

The Strategies Adopted by Dutch Children with Dyslexia to Maintain Their Self-Esteem When Teased at School

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Abstract

This article reports on a study of children's narratives about the relationships between dyslexia and being teased at school and explores the dynamics between dyslexia, being bullied, self-esteem, and psychosocial problems. We reconstructed four profiles of inner logic in the children's reactions to being teased or humiliated as a consequence of their dyslexia. Most children with dyslexia protect themselves against teasing and feeling worthless by concealing both their emotions and their academic failures. Others, however, concentrate on their academic progress, and their self-esteem seems to be strengthened by fighting against dyslexia.

In kindergarten, I was a bit bossy to the other children. I thought I was the best and the smartest. Then I found out that I was not the best—and was even bad at learning. I was shocked! Being teased is then the most terrible thing that can happen to you. (Jona, 11)

Reading and spelling are the prime problems for children with dyslexia. However, a growing body of research shows that their academic problems are related to a wide range of psychosocial problems, such as inattentiveness, low motivation for schoolwork, dropping out of school, fear of failure, depression, anxiety, loneliness, low self-esteem, and poor peer relations (Greenham, 1999; Hellendoorn & Ruijsenaars, 2000; Kavale & Forness, 1996). Children with dyslexia, like all children with learning disabilities (LD), are also at greater risk of being bullied by their peers (Mishna, 2003; Riddick, 1996). In their meta-analysis of 152 studies, Kavale and Forness (1996) explored the nature of social skill deficits among students with LD. They found that assessments performed by teachers indicated that

children with LD often manifest socially withdrawn behavior and increased levels of hyperactivity and distractibility. When evaluated by their peers, children with LD appeared to be defined primarily by their reduced acceptance and greater rejection. Children with LD viewed their social functioning as being adversely affected by a lack of competence in communication and deficient social problem solving. Kavale and Forness (1996) emphasized that "there is little justification for suggesting that social skill deficits are *caused* by academic difficulties" (p. 234; italics in original).

Social dysfunction may be caused by variables (e.g., neuropathology, language, memory, cognition) that also contribute to academic problems. Kavale and Forness (1996) also pointed to an underlying contributor to the situation, namely, the lack of self-esteem manifested by students with LD, which often creates general feelings of inferiority.

Mishna (2003) pointed to another underlying contributor to social dysfunction: the increased risk of peer vic-

timization of students with LD. The co-occurrence of peer victimization and LD may substantially increase the chance that these children will experience social and emotional problems. The psychosocial problems of children with LD resemble those of children who are victimized. Both groups of children are described as having fewer friends, suffering from a lack of self-esteem, and being rejected, lonely, depressive, and anxious (Hawker & Boulton, 2000; Nabuzoka & Smith, 1993; Olweus, 1994, 2001; Rigby, 2002). Involvement in bullying can significantly affect a child's academic and psychosocial functioning and self-esteem (Crick & Bigbee, 1998; Hawker & Boulton, 2000; Hodges & Perry, 1999; Olweus, 1994, 2001). Cycles of negative interactions between the child with LD and his or her environment can lead to serious psychosocial problems that endure until adult life (Hellendoorn & Ruijsenaars, 2000).

Fortunately, 25% of children with LD do not suffer from psychosocial problems (Kavale & Forness, 1996). Children construe and respond to sim-

ilar circumstances in different ways (Lyubomirsky, 2001). They develop patterns of action to avoid being bullied and to protect their self-esteem. Children with LD often try to conceal their academic problems from their peers and to excel in other areas (Helleendoorn & Ruijssenaars, 2000; Riddinck, 1996). Studies of the resilience of children with LD suggest several possible protective factors that reduce the negative consequences or increase the chance of a favorable outcome of LD. These factors are (a) temperamental and personal characteristics that help the person to make good use of his or her abilities and sources of support in the environment (Spekman, Goldberg, & Herman, 1992); (b) emotional and academic support from parents (Helleendoorn & Ruijssenaars, 2000; Riddick, 1996; Waggoner & Wilgosh, 1990) and teachers (Beitchman, Cantwell, Forness, Kavale, & Kaufman, 1998; Mishna, 2003; Morrison & Cosden, 1997; Riddick, 1996); and (c) the child's understanding of his or her LD (Morrison & Cosden, 1997).

Despite their profound reviews of research on the psychosocial problems of children with LD, both Kavale and Forness (1996) and Mishna (2003) concluded that the exact nature of the relationships between LD, social skill deficits, poor peer relationships, lack of self-esteem, and being bullied are still a matter of speculation. This article contributes to this question by discussing our study of children with dyslexia. We applied a child-centered phenomenological approach to give the children a voice (Bruner, 1990; Magai & McFadden, 1995). We studied their narratives about being teased by peers because of their academic failures. Why are they teased? How do they deal with teasing in relation to their peers and their inner feelings? What concerns are at stake? What are their sources of support?

Theoretical Framework

Straightforward questions like "What did you do?" and "Why?" are inade-

quate to support children in their attempts to verbalize the inner logic of their behavior. Nine- to 12-year-olds have not yet developed the metacognitive and introspective capacities that are needed to fully answer these questions (Singer, Doornenbal, & Okma, 2004). On the other hand, we did not want to direct the children's attention to concerns and goals that we expected to be important to them. Therefore, we did not explicitly ask them about their self-esteem or their feelings of being victimized. To solve the dilemma between being too unstructured and being too directive, we developed a structured interview instrument with neutral, open questions about the child's concrete actions, goals, concerns, emotions, and emotion regulation (Miltenburg, Singer, & Doornenbal, 1996). This instrument and the subsequent analyses are based on the theoretical framework of cognitive-affective processes.

Cognitive-Affective Processes

Our theoretical framework builds on current functionalist emotion theories (Cole, Martin, & Dennis, 2004; Eisenberg & Spinrad, 2004; Frijda, 1986; Hoeksma, Oosterlaan, & Schipper, 2004) and on constructivist theories on the affective development of children (van Emde, Biringer, Clyman, & Oppenheim, 1991; Fischer, Shaver, & Carnochan, 1990; Miltenburg & Singer, 1999, 2000). Constructivist psychologists assume that thoughts, affects, and social behaviors form an indivisible whole in human behavior. In line with Vygotsky and Piaget, they emphasize that all our activities—including our thinking—are motivated (Piaget, 1967; Vygotsky, 1934/1987), and that all our emotions and moral affects assume that cognitive processes are signaling that important concerns are at stake (Frijda, 1986). In our study, we used the concept of cognitive-affective processes to conceptualize the relationships between cognitive and affective

processes (Fischer et al., 1990; Frijda, 1986; Miltenburg & Singer, 1999, 2000). Figure 1 shows a diagram of cognitive-affective processes.

Such processes start when the child notices change in his or her outside or inner world (Denham, von Salisch, Olthof, Kochanoff & Caverly, 2002; Frijda, 1986). Notable changes are appraised with respect to their concern relevance (primary appraisal) and can lead to arousal, feelings of pleasure or aversion, and automatic (involuntary) emotional behavior, such as blushing and defensive reflexes. During the secondary appraisal, the context is evaluated, as are the child's concerns and options for action in this context. In this, the higher psychological processes (representations, memory, problem solving, planning) play an important role.

Frijda (1986) emphasized that in most situations, several concerns are affected. Moreover, a particular concern can lead to several emotions, for instance, to the action readiness to flight (anxiety), to fight (anger), or to approach (curiosity; Fischer et al., 1990). When a child's self-esteem is threatened, anger, fear, sadness, shame, and guilt can be evoked. When several concerns are affected and several emotions evoked, the child has to prioritize certain goals and concerns and to regulate conflicting emotions. Emotions can be regulated by external actions and by internal regulation, such as distraction, cognitive reframing, dissociation, self-talk, and consoling behavior. Emotions can also be regulated by way of release through other emotions. Sadness, for instance, can be released via anger, and vice versa (Frijda, 1986).

With development, the relationships between cognition, affect, motivation, and action become more complex (Miltenburg & Singer, 1999, 2000; Vygotsky, 1978, 1935/1993). The activities of young children are determined by their physical needs and impulses, which are stimulated by whatever they observe in their immediate environment. With the development of the higher psychological functions, a child

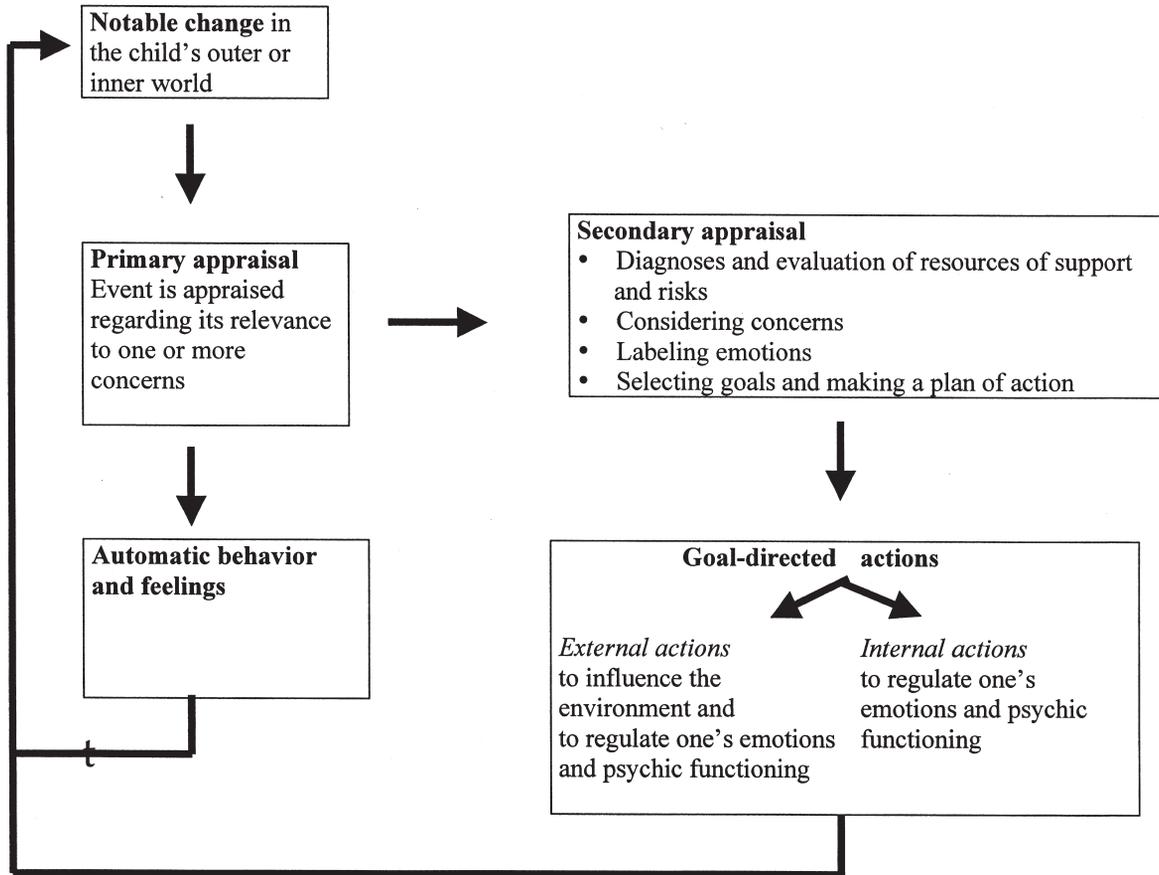


FIGURE 1. Diagram of cognitive-affective processes.

is able to disregard a situational incentive and to regulate his or her emotions. A child develops the capacity to be affected by the will to achieve a goal and to realize moral, social, or personal concerns; in other words, he or she develops the capacity to act deliberately. Thus, to understand a child's motivation in a specific situation, we should not restrict ourselves to the child's emotions. We should also ask questions about his or her goals and the underlying moral, social, and personal concerns, as well as about his or her capacity to regulate conflicting emotions according to his or her goals and concerns.

The following is an example of the cognitive-affective processes of a child with dyslexia:

Notable change in the child's outside or inner world.

The child has to read in front of the class and hears some peers laughing.

Primary appraisal.

Beware, danger! Arousal and feelings of aversion.

Automatic emotional behavior.

The child blushes and stutters.

Secondary appraisal.

- Evaluation of the context, sources of support, and risks: I can't escape, and I can't stop reading aloud, because the teacher makes me.
- Concerns that are affected: I feel terribly bad and stupid (personal concern; threat to self-esteem); I hate the teacher, because it isn't fair to make me read (moral concern); I don't want to be an outcast, and I don't want to be teased (social concern).
- Labeling emotions: The threat of losing self-esteem makes me feel

sad (tendency to cry and surrender), angry (tendency to attack), ashamed (tendency to hide myself). The damage to my moral concern, which results from my being treated unfairly, makes me furious (strong tendency to attack).

- Selecting goals and actions: I want to be accepted by my peers and to take revenge on my teacher.

Actions in the outside world.

I exaggerate my mistakes and start to behave like a clown, so I can pretend that my mistakes are deliberate (personal concern), get revenge on my teacher (moral concern), and amuse my peers (social concern). At home, Mummy will comfort me (social support).

Internal actions.

By playing the clown, I can hide my sadness and insecurity. When my peers laugh, I feel proud. I feel even

prouder when the teacher gives me a time-out.

This scheme of cognitive–affective processes forms the basic structure of our interview instrument to study children’s narratives about the inner logic of their behavior. Figure 2 presents an outline of this instrument. We assume that the inner logic in the child’s narrative about his or her behavior in a situation reflects underlying cognitive–affective processes.

Hypotheses

No previous studies have focused on analyzing the inner logic of children’s narratives of being teased as a result of their academic problems. It is therefore hard to formulate hypotheses about specific patterns of relationships between their stories, actions, goals, concerns, and emotions. Thus, we restricted ourselves to hypotheses about the separate elements of their inner logic. First, we hypothesized about the beginning of their story (the notable change in the child’s outer or inner world; see Figure 1). We expected that most stories about being teased would start with the description of a situation

in which the student’s dyslexia becomes public (Mishna, 2003; Riddick, 1996) and that the students would evaluate visible public indicators of their difficulties (e.g., reading aloud and being the last to finish their work) as risk factors that would lead to being teased (Riddick, 1996). Second, we hypothesized the main goals and concerns that the children would spontaneously mention in their answers to our open questions, namely, (a) to try to avoid or to stop being teased and bullied (Gerber & Reiff, 1991; Hellendoorn & Ruijsenaars, 2000; Riddick, 1996) and (b) to protect their self-esteem (Hellendoorn & Ruijsenaars, 2000; Kavale & Forness, 1996; Mishna, 2003; Pretzlik & Chan, 2003; Riddick, 1996). Third, we hypothesized that most children would report that they have developed a pattern of action to hide their poor performance and to withdraw from their peers (Mishna, 2003). Our fourth hypothesis was that a substantial number of children would mention sources of support that are known from studies of resilience, namely, (a) emotional and academic support provided by parents and teachers (Beitchman, 1998; Hellendoorn & Ruijsenaars, 2000; Mishna, 2003; Morrison & Cosden, 1997; Riddick, 1996;

Waggoner & Wilgosh, 1990), (b) understanding of one’s dyslexia (Morrison & Cosden, 1997), and (c) temperament and personal characteristics (Spekman et al., 1992).

Method

Participants

Our sample comprised 60 Dutch children in the 9- to 12-year age range in mainstream schools who, according to school reports, had average or above-average IQ. All the students had been formally diagnosed by a certified psychologist or remedial educationalist as having primary dyslexia, according to criteria consistent with those of the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV; American Psychiatric Association, 1994). The DSM-IV’s central criterion is a large discrepancy between the actual reading or spelling achievement level and the expected level given the child’s age and intelligence (Wenar & Kerig, 2000). The children in our sample had been diagnosed with dyslexia at least 1 year prior to the interview; 30% had been diagnosed 1 to 2 years previously, 33% 2 to 3 years previously, and 37% more than 3 years previously. At the time of the interview, 63% of the children still had serious problems with reading and spelling according to standardized Dutch norms for children in need of remedial help (see Table 1). These children belonged to the lowest 25% on the AVI test for decoding skills, standardized for Dutch children according to grade norms (Visser, 1997). These children had serious problems with the level of reading comprehension that is expected of children in their grade. The 37% of the children without serious problems had mastered decoding skills in Dutch assessed by means of the AVI test, but they still had mild problems with reading and writing and serious problems with learning English as their second language (which in Dutch schools starts in sixth grade) according to the educational guidance

- *What happened? Where? Who was there?* (the starting point of our scheme of cognitive–affective processes)
- *What did you do?* (the end point of our scheme; one or more external or internal actions)
- *What did you want to achieve by that action? Or to effect or to induce?* (goals)
- *Was that important to you? Yes/no? Because . . .* (underlying moral, social, and personal concerns)
- *What did you feel?* (labeled emotions)
- *What made you feel . . . ?* (concerns that are triggered)
- *Did you communicate that feeling? Did you do so voluntarily or involuntarily? How did you express that feeling?* (emotion regulation)
- *What did you do with your feelings?* (emotion regulation)
- *What happened afterwards? Did you talk with somebody?* (sources of support)
- *Are you satisfied with the way you handled this situation?* (reflection afterward)

FIGURE 2. Outline of interview instrument to study children’s narratives about the inner logic of their behavior.

TABLE 1
Characteristics of the Participants

Variable	Girls ^a		Boys ^b		Total ^c	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Socioeconomic status						
Low	3	13	8	22	11	18
Medium	13	54	14	39	27	45
High	8	33	14	39	22	37
Native Dutch	2	8	2	6	4	7
Two-parent family	23	96	32	89	55	92
Age						
9–10 years	15	63	13	36	28	47
11–12 years	9	38	23	64	32	53
Diagnosis of dyslexia						
1–2 years ago	13	53	10	28	23	38
2–3 years ago	6	25	13	36	19	32
> 3 years ago	5	21	13	36	18	30
Serious reading problems at time of interview	18	69	22	58	40	63
Extra help at home, school, or clinic						
0–1 per week	5	21	9	25	14	24
2–5 per week	7	29	15	42	22	36
6–12 per week	12	50	12	33	24	37
Clinical score						
CBCL (parents)	3	12	6	16	9	15
TRF (teachers)	1	4	3	8	4	6

Note. CBCL = *Child Behavior Checklist* (Achenbach, 1991a); TRF = *Teacher's Report Form* (Achenbach, 1991b).
^a*n* = 24. ^b*n* = 36. ^c*n* = 60.

services and private clinics that had recruited them.

The children were recruited by educational guidance services and by private clinics specializing in providing remedial help to children with dyslexia. There is a network of specialized help in the Netherlands for elementary school students with learning and behavioral disabilities. All elementary schools can call on the expertise of an educational guidance service in their region or city. These services provide school, class, and teacher guidance as well as assessment and treatment plans for individual students. After diagnosis, most children with dyslexia stay in general education classes. Depending on the school's policy, they receive extra help either from their class teacher or from a remedial teacher at school. Parents are also expected to do reading and spelling ex-

ercises with their child at home. Some affluent parents send their child once or twice a week to a private clinic to receive extra help; these visits take place after school. In principle, the private clinics and the educational guidance service offer the same level of expert remedial help.

Most children in our study (91%) received one or more forms of extra remedial help. Outside the school system, 73% received extra training from their parents 1 to 7 days a week, whereas 47% attended a private clinic for remedial teaching. At school, 59% received extra help from their teacher 1 to 5 days a week, and 41% were helped by a remedial teacher. Although there were great differences in how frequently the children received academic help (see Table 1), we did not find a significant correlation between the frequency of extra help and the child's level of aca-

demical performance. On average, the parents provided more help each week than the professionals did.

Our aim was to recruit a relatively homogeneous group of children who had dyslexia but no other major disabilities that might confound the results. The absence of other forms of developmental psychopathologies was confirmed by the *Child Behavior Checklist* (CBCL), which was filled in by the children's parents, and by the *Teacher's Report Form* (TRF), which was filled in by their teachers (Achenbach, 1991a, 1991b). Of the children in our sample, 15% received a clinical score on one of the behavioral domains of the CBCL, and 6% received a clinical score on the TRF (see Table 1). Our sample received slightly fewer clinical scores than the normative group of Dutch children without LD (Verhulst, Koot, Akkerhuis, & Veerman, 1990).

Almost all the children attended a general education school, either in a rural or an urban area, and only a few were in the same class. All children except one came from native Dutch-speaking families with diverse socioeconomic backgrounds (see Table 1). The fact that there were more boys than girls in our sample (38 vs. 26) mirrors the higher prevalence of LD in boys (American Psychiatric Association, 1994).

Interview Instrument

The interviews began by discussing a fictitious situation in which "Rob" (when interviewing a boy) or "Sandra" (when interviewing a girl) is the only child in the class with dyslexia. For example,

The other day, it was Rob's turn to read aloud in front of the class, and it didn't go very well. Some of the children started to make fun of him. How do you think Rob reacted?

We then asked the children whether they had ever experienced such a situation in real life and, if so, whether they were teased often (more than once a week), regularly (once a week or once every 2 weeks), or only rarely (once a month or less). If they had been teased or felt inferior as a result of their peers' reactions, we invited them to tell us about such a situation. Subsequently, we asked a series of concrete questions based on our theoretical framework of cognitive-affective processes to help the child to explain his or her motivation and behavior (see Figure 2 for an outline of the interview instrument). At the end of the interviews, we asked more general questions about their feelings for their parents related to having dyslexia, about what kind of support they would like to have, and about the advice they would give parents, teachers, and other children with dyslexia.

Props were used to get and hold the children's attention and to engage them in the task. These props were a story and a picture of a fictitious situa-

tion; a thermometer with which the child could rate the degree of severity of the situation as *red* (very bad), *orange* (bad), or *yellow* (not too bad); emotion faces; and a *stop* sign to indicate that they did not wish to answer a question or wanted to stop the interview. To support the children in giving their real-life narratives without asking suggestive questions, simple drawings were used symbolizing, "Where was it?" "Who was there?" "What happened?" and, "What did you do, think, and feel?" (Garbarino & Scott, 1989; Greca, 1990).

Four female master's students in either pedagogy or psychology were given a 2-day training session focused on our interview instrument (Miltenburg, Singer, & Doornenbal, 1996). After every three interviews, the interview transcripts were discussed with them. The interviews were held either at school or in the child's home, and always in the absence of the parents. The interviews lasted 30–45 min, depending on whether the child could give a real-life account. Most children enjoyed their interview; several expressed relief because the interview allowed them to recount what it is like to live with dyslexia.

Analyses

After all the interviews had been integrally transcribed, we constructed a category system for each of the elements comprising the inner logic.

Actions. To construct the category system of actions, we employed earlier research on children's strategies for coping (Band & Weisz, 1988; Beaver, 1997; Singer, Doornenbal & Okma, 2004), and added extra types of action that turned out to be specific to children with dyslexia, such as actively hiding academic problems and working extra hard on academic tasks. The external actions we distinguished are (a) ignoring what has happened; (b) hiding their academic problem from their peers; (c) hiding their emotions; (d) showing their anger and fighting; (e) explaining and arguing;

(f) working extra hard on their academic tasks; (g) turning to the teacher for support; and (h) telling their parents afterward. The internal actions we distinguished are (a) distraction; (b) crying or worrying while alone; (c) self-talk and mantras; and (d) dissociation or automutilation. Most children mentioned several actions. See Table 2 for the categories of action and their frequencies.

Goals and Concerns. Our categories of goals were inductively constructed, based on what we found in our data. The main categories of the children's goals were (a) to avoid or stop being teased; (b) to feel better and avoid feeling worthless; and (c) to get better marks at school. With regard to concerns, we distinguished moral (e.g., "It's not right to be teased because of dyslexia"), social (e.g., longing for social acceptance and togetherness, not being teased), and personal concerns (e.g., to overcome their academic problems; to feel good and not inferior to their peers). Table 3 presents the categories of goals and concerns. Some children gave the same answer to questions about their goals and about their concerns. In such cases, we coded their answer as both a goal and a concern. In the following example, Tom (10) told the interviewer that he lies about his grades to his peers:

I: What do you want to achieve by lying to them?

T: I don't want them to know my grade, because they'll tease me (goal).

I: Is that important to you?

T: Yes, I don't want to be teased (social concern). It's not fair, I can't help it. (moral concern). And when they know, I feel bad and stupid (personal concern to protect one's self-esteem).

Emotions. Emotions were categorized by expressed or hidden emotion (anger, sadness, guilt, shame, anxiety, confusion, fake, neutral, stupid,

TABLE 2
Description and Frequencies of External and Internal Actions

External actions			Internal actions		
Description	<i>n</i>	%	Description	<i>n</i>	%
Ignoring	26	51	Distraction	17	33
Actively hiding their academic problem	10	20	Crying, worrying when alone	9	18
Hiding one or more emotions	44	86	Self-talk and mantras	9	18
Showing anger, fighting	9	18	Dissociation or automutilation	4	8
Explaining, arguing	10	20			
Working extra hard on academic task	6	12			
Turning to teacher for support	14	28			
Telling parent afterward	31	61			

Note. *N* = 51. Most children mentioned more than one action.

TABLE 3
Description and Frequencies of Goals and Concerns

Goals			Concerns		
Description	<i>n</i>	%	Description	<i>n</i>	%
To avoid or stop being teased	28	55	Not to be teased (social concern)	38	75
To feel good and to avoid feeling worthless	25	49	To feel good or normal; not to feel bad (personal concern; self-esteem)	35	69
To get better marks, to perform better	8	16	To get better marks (personal concern)	23	45
			Togetherness with peers (social concern)	15	29
			Unfair (moral concern)	7	14

Note. *N* = 51. Most children mentioned several goals and concerns.

smart, happy, proud). The child's actions to regulate his or her emotions were coded by means of the category system of actions (described earlier).

After the coding process, these data were transposed into a numerical system for the statistical analyses. We used Cohen's kappa (Wickens, 1989) to determine the interrater reliability for the main variables. The test results were satisfying (actions .73, goals .80, concerns .80, and emotions .93).

Reconstructing Profiles of Inner Logic

We subsequently focused on the connections that the child made between his or her actions, goals, concerns, and

expressed or hidden emotions. For this, we reconstructed *profiles* for groups of children who shared a similar inner logic. The first step was based on the categories of action. We made this choice for pragmatic reasons, because it was rather easy to distinguish between children who acted very differently toward peers who teased or bullied them. For instance, one group of children did not make any attempt to influence their peers, whereas other children tried to defend themselves by fighting back or tried to explain their dyslexia. The second step was to examine the goals, concerns, and expressed and hidden emotions in each group of children with a shared pattern of action. This procedure resulted

in four different profiles of inner logic, for which the interrater reliability was .84 (Cohen's kappa).

Results

The following discussion focuses on the children's narratives of their real-life experiences. Of the 51 children who gave such a narrative, most (85%) had been teased because they had dyslexia; 25% reported that they were frequently teased and bullied. Of the 9 children (17%) who did not give a narrative, 7 children were very positive—at their school, nobody laughed at someone for performing badly—whereas two children had had the op-

posite experience: They knew all about teasing and bullying, and they did not want to talk about it.

The narratives of the children clearly show that children with dyslexia are vulnerable in situations where their classmates can see that they are low achievers. Children with dyslexia hate teachers who ask them to read aloud in class or who read out the marks when they hand back test papers. They also feel very uncomfortable when they need more time to finish a task than their peers do or when their work is returned covered with red marks. Five of the children with dyslexia reported that going to a remedial teacher and having special aids (large print, audio equipment) is also very embarrassing. How do they deal with such situations?

Profiles of Inner Logic

Based on the categories of actions, we distinguished three groups of children:

1. Children who did not make any attempt to influence the children who teased or might tease them. These children mentioned one or more of the following types of action: ignoring peers; hiding emotions and hiding their aca-

ademic problem; working extra hard; and turning for support to the teacher.

2. Children who defended themselves by expressing their anger and by fighting back.
3. Children who tried to explain dyslexia to their peers, always in combination with such other actions as ignoring peers, concealing emotions, and asking their teacher for support.

We then examined the goals, concerns, and expressed or hidden emotions of the children in each group. We found that the group of children who did not make any attempt to influence their peers acted in this way for two totally different reasons related to goals and concerns: Some tried to hide to avoid or stop being teased, whereas others ignored the peers who teased them to concentrate on their academic work. We therefore constructed four different profiles of inner logic (see Table 4).

Profile 1: Hiding for Fear of Being Teased. When their dyslexia becomes public, most children try to conceal their embarrassment and academic problems from their peers. Children in this profile (43% of all the chil-

dren who gave a real-life account) share the following characteristics:

Actions: Ignoring; actively hiding their academic problems; hiding their emotions from peers.

Goals: To avoid being teased; to stop being teased.

Concerns: Not to be teased; not to feel bad and worthless.

Emotions: Negative (sadness, anger, shame, or embarrassment); no positive emotions.

Emotion regulation: All emotions are hidden from peers. All have developed forms of internal regulation (distraction, mantra-like self-talk; crying alone).

Support: Half of these children talk to their parents about the nasty incidents they experience.

At school, these children have to expend a lot of energy dealing with their socioemotional problems—energy they therefore cannot use to tackle their academic problems. They use a variety of measures to conceal their academic problems. For example, they lie about the number of mistakes they have made, they shield their exercise book from view, they conceal all signs of sadness or disappointment, and they withdraw from their peers. Jan

TABLE 4
Risk and Protective Factors Related to Profiles of Inner Logic

Factor	Profile											
	1. Hide ^a		2. Work hard ^b		3. Fight ^c		4. Explain ^d		Rest ^e		Total ^f	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Protective												
Told parents	16	64	6	75	4	44	3	60	2	29	31	61
Told teacher	1	5	1	25	2	22	2	40	1	14	7	14
Supportive attitude of one or both parents	18	82	8	100	9	100	5	100	6	86	46	90
Remedial help per week												
0–1 time	5	23	1	13	2	22	0	0	3	43	11	22
2–5 times	6	27	3	38	0	0	3	60	1	14	13	25
6–12 times	6	27	4	50	6	66	2	40	3	43	21	41
Risk												
Often teased	11	50	0	0	2	22	1	20	1	14	15	29
Negative attitude of one or both parents	9	41	2	25	2	22	1	20	2	29	16	31
Serious academic problems and minimal help ^g	6	27	0	0	1	11	0	0	1	14	8	16

^a*n* = 22. ^b*n* = 8. ^c*n* = 9. ^d*n* = 5. ^e*n* = 7. ^f*N* = 51. ^gMinimal help is 0–1 time per week at home, school, or clinic for remedial help.

(11) for instance, reported that he did not go outside during the break after a spelling test:

I: What would happen if you went outside?

J: They'd start asking questions. "How was your test?" they'd say. And then I'd have to say, "Not so good." And then they'd say, "Oh, did you make so many mistakes? I only made two." That sort of thing.

I: Is it important to you that they don't know?

J: Yes!!!

I: Because . . . ?

J: Then they'd know your weak point, and they'd go on about it. And then you'd have a problem, because they'd bully you very badly.

Ingrid (11) developed an opposite strategy: She deliberately tried to make as many mistakes as she could, "because Liza [her remedial teacher] said that I won't have to do tests in the classroom if I do too badly." Performing badly was Ingrid's way to avoid painful confrontations with her classmates.

The children in Profile 1 also try to hide their emotions from their peers. They feel sad, angry, confused, ashamed, stupid, or guilty. Most of them feel many emotions (as many as five) simultaneously. They distract themselves by thinking of something they like and soothe themselves by saying to themselves, "I can't help it, it's not my fault. I have dyslexia, I can't help it; I have dyslexia, I can't help it." In their self-talk, these children emphasize their powerlessness to overcome their feelings of guilt and shame. Within this profile, we found very elaborate systems of inner-regulated emotions. For instance, Meriam (a Moroccan girl of 9 who speaks poor Dutch) reported that she used to try to conceal her embarrassment by starting to dream of nice things and rocking to

and fro with a smile on her face. But then she discovered that the other children were looking at her ("Why is she smiling if she has just got a bad mark?"). So she learned to dream and to dissociate herself from the situation and her emotions by putting on a neutral face. Meriam does not believe in her capacity to make progress. She has given up. At home, she consoles herself by talking to her cat.

Fortunately, most children in this profile talk to their parents about what happens at school, and the parents console and reassure them. These children have two compensatory strategies of emotion regulation; they seem "cool" (introvert) at school, but they release their emotions at home (extrovert). But there are also children in this profile who do not discuss things with their parents (37%) or who experience tensions in the relationship with one or both parents because they have dyslexia (41%). We shall return to this later.

Profile 2: Working Hard to Catch up with Others.

These children also refrain from taking action toward their peers. However, instead of hiding at school, these children redirect the energy that is evoked by feeling embarrassed to strengthen their motivation to catch up with the others. They empower themselves to get on with their work. In eight of the children's accounts (16%), we reconstructed an inner logic with the following characteristics:

Actions: Ignoring the reactions of their peers; working extra hard on their academic task.

Goals: To get better marks; to perform better.

Concerns: To feel good and "normal."

Emotions: At first negative (e.g., confused, ashamed, sad, stupid, angry), but later on neutral or even proud and glad ("I will succeed!").

Emotion regulation: Negative emotions not expressed toward their teasing peers. Emotions are regulated by, for instance, working hard, concentrating on positive

thoughts by performing mantra-like self-talk, and getting emotional support from their parents or best friends.

Support: Discuss nasty incidents at school with their parents (all but two children).

For instance, at first, Esther (12) tends to feel angry with herself. But she hides this from her peers and uses the energy that her anger gives her to work harder:

I: What makes you feel angry?

E: I feel angry at myself. Then I think, I can do it, I only don't know it now.

I: Do you show your anger in class?

E: No, I don't want them to know how I feel when I don't know the answers to a test.

I: What do you do with your inner feelings?

E: I get a bit angry and I think to myself, "Esther, you can do it. Just think again." Then I also think, "I'm going to do it, I want it." That makes you feel better. It makes you feel, "Yes, I will do it and I can do it. I want it, I want it, I want it!"

Whereas in their self-talk, the children in Profile 1 stress their inability to console themselves about their academic failures, the children in Profile 2 use self-talk and mantras as tools to empower themselves and to achieve academic success. At home, almost all of these children discussed unpleasant incidents with their parents, who gave them academic and emotional support. Only a few children in our study were supported by a peer. Bob (9) is one of them: "The three of us looked at my notebook to find out what mistakes I'd made. Then they helped me to do the exercises. I was happy that my best friends were there. They always help me. The other kids don't, they always laugh at me."

Profile 3: Fighting Back to Stop Teasing. Children in this profile choose

to fight back. They go on the offensive; they try to frighten the children who ridicule them, so they will not be ridiculed again. The accounts of the nine children in this profile (18% of all the children) share the following characteristics:

Actions: Expressing anger and fighting back (scolding, shouting, hitting, kicking, threatening, pushing); arguing.

Goals: To stop their peers from teasing or bullying them.

Concerns: It's not fair, because I can't help it (moral); I don't want to feel bad.

Emotions: All the children feel angry; some also feel sad, confused, or ashamed.

Emotion regulation: Anger is freely expressed; other emotions that can weaken their position in the fight (sadness, shame, confusion) are concealed.

Support: Less than half of these children tell their parents about unpleasant incidents.

Karin (10) explained why she fights. Once, a boy had tormented her by yelling at her in the schoolyard, "Dumbo! You can't read, you're stupid, you can't read!" Karin had kicked him, leaving him with two bruises. She told us, "Luckily, everybody saw it, otherwise I'd have to go on punching and kicking people." Karin does not feel at all guilty that she has intimidated the other children: "It isn't nice when you have a muscular disease or Down's syndrome and they bully you. Because you can't help it." Besides, tackling the problem yourself is much more effective than asking the teacher for help: "If I go to the teacher, I have to write a complaint in the notebook. But if I just kick him [the bully], he stops right away!" Only four of the nine children in this profile told their parents about what has happened.

Profile 4: Explaining Dyslexia to Other Children. Children in this profile try to stop the teasing by explaining why they make mistakes, why they

have special aids, or why they receive remedial teaching. Apart from employing this strategy, they are similar to those in Profile 1: They also hide their negative emotions and try to pretend to be unaffected and "cool." Three children talked with their parents, and two had asked their teacher for help. Johan (9), for instance, was encouraged by his teacher to give his class a talk about dyslexia. Only five children (10% of the sample) used the main strategy of explaining dyslexia to their peers.

Discussion

Comparison With Earlier Studies

In general, our findings correspond to those of earlier studies of the experiences of children with dyslexia. Most of the children in our study (83%) had been teased because they had dyslexia, and 25% of the children reported that they were frequently (i.e., more than once a week) teased and bullied. Thus, children with dyslexia have a high risk of being teased (Gerber & Reiff, 1991; Hellendoorn & Ruijsenaars, 2000; Mishna, 2003; Riddick, 1996).

We hypothesized that children are vulnerable to teasing in situations in which their dyslexia becomes public (Hellendoorn & Ruijsenaars, 2000; Riddick, 1996). Our study confirmed this; visible indicators of their difficulties are risk factors in the life of children with dyslexia. We also found support for our second hypothesis, namely, that the most frequently mentioned goals and concerns of the children are (a) to try to avoid or to stop being teased and bullied and (b) to feel good or "normal," and to protect one's self-esteem (Hellendoorn & Ruijsenaars, 2000; Kavale & Forness, 1996; Mishna, 2003; Pretzlik & Chan, 2003; Riddick, 1996; see Table 3). Even the children who reported that they were rarely teased were preoccupied with the avoidance of being teased or laughed at. As hypothesized, many children with dyslexia develop a pattern of action to hide their low performance and to

withdraw from their peers; this applied to 43% of the children in our study who gave a real-life account (i.e., those in Profile 1; Mishna, 2003). However, we also found other profiles: ignoring peers and working hard (16%), fighting back (18%), and explaining dyslexia (10%).

As regards protective factors, our study confirms the great importance of parents as a resource of support (Beitchman et al., 1998; Hellendoorn & Ruijsenaars, 2000; Mishna, 2003; Morrison & Cosden, 1997; Riddick, 1996; Waggoner & Wilgosh, 1990). Children with a parent who does not accept their dyslexia reported strong negative emotions and confusion because of this. However, our study did not confirm the protective role of the teacher. When they were teased, only 28% of the children turned to their teacher for support, and only 14% reported nasty incidents to their teacher. From the perspective of the children, most teachers are a risk factor, because they can make their dyslexia public. The hypothesis that a child's understanding of his or her dyslexia is a protective factor could not be validated by our study. As an indicator of this protective factor, we used two types of action, namely, self-talk about having dyslexia and explaining dyslexia to peers. Several children use self-talk about dyslexia mainly to console themselves that they are powerless; they cannot help it, and they should not be blamed. In relation to peer victimization, only a few children choose the strategy of giving information to their peers about dyslexia. Of course, this does not mean that better information about dyslexia does not have the potential to prevent victimization and to empower children's self-esteem; it shows only that this strategy is not used by the children.

In our study, the children did not refer to their temperament or personal characteristics. However, these factors undoubtedly play a role. The four profiles we constructed demonstrate an affinity with well-known types of temperament (Caspi & Silva, 1995; Sanson, Hemphill, & Smart, 2002). Hiding (Profile 1) can be related to *inhibited* chil-

dren, working extra hard (Profile 2) to *resilient* children, and fighting (Profile 3) to *under-controlled* children. Future studies are needed to clarify this issue.

Dyslexia, Being Bullied, Self-Esteem, and Psychosocial Problems

What do the children's narratives teach us about the relationships between dyslexia, psychosocial problems, self-esteem, and being teased at school? Dyslexia directly affects the children's self-esteem. As Jona (11) put it, "In kindergarten, I was a bit bossy to the other children. I thought I was the best and the smartest. Then I found out that I was not the best—and was even bad at learning. I was shocked!" The shock of realizing they have dyslexia comes at the age (i.e., 6, 7, or 8) at which most children start to compare themselves with others (Renick & Harter, 1989). For preadolescent children, social comparisons and conforming to the norms of their peers are extremely important in the development of self-esteem (Harter, 1999). Moreover, being different makes a child vulnerable to bullying—a fact that children with dyslexia are very much aware of. It is probable that their lowered self-esteem makes them extra sensitive to being laughed at or teased and, thus, easily hurt. Our hypothesis is that in all the children in our sample, the most basic processes are related to the shock of realizing that they are different from the other children; their self-esteem has been damaged, and being different makes them vulnerable to being teased.

The children in all four profiles try to protect or to restore their self-esteem, but they use very different strategies to achieve that goal, namely, hiding, working hard, fighting back, or explaining. All these strategies are adaptive from the perspective of the children. In the long run, however, these strategies—especially hiding—can lead to psychosocial problems. The mantra-like self-talk of children who try to hide ("I have dyslexia, I can't help it") can become a self-fulfilling

prophecy: They rehearse that they are powerless and helpless. Hiding and withdrawn behavior deprive children of the peer interactions that are necessary to develop social skills (Mishna, 2003). Moreover, anxious-depressed behavior is not appreciated by peers and tends to increase the chance of being bullied (Waas & Graaczyk, 1999).

Extraordinary Systems for Emotion Regulation

Our sample included children with dyslexia without additional behavioral problems. Only a few had a clinical score on the CBCL (14%), and even fewer had a clinical score on the TRF (6%). Nevertheless, some of the children had an extraordinary system of emotion regulation that worried us, and yet they did not have one of the aforementioned clinical scores. For example, Meriam (9) used dissociation to detach herself from her environment. Henk (10) regulated his furious anger toward his father for not accepting his dyslexia by cutting himself and banging his head against the wall (self-mutilation). Otto (12), who reported being frequently bullied, seemed to make himself emotionally flat. According to him, he did not mind being bullied, and he did not feel angry, sad, or confused about it. Throughout the interview, he claimed to be "cool" about the situation. Olivia (9), who also reported that she was frequently bullied, seemed to have lost sight of the boundary between reality and fantasy and behaved in a very confused manner.

Relationships Between Profiles and Protective and Risk Factors

We also looked for relationships between the profiles of inner logic and the protective and risk factors (see Table 4). Because there were only a few children in most of the profiles, we did not use statistical procedures. Nevertheless, certain trends did emerge. The children who try to conceal their problems and emotions share several factors: (a) They are more frequently teased by their peers; (b) they more

often receive minimal remedial help, despite their serious academic problems; (c) they more often encounter negative emotions in their parents because they have dyslexia; and (d) on average, they have to deal with more risk factors than do the children in the other profiles.

Ambivalence Toward Talking with Parents

Our study clearly shows that parents are the most important source of support for children with dyslexia. However, this conclusion should not blind us to exceptions to this rule. More than a third of the children gave good reasons for not discussing the problem with their parents. According to them, telling their parents makes them feel worse: Their parents respond with unwanted help, for example, by setting additional reading and spelling exercises, or by calling the parents of the peers who have teased them—which means that they will be teased even more. Another unwanted effect is that talking about the problem intensifies the child's feelings; it only makes him or her more sad, more confused, or more ashamed. Finally, some children do not discuss these matters because they want to protect their parents. They do not want to aggravate their parents' worries and sadness, or they feel guilty that their parents have to invest so much time in providing remedial help at home.

Conclusion

Our study shows that children can provide important insights into the dynamics between dyslexia, being bullied, self-esteem, and psychosocial problems. It also shows the importance of taking into account the active way in which children cope with their situation. In general, the children in our sample hold the opinion that inconsiderate behavior on the part of the teacher and public signs of their dyslexia make them and their peers painfully aware of the fact that they are

different. These are the situations in which other children tend to tease them. This is in line with earlier studies on risk factors (Gerber & Reiff, 1991; Hellendoorn & Ruijsenaars, 2000; Riddick, 1996). Our study has led us to believe that the dynamics of being teased are related to issues of self-esteem. Not only is dyslexia a blow to children's self-esteem, but they find out that they are different at the stage in their development at which children develop their self-esteem by comparing themselves with their peers. This makes children with dyslexia extra vulnerable to feeling ashamed and to being teased by their peers.

Our study also confirms the findings of earlier studies on protective factors (Gerber & Reiff, 1991; Hellendoorn & Ruijsenaars, 2000; Riddick, 1996). After experiencing nasty incidents at school, children with dyslexia restore their self-esteem by talking to their parents, and remedial help seems to give them hope. Contrary to Riddick's (1996) study, however, the children in our sample do not consider their teacher to be a source of emotional support.

In addition to these general dynamics that appear in all children with dyslexia, we found large differences between the children in our study. We reconstructed four profiles of inner logic in their accounts about being teased or humiliated, and we hypothesized that two profiles (i.e., hiding and fighting back) can make children extra vulnerable to developing socioemotional problems by internalizing and externalizing their problems, respectively. Contrary to earlier studies, we found a group of children in which dyslexia had a positive effect on self-esteem. These children are proud of every little step they take forward; they have decided to "beat" dyslexia as far as possible. Children in Profile 4 rely mainly on explaining dyslexia to their peers. Perhaps dyslexia is hard for children of this age to understand, because only five children used this strategy. This is an important issue for further research. Another issue that needs to be studied in depth is the distinction

that children make or do not make between their global self and their academic self. Perhaps teachers and parents could support children's use of this distinction to bolster their global self-esteem. To investigate these issues, the research design should focus on cognitive developmental processes that take place between the ages of 7 and 13.

Our study shows that knowledge of protective factors and of risk factors is important for developing a supportive school policy and climate for children with dyslexia. We have arrived at three insights particularly relevant to schools:

1. For most children with dyslexia, the parents are the most important resource. Thus, to help a child, teachers must cooperate with the child's parents.
2. Even disruptive or withdrawn behavior that harms the child's academic progress might have a vital function in his or her life. Surviving in the peer group can be more important to the child than working on his or her academic problems. Teachers and parents should acknowledge the child's problems and help him or her to look for alternative solutions.
3. Knowledge of general dynamics and of protective and risk factors is insufficient for understanding the dynamics in the relationships of a specific child with his or her environment. Every rule has an exception, and every child is unique. That, however, should not be a problem; as our study shows, children of this age are perfectly able to explain how they live with dyslexia.

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