

## READING DISABILITY AND LIFE STYLE: A CASE

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Children who are reading one or more years below mental-age expectancy present various reasons for their problem: their abilities may be limited in all sorts of ways; and/or they may be failing to utilize the abilities they have. Success in teaching such a child to read depends in part upon determining his strengths and limitations in ability, upon the use of a program of instruction appropriate to his learning needs, and upon eliciting a change of attitudes through understanding his life style. Success depends too, upon maturation, particularly preceding or during adolescence, which often leads to improvement in deficit areas where instruction previously had been largely ineffective (3). The present paper of a case treated by the writer is intended to illustrate these points.

Whereas a hindrance to learning may prove only a minor handicap in a life style characterized by striving for achievement and oriented toward facing and resolving difficulties, it may snowball to a major handicap in the pampered child where it may become useful in supporting dependent and responsibility-avoiding attitudes.

Where reading disability reflects some hidden defect, this weakness may be seen to operate as any organ inferiority would. It helps shape the life style by increasing feelings of inferiority, just as later the life style will influence the severity of the symptoms (1).

A grasp of the child's life style must therefore mediate the attitude and approach to the teaching task. Yet it is not the reading therapist's primary goal to change the life style. His goal is to get the child to function in reading, and this in itself can have far-reaching effects in the child's personality. The therapist's interpretations of mistaken attitudes, goals and expectancies become effective as they apply to the learning situation specifically. There is little time for play therapy, and extended conversations are not encouraged as they often serve as an avoidance device that the child is the first to recognize.

### *Background*

Rick was 11 years old and in the 5th grade when first seen in January, 1963. He was referred by the reading specialist of his school who had worked with him individually and in small remedial groups for about two years. He had repeated the 2nd grade and had

attended reading clinics during the previous three summers. The last clinic report stated: "Reading therapy should be discontinued and psychotherapy initiated."

A diagnostic evaluation by the writer indicated that Rick was reading at beginning 2nd grade level, about four years behind age expectancy. He could not accurately associate letters with their sounds, nor blend them into a whole word. He showed a strong reversal tendency, and frequently confused words of similar configuration. Verbal articulation was relatively poor and use of language, limited. His body movements lacked fluidity, and he was restless. Arms, shoulders, neck would twitch at times.

The Wechsler Intelligence Scale for Children yielded an IQ of 101. Sub-test scores were quite variable suggesting a higher potential. Low scores on the Block Design and Object Assembly sub-test of the WISC, performance on the Bender Visual-Motor Gestalt Test and Human Figure Drawings, poor spatial orientation, poor motor coordination particularly in the use of the pencil, poor phonic ability and poor memory for form configurations, all supported the impression of organic or maturational deficit. Developmental history included toxemia of the mother during pregnancy, hyperactivity, impulsive and explosive behavior, and poor motor skills from the beginning, as well as delayed speech. Yet pediatrician and ophthalmologist found nothing to warrant more extensive medical exploration.

Rick had a well-achieving younger brother, Steve, aged 9. According to the mother, family relations were good, and aside from academic difficulties there were few problems with Rick. But learning difficulties demanded and received an inordinate amount of attention, and the mother worried about and tried to counteract the effect that Steve's achievement (two years younger but about five years ahead of Rick in reading) might have on Rick. Oddly enough, it was Steve, rather than Rick, who showed emotional difficulties, and she agreed that perhaps this was due to the excessive attention given to Rick. In any case she was worried primarily about Rick's lack of progress, her role in his difficulties, and what she could or should not do to help.

### *Initial Sessions*

Remedial sessions were started on a twice-a-week basis. Rick's manner was cheerful and cooperative. He accepted willingly any

activity that was suggested. In oral reading when he came to an unfamiliar word his eyes would reach for the ceiling, brow wrinkled as if with intense concentration, and he would knock his head hard with his knuckles moaning, "What is it, what is it, what is it?" Otherwise he would look at the word, attempt perhaps the first sound, then look up quickly for help.

Since many children with reading problems are easily discouraged it was thought best to start at a relatively easy level, rarely allowing the challenge to reach a frustration point. The therapist was reassuring, patient, and supportive. She expressed confidence that Rick would learn, and he agreed, cheerful as always. He was sure he was progressing better in school, would be promoted, go on to college, and become a draftsman like his father, when he grew up.

### *Re-evaluation*

However, after three months it became apparent that Rick was making no progress. Clearly, a re-evaluation was indicated. The following facts assumed importance: Rick's bland, cheerful confidence that things would work out magically; his goals and expectancies which had little basis in reality as it existed for him at the time; his avoidance of challenge by throwing his eyes to the ceiling; his dependence shown by asking for and expecting immediate help; the lack of real effort in his effortful attitude as evidenced, for example, by his non-use of learned word-approach methods. An early childhood recollection elicited at this time, nicely confirmed these observations: "When I was in an apartment in Brooklyn, I remember when my grandmother always used to wheel me on Fifth Avenue."

An interview with the mother revealed that she patiently met Ricky's inordinate demands for help, and discouraged independency. He was not allowed to travel even short distances by himself, ride his bike beyond the driveway, spend his allowance as he would, or select a toy of his own choosing from Christmas money. Ricky, though a poor athlete and ineffective in a group, loved to play with the neighborhood boys. His mother was mildly distressed by his constant irritation at having to meet home or school requirements: "He seems to live only for play." A devout churchgoer, she placed great stress on achievement, politeness, conformity, and respect for adult authority.

Thus, the function of the reading disability in Ricky's life style became clear. Unquestionably, he had a genuine and severe hindrance

to learning, but this was now in the service of eliciting help and support from others. He used affability, conformity, and postures of tortured and involved effort as a way of gaining concerned attention and freedom from responsibility. Subtly, he was able to manipulate the situation so that others were kind and "giving." Indeed, in later conferences with his teachers it was learned that they so empathized with Rick that they never called upon him to read, nor bothered to teach him. To save him embarrassment and boost his morale they gave him busy work which he performed industriously and which they then praised with genuine good feeling.

The therapist had fallen into the same trap as the others. The only progress Rick was making was in maintaining an image of himself as the helpless beloved, the pathetic incompetent from whom one could expect little. Attitudes were geared for minimal involvement with maximum results. Clearly, inability to read sustained, and was sustained by, a desire to prove significance through incompetence—significance experienced through the pampering, kindly help, and attention received from others.

This is, of course, an excellent illustration of the fourth of the mistaken goals described by Dreikurs (2, pp. 57-67) toward which the problem child may strive—success derived from "complete inadequacy"—the other three mistaken goals being undue attention, power, and revenge.

#### *Alternate Approach*

The sessions now assumed a different character. When Rick, faced with a challenge, searched the ceiling, he was told with good humor that the word was printed on the page, and that the field of battle was there. He would be helped, but only as he attempted to help himself. The knocking on his head was ignored or treated humorously. In varying ways it was made clear to him that he had cleverly managed to fool everyone into thinking he was stupid, but he couldn't fool the therapist. She *knew* he was smart, and she knew too, just what he could or could not do.

More challenging work was now given, at the 3rd and soon the 4th grade levels. He was forced to face the unfamiliar word, encouraged to attempt for himself the use of clues and word-approach methods. Of course, he was also given systematic, supplementary instruction as needed. A game was also included in most sessions, such as a word game, checkers, or High-Q. While he failed miserably

at first with these, he soon began to defeat his opponent. This gave him added evidence of his ability.

However, the new approach was not at all to Rick's liking. Frequently he expressed anger, or tearfully exclaimed, "But I can't do it. Can't you tell me?" These moments were difficult for the therapist. She agreed that indeed it was hard, like for a long distance runner with a one-foot handicap. But she knew he could do it. She cared too much to let him fail, and respected his ability too much to do it all for him. More than once his mother had to be encouraged to bring him to the session in spite of his unwillingness.

Despite the tears and anger Rick began to improve. For here, alongside the self-defeating attitudes, there was a striving for independence, a capacity for pleasure in genuine accomplishment, working on the side of the therapist. Rick, who had felt he was totally incompetent at reading began to understand better the true nature of his difficulties. In frank discussion, the reasons for failure were removed from the realm of the mysterious and shameful. His problem was made real and comprehensible. He had a genuine and recognized difficulty that was capable of remediation, and we knew just what to do about it. He was reassured that once he got past the hurdle of 3rd grade reading, progress would be relatively rapid. Records were kept of performance so that Rick himself could see progress even on the most minimal level. He was helped to recognize how his very errors had become more sensible. Success, as a consequence of effort, seemed to have its own motivating force for continued effort.

### *Moment of Truth*

One day in January, 1964, Rick read before the class for the first time. He read so well that the class broke into applause.

When the therapist congratulated Rick he replied, "Oh yeh, I felt pretty good. I got up there and I read, and I read, and I read, and I got so tired reading. When I sat down I was so tired. And you know something? Now he's always calling on me to read. And I have to do homework, and arithmetic. You know something? I was much better off when I couldn't read. Nobody expected me to do nothing!" He looked so annoyed, the therapist began to laugh; then ruefully Rick began to laugh. He had come up full-face to the realization of what inability to read had achieved for him.

Progress in reading soon was followed by Rick's increased ability to work independently in other subjects. In February, 1965, remedial

sessions were reduced to one a week. His parents, seen in a parent counseling group, were no longer so anxious and supportive of dependent behavior. As a result of summers away at camp he developed better athletic and social skills. He got a job delivering newspapers, took up the drums, and joined a combo.

When Rick entered high school in September, 1966, he tested at 7th grade reading level. Like many such children with genuine deficits, he still showed evidence of earlier deficiencies. Spelling and handwriting were relatively poor, he still had the tendency to confuse words of similar configuration (*said* for *and*) and to reverse letters and syllables. However, he could now benefit from group remedial instruction in school, and individual sessions were terminated.

### *Conclusion*

Rick had made five years of progress in three-and-a-half years of reading therapy, whereas he had made but one year's progress during the five preceding years of schooling with additional tutoring. His progress was due primarily to: (a) instruction geared to specific strengths and deficits; (b) probable maturation; (c) modification of instruction according to relevant aspects of Rick's life style. The therapist recognized that Rick had used his inherent difficulty in learning to read, to bring him concerned attention and freedom from responsibility, thus permitting him to continue an effortless way of life, blandly ignoring the demands of reality. Change occurred when Rick, too, came to recognize this and the therapist helped him to develop trust in the use of his resources for overcoming difficulties.

### REFERENCES

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