world, they can often present alongside issues such as anxiety, depression, obsessive compulsive disorder, personality disorders, and other mental health disorders.

As well, if an individual is both gifted *and* dyslexic (in other words, “twice exceptional”), the cognitive giftedness can increase that person’s level of vulnerability

and bring about a further unique set of characteristics and behaviours that must be understood by practitioners if clients are to achieve successful outcomes. An individual's giftedness can also mask the extent of his or her dyslexia, thereby causing the learning difficulty to go unidentified and the intricacy of the concomitant challenges to remain unaddressed.

Dyslexia runs in families (Dyslexia Foundation of New Zealand, 2006). It is highly likely that a child who is having difficulty with schoolwork may have a parent who is also dyslexic and who is therefore limited in their ability to help with their child's struggles. Dyslexia may also render people highly vulnerable to the environment, be it education, workplace, home life, or communities within society, which can minimise or maximise its effects depending on how others understand, accept, and treat dyslexic individuals. For example, a dyslexic client recently had major surgery in hospital. Before she was discharged, the physiotherapist went over a list of recovery details she was to follow over the next four weeks. This professional explained the points verbally in quick succession, then handed the paper to her and left, not realising my client's vulnerability in terms of processing information. My client lost what was being explained at around point number two, as it was too much information to process at once, and she also struggled to follow the written instructions once home. She subsequently moved in ways she was meant to avoid, which resulted in further injury and extended her recovery time.

Stereotypes associated with dyslexia persist and often include the perception that it relates to low intelligence and laziness. Practitioners may make the mistake of assuming their dyslexic clients are not progressing due to an apparent "lack of motivation to change" or supposed "unwillingness" to engage in counselling. In reality, they may be struggling to process, to understand what they need to work on, to communicate what is happening within them, and to know and express what they are feeling. King (2016) poignantly wrote, "If we continue to see Dyslexia as being merely a reading and writing problem, we will continue to deprive these people of any real understanding or support in terms of the extent and depth of their difficulties" (p. 1).

Some researchers have found that dyslexia may not only have secondary effects on the emotions, but causal ones as well (Rourke & Fuerst, 1996; Spreen, 1989) and ongoing research in this area is vital. Secondary emotional problems arising from learning difficulties, such as anxiety (Nelson & Harwood, 2010), low self-esteem, trauma, and shame (McNulty, 2003), are well-recognised, however. The consensus among researchers in the field seems to be that dyslexia affects a person's self-esteem because of constant difficulties and failures in school.

In addition, dyslexia may be associated with significant deficits in social skills (Kavale & Forness, 1996). It may induce a pervasive feeling of being “different,” and possibly generate high levels of fear and anxiety that can lead to depression, isolation and disempowerment. Outcomes can include lack of motivation (Buchanan & Wolf, 1986), avoidance behaviours, further educational deficits, behaviour problems, and difficulties in the workplace as well as social consequences (King, 2010). If a learning difficulty is not identified and adequately addressed in childhood, there may be risk of detrimental effects on social, mental, and emotional health. In counselling, these presenting problems tend to become the main focus; however, if dyslexia is a significant influence on a client’s circumstances but goes unacknowledged, the effectiveness of any therapeutic process is likely to be quite limited.

Little research has investigated the influence of dyslexia on either couples or families, despite empirical evidence suggesting that dyslexia, and many of its concomitant difficulties, persists into adulthood and affects individuals right throughout their life span (Carawan, Nalavany, & Jenkins, 2015; Gerber et al., 1990; Goldberg, Higgins, Raskind, & Herman, 2003; McNulty, 2003). Currently the field is inundated with neuroscientific and educational studies focusing mostly on children, while research addressing socioemotional experiences associated with dyslexia lags well behind. Few studies have looked at how dyslexia affects adults or have given adults with dyslexia a voice about their experiences, and a void exists concerning the emotional experiences of those living with dyslexia (McNulty, 2003). Furthermore, couples research suggests that positive communication is essential for a healthy intimate relationship (Holman, 2001; Ledermann, Bodenmann, Rudaz, & Bradbury, 2010) but that destructive communication results in relational disconnection (Gottman & Levenson, 1992). If dyslexia concerns difficulties with phonological processes, then it seems clear that couples living with dyslexia may be at a disadvantage when it comes to communicating. A study was therefore undertaken, both to begin to address the above gap in the research and to investigate whether communication becomes disrupted between intimate partners when one partner has dyslexia.

Dyslexia and intimate relationships

As indicated above, it appears to be well-established that learning difficulties persist into adulthood (Buchanan & Wolf, 1986; Gerber, 2012; Polloway, Schewel, & Patton, 1992) and one study found that problems experienced in childhood actually worsened in adulthood (Gerber et al., 1990). Dyslexic adults face myriad challenges in achieving positive adult functioning. These include the management of cognitive processes,

employment experiences, family life, self-esteem, social and emotional issues, and other life demands including educational and career problems (Gerber, 2012; Hellendoorn & Ruijsenaars, 2000; Sang, 1988). Assistance from significant others and from community support services may be required throughout the life span (Gerber & Reiff, 1991; Morrison & Cosden, 1997; Nalavany et al., 2011; Werner, 1993). Positive family support appears to provide a buffer for emotional difficulties and to mediate positive self-esteem (Carawan et al., 2015; Nalavany & Carawan, 2012) as well as being a powerful predictor of successful adult adjustment and wellbeing (Hellendoorn & Ruijsenaars, 2000).

Studies that have investigated the effects of dyslexia on family relationships have highlighted relational dynamics which may correlate with intimate partnerships. Sang (1988) described a long history of relationship difficulties beginning with parents and teachers, and suggested that acceptance, differences in functioning, misunderstandings of coping strategies, and communication difficulties were issues for intimate partners. Reduced communication effectiveness (Peck & Stackhouse, 1973) and severe relational breakdown (Lenkowsky & Saposnek, 1978) have been found to occur in some families. In a study of Dutch adults with dyslexia, Hellendoorn and Ruijsenaars (2000) reported that some intimate partners viewed their relationships positively but many experienced difficulties within them.

Overall, there is clear evidence of a need for better awareness and understanding of the effects of dyslexia on many adults' lives, including recognition of relational struggles that can occur, and of the importance of effective communication strategies, emotion regulation skills, and psychosocial support. To help address this need and widen readers' understandings of what dyslexia can mean in adult relationships, the results of a recent New Zealand study are discussed here.

Method

This research was conducted to examine the effects that dyslexia might have on communication and experiences of relational connection in intimate partnerships in which one partner has been diagnosed with dyslexia.

Participants

Six couples were included in the study. The sample was aligned with the apparent percentage per national population of males and females with dyslexia, which is thought to be four males to two females (Berresford, 2012). This resulted in a total of 12 participants: four males with dyslexia and two females with dyslexia, and their six non-dyslexic partners (see Tables 1 and 2 for description of the participant sample).

All dyslexic participants were diagnostically assessed by an educational psychologist via the administration of a battery of tests: the Wechsler Adult Intelligence Scale—Fourth Edition (WAIS-IV), Australian and New Zealand Adaptation (Pearson, 2008); the Wechsler Individual Achievement Test—Second Edition (WIAT-II), Australian Adaptation (Harcourt Assessment, 2007); Patoss Handwriting Assessment (Patoss, 2006); The Handwriting Speed Test (Wallen, Bonney, & Lennox, 1996); and/or Lucid Ability Assessment—Version 5.14 (Lucid Innovations, 2015). There was no evidence that any of the six dyslexic participants had speech or language disorders or ADHD.

The partners needed to have been married or in a de facto relationship for at least one year. All participants were of New Zealand European (or Pākehā) ethnicity, all were of middle socioeconomic status, and all were heterosexual.

Procedure

Permission to undertake the study was obtained from the University of Auckland Human Participants Ethics Committee. Data were collected by way of in-depth, semi-structured interviews that were audio recorded and then transcribed. Three interviews per couple were conducted. Each individual participant was interviewed for 60 minutes and couples were then interviewed together for 90 minutes. Some of the dyslexic participants were contacted by phone again in order to clarify statements or answer additional questions.

Analysis

The research was undertaken using a qualitative, phenomenological approach. To discover the essential meanings of participants' experiences "phenomenological reduction" was used (Moustakas, 1994). This involved reflective description of data just as they appeared, their reduction to specific themes, followed by the organisation of those themes into a coherent textural description of the phenomena. The data in this study were rigorously analysed using a multi-stage process. This included repetitive revisiting and analysis of participants' descriptions of their experiences, using multiple written notes capturing emergent themes in their own words to ensure the trustworthiness of the results. As well, two professional third parties—one an expert in the field of learning difficulties—independently checked the analysis for credibility.

Results and discussion

The results of this study reveal that dyslexia can affect intimate relationships in multiple ways: dyslexia affects communication, it affects functioning, and it affects emotions.

From these three major themes, a fourth emerged: dyslexia affects connection. Although these couples' experiences had much in common, readers should be cautious about generalising these results to all couples who live with dyslexia, to all dyslexic persons, or to their partners.

Overall, however, the current study provides evidence for the persistence of dyslexia into the adult years. It also addresses an aspect of the research gap pointed out by Gerber (2012), that most studies of adults with learning disabilities are skewed towards early adulthood. In the current study, participants' ages ranged from 38 to 49 years.

Dyslexia affects communication

A consensus has developed among researchers that a phonological processing deficit is the central difficulty in dyslexia (Pennington, van Orden, Smith, Green & Haith, 1990; Shaywitz, 1998, 2003; Shaywitz et al., 2004; Torgesen, Wagner, & Rashotte, 1994). According to Shaywitz (2003), dyslexics can struggle to select the correct phonemes and instead express similar sounding ones. Oliver, for example, would confuse Tina by saying "please pass the 't-o-m-a-t-o'" when he meant "p-o-t-a-t-o." Concerning mixing-up words, she said,

Sometimes it's really frustrating...he says "It's in the pantry" meaning the fridge...I'll be looking in there and after a while I'd say "Well you said pantry," and he'd say "No I said fridge." "No you didn't." It's annoying but since I know it's not something he's doing on purpose...that sort of helps.

Shaywitz (2003) also pointed out that in spoken communication, a listener also has to *receive* phonemes at a sufficiently fast speed to hold them in short-term memory and integrate them in order to hear the intended phrases being shared. Consistent with the phonological processing deficit theory (Habib, 2000), most of the dyslexic participants in this study at various times had difficulty accessing and ordering words when communicating with their partners. They also had difficulty taking in and understanding incoming information. This could affect their ability to listen to their partner and to take in and follow details, causing them to lose their train of thought, particularly if their partner interrupted them. For example, Sarah said:

You have to spell it out to Bob. If you want him to know something, you have to really spell it out very clearly. It makes me quite frustrated and a bit cross because I think "Why don't you know that? You should know that; it was obvious."

Table 1. Sample of dyslexic participants

Subject	Gender	Age	FSIQ	VC abilities	PR abilities	WM skills	PS skills	Reading accuracy	Spelling	Hand-writing	Highest school achievement	Highest level of tertiary achievement	Time in special education
Lily	Female	40	IQ 108 70 pr	108 70 pr	127 96 pr	89 23 pr	94 34 pr	58 pr WIAT-II	42 pr WIAT-II	16 pr WBL	Sixth Form Cert.	Bachelor's degree	SPELD Forms 1 and 2
Mary	Female	38	IQ 97 42 pr	108 70 pr	88 21 pr	97 42 pr	79 8 pr	9 pr WIAT-II	8 pr WIAT-II	19 pr Lucid	GCSE 6 subjects	Bachelor's degree	None
Oliver	Male	49	IQ 128 97 pr	143 99.8 pr	140 99.6 pr	86 18 pr	122 93 pr	99 pr* below average speed	92 pr* WIAT-II	9 pr WBL	O-Levels 7 subjects	Bachelor's degree (Hons)	Remedial reading lessons
James	Male	39	IQ 108 70 pr	116 86 pr	113 81 pr	95 37 pr	97 42 pr	47 pr WIAT-II	32 pr WIAT-II	10 pr Patoss	Sixth Form Cert.	Trade certificate	SPELD (two terms)
Dean	Male	43	IQ 104 61 pr	107 68 pr	117 87 pr	86 18 pr	94 34 pr	27 pr WIAT-II	1 pr WIAT-II	14 pr WIAT-II	School Cert.	Trade certificate	Reading Assistance
Bob	Male	44	IQ 104 61 pr	105 63 pr	123 94 pr	89 23 pr	86 18 pr	9 pr WIAT-II	1 pr WIAT-II	1 pr WIAT-II	None	None	Reading Recovery & SPELD

Codes: FSIQ: Full Score IQ; VC: Verbal Comprehension; PR: Perceptual Reasoning; WM: Working Memory; PS: Processing Speed; pr: Percentile Rank; WBL: Wallen, Bonney & Lennox.

Tests used: WAIS-IV; WIAT-II; Patoss; Lucid Exact; Wallen, Bonney & Lennox.

* Oliver's superior intelligence masks some of his dyslexic issues—e.g., he reads and spells accurately but does this slowly and with effort.

Table 2. Sample of non-dyslexic partners

Subject	Gender	Age	Highest level of school achievement	Highest level of tertiary achievement
David	Male	43	University Entrance	Bachelor's degree
Boris	Male	41	School Certificate	None
Tina	Female	47	University Entrance	Master's degree
Rosie	Female	38	A Levels	Master's degree
Patricia	Female	38	University Entrance	None
Sarah	Female	49	School Certificate	None

Sarah also commented on the way processing difficulties affected planning and following arrangements:

The sequencing thing is a big issue. Even this weekend which has been planned for ages, he said, "Now what is it we're doing this weekend?" It's that getting in sequence of "Where are we going first? Then where are we going? What time was that?" He finds that very, very difficult to think ahead and plan anything. It's quite frustrating if you have to go over and over and over and over things.

Too much incoming information to process (for example, having to listen to too many people talking together or too much information being shared by partners) quickly led to a dyslexic partner feeling overloaded cognitively and overwhelmed emotionally. Non-dyslexic partners often failed to realise that their partners were actually working hard at listening but could not hold in working memory everything being shared. Instead, they interpreted the behaviour as reflecting the partners' lack of interest in what they were saying.

Working memory difficulties affected most couples and led to an emotional reaction for many participants. Not being able to recall words, information, or an event in history, including birthdays and anniversaries, could be upsetting. It also evoked arguments. For example, James commented:

Rose remembers all the details and I don't. When these things are revisited I don't have an argument to stand on 'cos I don't recall all those details. So I'm

already on the back foot. No way are you going to win this argument because you've got no ammunition.

Sometimes the dyslexic partners thought they had communicated something but in fact they had "said" it only internally in their mind. This was frustrating for partners especially when the dyslexics argued that they *had* spoken. Their slower speed in processing both incoming and outgoing communication often caused the non-dyslexic partners to lose their own train of thought when waiting for the dyslexic to respond. When non-dyslexic partners would sometimes interrupt or suggest words, the dyslexic partners found this unhelpful and their self-esteem could be affected. Some dyslexic participants used more words than needed in a scramble to articulate what they were trying to say.

All of this led to breaks in the flow of communication between partners, supporting earlier findings that social relationships may be affected by language difficulties (saying the wrong thing) and memory difficulties (forgetting facts or interrupting) associated with dyslexia (Vogel & Forness, 1992). Misinterpretations, poor word retrieval, and saying one thing when they meant another led to communication problems (Sang, 1988). These difficulties also affected arguments, which tended to become circular and go nowhere. According to Lerner (2004), many couples can be caught up in circular dances when navigating anger. However, it seems likely that it can be harder for dyslexic individuals to process what is happening in conversations and to express themselves, leaving them more vulnerable to becoming stuck in unhelpful couple dynamics. James said it was like

a merry-go-round...we're not getting anywhere...just doing another round of arguing and getting frustrated and storming off or sulking. Something's getting skipped in the processing stage. I know what my point is but getting it into some semblance of order and accuracy is difficult.

Many couples in the study reported defensiveness if the non-dyslexic partner became critical of their partner's difficulties. Research on regulated couples (using positive behaviours) vs non-regulated couples (using complaints, criticism, defensiveness) found that non-regulated couples engaged in more conflict, were less engaged listeners, and were less connected, which led to relational breakdown (Gottman & Levenson, 1992). In the current study, this sort of destructive communication was linked to negative self-esteem triggers for both partners and thus resulted in disrupted connection. Communication seems difficult enough regarding phonological processes

for these couples, let alone having to navigate destructive forms of relating as well. These findings support the importance of understanding dyslexia and its impact on relationships, and of discovering positive ways for such couples to communicate.

Findings also suggested that texting is unhelpful for dyslexics due to the same phonological difficulties, particularly regarding output which involves word retrieval and spelling. Instead, it is preferable for couples to speak on the telephone. Several dyslexic partners in the study said they had difficulty reading body language and one couple mentioned disruption in reading tone of voice. This supports earlier findings that dyslexia may affect the ability to read non-verbal cues (Kavale & Forness, 1996; Sang, 1988). For individuals who struggle with the visual component of dyslexia, body language and facial expressions may be difficult to comprehend, and for those with auditory dyslexia, vocal characteristics may be challenging. Because emotional communication, involving the reciprocal transmission of non-verbal cues, governs the majority of couple interactions (Greenberg & Johnson, 1988), dyslexic partners may find themselves at a particular disadvantage.

A clear cyclic pattern became evident from the data on communication. The dyslexic partners struggled to find words or had difficulty processing information. They were then triggered by a negative self-belief (most often stemming from childhood) along with a concomitant flood of emotion (such as fear or shame). When feeling this intensely, the dyslexic partners found they went blank cognitively and could not think or communicate. Sometimes they became “locked in” (or intensely focused and preoccupied) on trying to find the answers in their mind and therefore became distracted and disengaged. To cope with the intense feelings, they commonly suppressed them by numbing or withdrawing, with the latter providing space for calming down. This led to a disconnect between partners, with the non-dyslexic often struggling to understand what was happening while the dyslexic could not express what was occurring—and they were left wondering why their partner exited.

Dyslexia affects functioning

Executive functioning is like the motherboard of cognitive functions which controls planning, organisation, ordering, working memory, flexibility of response to changing situations, the ability to begin a task or activity, inhibiting behaviour (the flipside of which is impulsivity), and emotional regulation (Cooper-Kahn & Dietzel, 2008). The current study suggests that executive functioning difficulties appear to be correlated with dyslexia. Ordering and sequencing were generally difficult for most dyslexic

partners, as were organising tasks such as housework and managing papers and finances. For example, Rosie exclaimed:

I get very frustrated because I don't like to come home to a messy place.... Nothing ever gets put away...he can't close cupboard doors, he leaves rubbish lying around and not think about putting it away for days and days.

Patricia echoed Rosie:

...if he is putting away the dishes, it's good luck finding where he put them. They are just anywhere! It is really annoying but I just have to tell myself...it doesn't matter in the big picture...he's faithful, he comes home, he loves me.

Time-keeping could be problematic, as could beginning and staying on task. Some participants reported they became distracted and lost time and awareness of what they were meant to be doing, adversely affecting their performance. Concerning housework, Lily said:

I won't plan anything but it'll be like "Oh I think I should do that, that needs doing" and I can kinda get my head around certain things but there's some things that just won't. Everything I do is so long winded...it'll take me twice as long as David.

Due to these difficulties, non-dyslexic partners often had to take on more responsibilities, including handling finances. It is possible that dyslexic individuals may partner with "high-functioners" (i.e., individuals who are highly organised and who take on responsibility; Lerner, 2004) who often have the capacity to do things the dyslexic partner cannot easily do and may be avoiding. The current study found most non-dyslexic partners of both genders were high functioning.

Couples also appeared to struggle when working on household tasks together due to differences between their functioning styles: the non-dyslexic partner preferred working in detail (i.e., managing tasks sequentially) and the dyslexic partner preferred less detail (i.e., so long as it looked right the finer details did not matter). In order to achieve success at tasks, dyslexic partners appeared to prefer to be "shown" what to do, not "told." Mary said:

Dyslexia definitely affects us when we're working together and him giving me directions or what to do...we would have a row but we'd get over it. Definitely with directions...I struggle sometimes understanding things and Boris telling me what to do in a job...I'll write them down or he would draw a map for me.

There is limited research on the subdomains of executive function in dyslexia (Gioia, Isquith, Kenworthy, & Barton, 2002). The most studied subdomain appears to be working memory, which has been found to contribute to difficulties in word recognition and reading comprehension (Swanson & Ashbaker, 2000). Several researchers, such as Waldie and Hausmann (2010), have found that dyslexia and executive functioning are connected and associated with the prefrontal cortex, while Vasic, Lohr, Steinbrink, Martin, and Wolf (2007) found that dyslexics have an executive deficit when manipulating verbal material in working memory. The findings of Brosnan et al. (2002) suggested that dyslexics show executive functioning difficulties in the inhibiting of distractors or interference and the sequencing of events. The current study appears to support the possibility that executive function disruptions are implicated in dyslexia.

Gerber (2012) argued that positive adult adjustment depends on dyslexic individuals being autonomous and self-efficacious. Over-functioning by their partner may further marginalise dyslexic adults by preventing them from pushing through their difficulties and succeeding. However, partners need to understand that while their dyslexic partner navigates these challenges, those who are non-dyslexic may have to carry more of the load. It is important that they don't always "do it for them" but rather "do it *with* them," and it may be true that non-dyslexic partners need to "not want what their partner cannot do" (Berresford, 2012).

A cyclic pattern also became evident from the data on functioning. When a dyslexic partner experienced a difficulty with a form of functioning, they often reported being triggered by a negative self-belief (such as "I'm a failure") and, alongside this, experienced intense feelings. They then became cognitively "blank" and were unable to process or communicate, and coped by suppressing feelings or withdrawing until they calmed down. This caused disconnection between partners.

Dyslexia affects emotions

As indicated earlier, high levels of anxiety have been reported in several studies on dyslexia (Hellendoorn & Ruijsenaars, 2000; Kavale & Forness, 1996; McNulty, 2003) while other studies have shown that problems with emotional regulation are linked with dyslexia (Bryan, Burstein, & Ergul, 2004; Lenkowsky & Saposnek, 1978; Saunders & Barker, 1972). On the other hand, Nalavany et al. (2011) found low levels of sadness, stress, and anxiety. Research into the neurobiological circuitry of emotional processes in dyslexic individuals is vital if we are to ascertain how emotional functioning and regulation are occurring. Though the current study included only a small sample, the

findings suggest there may be something taking place regarding emotional processing for the dyslexic participants.

In the study, it became evident that two differing causes of emotional reactivity occurred, though these were at times closely linked. The first was when the dyslexic partner became overloaded (e.g., with too much to process, or they were under pressure to perform/function) and then became overwhelmed (which may or may not have led on to the second experience).

The second was to do with self-esteem triggers that were linked to childhood and combined with an intensive emotional reaction and then common coping strategies. Both experiences resulted in the dyslexic partner becoming “blank” and unable to cognitively process while feeling intensely. While this happens to most of us when we are feeling intensely, for dyslexic people the experience appears to be exacerbated. McNulty (2003) found that self-esteem problems could emerge in early childhood when very young children felt shame, and that by school age, self-esteem issues were more entrenched due to struggles and failures at school. Emotional insecurity persisted into adulthood and could extend to affect interpersonal relationships and other areas of adult life. Participants in this study reported similar experiences.

Authors Goleman (1996) and Greenspan (2003), who specialise in emotional intelligence, have stressed that knowing what one is feeling, and the ability to express one’s feelings accurately, are important for emotional literacy. Participants of both genders in this study reported that they struggled to know, find words for, and process what they were feeling. Dean, for example, said:

I don’t have any feelings. I only have one...I’m either all happy, all sad, all hungry. I can’t talk about my feelings...

Bob shared a similar experience:

Understanding the emotional side is missing is a problem...I know I’ve had them there and I’ve wanted them out but I don’t know how to get them out.... You want to tell her how you feel and you can’t.

David described Lily as being:

A little bit muddled in her emotions.... I think maybe she doesn’t know how to work through them.

This appears to be linked to the same language sequencing processing difficulties outlined above. It seems that teaching dyslexic individuals the words for what they are

feeling helps to ameliorate this difficulty. Several participants in the study reported that pursuing emotional work in counselling had helped them to understand and express their feelings, although one participant still experienced emotional explosions. These findings seem to support those of Hellendoorn and Ruijsenaars (2000), whose participants frequently reported problems with expressing emotions. In that study, most of those who had therapeutic treatment found it helpful; however, some participants complained that their therapists lacked understanding. In recommending treatment services, the authors suggested that therapists are generally not equipped to deal with dyslexia.

The dyslexic participants also described another cyclic pattern: experiencing feelings but not knowing what the feeling was, and/or not being able to name the feelings, thereby causing a reaction. Again, negative self-beliefs were triggered along with intensified emotions which led to a similar blank in cognition and strategies for coping as in the other cycles, as well as disconnection between partners.

Dyslexia affects connection

The above disruptions in communication, functioning, emotional expression, and processing often led to partners distancing, which caused disconnection. They acted out or suppressed emotion to control vulnerability, ways of coping which provided self-protection but led to relational breakdown. Brown (2012) wrote, “The more difficult it is for us to articulate our experiences of loss, longing, and feeling lost to the people around us, the more disconnected and alone we feel” (p. 148).

In a world in which relationship and a sense of connection are strongly reliant on language and the use of words via dialogue between people, some dyslexic individuals are at risk of isolation and deep loneliness. Hendrix (2008) maintained that humans seek connection above anything else in life, and suggested that healing a ruptured connection between partners requires the restoration of awareness of connection with each other which is the source of healing. Knapp, Sandberg, Novak, and Larson (2015) found that secure attachment behaviours mediated intimate relationships by decreasing the incidence of poor communication, thereby helping to overcome the effects of adverse influences attributable to family background. Indeed, many of the couples in the study said that they experienced a deep bond that kept them together regardless of the difficulties experienced. It appears essential that couples living with dyslexia form a secure attachment with each other which will undergird them when they experience relational difficulties and will help to heal the effects of historical pain.

Support

A clear consensus exists across the literature that dyslexic individuals require some forms of support right throughout their life span (Carawan et al., 2015; Hellendoorn & Ruijsenaars, 2000; McNulty, 2003; Morrison & Cosden, 1997; Nalavany & Carawan, 2012). It was clear in the current study that the dyslexic participants required various types of support from their partners. It was also evident that therapeutic support could help these adults to navigate the various domains of adult life, including emotional processing. This echoes findings of Nalavany et al. (2011), who stressed that the need for support services in this area is paramount.

Non-dyslexic partners are clearly not immune to the effects of dyslexia and could benefit from specific support themselves. Most non-dyslexic partners said they felt varying degrees of frustration which came from living with their partner's dyslexia. They carried more responsibility, were often required to help with language and administration, and needed to exercise understanding and acceptance in order to build tolerance.

It was also evident that the dyslexic partners brought their unique strengths (often attributed to dyslexia) to their relationships which, in turn, supported their partners. Oliver, for example, had a very high visual spatial ability and good problem-solving skills. During a recent crisis he was quick to see the bigger picture about what needed to be done and take action to keep his family safe. Mary's high verbal processing skills enabled her to keep communication flowing in their relationship, and Dean's practical gifts as a builder complemented Patricia's business skills.

Limitations of the study

The participants in this study constituted a small sample, therefore care must be taken not to generalise these findings to all couples living with dyslexia. Furthermore, only two dyslexic women participated in the study, with one presenting differently from the other dyslexic participants due to her high verbal abilities and compensating strategies. There are therefore insufficient data to provide compelling evidence of the experiences of dyslexic female partners.

It was not possible to determine either just how far the challenges described by the participants were outside the realm of normal for couples in general. A study using a control group of couples without dyslexia, as well as incorporating social-emotional and communication skills assessments, could determine whether couples fall outside normal parameters on specific skills.

Nevertheless, the participants in this study believed the issues they encountered (as outlined above) were directly linked to dyslexia. As well, the author's experience in working with dyslexic clients confirms that the above findings are experienced by other couples living with dyslexia.

Implications for practice

In order to work effectively with clients who present with dyslexia, it is necessary to develop awareness and understanding of the complexities of sequencing and processing difficulties they experience and the effects of these on communication, functioning, and the emotions, both in the counselling room and within other relationships. Learning effective ways of communicating that accommodate dyslexic clients' strengths and limitations is imperative if they are to benefit from counselling.

The participants in this study generally reported that their emotions had the greatest impact on them as couples. For the dyslexic partners, this was mainly due to compromised self-esteem from living with dyslexia in childhood and ongoing hurts into adulthood. This supports studies in the field of learning disabilities that stress the importance of early identification and intervention which can help ameliorate negative outcomes in adulthood. Although children are being diagnosed much earlier these days, there are many adults who are not aware they are dyslexic and who will attend counselling not knowing that this underlying difficulty is the cause of much of their struggle.

From my professional perspective, negative self-esteem is one of *the* major challenges for dyslexic individuals. Messages growing up can be so detrimental and crippling that a person may be paralysed in life, avoiding anything that could lead to failure. However, dyslexic individuals who find success in life have often had the support of parents and family, and have a determination to push through the difficulties and the limitations. For some dyslexics, a counsellor or psychotherapist may be their only source of support.

While postmodern commentators contend that diagnosis and labelling are detrimental for individuals, my experience working with dyslexic individuals is that diagnosis can be helpful, and a source of relief. It provides a reason for their struggle and an understanding that what they have experienced since childhood has to do with a neurological condition that is mostly invisible. This relieves shame and absolves them from blame for an inherited difference. A formal cognitive assessment is therefore recommended.

Probably the main area for counsellor assiduity is in the communication between therapist and client. As explained above, dyslexic clients may have difficulty with accessing, ordering, and expressing words; taking in and understanding what is said; remembering details or what they need to do; processing and recalling what happened in sessions; speed of communicating in sessions; using more words when trying to express; and/or saying one thing when they mean another. Effective pacing is likely to mean slowing down, giving clients time to process. Most dyslexic individuals will be able to get there, but often need a longer period of time with fewer distractors such as suggesting words for them, although timely reflections do help.

It is important to understand that for some dyslexic clients, the counsellor's use of body language and prosody for therapeutic effect may not help. Rather, it is valuable to *externalise* what is happening in the room, i.e., using paper, whiteboard, role play, and as well as clear verbalising and reflections. A pluralistic, multisensory approach is therefore most effective, e.g., *visual* tools: drawing, psychoeducation via diagrams, and Drawing Talk (McWilliams, 2016);¹ *auditory* tools: songs, clients hearing themselves speak, and counsellor reflections; and *tactile* tools: blankets, stress balls, and action methods/role play using the body.

Client-centred therapy (Rogers, 1951), which for many psychotherapists and counsellors is the core of our work, has a central premise that the client can internally self-process and come to healing, as well as a strong focus on feelings. While I believe the core conditions within this approach are vital for best practice, some dyslexic clients may not access or name feelings, or they may come up with the words and sound as if they are processing but in fact may not be. It is important not to assume that a dyslexic client has an intrinsic ability to self-process. It could be helpful to extend clients' "feeling vocabularies" and teach the words for various emotions, while building on their physical awareness of their emotional responses (e.g., by use of mindfulness techniques).

In couple work, I exercise caution when using specific dialogue techniques, as an individual with dyslexia may not be able to hold in working memory the full extent of what their partner just shared, nor be able to adequately reflect this back. Expectations of accurate mirroring may increase performance pressure, lead to an intensified emotional reaction, and then result in cognitive shut-down. Using fewer words before partners swap within a dialogue would be most effective. Again, externalising skills are helpful (such as using paper), as is slowing the process down. A vital aspect is working to build a close attachment bond between partners which, as

discussed above, is a protective factor when facing the challenges that living with dyslexia inevitably brings.

Although non-dyslexic partners may find they carry more responsibility at home, they need to avoid further marginalising the dyslexic spouse by doing too much for them or by assuming that because their partner approaches tasks differently they are incapable of certain tasks. Dyslexics have strengths in “bigger picture” thinking and, though they may not function best sequentially, they are often excellent problem-solvers. Therefore, although some individuals may not perform as well sequentially during home tasks, they tend to achieve similar results in different ways. I encourage partners to work “with” not “for” their spouse.

Other recommendations include the use of psychoeducation and practice around executive functioning strategies. Supporting clients to repetitively practise organisational tasks until they are in a “rut” (or long-term memory) seems most effective. Phone and computer reminders are helpful, as is the use of a whiteboard as an externalising method for highlighting tasks. Dyslexic clients may also have difficulty remembering session times, and texting or emailing reminders can be helpful.

Finally, addressing compromised self-esteem in dyslexic individuals is vital to enhance clients’ coping and resilience. Enabling them to name and feel intense emotions, and mindfully tolerate them (Greenspan, 2003) without exploding or suppressing them, is a core aspect of practice. Dyslexic individuals may feel overload, pressure, and low self-esteem triggers more intensely than others, causing emotional overwhelm which can lead to shutting down cognitively. This pattern may be linked to trauma from childhood experiences, and further research to ascertain this is required.

Conclusion

Learning difficulties are commonly viewed through the lens of the medical model as dysfunctions or flaws in nature that require eliminating or fixing. One of the tragedies of modernism is that whatever is different is judged, criticised, sidelined, or negated. Divergent ways of being and doing are still often seen as abnormal. The emerging concept of neurodiversity invites us to view dyslexia differently. As Silberman (2015) wrote concerning autism, “the cure for the most disabling aspects of autism will never be found in a pill, but in supportive communities” (p. 17); the same applies to dyslexia. We would do well to regard these conditions as variations of mind and engagement with the world that are bringing about social change. Dyslexia invites us to grow in

understanding and to develop the creativity of our practices, in order to work as effectively as possible with these unique clients and their families.

Note

1. The author of this unpublished master's research portfolio has had a legal name change from Jane McWilliams to Jane Kjersten. The portfolio, and discussion on Drawing Talk, can be accessed on her website, www.janekjersten.co.nz, under Articles.

References

- Berresford, L. (2012). Complexities of dyslexia. [Lecture notes]. Auckland, New Zealand: SPELD Professional Development Workshop.
- Brosnan, M., Demetre, J., Hamill, S., Robson, K., Shepherd, H., & Cody, G. (2002). Executive functioning in adults and children with developmental dyslexia. *Neuropsychologia*, *40*, 2144–2155.
- Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York, NY: Gotham Books.
- Bryan, T., Burstein, K., & Ergul, C. (2004). The social-emotional side of learning disabilities: A science-based presentation of the state of the art. *Learning Disability Quarterly*, *27*, 45–51.
- Buchanan, M., & Wolf, J. S. (1986). A comprehensive study of learning disabled adults. *Journal of Learning Disabilities*, *19*(1), 34–38.
- Carawan, L. W., Nalavany, B. A., & Jenkins, C. (2015). Emotional experience with dyslexia and self-esteem: The protective role of perceived family support in late adulthood. *Aging & Mental Health*, *20*(3), 284–294.
- Cooper-Kahn, J., & Dietzel, L. (2008). *Late, lost, and unprepared: A parents' guide to helping children with executive functioning*. Bethesda, MD: Woodbine House.
- Dyslexia Foundation of New Zealand. (2006). Recognising dyslexia. Retrieved from <http://www.dyslexiafoundation.org.nz/info.html>
- Gerber, P. J. (2012). The impact of learning disabilities on adulthood: A review of the evidence-based literature for research and practice in adult education. *Journal of Learning Disabilities*, *45*(1), 31–46.
- Gerber, P. J., & Reiff, H. B. (1991). *Speaking for themselves: Ethnographic interviews of adults with learning disabilities*. Ann Arbor, MI: University of Michigan Press.
- Gerber, P. J., Schnieders, C. A., Paradise, L. V., Reiff, H. B., Ginsberg, R. J., & Popp, P. A. (1990). Persisting problems of adults with learning disabilities: Self-reported comparisons from their school-age and adult years. *Journal of Learning Disabilities*, *23*(9), 570–573.
- Gioia, G., Isquith, P. K., Kenworthy, L., & Barton, R. M. (2002). Profiles of everyday executive function in acquired and developmental disorders. *Child Neuropsychology*, *8*(2), 121–137.

- Goldberg, R. J., Higgins, E. L., Raskind, M. H., & Herman, K. L. (2003). Predictors of success in individuals with learning disabilities: A qualitative analysis of a 20-year longitudinal study. *Learning Disabilities Research & Practice, 18*, 222–236.
- Goleman, D. (1996). *Emotional intelligence: Why it can matter more than IQ*. London, England: Bloomsbury Publishing.
- Gottman, J. M., & Levenson, R. W. (1992). Marital processes predictive of later dissolution: Behaviour, physiology, and health. *Journal of Personality and Social Psychology, 63*(2), 221–233.
- Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. New York, NY: The Guilford Press.
- Greenspan, M. (2003). *Healing through the dark emotions: The wisdom of grief, fear and despair*. Boston, MA: Shambhala Publications.
- Habib, M. (2000). The neurological basis of developmental dyslexia: An overview and working hypothesis. *Brain, 123*, 2373–2399.
- Harcourt Assessment. (2007). *Wechsler Individual Achievement Test* (2nd ed.). Australian Adaptation. Marrickville, NSW: Harcourt Assessment.
- Hellendoorn, J., & Ruijsenaars, W. (2000). Personal experiences and adjustment of Dutch adults with dyslexia. *Remedial and Special Education, 21*(4), 227–239.
- Hendrix, H. (2008). *Getting the love you want: A guide for couples*. New York, NY: St Martin's Press.
- Holman, T. B. (Ed.). (2001). *Premarital prediction of marital quality or breakup: Research, theory, and practice*. New York, NY: Kluwer Academic/Plenum.
- Kavale, K. A., & Forness, S. R. (1996). Social skill deficits and learning disabilities: A meta-analysis. *Journal of Learning Disabilities, 29*(3), 226–237.
- King, L. (2010). *Dyslexia dismantled*. Auckland, New Zealand: Author.
- King, L. (2016). Dyslexia—In a nutshell. Retrieved from <http://dyslexiadismantled.com/article-in-a-nutshell>
- Knapp, D. J., Sandberg, J. G., Novak, J., & Larson, J. H. (2015). The mediating role of attachment behaviours on the relationship between family-of-origin and couple communication: Implications for couples therapy. *Journal of Couple & Relationship Therapy, 14*, 17–38.
- Ledermann, T., Bodenmann, G., Rudaz, M., & Bradbury, T. N. (2010). Stress, communication, and marital quality in couples. *Family Relations, 59*(2), 195–206.
- Lenkowsky, L. K., & Saposnek, D. T. (1978). Family consequences of parental dyslexia. *Journal of Learning Disabilities, 11*(1), 59–65.
- Lerner, H. (2004). *The dance of anger: A guide to changing the pattern of intimate relationships*. London, England: Element.
- Lucid Innovations. (2015). *Lucid ability: Computerised assessment system* (Version 5.14). England: Lucid Research Ltd.
- McNulty, M. A. (2003). Dyslexia and the life course. *Journal of Learning Disabilities, 36*(4), 363–381.

- McWilliams, J. (2016). *Dyslexia and intimate relationships: Disconnection, disunion or a call to embrace difference?* Unpublished master's research portfolio. University of Auckland, New Zealand.
- Morrison, G. M., & Cosden, M. A. (1997). Risk, resilience, and adjustment of individuals with learning disabilities. *Learning Disability Quarterly*, 20(1), 43–60.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Nalavany, B. A., & Carawan, L. W. (2012). Perceived family support and self-esteem: The mediational role of emotional experience in adults with dyslexia. *Dyslexia*, 18, 58–74.
- Nalavany, B. A., Carawan, L. W., & Rennick, R. A. (2011). Psychosocial experiences associated with confirmed and self-identified dyslexia: A participant-driven concept map of adult perspectives. *Journal of Learning Disabilities*, 44(1), 63–79.
- Nelson, J. M., & Harwood, H. (2010). Learning disabilities and anxiety: A meta-analysis. *Journal of Learning Disabilities*, 44(1), 3–17.
- Patoss. (2006). Handwriting assessment. <http://www.patoss-dyslexia.org>
- Peck, B. B., & Stackhouse, T. W. (1973). Reading problems and family dynamics. *Journal of Learning Disabilities*, 6(7), 43–48.
- Pennington, B. F., van Orden, G. C., Smith, S. D., Green, P. A., & Haith, M. M. (1990). Phonological processing skills and deficits in adult dyslexics. *Society for Research in Child Development*, 61, 1753–1778.
- Polloway, E. A., Schewel, R., & Patton, J. R. (1992). Learning disabilities in adulthood: Personal perspectives. *Journal of Learning Disabilities*, 25(8), 520–522.
- Rogers, C. (1951). *Client-centred therapy*. London, UK: Constable.
- Rourke, B. P., & Fuerst, D. E. (1996). Psychological dimensions of learning disability subtypes. *Assessment*, 3(3), 277–290.
- Sang, B. E. (1988). On being female and dyslexic. *Women & Therapy*, 7(4), 15–34.
- Saunders, W. A., & Barker, M. G. (1972). Dyslexia as cause of psychiatric disorder in adults. *British Medical Journal*, 4(5843), 759–761.
- Shaywitz, B. A., Shaywitz, S. E., Blachman, B. A., Pugh, K. R., Fulbright, R. K., Skudlarski, P., ... Gore, J. C. (2004). Development of left occipitotemporal systems for skilled reading in children after a phonologically-based intervention. *BIOL Psychiatry*, 55, 926–933.
- Shaywitz, S. E. (1998). Current concepts: Dyslexia. *New England Journal of Medicine*, 338(5), 307–312.
- Shaywitz, S. E. (2003). *Overcoming dyslexia*. New York, NY: Vintage Books.
- Silberman, S. (2015). *Neurotribes: The legacy of autism and how to think smarter about people who think differently*. Crows Nest, Australia: Allen & Unwin.
- Spreen, O. (1989). The relationship between learning disability, emotional disorders, and neuropsychology: Some results and observations. *Journal of Clinical and Experimental Neuropsychology*, 11, 117–140.

- Swanson, H. L., & Ashbaker, M. H. (2000). Working memory, short-term memory, speech rate, word recognition and reading comprehension in learning disabled readers: Does the executive system have a role? *Intelligence*, 28, 1–30.
- Torgesen, J. K., Wagner, R. K., & Rashotte, C. A. (1994). Longitudinal studies of phonological processing and reading. *Journal of Learning Disabilities*, 27, 276–286.
- Vasic, N., Lohr, C., Steinbrink, C., Martin, C., & Wolf, R. C. (2007). Neural correlates of working memory performance in adolescents and young adults with dyslexia. *Neuropsychologia*, 46, 640–648.
- Vogel, S. A., & Forness, S. R. (1992). Social functioning in adults with learning disabilities. *Psychology and Behavioural Sciences Collection*, 21(3), 418–431.
- Waldie, K. E., Haigh, C. E., Badzakova-Trajkov, G., Buckley, J., & Kirk, I. J. (2013). Reading the wrong way with the right hemisphere. *Brain Science*, 3, 1060–1075.
- Waldie, K. E., & Hausmann, M. (2010). Right fronto-parietal dysfunction in children with ADHD and developmental dyslexia as determined by line bisection judgments. *Neuropsychologia*, 48, 3650–3656.
- Wallen, M., Bonney, M., & Lennox, L. (1996). *The handwriting speed test*. Sydney, Australia: Occupational Therapy Australia (NSW).
- Wechsler, D. (2008). *Wechsler adult intelligence scale* (4th ed.). Australia and New Zealand Adaptation. Sydney, NSW: NCS Pearson.
- Werner, E. E. (1993). Risk and resilience in individuals with learning disabilities: Lessons learned from the Kauai longitudinal study. *Learning Disabilities Research and Practice*, 8, 28–34.

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