

Reading, Writing, and Mental Health: The Research Behind The Reality
International Dyslexia Association • Northern New England Alliance
Blog Series
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One: Connecting the Dots

Imagine you're in first grade, surrounded by other children fully attentive to their teacher, your teacher. To your delight, she reads aloud and you hang on every word until every storybook page is revealed. Then your class breaks into "centers" and you watch others move about the room while you remain on the rug of alphabet squares. Some children return with their personal bin of picture books that they read aloud in low voices; another group sits with the teacher at her table looking at the same books; another group traces letters on tablets; and finally the last group wears noise-cancellation headphones to hear a story they follow, using their pointer finger to turn electronic pages.

*Your first-grade teacher calls your name. You look up to see every pair of eyes in the class on you as she says, "It's time for independent reading." You retrieve the bin marked with a **C**, glancing at those marked with **E**, **G**, **J**, and **K**, and feeling your stomach seize with the thought of those books beyond reach. Back on the rug, you stare at the pictures before laying eyes on the first letter of the words. The blonde boy is holding a ball. Is the **b** the first letter of **boy** or **ball**? Or is it **beach**? The next word starts with a **b**, too. Is that the **beach**? Or is that **blue**? There's a dog, too. Is that what the word underneath says? Your stomach rumbles though you just ate breakfast, and your forehead feels like it's pulling towards your ears. You ask to see the nurse.*

Three years later, your fourth-grade teacher calls your name. You say, "Skip." She tries to be nice while pressuring to do the unthinkable, the unreadable. "Skip, please," you say again, unable to decode anything with more than three letters, and she moves to the next child, who

opens his mouth and reads like magic. You grab the bathroom pass in time to throw up in the stall.

*You imagine your seventh-grade teachers calling your name. You imagine the roster, the names of children you've known since kindergarten along with new names from across town. You keep your eyes shut as long as possible before another day begins under suicide watch in the emergency room. You can't help but stir when hearing a tray placed beside the bed. The nurse says your name. Your mother sleeps in the corner chair, the book *Madness* on her lap. Unlike you, Mom never had trouble reading.*

Twenty-five years ago, psychologists studied the suicide notes of teens in Ontario and found that 90% contained spelling, syntactical, and grammatical errors comparable to those made by students having reading disabilities. Not one of the suicidal teenagers had been identified as having a learning disability, and 80% had no history of school problems. In stark contrast, 90% of the comparison group of suicide notes written by adults showed “a good grasp of vocabulary, grammar, punctuation, and capitalization,” and included well formed complex sentences despite their compromised mental state of the authors (Siegel and McBride 656). The researchers concluded that learning disabilities may be an unrecognized risk factor in adolescent suicide. The findings also provide support for Silver’s view “that children and adolescents with unrecognized, poorly treated, or untreated learning disabilities are at higher risk of developing secondary behavior problems and psychiatric disorders than those who have received intervention” (658).

How did this happen to you?

You were loved. You were a healthy, happy child. You were read to. The library cost nothing, so we had plenty of books at home. You couldn't wait for school to start, to ride the bus and be a big kid. Your teachers loved you, too, giving you plenty of time to catch up, picking out

the right books for you. But you got sick... all the time. You had headaches and tummy aches and then were actually vomiting. After testing for everything, the doctor called it anxiety and wrote a prescription.

According to Dr. Timothy Odegard, Psychologist at Middle Tennessee State University specializing in dyslexic studies, the incidence of mental-health problems (anxiety, depression, and other socioemotional disorders) among those with dyslexia may reflect the continua of resiliency and risk factors in their lives (T. E. Odegard, personal communication, May 20, 2022). School shutdowns, hybrid learning, and other educational consequences of the coronavirus pandemic, deepened the divide between resiliency and risk, as some students benefited from additional supports available at home, while other children received little or no extra help, suffered from isolation, neglect, or abuse, and made little or no progress in their literacy skills as ennui crept in.

When students have gaps in the foundational components of language and literacy (e.g., phonological memory, decoding, vocabulary), their reading and writing skills do not develop at a typical rate. The greater the gap between their proficiency in these crucial areas and the expected proficiency levels, the greater the possibility of the development of poor self concept and socioemotional problems (Grills et al. 417-431).

Further, a research team found a significant increase in anxiety, depression, and somatic symptoms among middle- and high-school students with dyslexia, though not in the elementary grades (Giovagnoli et al. 461). Dyslexic secondary-school students who reported positive peer relationships experienced less severe symptoms of mental illness (Giovagnoli et al.).

Even before the onset of the coronavirus pandemic, the states comprising IDA-NNEA, Maine, New Hampshire, and Vermont, have recognized the need to increase access to mental-health care for youth in school- and community-based settings. If a reader of this article

has such concerns about a youth, please see the links below to each state’s services. However, if not already in place, evidence-based language and literacy services must begin immediately when dyslexic youth seek treatment (S. Dykstra, personal communication, May 24, 2022). They need to experience the success of learning and feeling of hope for a brighter future, evidenced by reading progress they can see for themselves while receiving mental-health care. Further, researchers recommend additional services to *prevent* or mitigate “the appearance of internalizing symptoms,” specifically to teach “motivation strategies, self-esteem enhancement activities and building peer networks...” (Giovagnoli et al.). Mental-health care should be provided by state-licensed professionals (e.g., clinical mental health counselor, social worker, school guidance counselor), who will treat the students’ condition in its own right. Accordingly, schools would best serve these students with 504 protections and accommodations appropriate to the condition, such as access to a counselor and a designated safe space, plus recommendations for teachers to prevent escalation and helpfully respond.

*Everything seems to have changed back home. Your mother supports the new routines, bed- and wake-time, meals, exercise, counseling. Completely new at home is the addition of reading aloud together every day, talking about the sounds in Dr. Seuss, the spellings in the newspaper, and the meanings of the words, even the words you think you know. Reading at school has also drastically changed. First, they hired a new literacy teacher who says we’re “cracking the code,” sounding out, pointing out, complaining about, and laughing at **gh** in the “controlled text,” featuring the **ghost’s rough night**. She teaches the many spellings of long **e** with everyday words – **decent, extreme, employee, reasonable, premium, financier, receive, chimney** – and explains the meanings of prefixes (such as **de-, ex-, pre-**), roots (**ceive, fin, ploy**), and suffixes (**-able, -ee, -ly**). Second, your classroom teachers give you shorter assignments, more time, and headphones for audio, and you know where to get help anytime. Third, you know*

they're talking to your literacy teacher, because they hand out vocabulary words with the syllables divided and morphemes defined. They give you sentence stems, word banks, and partly-completed graphic organizers to get you started independently.

This new teaching does not feel solely for you. Teachers pre-teach difficult vocabulary to the whole class, give everyone models of past students' writing that meets their expectations, and help categorize and organize information before and during writing tasks. Sometimes you help classmates, because working with the literacy teacher gives you deeper knowledge of the structure of English. You make it through to the end of the day, every day, no longer feeling frazzled and frustrated. You think about your future and your clarity about dyslexia, convinced not to let the disability limit your hopes and dreams.

Works Cited

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