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The Influence of Dyslexia on Children's Psychological Development

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Abstract: ***Dyslexia is a specific learning disorder that primarily affects reading, writing, and spelling skills. Beyond academic difficulties, dyslexia can also have a significant impact on children's psychological development, including their self-esteem, confidence, emotional well-being, and social relationships. The present study aims to examine the influence of dyslexia on the psychological development of children and to compare the psychological characteristics of children with dyslexia and those without dyslexia. The study adopted a quantitative descriptive-comparative research design. A total of 60 school-going children aged 8-12 years participated in the study, including 30 children diagnosed with dyslexia and 30 children without dyslexia. Participants were selected using purposive sampling. Data were collected using standardized tools, including the Dyslexia Screening Checklist, Rosenberg Self-Esteem Scale, and Strengths and Difficulties Questionnaire (SDQ). The collected data were analyzed using descriptive statistics, independent sample t-tests, and Pearson correlation analysis. The findings indicate that children with dyslexia experience greater emotional and social difficulties and lower self-esteem than children without dyslexia. The study highlights the importance of early identification, appropriate educational support, parental encouragement, and psychological interventions in promoting the healthy psychological development of children with dyslexia.***

Keywords: dyslexia, psychological development, learning disorder, self-esteem, emotional development, social adjustment

1. Introduction

Dyslexia is one of the most prevalent specific learning disabilities in children worldwide. While historically regarded primarily as an academic challenge, recent studies have shown that dyslexia can significantly impact emotional, social, and psychosocial development in children (Snowling, Hulme & Nation, 2020; Peterson & Pennington, 2015). Children with dyslexia demonstrate ongoing problems with reading accuracy, spelling, word recognition, and reading fluency in the face of sufficient intelligence, educational opportunities, and sensory functioning (Lyon, Shaywitz, & Shaywitz, 2003). Due to the significance of educational achievement in childhood development, the continuity of such adverse experiences might lead to negative psychological consequences such as anxiety, low self-esteem, frustration, social withdrawal, and behavioral problems (Humphrey & Mullins, 2002; Morgan, Farkas, Tufis, & Sperling, 2015). Over the past few decades, dyslexia has come to be understood as a neurodevelopmental disorder rather than simply a classroom learning disability. This shift highlights a growing appreciation that the disorder impacts many aspects of functioning beyond literacy skills (Snowling et al., 2020). Consequently, there is an increased emphasis on exploring the psychological dimensions of dyslexia and a clear need for a holistic approach to intervention that takes account of psychological welfare alongside academic factors. In the framework of middle childhood (ages 8–12), successful navigation of academic milestones is a primary vehicle for developing a sense of competence, matching Erik Erikson's psychosocial stage of Industry versus Inferiority. When children with dyslexia face repetitive reading and learning failures despite high effort, they risk developing deep-seated feelings of inferiority, helplessness, and shame. This study systematically investigates these secondary psychological consequences by focusing on three dependent variables: emotional development, self-esteem, and social adjustment, comparing affected children with their typically developing peers.

2. Methodology

2.1 Research Design

The study adopted a quantitative, non-experimental descriptive-comparative research design. The descriptive aspect allowed for an in-depth profiling of the psychological attributes of children with dyslexia, while the comparative framework evaluated statistical differences between children diagnosed with dyslexia and a control group of typically developing children.

2.2 Sample and Sampling Technique

A sample of 60 school-going children aged 8 to 12 years was selected using a purposive sampling technique based on availability across regional schools, learning centers, and psychological assessment facilities. The sample was split equally into two groups: 30 children with a prior clinical diagnosis of dyslexia and 30 typically developing children with no known history of learning differences or neurodevelopmental disorders. Exclusion criteria applied to both groups ruled out individuals with intellectual disabilities, major sensory impairments, or primary severe psychiatric conditions to isolate the psychological correlates of dyslexia more clearly.

2.3 Instruments and Tools

- **Demographic Data Sheet:** Captured profile parameters including age, gender, educational setting, place of residence, and socioeconomic status.
- **Dyslexia Screening Checklist:** Used to confirm and record reading, writing, spelling, decoding, and classroom reading behaviors.
- **Rosenberg Self-Esteem Scale (RSES):** A 10-item standardized scale utilized to evaluate global feelings of self-worth and personal value.
- **Strengths and Difficulties Questionnaire (SDQ):** Administered to assess emotional symptoms, peer

relationship problems, conduct problems, hyperactivity, and prosocial behaviors.

2.4 Procedure & Statistical Analysis

Informed written consent was obtained from parents/guardians, alongside verbal assent from the child participants. Standardized tools were administered individually in a quiet, distraction-free room. Data collection was managed respectfully to prioritize the psychological comfort and privacy of the children. Coded data were subjected to descriptive statistics (mean and standard deviation) and inferential analytics, including Independent Samples t-tests to evaluate group variations and Pearson's product-moment correlation analysis to define the relationships between psychological variables at a significance threshold of $p < 0.05$.

3. Results and Discussion

Descriptive and inferential evaluations revealed striking variations in the psychological profiles of children with dyslexia compared to their typically developing peers. Children with dyslexia exhibited significantly elevated emotional difficulties, poor social adjustment, and critically deflated self-esteem levels.

Psychological Variable	Dyslexic Group Mean	Dyslexic Group SD	Control Group Mean	Control Group SD	t-value	p-value
Emotional Difficulties	3.05	0.5	1.33	0.36	29.83	< 0.001
Self-Estee m (RSES)	17.6	1.96	35	1.58	-37.92	< 0.001
Social Adjustment Difficulty	2.97	0.51	1.3	0.34	11.72	< 0.001

The statistical analyses indicate that the null hypotheses must be firmly rejected. The independent samples t-test confirmed that the group differences across all three psychological dimensions were highly significant ($p < 0.001$). The most pronounced deficit was observed in self-esteem, where the dyslexic group recorded a mean of 17.60 against the control group's robust mean of 35.00 ($t = -37.92$), verifying that academic barriers heavily damage a child's global self-worth during these formative years.

Furthermore, Pearson's product-moment correlation matrix exposed an intricate web of association among these psychological dimensions. Emotional development difficulties shared a strong negative correlation with self-esteem ($r = -0.822$, $p < 0.001$) and a strong positive correlation with social adjustment difficulties ($r = 0.665$, $p < 0.001$). Crucially, social adjustment difficulties were strongly tied to deflated self-esteem ($r = -0.826$, $p < 0.001$). This pattern shows that emotional distress and poor peer dynamics actively combine to aggravate low self-worth, confirming that dyslexia manifests as a complex psychosocial reality rather than a standalone cognitive text- decoding deficit.

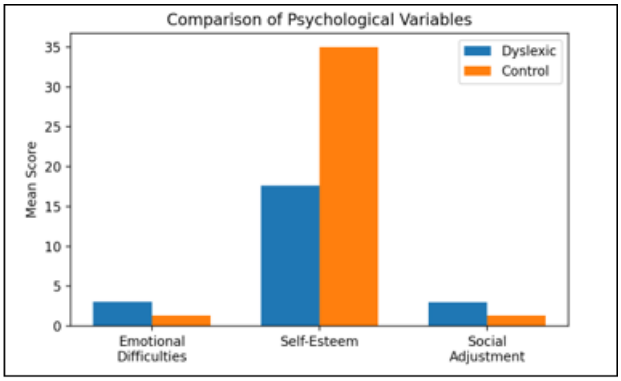

Figure 1: Comparison of Psychological Variables Between Dyslexic and Control Groups

4. Conclusion

This study demonstrates that dyslexia exerts a profound, far-reaching influence on children's psychological development. Children diagnosed with dyslexia encounter statistically higher rates of emotional distress, lower global self-esteem, and compromised classroom social adjustment compared to typically developing peers. These findings make it clear that treating dyslexia purely through the lens of reading remediation is insufficient. Effective long-term support systems must treat academic vulnerability and psychosocial well-being as interconnected challenges to help children build healthy trajectories of growth.

5. Implications

- **Comprehensive Assessment:** Clinical and school psychologists must look beyond reading fluency to evaluate emotional health, self-esteem, and peer relations as standard components of dyslexia diagnostic pathways.
- **Tailored Emotional Support:** Mental health services and therapeutic interventions must be made available to schools to support children struggling with the frustration and anxiety caused by persistent learning barriers.
- **Empowering Supportive Environments:** Fostering inclusive practices, minimizing competitive classroom reading tasks, and ensuring positive teacher reinforcement can act as a crucial buffer to preserve a child's self-esteem.
- **Parental Awareness:** Families require guidance to recognize behavioral distress symptoms early, shifting the home environment focus toward unconditional emotional security rather than academic pressure.

6. Suggestions and Limitations

While the study uncovers clear links between dyslexia and psychological difficulties, it is bounded by a relatively modest sample size (N=60) and its cross-sectional timeline, which prevents making long-term causal claims. Future research should prioritize longitudinal methodologies tracking children across larger, diverse geographic boundaries to capture the evolving nature of these psychosocial mechanisms.

Schools are strongly encouraged to implement structured socio-emotional learning (SEL) protocols, evidence-based

play therapy frameworks, and active peer-support networks. These strategies can systematically reduce classroom anxieties, alleviate social isolation, and foster sustainable psychological resilience for children navigating specific learning disorders.

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