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Dyslexia in adults and depression – in the perspective of a narrative of a participant of pedagogical therapy

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This article presents the problem of adult dyslexia and its emotional-motivational effects – the depressive disorders. It shows the narration of a young man experiencing both types of disorders. The presented quotations provide an image of these disorders, but also ways to deal with them. In spite of serious problems, a high level of aspirations has been maintained, and psycho-pedagogical therapy remains a supportive factor, as well as the experienced success.

KEY WORDS: dyslexia of adults, mood disorders, depression, pedagogical therapy

Introduction

Dyslexia in adulthood is a relatively new and rarely discussed subject in Polish scientific literature[1]. This lack is particularly no-

[1] M. Bogdanowicz (ed.), *Dysleksja w wieku dorosłym,* Wyd. Harmonia, Gdańsk 2012; M. Łockiewicz, M.K. Bogdanowicz (2013), *Dysleksja u osób dorosłych*, Impuls, Kraków; Reid A., Szczerbiński M., *Studium przypadku dorosłej osoby z dysleksją rozwo-*

ticeable in comparison with the extremely high interest and numerous studies concerning dyslexia in children and adolescents, conducted mainly in the context of the causes of these specific reading and writing disorders, the risk factors for their occurrence and diagnosis, the functioning of students with dyslexia in schools and the ways to help them, the type and scope of the emerging difficulties, including secondary effects. School and educational issues are clearly dominant in this area, as school is the primary outdoor environment for children and young people, and the core curricula and school programmes, as well as their standards, determine the expectations for educational attainment, including reading and writing. These skills are both autotelic (they constitute the core competences of a literate man, as contrasted with illiteracy which is one of the strongest excluding factors in the era of ubiquitous written language) and instrumental (they are tools for gaining other competences and learning in general).

When describing the secondary effects of dyslexia, the authors underline the consequences of experiencing long-lasting, permanent stress and the experienced failures, mainly educational in nature. Marta Bogdanowicz observes that such are the experiences of dyslexic students in higher classes, when, apart from primary learning difficulties, there appear secondary motivational disorders which become a source of stress and frustration, as well as emotional distress. Among the latter, the author mentions neurotic behaviour, depression, and even suicidal thoughts[2]. If such is the image of a student with dyslexia graduating from school, then an important question arises about the emotional and motivational disorders that will accompany an adult with dyslexia in his/her adult life. To what

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jową, A poster at the Conference on Developmental Psychology, PTP, UJ, Kraków 2003; Wszeborowska-Lipińska B., *Dysleksja jako indywidualny wzorzec trudności i zdolności*, [in:] *Dysleksja w wieku dorosłym*, Gdańsk 2012.

[2] Bogdanowicz M. (2011). *Specyficzne trudności w uczeniu się czytania i pisania – dysleksja, dysortografia, dysgraphia,* [in:] M.B. Pecyna (ed.), *Dysleksja rozwojowa – fakt i tajemnica w diagnostyce psychologiczno-pedagogicznej,* Wyższa Szkoła Zarządzania i Administracji w Opolu, Opole.

extent the opportunity to find a job or even achieve potential career and life success can offset the negative experiences of childhood and adolescence, and to what extent they remain inside the person – in his/her perception of him/herself and self-esteem, emotions and the ability to regulate them, how are they reflected in mood disorders, depression?

The question concerning depressive symptoms in adults with dyslexia and their relationship with this particular disorder in the case of persons experiencing depression, was the main reason for this study. I present a case study of a young man with dyslexia, which he himself identifies (self-determination through the experience of dyslexia), who participated in pedagogical therapy for several years. For reasons of therapeutic ethics, I shall not disclose the details, as dyslexia therapy is not the subject of these considerations. At times, the man referred to in the case study, who is in his early adulthood, refers to this experience himself. I wanted to show the phenomenon of experiencing depression by an adult with dyslexia through fragments of a unique correspondence with a patient participating in my therapy. I omitted many autobiographical topics from the passages, which, although extremely interesting, could allow for the identification of the man and would constitute a violation of his personal data, including sensitive data.

Key concepts: dyslexia and depression in theoretical terms

Dyslexia is one of the most commonly diagnosed and recognized developmental disorders in school-age children, which does not mean that our knowledge of the subject is free of stereotypes or even myths. Writing and reading are complex, multi-level neuropsychological processes, and therefore dyslexia is a complex disorder, characterised by multiple aspects and a varying range of impact on the lives and mental health of different individuals. The concept of „dyslexia" and „developmental dyslexia" was intro-

duced in Polish literature by Marta Bogdanowicz, a precursor of the study of this problem, to identify the specific difficulties and disorders in the process of learning to read and write.[3] Dyslexia, within the meaning of the International Dyslexia Association (IDA) and the European Dyslexia Association (EDA), is defined as: *„a specific neurobiological disorder in learning. It is characterized by difficulties in correct and/or fluid word recognition and poor decoding and writing skills. These difficulties are usually due to a deficiency in the phonological aspect of the language, often disproportionate to other cognitive abilities and effective teaching methods used in school. Secondary problems may appear related to reading comprehension and contact with the written word, which may limit the development of vocabulary and general knowledge"*[4]. Dyslexia is explained by a number of scientific theories, including, the hypothesis of temporal processing, the theory of phonological deficit, multicellular theory, deficiency of automation (cerebellar), two-independent deficiencies: phonological processing and speed in naming, procedural and declarative learning deficits, and recently the more and more popular theory of mirror neurons. I shall not discuss them in this paper, as such descriptions are available in Polish literature[5]. However, in the further part of the article, I will present the hypothetical pathomechanism of dyslexia within the meaning used by Marta Bogdanowicz, as it will help to explain the relationship between dyslexia and depression.

It is important to note that in the diagnostic classifications of ICD and DSM, the term dyslexia has a rather complex representation. The ICD-10 classification (in force in Poland) consists of the

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[3] See: Bogdanowicz, M. (2002). Dysleksja i paradoksy. „Forum Nauczycieli. Nauczanie Zintegrowane", No 1, pp. 5-10; Bogdanowicz, M. (2005). Ryzyko dysleksji. Problem i diagnozowanie, Wydawnictwo Harmonia, Gdańsk.

[4] *Ibid*.

[5] See: G. Krasowicz-Kupis (ed.) (2006), Dysleksja rozwojowa. Perspektywa psychologiczna, Gdańsk: Wydawnictwo Harmonia.2006; M. Rusiniak, M. Lewandowska, Przegląd wybranych koncepcji dysleksji rozwojowej- perspektywa genetyczna, neuropsychologiczna i lingwistyczna, „Nowa Audiofonoligia", 3(1) 2014, p. 10 and other.

category labelled R 48 *Dyslexia and other perceived disorders not classified elsewhere*. The classification also includes the category F81: *Specific disorders in the development of school skills*, which also includes the symptoms of dyslexia, namely:

- F.81.0 specific reading disorders,
- F.81.1 specific spelling disorders,
- F.81.2 specific arithmetic skills disorders,
- F.81.3 mixed school skills disorders,
- F.81.8 specific writing expression disorders,
- F.81.9 non-specific developmental school skills disorders[6].

The American classification DSM-IV mentions "learning disorders", and its latest version DSM-5 includes „specific learning disorders."[7] Thus, in the DSM-IV version we find the category labelled 315.2, which includes:

- Reading disorders,
- Disorders of communication in writing.

In the DSM-5 version, the problem of dyslexia (which is not named as such) refers to the following categories:

- 315.00 Specific learning disorder with reading impairment.
- 315.1 Specific learning disorder with impaired numeracy skills: understanding numbers, memorizing arithmetic rules. The accuracy or fluidity of accounts and accuracy of mathematical inference.
- 315.2 Specific learning disorder with writing impairment with particular focus on the accuracy of spelling, grammar, punctuation, clarity and organization of the written text. [8]

Unfortunately, when studying dyslexia among adults, it is difficult to rely on any of these classifications, as not all adults, who experienced very serious learning difficulties in the area of reading

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[6] *ICD-10. International Statistical Classification of Diseases and Health Problems,* X Revision, Vol. I, (2008), WHO, Geneva.

[7] P. Gałecki, Ł. Święcicki (ed.) (2015*), Kryteria diagnostyczne z DSM-5*, Wyd. ELSEVIER URBAN & PARTNER

[8] J. Wciórka (ed.) (2008), *Kryteria diagnostyczne według DSM-IV-TR.* Wyd. American Psychiatric Association, Wrocław.

and writing skills, have been diagnosed due to a limited knowledge of dyslexia in the past. In addition, the changing diagnostic criteria for dyslexia may also interfere with this image. It is not possible to reconstruct the scale and extent of the disorders in these individuals. With that in mind, the team under the supervision of Marta Bogdanowicz developed an interesting diagnostic tool: the Adult Dyslexia Questionnaire (KDD), developed by K. Bogdanowicz, M. Łockiewicz, K Karasiewicz and M. Bogdanowicz.[9]

According to Marta Bogdanowicz, people with dyslexia, including adults, are characterized by a unique profile of cognitive ability, which may be called psychoeducational. This is reflected in the low results achieved by such persons in subtests: Arithmetic, Encoding, Messages and Numbers Repetition. According to the author, these results reveal: a low attention span, poor short-term memory, working and sequential memory, as well as long-term memory, the speed of visual-motor learning and visual-motor coordination, linguistic functioning (e.g. slow recollection of names, sequence of words). Not all of the indicated problems are revealed in every dyslexic person[10]. It is important to emphasize that sometimes the diagnosis of dyslexia in adult life confirms their suspicions concerning undiagnosed problems in the school period. From my own therapeutic experience I know that even a late diagnosis of dyslexia allows adults not only to master useful compensatory strategies, which may help them in their present life, but it also has a therapeutic effect. This is caused by a better understanding of the reasons of their own failures, which allows them, in line with the assumptions of practical use of Aaron Antonovsky's salutogenic theory, to regain control over their own lives, controllability, use of resources in specific situations.[11] According to this theory, this is how we gain

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[9] See: *Adult Dyslexia Questionnaire* (KDD) developed by K. Bogdanowicz, M. Łockiewicz, K. Karasiewicz and M. Bogdanowicz, [in:] M. Bogdanowicz (ed.) (2012), *Dysleksja w wieku dorosłym*, Wyd. Harmonia, Gdańsk, pp. 116-119.

[10] *Ibid*., p. 108

[11] D. Podgórska-Jachnik (2014), Praca socjalna z osobami z niepełnosprawnością i ich rodzinami, CRZL, Warsaw, pp. 146-148.

a sense of coherence, i.e. cognitive-emotional-motivational coherence, which allows for effective adaptation in the world.[12] This mechanism also includes the diagnosis of dyslexia in adults who have not been diagnosed yet, but who experience various types of reading and writing difficulties.

The scale of dyslexia, defined as a specific difficulty in mastering reading and writing, is estimated at approx. 10% of the population, with a different range of indicators in different countries: from 0.98%[13] to 10%-20% in Poland and other European countries. It seems that socio-cultural factors and other criterion references used in the diagnosis, may have a large impact on this diversity.[14] These are not permanent indicators, as evidenced by the number of dyslexic students entering the state examination for sixth grade students of primary schools: 8.96% of students in Poland in 2007, with 13.1% in 2015[15]. I shall not discuss the causes of the observed differences and changes, as indicators show that this is a relatively common phenomenon, and therefore affects a large population of children and adolescents, and then adults. The scale of dyslexia in adulthood is difficult to estimate because of the lack of studies concerning reading and writing skills referring to their school years. Some „dyslexic students" are likely to melt into society, choosing occupations where their problems do not constitute a career barrier,

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[12] K. Kirenko (2006), Globalna orientacja życiowa osób niepełnosprawnych aktywnych i biernych zawodowo, „Aktywizacja Zawodowa Osób Niepełnosprawnych" No 3-4 (7-8), pp. 216-224.

[13] R.I. Łałajewa (1997), *Definicje, ujęcie i rozpowszechnienie zaburzeń czytania u dzieci w wieku szkolnym,* [in:] Ł.S. Wołkow, W.I. Sieliworstow (ed.), *Chrestmatia Logopedii*, Vol. II, Włados, Moscow, p. 483.

[14] Probably as in the diagnosis of ADHD-type disorders diagnosed in 3-5% of Europe's population and 11% in the USA, see: Vallée M. (2009), ADHD: Biological Disease or Psychosocial Disorder? Accounting for the French-American Divergence in Ritalin Consumption, University of California, Berkeley, [online] http://www.irle.berkeley.edu/culture/papers/vallee09.pdf [access: 15.03.2017].

[15] T. Wejner-Jaworska (2016), Uczniowie z dysleksją rozwojową pod koniec szkoły podstawowej w roku 2015, Kultura i Wychowanie, No 11 (1), 2016.

others benefit from technological support, or simply learn to function with fragmentary dysfunction that can often be compensated for otherwise – and often is. This is based on the assumption that dyslexia is a functional difference, which does not exclude a different capability profile, sometimes quite outstanding. Thus, for example, the dissemination of Davis's and Braun's extremely accurate, stereotype-breaking approach based on the deficit of the term "the gift of dyslexia", because in certain circumstances a „tamed", specific way of cognitive functioning may be seen as an attribute.[16]

The second key term analysed in the article is depression. This is a serious mental disorder that is manifested by low mood, sadness, loss of interests and pleasures (anhedonia), but also a feeling of guilt, low self-esteem, sleep and appetite disorders, fatigue and decreased concentration. Depression significantly reduces the patients' quality of life, as well as their ability to function in all areas of life, both socially and professionally. Depression is recognized by the World Health Organization (WHO) as the fourth most serious health problem in the world and it continues to grow: by 2020, it is estimated to be the second most common cause of disability resulting from the state of global health.[17]

There are several theoretical models explaining the mechanism of depression, however, from the point of view of the discussed subject, the causal model that is part of the paradigm of environmental psychiatry, developed by Tom K.J. Craig[18], adapted to the problem of disability and popularised in Poland by Dorota Podgórska-Jachnik[19], seems most adequate. The author also pre-

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[16] Davis R.D., Braun E.M., *Dar dysleksji*, Poznań 2001.

[17] *Depresja – podstawowe informacje* (2014), http://forumprzeciwdepresji.pl/index.php/932/depresja-podstawowe-informacje.html [access: 10.07.2017].

[18] T.K.J. Craig (2010), *Depression* [in:] Morgan C., Bhurga D. (ed.), *Principles of Social Psychiatry*, 2nd Ed., Wiley-Bleckwell, Oxford, USA, p. 219.

[19] D. Podgórska-Jachnik (2017) *Problem depresji wśród osób niesłyszących i niewidzących.* W: A. Orzechowska, P. Gałecki, T. Pietras (ed.), *Nawracające zaburzenia depresyjne: etiologia, diagnoza i terapia*. Wydawnictwo Continuo, Wrocław.

sents it as a developmental model, which is explained by a tendency to accumulate experiences relevant in the genesis of depressive disorders[20]. Craig's model includes two primary causes of depression: one is biological susceptibility, the other includes negative childhood experiences. Both can occur more frequently in the case of people with dyslexia. As far as the first area is concerned, it would be useful to take into account the various disorders of the central nervous system that could explain the so-called co-morbidity of depression and dyslexia.[21] I would like to emphasise that I have not reached any research that confirms such a relationship, but I do show their hypothetical co-occurrence. In the second area, Craig gives examples of neglect, violence, but does not close the catalogue of these experiences. Literature provides numerous examples of other negative experiences related to dyslexia, especially related to the functioning of children and adolescents in schools, which can be included in this model: e.g. permanent uncertainty, anxiety, marginalization, humiliation, exclusion, rejection due to insufficient achievements, etc. According to Craig, factors associated with the first area lead to low self-esteem, whereas those from the second one – to difficulties in interpersonal relationships. In the Craig model, negative childhood experiences lead to risky, interpersonal (also sexual) relations and risky relationships. This may be related to, for example, compensation in the search for acceptance, however, it is difficult to speculate in this regard, as there are no studies in this field concerning people with dyslexia. An important element of the genesis of depression are individual serious events (e.g. serious school failures, failure to complete a year, failure to pass examinations decisive about the future, closing the road to study the subject of one's dreams or a perform a dream job), which my patients, who are seeking help due to the experienced trauma, often complain about. Following the assumptions of Podgórska-Jachnik, who refers

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[20] Ibidem.

[21] Although depression cannot be regarded as a disease, such a concept in medicine denotes the coexistence of various disorders.

Craig's model to disability, it can be said that, in general, *the factors of depression are the same in the case of these people as in the general population, but their intensification or ease of arising in a given situation* [here: associated with dyslexia – annotation by T.W.J.] *increase the risk of the disease*.[22]

It is worth adding that at a functional level we can talk about several categories of behaviours observed in people experiencing mood disorders that may indicate depression and prove critical in its diagnosis. The case I want to describe includes most of them. According to Neil Glickman, these are: concentration problems, depressive thoughts, thoughts about death, depressive moods, loss of hope, neglect or abandonment of certain activities, loss of interest, withdrawal, and physiological symptoms, such as loss of appetite or, on the contrary, excessive appetite, lack of energy, difficulty in falling asleep and sleeping or sleeping all day, laziness, a slow pace of movement[23]. In practice, patients in therapy also talk about the problem with beginning any kind of work, creating arrears, and failing to overcome this resistance, despite the prospect of future problems caused by delay. Some of them, and this group includes some well-read individuals, who consciously seek the causes and mechanisms of their own problems, speak about the auto-diagnosis of procrastination. This term has recently become very popular, however, it is interesting to observe that it is used particularly often by dyslexic people in therapy. Certainly it is a signal of disturbance, or at least serious difficulty, in the emotional-motivational sphere.

In order to explain the possible relationship between dyslexia and depression, I reached for the theoretical model of dyslexia in the view of Marta Bogdanowicz. The author distinguishes three levels: biological, cognitive-motor and emotional-motivational, which confirms that such a theoretical approach is able to explain the analysed problem.

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[22] D. D. Podgórska-Jachnik (2017), *Problem depresji…, op. cit*.

[23] N. Glickman (2009), *Cognitive-Behavioural Therapy for Deaf and Hearing Persons With Language and Learning Challenges.* Routledge, Taylor & Francis Group, New York.

At the biological level, the author goes very deep, as far as the factors that act before fertilization (e.g. abnormalities in genes 1, 6 and 15), during the prenatal period (e.g. over-production of testosterone, malnutrition or hypoxia) and the perinatal period (e.g. premature birth, low birth weight, hypoxia, perinatal injuries). These pathogenic factors translate into abnormalities in the central nervous system structure, as well as its functioning. Bogdanowicz locates these effects on a cognitive-motor level, emphasizing the psychomotor unity of activities, such as reading and writing. On this level, she mentions primary cognitive and motor disorders, as well as perceptual-motor integration disorders (visual-spatial and auditory-linguistic-motor), as well as isolated reading and writing difficulties in the younger classes. The third level, emotional-motivational, includes secondary emotional-motivational disorders, such as anxiety because of school or reluctance to learn. Bogdanowicz's theoretical model concerns dyslexia of children and adolescents. However, it is possible to transpose these problems to out-of-school experiences, including adult life (e.g. fear of working with a written text in connection with performing a job, reluctance to read, etc.). In approx. the 4th grade (around the age of 10), secondary disorders create a kind of „vicious circle" mechanism, which is characterised by a general sense of school failure and secondary neurotic and behavioural disorders. In addition, a „spiral mechanism" is launched, which results in the extension of these experiences (disorders) to the sphere of personality development. According to Bogdanowicz, at this level of dyslexia the effects may include, and most often do: low self-esteem, depression discussed in this article, learned helplessness, school phobia, suicidal thoughts and actions.[24]. Most of these problems can also affect the adult life of a person with dyslexia. The described pathomechanism of dyslexia explains very precisely, why dyslexic patients suffer from anxiety, depression, mood disorders requiring the intervention of a clinician.

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[24] Bogdanowicz M. (2011), *Specyficzne trudności w uczeniu się…, op. cit.*, p. 24.

Experience of depression by an adult with dyslexia in the light of a case study

Despite the existence of a theoretical basis associating dyslexia and depression, it is difficult to find empirical studies that illustrate this relationship in scientific literature. Therefore, I would like to present an individual case study of a young man in his early adulthood who experiences both kinds of disorders.[25] He was diagnosed with dyslexia in primary school. Throughout the course of his studies, he had therapeutic support that allowed him to finish school, and even to study, but the therapy was not well suited to his needs, as it did not prevent the secondary effects of dyslexia. As a boy, the man often received unstable evaluations of his own abilities: on the one hand, he was told he had high intellectual capacities; on the other hand, he experienced typical school problems, as described in the previous section, which showed his school incompetence. He experienced negative reactions of both teachers and peers, which confirms the chain of events described in the Craig model leading to depression. Dyslexia and the resulting failures led to an emotional crises of a young, intelligent, sensitive boy, with elements of anxiety and depression, diagnosed as a school phobia. For the most part of his school years, the boy had individual teaching. Despite difficulty in reading and writing, he graduated from secondary school and began studying, he chose exact sciences. The use of IT technology was crucial for him. He set up his own company offering services in this field. He won a prestigious international competition, confirming a high level of professional competence and creativity. Unfortunately, this did not prevent him from experiencing self-doubt and depression, which he is struggling with under the care of a physician. At the same time, he constantly seeks psycho-pedagogical

[25] In the characteristics I omit, due to therapist ethics and the protection of personal data, details that could facilitate the identification of the man. They are also not important to highlight the main problem of the article, therefore I remain at the level of general characteristics.

support, which demonstrates, on the one hand, a high level of self-awareness concerning the (still-experienced) emotional and social problems, and on the other hand, a task approach to dealing with depression.

I decided to reveal a part of our correspondence, since the narratives contained therein are a living proof of the experience of depression resulting from dyslexia. On the other hand, I would like to show a high level of linguistic competence, which does not prove that the limitations related to dyslexia have been eliminated, but it shows well-developed skills of dealing with them in everyday life.

The diagnosis of dyslexia in adulthood was confirmed in the case of the examined man by the KDD questionnaire by K. Bogdanowicz, M. Łockiewicz, K. Karasiewicz and M. Bogdanowicz, described in the theoretical part of the article. It is interesting to note that the study was significant for the examined person himself, which may confirm the theoretical view on the role of such a diagnosis in adults in the recovery of a sense of understanding, self-control and coherence. This is how he refers to the diagnosis of the problems with dyslexia himself (I quote the original statements): *Frankly, I have thought about that organizational meeting for a long time, and to be more specific about one of its aspects – when I was doing the exercise to find the differences in the said words and I couldn't do it. I looked at myself and my environment, and in fact it is a problem that I haven't even realised, or rather I blamed the conditions and the environment. I really have a problem with understanding people's voices, both at the time of speaking (my general practitioner has a speech impairment, and I'm not really able to understand a word he says – when I asked my mum about that, he is also her doctor, she said she didn't have a problem with understanding the doctor), and in telephone conversations (which are even worse, it's like when people are visually impaired and try to overcome the problem by squinting their eyes, I don't understand people on the phone and try to listen as attentively as possible). Frankly speaking, there are situations when someone calls and I have to blame the cracks in the ether, because I don't understand them or ask them to send me an e-mail… I must admit that I experienced this problem also during our last telephone*

conversation, which I didn't understand much (especially the second part). I wonder if it is related to a physical hearing problem (although this is unlikely, as I can hear quiet sounds coming from another room through a closed door) or to dyslexia (and I have no clue, as I have no idea if this is a dyslexic symptom – until I took the test of the Polish Dyslexia Association, I never associated the problems with understanding speech with any dyslexic disorder). And I also wonder if it could be associated with the neuroleptic drugs, and I'll definitely talk about it with my doctor tomorrow.

Most of the following passages do not seem to reveal serious dyslexic problems in writing. There is a rich vocabulary, an advanced level of use of the language. There are no spelling errors in the text (this is, to a large extent, a result of using a text editor, which dyslexic people use in their work nowadays), there are relatively few language errors, many phrases with emoticons, characteristic of the style of communication on the Internet. The sentences are reflective, complex, reveal that the person is well-read and has a broad knowledge. The only problem here is punctuation (the quoted texts were not corrected). To show that the man participating in therapy really experiences dyslexia in everyday life, it is worth to quote his own words: *When are you coming back to Poland? I am asking in the context of therapy. Unfortunately, reading is still a problem, what's more, it is very expansive, developing. I have come to such absurdities in this field that I am not able to make corrections to the text I wrote a while ago (writing is much easier!), or read a mathematical task with comprehension, it just does not impress itself deep enough in my memory; when I'm solving a task, I often guess what I have to do based on the provided data. The experience I gained in the competitions is paying and I'm doing ok in my studies, but I have to admit that I am beginning to be scared of the situation. I still cling to the idea that I may have a problem with my sight, I'm going to an ophthalmologist tomorrow, glasses are still new to me and I do not quite understand when I should replace them.*

The correspondence is filled with information about recurrent mood disorders. His answer to the question about his present state of mind leaves no doubt as to the nature and severity of the symp-

toms: *Ehm, it is certainly a bad question in the present situation :-) When I wrote in December that I have a recurrence of depression, well I have it to this day, only much more intense, to the degree in which I have withdrawn from any activity because the pain is just too strong. I am under constant medical care, but the drugs are still not working and I may need a change (which means another 5 weeks of illness). I just do not know what to do with my studies.* The thesis about depression as a motivational barrier and a factor jeopardizing plans is confirmed by the words expressed in another e-mail: *Frankly speaking, I have to withdraw from my original commitment, at least for now. On the one hand, I have a recurrence of clinical depression which has eaten my desire to engage in anything (although I admit that this obstacle will probably resolve in a few weeks, I have already received the right medicine from the doctor, I just need some time), and on the other hand, I would like to focus on my own business, as soon as I feel better; as for now, the disease is really giving me a hard time and has caused enough delay … there is a serious delay in my schedule, which I will try to catch up with, if possible, unfortunately at the expense of* (…) *additional activities.*

The man is signalling how much he needs therapeutic support in these conditions. The e-mail includes many questions about the possibility of a meeting, continuing therapy. At the same time, we see that the need to treat depression, as well as dyslexia, is also very important to him[26]. Moreover, he sees where both problems overlap, and he can distinguish between them: *The question is: do you have any ideas for possible exercises, therapy or other form of support with the problem of dyslexia? It will be at least two weeks before the drugs I'm taking have a chance to work, so it is not a very urgent matter, in this state I would certainly not take a trip to Mars, ups, a typo, I wanted to write to the city centre. However, I would be happy to have some options, because what I'm doing right now is a technique known to programmers as a brutal force, that is, trying to force myself to read, regardless of the emotional and effort costs. It helps to some extent, only the price is too high …* Other

[26] Apart from seeing a therapist-educator, the man also used the help of a psychologist and a psychiatrist.

fragments prove the cyclical nature of emerging depressive disorders, the awareness of the disease and therapeutic cycle and the necessity take this into account in one's personal and professional life. In this context, there appears the idea of self-employment:

> *Unfortunately, today the disease has won with me, I feel a lot worse and I have cancelled my visit to the ophthalmologist, as I was unable to force myself to go. I will try to make another appointment.*
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> *Fortunately, another change of medication, which I was so afraid of, may prove unnecessary, because I have felt much better for a week and I've started to dig myself out of my little black hole. And there are a lot of things to do! I have to catch up with my studies, but with a little luck and some intelligent talk I may not lose my scholarship for the next academic year. I completed the previous semester with a record grade average of 5.0 in all subjects, so I have a margin of error (to keep the scholarship at the current level, the average for the entire year must exceed 4.5).*
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> *My life is slowly starting to settle down. I know that because of the recurrences of the illness, I will never be as productive as a healthy person, but maybe I won't have to. It's hard to convince the boss that I need a week or even a month of lighter work on more self-rewarding projects. That I have to multiply schedules by four which just annoys me because I would like to work faster, but unfortunately it is not possible. But I work well. And this has a chance to succeed, when I become my own boss.*

It is worth pointing out how significant it is for the young man to verify and implement the findings resulting from the therapy and the related self-reflection: *Your advice concerning depression in the form of smiling to the mirror (for the mirror neurons to note) has been working exceptionally well and gives the much needed feeling of relief. I have to present this idea to my doctor during my next visit, so that other patients can also benefit :-).*

The man also reveals cognitive-motivational limitations. It is interesting to quote these words because they contradict the stereotype that a person with dyslexia avoids writing. On the contrary, we see that while being aware of the difficulties, he does not give up, although he is very strict in evaluating his own progress in this area:

And unfortunately I haven't been writing a lot recently, paradoxically not because I have no time, I try to have free weekends to deal with my workaholism. The problem is that I have a small literary art-block; I tried to continue [something I started – annotation by T.W.J.] *to write a few years ago* (…). *The problem is that my words do not connect, particular themes become empty, and the characters are not alive and do not speak in their own voice. Well, maybe it will get better. I have already had such breaks and nothing indicates that it will be different this time, i.e. they will not pass without any interference.* Fortunately, it is possible to overcome the blockade, with full awareness of the essence of the double problem: *As for the main problem, it is dyslexia … It was a very strange holiday. On the one hand, I read 2 books which is a big step forward in comparison to spring, but on the other hand, reading is still a struggle for me and I have to force my mind to focus on the words. Especially recently I have a lot of problems with concentration, although I must admit that the most probable reason is depression, I'm not able to program (generally, I'm not able to do anything, it is too painful…)*

The descriptions are interwoven with ups and downs, hopes and doubts. His determination to pursue self-employment, as a way of coping with life under constrained conditions, is strengthened by a sense of success, however, it is not enough to overcome the emotional and motivational blockade: *I have just set up my own business, so far a single person business. I went through the process of certification as a partner* [of a significant global company – hidden data; annotation by T.W.J.], *I have received the green light* [here the description of the project – annotation by T.W.J.], (…) *this may take some time though, because after the first wave of „Oh my God, I've just realised one of the biggest dreams of my life!" I smoothly went to „Oh no, I feel terrible again for no reason, and again it is because of the sick chemistry of neurotransmitters in my brain", but still there isn't much more work to do. I am definitely more happy, though my mind does not agree with this*. I would like to focus on the last sentence, as it shows a dual approach: both cognitive and emotional, to the evaluation of events happening in his life. This type of control is a form of adaptive strategy for a man fighting with depression. The man describes his great success in an

international IT competition, but at the same time he also complains about the psychological costs of taking the challenge while undergoing pharmacotherapy of depressive disorders: *Generally, it would be really great if not for my health. I was hoping it would be ok (and it was ok!), but I had to change my medication again because of the side effects. Standard changes: nightmares and nausea, plus two to three weeks of total mental disintegration. Fortunately, I am up to date with all my responsibilities, so I won't fail in anything. I can afford a weaker period :-).*

The achieved success pays a clearly self-regulating role, it is crucial in coping with depression at a cognitive level, although it is not a remedy for all the ailments. However, the man is perfectly aware of the further dynamics of the illness, but also how to cope with it: *I received the Dean's scholarship, and it's higher (the grade average* (…) *above 4.5, more precisely 4.92), and because I had some extra cash before the holidays I went to my favourite antique shop with fantasy books to hunt for some unique books that I always wanted to have* (…). *Besides, the antidepressants are finally starting to help (though not as much as I would expect), so I am living without psychological pain, although I am still demotivated to do anything. But it is better and it will get even better! :-)*

The fragments describing a successful recruitment procedure for prestigious foreign studies, with a scholarship and an attractive multi-year contract, are particularly interesting (the final decision is to be made after the completion of his current studies in Poland). The man achieved one of the highest scores in the country. Regrettably, I cannot present this particularly interesting part of our correspondence as it contains too many identification details. However, I will describe the meaning of such a successes for a person with dyslexia: *It's funny, because just two weeks ago I told my psychologist in therapy that I haven't not had much success lately (due to the illness) and I need some external confirmation of my intellectual value. I mean, I know that I am capable and have great opportunities, but when less gifted friends achieve something and I do not, my self-esteem starts to fall. Now, I completely believe in myself again :-) This is not the only achievement in the recent weeks* [here a description of another international success – annotation by T.W.J.]. *However, it was not as inspirational* (…).

The current state of the patient and his situation should be assessed positively. And that is how the man evaluates the situation himself, emphasizing the periodic convergence of a better mental condition with experiencing fewer problems related to dyslexia: *Oh really, a lot of positive things are happening! :-) I have just started my own business,* [here the description of the project – annotation by T.W.J.], *I got an average of 5.0 at university again and finally – FINALLY- just a few days ago I got rid of (clinical) depression, which I had been treating since the beginning of December with serotonin drugs. A real torment, but this is an example of contrast law. In contrast to the greyness, the world is now warmer, more lively, wider; literally better. And with such an attitude, I'm catching up with all the backlog, and there's quite o lot of that after spending almost 2.5 months in bed… :-) I even have the impression that I'm doing better on the dyslectic front, because I'm catching up on my reading and it's going quite well, better than the last time. I think I'm just starting a better part of my life and it would be good to use it in a sensible way :-).*

Finally, I would like to present a sample of the man's writing ability, which is also his view on the suffering caused by the disease. This is just a fragment of a longer story dedicated to depression. However, I find it very significant, especially when the tool of expression and auto-therapy is the text itself, the creation of which brings the man clear relief, but the reception (reading) of which is sometimes a cause of suffering, perhaps even the root cause of other experienced mental suffering (depression). Let the young man's words speak about depression:

> *The mobile phone showed half past one a.m. I was practically a human wreck, a half-dead shred of my old self. I howled with pain, mental pain, which burned more effectively than real fire, twisted the bowels, shattered the will. I looked around like a vulture torn to shreds, looking for a bit of relief from the suffering that had consumed me in the middle. I could of course go to sleep. Lay down and bid farewell to the suffering of the day, greet the dawn of another day with a bit of relief. It was just slightly easier than climbing K2 in the winter. I ate some dark chocolate, the one I always liked. It's an extremely weak antidepressant if you consider the chemistry, but the best I have.*

> *Although I had the impression that I could be using a thimble to bring water to extinguish the fire of thousands of hectares of forest with equal efficiency. The pain was tearing me apart, biting into my soul, burning me with cold fire. Hah, these words are so weak, pale, empty. They are not even close to what I felt. But I realized that I would feel a lasting relief in a few weeks at the earliest, assuming that the drugs would quickly kick in. Oh, what a joyous prospect, nothing but jump from a skyscraper. Fortunately, there were no skyscrapers nearby. I finished the chocolate. So much for its effectiveness* (…).

As I wrote, it is just a fragment of the text, in which the man says: *This is the essence of depression. It does not change the world, it changes you. It drains your strength and mood*. This is true, but there is someone in the story who wants to help and shows the way towards transformation. The story is about change, positive change. The author finishes it with the following words: *I was sitting in my room again, alone. I was looking at the monitor, my soul was once again burning with unbearable pain, going to sleep would be a heroic effort. But I did not want to lie down. I was trying to do something different, something that would help me …* I believe that my hero will make this heroic effort …

Summary

In this article I have presented a narrative of a young man who is actively beginning his early adulthood with a baggage of experiences related to dyslexia, but also burdened with clinical depression. In the light of the above theories, it is highly probable that dyslexia and the resulting learning difficulties, including school phobia, have contributed to the onset of depressive disorders. At the same time, neither of the disorders jeopardize the chance for self-fulfilment, accomplishment in a dreamed profession or the achievement of an objective successes.

A characteristic feature of the presented case is a high awareness of one's own limitations, but also ways of coping with them. The disorders resulting from dyslexia and depression are related to each

other, which the man is aware of, and seem to be mutually conditioned by periodic or situational fluctuations. It can be said that in the presented case **dyslexia „poses challenges", while depression shapes sensitivity to the world of one's own experiences, whereas both shape not only emotionality, but also cognitive functioning and the man's identity.** In my personal judgment, the young man has provided me with a very valuable material for portraying oneself and the experienced problems. As there is not much literature on the relationship between dyslexia and depression and their impact on adult life, I thought it would be a waste to keep these texts only for myself. Depression is a recurrent disorder, but a person may be prepared for the recurrence based on experiences from the previous phases of the disease and its remission. He may become stronger and more effective. In this case, despite serious problems concerning the emotional and motivational sphere, a high level of aspiration has been maintained and pedagogical therapy remained a supportive factor. This is a clear indication of the direction of therapeutic and support work aimed at personal development of adults with dyslexia and its secondary effects.

References

Bogdanowicz, M. (2002). *Dysleksja i paradoksy*. „Forum Nauczycieli. Nauczanie Zintegrowane", No 1, pp. 5-10.

Bogdanowicz M. (ed.) (2012), *Dysleksja w wieku dorosłym,* Wyd. Harmonia, Gdańsk.

Bogdanowicz, M. (2005). *Ryzyko dysleksji. Problem i diagnozowanie*, Gdańsk: Wydawnictwo Harmonia.

Bogdanowicz M. (2011). *Specyficzne trudności w uczeniu się czytania i pisania – dysleksja, dysortografia, dysgraphia,* [in:] M.B. Pecyna (ed.), *Dysleksja rozwojowa – fakt i tajemnica w diagnostyce psychologiczno-pedagogicznej,* WSZiA w Opolu, Opole.

Gałecki P., Święcicki Ł. (ed.) (2015), *Kryteria diagnostyczne z DSM-5,* Wyd. ELSEVIER URBAN & PARTNER

Craig T.K.J. (2010), *Depression,* [in:] Morgan C., Bhurga D. (ed.), *Principles of Social Psychiatry*, 2nd Ed., Wiley-Bleckwell, Oxford, USA.

Davis R. D., Braun E. M. (2001), *Dar dysleksji*, Poznań.

Depresja – podstawowe informacje (2014), http://forumprzeciwdepresji.pl/index.php/932/depresja-podstawowe-informacje.html, [access: 10.07.2017].

Glickman N. (2009), *Cognitive-Behavioural Therapy for Deaf and Hearing Persons With Language and Learning Challenges.* Routledge, Taylor & Francis Group, New York.

ICD-10. International Statistical Classification of Diseases and Health Problems. X Revision, Vol. I, (2008), WHO, Geneva.

Kirenko K. (2006), *Globalna orientacja życiowa osób niepełnosprawnych aktywnych i biernych zawodowo*, „Aktywizacja Zawodowa Osób Niepełnosprawnych" No 3-4(7-8).

Krasowicz-Kupis G. (ed.) (2006), *Dysleksja rozwojowa. Perspektywa psychologiczna*, Gdańsk: Wydawnictwo Harmonia.

Łałajewa R.I. (1997), *Definicje, ujęcie i rozpowszechnienie zaburzeń czytania u dzieci w wieku szkolnym,* [in:] Ł.S. Wołkow, W.I. Sieliworstow (ed.), *Chrestmatia Logopedii*, Vol. II, Moscow.

Łockiewicz M., Bogdanowicz M.K. (2013), *Dysleksja u osób dorosłych*, Impuls, Kraków.

Podgórska-Jachnik D. (2014), *Praca socjalna z osobami z niepełnosprawnością i ich rodzinami*, CRZL, Warsaw.

Podgórska-Jachnik D. (2017) *Problem depresji wśród osób niesłyszących i niewidzących,* [in:] A. Orzechowska, P. Gałecki, T. Pietras (ed.), *Nawracające zaburzenia depresyjne : etiologia, diagnoza i terapia*. Wydawnictwo Continuo, Wrocław

Reid A., Szczerbiński M. (2003), *Studium przypadku dorosłej osoby z dysleksją rozwojową*, Plakat na Konferencji Psychologii Rozwojowej, PTP, UJ, Kraków.

Rusiniak M., Lewandowska M. (2014), *Przegląd wybranych koncepcji dysleksji rozwojowej- perspektywa genetyczna, neuropsychologiczna i lingwistyczna*, „Nowa Audiofonologia", 3(1).

Vallée M. (2009), *ADHD: Biological Disease or Psychosocial Disorder? Accounting for the French-American Divergence in Ritalin Consumption*, University of California, Berkeley, [online] http://www.irle.berkeley.edu/culture/papers/vallee09.pdf, [access: 15.03.2017].

Wciórka J. (ed.) (2008), *Kryteria diagnostyczne według DSM-IV-TR*. Wyd. American Psychiatric Association, Wrocław.

Wejner-Jaworska T. (2016), *Uczniowie z dysleksją rozwojową pod koniec szkoły podstawowej w roku 2015*, „Kultura i Wychowanie", No 11(1), 2016.

Wszeborowska-Lipińska B. (2012), *Dysleksja jako indywidualny wzorzec trudności i zdolności*, [in:] *Dysleksja w wieku dorosłym*, Gdańsk.