

The Emotional Impact of Learning and Attention Difficulties

-by Suzanne Day

Reading and attention difficulties are a growing educational concern for educators and parents. However, emotional and social problems are deeply rooted within these weaknesses and are less often understood. The success of a person is greatly linked to their social abilities and not only to the academic skills. The emotional impact of learning and attention difficulties on the person and those in relation with him/her, and some of the solutions to start addressing the problems, will be the subject of this short article. The term "he" will be used to refer to a male or female child in order to facilitate the reading of this article. The list of references provided at the end only includes the most important ones.

First, let's look at what emotions are. Although "experts" disagree about a definition of emotion, they do agree on clear scientific experimental evidence that facial expressions for anger, fear, sadness, enjoyment, and disgust are universal. I personally like an electro-biochemical understanding of emotion: every thought you think and every emotion you feel is an electro-chemical event with physiological consequences. The seat of emotion is now recognized to be not only in the brain but in psychosomatic networks extending into the whole body, including the heart, the gut, the hormonal system, and the immune system acting in concert. Emotional processes operate faster than thoughts, bypassing linear thinking. Mental and emotional coherence are of the utmost importance. It is recognized that emotion and memory are closely linked. In real life terms: we will remember more easily in a state of positive emotion than when learning is done under stress. However, unmanaged emotions (producing "fight or flight" reaction) burden the whole body and leave less energy to work on areas of learning or attention weaknesses. I do not want to be too technical but I desire to present enough information to help you understand what I am about to present.

The research shows that individuals with learning and attention disabilities will give up easily because they depend on others to solve their problems. They will be considered "immature", having a hard time growing up. They are more likely to be the object of negative and non-supportive statements which reinforce their lack of self-esteem. These individuals are less able to solve social problems or accomplish complex social interactions successfully (like persuasion and negotiation). They are more likely to be rejected or isolated by their classmates. They also have less tolerance for frustration and failure.

We know that most learning disabilities have some type of language difficulty. Language difficulties are deeply involved in social acceptance. The child worries more about being not invited to the birthday party than missing the spelling test. His difficulty with logical cause and effect analysis like "my aunt's father's son" will limit his interpretation and inferring which in turn will interfere in his conversation. His frequent interruptions with "What do you mean, I don't get it!" will ostracize him. When, with friends, he may fail to laugh at jokes because he just doesn't get it, he may lose the relationship that comes through the emotional state that laughing together brings.

Asking questions is a very social skill that he will need help to master. He tends to observe more than interact and will usually play alone or with younger or older people. He will be "the last picked, and the first one to be picked on". The feelings of guilt and shame, coming from acting inappropriate, the feelings of self-doubt, depression and anger often lead him. He may turn his guilt into a form of anger toward his parents: he blames them because of his condition but also because they keep pursuing, rightfully, expectations of him to accomplish what he can. These emotions will weaken his whole body and he will complain of headaches, tummy pain, feeling tired or lacking energy, allergies, and asthma which are just some of his common physical problems. Generosity, willingness to help, and high sensitivity to the emotions of others are positive aspects often found in his personality.

A child with attention problems, the **inattentive** type, will tend to be "spacey", caught in his own world. He will feel easily "bored" if the conversation is not directed in his field of interest. He may leave the game in the middle of the action or he may try to control the conversation and direct it on himself. If he becomes a "motor mouth" he may not recognize the signs of boredom or annoyance of his listeners and find himself left behind... speaking to himself.

The **impulsive** type will speak out of turn and interrupt, making the conversation feel "out of joint".

The **hyperactive** child will intrinsically need to move his body and may leave in the middle of the conversation. These children will be more accident prone and you will find them visiting the emergency unit of the hospital more often than other children. Their positive traits like spontaneity, creativity, and zest for new experiences, can produce the "energy flow" in relationships that is delightful. The parents of these children often react with impatience: "If you can do that so well, you should be able to do this!", "Smarten up!", "You are lazy"! The child will feel ashamed and guilty, and very often his anger will grow as he doesn't know "how else" to be. These parents are often resentful for not having the "ideal child" and not being able to a

present a "good social image". Yet they need to come to accept that this child is "theirs". One of the parents will often come to realize that this child "is just like me when I was young". Deeply buried emotions will be rekindled in this parent's heart. So too will be the internalized unkind reactions of adults toward him when he was younger. The child's behaviour may "push buttons" in the adult's repressed emotional make-up. Unfortunately, too often the parent will first react to the child in the same way he was treated causing his own child similar emotional pain that the parent has suffered. Then the other parent may become protective of the child fostering bitterness and anger toward the spouse bringing pressure on the couple's relationship.

The child with **learning disability** or **attention difficulties** is very dependent upon the stability around him. He is more sensitive and may react unconsciously to the lack of "marital harmony". How can parents intervene? Nobody can efficiently address a problem before recognizing it for what it really is: accepting the reality.

A psycho-educational testing may be the first step to provide an objective analysis of the child's learning strengths and weaknesses and to better understand the nature and extent of his difficulties. Proper learning strategies will be essential to address his weaknesses in order for him to experience success in his basic skills. This has been discussed in other articles and workshops. We will look here at some helpful emotional interventions.

A period of "mourning" may be necessary for the parents. Accepting the child for "who he is" will allow the parents to make the child "feel" accepted and loved. It is one thing to say "I love you" to a child but what is more precious is to make him to "feel" loved. The physiological reaction of love presents heart rhythms balanced with the increase of the parasympathetic nervous system influencing perception and behaviour. An adult who has been lacking himself this experience of "feeling loved" must first, from the heart, forgive people who have damaged him in his (her) own childhood in order to let love and patience flow from the heart, especially toward a child with learning and attention problems.

The child also will have to be trained to keep forgiving those who have hurt him voluntary or involuntary and not let any root of bitterness grow in his heart. The "gift of time" is also part of the solution: the "permission" to play with younger children may give the child the practice he needs in getting along with others while it is safe; repeating a grade may allow the child to mature and feel more confident among "younger peers". Encourage and teach him how to ask questions and which one to ask for precise situations, like meeting a person for the first time. Listen attentively while he is struggling to explain ideas that seem disjointed. He needs somebody to listen well

in order for him to experience the relationship aspect of speaking and asking questions. Richard Lavoie, in his excellent video "Last picked, first one picked on", explains an helpful strategy called "Social Skills Autopsy" for impulsive children. The "mistake" is analyzed in the attempt to discover "how it could have been done differently" in order to fashion a better response for the next time. He also points that "we need to prepare the child for the situation and the situation for the child".

In the past few decades our understanding of learning disabilities and its remediation has greatly improved. However, we now need to pursue the research to better address the emotional needs of these individuals.

This article is trying to guide you in your own process. There are many other aspects of emotional needs of these children and their parents that you can discover. Individual consultation and reading on the subject is recommended. Please do not hesitate to contact us if you need help.

Call the Days at: 705-726-5971

References:

1. *No One to Play With*, by Betty B. Osman Aiko Horman Ministries (306-721-2456)
2. Richard Lavoie 's video "The last picked, the first one to be picked on".
3. *Rekindling Marital Intimacy* videos and the booklet, *The Twelve Locked Hearts*, by John Regier (519-335-6470) (719-573-8051)
4. *The Molecules of Emotions*, by Candace B. Pert, Ph.D
5. *Heart-Brain Neurodynamics*, by Rollin McCraty, Ph.D
6. *Neurocardiology*, by J.Andrew Armour, M.D.,Ph.D.

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