

Experiences of Developmental Dyslexia In Adult Narratives*

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Abstract

This article examines the narratives of adults with dyslexia in the context of their everyday lives. The phenomenon of dyslexia is complex in nature and multidimensional in nature, encompassing not only difficulties in reading and writing, but also deficits in working memory, concentration, spatial orientation and language processing. Research based on a qualitative strategy reveals the individual experiences of adults and their subjective perceptions of the impact of dyslexia on different spheres of life. The analysis of the research material indicates that self-awareness, support from the environment and access to appropriate tools play a key role in coping with the difficulties experienced by respondents. The topics covered are not only intended to increase knowledge of the functioning of dyslexic adults, but also to highlight the need for a better understanding of this group and for adequate social, vocational and specialist - psychopedagogical - support to enable them to participate more fully in everyday life 'tailored' to their needs and abilities.

Keywords: dyslexia, adults, everyday life, coping skills

Introduction

Dyslexia has become one of the most commonly diagnosed specific learning disorders, which - despite a significant amount of research and publications - still raises many controversies and questions in the scientific and practitioner communities. Since the first descriptions of this phenomenon by researchers such as Rudolf Berlin and Adolph Kussmaul, who used the term 'word blindness', the understanding of dyslexia has undergone significant transformations. It is now seen as a complex disorder, encompassing a variety of difficulties in reading, writing and other cognitive functions that can persist throughout life (Bogdanowicz, Łockiewicz, 2016, p.13-14). In the context of dyslexia terminology, it is worth noting that the terms 'dyslexia' and 'specific learning difficulties' are often used interchangeably.

International studies show that dyslexia is a disorder of a widespread nature, the prevalence of which varies according to language and educational system. According to systematic reviews, between 5% and 10% of the population globally experience dyslexia (Snowling, Hulme, 2012, p. 6-9). In English-speaking countries, this percentage is around 7-10%, while in languages with a clearer phoneme-graphic system, such as Finnish or Italian, it is slightly lower (Elliot, Grigorenko, 2014, p. 36-42).

Dyslexia is a neurodevelopmental disorder that has its origin in biological conditions and its manifestations go beyond the classic difficulties associated with reading and writing. Although it is often perceived solely as a problem with mastery of written language, clinical reality and research indicate a much wider range of symptoms. Importantly, longitudinal studies show that despite the use of educational interventions, some symptoms of

dyslexia tend to persist throughout life. Among the most persistent there are difficulties with reading fluency and pace, spelling problems and deficits in phonological awareness (Shaywitz, 2003, p. 283-287). In particular, slow reading speed and spelling problems are identified as the symptoms most difficult to overcome, also observed in adult dyslexics (Torgesen, 2005, p. 532-535).

Dyslexia can lead to negative emotional and social consequences. Among these, lowered mood, anxiety, low self-esteem, reluctance to go to school, and difficulties in interacting with peers are most frequently cited (Giovagnoli, Mandolesi, Magri et al, 2020). Children struggling with dyslexia tend to perceive themselves as less capable than their peers, which lowers their self-esteem and affects their motivation to learn.

The basis for determining that a person has dyslexia is a diagnosis. The diagnosis of dyslexia in adults should take into account the fact that specific learning difficulties have their origin in early development. An adult, already aware of his or her difficulties in certain activities such as reading and writing, yet undiagnosed during the school years, may find it difficult to identify the disorder. The diagnostic process in adulthood is usually based not only on the current state of cognitive function, but also on an analysis of previous educational experiences and a history of literacy difficulties. In Polish conditions, when an adult comes to the psychological-educational counselling centre, he or she will only be given a diagnosis tool from the closest school stage to him or her, in this case high school. In Poland, the problem of diagnosing specific reading and writing difficulties in adults still poses significant challenges for researchers, both in terms of availability and quality of available diagnostic tools. The psychological and pedagogical support system focuses mainly on children and adolescents, resulting in insufficient training of professionals to work with adult patients. The predominant methods in medical practice are those that are based on analysing written documents and interviewing the person's development and functioning. At the same time, the literature points out that an effective diagnosis of dyslexia and adult co-occurring disorders can be made using a relatively small set of carefully selected diagnostic tools.

Adults with dyslexia may experience ongoing problems with decoding, reading fluency and writing accuracy, which often affects their functioning at work and in their social life. In response to these difficulties, these people develop various compensatory strategies that include the use of technology (such as TTS software, text editors with proofreading functions, work organisation applications), as well as cognitive methods that allow them to circumvent existing deficits. The effectiveness of these measures largely depends on the degree of self-awareness of the challenges and the individual's adaptability.

In some professions, the symptoms may be barely noticeable; in others, they may clearly impede function, such as when writing reports, communicating by e-mail or absorbing new information. When looking at professional problems, one of the important ones to note is the difficulty in switching attention (so-called set-shifting), i.e. switching flexibly between different tasks or action strategies. Individuals with dyslexia may have difficulty adapting to changing situational demands, resulting in slower cognitive processes or increased levels of frustration (Giovagnoli, Mandolesi, Magri et al., 2020). Another deficit area is dual-task performance. In situations that require engaging in two activities at the same time - such as listening and taking notes, or solving a problem during a conversation - people with dyslexia are less effective. This can negatively affect their functioning in academic and professional settings, where multitasking is often unavoidable (Giovagnoli, Mandolesi, Magri et al., 2020).

A significant challenge for people with dyslexia is planning and organising activities. Problems with planning can lead to difficulties in time management, prioritising and completing complex projects. Consequently, adults with dyslexia often have to make extra efforts to keep their chores in order and meet deadlines, which can be a source of stress and reduced self-efficacy (Giovagnoli, Mandolesi, Magri et al., 2020).

One of the most important, yet often downplayed, issues faced by adults with dyslexia at work is the fear of disclosing their diagnosis for fear of stigmatisation. Wissell's qualitative research found that many people with specific learning difficulties prefer not to disclose their dyslexia to others, fearing they will be seen as less able or intelligently flawed. As an example, one survey participant stated: "I kept it very much a secret because people thought it was some form of intellectual limitation". This statement illustrates the broader notion that dyslexia continues to be identified with a lack of intellectual ability, leading to fears of depreciation at work, being overlooked for promotions or being marginalised in the group (Wissell, 2023, p. 153).

Because of these fears, many people spend years hiding their diagnosis, despite facing obvious difficulties in their daily working lives. This type of attitude carries a heavy emotional burden - the author notes that participants in the study described prolonged stress, tension, feelings of isolation and psychological exhaustion caused by having to constantly 'hide' their difficulties (Wissell, 2023, p. 148-149).

Dyslexia in adults affects not only the professional and educational spheres, but also the social and emotional aspects of life. The results of a subsequent study by Wissell suggest that people with this type of neurodevelopmental disorder often have difficulty establishing a sense of belonging and forming genuine

relationships with other people. This is largely due to years of experience of rejection, lack of understanding and internalising negative messages about oneself. Many participants in the study highlighted that, despite the presence of others, they felt 'isolated' or 'different', leading to feelings of loneliness, alienation and lack of trust in society. Problems in interpersonal relationships were often not due to cognitive deficits, but were the result of the emotional consequences of years of hiding difficulties and the shame associated with one's identity. The author also draws attention to the phenomenon of 'social self-sabotage' - a mechanism that causes adults to withdraw from relationships before possible rejection occurs. As a result, it is not uncommon for adults with dyslexia to live under constant emotional stress, with a strong fear of being judged and uncertainty about their self-worth, which affects their overall psychological well-being and the quality of their lives (Wissel, 2023, p. 91, 96, 115-117, 134-136).

These individuals often have high intellectual potential and social competence, but insufficiently supported may experience chronic tension and feelings of unfulfillment, which in the long term increases the risk of secondary mental disorders such as depression or anxiety disorders (Wissel, 2023, p. 52). The above comments are part of a growing awareness of the need for a systemic approach to support people with dyslexia, which should focus not only on symptom reduction, but also through psychoprevention, coaching, psychological support and social interventions.

Methodology and assumptions of own research

The subject of the study was the well-being of adults with dyslexia, which was analysed in the context of their professional and social roles, the ways in which they define their own identity and their strategies for coping with the challenges of dyslexia in everyday life. The aim of the study was to find out how the reading and writing difficulties experienced by adults in the past and present, referred to as dyslexia, manifest themselves, and what ways the respondents use to cope with the daily difficulties resulting from this disorder. The functioning of adults with dyslexia in everyday life was identified as the main research problem. The following research questions arise from the above main problem:

1. What meaning did and do the respondents attribute to the experienced difficulties in reading and writing described as dyslexia?
2. How do respondents perceive the relationship between dyslexia and the course of their daily lives?

The research was conducted between March and April 2025 in a desktop format. A qualitative research strategy was used. An individual, narrative interview method was used. Purposive sampling was used. Five adults diagnosed with developmental dyslexia, including three men and two women, aged between 31 and 35 years, participated in the study. A key criterion for the selection of respondents was their age of majority and their willingness to share their experiences of everyday functioning from the perspective of a person with dyslexia.

Given the extensive research material, a selection of content was made for this article. The authors were careful not to overly impoverish the individual narratives of the subjects, a very difficult task that is always fraught with the risk of reductionism. Nevertheless, it became an overriding objective for the authors to give voice to the respondents themselves.

All interviews took place in conditions that ensured participants' psychological comfort and privacy. Meeting venues were chosen together with the respondents based on their accessibility, comfort and the neutrality of the space - in most cases private rooms or rented, quiet rooms allowing for unhindered conversation. Information about the study and invitations to participate were provided in person and through informal contacts. Each participant was informed about the purpose of the study, the voluntariness of participation, the possibility to withdraw at any stage and the rules of anonymity. Interviews were recorded with the consent of the subjects for later transcription and analysis. The empirical material obtained was used to qualitatively interpret the experiences of adults with dyslexia in the context of their daily lives.

The majority of respondents received a diagnosis of dyslexia already in primary school. All participants reported low self-esteem, which was linked to various aspects of their personal lives, including late or no marriage. They rated the school stage as a particularly difficult time, where they experienced criticism from teachers, parents and peers. Respondents often indicated that the support they experienced was moderate and that parents played the most significant role in their education. In terms of coping with dyslexic difficulties, they used a variety of strategies - from avoiding stressful situations to consciously developing specific methods such as using short sentences, preparing for public speaking or carefully planning activities.

Portraits of research participants

Rafał is a 31-year-old man, living in the countryside, married for a year, with no children. He holds a bachelor's degree in sound production. His learned profession is sound engineer, but he currently works in the logistics industry, taking up a management position. He was diagnosed with dyslexia during his primary school years, although he cannot remember exactly which year. At that time, he only participated in parenting classes as a form of support; he did not benefit from systematic compensation classes. Currently, in his adult life, he does not feel a significant need for formal support. Instead, he tries to be well prepared for professional situations that require him to speak or communicate in public. He develops his skills independently by reading extensively on the Internet and taking on all sorts of technical and practical challenges, which enables him to better understand and master new topics. Rafał admitted that his early days in the logistics industry were fraught with stress and doubts about whether he would be up to the new tasks. However, he decided to pursue this career path with a wealth of practical experience gained from his many hours of apprenticeship at the technical college. Showing great determination, he has spent a lot of time adding to his knowledge on his own, so that he is now very competent in his professional area. He has a leadership role and actively supports other employees, which significantly boosts his self-esteem. Rafał considers one of the most difficult moments related to his dyslexia to be a situation from his school years, when the teacher required his mother to sign a statement that she was aware that her son might not be able to cope with further education. This experience had strong emotional appeal for him and provided an additional impetus to persevere with his own skills and development.

Marcin is a 35-year-old man, single, settled in the city, with no children. Graduated with a bachelor's degree in surveying and cartographic engineering. His learned profession is as a surveying and cartography engineer, while he currently works as an officer in the State Protection Service. He was diagnosed with dyslexia early in his education, as part of a dyslexia risk diagnosis. Marcin emphasises that he owes a great deal to his mother, who actively supported him from an early age in developing his literacy skills and provided him with emotional support. As a result, he did not feel a sense of inferiority in relation to his peers. He did not formally participate in therapeutic activities during his education, apart from the work he did with his mother. Despite the difficulties, he decided to take up and complete his studies. Currently, however, he still experiences stress in situations that require public speaking or reading aloud. His main compensation strategy is to prepare carefully for such situations and to take notes - he writes down relevant information on a piece of paper, which helps him feel more confident. He is currently in a profession that only rarely requires him to read or speak in public, which he is comfortable doing. Marcin notes that in the learning process, knowledge is best acquired in a practical way - by doing, touching and trying. He still encounters writing difficulties in everyday life, as his fiancée points out to him, drawing attention to errors in text messages and the fact that even text replacement on his phone does not always help. Marcin also has illegible handwriting, which frustrates not only his fiancée but also him, as he cannot always read what he has written down. He is now fully engaged in professional work that does not require him to use his literacy skills extensively. Outside of work, he has a passion for tinkering and enjoys learning new things using materials available on the internet.

Martyna is a 32-year-old woman, married for a year, living in the countryside, with no children. She graduated with a degree (BA) in finance. She currently works as a purchasing manager in the food sector. Martyna is a quiet and modest person, which was also noticeable during the interview - despite the open attitude of the researcher, she showed some restraint and initially spoke uncertainly. She recalls that her speech development was not progressing properly, which was noticed early on by her teacher, who referred her to the psychological-educational counselling centre. However, Martyna stresses that she is not entirely sure whether her diagnosis was accurate - her recollection is that she mainly attended speech therapy classes to improve her speech. She feels that she made mistakes, like everyone else, without attributing any particular significance to them. She recalls the school rather neutrally. She was not keen on PE lessons, which, she says, "was typical of many girls". Her escape and favourite subject was mathematics, which she understood and enjoyed. At the insistence of her parents and out of her own ambition, she decided to study finance. However, after graduating, not feeling confident in a strictly financial job, she took up employment as a milk collection worker in a dairy. She is comfortable with this work as contact with other people is sporadic or limited to email correspondence. Martyna points out that, when writing, she often uses the modern technology available to greatly assist her. She is very grateful for them, as they make her daily life easier and minimise the difficulties associated with her former written communication problems.

Sylwia is a 32-year-old woman, married for a month, no children, living in a town of approximately 55,000 inhabitants. She graduated from a general secondary school. She has no learned profession. She currently works as a taxi driver. Sylwia recalls that from an early age she found learning extremely time-consuming and demanding. She points out that while her peers took about an hour to complete their homework, she spent up to five hours on it. Although she was often praised for her academic performance, few realised what a huge effort this meant for her. Her mother attached great importance to the aesthetics of her notebooks, which caused Sylwia

to rewrite the pages many times to make them legible. Because of her fear of failure, she often gave up attending social events, even important family celebrations, if she felt she was not prepared enough for a test. She experienced each assessment very strongly. Although she was a slightly above average student, these achievements required a great deal of effort from her. Often, she made up for her shortcomings with extra work to achieve positive grades at the end of the year. Sylwia admits that she has low self-esteem. She has always dreamt of being a more feisty and bolder person than her mother. She undertook her studies but did not complete them as she did not write her thesis due to a lack of confidence in her abilities. After graduating, she started working in an office as a receptionist, where she worked for ten years. She is currently going through a difficult time in her life - she has recently lost her job and admitted that the interview comes at one of the most crisis points in her career path. At the age of 32, she married. Faced with instability, she decided to take a job as a taxi driver, which allows her to avoid situations that require exposure to language difficulties, such as stuttering in stressful situations and problems with concentration. Sylwia is a creative person, although she does not fully realise her potential due to fear and shame related to her own limitations. Her passion is manual work - she creates decorations such as balloon walls and giant flowers, which she makes with her own hands. This type of activity is an important escape and source of satisfaction for her.

Kacper is a 34-year-old man, single, has no children and lives in the countryside. He graduated from a general secondary school. He has no learned profession. He is now a professional footballer as well as a coach. He leads a very active lifestyle. From a young age, Kacper has trained intensively in football. He was diagnosed with developmental dyslexia as early as the first years of his primary school education. He recalls that he had serious difficulties writing without spelling errors and that his handwriting was out of shape and often went beyond the lines; he wrote mainly in capital letters. Doing homework with his parents was a very distressing activity for him, often ending in tears and feelings of helplessness. During his school years, he had the feeling that he was less intelligent than his peers, although he knew this was not true. He attended corrective-compensation classes, through which he worked out a lot. After completing primary school, he attended grammar school, but often skipped classes - avoiding school and spending time on the sports field. He then went on to study humanities at high school, which he admits was an ill-considered decision. Although he had no problems with reading comprehension, he did not feel comfortable with this profile at school. He thought that reading comics would be enough to meet the requirements, but he did not read compulsory reading. Eventually, he opted for an adult high school. The decision to continue his education was accepted by his parents with some resistance; however, the support of the sports manager, who helped Kacper to make the right decisions regarding both his education and his sporting career, proved crucial. Currently, Kacper is not exposed to the areas that caused him difficulties at school. His self-esteem has been greatly boosted by his success in football. He emphasises that, in addition to his sporting skills, he has also developed his mental area, eye-hand coordination and concentration - areas that were previously challenging for him.

Five adults diagnosed with developmental dyslexia, including three men and two women, aged between 31 and 35 years, participated in the study. The majority of respondents received a diagnosis of dyslexia already in primary school. All participants reported low self-esteem, which was linked to various aspects of their personal lives, including late or no marriage. They rated the school stage as a particularly difficult time, where they experienced criticism from teachers, parents and peers. Respondents often indicated that the support they experienced was moderate and that parents played the most significant role in their education. In terms of coping with dyslexic difficulties, they used a variety of strategies - from avoiding stressful situations to consciously developing specific methods such as using short sentences, preparing for public speaking or carefully planning activities.

The participants' experiences described correlate with the findings of research by Teresa Wejner-Jaworska¹²⁵, who highlights that people with dyslexia often experience reduced self-esteem and emotional difficulties related to educational and social demands. At the same time, the author draws attention to the importance of family support and the development of individual compensatory strategies that enable functioning in different spheres of life. In this context, the results presented here confirm that, despite numerous challenges, adults with dyslexia develop a variety of coping styles, which is crucial for their adaptation and quality of life.

The characteristics of the study participants - adults with dyslexia - remain consistent with what is known in the literature. As Teresa Wejner-Jaworska (2017, p.126) points out, developmental dyslexia is distinguished by persistent difficulties in reading, writing and disorders of cognitive and motor functions, which often already manifest at school age as reading fluency problems, letter inversions, dysgraphia or dysorthography. The descriptions of these symptoms - although formally referring to children and adolescents - are reflected in the narratives of the adult respondents. All participants in the study recalled the education phase as extremely difficult, pointing to the lack of adaptation of teaching methods to their individual needs and experiences of being judged, misunderstood and criticised by teachers, peers and sometimes parents. According to Wejner-Jaworska's observations, the effects of a lack of adequate support in childhood can affect an individual's self-esteem and

functioning in adulthood. In the interviews analysed, there were themes of lowered self-esteem, professional unfulfillment, as well as the use of compensatory strategies such as planning, using short sentences, avoiding public exposure - which can be interpreted as the result of difficulties already described at the school stage.

Difficulties related to dyslexia in the perspective of respondents' experiences

The experiences described by the study participants correlate with the findings of Teresa Wejner-Jaworska (2017, p. 223-244), who highlights that people with dyslexia often experience reduced self-esteem and emotional difficulties related to educational and social demands. At the same time, the author draws attention to the importance of family support and the development of individual compensatory strategies that enable functioning in different spheres of life. In this context, the material collected confirms that, despite numerous challenges, adults with dyslexia develop a variety of coping styles, which is crucial for their adaptation and quality of life.

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[Rafał] *"... the class teacher made my mother sign a document like this saying that I couldn't cope and I was to be not promoted. At the time, as a child, I didn't know what it meant, but if I had been more aware, I'm sure it would have affected me like it did my mother."*

[Martyna] *"... Well, you know, I've always had to... er... spend a lot of time studying, because it was just difficult for me. The others seemed to catch on to the material quicker and I... er... I needed a lot more time to understand and remember it all. In primary school I still managed somehow, but after that it got worse and worse. I had some tests and they found out late that I had dyslexia, it was towards the end of primary school, because then I had an extended er... extended time in the exam, which kept me awake at the time. I remember being terribly ashamed of it. Oh, I still remember that I was supposed to go to a school counsellor. I didn't know, no, I didn't know what for at the time. As I think back on those classes now, I think there were these tests and I drew what I could do and what I was good at. I even have this picture in front of my eyes of me boasting about my thick hair and and and... that I love to dance(...) I remember that I often stayed at, at, at home because I was afraid that... well I wouldn't learn for a test and I'd get a bad grade. It was terribly stressful, and there were times when I cried because I just couldn't cope(...) My mother always... er... made sure everything was in order, and sometimes I would rewrite the notes because I was afraid something would be illegible. It made me tired, you know. I was always ... well, slightly above average, but I had to try very hard to maintain good grades. I wanted to be more confident, more sure of myself than my mum, who at the time seemed to me eer... like a warrior haha. (...) I went to university, but unfortunately I didn't write my thesis because I simply didn't believe I could do it, I put it off and off so much that I graduated from high school at Piasta".*

[Kacper] *"... I will say this ... with me it was clear from the beginning that something was wrong ... I had a huge problem with spelling. No matter how much I tried, the mistakes were there anyway. And the writing ... was going outside the lines, the letters were different, so I started writing in print because it was easier for me. By now, when I write, I change the letters in order and write eer... messages a thousand times each so that others understand me. When I used to get construction blocks for my birthday, I got terribly frustrated at the time. I don't know how to say it, but I just didn't know how to put them together. Reading the instructions was out of this world and fitting the blocks, I didn't have that spatial view, you know. But then Dad said I had to grow into them. Well it has changed a bit since I started playing football. (...)doing homework with my parents was a drama. Very often it ended in tears. I tried, but how long you can. I felt that I was inferior to others. But when people keep hearing that something is wrong, they start to believe it. (...) in middle school I avoided school. I preferred to go on the pitch, that's where I felt myself, yes? Nobody was looking at spelling mistakes, just how I play. This was my place. High school... I went for the humanities profile because I had no problem with reading comprehension, but that was a mistake. I*

¹ Data have been fully anonymised

thought reading comics would be enough, but I didn't read the required reading books and it was hard. Then I decided to go to an adult high school. Fortunately, my manager spoke to my parents, as they were not convinced by this choice. (...) today I no longer have, don't have contact with what used to be difficult for me. In sport, it's all about the head, the body, concentration - I worked a lot on that too, because I had problems with that. (...) I am more confident now. The ball has helped me a lot with this. I feel that I can do something, that I have my worth. That is the most important thing for me."

It is clear from the accounts of those interviewed that the experience of dyslexia has had a significant and lasting impact on their education, careers and personal lives. Both Rafał, Marcin, Martyna, Sylwia and Kacper portrayed their educational journey as full of difficulties, especially regarding reading, writing and public speaking. Respondents' memories emphasise the importance of support in the learning process and the importance of self-acceptance and understanding one's own limitations.

For most participants, the key experience was late identification of problems or lack of full understanding, leading to feelings of isolation and shame. Rafał and Marcin talked about the difficult moments of their diagnosis and their concerns about their future in education. Martyna still has doubts about her diagnosis, which affects her perception of her own abilities. Sylwia and Kacper were particularly affected by school-related stress - lengthy preparation for classes, fear of failure, avoiding school or social situations that might reveal their difficulties.

Respondents pointed out that their experiences at school had a significant impact on their self-esteem and confidence. Low self-esteem, a feeling of being inferior to others or an inner compulsion to prove one's worth were common themes in Sylwia, Kacper and Rafał's relationships. In Martyna's case, this manifested itself in her avoidance of professions involving the use of language, while Marcin still experiences anxiety in public situations.

From the statements made by the participants in the study, it can be seen that their experiences of dyslexia are consistent with the descriptions found in the scientific literature, especially in terms of the emotional and social consequences of the disorder. As emphasised by Bogdanowicz (2008, p. 45), developmental dyslexia is not only limited to reading and writing difficulties - it is often also accompanied by secondary emotional effects such as lowered self-esteem, fear of being judged and avoidance of social situations in which language difficulties become apparent. These phenomena can be observed in the respondents' accounts: Rafał, Marcin, Sylwia or Kacper, who experience sustained stress in situations requiring reading, writing or public speaking. Wejner-Jaworska points out that chronic educational failure as a result of dyslexia and the lack of adequate support in the school environment leads to a generalised sense of inferiority and long-term emotional tension (2019, p. 51-53). In line with these findings, the respondents in this research project indicated that their school experiences were a source of frustration, isolation and fear of embarrassment. Low self-esteem (evident in Sylwia and Rafał), the need to hide difficulties (in Marcin and Kacper), or the development of a frugal communication style (as in Martyna) are examples of the lasting consequences not only of the disorder itself, but also of the way the environment reacted to the difficulties they revealed.

From the perspective of Self-Determination Theory (Deci, Ryan, 2000, p. 68-78), school difficulties of people with dyslexia are not only limited to cognitive deficits, but are closely related to the quality of satisfaction of three basic psychological needs: autonomy, competence and social relationships. Their satisfaction - according to SDT - determines the development of intrinsic motivation, psychological well-being and constructive adaptation strategies.

In the empirical material analysed, it is clear that the way in which the environment (school, parents, teachers) reacted to the respondents' difficulties had a major impact on their personal development and self-image. In Rafał's case, the need for competence has been systematically undermined over the years. A particularly distressing memory related to dictations and the lack of legibility of one's own writing (dysgraphia), indicates the experience of a chronic sense of ineffectiveness in school tasks. The mention of the teacher's suggestion that he repeat a grade, in the absence of real systemic support, also shows the violation of the need for a relationship - the school not only failed to show him support, but actually contributed to his marginalisation. Satisfaction of the need for a relationship came only in the relationship with his mother, who - by taking on the role of a supportive adult - helped him build an elementary sense of self-efficacy. Regular repetition of maths or spelling on the way to school is an example of a supportive activity that offset school alienation. Diagnosis at the counselling centre and extended examination times were the only institutional measures that had a real impact - although these too were overdue. Taken as a whole, Rafał's story shows how powerful and lasting the effects of deprivation of the need for competence and relationships can be at key educational moments.

In Marcin's case, the situation seems more balanced - the difficulties were noticed early on and his parents referred him for a diagnosis. This satisfaction of the need for autonomy and relationships (openness of the family and

educational environment) may have reduced the long-term negative effects of dyslexia. Nevertheless, his manner of speaking - repetitions, pauses, gestures - may be indicative of an established tension in communicative situations, which may be due to years of experience of language uncertainty. However, there is still a lack of information on whether the need for competence has been realistically supported by the school - we have no evidence of specific support strategies.

Martyna, on the other hand, shows an example of a significant deficit in meeting the need for autonomy - she was not fully convinced about the diagnosis and the therapeutic support was not sufficiently explained or personalised. Her low self-awareness about the nature of her own difficulties indicates a deficit in education about dyslexia itself, which may have exacerbated her reduced self-esteem. Stress in verbal interactions, reluctance to speak in public and emotional withdrawal are clear manifestations of an unmet need for relationships and competence. Importantly, the relative ease of learning mathematics gave her the space to build a sense of self-efficacy - demonstrating the importance of identifying strengths in people with learning disabilities.

Sylwia's statement is an example of someone who has functioned for a large part of her life under conditions of chronic competence undervaluation. The late diagnosis and the school's formal approach to support classes (without explaining the purpose) meant that she herself did not see the point of the support. Her perfectionism and fear of evaluation were secondary to pressure from her mother, indicating extrinsic motivational conditioning, typical of SDT in the context of lack of autonomy. Although she has taken up her studies, her lack of self-confidence and her abandonment of her thesis show that the need for competence is still unmet.

In Kacper's case, we are dealing with a person who - despite severe visual, spatial and emotional difficulties - found an area of activity (sport) that allowed him to satisfy his need for competence and autonomy. The printed handwriting strategy, the avoidance of certain tasks and the maladaptive choice of high school profile are examples of attempts at self-regulation and seeking an environment that would enable one to function with less stress. By being listened to by adults in the sporting community, his need for relationships was also partially restored.

From an SDT perspective, in all cases, supportive relationships and the opportunity to build a sense of competence were found to be crucial to the respondents' functioning in selected areas (e.g. mathematics, sport). Lack of understanding on the part of the school, too late diagnosis or a superficial approach to pedagogical support resulted in lowered self-esteem and withdrawal from activities requiring grade exposure. The data confirms the importance of the environment in shaping not only educational outcomes but, above all, the intrinsic motivation and identity of the student with difficulties.

Everyday life of adults with dyslexia

The statements of the participants in the study show that the difficulties resulting from dyslexia are not limited to the school period, but permeate significantly into adult life, affecting professional, social and emotional functioning. All respondents - despite the differences in individual stories - agree that their daily lives still require increased effort in areas related to communication, work organisation and self-esteem. There is a tendency in many people to avoid forms of written communication or public speaking. These difficulties often lead to embarrassment, insecurity or attempts to compensate - such as preferring phone calls to writing messages. Although most respondents have adapted to and are able to manage their limitations, they still suffer the consequences - whether in the form of a lack of fluency of speech, letter-swapping, difficulty reading instructions or an inability to focus attention in demanding cognitive situations. Respondents' statements also reveal the tension between high practical or creative competences (e.g. organising events, planning, creativity) and difficulties in realising professional potential - due to lack of self-confidence, low self-esteem or previous experiences of failure. These examples point to the phenomenon of so-called 'lost potential' that often accompanies people with undiagnosed or inadequately supported dyslexia in childhood. The daily lives of the subjects are constantly shaped by previous experiences of learning disabilities, which in adulthood manifest themselves not only in the cognitive but also in the emotional and social spheres. Their stories attest to the fact that dyslexia does not end when they leave school, but requires long-term support, understanding and adaptive strategies to enable them to realise their competencies and life potential more fully. The best illustration of the above statements can be found in the words of the respondents themselves.

[Rafał] "... I work, with big numbers and when someone asks me to calculate, er.. I don't know, some numbers times 10%, I don't have a problem with it, but when bigger numbers come in, I can't imagine it". The respondent tells us that spatial vision is not his strong point. He complains about this because of the work he does on a daily basis. He doesn't deal with writing or reading aloud on a daily basis, only with maths. He tells us that his life choice, which was university, also involved science subjects: "(...) and back to mathematics. Maths to end of technical school low. I chose sound studies. This counted for extended physics and mathematics. Shot in the foot." Despite unpleasant situations related to the study of mathematics, Rafał was not discouraged that the further stage

of his education would also be devoted to this subject. When he recounted that he had managed to finish his studies successfully, you could feel his pride, doubly so because of his difficulties precisely with studying and concentrating. Despite unsupportive teachers and the establishment in general in his difficulties, he did not give up, but showed strength and persistence. As a person with dyslexia, he says: *"a lot of times I felt I had a dyslexic patch, I only remembered it at school, and when doing homework"*.

[Marcin] *"... Whenever someone texts me, I call them back. I prefer this form of communication"*. He associates writing with difficulties that have been with him for years. Although he himself says he no longer worries about spelling mistakes as much as he used to, they are still present and noticeable to those around him. *"When I write, my fiancée always draws my attention to my spelling mistakes, I don't worry about them so much any more, but I find it funny that even text replacement doesn't help,"* - he recounts with a bit of detachment. There are times in his professional life when Marcin has to make public appearances. Although he performs these tasks, he notes that they are sometimes accompanied by language difficulties. *"I can say 'Sear Dirs' instead of 'dear sirs', slips of the tongue happen every now and then"* - he says with a hint of self-irony.

[Martyna] *"... I prefer not to speak when I don't have to. Sometimes I feel that before I say something, I have to put it together in my head first."* Martyna often withdraws from conversations, especially if she does not know the interviewees well. *"I don't like to be the centre of attention, I feel uncomfortable then,"* she says with evident tension.

[Sylwia] says of herself that she likes to have everything precisely planned and bases her daily functioning on clearly defined patterns. Running through her statements is the need for order and control, both in her professional and private life. Her natural creativity and organisational skills came to the fore especially during the wedding preparations: *"I planned the wedding from A to Z. I did everything myself - the decorations, the schedule, the colours... I just knew how it should look. I had everything ready a year before."* Sylwia derived great satisfaction from the process, although she preferred to remain in the shadows during the event itself. *"The speeches were made by my husband - he is more outgoing, an extrovert. I preferred to take care of the organisation ,"* she says with a smile.

[Kacper] *"Sometimes when I read a manual, I have to go back several times because I don't understand what it's about. When I have to put something together or plan in a space, I get lost ' ... There are times when I have to say something out loud at work or in front of the team and I immediately get stressed. I'm afraid I'll make a mistake or twist something. It happens, and after the speech I realise I'm all drenched in sweat."*

Albert Bandura's theory of self-efficacy is one of the key tools in the analysis of the coping mechanisms of individuals with the challenges and difficulties they encounter in everyday life (1997, p.1-35). The concept of self-efficacy refers to an individual's belief in his or her own ability to organise and implement the actions necessary to achieve certain goals. Bandura emphasises that the level of self-efficacy determines the choice of actions taken, commitment and perseverance in the face of obstacles encountered, as well as resilience in the face of potential failure. A high level of self-belief in one's own competence encourages challenging tasks and mobilises effective action, while low levels of self-efficacy can result in avoidance of challenges and feelings of helplessness. Key sources for shaping self-efficacy include direct experiences of success, observation of effective behaviour patterns, social messages about an individual's abilities and interpretation of one's own emotional states. In the light of the analysis of the accounts of the participants in the study - Rafał, Marcin, Martyna, Sylwia and Kacper - Bandura's theory helps to explain the variation in their adaptive strategies and level of self-esteem in the context of dyslexia.

Rafał, despite his dysorthography and concentration difficulties, shows a relatively high self-confidence in his own competence in the area of mathematics and professional work, which can be interpreted as the result of educational success and constructive processing of school experiences. Marcin, on the other hand, avoids forms of written communication, preferring telephone contact, an adaptive strategy that safeguards him against potential failures, but at the same time may signal a reduced level of self-efficacy in written communication. Martyna and Sylwia show symptoms of low social self-efficacy, manifested by avoiding public speaking and limiting verbal activity, which is related to fear of negative evaluation and negative past experiences. Kacper, on the other hand, experiences severe stress during public speaking, which, according to Bandura's theory, can lead to limited engagement and performance if there is no adequate support to reinforce his sense of competence.

The analysis indicates that self-efficacy theory provides a valuable theoretical framework for interpreting the functioning of adults with dyslexia, while also highlighting the importance of support to develop and reinforce positive beliefs about one's own abilities. Experiences of success, modelling of positive behavioural patterns and supportive messages from the environment can significantly improve the social, professional and emotional functioning of the respondents. The lack of adequate support and understanding can lead to the perpetuation of low self-esteem, isolation and the failure to fulfil the potential of individuals, as fully confirmed by the individual

accounts of the study participants.

The respondents' statements clearly show that people struggling with dyslexia develop a variety of compensatory strategies that enable them to function on a daily basis despite their difficulties. Regardless of their individual experiences, respondents demonstrate a high degree of flexibility, creativity and determination to find solutions to minimise the impact of the disorder. The common denominator of all compensation strategies is to adapt the environment and requirements to individual capabilities. Respondents do not try to fit into external norms by force, but consciously choose ways of functioning that minimise the risk of error and increase their sense of efficacy. They reduce exposure to situations in which dyslexia symptoms may manifest themselves - such as reading in public, writing under pressure or rapid memory calculations - or find alternatives that allow them to perform effectively nonetheless.

Although dyslexia continues to be a source of frustration and barriers for respondents, their attitudes indicate great empowerment and a desire to develop. Despite the lack of systemic support in many cases (e.g. at school), these individuals show a high level of reflexivity and competence in managing themselves in difficult situations, which translates into their ability to function in adult life - both professionally and privately.

Summary and conclusions

Based on the analysis of the respondents' narratives, it can be said that:

- the respondents' school memories, despite the passage of time, are still emotionally charged and indicate a sense of otherness or exclusion;
- almost all respondents recalled difficult experiences during their education, including stigmatisation, misunderstanding from teachers, and the emotional burden of being judged and compared with others;
- the strong emotional charges such as stress, shame and anger accompanying these memories clearly indicate that these experiences are deeply rooted in their identity structure;
- respondents repeatedly stressed the impact of dyslexia on their adult lives - difficulties organising tasks, fear of being assessed at work, avoiding situations where written communication or public speaking was required;
- participants also pointed to the need to constantly plan and control their own actions, which was often associated with mental overload and a reduced sense of agency;
- there were also examples of reorganisation of lifestyle and work - e.g. more emphasis on planning, preparing materials in advance or talking openly about one's limitations.

Both the statements of the individual respondents and the common threads between them indicate that adults with dyslexia not only experience multi-level difficulties, but also show considerable adaptability. Importantly, their narratives highlight the need to understand dyslexia as a phenomenon that transcends education - it affects emotions, social relationships and life choices. At the same time, the analysis of the research material reveals the importance of the social environment and available resources in the process of compensating for difficulties, which can provide the impetus for designing systemic forms of support in adulthood.

Public awareness of dyslexia remains an issue of great importance, given the number of adults with specific learning difficulties. Currently, the main focus of support measures is on children, which is necessary, but often leads to a situation where adults with dyslexia are left without adequate help and attention in the psychological-educational field. This gap in support means that many people struggle with the challenges of daily functioning without the necessary tools and understanding.

At the same time, the topic of dyslexia requires continued research, both in the theoretical and practical spheres. Increasing knowledge of the mechanisms of dyslexia and effective support strategies will allow more comprehensive solutions and policies to be developed to address the needs of this group at different stages of life.

As a result, the recommendations from the study emphasise the need to create systemic support for people with dyslexia throughout their lives - not only in childhood, but also in adulthood. This approach has a broader social dimension and can contribute to increasing equality of opportunity and improving the quality of life of people with dyslexia.

References

- Bandura, A. (1997), *Self-Efficacy: The Exercise of Control*, W.H. Freeman & Co., New York.
- Bogdanowicz, K. M., Łockiewicz, M. (2016) *Dysleksja w wieku dorosłym*, Harmonia Gdańsk.
- Bogdanowicz, M. (2008), *Ryzyko dysleksji. Problem i diagnozowanie*, Harmonia, Gdańsk.
- Deci, E. L., Ryan, M. N. (2000), *Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being*, „*American Psychologist*”, vol. 55, nr 1, p. 68-78.

- Elliott, J. G., Grigorenko, E. L. (2014), *The Dyslexia Debate*, Cambridge University Press, Cambridge.
- Giovagnoli, S., Mandolesi, L., Magri, S., Gualtieri, L., Fabbri, D., Tossani, E., Benassi, M. (2020), Internalizing symptoms in developmental dyslexia: A comparison between primary and secondary school, „*Frontiers in Psychology*”, vol. 11, art. 461.
- Shaywitz, S. E. (2003), *Overcoming Dyslexia*, Alfred A. Knopf, New York.
- Snowling, M. J., Hulme, C. (2012), *Interventions for Children's Language and Literacy Difficulties*, Wiley-Blackwell, Oxford.
- Torgesen, J. K. (2005), Recent discoveries from research on remedial interventions for children with dyslexia, (in:) M. J. Snowling, C. Hulme (ed.), *The Science of Reading: A Handbook*, Blackwell Publishing, Oxford, p. 532-535.
- Wejner-Jaworska, T. (2017), Narrative of a participant of pedagogical therapy, „*Interdisciplinary Contexts of Special Pedagogy*”, nr 17, p. 223-244.
- Wejner-Jaworska, T. (2019), *Dysleksja. Rozpoznanie, terapia, wsparcie*, Difin, Warszawa.
- Wissell S. (2023), *Dyslexia - The Hidden Disability in the Workplace*, doctoral thesis, La Trobe University, Melbourne.