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Emotional adjustment seems to be a significant factor to consider in the diagnosis and treatment of reading difficulties. This statement is substantiated by a number of studies which have been made to investigate the incidence of emotional disturbances in retarded readers. Misseldine (18) studied the emotional background of thirty children with reading disabilities and concluded that practically all of the children tested were "insecure," "restless," and "emotionally ill." A study by Ellis (9) led him to conclude that there are emotional factors in many, if not all, cases of reading disability. Sylvester and Kunst (23) reported that all pupils with reading difficulties have emotional problems. Other investigators are more conservative in their estimates of the incidence of emotional disturbances. For example, Witty (24) indicated 52% and Challman (7) and Gates (14) each stated 75%. Regardless of variance, all studies suggest that emotional disturbance is a significant factor which the reading therapist must consider. Therefore, it may be inferred that an understanding of emotion as a behavioral mechanism is of real value to the prospective reading clinician. Since emotion is a relatively broad subject, this paper will be limited to a discussion of one aspect of emotion, anxiety, and its effects on learning. The study of this topic appears to be a fruitful venture for in the final analysis all human behavior can be seen as direct or indirect attempts to cope with anxiety.

A Point of View Concerning Behavior

Students and investigators, in their attempts to study anxiety and its relationship to reading achievement, will naturally be attracted by theories which appear promising in their applicability to classroom and clinic teaching. For this reason, the phenomenological concepts of Snygg and Combs (22) have been selected. Their philosophy for understanding individual behavior and their explanations of the dynamics by which individuals come under tension provide a frame of reference which appears especially useful in a reading clinic.

A brief resumé of their point of view is provided. They postulate that behavior is determined by the individual's phenomenal field. The phenomenal field is a function of the organism and cannot be observed directly. It is "the entire universe, including the individual himself, as it is experienced by the individual at the instant of action."(22) Through a process of differentiation, the sensations experienced by an organism become divided into his *self concept* consisting of his understanding of those characteristics of himself which are definite and fairly stable; the *phenomenal self* which includes all the things, events, and people with which he is personally involved; and the *phenomenal world* which is the world as he sees it. The way an individual reacts is determined by his own perceptions and points of view. The interpretations which he makes of the world are governed by his basic need, the preservation and enhancement of the phenomenal self. What a person does and how he behaves are determined by the concepts he has of himself and his abilities.

An Illustration of the Development of the Phenomenal Self in the Case of a Retarded Reader

The role of the phenomenal self in controlling behavior is an important one. The following report shows how it develops and affects behavior.

Allen was referred to the Psycho-Educational Clinic, Western Michigan University, by his parents. At the time he was twelve years and six months old and in the fifth grade. He had spent two years in the first grade, two years in the third grade, and had been conditionally placed in the fifth grade. His achievement in all school subjects was far below average. Test results showed that he was of better than average intelligence. No visual nor auditory abnormalities were discovered. A variety of instructional techniques by several teachers had failed to be effective. It was the opinion of the clinic that physical and mental factors as well as teaching methods could not account for his inability to learn.

The teacher described Allen as "way above the other children in his ability to converse. He seems to have good judgment and a high degree of common sense, but he won't try to do his work in the schoolroom. When I ask him why he won't read to me, he says, 'I'm dumb. You'd better work with the other kids. I can't learn. I guess I was

just born dumb.' He's not well liked by the other children because he refuses to participate in their activities."

Allen reported that he hated school. This statement was substantiated by the parents for they indicated that "every day there's a real battle at home to get Allen to go to school. In all other respects, he is obedient and presents no behavior problems."

Interviews with the parents revealed that Allen was an only child and that his mother did nearly all the difficult things for him. Even though he was twelve years old, his mother still continued to prepare his bath water and to help him dress for the day.

When Allen was asked why he had come to the clinic, he replied, "I don't know. I guess to find out how dumb I am. You can't help me. I can't learn to read. I'm dumb."

An analysis of this brief report shows how Allen developed a concept of inadequacy and how his opinion of himself affected his achievement level. The boy was treated as an incompetent individual by his parents. He was overprotected at home, and in school he was placed in situations where he consistently experienced failure. These situations made it easy for him to accept and maintain the concept that he was "dumb." Even his explanation for his referral to the clinic helped him to maintain his self concept of incompetence. It is conjectured that Allen felt that if he were normal and able to read he would be confronted with problems and responsibilities with which he was unable to cope. Apparently, evidences of success in learning to read appeared threatening to him and were rejected.

Self Concept and Anxiety

The preservation and maintenance of the phenomenal self is considered to be a basic need. Striving for satisfaction depends upon the level and unique character of the individual's perceptions. If these result in behavior which is adequate to meet life situations, the individual will feel happy and effective and will function with little disturbance. If they are inadequate, he will feel unhappy, frustrated, and ineffective. The emotion that results when needs are threatened or thwarted is called anxiety. Learning to read is a critical and difficult task. Success or failure in this endeavor has far-reaching social consequences. If the child does poorly, respect of his parents, acquaintances, and his own self-worth are threatened. The test of learning to read, in

a sense, becomes a test of a child's status and hence may become a real source of anxiety.

Characteristics of an Anxiety Reaction

Some of the obvious indications of anxiety are hyperactivity, restlessness, and inability to attend for more than brief periods. As the anxiety becomes more severe, inefficiency, lack of interest, inhibition, and generalized fear become part of the individual's repertoire of behavior. All of these manifestations of anxiety have been observed in retarded readers. Gann (12) found that poor readers are "emotionally less well adjusted and less stable"; that they are "insecure and fearful in relation to emotionally challenging situations"; and that they are "socially less adaptable in relation to the group." She also found that poor readers react to their emotional maladjustment by turning to less favorable activities for compensation, rather than to academic achievement. She contends that they use phantasy and solitary activity as compensation.

A study of 13 children before and after entrance to first grade led Castner (6) to list eight traits as significant for reading failure. Two of the traits were instability and excitable personality, and he explained the effects by reporting that "many of these children are of the active, talkative, energetic, excitable type, not necessarily uncooperative in the interviews and examinations, but showing fluctuations of attention and oftener a greater or less degree of instability."

As a result of a cursory psychiatric study of a number of poor readers, Sherman (20) concluded that the most common reactions are: indifference to failure with compensatory interests in other areas; withdrawal of efforts; antagonism to academic problems with defense reactions; and refusal to improve reading as a bid for further attention.

Daydreaming, seclusiveness, lack of interest, "laziness," inattention, absent-mindedness, and sensitiveness are listed by Blanchard (5), while Monroe and Backus (19) have found aggressive opposition, withdrawal, either direct as truancy or indirect as in daydreaming; compensating mechanisms; defeatism; and hypertension with anxieties and nervous mannerisms.

On the basis of 100 random cases of reading disability, Gates (13) found only 8 who developed constructive compensations. The other cases exhibited the following symptoms of personality maladjustment:

1. Nervous tensions and habits, such as stuttering, nail-biting, restlessness, insomnia, and pathological illness.
2. Putting on a bold front as a defense reaction, loud talk, defiant conduct, sullenness.
3. Retreat reactions such as withdrawal from ordinary associations, joining outside gangs, and truancy.
4. Counterattack, such as making mischief in school, playing practical jokes, thefts, destructiveness, cruelty, bullying.
5. Withdrawing reactions, including mind-wandering and daydreaming.
6. Extreme self-consciousness; becoming easily injured, blushing, developing peculiar fads and frills and eccentricities, inferiority feelings.
7. Give-up or submissive adjustments, as shown by inattentiveness, indifference, apparent laziness.

Examination of this summary reveals a body of widely varying conclusions. The manifestations listed by most writers might be summarized in one of four categories: *aggression, withdrawal, loss of emotional affectivity,* and *general tenseness.*

Effects of Anxiety on Learning

The function of anxiety in learning is not too well understood. A great deal of learning takes place because individuals seek to avoid or reduce anxiety. On the basis of this statement it seems logical to infer that many children learn to read partly because all their friends are learning to read and they do not want to experience the anxiety of feeling different or left out of the group. There is some experimental evidence which suggests that anxiety contributes to learning. Allison and Ash (1) introduced an element of anxiety on learning from films by telling students that the film and the test would prove whether they were good or poor learners, and that if students did not learn the material, it would prove they did not belong in college. They were also told that the scores of each student would be read aloud in class. The results of this study indicated that raising the anxiety was accompanied by an improvement in the scores made on the test.

Some individuals have too much anxiety. They have difficulty in learning tasks that are important or necessary if they are to grow toward maturity. Snygg and Combs explain that an overabundance

of anxiety has the effect of "narrowing our perceptual field." As a result, important details in our environment are ignored. For example, on examinations students are likely to misread test questions, forget important facts, and perform at a level that does not reflect a true indication of their competence. A study by Beier (3) seems to confirm the hypothesis that an overabundance of anxiety will interfere with ability to learn. He found that "individuals who are faced with threat and who are in a state of anxiety show a loss of the 'abstract' qualities, or more specifically, face a loss in flexibility of intellectual function."

An interesting study was conducted by Mandler and Sarason (17). They compared the abilities of persons with high and low levels of anxiety to learn a manipulative task. A high level of anxiety apparently interfered with the performance at first. As the experiment proceeded, however, the anxiety drive appeared to operate to help the "high-anxiety" group improve their scores. Reporting of success or failure resulted in improvement in the scores of the "low-anxiety" group but depressed the scores of the "high-anxiety" group. There was greater variation in the scores made by "high-anxiety" individuals. Apparently anxiety is not a stable factor in learning but has a differing effect on different individuals.

From this evidence, it may be inferred that if children are to learn, some minimal level of anxiety is desirable. However, parents and teachers who continually find it necessary to increase the anxiety level may be creating more problems than they solve.

Implications for the Reading Teacher

When we consider the high incidence of emotional tensions in children experiencing difficulty in reading and the results of research investigations of anxiety and its effects on learning, it seems logical to infer that the reading teacher must help children develop adequate self concepts. This means that children must be assisted to accept themselves and the world in which they live. Futhermore, since the role of parents is an obviously important one, the reading teacher must be prepared to help parents in understanding how they can contribute to the solution of the child's problem. In the opinion of the writer, this suggests the need for psychotherapy with children and their parents.

An increasing number of reports on the combined use of therapy

and reading instruction are appearing in educational literature. The majority of these reports are informal in nature and based upon observation or experience. A few are concerned with measured experimentation. Such approaches as *art therapy, language therapy, play therapy, psychodrama, individual inter-therapy,* and *group therapy* are being used.

Axline (2) and Bills (4) have found that the combined use of play therapy with reading instruction results in marked gains in reading and personal adjustment.

Smith (21), Ephron (10), and Kunst (15) have reported excellent results in combining individual interview therapy and remedial reading instruction.

Fisher(11) divided thirty boys who were residents of an institution for delinquents into three smaller groups of ten each, equated for reading achievement and intelligence. One group received only remedial reading, another received only interview therapy, and the third group received both group interview therapy and remedial reading. As a result of his experiment, Fisher found that the group which had therapy alone made greater gains in reading than the non-therapy group, and that the group which received both therapy and reading did not show significantly greater improvement in reading than the non-therapy group. He drew the conclusion that meeting the emotional needs of children who have a reading disability is an important factor in the correction of reading retardation.

Apparently there is a trend toward the inclusion of therapy as a part of reading remediation. It would seem that the teacher of remedial reading needs to have at his command many different techniques so that he can apply the particular combination needed for any one case. For example, teachers can provide their students with the opportunity to make use of catharsis. Students can be encouraged to talk over their problems with the teacher. They can be shown how to accept themselves as they really are and taught to understand some of the factors influencing their behavior. Group therapy has been found effective in accomplishing these objectives. Opportunities for relaxation can be provided for small groups of children needing a lessening of tension. Reading materials can be adjusted to the interest and reading levels of the children. Humorous stories have a value in the release of anxiety, and various forms of bibliotherapy can be applied. Teachers can stress a sympathetic understanding of their pupils and place less

emphasis upon evaluation of achievement. Knowledge of when and how to refer a child and his parents to the mental hygienist is paramount. It is possible that maximum results for disabled readers with emotional difficulties will occur when the well-trained teacher and therapist work together.

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