

THE EDUCATIONAL, SOCIAL AND EMOTIONAL EXPERIENCES OF STUDENTS WITH DYSLEXIA: THE PERSPECTIVE OF POSTSECONDARY EDUCATION STUDENTS

Maro Doikou-Avlidou

Aristotle University of Thessaloniki

The present study aimed at exploring the educational, social and emotional experiences of individuals with dyslexia both during school and tertiary education. For this purpose, semi-structured interviews were conducted with ten Greek students with dyslexia who were enrolled in higher education institutions. The data analysis was carried out with the use of qualitative content analysis. The findings reveal that the students had developed positive as well as negative coping strategies to deal with their learning disabilities. The teachers' attitudes and behaviour were mostly perceived as negative. These attitudes coupled with the lack of explanations about dyslexia following diagnosis and teasing on the part of the peers caused feelings of inferiority and anxiety to the interviewees. However, dyslexia contributed to the enhancement of the participants' self-understanding and the development of their strengths. Implications with respect to the provision of emotional and social support and implementation of appropriate interventions are discussed.

Introduction

Dyslexia is a condition which may affect the individual's academic attainments and psychosocial development negatively. Children with dyslexia encounter specific literacy difficulties which persist during adolescence and adult life (Nalavany, Carawan, & Brown, 2011; Stampoltzis & Polychronopoulou, 2009). Research indicates that pupils with dyslexia drop out of high school more often compared to the general population and are less likely to graduate from higher education departments (Skinner, 2007). To manage their difficulties a considerable number of students with learning disabilities develop positive behavioural or emotional coping strategies, such as seeking help and support from their parents, teachers or peers, employing learning strategies and study skills and/or disclosing and compensating for their disabilities. However, in many cases they adopt negative coping (e.g. avoidance of disclosure of learning disabilities, avoidance of use of accommodations, unwillingness to receive special help) (Givon & Court, 2010; Heiman & Kariv, 2004).

Research findings suggest that learning disabilities may constitute a risk factor for the occurrence of emotional, social or behavioural difficulties (Martinez & Semrud-Clikeman, 2004; Wong, 2003). Pupils with dyslexia are more likely to experience feelings of inferiority and emotional insecurity due to labelling and stigmatisation (Mc Nulty, 2003) and to have more negative academic self-concept (Burden, 2008; Polychroni, Koukoura, & Anagnostou, 2006) and lower academic and general self-esteem than their non-dyslexic peers (Alexander-Passe, 2006; Terras, Thompson, & Minnis, 2009). In addition, children with learning disabilities are reported to have more negative self-concept with respect to their intellectual ability and their behaviour in comparison with their peers without learning disabilities (Al Zyoudi, 2010). Children and adolescents with learning disabilities or dyslexia are also more likely to exhibit symptoms of anxiety, social anxiety and depression and to get involved in violent and delinquent behaviours than their peers without learning disabilities (Eissa, 2010; Gallegos, Langley, & Villegas, 2012; Maag & Reid, 2006; Peleg, 2011; Svetaz, Ireland, & Blum, 2000).

Pupils with learning disabilities may encounter difficulties in social interaction and in social relationships with peers (Terras et al., 2009; Wiener, 2004) and have lower social status than pupils without learning disabilities when they are integrated in general education classrooms for several hours a day (Meadan & Halle, 2004). Research reveals that pupils with learning disabilities exhibit poor social skills (Kavale & Mostert, 2004; Martinez & Semrud-Clikeman, 2004) with respect to non-verbal initiations (Agaliotis &

Kalyva, 2008), interpretation of non-verbal information, communication and emotion regulation (Wiener & Tardif, 2004). Difficulties in interpretation of social situations and low self-control are related to the low social status of pupils with learning disabilities and to the feelings of loneliness they often experience (Al-Yagon & Margalit, 2006; Meadan & Halle, 2004). However, children with learning disabilities who receive in-class support or participate in inclusive programmes are more accepted by their peers and report lower levels of loneliness than those who receive special support in self-contained special education classes or in resource rooms (Wiener & Tardif, 2004).

Some of the problems mentioned above persist during adulthood. Research demonstrates that adults with dyslexia often face problems in relation to their vocational training and their careers due to stress and insecurity stemming from their learning disabilities. In addition, they are more dependent on members of their family, they experience feelings of inferiority, uncertainty and anxiety and they continue to encounter difficulties with social contacts (Hellendoorn & Ruijsenaars, 2000). According to research findings, adults with dyslexia are also considered to be at risk of low self-esteem (Burden, 2008), particularly in cases they had attended mainstream schools where they do not usually receive academic, emotional and social support (Nalavany et al., 2011).

Nevertheless, in several studies it has been documented that an increasing number of students with learning disabilities pursue studies in tertiary education and graduate from university or college due to their hard work and their determination (Bacon & Bennett, 2013; Skinner, 2007). Many individuals with learning disabilities do not present negative outcomes with regard to psychosocial development (Margalit, 2003). During the last decades, a risk and resilience perspective has been adopted in the research of learning disabilities. In this context, it has been suggested that the occurrence of social and emotional difficulties of individuals with learning disabilities and negative self-concept may be associated with the presence of several factors such as full or partial attendance in inclusive classrooms or placement in special classes; Ntshangase, Mdikana, & Cronk, 2009; Peleg, 2011). A study carried out by Svetaz and her colleagues (2000) revealed that religious identity and family and school connectedness constitute protective factors for the emotional well-being of students with learning disabilities. The protective role of acceptance of learning disabilities and self-understanding, parental and teacher support, and existence of close friendships has also been established in the literature (Wong, 2003). Margalit (2003) underlined that early life experiences may influence the meaning that individuals with learning disabilities attribute to current events, which in turn may affect their behaviour. Terras and her colleagues (2009) argued that it is not dyslexia in itself that constitutes a risk factor but rather its interaction with other factors related to the individual (such as personal characteristics or self-esteem) and/or his environment (e.g. provision of educational or social support) that may cause adverse outcomes.

Studies which have investigated the issues of academic progress and social and emotional experiences of individuals with dyslexia from the perspective of young adults are relatively few (Burden, 2008; McNulty, 2003) - particularly in Greece (Stampoltzis & Polychronopoulou, 2009). Nevertheless, investigation of these issues may provide a better understanding of the difficulties experienced by the individuals with dyslexia and therefore turn out to be useful for the development of appropriate prevention or intervention programmes (Terras et al., 2009). The present study aimed at investigating the educational experiences of young adults with dyslexia and their relationships with peers during school years and during higher education studies. Another goal of the study was to explore how dyslexia had affected their emotional life.

Method

Participants

Participants were recruited by means of an announcement which was placed on the Website of the Association of Parents and Guardians with Children with Dyslexia and Learning Difficulties of Thessaloniki and Northern Greece. In addition, announcements concerning the study were made at the researcher's courses. Following this procedure, 13 students with dyslexia were recruited and were first contacted by phone. The researcher explained the purpose of the study. Ten students (seven males and three females) consented to participate in it.

The participants were enrolled in higher education institutions. Five of them were enrolled in various departments of a big university in a city of northern Greece and four students were enrolled in Technological Education Institutions (TEI) situated in small towns in the same region. One student was a graduate of the university and was continuing his studies at a post-graduate level in a town of southern

Greece. The students ranged in age from 18 to 27 years. All students had a formal diagnosis of dyslexia by authorised centers (Centers of Diagnosis, Differential Diagnosis and Support or Mental Health Services). Half of them had been diagnosed as having dyslexia when they were attending secondary school (Table 1).

Table 1: Participants' Characteristics

Name (pseudonym)	Age	School (University/TEI)	Diagnosis of dyslexia by authorised assessment centre	Academic support by
Nikitas	21	School of History and Archaeology (U)	High school (10 th grade)	-
Kyriakos	22	School of Physical Education and Sport Sciences (U)	High school (11 th grade)	private tutor
Stella	20	School of Philosophy and Pedagogy (U)	Kindergarten	psychologist (EE), and private tutor
Dionysis	22	School of Law (U)	High school (12 th grade)	private tutor
Grigoris	27	School of Physics (U)	High school (9 th grade)	-
Kimon	18	School of Technological Applications (TEI)	Elementary school (2 nd grade)	speech therapist (EE)
Martha	20	School of Business Administration (TEI)	High school (11 th grade)	-
Domna	21	School of Geoinformatics and Surveying (TEI)	Middle school (6 th grade)	psychologist and speech therapist (EE)
Dinos	21	School of Psychology (U)	Elementary school (4 th grade)	speech therapist (EE)
Haris	22	School of Electrical Engineering (TEI)	Middle school (6 th grade)	private tutor

Note. U: University; TEI: Technological Education Institutions; EE: academic support during elementary education.

At this point, it should be mentioned that in accordance with the most recent law (3966/2008), the diagnosis for dyslexia is conducted in the Centres of Diagnosis, Differential Diagnosis and Support. The diagnostic assessment is carried out by a multi-disciplinary team (a school psychologist, a special educator, a psychiatrist, a social worker and a speech therapist). The diagnosis relies mainly on an IQ-achievement discrepancy approach and is based on the assessment of intelligence with the use of the Greek standardised version of WISC-III and on an educational assessment which is carried out with the use of standardised tests (assessment of oral reading, reading comprehension, mathematics, writing and free writing). Students who are diagnosed with dyslexia have the right to take written examinations instead of written ones in secondary and tertiary education.

Data Collection

A qualitative approach was adopted to address the goals of the study. Qualitative studies may contribute to the better understanding of the experiences of the individuals in question and reveal issues that need further research (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005; Goldberg, Higgins, Raskind, & Herman, 2003; McNulty, 2003).

The study was conducted with the use of semi-structured interviews. The interview guide included questions concerning the diagnosis of dyslexia, the academic experiences of the participants, their teachers' and their peers' reactions to their learning disability as well as the impact of dyslexia on their life.

The interviews took place in the researcher's office. They lasted from 27 to 96 minutes (average duration: 50 minutes).

Data Analysis

The interviews were tape-recorded and transcribed verbatim. The data analysis was carried out with the use of qualitative content analysis. An inductive approach was adopted in order to gain a better understanding of the topic under study (Mayring, 2000; Hsieh & Shannon, 2005). Therefore the creation of categories was derived from the data. The theme was used as the coding unit of analysis. The data were read several times and codes were noted. Subsequently, the similarities and differences between the

codes were examined and similar codes were grouped, which resulted to the formation of categories and sub-categories (Hsieh & Shannon, 2005; Graneheim & Lundman, 2004). The categories were then refined and reorganised into more general categories and were checked so that it could be established and that they were mutually exclusive (Burla et al., 2008; Cho & Lee, 2014; Thomas, 2006). By this process seven main categories, which are presented below, were created (Table 2).

Table 2: Categories and Subcategories

Main categories	CR	Subcategories
Diagnosis	0.88	- the detection of the learning disability - the diagnostic procedure
Dealing with learning disabilities at school	0.81	- difficulties in learning and study skills - ways of coping with learning disabilities - parental support
Academic experiences in higher education	0.83	- transition to tertiary education - coping with learning disabilities - students' suggestions for possible accommodations - future plans
Teachers' and academic staff members' attitudes	0.70	- teachers' and professors' reactions upon disclosure of dyslexia - teachers' and professors' attitudes - social support by teachers
Peer relations	0.75	- disclosure of dyslexia to peers - peers' attitudes and behaviour - friendships
Emotional experiences	0.67	- participants' feelings upon the diagnosis of dyslexia - acceptance of dyslexia - impact of dyslexia on emotional life
Self-concept	0.70	- self-perceptions - self-awareness and self-empowerment - self-esteem

The trustworthiness of qualitative content analysis is evaluated with the use of the same techniques that are applied in other types of qualitative research (Cho & Lee, 2014; Thomas, 2006). Therefore, credibility, transferability, dependability and confirmability are used to establish the trustworthiness of the research (Graneheim & Lundman, 2004; Thomas, 2006). In the present study, the indicators of the trustworthiness of the research were credibility and transferability. Credibility was enhanced by checking that the categories cover data and by providing representative quotations from the interviews' text (Cho & Lee, 2014; Graneheim & Lundman, 2004). Moreover, intercoder reliability was estimated (Brantlinger et al., 2005; Burla et al., 2008). More specifically, another researcher who had been working in the field of learning disabilities and had experience in qualitative analysis (Mayring, 2000) was asked to code a subset of the data. For this purpose, the coder was given the categories that had been created and their description and was asked to assign segments of the interviews' text to the categories (Thomas, 2006). The researcher and the second coder discussed their disagreements, which resulted in a rearrangement of some codes a refinement of the categories as well as in changes in the wording of the labels of some categories and in the formulation of their descriptions. Subsequently, the intercoder reliability (Holsti, 1969) was again assessed and the level of agreement was found to be satisfactory (Table 2). Transferability is enhanced by reporting the participants' characteristics as well as the procedures of data collection and analysis and by presenting sufficient quotations from the participants (Brantlinger et al., 2005; Ponterotto, 2006).

Findings

Diagnosis

Most participants mentioned that it was their teacher(s) who first noticed their learning difficulties and referred the parents to an authorised assessment centre. However, in four cases the parents, especially the mother, were concerned about their child's difficulties at school and contacted professionals working in the field of learning disabilities in private practice. In two of these cases dyslexia was not diagnosed. Therefore, after a period of time, the parents consulted professionals in authorised assessment centres.

The participants' accounts concerning the procedure of assessment revealed that they were provided with little and rather general information upon the announcement of the diagnosis since the professionals didn't explain the specific nature of their difficulties to them. As a result, the students tried to learn more about dyslexia by themselves.

...there was a kind lady who made the examination and the diagnosis, who told me that *what you are is not something bad, that you are not different from everybody else*. That's all. That is, she didn't give details, that a dyslexic has this and that. I myself searched for it and learned (Kyriakos)¹.

They said that I must read twice as others do so that I can be half effective or a bit more, compared to others, and that this occurs once every ten cases (Haris).

Dealing with Learning Disabilities at School

The participants described their difficulties in reading, reading comprehension, writing and spelling; in mathematics; and in memorising as well as their problems with organisation and concentration. Doing their homework was tiresome and very time consuming. They were also feeling frustrated because, despite their efforts, their academic achievement was low or average. In a few cases school grades improved after the identification of dyslexia, which may be attributed to the fact that the students used to take oral exams thereafter. Nevertheless, not all students were examined orally during the school years; some of them were taking a combination of written and oral examinations or continued to take only written examinations.

The main difficulties were that I couldn't memorise a text, I couldn't remember the formula for the exercises and the problems. I had to generate by myself the formula from what I knew and then use it (Kimon).

In the way I used to write, I could not express what I wanted to or I used to forget what I wanted to write. In oral I was doing better. In reading, I needed very much time in order to read, in theory lessons I might even need twice as much time as others needed (Nikitas).

First I was taking a written exam and then an oral one. The teacher used to take me at recess and he/she examined me or we used to arrange it for another day (Stella).

None of the participants had attended special education classes. Four students had received special support outside school by speech therapists or psychologists for one or two years. However, this was not considered as particularly helpful. On the contrary, several participants who had been taking private lessons with Greek language teachers during secondary education thought that they very beneficial (see Table 1). As to their homework, in order to learn the lesson the participants used to listen to their mother reading it and/or tried to be very attentive at class. They also developed other techniques they found to be useful such as grouping different elements of the text by highlighting them with markers of different colours; writing down the whole text; and mentally visualising the content of the text.

My Greek language teacher with whom I had been taking private lessons, since he knew some things about dyslexia, he helped me very much in spelling. He was patient and taught me to improve my spelling little by little (Kyriakos).

The highlighting markers in the text, for example, in history the dates were in green, the names were in yellow, that is, I had made a grouping, I used to recall directly the page photographically (Dionysis).

The students received a lot of support from their parents. The latter tried to get informed about dyslexia and used to help the participants do their homework. They also expressed their confidence in the students' strengths and encouraged them to reach their potential. However, in a few cases a lack of understanding on the part of the parents was reported.

I got much help from my parents. My mother who, especially at elementary school, we studied a lot, I think that if I hadn't studied so much, I wouldn't have been able to read and write as I do now, I had enormous difficulties...this helped me a lot, it's my mother who mainly helped me (Kimon).

Academic Experiences in Higher Education

All participants were highly motivated to pursue their studies either because they had a strong interest in acquiring knowledge and skills in a specific scientific field or because they thought that having a degree could provide them with more chances to find a good job.

During the examinations for tertiary education the participants experienced particularly intense feelings of stress, anxiety and even anger because of the negative attitudes of the examiners or the inappropriate ways the latter adopted to examine them, which indicated a lack of knowledge and experience with regard to dyslexia. Only a few examiners were encouraging and understanding. Some students felt isolated from their peer group since the oral entrance examinations for the students with dyslexia take place in other school settings. A few also pointed out the lack of explanations regarding the procedure of oral examinations.

Eh, my family, since neither my mother nor my father pursued university studies, I see how he labours and besides, I had goals and I had persistence, so I was saying *I will pass and enter the school, no matter what*, so I was and I still am even now sure that I'll make it (Martha).

The exams were awful! That is I want to find the teachers and to smash their head. Literally. But the issue is that, when I went to take the oral exam in composition and I asked questions to understand what I was supposed to say, they told me *say whatever you want*, that is the examiners were indifferent ... they behaved in a way that I was telling to myself *just finish and leave*, that is, I was very stressed because those people stood in front of me, I wanted to leave. They were ignorant of what learning disabilities, dyslexia etc are (Grigoris).

During higher education the students continued encountering difficulties in reading, reading comprehension and spelling; and in memorising and concentration. To deal with the above difficulties, they developed a number of coping techniques such as tape recording the content of the book and learning by listening to it; taking notes while studying; highlighting, selecting and grouping the main ideas of the text; writing down the text many times in order to be able to learn it; and taking frequent breaks when studying. A few students thought that their coping strategies improved since high school whereas almost all of them seemed satisfied with their academic achievements.

The issue of examinations had frequently been troublesome. In several cases the participants were taking written examinations since some members of the academic staff refused to carry out an oral examination. Nevertheless, a few students preferred to take written examinations either because they thought they would have more time to process the questions or because they did not wish to change their examination schedule.

There is no way for me to learn the theory as it is, I learn it in my own words; and I listen to it many times when I am reading, I cannot remember it, I must listen to it, I am an auditory learner, with my own words to remember it. Either I tape it or someone else reads it to me (Kimon).

I can not read so easily so I can't pass all my courses because there are some courses where they don't let me take an oral exam and so I fail and fail again (Domna).

In general, the students were satisfied with their studies. However, a few expressed their dissatisfaction with the negative attitudes and inappropriate teaching methods of academic staff members, the lack of infrastructure and the large amount of the material to be examined. They all made suggestions concerning possible accommodations for students with dyslexia, which included reduction of the courses' syllabus; better organisation of the curriculum; easy-to-understand books; alternative ways of academic assessment; provision of academic support; and provision of information to the members of academic staff on the part of the Schools' Secretariat regarding the needs of students with dyslexia.

In the courses where I have many difficulties, if I had a teacher who knows the course content and the case of the dyslexics, so that we can have, the two of us or in a group, if he could tell us how we must study the course and what exactly the content of the course is about, it would be better this way (Kyriakos).

Half of the students were willing to continue their studies at a post-graduate level, although they acknowledged that the latter would be very demanding. The rest of the students intended to search for a job though they were aware of the difficulties they would have to face.

Difficult, much more difficult. They [the post-graduate studies] are more demanding. Certainly, the difficulties do not scare me so much compared to the pleasure I will have, what interests me more is to have an interest in what I am doing, as a man. So, regarding the studies, I think it will be difficult but pleasantly difficult. As to employment, I don't think that I have any special chances (Dinos).

Teachers' and Academic Staff Members' Attitudes

When the participants were going to school, some teachers and even a headmaster expressed doubts as to the presence of the learning disability although the parents had presented the diagnostic report to school. In many cases the teachers did not have any specific knowledge about dyslexia. In higher education, the members of the academic staff were informed by the School Secretariat or by the student advisor (depending on the School's policy) or by the students themselves. However, in many cases the students did not disclose their learning disability to the academic staff members either because they felt embarrassed or because they had faced negative reactions on the part of some professors in the past. Besides, many members of the academic staff were not knowledgeable about dyslexia.

When I gave the diagnostic report to the headmaster, she denied it; she turned a blind eye to the existence of the report. We threatened her that what she does is illegal; finally she accepted it (Dionysis).

With regard to the academic staff, I could say that I am dissatisfied to a great degree. There are very few professors who, *even the psychologists*, you say that *I have dyslexia and I take oral examinations* and the answer is *me, I don't care about this, I don't believe in this* (Dinos).

Teachers who were knowledgeable about dyslexia or had experience with pupils with dyslexia were more understanding and willing to help. Nevertheless the students encountered negative attitudes on the part of their teachers such as lack of interest and understanding, lack of differentiated assessment and stigmatising behaviour much more often. In tertiary education, some professors refused to carry out oral examinations, which led the students opt for other courses. Besides, a number of professors were very strict or, conversely, too indulgent during examinations.

At 10th grade, there was a teacher of religion and I went to take an oral exam and he turns to me and says *now, let's have the dyslexic*. It was so...in front of the whole class! (Domna).

Eh, there were some professors who thought of me as a stupid, that I am a fool, that I shouldn't enter the university, I've heard all this from a professor saying *you people, you shouldn't be allowed to enter the university*. In this way. As clear as that. From some of them (Grigoris).

However, more than half of the participants also had teachers who provided support to them, mainly during secondary education. They described these teachers as patient, open-minded, encouraging, understanding, and/or willing to listen to the students and showing respect for them. The above mentioned qualities and attitudes of these teachers helped some participants deal with their learning disabilities and maintain their self-esteem.

It was my teacher from high school, who made me understand many things about my life, she helped me in the lessons, I understood things that I had never understood. That is, I don't know, she was godsend for our life! (Stella).

Peer Relations

Throughout all levels of education and especially during secondary and higher education, the disclosure of dyslexia to the students' peers was occasioned by the different way of taking examinations. However, a few participants avoided to disclose their learning disabilities to their peers because they were concerned about the possible negative attitudes the latter could exhibit. Usually, the other students' reactions at disclosure of dyslexia were positive or neutral. Nevertheless, reactions of astonishment and curiosity about dyslexia as well as teasing on the part of other students were also reported.

[At university] I was feeling a bit bad; I don't know, the fact that they don't know so much, they comment on this in a different way, they think that oral exams are something easy and they don't know what dyslexia is, the difficulties, so rather than discussing the issue, that I take oral exams because I am dyslexic and have them say *ah! Okay, that's easy – which is not the case - eh, I didn't want to enter in such a situation* (Nikitas).

Don't say! You have dyslexia? You? Just like this, let's say they didn't imagine this (Martha).

Some participants commented on the acceptance and friendly behaviour on the part of their peers at school. Nevertheless, more than half of the participants were teased by some of their classmates and felt rejected. In the context of higher education, the only negative attitude the participants encountered was the distorted view of some of their fellow students that students with dyslexia were given preferential treatment during oral examinations.

I think I was one of the luckiest people who didn't encounter any problems. I don't know why but the children didn't tell me, they didn't tease me, they didn't isolate me, they didn't tell me *you have a problem*. I was lucky from this point of view, very lucky (Grigoris).

They wouldn't say anything in front of me but behind my back, some kids were saying; or in front of me they were saying *Ah! she has dyslexia! Ha, ha! They were laughing* (Stella).

All participants reported having close friends. However, several students admitted that making friends was sometimes difficult, especially during school years. The insecurity they felt because of their learning disabilities and the rejection they had experienced led them to become withdrawn at school and inhibited them from taking the initiative to make new friends, even after they had graduated from school. The formation or the maintenance of friendships was also hindered by the students' impulsivity and poor social skills.

On the contrary, being accepted by peers and sharing a common experience such as learning disabilities contributed to the development of friendships at school. At tertiary education, the formation of new friendships was also attributed to the students' personal development and qualities as well as to the increasing opportunities to make new acquaintances. Several participants underlined that their close friends were very understanding and used to encourage them and help them in homework or in assignments.

It was rather difficult. Now, I wouldn't know how to explain it. I was experiencing a generalised feeling of rejection, if I could call it this way, which was the factor that inhibited me the most in approaching others [at university] (Dinos).

I wanted to say other things, as I do not think very much, I think more in an emotional way, not logically, so, I said things that I hadn't thought about. And others were hurt. I didn't do it on purpose; it simply came up to me spontaneously. Or, we quarrelled [with her classmates] because I used to say things that I wouldn't have said, if I had thought about them (Stella).

He [his friend] is dyslexic too... and I had another one who I knew had the same...let's say the same problem as me, so we knew; this was something which I

think helped me because if I was the only one who had dyslexia in the school or in the class, it would have been worse for me, I think. But since I knew, we were saying *we'll go take the entrance exams together, we will be together* (Nikitas).

Emotional Experiences

With regard to the feelings the participants experienced when they were diagnosed with dyslexia, two students reported that they didn't feel something in particular since they had not quite understood what dyslexia was about or, conversely, they already knew about dyslexia. Several participants experienced feelings of frustration whereas others felt relieved because the diagnosis of dyslexia reassured them with regard to their intellectual capacity.

A few students commented on the issue of acceptance of dyslexia. The emotional support from their parents, as well as the acquisition of knowledge about the nature of their learning disability constituted the main factors that led them to realise that dyslexia could not inhibit their self-development.

It was a relief to me because I had been thinking that, if I am not dyslexic, I am stupid, that's it, so there is no point. And so, it was a relief to me because it explained some things (Nikitas).

But in the course of time, as I looked into dyslexia, I read and I learned exactly what dyslexia is and what being dyslexic is about...and then I realised that in fact it's not something bad and I simply accepted it (Kyriakos).

Dyslexia gave rise to negative feelings throughout all levels of education. The students experienced feelings of inferiority and lack of assertiveness both prior to and after the diagnosis of dyslexia. They also felt stressed and frustrated because of the discrepancy between their effort and their academic achievement. Moreover, the inappropriate practices of some teachers made them feel humiliated and different from their classmates. As a result a few students lost their motivation or became isolated or aggressive.

...for a long time I dramatised the whole thing and I made it oh!, let's say, when I was younger I was telling my mum *am I retarded?* (Domna).

I suppose that, if I hadn't dyslexia, I would have entered the School I wanted to. I suppose that I could understand mathematics, I would get a pass. There was nothing else I wanted but get a pass in mathematics (Haris).

The Impact of Dyslexia on the Self-Concept

The participants referred both to their good and poor qualities. They pointed out their difficulties with memory, critical thinking and organising and in learning foreign languages, which often affected their daily life. Nevertheless, they mentioned their strengths mainly in non-academic areas (e.g. art, sports, communication) and their positive personality traits (e.g. being hard working, creative, eager to learn new things).

My ability, if I might say, is communication, the fact that I can communicate with others no matter what their age is (Martha).

Most of the participants found that dyslexia contributed to the enhancement of their self-awareness, which helped them acknowledge their abilities and cope with their difficulties. Dyslexia had also contributed to their self-empowerment. As they noted, they became more self-confident given that they succeeded in their studies and/or felt stronger because they managed to deal with the difficulties they encountered in their social contacts. Empowerment was also attributed to the fact that the students compensated for their learning disabilities by developing their skills and abilities in other areas.

...perhaps this [dyslexia] had a positive aspect too because I finally understood enough things about myself and how I can improve them, how I can make them better (Dinos).

When you have to confront other people's criticisms, then, you learn to protect yourself, you become stronger, and you know how to handle it, besides, you grow up.

Because, if everybody has turned against you since your childhood, even your girlfriend who knew how you were taking exams etc, then, there's nothing else left for you to be afraid of when you are nineteen or twenty-two years old, as I am now (Dionysis).

Then I started reading, I was sharper than my friends, not more clever, at school others did better than me but when we discussed, no one would disagree with me, I read so much and I could be effective in a conversation. So, then I had no problem. Regardless of whether others did better than me at school, they couldn't put their points across as well as I did (Haris).

Nevertheless, several students pointed out the negative effects of dyslexia on the development of their self-esteem. The negative attitudes of their teachers and their peers had led them to perceive themselves as less competent and to feel insecure. In addition, they talked about the embarrassment they continue to feel as a result of their difficulties in social situations such as filling an application form or giving somebody directions to a place.

I always say *Okay, I'll do it, and if it works, it works*. And I never say *Okay, I succeeded because I deserved it. It just happened*. I always say *it just happened*. In general, I put it down to luck, not to an ability of mine. And whatever I do, I will not credit myself with it, I will talk about someone else, that someone else helped me (Nikitas).

Discussion

Throughout all levels of education the students who participated in the present study encountered literacy difficulties and problems with concentration, memory and organisation. Difficulties with spelling, reading comprehension, memory and concentration were the most persistent during tertiary education. To deal with these difficulties the students developed a number of positive coping techniques (i.e. selecting and grouping the main ideas, mentally visualising the content of the text etc) (Heiman & Kariv, 2004; Stampoltzis & Polychronopoulou, 2009). It was mainly the students' parents who encouraged them and assisted them with their schoolwork. Parents constitute an important source of support for pupils with dyslexia, a fact that affects positively the development of positive coping and the acceptance of the learning disability (Hellendoorn & Ruijsenaars, 2000; Stampoltzis & Polychronopoulou, 2009).

The participants also employed negative coping strategies (e.g. avoidance of disclosure of dyslexia or quitting courses at university) (Givon & Court, 2010; Heiman & Kariv, 2004; Hellendoorn & Ruijsenaars, 2000; Ingesson, 2007), which were often related to the teachers' or professors' negative attitudes. They frequently faced the teachers' stigmatising behaviour and lack of understanding. In higher education, the students often encountered the professors' reluctance to conduct oral examinations. Postsecondary instructors are less willing to provide the opportunity of oral examinations compared to other examination accommodations (e.g. extended time on tests) because the former are more time consuming and imply more effort on their part (Skinner, 2007). The lack of provision of accommodations and support may lead the students to avoid disclosing their learning disability (Madriaga, 2007).

The above findings converge to those reported in other studies (Bacon & Bennett, 2013; Givon & Court, 2010; Madriaga, 2007; Stampoltzis & Polychronopoulou, 2009). In the present study the participants also underscored the important role of the assistance of some of their teachers who were willing to provide accommodations, recognised the pupils' difficulties, tried to support them and exhibited an attitude of respect and understanding. Teacher's support and acceptance are considered as protective factors (Margalit, 2003; Svetaz et al., 2000; Wong, 2003) and contribute to the enhancement of self-esteem (Long., MacBlain, & MacBlain, 2007).

Concerning social relationships, more than half of the students mentioned that they were teased by some of their peers and felt rejected, a finding frequently reported in the literature (Ingesson, 2007; Singer, 2005). The students considered that teasing as well as their feelings of insecurity because of the learning disability and their poor social skills were the main factors that hindered the development of close friendships with their peers. These findings are consistent with those of other studies (Goldberg et al., 2003; Hellendoorn & Ruijsenaars, 2000). However, the studies of Ingesson (2007) and Stampoltzis and Polychronopoulou (2009) did not reveal a negative impact of dyslexia on the formation or the

maintenance of friendships. On the other hand, the development of friendships of students with dyslexia with their peers depends on a variety of factors such as personal characteristics, opportunities to socialise and the presence of similar difficulties in learning (Wiener, 2004; Wiener & Tardif, 2004). Moreover, the participants of this study referred to these factors. Besides, they mentioned that nonetheless they had close friends who supported them both in the academic and the emotional domain. The protective role of the support from peers and friends has been underlined in the literature (Ingesson, 2007; Wiener, 2004). It is noteworthy that two participants mentioned that having a close friend with dyslexia constituted an important source of support. Sharing a common experience (i.e. learning disabilities) may be reassuring for students with dyslexia and promotes cooperation and mutual help (Roer-Strier, 2002).

With regard to the emotional domain, during school years, dyslexia caused feelings of inferiority and anxiety and stress to the participants. These feelings were reported even by the students who had been diagnosed with dyslexia at a relatively early age, and were often exacerbated by the teachers' negative attitudes. In addition, the students continued to have doubts about their abilities even in the cases they had gained more self-confidence over the years. Similar findings are reported in other studies (Hellendoorn & Ruijsenaars, 2000; Singer, 2005; Roer-Strier, 2002). However, Ingesson (2007) found that the teenagers and young adults who participated in her study felt that their self-esteem was enhanced with age. The findings of the present study may be attributed to the little information that was provided to the participants as to the specific nature of dyslexia, which is considered as a critical factor for the development of positive self-esteem (McNulty, 2003; Terras et al., 2009). They may also denote the lack of provision of appropriate academic and emotional support after the diagnosis of dyslexia.

For some students, being diagnosed with dyslexia was a relief since their intellectual capacity could no longer be called into question. Nevertheless, the identification of dyslexia made some participants feel frustrated and less competent than their peers. These findings are consistent with evidence from qualitative studies, which indicate that children with dyslexia think of labelling as something helpful at a private level because it helps them understand their difficulties and prevents them from *feeling stupid* (Stampoltzis & Polychronopoulou, 2009). However, labelling is often viewed as a negative experience with regard to social relationships because it may give rise to negative comments or behaviors on the part of the children's peers (Long et al., 2007; Singer, 2005). Moreover, it was for this reason that the participants of the present study often avoided to disclose their learning disability to their peers.

Acceptance of dyslexia was related to the acquisition of knowledge about the nature of the learning disability and awareness of one's own abilities and weaknesses. Besides, emotional support and positive relationships with parents and peers enabled the students to accept their learning disability. These factors help the individuals manage the negative feelings they experience because of the learning disability and maintain a positive self-esteem (Goldberg et al., 2003; Mc Nulty, 2003; Terras et al., 2009).

Acceptance of the learning disability is considered as a protective factor (see Wong, 2003) and constitutes a key component of self-awareness (Higgins et al. 2002). They are both considered as attributes which play an important role in the individual's success in life (Goldberg et al. 2003; Higgins, Raskind, Goldberg, & Herman, 2002). Higgins and her colleagues (2002) described the stages that individuals who have come to terms with a learning disability go through. These include a) a period of awareness of the fact of being different b) a process of identification of the learning disability which often causes confusion about its real nature c) a period of understanding (i.e. specifying the exact meaning of the label) d) a process of compartmentalisation (i.e. making distinctions between one's specific difficulties and strengths and optimising possible talents) and e) a stage where the learning disability is viewed as a positive force in the individual's life. In a similar vein, Reiff (2004) described a *reframing* process that leads to the reconceptualisation of the learning disabilities as only one characteristic of the individual that does not define the whole person. This process includes the following stages: recognition of the existing differences from others, acceptance (i.e. acknowledgement of the difficulties associated with the learning disability), understanding (becoming aware of one's strengths and weaknesses), and development of a plan of action by using the strategies that may help to deal with academic or other challenges in a functional and successful way.

Despite their differences, the above mentioned approaches converge as to the important role of the recognition and the acknowledgement of the learning disability and suggest that viewing difficulties stemming from dyslexia as one aspect of oneself and becoming aware of, valuing and optimising one's strengths may affect positively the self-development and success in life. The findings of the present study are in line with the approaches cited above. The participants referred to their sense of being different

from others because of their learning disabilities; reported that dyslexia coupled with their personal quest for more information made them gain knowledge about themselves; and pointed out that they recognised, developed and made use of their strengths and felt empowered because they managed to cope with their difficulties either in the academic or in the social domain.

Although the findings of the present study have derived from the accounts of students coming from a different cultural and schooling context, they converge to a great extent with those of studies conducted in other countries. In addition, they reveal that despite the fact that the participants had developed some positive coping strategies to deal with their learning disabilities – which was mainly attributed to parental support and their own perseverance – and had succeeded to pursue studies in tertiary education, they nevertheless had negative experiences both in the academic and in the social-emotional domain.

The above findings suggest the need to implement in-service training for general education teachers and academic staff so that they acquire knowledge about dyslexia; help students employ appropriate coping strategies and provide them with appropriate accommodations. Teachers' in-service training should also address the possible emotional and behavioural difficulties of the pupils with dyslexia. The participants' accounts regarding the qualities of those teachers who had been supportive reveal the need to provide teachers with the opportunity to develop counselling skills through adequate training. Further research is needed regarding this issue since there is a dearth of evidence concerning the use and the impact of a counselling approach at school on the academic attainments and the psychosocial development of pupils with learning disabilities (Alexander-Passe, 2006).

The conditions of entrance examinations to tertiary education for candidates with dyslexia in Greece could be reconsidered. The examiners frequently exhibit negative attitudes and inappropriate ways of examining which cause particularly intense feelings of anxiety and stress to pupils with dyslexia, not to mention that the examinations take place in schools other than their own school. Adequate preparation of the examiners and the implementation of more inclusive practices during entrance examinations could be of assistance for these candidates.

Finally, the findings of the study reveal the importance of emotional and social support and of the development of self-awareness for individuals with dyslexia. This implies a need to provide adequate explanations about dyslexia to children following their diagnosis. Intervention and prevention programmes aiming to the promotion of resilience (Margalit, 2003) and to the enhancement of these children's self-esteem (Ntshangase, Mdikana, & Cronk, 2008) and self-awareness (Reiff, 2004) can also be particularly beneficial for these pupils.

Due to the small number of participants and to the sole use of self-reports the findings of the present study should be interpreted with caution. The fact that the participants were successful adults (i.e. students in higher education institutions) should also be taken into consideration since, as suggested by Reiff (2004), it may have helped them to reconstruct their negative experiences and perceive them as a basis for success.

References

- Agaliotis, I. & Kalyva, E. (2008). Nonverbal social interaction skills of children with learning disabilities. *Research in Developmental Disabilities*, 29, 1–10.
- Alexander-Passe, N. (2006). How dyslexic teenagers cope: An investigation of self-esteem coping and depression. *Dyslexia*, 12, 257-275.
- Al-Yagon M., & Margalit, M. (2006). Loneliness, sense of coherence and perception of teachers as a secure base among children with reading difficulties. *European Journal of Special Needs Education*, 21(1), 21-37.
- Al Zyoudi, M. (2010). Differences in self-concept among student with and without learning disabilities in Al Karak District in Jordan. *International Journal of Special Education*, 25(2), 72-77.
- Bacon, A. M., & Bennett, S. (2013). Dyslexia in higher education: the decision to study art. *European Journal of Special Needs Education*, 28(1), 19-32.
- Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children*, 71(2), 195-207.
- Burden, R. (2008). Is dyslexia necessarily associated with negative feelings of self-worth? A review and implications for future research. *Dyslexia*, 14, 188–196.
- Burla, L., Knierim, B., Barth, J., Liewald, K., Duetz, M., & Abel, T. (2008). From text to codings: intercoder reliability assessment in qualitative content analysis. *Nursing Research*, 57(2), 113-117.

- Cho, J. Y., & Lee, E. H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report*, 19(32), 1-20.
- Eissa, M. (2010). Behavioral and emotional problems associated with dyslexia in adolescence. *Current Psychiatry*, 17(1), 39-47.
- Gallegos, J., Langley, A., & Villegas, D. (2012). Anxiety, depression, and coping skills among Mexican school children: A comparison of students with and without learning disabilities. *Learning Disability Quarterly*, 35(1), 54-61.
- Givon, S., & Court, D. (2010). Coping strategies of high school students with learning disabilities: a longitudinal qualitative study and grounded theory. *International Journal of Qualitative Studies in Education*, 23(3), 283- 303.
- 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 and Practice*, 18(4), 222-236.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24, 105-112.
- Heiman, T., & Kariv, D. (2004). Manifestations of learning disabilities in university students: Implications for coping and adjustment. *Education*, 125(2), 313-324.
- Hellendoorn, J., & Ruijsenaars, W. (2000). Personal experiences and adjustment of Dutch adults with dyslexia. *Remedial and Special Education*, 21(4), 227-239.
- Higgins, E. L., Raskind, M. H., Goldberg, R. J., & Herman, K. L. (2002). Stages of acceptance of a learning disability: The impact of labelling. *Learning Disability Quarterly*, 25(1), 3-18.
- Holsti, O. (1969). *Content analysis for the social sciences and humanities*. London: Heinemann.
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Ingesson, S. G. (2007). Growing up with dyslexia: Interviews with teenagers and young adults. *School Psychology International*, 28(5), 574-591.
- Kavale K. A., & Mostert, M. P. (2004). Social skills interventions for individuals with learning disabilities. *Learning Disability Quarterly*, 27(1), 31-43
- Long, L., MacBlain, S., & MacBlain, M. (2007). Supporting students with dyslexia at the secondary level: An emotional model of literacy. *Journal of Adolescent & Adult Literacy*, 51(2), 124-134.
- Maag, W. J., & Reid, R. (2006). Depression among students with learning disabilities: Assessing the risk. *Journal of Learning Disabilities*, 39(1), 3-10.
- Margalit, M. (2003). Resilience model among individuals with learning disabilities: Proximal and distal influences. *Learning Disabilities Research and Practice*, 18(2), 82-86.
- Martínez, R. S., & Semrud-Clikeman, M. (2004). Emotional adjustment and school functioning of young adolescents with multiple versus single learning disabilities. *Journal of Learning Disabilities*, 37(5), 411-420.
- Mayring, Ph. (2000). Qualitative content analysis. *Forum: Qualitative Social Research*, 1(2), Art. 20, <http://nbnresolving.de/urn:nbn:de:0114-fqs0002204>.
- McNulty, M. A. (2003). Dyslexia and the life course. *Journal of Learning Disabilities*, 36(4), 363-381.
- Meadan, H., & Halle, J. W. (2004). Social perceptions of students with learning disabilities who differ in social status. *Learning Disabilities Research and Practice*, 19(2), 71-82.
- Nalavany, B. A., Carawan, L. W., & Brown, L. J. (2011). Considering the role of traditional and specialist schools: do school experiences impact the emotional well-being and self-esteem of adults with dyslexia? *British Journal of Special Education*, 38(4), 191-200.
- Ntshangase, S., Mdikana, A. & Cronk, C. (2008). A comparative study of the self-esteem of adolescent boys with and without learning disabilities in an inclusive school. *International Journal of Special Education*, 38(8), 75-84.
- Peleg, O. (2011). Social anxiety among Arab adolescents with and without learning disabilities in various educational frameworks. *British Journal of Guidance and Counselling*, 39(2), 161-177.
- Polychroni, F., Koukoura, K., & Anagnostou, I. (2006). Academic self-concept, reading attitudes and approaches to learning of children with dyslexia: do they differ from their peers? *European Journal of Special Needs Education*, 21(4), 415-430.
- Ponterotto, J. G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept "thick description". *The Qualitative Report*, 11(3), 538-549.
- Reiff, H. B. (2004). Reframing the learning disabilities experience redux. *Learning Disabilities Research and Practice*, 19(3), 185-198.
- Roer-Strier, D. (2002). University students with learning disabilities advocating for change. *Disability and Rehabilitation*, 24(17), 914-924.

- Singer, E. (2005). The strategies adopted by Dutch children with dyslexia to maintain their self-esteem when teased at school. *Journal of Learning Disabilities, 38*(5), 411-423.
- Skinner, M. E. (2007). Faculty willingness to provide accommodations and course alternatives to postsecondary students with learning disabilities. *International Journal of Special Education, 22*(2), 32-45.
- Stampoltzis, A., & Polychronopoulou, S. (2009). Greek university students with dyslexia: An interview study. *European Journal of Special Needs Education, 24*(3), 307-321.
- Svetaz, M. V., Ireland, M., & Blum, R. (2000). Adolescents with learning disabilities: Risk and protective factors associated with emotional well-being: Findings from the national longitudinal study of adolescent health. *Journal of Adolescent Health, 27*(5), 340-348.
- Terras, M., Thompson, L. C., & Minnis, H. (2009). Dyslexia and psycho-social functioning: An exploratory study of the role of self-esteem and understanding. *Dyslexia, 15*(4): 304-327.
- Thomas, D. R. (2006). A General inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*(2), 237-246.
- Wiener, J. (2004). Do peer relationships foster behavioral adjustment in children with learning disabilities? *Learning Disability Quarterly, 27*(1), 21-30.
- Wiener, J., & Tardif, C. (2004). Social and emotional functioning of children with learning disabilities: Does special education placement make a difference? *Learning Disabilities Research and Practice, 19*(2), 20-32.
- Wong, B. Y. (2003). General and specific issues for researchers' consideration in applying the risk and resilience framework to the social domain of learning disabilities. *Learning Disabilities Research and Practice, 18*(2), 68-76.